

Case Western Reserve University MPH Program: Practicum Learning Agreement

Student Information

Name: _____ CWRU Email Address: _____

Major(s): Population Health Research Global Health
 Health Care Policy & Administration Health Promotion & Disease Prevention

Dual Degree Student? Yes No If yes, please list dual degree: _____

Number of Semester Hours Completed in the MPH Program: _____

Emergency Contact

Name: _____ Relationship to Student: _____

Phone: _____ Alternate Phone: _____

Registration Information

Semester of Practicum (Check All that Apply): Fall Year ____ Spring Year ____ Summer Year ____

When will student be registering for MPHP 652 (Capstone)? Fall Year ____ Spring Year ____ Summer Year ____

Practicum Site Information

Organization Name: _____

Department (If no department, leave blank): _____

Mailing Address: _____

Preceptor Information

Name: _____ Email Address: _____

Phone: _____ Title: _____

Fax: _____

Schedule of Practicum Experience

Practicum Start Date: _____ Practicum End Date: _____

Approximate Number of Hours per Week: _____

Expected Schedule: _____

Please list any special schedule considerations (e.g., on-call, days off, etc.): _____

FOR MPH PROGRAM USE ONLY:

Date Received: _____ Status: Approved Request Revisions Denied

By: _____ Recommend Review by Management Team

Course Director: _____

Practicum Details:

Practicum Title: _____

Method of Student Assessment: Direct Observation Report/Documentation Review
 Other: _____

Additional Individuals Providing Supervision (Please list): _____

Learning Objectives of Practicum (At least 3, Attach Additional Objectives if Necessary):

1. _____
2. _____
3. _____

Expected Activities & Learning Experiences: _____

Expected End-of-Practicum Deliverables (e.g., report, presentation, etc.): _____

Describe the physical working space and facilities for the student (e.g., desk, telephone, etc.): _____

Professional Responsibility

- | | | |
|---|------------------------------|-----------------------------|
| Will student need to complete a background check to complete practicum at agency/organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| -If yes, will student need to pay a fee for the background check? (AMOUNT: _____) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the project entail research involving human subjects and/or use of identifiable data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| -If yes, has the project been reviewed and approved by the appropriate Institutional Review Board? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will student generate data for the host agency/organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will student use data supplied by the host agency/organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the Preceptor have authority to grant student use of data? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| May the student take the data offsite from the agency/organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will the student be allowed to report the data/results as part of their final practicum presentation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please specify any additional confidentiality issues of which the student should be aware:

Please list any specific training the student must complete at the agency/organization:

MPH student responsibilities:

- Seek out specific background reading or other information prior to initial meeting with Preceptor;
- Discuss the scope of the practicum with Preceptor and MPH Practicum Director;
- Complete a Practicum Learning Agreement describing the anticipated practicum experience;
- Clarify with Preceptor whether work will be independent or in collaboration with others;
- Clarify to whom to report if Preceptor is not available;
- Complete a minimum of 120 hours during the practicum;
- Discuss with Preceptor how time should be allocated;
- Comply with time commitments whether or not Preceptor is on site;
- Discuss work schedule with Preceptor on a regular basis;
- Record involvement in project(s) (i.e., project activities, data collection, meeting minutes) in a data/record notebook;
- Complete any special training or certifications as required;
- Meet with Preceptor regularly – at least 1 meeting for each 40 hours of practicum completed;
- Debrief the practicum experience with the MPH Practicum Director/Faculty after completing 40, 80, and 120 hours of the Practicum;
- Submit an outline for the required written narrative relating to the practicum experience no later than 80 hours into the practicum experience;
- If applicable, discuss the relationship of the practicum to the student Capstone project on an ongoing basis with the Preceptor and MPH Practicum Director;
- Report any problems regarding the practicum experience to the MPH Practicum Director/Faculty as they occur (rather than waiting until formal debriefing or completion of the experience);
- Act in a professional manner, respecting agency and individual confidentiality;
- Complete and submit an evaluation of the practicum site at the end of the experience;
- Prepare and present a professional poster relating to the practicum experience; and
- Complete and submit a written narrative report relating to the practicum experience.

I accept these responsibilities (Student's Initials): _____

Preceptor responsibilities:

- Define the scope of the 120-hour practicum with student;
- Determine the need for special training or certifications (e.g., HIPAA, IRB, etc.);
- Discuss and develop a schedule with the student;
- Schedule regular meetings (recommended weekly or at least 1 meeting for each 40 hours of practicum completion) with the student to discuss performance, development, and progress;
- Discuss maintenance of data/record notebook, if applicable;
- Review and approve the student's Practicum Learning Agreement which contains the above information, in concert with MPH Practicum Director/Faculty;
- Include student in meetings or seminars related to the practicum area;
- Clarify to whom student should report if Preceptor is not available;
- Communicate regularly with the MPH Practicum Director/Faculty;
- Review the final practicum narrative and poster (along with MPH Practicum Director/Faculty);
- Complete an evaluation form for each student at the end of the practicum experience.

I accept these responsibilities (Preceptor's Initials): _____

Competencies to be addressed (Note Required Competencies 1-4):

1. **Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities.**
Target Level for Practicum: Advanced **REQUIRED**
2. **Engage in dialogue and learning from others to advance public health goals.**
Target Level for Practicum: Advanced **REQUIRED**
3. **In collaboration with others, prioritize individual, organizational, and community concerns/resources for public health programs.**
Target Level for Practicum: Advanced **REQUIRED**
4. **Analyze the effects of political, social, and economic policies on public health systems at the local, state, national and/or international levels.**
Target Level for Practicum: Advanced **REQUIRED**
5. Understand basic concepts of biostatistics in public health, including an ability to select statistical methods for data analysis, apply descriptive techniques, and interpret and communicate results of statistical analyses.
Target Level for Practicum: Sufficient Advanced Not Applicable
6. Understand environmental factors that impact the health of a community, including an ability to describe the impact of policy on environmental health issues, methods for environmental risk assessment, and approaches to risk management.
Target Level for Practicum: Sufficient Advanced Not Applicable
7. Understand the role of epidemiology in the control of health problems, including an understanding of the language of epidemiology and ability to calculate basic epidemiologic measures, an ability to comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data, and an ability to evaluate and communicate the strengths and limitations of epidemiologic reports.
Target Level for Practicum: Sufficient Advanced Not Applicable
8. Understand the policy process for improving the health status of populations, including an ability to identify the main components and issues of the organization, financing, and delivery of health services and public health systems in the US, describe legal and ethical bases for public health and health services, and communicate health policy and management issues using appropriate channels and technologies.
Target Level for Practicum: Sufficient Advanced Not Applicable
9. Understand the behavioral, social, and cultural factors related to individual and population health, including an ability to identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice, describe the role of social and community factors in both the onset and solution of public health problems, and apply evidence-based approaches to the development and evaluation of social and behavioral science interventions.
Target Level for Practicum: Sufficient Advanced Not Applicable
10. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.
Target Level for Practicum: Sufficient Advanced Not Applicable
11. Explain the role of biology in the ecological model of population-based health.
Target Level for Practicum: Sufficient Advanced Not Applicable
12. Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field.
Target Level for Practicum: Sufficient Advanced Not Applicable

Major Specific Competencies (Attach to this learning agreement)

Target Level for Practicum: Sufficient Advanced Not Applicable

Custom (Personal) Competencies (Attach to this learning agreement)

Target Level for Practicum: Sufficient Advanced Not Applicable

By signing below, the student and Preceptor accept the above responsibilities and the agreed upon activities in this document. Please initial all pages at the bottom. Once signed, please return to the MPH Office.

Student: _____ Date: _____

Preceptor: _____ Date: _____

Student's Initials: _____ Preceptor's Initials: _____ Course Director's Initials: _____ Page 4 of 4