DOMESTIC FIELD EXPERIENCE PLAN

Please complete all required information in the following pages and obtain all required signatures.

Submit the completed forms to [fehelp@health.usf.edu](mailto:fehelp@health.usf.edu).

DOMESTIC Field experience plan Instructions

**Overview:** Field experience students are required to complete a field experience plan in collaboration with their faculty mentor and preceptor based on the criteria listed below. The plan includes project goals, public health competencies, specific strategies and activities for accomplishing those goals, timeline for completing goals, other considerations that may impact your field experience, and methods of evaluating goal accomplishment (the deliverables).

The field experience plan is your opportunity to declare what you want to learn, how you intend to pursue it, and how you will know when you’ve done it. It is the Preceptor and academic mentor’s opportunity to document how they expect you to meet their expectations. The plan justifies granting academic credit for a field experience, so it should be challenging. Revisions to the initial field experience plan should be agreed upon by all parties—student, faculty mentor and preceptor—and submitted to the field experience team as soon as possible. Failure to have a student plan in place will jeopardize your academic credit for the field experience.

**Description of Organization:** Include the website link for the organization/department where the field experience is located if available. Provide an explanation of the mission of the organization, the clients that the organization/department serves and the professional/educational background of the people with whom you will work.

**Project Goals:** Provide a brief description of what you want to learn and accomplish during your field experience. It is important that student competencies, activities, and evaluation methods be realistic, appropriate, meaningful, and measurable.

**MPH, MHA, or MSPH Competencies:**

* The field experience allows you an opportunity to demonstrate attainment of **at least five** competencies. At least three must be foundational competencies. The other two should be concentration-specific competencies. MPH Foundational Competencies can be found in Appendix A: Grading Rubric. Concentration-specific competencies can be found at <http://health.usf.edu/publichealth/academicaffairs/faculty.html>.
* For MHA students, choose 5 MHA competencies that you will meet through your field experience. MHA competencies can be found at: <http://health.usf.edu/publichealth/academicaffairs/~/media/Files/Public%20Health/Academic%20Affairs/Course%20Development%20Materials/02-d-mha-hpm-competencies.pdf>
* For MSPH students, choose 5 MSPH competencies that you will meet through your field experience: <http://health.usf.edu/publichealth/academicaffairs/~/media/Files/Public%20Health/Academic%20Affairs/Course%20Development%20Materials/02-c-msph-college-wide-competencies.pdf>

**Activities:** Details of these activities are developed and agreed to jointly by the student, preceptor, and faculty mentor. It represents the heart of the three-way agreement that is integral to the field experience. Describe specific actions, projects, processes, and tasks that will allow you to meet your chosen competencies. Activities should take the form of statements that begin with action verbs and are specific, measurable, and time-limited.

* Will you attend training sessions about the subject?
* Will you perform specific tasks or accomplish a specific project related to one or more of them?
* Will you read supplemental books, articles, and/or other materials that relate to them?
* Will you do a general field and agency-specific analysis? Do you plan to interview professionals in the field?

**Evaluation:** State criteria by which you wish to be evaluated. This must be approved by all parties, and should be based on your stated learning activities and competencies. Describe how your progress regarding each activity will be measured. What deliverables will the preceptor want at the end of your field experience (a report, evaluation, presentation, etc.)?

* How will you know and show others that you have achieved your learning objectives?
* Will you keep a journal?
* Will you compile records of your activities or the outcomes of your activities throughout the field experience (e.g. reports on activities performed, summaries of statistics collected and analyzed, tests from training sessions, other people’s comments on your approach to work and/or your achievement of agreed upon objectives).
* Will the project you’re working on be implemented or incorporated in something larger?

**Time Frame:** State the expected dates for involvement in and completion of the activities. Provide a temporal view of the entire lifetime of the project. Show when tasks will take place. Revisit the timeline as the project progresses and compare the planned and actual schedules.

**Preliminary Requirements:** Contact your preceptor to determine whether any of these (background check, immunizations, drug screening) are required before the field experience can begin. Please check the appropriate boxes in this section, and begin the process for any requirements you need to meet. If your organization requires a background check, drug test, and/or proof of immunizations and does not provide these services, you can purchase the options you need here: <https://portal.castlebranch.com/UP83>

* Use your USF Health email address to create an account and select the options you need. Once completed, you can print your results and give them to your preceptor. If you need fingerprinting, you will have to get your results in person and provide a photo ID.
* If you have questions or need to obtain fingerprinting results, please contact Shawn Afflick, Student Academic Compliance Officer, [safflick@health.usf.edu](mailto:safflick@health.usf.edu), 813-974-4582

Research with human subjects outside or inside USF will need IRB approval. Visit: <http://www.research.usf.edu/dric/hrpp/irb-hrpp.asp>

**Other Considerations:** Note any additional information that is necessary for defining your field experience plan or expectations, roles and relationships of parties involved, final outcome, papers or projects.

**Final Note:** Remember that your plan is just a guideline prepared to focus your work. If your field experience moves in a different direction it canstill be valid but you must continue to follow the guidelines previously described. You need to document the changes, reasons and results. A plan is not static, but an ever-changing tool that can be revisited and revised. If you are unsure about your progress, talk with your Preceptor, Faculty Mentor, or someone from the Field Experience staff. Everyone on your team shares a common goal to help you have a successful learning experience.

DOMESTIC field experience general information

**Student information**

Date:       Name:       Student ID #:       Address:       Telephone: (     )     -

USF Health E-mail:

Mentor(s):       (If you are a dual degree or concentration student, please choose 1 primary mentor for this course)

Term for field experience:  Fall  Spring  Summer  **20**

Field experience Credit Hours:

Are you a Reduced Rate student? Yes  No  Are you an International student? Yes  No

Earning the following degree: MPH  MHA  MSPH

Indicate which academic department(s) or program this field experience counts toward:  CFH  EOH  EPB  GH  HPM  PHP  Certificate

Concentration:       If you are in an on-line program (distance learner) indicate which one:  EPI  DMHR  HSE  IC  PHA  PHP  SM

**Field Experience Site Information**

Preceptor:      Organization:      Department/Program:      Job Title:

Academic Credentials:       Address:      City, State, Zip:

Phone; (     )       -       Ext.       Fax: (     )       -

Email address:

Is the Preceptor a USF COPH student or alumnus?  NO  YES- If yes, indicate graduation year, degree obtained and concentration:

Is the Preceptor new to the USF COPH?  YES  NO

**Emergency Contact Information**

Name:       Relationship to student:

City, State, Zip:       Residence Phone: (     )       -       cell: (     )       -       Email address:

DOMESTIC Field experience PROPOSAL

|  |  |  |
| --- | --- | --- |
| **Student Name:** | **Semester/Year:** | **Mentor:** |
| **Organization:** | | |
| **Description of Organization (300 word max):** | | |
| **Project Goals:**  a.  b. | | |
| **Field Experience Outcomes** | | |
| 1. **MPH COMPETENCIES (MHA and MSPH students – please list five program specific competencies)** | | |
| The proposed field experience will demonstrate proficiency in the following competencies:  Foundational (minimum of three)  1.  2.  3.  Concentration (minimum of two)  4.  5. | | |
| 1. **Field Experience Activities** | | |
| The proposed field experience will comprise the following activities that work towards the competencies stated above:  a.  b. | | |
| **c. How will activities be evaluated? What deliverables will be given to the preceptor?** | | |
| a.  b. | | |
| **d. Time frame for completion of activities (1 credit = 45 hours of work)** | | |
|  | | |
| **e. Preliminary requirements** | | |
| Check the appropriate boxes for your field experience requirements below, and begin the process for any requirements\* you need to meet:  Criminal Background Check:  Not Required  In Progress  Completed  Evidence of required immunizations:  Not Required  In Progress  Completed  Drug Screening:  Not Required  In Progress  Completed  IRB Approval:  Not Required  In Progress  Completed  \*Departments of health and hospitals usually require a background check, evidence of immunizations, and sometimes a drug screening. See instructions for more information. | | |
| **f. Other considerations** | | |
|  | | |

DOMESTIC field experience Signature page

***Please Fill-in the appropriate information below:***

      (Agency name) located in       (city, state, country) agrees to accept       *(student name)* as an intern during the       (term) 20      semester. The student will earn       credit hour(s) by working for a minimum of       *(1 credit hour = 45 contact hours)* contact hours. The field experience will begin on       and end on     . The student will be under the direct agency supervision of       *(Preceptor)* that will assist the student in carrying out assigned duties and cooperate in evaluating the student’s performance. The supervisor asserts that the field experience is not a part of the student’s regular employment responsibilities.

Roles and Responsibilities:

**Student**: Works with the site preceptor to develop the plan and confirm the field experience. Adheres to agency policies and procedures and maintains professionalism and ethical behavior at all times. Follows through on commitments and deliverables to the agency. Completes all required reports and assignments, shares with appropriate personnel.

**Faculty Mentor**: Monitors the academic progress of the field experience and provides timely feedback.

**Preceptor**: Work with student to develop field experience plan. Inform student of preliminary requirements (background check, immunizations, drug screening). Orient student to agency and field, and supervise student work. Evaluate student performance (a survey link will be sent via email).

***Signing indicates you have accepted the roles and responsibilities and the field experience plan overview, and agree to the terms listed above:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      

*Student Date Print Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      

*Faculty Mentor Date Print Name*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      

*Preceptor Date Print Name*

DOMESTIC field experience Agreement, Disclosure and Certifications

I,     , am a student at the USF College of Public Health and will undertake a field experience during the (select one)  Fall  Spring  Summer 20      semester at the following location:       *(Internship site)* -       *(city, state, country).*

The University of South Florida Board of Trustees, a public body corporate of the State of Florida, through its College of Public Health (the “COPH”) does not control the way in which the field experience and the field experience site is structured or operates. In granting academic credit for this field experience, the COPH affirms that, to the best of its knowledge, the field experience is an appropriate curricular option for students in a MPH program of study and worthy of college credit. The COPH does not knowingly approve field experience opportunities that pose undue risks to their participants. However, any field experience or travel carries with it potential hazards that are beyond the control of the COPH and its agents or employees.

# BACKGROUND CHECKS

It is my responsibility to provide evidence to the organization/agency sponsoring my field experience (the “Sponsor”) of any required preliminary background checks or immunizations. For some sites, additional requirements such as drug or medical testing may be necessary. I agree to contact my Sponsor or field experience site to determine preliminary requirements.

# INSURANCE COVERAGE

I have sufficient health, accident, disability, and hospitalization insurance to cover me during my field experience. I further understand that I am responsible for the costs of such insurance and for the expenses not covered by this insurance. I recognize that the COPH has no obligation to provide me with such insurance coverage. I understand that if I use my personal vehicle for the benefit of the Sponsor, that the COPH has no liability for personal injury or property damage that may result from that use. I agree to rely solely on my personal vehicle insurance coverage and on any insurance coverage provided by my Sponsor.

# SPONSOR RELATIONSHIP

I understand that the field experience is not an offer of employment. Rather the field experience is for educational purposes with a set termination date. I also understand that the COPH assumes no liability for personal injury that I may suffer in the course of my field experience, and I agree to be responsible for ascertaining whether the Sponsor provides workers compensation coverage for me. I understand that the Sponsor is not required to provide monetary compensation for the time I spend at the Sponsor’s place of business during the field experience. I agree to be responsible for ascertaining whether the Sponsor will or will not provide monetary compensation.

PERSONAL CONDUCT

I understand that the responsibilities and circumstances of the field experience require a certain standard of professional decorum. I indicate my willingness to understand and conform to professional standards of the Sponsor. I further understand that it is important to the success of the field experience and the continuance of future field experiences that I observe certain standards of conduct. I understand that I am responsible for my own actions and conduct while at the Sponsor’s site and any damage that I may cause is my sole responsibility. I acknowledge the Sponsor’s responsibility for setting rules and interpreting conduct for this purpose. I agree that should the COPH decide that I must be terminated from my field experience because of conduct, that decision will be final (subject to review by the Dean of the COPH and/or the Academic Policies Committee) and may result in loss of academic credit for the field experience.

# GENERAL RELEASE

In consideration of the permission granted by the COPH to participate in this field experience and related travel, I do hereby release the State of Florida, University of South Florida Board of Trustees, the University of South Florida, as well as the agents, employees and members of the aforementioned, from all actions, causes of actions, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against any and all of the aforementioned for any and all personal injuries, known or unknown, which I have or may incur by participation in the above stated event and for all damage to my property.

I realize that there are inherent dangers and risks involved in this field experience activity and travel and I hereby agree to hold harmless the State of Florida, University of South Florida Board of Trustees, the University of South Florida, and the faculty or staff supervising the field experience, as well as the agents, employees, and members of the aforementioned from any loss, liability, damage or cost that they may incur due to my enrollment or participation in this field experience.

I hereby agree to abide by any policies, rules and regulations adopted by the COPH or the Sponsor and understand that the violation of said policies, rules or regulations may result in loss of academic credit for the field experience. I expressly agree that this “Domestic Field Experience Agreement, Disclosure, and Certifications” is intended to be as broad and inclusive as is permitted by the law of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read this “Domestic Field Experience Agreement, Disclosure, and Certifications” and understand all of its terms. I execute it voluntarily and with full knowledge of its significance.

**Student:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:**

**Date:**

**Witness:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:**

**Date:**

**Appendix A: Grading Rubric for Applied Practice Experience**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Objectives** | | **N/A** | **0**  **Poor** | **1**  **Fair** | **2**  **Good** | **3**  **Excellent** | **Total** |
| Prior approval of competencies by faculty mentor (0=not approved; 3=prior approval) | |  |  |  |  |  |  |
| Demonstrated attainment of at least three foundational competencies: | |  |  |  |  |  |  |
| 1. Apply epidemiological methods to the breath of settings and situations in public health practice. | |  |  |  |  |  |  |
| 1. Select quantitative and qualitative data collection methods appropriate for given public health context. | |  |  |  |  |  |  |
| 1. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate. | |  |  |  |  |  |  |
| 1. Interpret results of data analysis for public health research, policy or practice. | |  |  |  |  |  |  |
| 1. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings. | |  |  |  |  |  |  |
| 1. Discuss the means by which structural bias, social inequalities and racism undermine health and create challenges to achieving health equity at organizations, community and societal levels. | |  |  |  |  |  |  |
| 1. Assess population needs, assets and capacities that affect communities’ health. | |  |  |  |  |  |  |
| 1. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs. | |  |  |  |  |  |  |
| 1. Design a population-based policy, program, project or intervention. | |  |  |  |  |  |  |
| 1. Explain basic principles and tools of budget and resource management. | |  |  |  |  |  |  |
| 1. Select methods to evaluate public health programs. | |  |  |  |  |  |  |
| 1. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence. | |  |  |  |  |  |  |
| 1. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes. | |  |  |  |  |  |  |
| 1. Advocate for political, social or economic policies and programs that will improve health in diverse populations. | |  |  |  |  |  |  |
| 1. Evaluate policies for their impact on public health and health equity. | |  |  |  |  |  |  |
| 1. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making. | |  |  |  |  |  |  |
| 1. Apply negotiation and mediation skills to address organization or community challenges. | |  |  |  |  |  |  |
| 1. Select communication strategies for different audience and sectors. | |  |  |  |  |  |  |
| 1. Communicate audience-appropriate public health content, both in writing and through oral presentation. | |  |  |  |  |  |  |
| 1. Describe the importance of cultural competence in communicating public health content. | |  |  |  |  |  |  |
| 1. Perform effectively on inter-professional teams. | |  |  |  |  |  |  |
| 1. Apply systems thinking tools to a public health issue. | |  |  |  |  |  |  |
| Demonstrated attainment of at least two must be concentration competencies:   1. Write concentration competency 2. Write concentration competency | |  |  |  |  |  |  |
| Report length to be determined by faculty mentor (500 words minimum) | |  |  |  |  |  |  |
| APA format and citation style | |  |  |  |  |  |  |
| Other: (Completed by faculty mentor as desired) | |  |  |  |  |  |  |
|  |  | | | | | **Total** |  |