Criterion 2   Instructional Programs

_____

2.1.   Master of Public Health Degree. The school shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master's degree in at least the five areas of knowledge basic to public health. The school may offer other degrees, professional and academic, and other areas of specialization, if consistent with its mission and resources.

_____

2.1.a. An instructional matrix presenting all of the school's degree programs and areas of specialization, including undergraduate degrees, if any. If multiple areas of specialization are available within departments or academic units shown on the matrix, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

The COPH offers six degree programs: the MPH, MSPH, MHA, PhD, DrPH, and the newest, a BS in Public Health. These degrees are offered in various concentrations through our five academic departments, and one COPH-wide program offers the MPH degree with a concentration in Public Health Practice. The Public Health Practice concentration is offered both online and in the Executive weekend format. The BS is offered also as a COPH-wide program.

The Instructional Matrix provided in Table 2.1.a. displays the departments and their concentrations and the degrees offered, together with the format of the degree, i.e., whether it is offered in a traditional on-site or a distance format. Without exception, all MPH and DrPH degrees and the MHA and BSPH degrees are considered professional degrees and with only one exception, the MSPH and PhD degrees are considered academic degrees. The one exception is the MSPH in Industrial Hygiene which is considered a professional degree. Table 2.1.a. also includes joint and dual degrees and indicates the departments offering these programs.

Table 2.1.a. Instructional Matrix

COMMUNITY & FAMILY HEALTH Concentrations	BSPH Prof	MPH Prof	MSPH Acad	MHA Prof	PhD Acad	DrPH Prof	Format
Maternal & Child Health		X	X				on-site
Public Health Education		X	X				on-site
Behavioral Health		X	X				on-site
Socio-Health Sciences		X	X				on-site
Community & Family Health					X	X	on-site
ENVIRONMENTAL & OCCUPATIONAL HEALTH **Concentrations**							
Environmental Health		X	X		X		on-site
Toxicology and Risk Assessment		X	X		X		on-site
Occupational Safety		X	X				on-site
Occupational Health		X	X		X		on-site
Industrial Hygiene			X[1]		X		on-site
EPIDEMIOLOGY & BIOSTATISTICS **Concentrations**							
Epidemiology		X	X		X		on-site
Biostatistics		X	X		X		on-site
Epidemiology & Biostatistics		X					on-site
Epidemiology and Maternal & Child Health		X					on-site
Epidemiology and Global Health Practice		X					on-site
Epidemiology & Global Communicable Disease		X					on-site
GLOBAL HEALTH **Concentrations**							
Global Health Practice		X				X	on-site
Global Communicable Disease		X	X		X		on-site
Global Disaster Management & Humanitarian Relief		X					distance
HEALTH POLICY & MANAGEMENT **Concentrations**							
Health Policies & Programs		X					on-site
Public Health Administration		X					distance
Health Care Organizations & Management		X					on-site
Health Policy & Management			X		X		on-site
Health Administration				X			on-site
COLLEGE-WIDE DEGREE PROGRAMS	BS Prof	MPH Prof	MSPH Acad	MHA Prof	PhD Acad	DrPH Prof	Format
Public Health Practice		X					distance & executive
Public Health	X						on-site

JOINT DUAL DEGREES & DEPARTMENTS	BS Prof	MPH Prof	MSPH Acad	MHA Prof	PhD Acad	DrPH Prof	Format
MPH/MS Nursing EOH		X					on-site
MPH/MA Anthropology CFH, EOH, EPB, GLO, HPM		X					on-site
MPH/PhD Anthropology CFH, EOH, EPB, GLO, HPM		X					on-site
MA Anthropology/PhD CFH, EOH, EPB, GLO, HPM					X		on-site
MPH/MSW Social Work CFH		X					on-site
MPH/MD Medicine CFH, EOH, EPB, GLO, HPM		X					on-site
MPH/JD Law (Stetson University) CFH, EOH, EPB, GLO, HPM		X					on-site
MPH/DPT Physical Therapy CFH, EOH, EPB, GLO, HPM		X					on-site
MPH/PhD Biochemistry/Molecular Biology EOH, EPB, GLO		X					on-site

[1]The MSPH in Industrial Hygiene is considered a Professional Degree.

2.1.b. The school bulletin or other official publication, which describes all curricula offered by the school for all degree programs. If the school does not publish a bulletin or other official publication, it must provide for each degree program and area of concentration identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

The COPH Catalog is fully online and describes the curricula for all degree programs and concentrations as well as all relevant policies and procedures. The catalogue is found at http://health.usf.edu/publichealth/catalog.html. Printed copies of required courses and course descriptions for all degree programs and concentrations are available in the Resource File.

2.1.c. Assessment of the extent to which this criterion is met.

The criterion is met. The COPH offers instructional programs reflecting its stated mission and goals leading to the MPH in at least the five areas of knowledge basic to public health.

Strengths: The COPH offers the MPH in the five areas of knowledge basic to public health as well as in other areas of relevance to our mission and of interest to our students. It offers the Master of Health Administration, and the MSPH, PhD and DrPH in a variety of areas of study. The COPH has several joint degrees with other colleges at USF and with the Stetson University Law School. The COPH has just launched a BS in Public Health, largely in response to student demand.

Weaknesses: None identified.

Future Plans: Due to significant international opportunities, we are developing a new MSPH concentration in international research, policy and planning. In addition, as the new USF College of Pharmacy emerges, a joint MPH/PharmD program is under consideration.

2.2   Program Length.

An MPH degree program or equivalent professional master's degree must be at least 42 semester credit units in length.

2.2.a.   Definition of a credit with regard to classroom/contact hours.

One semester credit represents one contact hour of academic work per week (including lectures, laboratories, discussion groups, service learning projects, etc.). Thus, a three-credit course requires three contact hours per week. Students are expected to do additional work outside of class. For field experience, one credit represents approximately 45 clock hours.

2.2.b.   Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the school or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.

The COPH requires a 42-credit hour minimum for all MPH degrees; however, all MPH degrees require more than the minimum number of hours, i.e., 43 – 51. The MHA degree requires a minimum of 57 credit hours or more, depending on the number of field experience hours completed.   The MSPH in Industrial Hygiene requires a minimum of 49 credit hours.

2.2.c.   Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

The COPH has not awarded any MPH degrees for less than 42 semester credits in the last three years.

2.2.d.   Assessment of the extent to which this criterion is met.

The criterion is met. All MPH and equivalent professional masters degrees are at least 42 semester credit units in length.

Strengths: The COPH requires all MPH degrees, the MHA and the MSPH in Industrial Hygiene to be a minimum of 42 credit hours and many exceed this requirement. No MPH degrees have been awarded for less than 42 hours over the past three years.

Weaknesses: None identified.

Plans: None.

2.3   Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

2.3.a.   Identification of the means by which the school assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The COPH assures that all professional degree students have a broad understanding of public health core knowledge. Students enrolled in all MPH degree programs including joint degree programs, the MHA and the MSPH in Industrial Hygiene programs take the five core courses required by the COPH with only two exceptions. The first exception is for MPH students in Biostatistics who may take a more advanced course if they demonstrate sufficient statistical background. The second exception is in the joint MPH/MSN in which students substitute a comparable nursing course in the social and behavioral sciences for the public health core course. DrPH students are required to complete the same five core courses, or show evidence of previous completion of the five core courses. If a DrPH student has not taken the courses and needs to complete them, the credits earned do not count toward the degree credit hour requirements.

Table 2.3.a.1. lists the five core courses, with a brief description of each and indicates that they are required for all professional degree programs in the COPH. The new BS in Public Health also requires that students gain a breadth of knowledge in the core areas of public health. Table 2.3.a.2. indicates the courses required of BSPH students.

Table 2.3.a.1 Required Core Courses by Professional Degrees

Required Core Courses	DrPH	MPH	MHA	MSPH Industrial Hygiene
PHC 6000 Epidemiology *Study of epidemiological methods to evaluate the patterns and determinants of health and disease in populations.*	X	X	X	X
PHC 6050 Biostatistics I* *Concepts, principles and methods of statistics applied to public health issues.*	X	X	X	X
PHC 6102 Principles of Health Policy and Management *General principles of planning, management, evaluation and behavior of public and private health care organizations at the local, state and national levels.*	X	X	X	X
PHC 6537 Environmental and Occupational Health *The study of major environmental and occupational factors that contribute to development of health problems in industrialized and developed countries.*	X	X	X	X
PHC 6410 Social and Behavioral Sciences Applied to Health *A review of the conceptual, empirical and theoretical contributions of the social and behavioral sciences as they contribute to an understanding of health and illness.*	X	X	X	X

*MPH students in the Biostastistics concentration who have previously completed introductory statistics courses and have a strong mathematical background take the more advanced biostatistics course, PHC 6057: Biostatistical Inference I. If a student in this concentration does not present this level of prior training, that student takes both the core course and the Biostatistical Inference I course.

Table 2.3.a.2. Required Core Courses at the Undergraduate Level

Required Core Courses at the Undergraduate Level	BSPH
PHC 4101 Introduction to Public Health *A survey of policies and programs in public/community health with emphasis on specific needs and problems of Florida.*	**X**
HSC 4551 Survey of Human Disease *An overview of the nature, types, and mechanisms of diseases of the major body systems.*	**X**
PHC 4300 Introduction to Epidemiology *This course provides undergraduate students with an overview of epidemiological methods and their application to understanding health and non-health issues.*	**X**
HSC 4069 Biostatistics in Society *This course exposes students to the role of biostatistics in advancing healthcare and improving health through landmark studies and cases in a wide range of fields, including clinical trials, epidemiology, environmental studies, and healthcare evaluation.*	**X**
HSC 4630 Understanding U.S. Health Care *An introduction to health services; providing an overview of important components of the U.S. health care system, health policy, funding sources, and comparisons with other developed nations.*	**X**
PHC 3302 Introduction to Environmental and Occupational Health *Introduces the principles of environmental health from a public health perspective. This course is designed for students with an interest in the environment, assessment of risk, human health issues, and control strategies to reduce health risks.*	**X**
HSC 4211 Health, Behavior and Society *This course focuses on an ecological perspective of the determinants of health including biology, individual behavior, social relationships, social stratification, institutions, neighborhoods and communities, environment, policies and globalization.*	**X**
HSC 4624 Foundations of Global Health *This course introduces students to the main concepts of public health in a global context. The impact of cultural, economic and environmental forces that influence health access to health care in developed and developing nations will be discussed.*	**X**
HSC 4637 Medical Terminology *This course provides a unique educational program to improve the student's medical vocabulary. The course includes medical and scientific content information, which students encounter in other health professional courses.*	**X**

2.3.b. Assessment of the extent to which this criterion is met.

This criterion is met. All professional students acquire an understanding of public health core knowledge through completion of a standard set of required courses.

Strengths: All graduate level professional degree programs require successful completion of the five core courses representing the core disciplines of public health, with the exception of advanced biostatistics students who complete a more advanced introductory course. The new BSPH also requires a set of core courses, but these are designed at a more introductory level.

Weaknesses: None identified.

Plans: None.

2.4   Practical Skills.

All professional degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to the students' areas of specialization.

2.4.a.   Description of the school's policies and procedures regarding practice experiences, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites and preceptor qualifications, and criteria for waiving the experience.

All students in MPH degree programs, the MSPH in Industrial Hygiene, and the MHA are required to complete a supervised field experience (FE). DrPH students are required to complete an intensive field experience. BSPH students are required to engage in field visits and seminars in public health, during which students observe and interact with public health practitioners in their work settings and learn from representatives of various public health organizations who speak to the students about their work and the work of their agencies. Supervised field experiences take place in a variety of organizations and settings appropriate to the student's course of study and future career plans and are designed to strengthen experience in public health. The FE provides opportunities for future public health practitioners and leaders to develop and strengthen the skills and competencies needed to become effective, ethical professionals. Students are oriented to the responsibilities of a reflective professional and the experience permits an assessment of strengths and weaknesses. Two COPH staff members coordinate all field experiences in cooperation with students, faculty and field supervisors. The first is a full-time FE manager who coordinates all domestic placements and the second is a part-time IFE (International Field Experience) coordinator who is responsible for international placements. Concentration areas identify the appropriate number of credit hours required for their students. One credit hour typically translates to 45 clock hours of FE. The typical masters-level field experience is 6 credits. On rare occasions, required credit hours are reduced if the student has extensive experience in the concentration area. Students are encouraged to meet with their faculty advisor and the appropriate FE staff person one semester (two for international placements) prior to the field experience to explore possible sites, assess previous experience, and match career interests and academic concentration to potential sites. As many COPH students attend school part-time, an attempt to accommodate their work schedules is made. Students are strongly encouraged to have FE outside of their employment setting. When that is not feasible, students must identify an assignment that extends beyond their regular work duties and allows the application of knowledge and skills being learned in the classroom or the development of competencies important to the student's educational and professional goals. The COPH strives to identify a FE supervisor different from the usual employer and encourages students to negotiate the ability to devote a portion of the workday or the workweek to the FE assignment.

Students are encouraged to plan their FE in conjunction with their faculty advisor, or, if more appropriate, a different faculty advisor, and the intended site preceptor. The FE manager or IFE coordinator also assists the student in assuring all documentation is completed and relevant material provided in order to secure a suitable placement. MHA and MSPH in Industrial Hygiene students follow the same protocols but the respective departments' faculty participate more assertively in the site selection and development of the FE plan.

The DrPH field experience requirement involves students engaging in a specialized, intensive, practice-based experience of 9 credit hours. The practice-based experience is designed to develop and demonstrate strategic policy-making and advanced leadership skills in the identified public health discipline. The student, major professor and Field Experience manager, for domestic placements, or International Field Experience coordinator, for international placements, jointly plan this experience. A qualified community-based professional preceptor mentors the student in the practice setting.

BSPH students are also required to complete Field Seminar which provides an overview of field experiences in public health. Representatives from various public health organizations speak about their worksites. Students also observe experienced public health professionals in their practice environment.

Written guidelines for all field experiences address the following issues:

- Competencies to be developed by the FE;
- Preferred time(s) in the student's program for completing a FE (early, middle, late);
- Method and criteria to determine the FE credit hours required for a student;
- Preferred location for the FE (i.e. students in the MPH in Global Health Practice and the DrPH in Global Health are required to do international field experiences, while MHA students are expected to be in hospitals or comprehensive health care organizations);
- Specific responsibilities of the student and faculty advisor in identifying suitable FE placements;
- Process and procedures to be followed in designing a satisfactory FE; and,
- Methods and standards for evaluating the FE and for documenting the performance of the FE supervisor, overall placement, FE manager and the student.

Selecting Field Placement Sites
Students have several means to secure a domestic field experience. First, once a week, opportunities are e-mailed to the COPHSTU listserv (comprised of all degree seeking graduate students). The e-mail includes field opportunity descriptions or hyperlinks to opportunities from field sites who are actively seeking students for the coming semesters.

Second, prospective FE students are encouraged to attend the field experience debriefing for their academic department the semester before they plan to embark on their field experience. This allows prospective students to hear firsthand from current FE students, get ideas to implement with their FE and learn of new sites/opportunities.

Third, the FE website highlights the names of previous field sites. The names are sorted by academic department and are shared to demonstrate the range of field sites available. If a student is interested in a particular site, they contact the FE manager who will provide them with the specific contact information. To view the list of previous sites, visit http://health.usf.edu/publichealth/academicaffairs/fe/pdf/Former%20Sites.pdf. Note that this information—field sites, supervisors and opportunity descriptions—is currently being entered into a newly designed field experience database. Once live, the FE database will have a password protected web interface for students to log in and secure the aforementioned information. Phase 2 of the database development project will allow field supervisors to log in and post/update their current opportunities.

Fourth, students do have the option to create their own field experience with a new field site. To do so, the student will conduct all of the initial legwork—contact the field site, find a suitable field supervisor, educate them on the field experience program, etc. Once the student and field site/supervisor are in agreement, then they complete a *Field Placement Opportunity Form* and submit it to the FE manager. This form will provide the FE manager, faculty advisor and academic department chair with the necessary information to evaluate the new site and supervisor.

With the International Field Experience, students can secure a field experience in three ways: choosing a site from an available list; identifying a site on their own and/or by researching and choosing a site that has not been previously approved. In the case of the latter, the student's academic advisor and the College's IFE supervisor are involved to assure that the Site Supervisor has the qualifications and willingness to supervise the student; that the student's plan for research or the project can be supported; and that the country does not have a current State Department warning.

Means of Evaluating Practice Placement Sites and Preceptor Qualifications
All new FE sites have the same approval process. First, prospective FE sites are provided with a *Field Placement Opportunity Form* which they use to describe the supervisor or supervisors and their credentials, the host organization, clientele and mission; opportunities available for students; competencies to be satisfied via the FE; preferred skills, education and training; possible FE outcomes, and any other information pertinent to the site or specific project. Upon receipt, the appropriate FE staff person reviews the form for accuracy and completeness. Because department chairs are the most knowledgeable about what is or is not suitable for their students, the form is routed to them for input and approval. If the placement is denied, then the prospective supervisor is contacted and made aware of the status. Attempts to address the problematic areas are pursued, if feasible. In the case of international sites, a similar process is used. However, often it is necessary for a Memorandum of Understanding to be developed and signed. (Copies of existing MOU's for international field experience sites will be available in the Resource File). The Office of International Programs together with the Office of Academic and Student Affairs cultivates field experience sites that are known to ensure not only an enriching academic experience, but the safety and security of students. Students are encouraged to consider these active sites but may also propose their own site if they have a preference for a particular location or a particular project. The IFE coordinator does her best due diligence to make sure the site is appropriate for the student.

All new or potential field sites are evaluated by the FE manager, IFE coordinator where feasible, and appropriate academic department chair. Ideally, field experience sites meet the following selection criteria:

- Provides planning, research or services relevant to public health;
- Facilitates continued development of the student in the application of specific skills or competencies learned in the academic program (e.g. analytic/assessment skills, policy development/program planning skills, communication skills, cultural competency skills, basic public health science skills, financial planning/management skills, leadership/systems thinking skills, etc.);
- Provides regular contact with public health practitioners;
- Provides support, including resources, materials, dedicated workspace, additional training and funds, if necessary;
- Provides a good match with the needs of the student and academic concentration;

- Offers a distinctively useful experience; and
- Willing to consider a stipend, salary, lodging and/or transportation as necessary.

The COPH prefers FE or IFE supervisors to be public health practitioners who are:

- Willing and able to spend regularly scheduled time with the student and provide guidance;
- Approachable and provide timely feedback to the student and college representatives;
- Able to gradually increase student responsibility and independence over the duration of the FE;
- Allowing students to take part in projects where they can be involved from beginning to end;
- Giving assignments that balance routine administrative work with more substantive tasks;
- Giving students the chance to learn and apply new skills;
- Knowledgeable and dedicated professionals with substantive experience in a field related to the student's area of interest/academic concentration;
- Providing adequate resources, materials, training and funds that allow students to complete assigned tasks successfully;
- Interested in the academic and career goals of students;
- Helping students meet goals and objectives as stated in the FE Plan;
- Mentors and gives students advice about their career paths;
- Introducing students to others who can help with their careers;
- Appreciative of what the students accomplish;
- Mindful that student mistakes are learning opportunities;
- Integrating the student with the regular staff, clients and key stakeholders; and,
- Providing students with a reference for their credential file or dossier.

The college recognizes that some Domestic Field Experience field supervisors will not meet all of the college's preferred criteria. However, if a field supervisor possesses sufficient education or experience in public health, has a genuine interest in working with students and can offer an appropriate project for field experience, then the College is willing to work with supervisors on the areas in which they fall short. Obviously, some things are beyond the control of the College—supervisor assistance with networking or supervisor appreciation of the student's accomplishments—however, review sessions with supervisors are conducted to promote a balance of administrative and substantive work; regular communication is encouraged via e-mail, face-to-face or telephone/video conference; feedback is requested on the student's work and overall field experience; and field supervisors are made aware of core and interdisciplinary competencies so that they can be integrated into the field experience.

Several weeks before the student begins the International Field Experience, the Site Supervisor receives the *Application, Agreement and Plan* with the list of qualifications and the student's measurable plan of work. The Site Supervisor's signature on the document attests to the qualifications and agreement to work with the student. The International Field Experience Coordinator encourages regular communication in the same manner as the Domestic Field Experience Manager. Due to obvious limitations around distance, follow-up phone calls, email communication or Skype conversations are not unusual. There is also a mid-point conference call with the Site Supervisor, the student, the Academic Advisor and the IFE Coordinator.

<u>Approaches for Faculty Supervision</u>
Students must meet with their faculty advisor to receive permission to register for FE. The faculty advisor assures that the FE is appropriate and meets COPH and department guidelines. Additionally, the advisor determines the number of credit hours based on the student's previous education and experience in public health and career goals, as well as the COPH and department guidelines.

The advisor reviews and signs the FE application and provides input on the details of the FE plan prior to student registration. Likewise, the advisor monitors academic progress and consults with the student, FE supervisor, and/or the FE staff over the course of the placement. Throughout the experience, the faculty advisor reviews and responds to the student's written reports, evaluations and debriefing presentation. The sum of this information, along with the supervisor and FE staff's assessment determine an appropriate grade for the student.

<u>Criteria for Waiving the Field Experience</u>
No waivers are granted for the field experience requirement. In rare instances, students may have the number of required hours reduced below that required by the college or department, given previous, relevant experience, but the field experience requirement is never waived. Petitions for reduced hours must be presented to the Associate Dean for Academic Affairs and must include documentation of at least three years of experience related directly to the degree and area of concentration and must further include the signature of the faculty advisor and academic department chair.

2.4.b. Identification of agencies and preceptors used for practice experiences for students, by program area, for the last two academic years.

A full listing of the agencies and preceptors used for both domestic and international field experiences for all MPH degrees, the MHA and the MSPH in Industrial Hygiene over the past two years (Fall 2008 through Summer 2010) is provided in Table 2.4.b.1. and 2.4.b.2. Note that students may choose from a wide array of available field experience sites and are encouraged to choose a field experience that will advance their educational and professional career goals. The range of sites available is nearly unlimited and is all encompassing. The COPH does not actively encourage students to seek field experience sites within the university but where appropriate, does not discourage it either. Students from every academic department and virtually every concentration have successfully fulfilled a FE in a university setting over the life of the COPH. The scope of projects that students have completed in university settings include: creating survey tools for evaluation and conducting the related data analysis, research, environmental sampling, developing curricula and health education materials, launching social marketing campaigns, conducting health policy analysis and more. The tables below include a complete listing of all FE sites including those on this or other university campuses.

2.4.b.1. Domestic Field Experience Sites for Fall 2008 – Spring 2010

Dept.	Agency	DFE Supervisor's Name	Term*
CFH	All Children's Hospital	Kellie Gilmore	Summer 2009
CFH	Children's Board of Hillsborough County	Peter Gorski	Summer 2009
CFH	Clinical Research of West Florida	Barbara Keskiner	Fall 2009
CFH	Drug Abuse Comprehensive Coordinating Office, Inc (DACCO)	Vierne Placide	Spring 2010
CFH	Eckerd College	Whitney Wall	Fall 2009
CFH	First Step of Sarasota	Elaine Levesque	Spring 2009
CFH	Hillsborough County Health Department	Gary Stein	Fall 2008, Spring 2009
CFH	James A. Haley V. A. Hospital	Dana Glenn	Summer 2009
CFH	James A. Haley V. A. Hospital	Connie Malik	Fall 2009
CFH	Lawton and Rhea Chiles Center for Healthy Mothers and Babies	Hamisu Salihu	Fall 2009
CFH	Legal Med Strategies, Inc.	Andy Traenkner	Spring 2010
CFH	Neighborly Care Network	Cheryl Perry	Summer 2009
CFH	Planned Parenthood	Maureen Stephans	Summer 2009
CFH	Tampa General Hospital	Pat Ogden	Summer 2010, Fall 2008
CFH	The Ophelia Project - Tampa Bay	Nikki Stokes	Fall 2008, Spring 2009, Spring 2010
CFH	University of South Florida	Jeannine Coreil	Fall 2009, Spring 2010
CFH	University of South Florida	Ellen Daley	Summer 2009
CFH	University of South Florida	Nazach Rodriguez-Snapp	Fall 2009
CFH	University of South Florida	Kevin Sneed	Fall 2008
CFH	Youth Education Services (YES)	JaDawn Wright	Spring 2009
EOH	Alachua County Health Department	Anthony Dennis	Fall 2008
EOH	Bausch & Lomb Surgical	Laura Long	Summer 2009
EOH	Bidwell Environmental LLC	Jan Brown	Summer 2009
EOH	Bouchard Insurance	Barbara Cooksey	Spring 2009
EOH	Centers for Disease Control and Prevention	Michele Hlavsa	Summer 2009
EOH	CF Industries, Inc.	Alan Pratt	Summer 2009, Spring 2010
EOH	COOP Environmental Sampling, LLC	Horace Cooper	Fall 2009
EOH	Ecology and Environment, Inc.	Richard Freeman	Spring 2009
EOH	Florida Department of Environmental Protection	Julie Rainey	Spring 2009
EOH	Florida Department of Health	Richard France	Fall 2008
EOH	Hillsborough County Health Department	Eliot Gregos	Summer 2009
EOH	Hillsborough County Health Department	Cynthia Keeton	Summer 2009, Spring 2010
EOH	Hillsborough County Health Department	Cindy Morris	Fall 2008
EOH	Hillsborough County Medical Examiner	Julia Pearson	Spring 2010
EOH	Instrument Transformers, Inc.	Elizabeth Romano	Fall 2009
EOH	James A. Haley V. A. Hospital	Debbie Ferekides	Spring 2010

Dept.	Agency	DFE Supervisor's Name	Term*
EOH	James A. Haley V. A. Hospital	Donna Haiduven	Spring 2009
EOH	Occupational Safety and Health Administration	Keven Yarbrough	Fall 2008
EOH	Orange County Public Schools	Jennifer Fowler	Fall 2009
EOH	Palm Beach Institute	Ronald Lowe	Summer 2009
EOH	University of South Florida	Thomas Bernard	Spring 2010
EPB	Arthritis Research Institute of America	Paul Leaverton	Fall 2008, Spring 2009
EPB	Arthritis Research Institute of America	Frances Wilder	Fall 2009
EPB	Bausch & Lomb Inc.	Jackie Prince	Summer 2009, Fall 2009
EPB	Centers for Disease Control and Prevention	Sheila Porter	Spring 2009
EPB	Centers for Disease Control and Prevention	Elvira Wood	Spring 2009
EPB	Drug Abuse Comprehensive Coordinating Office, Inc (DACCO)	Vierne Placide	Fall 2008
EPB	Erie Family Health Center	David Buchanan	Fall 2009, Spring 2010
EPB	Florida Alzheimer's Disease Research Center	Yougu iWu	Fall 2008
EPB	Florida Department of Health	William Sappenfield	Fall 2009
EPB	H. Lee Moffitt Cancer Center & Research Institute	Nagi Kumar	Summer 2009, Fall 2009
EPB	H. Lee Moffitt Cancer Center & Research Institute	Ji-Hyun Lee	Fall 2008
EPB	H. Lee Moffitt Cancer Center & Research Institute	Dana Rollison	Spring 2009
EPB	H. Lee Moffitt Cancer Center & Research Institute	Matthew Schabath	Spring 2010
EPB	H. Lee Moffitt Cancer Center & Research Institute	David Shibata	Fall 2008
EPB	H. Lee Moffitt Cancer Center & Research Institute	Daohai Yu	Fall 2009
EPB	Hillsborough County Health Department	Warren McDougle, Jr.	Spring 2010
EPB	Jaeb Center for Health Research	Craig Kollman	Summer 2009
EPB	James A. Haley V. A. Hospital	Britta Neugaard	Spring 2009
EPB	James A. Haley V. A. Hospital	Robert Zoble	Summer 2009
EPB	Juvenile Welfare Board	Jim Spitler	Fall 2008
EPB	Polk County Health Department	Cynthia Goldstein-Hart	Spring 2009
EPB	Seminole County Health Department	Gregory Danyluk	Summer 2009, Fall 2009
EPB	St. Joseph's Hospital	Cathy Ricchezza	Spring 2009, Spring 2010
EPB	Tampa General Hospital	Steven Goldin	Spring 2010
EPB	The AIDS Institute	Michelle Scavnicky	Summer 2009
EPB	The Lawton and Rhea Chiles Center for Healthy Mothers and Babies	Alfred Mbah	Spring 2009
EPB	University of Central Florida	Nancy Ellis	Summer 2009
EPB	University of South Florida	Amina Alio	Summer 2009
EPB	University of South Florida	Ellen Daley	Fall 2008
EPB	University of South Florida	Karen Liller	Fall 2009
EPB	University of South Florida	Lynette Menezes	Summer 2009
EPB	University of South Florida	Glenn Mitchell II	Fall 2009

Dept.	Agency	DFE Supervisor's Name	Term*
EPB	University of South Florida	Amanda Schall	Summer 2009
EPB	University of South Florida	Wei Wang	Summer 2009
GH	Drug Abuse Comprehensive Coordinating Office, Inc (DACCO)	Anil Pandya	Fall 2009
GH	Florida Department of Health	Lillian Stark	Fall 2008, Spring 2009, Summer 2009 Fall 2009, Spring 2010
GH	H. Lee Moffitt Cancer Center & Research Institute	John Greene	Fall 2008
GH	Healthy Family Foundation/Fundacion Familia Sana	Wayne Westhoff	Fall 2008, Summer 2009
GH	Hillsborough County Health Department	Erica Botting	Summer 2009
GH	Pinellas County Health Department	Andrea Dopico	Fall 2009
GH	Polk County Health Department	Daniel Haight	Fall 2009, Spring 2010
GH	St. Joseph's Hospital	Cathy Ricchezza	Spring 2010
GH	Substance Abuse and Mental Health Service Administration	Charity Goodman	Spring 2010
GH	Tampa General Hospital/Hillsborough County Health Department	Don Kurtyka	Fall 2009
GH	University of South Florida	Ricardo Izurieta	Summer 2009
GH	University of South Florida	Dennis Kyle	Spring 2010
GH	University of South Florida	Alexis LaCrue	Spring 2010
GH	University of South Florida	Amanda Schall	Summer 2009
GH	University of South Florida	Thomas Unnasch	Summer 2009, Spring 2010
HPM	Alachua County Health Department	Geoffrey Hoare	Fall 2009
HPM	American Academy of Pediatrics	Katy Matthews	Spring 2010
HPM	Amerigroup Community Care	William Poling	Summer 2009
HPM	Bay Pines V. A. Hospital	Anna Marie Ray	Fall 2009
HPM	Children's Medical Services	Sandra Leck	Spring 2009
HPM	Clinical Research of West Florida	Barbara Keskiner	Spring 2009
HPM	Director of Purchasing	Larry Reyna	Summer 2009
HPM	Florida Blood Services	Marjorie Doty	Fall 2008
HPM	Florida Public Health Institute	Claude Fox	Fall 2009
HPM	Gentiva	Sara Bierbaum	Summer 2009
HPM	H. Lee Moffitt Cancer Center & Research Institute	Pam Cooper	Spring 2009, Spring 2010
HPM	H. Lee Moffitt Cancer Center & Research Institute	Sue Friedman	Spring 2009
HPM	Howard University Hospital	Alce Gullattee	Fall 2008
HPM	James A. Haley V. A. Hospital	David Burg	Fall 2009
HPM	James A. Haley V. A. Hospital	Stephanie Hoffman	Spring 2009
HPM	James A. Haley V. A. Hospital	Inez Joseph	Summer 2009
HPM	James A. Haley V. A. Hospital	Britta Neugaard	Spring 2010
HPM	Lifetime Cancer Screening and Diagnostic Center	Elissa Clayton	Spring 2009
HPM	Pinellas County Health Department	Sharlene Edwards	Spring 2009

Dept.	Agency	DFE Supervisor's Name	Term*
HPM	Pinellas Pain Management Center	Valerie Verzi	Spring 2010
HPM	Quintiles Transnational, Inc.	Natasha Pinkston	Fall 2008
HPM	Shands and Alachua General Hospital	Constance Keeton	Fall 2008
HPM	South Florida Baptist Hospital	Miriam Headley	Spring 2009
HPM	St. Joseph's Children's Hospital	Marisa Rappa Mowat	Summer 2009
HPM	State of Florida	Jim DeBeaugrine	Fall 2009
HPM	Tampa General Hospital	Krystyna Berger	Fall 2009
HPM	Tampa General Hospital	Denise Haas	Summer 2009
HPM	The AIDS Institute	Michelle Scavnicky	Summer 2009, Fall 2009
HPM	The Health Councils of West Central Florida	Teresa Kelly	Spring 2010
HPM	University Community Hospital	Sundeep Arora	Fall 2009
HPM	University Community Hospital	Brian Dean	Fall 2008
HPM	University Community Hospital	Chris Mozur	Spring 2010
HPM	University of Florida	Kenneth Rand	Spring 2009
HPM	University of South Florida	Laurence Branch	Spring 2010
HPM	US Department of Veterans Affairs	Roger Casey	Spring 2010
HPM	WellCare	Wendy Reynolds	Spring 2009
HPM	White Earth Health Center	Zane Rising Sun	Spring 2010
PHP	After Hours Clinic	Jennifer Keehbauch	Spring 2009
PHP	American Cancer Society	Valerie Anderson-Stallworth	Summer 2009
PHP	Broward County Health Department	Timothy Mayer	Summer 2009
PHP	Brunson-Lee Elementary School	Mario Tijerina	Spring 2010
PHP	Centers for Disease Control and Prevention	Christine Bradshaw	Spring 2010
PHP	Centers for Disease Control and Prevention	Doug Correll	Spring 2009
PHP	Centers for Disease Control and Prevention	Kathleen Gallagher	Fall 2009
PHP	Centers for Disease Control and Prevention	John Risher	Spring 2009
PHP	Centers for Disease Control and Prevention	David Shay	Fall 2008
PHP	Centers for Disease Control and Prevention	Judith Sheldon	Fall 2008
PHP	Centers for Disease Control and Prevention	Ameer Tavakoli	Fall 2009
PHP	Escambia County Health Department	Eric Gilmore	Summer 2009
PHP	Fairfax County Health Department	Michael Quinn	Spring 2009
PHP	Florida Department of Health	Roger Sanderson	Spring 2010
PHP	Florida Hospital	Claudette Johnson	Spring 2009
PHP	H. Lee Moffitt Cancer Center & Research Institute	Joyce Case	Summer 2009
PHP	H. Lee Moffitt Cancer Center & Research Institute	Eleanor Harris	Spring 2009
PHP	Heidelberg Army Wellness Center	Todd Hoover	Fall 2008
PHP	Help A Child	Sally Smith	Spring 2009

Dept.	Agency	DFE Supervisor's Name	Term*
PHP	LifeDoc (Lifestyle Diabetes and Obesity Care)	Pedro Velasquez	Spring 2009
PHP	Orlando Health	Vinny Chulani	Spring 2009
PHP	Palm Beach County Health Department	Paul McCarthy	Spring 2010
PHP	Pan American Health Organization (PAHO)	Bryna Brennan	Spring 2009
PHP	Pasco County Health Department	Clara Lawhead	Fall 2009
PHP	Pinellas County Dental Hygiene Association	Mary EllenTilly	Spring 2010
PHP	Pinellas County Health Department	Dale Watson	Summer 2009
PHP	Polk County Health Department	Daniel Haight	Fall 2009
PHP	Sarasota County Health Department	Kari Ellingstad	Summer 2009
PHP	Sisterlove, Inc.	Dazon Dixon Diallo	Spring 2010
PHP	The AIDS Institute	Michelle Scavnicky	Spring 2010
PHP	U.S. Public Health Service	Mary Riley	Spring 2009
PHP	University of Central Florida	Mary Schmidt-Owens	Summer 2009
PHP	University of South Florida	Danielle Kahl	Summer 2009
PHP	US Department of Health and Human Services	Carter Blakey	Spring 2009
PHP	US Department of Health and Human Services	Michael Handrigan	Summer 2009
PHP	Vermont Department of Health	Lori Shatney	Fall 2009

*Data for Summer 2010 is not available at press time

2.4.b. 2. International Field Experience Sites for Spring 2008 - Fall 2010

Dept.	Agency	IFE Supervisor's Name	Term
PHP	City of Knowledge, Panama City, Panama	Arlene Calvo, PhD, MPH	Spring. 2008
PHP	World Health Organization, Geneva, Switzerland	Ivan Ivanov, MD, PhD	Spring 2008
PHP	Asociacion Pop Wuj, Quetzaltenango, Guatemala	Roney Alvarado Gamarro	Summer 2008
PHP	University of Cologne, Cologne, Germany	Robert J. McDermott, PhD	Summer 2008
PHP	Instituto, Monteverde, Monteverde, Costa Rica	Nancy Romero-Daza, PhD	Summer 2008
GLO	Africa Conservancy, Coffee Bay & Hole In The Wall, South Africa	Steve Dinning	Summer 2008
GLO	Children Better Way, Buduburam Refugee Settlement, Accra, Ghana	Anthony Nyanplu	Summer 2008
EPI & ANTH	Monteverde Institute & Santa Elena Clinic, Costa Rica	David Himmelgreen, PhD	Summer 2008
GLO	World Health Organization, Geneva, Switzerland	Ivan Ivanov, MD, PhD	Summer 2008
GLO	Gospel Ministries International, Manaus, Brazil	Brad Mills	Summer 2008
GLO	Children Better Way, Buduburam Refugee Settlement, Accra, Ghana, Africa	Anthony Nyanplu	Summer 2008
GLO	Belize Medical Associates, Belize	Dr. Marcelo Coyi	Summer 2008
CFH	Special Programme for Research and Training in Tropical Diseases World Health Organization, Geneva Switzerland	Dr. Ayoade M. J. Oduola	Summer 2008

Dept.	Agency	IFE Supervisor's Name	Term
EPI/GLO	Communicable Disease & Surveillance Division, World Health Organization, SEARO, New Delhi, India	Dr. Laksami Suebsaeng, HIV/AIDS Division & Dr. Padmini Srikantiah, HIV/AIDS Division	Summer 2008
EPI	Ifakara Health Institute Dar Es Salaam, Tanzania	Mbaraka Amuri, MD, MPH	Summer 2008
GLO & ANTHRO	Ministry of Health, Belize	Ismael Hoare, PhD	Summer 2008
HPM	John F. Kennedy Medical Center Monrovia, Liberia	Wvannie Scott-McDonald, PhD	Summer 2008
GLO	St. John's Medical College, Koramangala, Bangalore, India	Dominic Misquith, MD & Dr. Deepthi Shanbag. MD	Fall 2008
GLO	Consejo de Salud Rural Andino-Regional Montero, Bolivia	Dardo Chavez Soleto, MD	Fall 2008
GLO	Ministry of Health, San Felix, Panama	Carli Halpenny, M.S., PhD (c)	Spring 2009
CFH	University of Auckland School of Population Health	Dr. Rob McNeil	Spring 2009
GLO	Deenanath Mangeshkar Hospital and Research Center, Pune, India	Dr. Santosh Waljukar	Spring 2009
CFH	Organization for Reproductive Health and Safe Motherhood, Niamey, Niger	Traore Salamatou & Amina Alio, PhD	Summer 2009
GLO	Global Healing, Roatan, Honduras	Howard Gruber, MD & Dr. Mario Rivera	Summer 2009
GLO	US Navy (aboard USNS Comfort), Colon, Panama; Tumaco, Colombia; La Union, El Salvador; Corinto, Nicaragua	Dr. Cynthia Hoobler, DVM, MPH	Summer 2009
EPI	Desmond Tutu HIV Centre, Cape Town, South Africa	Dr. Katharina Kranzer, MD, MSc	Summer 2009
CFH	Catholic Relief Services, Lesotho	Adam Weimer	Summer 2009
GLO	Universiti Malaysia Sarawak (UNIMAS), Kuching, Sarawak, Malaysia	Prof. Tan Sri Dr. Hj. Mohd, Taja Ariff	Summer 2009
GLO	Special Programme for Research and Training in Tropical Diseases World Health Organization, Geneva Switzerland	Dr. Ayoade M. J. Oduola	Summer 2009
PHP	City of Knowledge, Panama 8 students in a collaborative IFE	Arlene Calvo, PhD, MPH Anne DeBaldo, PhD	Summer 2009
GLO	St. John's Medical College, Koramangala, Bangalore, India	Dominic Misquith, MD	Fall 2009
GLO	Ministry of Health, Bureau of Health Promotion, St. Lucia	Cyprian Yarde	Fall 2009
GLO	Instituto, Monteverde, Monteverde, Costa Rica	Jannelle Wilkins	Fall 2009
GLO 2 IFEs	1. San Miguel de Uspantan, El Quinche, Guatemala 2. International Mission Board, Negev Desert, Israel	Vicky Grossman, RN Dr. Nathan Parvin	Fall 2009
GLO	UNICEF, Panama, Panama	Dr. Enrique Paz	Fall 2009

Dept.	Agency	IFE Supervisor's Name	Term
EPI	Escuela Latin-Americana de Medicina (Brigada de Lucha Anti-Vectorial), Havana, Cuba	Vladamir Beltran & Yanisnubia Arias Rodriguez	Spring 2010
PHP	Ministry of Health, Nassau, Bahamas	Dr. Calae Dorsett	Spring 2010
GLO	Malawi Volunteer Organization, Malawi	Harry Komwa	Spring 2010
CFH	Come Back Mission, Johannesburg, South Africa	Cheryl Pillay	Spring 2010
PHP	Fundacion Familia Sana, Bonao, Dominican Republic	Ludovina Rodriguez, MD	Spring 2010
GLO	Naval Medical Research Unit, Cairo, Egypt	Peter Sebeny	Summer 2010
GLO	National Institute of Public Health, Cuernavaca, Mexico	Marcia Galvin, PhD	Summer 2010
GLO	Hispanic-Serving Health Professions Schools, Quito, Ecuador	Dr. Ricardo Izurieta, MD, DrPH, MPH & Dr. Manuel Calvopina, MD, PhD	Summer 2010
GLO	Hispanic-Serving Health Professions Schools, Quito, Ecuador (different student than above)	Dr. Ricardo Izurieta, MD, DrPH, MPH & Dr. Manuel Calvopina, MD, PhD	Summer 2010
GLO	La Frontera, Arizona, USA & Sonora, Mexico	Jennie Mullins, MPH	Summer 2010
CFH	La Clinica Esperanza, Roatan, Honduras	Peggy Smith, RN & Kay Saphrey, Nurse Manager	Summer 2010
GLO	World Vision, Bucharest and Rimnicu Valcea, Romania	Dr. Gabriela Paleru	Summer 2010
GLO	Kudvumisa Trust – Children's HIV Intervention Program, Mbabane, Swaziland	Teresa Rehmeyer, RN	Summer 2010
GLO	Hispanic-Serving Health Professions Schools, Quito, Ecuador	Dr. Ricardo Izurieta, MD, DrPH, MPH & Dr. Manuel Calvopina, MD, PhD	Summer 2010
GLO	Ministry of Health, Belmopan,Belize	J.A. Marenco, MD	Summer 2010
GLO	The AIDS Support Organization, Entebbe, Uganda	Mr. Dick Muhwezi	Summer 2010
CFH	Ghana Health Service, Accra. Ghana	Dr. Gloria Quansah Asare	Summer 2010
GLO/EPI	Ministry of Health, Belmopan,Belize	Ethan Gough, MPH	Summer 2010
GLO/EPI	University of Malaya, Kuala Lumpur, Malaysia	Professor Dr. Shamala Devi	Summer 2010
GLO	The Comprehensive Rural Health Project, Jamkhed, Maharashtra, India	Dr. Shobha Arole	Summer 2010
GLO	La Tinajita, Cibao Region, Dominican Republic	Duncan Peabody	Summer 2010
GLO	WATER (NGO) Carter Center, Ghana	Jim Niquette	Summer 2010
CFH	Come Back Mission, Johannesburg, South Africa	Cheryl Pillay	Summer 2010
GLO/EPI	Shoklo Malaria Research Unit, Mae Sot, Thailand	Francois Nosten, MD	Summer 2010
GLO	Development Alternatives, New Delhi & Bundelkhand, India	Kiran Sharma, Director	Summer 2010
GLO	Instituto, Monteverde, Monteverde, Costa Rica	Dr. David Himmelgreen	Summer 2010
CFH	Instituto, Monteverde, Monteverde, Costa Rica	Jenny Pena	Summer 2010

Dept.	Agency	IFE Supervisor's Name	Term
GLO	Instituto, Monteverde, Monteverde, Costa Rica	Jenny Pena	Summer 2010
EPI	National Institute for Disease Control and Prevention, Beijing, China	Dr. Liu Qi Yong	Fall 2010
GLO	US Peace Corps, Panama, Panama	Tim Wellman	Fall 2010
EPI/GLO	St. John's Medical College, Bangalore, India	Avita Johnson, MD	Fall 2010
PHP	Sohar Aluminum, Sohar Industrial Estate, Sohar, Oman	Bernard Ouellette	Fall 2010
PHP	National Institute of Allergy and Infectious Diseases, Bamako, Mali	Richard Sakai, MD	Fall 2010
GLO	Peercorps, Dar Es Salaam, Tanzania	Mike Wilson & Dr. Hamisi Kigwangalla	Fall 2010
GLO	Aldeas Infantiles Internacionales SOS-Honduras	Licenciado Gustavo A. Blanco	Fall 2010
GLO	Ministry of Health/PAHO-CAREC	Jocelyn Chandler	Fall 2010

As the DrPH and BSPH programs are new as of Fall 2009 and Fall 2010 respectively, no students in these programs have as yet registered for a field experience, though the process will be consistent with that described in this document.

2.4.c. Data on the number of students receiving a waiver of the practice experience for each of the last three years.

No field experience waivers have been granted in the past three years.

2.4.d. Data on the number of preventive medicine, occupational medicine, aerospace medicine, and public health and general preventive medicine residents completing the academic program for each of the last three years, along with information on their practicum rotations.

The College of Medicine administers a residency in Occupational Medicine. These residents complete an MSPH at the COPH. As this is an academic degree, the residents do not complete a field experience through the COPH.

2.4.e. Assessment of the extent to which this criterion is met.

This criterion is met. All professional degree students develop practical skills in basic public health concepts and demonstrate application of these concepts through a practice experience that is relevant to the students' areas of specialization.

Strengths: All students in professional degree programs complete a field experience. Two seasoned professional staff members work in conjunction with students, faculty and department chairs and serve as liaisons to community agencies in order to create optimal learning opportunities for students. Policies and procedures are in place to assure students gain the maximum benefit from field experiences including requiring a plan of study, an oral presentation after the experience and an evaluation of the experience on the part of the student, preceptor and faculty advisor.

Weaknesses: Without funding support, some students find it challenging to secure an ideal field experience. Further, continually monitoring the appropriateness of sites and of field experience work in order to assure the best learning experience for students can be challenging, particularly in international settings.

Plans: The COPH is exploring funding opportunities to enable students to have the type of field experience appropriate to their career plans. In addition, we are working with the USF Health Information Systems office to finalize an electronic Field Experience database that includes a web interface that will allow students to easily search for available listings, apply for the field experience and upload field experience documents. This system will also allow field experience staff to view partial and completed applications and approve field experience opportunities.

2.5   Culminating Experience.

All professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

2.5.a.   Identification of the culminating experience required for each degree program. If this is common across the school's professional degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The MPH program across all concentrations requires three culminating experiences in addition to the required field experience. The DrPH program requires two culminating experiences in addition to the required intensive field experience. The MHA, MSPH, and PhD programs require two culminating experiences, albeit not identical in nature. The BS in Public Health is designed to include three two-credit hour Public Health seminar courses and a Critical Issues in Public Health course. Table 2.5.a.1 summarizes the culminating experience requirements for each degree program.

Table 2.5.a.1. Required Culminating Experiences by Degree Program

Culminating Experience	BSPH	MPH	MHA	MSPH	DrPH	PhD
Public Health Seminar/Critical Issues Course	X					
Special Project		X				
Thesis				X		
Comprehensive Examination		X^1	X^2	X^1		
Capstone		X	X^2			
Candidacy Qualifying Exam					X	X
Dissertation					X	X

[1]Several programs in the Department of Environmental and Occupational Health require all MPH and MSPH students to complete an additional departmental concentration exam. These include Occupational Safety, Industrial Hygiene and Occupational Medicine. The concentration comprehensive exam is waived if the student passes a recognized professional certification examination (e.g., ASP, CSP, CIH).

[2]MHA students complete a comprehensive examination and a capstone course developed specifically for them by faculty of the department.

The *MPH Special Project* provides an opportunity to develop research skills, demonstrate critical thinking skills, and apply academic competencies as students prepare to enter their public health careers. Students may select from a wide range of project types and delivery formats depending on the educational and career aspirations of the students, though all must submit a final scholarly report. Beyond the written project report, students may be asked to present their project orally and participate in follow-up discussion with the members of the audience. Students may develop presentations, educational programs, manuals, research abstracts or scientific publications. The project supervisor, usually in consultation with a second faculty evaluator, approves the project.

Examples of special projects include:
- a study designed to assess the effects of a two-tiered intervention on the percentage of adult patients with diabetes mellitus and hypertension who seek care at an urban community clinic for the uninsured

- a study designed to assess the knowledge, attitudes and practices of health care workers in St. Lucia regarding pandemic influenza in St. Lucia

- a project focused on policy and programmatic change to address childhood obesity

- an evaluation of an NGO whose mission is focused on diabetic self-management through education and lifestyle changes

- an analysis of the health communication strategies utilized to increase awareness about prostate and colorectal cancers among African-American males including the development of a focus group guide template to gather information from the specific demographic group.

Examples of these and other special projects will be available in the Resource File.

The *Core Comprehensive Examination* queries students in the core areas of knowledge specific to public health in a multiple-choice question format. The exam is administered once per semester and is embedded structurally within the *Public Health Capstone Course* (described below) for MPH students. MSPH students only sit for those sections of the comprehensive exam that correspond to the required core courses they completed, i.e. MSPH students are required to take PHC 6000 Epidemiology and PHC 6040 Biostatistics and one other core course of their choice, so they complete only those sections of the comprehensive exam. Beginning in 2010, the COPH opted-in to the pilot opportunity to have pre-graduated students sit for the national certification exam in public health. Students were encouraged to take the national exam and given the opportunity to forego the COPH exam. Of the 91 students who sat for the national exam, 36 elected to also complete the COPH exam.

The Department of Environmental and Occupational Health (EOH) also requires its MPH and MSPH students to pass an additional exam related to their departmental and concentration requirements. The EOH department prepares that exam separately for each MPH and MSPH concentration area. These exams are offered every semester for students in the department.

Since Fall 2008, each MPH student has been required to take the *Public Health Capstone* course. (The COPH pilot-tested and refined the course over four semesters prior to its adoption as a college-wide requirement). This course is designed to provide a culminating, interactive experience that promotes synthesis and application of public health core disciplines in situations simulating the actual practice of public health. Competencies that are reinforced include leadership, systems thinking, communication, the basic public health sciences, analytical skills applied to public health problems, public health policy development and program planning, ethical issues in public health, professionalism, financial planning and management, and the skills needed to work in the setting of diverse cultures. Students integrate and apply content from previous courses to analyze and solve public health and health service problems by defining issues and goals, identifying methods to address concerns, and using information to draw conclusions and advance recommendations.

For PhD and DrPH students, the *Candidacy Qualifying Exam* is administered when all required coursework is satisfactorily completed. Students must pass a written comprehensive qualifying examination covering the subject matter in their major and related fields. Departments establish specific content, procedure, and criteria for the exam.

MSPH students must complete a *Thesis* and the COPH comprehensive exam as described earlier. MSPH students in environmental health, like the MPH students in that department also take a specific departmental concentration exam. The thesis is a major research project that requires long-range thinking, time management, adaptability and continuous monitoring of forward progress. Students apply the tools and knowledge learned in their required coursework to a thesis project. Using guidance and input from the thesis committee, students can systematically advance their thesis research projects from development through to completion. The student must defend his/her thesis in an open public forum.

MHA students are required to complete both a Capstone Course and a Comprehensive Exam, both of which are designed specifically for them by departmental faculty. (Note that the Department of Health Policy and Management is pursuing Commission on Accreditation for Healthcare Management Education (CAHME) accreditation in the 2011 academic year).

Bachelor of Science in Public Health students are required to complete a Critical Issues in Public Health course designed as a capstone opportunity to learn about the multiple ways to view controversial topics in public health. The course covers current public health topics including biomedical challenges, social and behavioral factors related to health, and environmental issues.

2.5.b. Assessment of the extent to which this criterion is met.

The criterion is met. All professional degree programs assure that student's demonstrate skills and integration of knowledge through a culminating experience.

Strengths: All students are required to complete two or more culminating experiences to assess and demonstrate integration of their respective competency domains.

Weaknesses: Students have expressed some concern over the variable quality of advising by faculty, partially related to guidance around culminating experience requirements. This will be addressed through a mandatory advisor training program for all faculty that will take place in Spring 2011.

Plans: The COPH is moving toward requiring the national certification exam for all students, but until it is offered every semester, the COPH will continue to offer its own exam as part of the capstone course.

2.6   Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

2.6.a.   Identification of school-wide core public health competencies that all MPH or equivalent professional degree students are expected to achieve through their courses of study.

The COPH has adopted the following COPH-wide core public health competencies. Graduates of the MPH, MHA and MSPH in Industrial Hygiene degree programs are expected to:

1. Investigate, determine, and address socio-ecological factors that affect the health of a community
    a. Apply the study of patterns of death, disease, and disability to the prevention (primary, secondary, and tertiary) of health issues
    b. Apply statistical reasoning and methods to address, analyze, and solve problems in public health
    c. Apply principles of risk assessment, communication, and management in relation to issues of environmental justice and equity
    d. Apply the principles of systems thinking to program planning, implementation, and evaluation in organizational, community, and policy initiatives
    e. Apply principles of evidence-based public health to assessment and prevention (primary, secondary, and tertiary) of public health issues
    f. Integrate into public health practice strategies responsive to diverse cultural values and traditions of priority populations
2. Apply public health ethical principles
3. Demonstrate effective written and oral skills for communicating with different stakeholders
4. Demonstrate leadership and professionalism in public health practice

2.6.b.   A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the school, a single matrix will suffice. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

Table 2.6.b. identifies the learning experiences through which the core public health competencies are met. These means are common across all professional degree programs with one exception. MHA students complete a capstone course particular to their program, whereas all other students complete the COPH MPH capstone course.

Table 2.6.b. Learning Experiences for Core Public Health Competencies

Graduates of the MPH degree program are expected to:	Learning experiences common to professional degrees							
	PHC 6000 EPI	PHC 6050 Bio	PHC 6102 HPM	PHC 6357 EOH	PHC 6410 SBS	PHC 6936 Capstone	PHC 6977 Spec Project	PHC6945 Field Placement
Investigate, determine, and address socio-ecological factors that affect the health of a community.	X	X	X	X	X			
Apply the study of patterns of death, disease, and disability to the prevention (primary, secondary, and tertiary) of health issues.	X							
Apply statistical reasoning and methods to address, analyze, and solve problems in public health.		X						
Apply principles of risk assessment, communication, and management in relation to issues of environmental justice and equity.				X				
Apply the principles of systems thinking to program planning, implementation, and evaluation in organizational, community, and policy initiatives.			X					
Apply principles of evidence-based public health to assessment and prevention (primary, secondary, and tertiary) of public health issues.				X	X			
Integrate into public health practice strategies responsive to diverse cultural values and traditions of priority populations.					X	X	X	X
Apply public health ethical principles.	X	X	X	X	X	X	X	X
Demonstrate effective written and oral skills for communicating with different stakeholders.						X	X	X
Demonstrate leadership and professionalism in public health practice.						X		X

Note: Course titles by designation: PHC 6000 (Epidemiology), PHC 6050 (Biostatistics I), PHC 6102 (Principles of Health Policy and Management), PHC 6357 (Environmental and Occupational Health), PHC 6410 (Social and Behavioral Sciences Applied to Health), PHC 6936 (Public Health Capstone), PHC 6977 (Special Project: MPH), PHC 6945 (Supervised Field Experience)

2.6.c. Identification of a set of competencies for each program of study, major or specialization, depending on the terminology used by the school, identified in the instructional matrix, including professional and academic degree curricula.

Each degree identified in Table 2.1.a. offered by the COPH has a set of overarching competencies for the degree (i.e., BSPH, MPH, MSPH, MHA, PhD, and DrPH). Within each degree, each concentration identified in Table 2.1.a. has specific competencies associated with it. In the case of the dual majors within the COPH, i.e., Epidemiology and Biostatistics, Epidemiology and Maternal and Child Health, and Epidemiology and Global Communicable Disease, students follow the overall MPH core competencies and the competencies specific to the two concentrations that comprise the degree. In the case of the joint degrees, each one has specific competencies associated with it.

Competencies for each degree and each concentration within each degree are provided in Appendix 2.6.c. Additional information is available in the Resource File.

2.6.d. A description of the manner in which competencies are developed, used and made available to students.

The competencies were developed through a consensus process. An *ad hoc* COPH-wide competency committee developed and recommended the COPH-wide MPH competencies that were subsequently adopted by the faculty. This committee also served and continues to serve as the coordinating force for all departmental competency endeavors specific to degrees and concentrations offered by individual departments (including those that pertain to the MSPH and MHA). Departmental competency committees develop master's level competencies in their specific core areas and areas of specialization and subsequently submit those competencies for review by department faculty and the college academic programs committee.

For doctoral students, a PhD *ad hoc* committee consisting of representatives from each department and core area awarding the degree met to develop and discuss the COPH-wide competencies for the degree. This committee also ensures that concentration-specific competencies reflect, support and complement the COPH-wide competencies. A DrPH committee, consisting of senior faculty members from the two departments awarding the degree, was formed prior to the admission of the first cohort. The chair of this committee herself has an earned DrPH degree and her participation was instrumental in the deliberative process. For both doctoral degree programs, the competencies are used as a determinant for graduation readiness.

Competencies are made available to prospective and enrolled students on the COPH website under each respective academic program listing and in the COPH catalog. Competencies are provided at orientation and reinforced during every-semester meetings with faculty advisors. Students are directed to complete, each semester, a form indicating the competencies they have achieved through completed coursework. In addition, enrolled students are given "Passion Passports" which can be used to document activities that help fulfill the competencies outside of the classroom. These passports are imprinted with the COPH competencies relevant to each student's degree and a sticker indicating the student's specific concentration competencies is affixed to the inside cover (Appendix 2.6.d.).

Enrolled PhD and DrPH students are introduced to program specific competencies through manuals (copies will be available in the Resource File), interaction with their advisors and/or major professors, committee members and the Office of Academic and Student Affairs. In

addition, doctoral students (and their major professors) sign a copy of the doctoral program competencies as part of each student's plan of study. MPH students are required to complete the MPH competency form prior to graduation from the COPH; they are introduced to this form and the competencies during orientation.

The matrices linking concentration-specific competencies to the respective concentration-required courses can be found on the College website at this link http://health.usf.edu/publichealth/academicaffairs/faculty.html . In addition, the course syllabi provide an opportunity to link course objectives in required concentration courses to concentration competencies. This format is applied to courses that link to degree program competencies as well. The matrices will be available for review in the Resource File.

2.6.e. A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

The COPH offers the MPH, MSPH, MHA, PhD, and DrPH degrees as part of its mission to improve the public's health through advancing discovery, learning and service. To align with the strategic vision and mission, the COPH utilizes the collaborative nature of the COPH and USF strategic planning process. Through continuing conversations with the COPH External Advisory Board, the West Central Florida Public Health Director's Group, the Florida Public Health Association Board and Academic Caucus, and the myriad national professional associations in which many of our faculty are active, and periodic assessments of alumni, employers and field experience preceptors, in addition to partnerships with community organizations and public health agencies, the COPH gathers input on both the changing nature of the field and the ability of students and graduates to navigate that field. These data inform periodic reviews of the competencies and related degree programs. This review process currently occurs formally every 3-5 years, but occurs informally on a regular basis.

As part of the most recent review process, the college and individual departments reviewed respective degree program competencies. Competencies were reviewed and revised based on the following: 1) employment expectations upon graduation; 2) advances in public health research; 3) concentration specific changes. Upon review, revisions were made by smaller working groups and feedback was obtained from faculty, alumni, and students. This process enabled input from faculty and students in addition to assurance that competencies were meeting various public health employment expectations. Additionally, revised competencies were the foundation for revising programs of study for both MPH and PhD degree programs so that programs of study adequately met degree and concentration specific competencies.

2.6.f. Assessment of the extent to which this criterion is met.

The criterion is met. Clearly stated competencies guide each degree program and each student's course of study within each degree program and concentration.

Strengths: COPH faculty have worked diligently to develop and periodically review and revise competencies specific to each degree and each concentration within the degrees. They are made known to students at orientation, and students assess their achievement of each one as they progress through their programs. An innovation, "Passion Passports", provides a means for students to document achievement of competencies through co-curricular activities.

Weaknesses: None identified.

Plans: We are redesigning the COPH website to allow for improved access to degree and concentration competencies; we are also updating syllabi postings to assure that course objectives are clearly linked to relevant competencies.

2.7   Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

2.7.a.   Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies.

Monitoring and evaluation of student mastery of public health core content begins in the classroom (distance and in-class) with written and oral examinations, oral presentations, scholarly papers and other assignments. Every course syllabus reflects the learning objectives for that particular course and how those objectives fulfill relevant COPH and/or concentration competencies. In addition, the syllabi also link assessment strategies for each course objective to COPH and program competencies. Each core course has the course objectives linked to COPH Core MPH competencies. Every concentration course has the course objectives linked to program/concentration competencies. Elective courses are linked to either the appropriate COPH-wide competencies or concentration specific competencies. In addition, students can utilize their Passion Passports to document extracurricular activities that help them fulfill COPH or concentration competencies. The passports are "stamped" when a student attends a Dean- or faculty-sponsored educational event such as the Dean's Lecture series, Environmental Research Interdisciplinary Colloquium series, the Lawton Chiles International Lecture and Symposium or similar events. As stated previously, the Passports are imprinted with both the COPH competencies for the student's degree program and the departmental competencies for the student's concentration. Given that the Passion Passports are a voluntary co-curricular experience, students are not required to collect a minimum or maximum number of stamps as evidence of that experience. The Passports are intended as a tool to help students track their competency exposure through College and Department sponsored activities, to foster a sense of learning as part of a community, and to encourage students to attend College-wide events. When the student portfolio database becomes active, the College expects that students will then record their passport experiences within the database to support fulfillment of their degree and, where appropriate, concentration competencies.

The COPH is currently revising the student database to allow students access to an electronic competency checklist that will be completed prior to graduation. The electronic version of the checklist enables students to view and choose the courses they have taken at the COPH that fulfill the COPH or concentration competencies. This activity will not only help students document their achievement of the competencies, it will also help students organize in preparation for the CPH exam.

At the completion of the public health core courses and required concentration courses, the COPH assesses and documents student competency using the following methods:

Table 2.7.a.1. Culminating Experiences for Evaluating Student Competency

METHOD	MPH	MSPH	MHA	PhD	DrPH
Capstone Course including embedded Core Comprehensive Exam	X	X optional			
Stand-alone Core Comprehensive Exam	X	X			

METHOD	MPH	MSPH	MHA	PhD	DrPH
Case-study based Capstone Course AND Advanced Seminar in Health Care Management			X		
Domestic Supervised Field Experience OR International Supervised Field Experience	X	X Industrial Hygiene	X		X
Special Project	X		X		
Thesis		X			
Dissertation				X	X

Capstone Course (MPH, optional for **MSPH):** The Capstone Course is case-based and measures the ability of students to synthesize and apply the breadth of knowledge learned in the classroom through highly interactive experiences simulating the actual practice of public health. As a team, students write a comprehensive proposal to examine a public health issue. They are evaluated on their written report and oral presentation. Each student also prepares, and is evaluated on, a technical report derived from public health data. The Core Comprehensive Exam is a part of the Capstone Course.

Capstone Course (MHA): MHA students take a specialized case-based capstone seminar. The course advances analytic and decision-making skills regarding health services issues and problems. Students work in groups to complete three case analyses, and work individually on two case analyses. Students are evaluated on their written reports and oral presentations of case findings. There are two examinations, one of which is a comprehensive examination. In addition, there is a resume preparation requirement.

Supervised Field Experience (MPH, MHA and the MSPH in Industrial Hygiene): For the Supervised Field Experience, students have the choice of completing a domestic or an international field experience. An exception is that students in the Global Health Practice concentration are required to complete an international field experience in a resource-poor area, or in a leadership setting (e.g., World Health Organization, Pan American Health Organization) and work in the international setting for a minimum of eight weeks. In both the domestic and international supervised field experience settings, students are required to submit periodic reports while in the field, and upon completion of the field experience, submit a log or journal and debrief with a formal presentation to an audience of faculty and peers. For the international field experience there is a mid-experience conference call with the host country supervisor, the student, the student's academic advisor and the International Field Experience Coordinator to monitor the student's progress. Each student's field experience site supervisor completes and submits a written evaluation of the student's competence in 21 areas. (See the table in Appendix 2.7.a. for the field supervisor's evaluation of a domestic field experience). As noted earlier, no one is waived from the field experience requirement. However, Public Health Practice Weekend Executive Program students are all full-time working professionals with many years of experience. As such, on occasion, we have taken them as a group for an intensive field experience to a domestic or international site. The Academic Advisor travels with them and assumes the site supervisor responsibility.   All other requirements apply.

Special Project (MPH, MHA): The Special Project is an in-depth study of a selected issue in public health, is often based on the student's field experience, and measures the extent to which the student has mastered the subject matter necessary for professional practice. The Special Project is read and graded by the student's academic advisor and by a second reader.

Thesis (MSPH): The MSPH student defends a thesis in a public venue. The thesis committee attends, together with other faculty and students. The committee determines the quality of the thesis for the award of the degree.

Dissertation (PhD/DrPH): For the PhD and DrPH degrees, the dissertation is the culminating experience. Each department has specific guidelines for the student pursuing either the PhD or the DrPH degree. Doctoral programs require both a defense of the proposal and a final defense. The student's doctoral committee has final approval of the oral examination and the written product.

2.7.b. Outcomes that serve as measures by which the school will evaluate student achievement in each program and data assessing the school's performance against those measures for each of the last three years.

As described in detail above, student achievement is measured via successful completion of the student's course of study, including all required and elective courses, field experience and culminating experiences as well as co-curricular experiences documented on the Passion Passport. In addition, two other sources of data are used to measure student achievement. Site supervisor evaluations for the field experience are vital to ensuring that students are acquiring the competencies necessary to be successful in public health. Tables 2.7.b.1. and 2.7.b.2. below reflect that the majority of students are demonstrating achievement of the competencies and skills expected of a COPH student, whether in domestic (b.1.) or international (b.2.) field placement sites.

Table 2.7.b.1. Domestic Field Experience – Site Supervisor Evaluations of Student Competency*

Domestic Field Experience Site Supervisor Evaluation of Students	Target	Year 1- 2006-07 [103 Evaluations]	Year 2 – 2007-08 [103 Evaluations]	Year 3 – 2008-09 [101Evaluations]	Year 4 – 2009-10 [116 Evaluations]	Partial Year 2010-11 Summer/Fall [47 Evals]
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "communicates clearly both orally and in writing".	100%	98%	89%	97%	98%	98%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "is prepared to enter his or her career field".	100%	95%	90%	93%	97%	100%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "exhibits professionalism in appearance, behavior and attitude".	100%	100%	94%	98%	100%	98%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "is adequately prepared for work in terms of college coursework".	100%	98%	86%	94%	92%	98%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates analytic and assessment skills".	100%	97%	88%	94%	97%	94%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates cultural competency skills".	100%	87.4%	84%	80%	85%	79%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates basic public health sciences skills".	100%	97%	91%	90%	95%	98%

Domestic Field Experience Site Supervisor Evaluation of Students	Target	Year 1- 2006-07 [103 Evaluations]	Year 2 – 2007-08 [103 Evaluations]	Year 3 – 2008-09 [101Evaluations]	Year 4 – 2009-10 [116 Evaluations]	Partial Year 2010-11 Summer/Fall [47 Evals]
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates financial planning and management skills".	100%	60.2%	44% Note: 58 Site Supervisors checked N/A	44%	49% Note: 57 Supervisors checked N/A	59% Note: 19 Supervisors checked N/A
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates leadership and systems thinking skills	100%	84.5%	83%	81%	84%	83%

 * The Likert Scale for the Evaluation is scored as follows: 1= Excellent; 2 = Good; 3 = Fair; 4 = Poor; 5 = N/A

Table 2.7.b.2. International Field Experience – Site Supervisor Evaluation of Student Competency*

Educational Outcome Committee Measures - International Field Experience	Target	Summer 2006 – Summer 2010 [82 with evaluations; 36 without evaluations]
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "communicates clearly both orally and in writing".	100%	99%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "is prepared to enter his or her career field".	100%	98%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "exhibits professionalism in appearance, behavior and attitude".	100%	100%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "is adequately prepared for work in terms of college coursework".	100%	91%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates analytic and assessment skills".	100%	98%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates cultural competency skills".	100%	96%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates basic public health sciences skills".	100%	98%
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates financial planning and management skills".	100%	76% (note: 19 supervisors indicated N/A)
By July 1, 2012, 100% of Site Supervisor Evaluations will exhibit no score higher than 2 in the category "demonstrates leadership and systems thinking skills".	100%	95%

 *The Likert Scale for the Evaluation is scored as follows: 1= Excellent; 2 = Good; 3 = Fair; 4 = Poor; 5 = N/A

The COPH also tracks student's performance on the COPH Comprehensive Exam. Prior to the implementation of the required capstone course, students were required to pass the exam to graduate. The capstone course was developed at the time the national certification exam was being introduced and the school took steps to move toward the national exam and away from a college exam. As the national exam was not fully operational, the faculty elected to retain the comprehensive exam but to embed it in the capstone course, granting it 15 out of 100 possible points toward the final grade. As can be seen, students clearly take the exam less seriously as a result. However, on a positive note, graduates achieved a 100% pass rate on the 2009 national exam and 91 current students completed the 2010 exam (as allowed under a national pilot test in which students could take the exam) with 82 (90%) receiving a passing mark.

The College plans to transition to the use of the Certified in Public Health exam. The core comprehensive exam will be phased out as the CPH exam is offered on a more frequent basis. Graduates from the College have always been encouraged to take the Certified in Public Health exam. Over the past two years, with the advent of exam offerings for "pre-graduation" students, the College has allowed students to sit for the CPH instead of the core comprehensive exam. Core exam results have declined as a result.

2.7.b.3. Measuring Core Competency with the Comprehensive Examination

Outcome Measure Comprehensive Exam [Stand-alone]	Target	Year 1 2006-07	Year 2 2007-08	Year 3 2008-09	Year 4 2009-10
By July 1, 2012, 90% of students taking the Core Comprehensive Exam on the first attempt will achieve a score of 70% or better.	90%	81.6%	86.9%	70.0%	75.9%
Outcome Measure Comprehensive Exam [Capstone]*	**Target**	**Year 1 2006-07**	**Year 2 2007-08**	**Year 3 2008-09**	**Year 4 2009-10**
By July 1, 2012, 90% of students taking the Core Comprehensive Exam on the first attempt will achieve a score of 70% or better.	90%	N/A	63.6%	40%	38.9%
Outcome Measure Comprehensive Exam [Weekend Executive and Distance Learning]	**Target**	**Year 1 2006-07**	**Year 2 2007-08**	**Year 3 2008-09**	**Year 4 2009-10**
By July 1, 2012, 90% of students taking the Core Comprehensive Exam on the first attempt will achieve a score of 70% or better.	90%	N/A	78.3%	Exam given in Summer 2009 instead of Spring 2008	65.6% Two exams given this year.

* Capstone course students take the COPH core comprehensive examination. This is worth 15 points and students must score 70% or higher on the exam to receive all 15 points.

2.7.c. If the outcome measures selected by the school do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the last three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of the degree, is less than 80% of the graduates, an explanation must be provided.

Table 2.7.c.1 summarizes the degree completion rate for the MPH over the past three years as submitted in the annual ASPH/CEPH report. Some of the factors contributing to attrition among students have been identified. Among students lost to attrition, 60% discontinue with 15 or fewer credit hours completed, and 50% discontinue within one year of matriculation. These findings may be secondary to financial challenges, personal and family issues, or personal health issues. These issues are difficult to assess as there previously was no mechanism to capture such information systematically. When analyzing academic parameters, among students lost to attrition, 21% discontinued due to poor academic performance. These students are placed on academic probation and whereas many students placed on probation rectify their performance with advising and guidance from COPH staff, others simply do not return. It should also be noted that 5% of MPH students are enrolled in dual degree programs. The two degrees awarded through these programs are typically given to the student at the same time, so even though a student may have completed the MPH degree in a timely fashion, it will not be awarded until the second master's degree or doctoral degree is completed. Examination of part-time students shows that between 38% and 41% of students were enrolled part-time between 2007 and 2010, including ones in programs intended for working professionals who can attend only part-time. Persistent part-time enrollment may be affecting graduation rates when coupled with the next factor examined. The final factor analyzed was the maximum allowable time to graduation. USF changed the maximum allowable time to graduation for master's degree students from 7 years to 5 years in 2007. Any student who enrolled prior to 2007 is still considered under the 7-year clock, whereas those enrolled in 2007 and later are under the 5-year timetable.

In response to these data, the Office of Academic and Student Affairs began contacting students inactive for two semesters. This procedure began in the fall of 2009 and has provided the opportunity to remind students of their status, advise them on an appropriate course of action, and encourage them to re-enroll so they can complete the degree within the maximum allowable time. Eleven students have re-enrolled in the college after being contacted by the Office. The Office of Academic Affairs also updated and revised the course sequence checklists (check sheets) for each degree program and concentration. These "check sheets" were then made available to both faculty and students via the College website to facilitate frequent use of the sheets to efficiently track a given student's progress through their academic program. An awareness campaign including discussions at departmental meetings and during student orientation accompanied the release of the revised check sheets. Time to graduation and maximum time to degree policies set by the University are discussed in depth during new student orientations. In addition, when registration begins for the next semester, current students receive an email reminder of the University time to degree policies to assist them in selecting the classes that will appropriately move them forward in their degree program.

Table 2.7.c.1. Graduation and Attrition for the MPH Program

Academic Year	Status	2005-06	2006-07	2007-08	2008-09	2009-10
2005-06	Entering or Continuing	204				
	Withdrawing, dropping, etc.	42				
	Graduating	6				
	Cumulative Graduate Rate (%)	3%				
	Cumulative Attrition Rate (%)	21%				
2006-07	Entering or Continuing	156	174			
	Withdrawing, dropping, etc.	24	39			
	Graduating	48	4			
	Cumulative Graduate Rate (%)	26%	2%			

Academic Year	Status	2005-06	2006-07	2007-08	2008-09	2009-10
2006-07	Cumulative Attrition Rate (%)	32%	22%			
2007-08	Entering or Continuing	84	131	180		
	Withdrawing, dropping, etc.	6	7	15		
	Graduating	38	36	2		
	Cumulative Graduate Rate (%)	45%	23%	1%		
	Cumulative Attrition Rate (%)	35%	26%	8%		
2008-09	Entering or Continuing	40	88	163	268	
	Withdrawing, dropping, etc.	0	6	21	53	
	Graduating	19	37	46	3	
	Cumulative Graduate Rate (%)	54%	44%	27%	1%	
	Cumulative Attrition Rate (%)	35%	30%	20%	20%	
2009-10	Entering or Continuing	21	45	96	212	263
	Withdrawing, dropping, etc.	0	0	3	10	20
	Graduating	14	21	47	46	1
	Cumulative Graduate Rate (%)	61%	56%	53%	18%	0%
	Cumulative Attrition Rate (%)	35%	30%	22%	24%	8%
2010-11*	Continuing	7	24	46	156	242

* based on admissions for Fall 2010

Notes:
- Academic Year = Fall, Spring, Summer semesters
- Students become inactive upon their 3rd semester of non-enrollment.
- Data based on students' date of admittance and degree on most recent Banner student record.

Table 2.7.c.2., 2.7.c.3. and 2.7.c.4. provide graduation and attrition data for the MHA, MSPH and PhD programs respectively. As the DrPH program began in Fall of 2009, no one has yet graduated. All seven students who began the program are continuing.

Table 2.7.c.2. Graduation and Attrition for the MHA Program

Academic Year	Status	2005-06	2006-07	2007-08	2008-09	2009-10
2005-06	Entering or Continuing	11				
	Withdrawing, dropping, etc.	2				
	Graduating	1				
	Cumulative Graduate Rate (%)	9%				
	Cumulative Attrition Rate (%)	18%				
2006-07	Entering or Continuing	8	9			
	Withdrawing, dropping, etc.	0	4			
	Graduating	2	0			
	Cumulative Graduate Rate (%)	27%	0%			
	Cumulative Attrition Rate (%)	18%	44%			
2007-08	Entering or Continuing	6	5	19		
	Withdrawing, dropping, etc.	0	0	5		
	Graduating	4	0	0		
	Cumulative Graduate Rate (%)	64%	0%	0%		
	Cumulative Attrition Rate (%)	18%	44%	26%		
2008-09	Entering or Continuing	2	5	14	15	
	Withdrawing, dropping, etc.	0	0	0	2	
	Graduating	2	1	7	0	
	Cumulative Graduate Rate (%)	82%	11%	37%	0%	
	Cumulative Attrition Rate (%)	18%	44%	26%	13%	

Academic Year	Status	2005-06	2006-07	2007-08	2008-09	2009-10
2009-10	Entering or Continuing	0	4	7	13	17
	Withdrawing, dropping, etc.	0	0	0	0	2
	Graduating	0	4	4	5	0
	Cumulative Graduate Rate (%)	82%	56%	58%	33%	0%
	Cumulative Attrition Rate (%)	18%	44%	26%	13%	12%
2010-11*	Continuing	0	0	3	8	15

* based on admissions for Fall 2010

Notes:
- Academic Year = Fall, Spring, Summer semesters
- Students become inactive upon their 3rd semester of non-enrollment.
- Data based on students' date of admittance and degree on most recent Banner student record.

Table 2.7.c.3. Graduation and Attrition for the MSPH Program

Academic Year	Status	2005-06	2006-07	2007-08	2008-09	2009-10
2005-06	Entering or Continuing	15				
	Withdrawing, dropping, etc.	5				
	Graduating	0				
	Cumulative Graduate Rate (%)	0%				
	Cumulative Attrition Rate (%)	33%				
2006-07	Entering or Continuing	10	14			
	Withdrawing, dropping, etc.	1	1			
	Graduating	5	0			
	Cumulative Graduate Rate (%)	33%	0%			
	Cumulative Attrition Rate (%)	40%	7%			
2007-08	Entering or Continuing	4	13	18		
	Withdrawing, dropping, etc.	0	2	4		
	Graduating	3	4	0		
	Cumulative Graduate Rate (%)	53%	29%	0%		
	Cumulative Attrition Rate (%)	40%	21%	22%		
2008-09	Entering or Continuing	1	7	14	20	
	Withdrawing, dropping, etc.	0	1	1	4	
	Graduating	0	3	3	0	
	Cumulative Graduate Rate (%)	53%	50%	17%	0%	
	Cumulative Attrition Rate (%)	40%	29%	28%	20%	
2009-10	Entering or Continuing	1	3	10	16	22
	Withdrawing, dropping, etc.	1	0	1	0	2
	Graduating	0	1	6	6	0
	Cumulative Graduate Rate (%)	53%	57%	50%	30%	0%
	Cumulative Attrition Rate (%)	47%	29%	33%	20%	9%
2010-11*	Continuing	0	2	3	10	20

* based on admissions for Fall 2010

Notes:
- Academic Year = Fall, Spring, Summer semesters
- Students become inactive upon their 3rd semester of non-enrollment.
- Data based on students' date of admittance and degree on most recent Banner student record.

Table 2.7.c.4. Graduation and Attrition for the PhD Program

Academic Year	Status	2005-06	2006-07	2007-08	2008-09	2009-10
2005-06	Entering or Continuing	30				

Academic Year	Status	2005-06	2006-07	2007-08	2008-09	2009-10
2005-06	Withdrawing, dropping, etc.	4				
	Graduating	0				
	Cumulative Graduate Rate (%)	0%				
	Cumulative Attrition Rate (%)	13%				
2006-07	Entering or Continuing	26	15			
	Withdrawing, dropping, etc.	2	2			
	Graduating	0	0			
	Cumulative Graduate Rate (%)	0%	0%			
	Cumulative Attrition Rate (%)	20%	13%			
2007-08	Entering or Continuing	24	13	20		
	Withdrawing, dropping, etc.	0	1	0		
	Graduating	2	0	0		
	Cumulative Graduate Rate (%)	7%	0%	0%		
	Cumulative Attrition Rate (%)	20%	20%	0%		
2008-09	Entering or Continuing	22	12	20	22	
	Withdrawing, dropping, etc.	0	2	0	3	
	Graduating	1	0	0	0	
	Cumulative Graduate Rate (%)	10%	0%	0%	0%	
	Cumulative Attrition Rate (%)	20%	33%	0%	14%	
2009-10	Entering or Continuing	21	10	20	19	21
	Withdrawing, dropping, etc.	1	0	1	0	1
	Graduating	3	0	0	0	0
	Cumulative Graduate Rate (%)	20%	0%	0%	0%	0%
	Cumulative Attrition Rate (%)	23%	33%	5%	14%	5%
2010-11*	Continuing	17	10	19	19	20

       * based on admissions for Fall 2010

Notes:
- Academic Year = Fall, Spring, Summer semesters
- Students become inactive upon their 3rd semester of non-enrollment.
- Data based on students' date of admittance and degree on most recent Banner student record.

The COPH surveys alumni every two years. The survey gathers information about career, publishing and COPH educational experiences. In April 2010, 234 COPH alumni who graduated in 2006 or 2007 received an electronic survey. The survey had a 27% response rate, or 64 responses. Ninety-five percent of the respondents received a master's degree and 5% received a doctoral degree. Most of the respondents were white, female residents of Florida and had no previous graduate degree. The survey sample is similar to the 2006-07 graduate population in sex, race, degree received, and residency status. There are significant differences in the number of foreign graduates and previous graduate degrees.

The table below shows the number of months between degree completion and subsequent new employment or promotion. Eighty-three percent of respondents were either employed or received a promotion within 12 months.

Table 2.7.c.5. Job placement experience for those who graduated in either 2006 or 2007

Number of Months	Count	Percent
0 *	8	26.7
1	4	13.3
2	1	3.3

Number of Months	Count	Percent
3	2	6.7
4	2	6.7
5	2	6.7
6	3	10.0
7	2	6.7
10	1	3.3
18	2	6.7
24	1	3.3
26	1	3.3
36	1	3.3
Total Respondents	**30**	**100.0**

* Zero is any time period less than one month.
Mean is 6.47 months (S.D.= 9.01)

2.7.d. A table showing the destination of graduates by specialty area for each of the last three years. The table must include at least a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed.

The College has noted a number of trends and highlights regarding the destination of graduates by specialty area over the last three years. In the majority of the specialty areas, it appears that graduates are choosing and being hired into government and health care positions at an increasing rate with Public Health Practice reflecting the largest percentage. Epidemiology is the only specialty area displaying a downturn in government related jobs. Employment within non-profit organizations has risen slightly in Community and Family Health with a greater gain noted in Epidemiology. The involvement of Global Health graduates within non-profit organizations has remained the same over the past two years. Three specialty areas exhibit a decrease in the number graduates working in a Proprietary setting with Environmental and Occupational Health revealing a significant drop. Grads in both Community and Family Health and Epidemiology appear to have made small gains in these types of positions, although it must be noted that the increase in Epidemiology is a small recovery after a fairly significant downturn. Graduates engaged in research or in a University setting have not increased substantially over the last three years in any of the specialty areas. The declining percentage of graduates choosing to further their education is a clear indication and reflection of the economic concerns of the country at this time. Only Global Health graduates continued to further their education at the same rate as the previous year.

Table 2.7.d (below) shows these settings for the years 2007-08, 2008-09, and 2009-10 respectively

42

Table 2.7.d. Destination of Graduates by Program Area in 2007/08

Department	Specialty	Govern-ment		Non-profit		Health Care		Private Practice		University/ Research		Proprietary		Further Education		Non-Health Related		Not Employed		Total	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Community & Family Health	Health Ed/Behavioral Health	2	1.2	3	1.7	6	3.5	0	0.0	4	2.3	2	1.2	6	3.5	2	1.2	2	1.2	27	15.6
	Maternal & Child Health	1	0.6	3	1.7	5	2.9	0	0.0	3	1.7	0	0.0	3	1.7	3	1.7	0	0.0	18	10.4
Environmental & Occupational Health	Environmental & Biomedical Sciences	0	0.0	0	0.0	0	0.0	0	0.0	1	0.6	1	0.6	0	0.0	0	0.0	0	0.0	2	1.2
	Environmental Sciences	4	2.3	1	0.6	1	0.6	0	0.0	1	0.6	4	2.3	1	0.6	0	0.0	0	0.0	12	6.9
Epidemiology & Biostatistics	Biostatistics	2	1.2	0	0.0	1	0.6	0	0.0	2	1.2	1	0.6	0	0.0	0	0.0	0	0.0	6	3.5
	Epidemiology	6	3.5	2	1.2	4	2.3	0	0.0	2	1.2	5	2.9	1	0.6	2	1.2	0	0.0	22	12.7
Global Health	Biomedical & Laboratory Sciences	1	0.6	0	0.0	0	0.0	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	2	1.2
	Health Services Administration	4	2.3	2	1.2	6	3.5	0	0.0	0	0.0	5	2.9	1	0.6	0	0.0	0	0.0	18	10.4
	International Health	5	2.9	10	5.8	2	1.2	0	0.0	3	1.7	0	0.0	8	4.6	5	2.9	1	0.6	34	19.7
Health Policy & Management	Biomedical & Laboratory Sciences	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.6
	Health Services Administration	4	2.3	1	0.6	2	1.2	0	0.0	1	0.6	0	0.0	1	0.6	1	0.6	0	0.0	10	5.8
Public Health Practice Program	Biomedical & Laboratory Sciences	2	1.2	0	0.0	0	0.0	0	0.0	1	0.6	0	0.0	2	1.2	0	0.0	0	0.0	5	2.9
	Public Health Practice	8	4.6	1	0.6	2	1.2	0	0.0	1	0.6	1	0.6	2	1.2	1	0.6	0	0.0	16	9.2
Total		**40**	**23.1**	**23**	**13.3**	**29**	**16.8**	**0**	**0.0**	**20**	**11.6**	**19**	**11.0**	**25**	**14.5**	**14**	**8.1**	**3**	**1.7**	**173**	**100**

Table 2.7.d. Destination of Graduates by Program Area in 2008/09

Department	Specialty	Govern-ment		Non-profit		Health Care		Private Practice		University or Research		Proprietary		Further Education		Non-Health Related		Not Employed		Total	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Community & Family Health	Health Education/ Behavioral Health	6	3.3	4	2.2	7	3.9	0	0.0	2	1.1	0	0.0	3	1.7	2	1.1	2	1.1	26	14.4
	Maternal & Child Health	0	0.0	2	1.1	1	0.6	0	0.0	2	1.1	0	0.0	3	1.7	1	0.6	1	0.6	10	5.6
Environmen-tal & Occupa-tional Health	Environmental Sciences	2	1.1	0	0.0	2	1.1	0	0.0	1	0.6	2	1.1	1	0.6	1	0.6	0	0.0	9	5.0
Epidemiology & Biostatistics	Biostatistics	3	1.7	0	0.0	3	1.7	0	0.0	0	0.0	0	0.0	0	0.0	3	1.7	0	0.0	9	5.0
	Epidemiology	9	5.0	2	1.1	7	3.9	0	0.0	3	1.7	1	0.6	3	1.7	5	2.8	3	1.7	33	18.3
Global Health	Biomedical & Laboratory Sciences	2	1.1	0	0.0	0	0.0	0	0.0	0	0.0	3	1.7	0	0.0	1	0.6	0	0.0	6	3.3
	International Health	5	2.8	3	1.7	0	0.0	0	0.0	1	0.6	1	0.6	2	1.1	1	0.6	0	0.0	13	7.2
Health Policy & Management	Biomedical & Laboratory Sciences	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.6	0	0.0	1	0.6
	Health Services Administration	3	1.7	4	2.2	11	6.1	0	0.0	2	1.1	4	2.2	0	0.0	1	0.6	1	0.6	26	14.4
	Public Health Practice	16	8.9	4	2.2	14	7.8	0	0.0	2	1.1	3	1.7	4	2.2	2	1.1	0	0.0	45	25.0
Epidemiology/ Global Health	Epidemiology/ Global Health Dual Concentration	0	0.0	1	0.6	0	0.0	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0	0	0.0	2	1.1
Total		**46**	**25.6**	**20**	**11.1**	**45**	**25.0**	**0**	**0.0**	**14**	**7.8**	**14**	**7.8**	**16**	**8.9**	**18**	**10.0**	**7**	**3.9**	**180**	**100.0**

Table 2.7.d. Destination of Graduates by Program Area in 2009/10

Department	Specialty	Government		Non-profit		Health Care		Private Practice		University Research		Proprietary		Further Education		Non-Health Related		Not Employed		Total	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
	Health Education/Be-havioral Health	2	0.9	4	1.9	7	3.3	0	0.0	3	1.4	0	0.0	1	0.5	1	0.5	0	0.0	18	8.5
	Maternal & Child Health	5	2.4	1	0.5	1	0.5	0	0.0	1	0.5	1	0.5	0	0.0	0	0.0	0	0.0	9	4.2
Community & Family Health	Environmental Sciences	13	6.1	0	0.0	1	0.5	0	0.0	4	1.9	2	0.9	0	0.0	0	0.0	1	0.5	21	9.9
Epidemiology & Biostatistics	Biostatistics	1	0.5	5	2.4	3	1.4	0	0.0	2	0.9	4	1.9	0	0.0	3	1.4	0	0.0	18	8.5
	Epidemiology	5	2.4	2	0.9	8	3.8	0	0.0	2	0.9	1	0.5	1	0.5	4	1.9	1	0.5	24	11.3
	Biomedical & Laboratory Sciences	4	1.9	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0	1	0.5	0	0.0	1	0.5	7	3.3
Global Health	International Health	12	5.7	6	2.8	5	2.4	0	0.0	2	0.9	1	0.5	3	1.4	1	0.5	1	0.5	31	14.6
Health Policy & Management	Health Services Administration	13	6.1	1	0.5	17	8.0	0	0.0	1	0.5	2	0.9	1	0.5	0	0.0	1	0.5	36	17.0
Public Health Practice	Public Health Practice	24	11.3	3	1.4	3	1.4	0	0.0	7	3.3	4	1.9	1	0.5	2	0.9	0	0.0	44	20.8
Epidemiology/Global Health	Epidemiology/ Global Health Dual Concen-tration	1	0.5	2	0.9	0	0.0	0	0.0	1	0.5	0	0.0	0	0.0	0	0.0	0	0.0	4	1.9
Total		80	37.7	24	11.3	46	21.7	0	0.0	23	10.8	15	7.1	8	3.8	11	5.2	5	2.4	212	100.0

2.7.e. In public health fields where there is certification of professional competence, data on the performance of the school's graduates on these national examinations for each of the last three years.

Data for the Certification of Professional Competence is shown in the table below. The category "Other" includes the following examinations: Associate in Risk Management; Certified Food Manager; Certified in Infection Control; Certified Manager in Healthcare Quality; Medical Quality; Microbiology and NIOSH Spirometry. All respondents reported passing the exams on their first attempt. Note: With regard to the Certified Industrial Hygiene and Certified Safety Professional examinations, exam eligibility requires a minimum of five years experience.

Certification of Professional Competence	2008	2009	2010
Certified Health Education Specialist	100%	100%	100%
Industrial Hygiene	*	100%	*
Certified Safety Professional	*	*	100%
Public Health Certification	**	100%	90%
Other	100%	100%	100%

*No examinees from the COPH sat for these exams in the year indicated. The professional certification for these exams may not be offered on annual basis or potential examinees are required to accrue a certain number of years of experience before taking the exam.
** No data received from the certification board regarding the percentage of examinees who passed.

2.7.f. Data describing results from periodic assessments of alumni and employers of graduates regarding the ability of the school's graduates to effectively perform the competencies in a practice setting.

The 2010 alumni survey report was based on the 2008 COPH alumni cohort. With rate of employment as one of the measures used to assess whether graduates perform effectively in practice settings it should be noted that upon graduation 71% of the respondents reported that as a result of their study in public health they obtained public health employment, a promotion, or a salary increase that took advantage of their new knowledge and skills. Eighty-eight percent reported they worked in the field of public health or in an organization with a public health-related mission. Some respondents felt that more practical experience would make them more competitive in the job market. Twenty percent of the respondents reported taking professional proficiency or certification examinations. When asked if they planned to take the national public health certification exam. 64% said "no" or that they never heard of the exam. Data from the 2010 alumni survey suggests improvements were made to skills regarding cultural competency, oral communications, and leadership. The full alumni survey report is presented in Appendix 2.7.f.1.

In July 2010, 136 employers of COPH graduates were contacted via email and invited to participate in an online survey regarding COPH graduates in the workforce. The survey was designed to gather employer perspectives on the COPH's preparation of public health graduates. COPH received 46 completed surveys for a response rate of 34%. The most common organization type reported by employers was state or local government (38%) followed by hospitals or other health care providers (20%). Ninety-eight percent of employers reported their organization was based in the United States and 91% reported the organization being in the public health field or having a public health related mission.

Employers rated the skill set of COPH graduates "very high" (3.35 overall on a 1- 4 scale with 4 as the best rating). Academic preparation strengths reported included analytical/technical skills,

public health knowledge, general academic preparation, communication skills, practical skills, and leadership. Of those that reported perceived weaknesses, most suggested graduates' practical skills could be strengthened. About 85% of the employers who responded to the survey reported being willing to hire COPH graduates again; 9% were unsure; and 6% were not hiring. The full survey report appears in Appendix 2.7.f.2.

2.7.g. Assessment of the extent to which this criterion is met.

This criterion is met with commentary. The COPH has in place procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance but remains concerned about student graduation rates.

Strengths: Assessment of student competence is achieved through multiple methods. Each student completes at least one culminating experience while the majority complete two or more.

Weaknesses: The COPH remains concerned about its student's graduation rates. The COPH is strongly encouraging full time enrollment and exploring additional financial resources to aid student retention. The COPH is also working with the USF Health Development Office to strengthen the alumni data base in order to facilitate regular alumni feedback on the relevance and appropriateness of the various degree programs.

Plans: The COPH is currently designing an electronic student portfolio. When complete, a variety of materials will be uploaded to demonstrate the breadth of experience and exposure to college competencies for degrees and concentrations. The portfolio will contain all of the student's culminating experiences, extracurricular activity related to the competencies, abstracts, poster presentations, published papers, honors and awards and will link directly to the new field experience database and the electronic competency form that all students now complete. Students will be able to access the portfolio at any time, as will faculty and administrators. The electronic portfolio will also include a resume builder so that students can use the data in the portfolio to construct a professional resume. In addition, the COPH is expanding service learning opportunities and for students in the Global Health Practice concentration, encouraging greater participation in study abroad programs earlier in the program and prior to the IFE to enhance practice experience.

2.8   Other Professional Degrees.

If the school offers curricula for professional degrees other than the MPH or equivalent public health degrees, students pursing them must be grounded in basic public health knowledge.

2.8.a.   Identification of professional degree curricula offered by the school, other than those preparing primarily for public health careers, and a description of the requirements for each.

Not applicable.

2.8.b.   Identification of the manner in which these curricula assure grounding in public health core knowledge. If this means is common across these other professional degree programs, it need be described only once. If it varies by program, sufficient information must be provided to assess compliance by each program.

Not applicable

2.8.c.   Assessment of the extent to which this criterion is met.

Not applicable.

2.9   Academic Degrees.

If the school also offers curricula for academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

2.9.a. Identification of all academic degree programs, by degree and area of specialization. The instructional matrix may be referenced for this purpose.

For identification of all academic degree programs by degree and area of specialization, please see the Instructional Matrix depicted in Table 2.a.1. (Note: The MSPH in Industrial Hygiene is considered a professional degree.) The Master of Science in Public Health (MSPH) degree is offered by each of the academic departments. The MSPH provides a focus in research design, data collection, analysis and application of research in public health intended to improve and protect the health of populations. The program is designed for students with good quantitative and/or qualitative skills, interest in the science of public health, and a desire for a comprehensive research experience. Students are prepared for research roles in academic or professional public health careers by incorporating epidemiological principles and biostatistical methods with their focus within the core areas of public health. The MSPH degree is a minimum of 42 credit hours. The PhD is a research degree and is not conferred solely upon the earning of credit or the completion of courses. It is granted after the student has shown proficiency and distinctive achievement in a specific field, has demonstrated the ability to do original, independent investigation, and has presented these findings with a high degree of literary skill in a dissertation. This degree requires a minimum of 90 credits beyond the baccalaureate degree.

2.9.b. Identification of the means by which the school assures that students in research curricula acquire a public health orientation. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

To assure a broad public health orientation, students within the MSPH programs must complete 9 credits of COPH core courses including Biostatistics I and Epidemiology, plus one other core course approved by the academic advisor (selected from Principles of Health Policy and Management, Environmental and Occupational Health, or Social and Behavioral Sciences Applied to Health). In addition, these students must complete Biostatistics II. PhD students not possessing an MPH degree must complete three core courses as prerequisite to any further advanced coursework and these courses are not counted towards the minimum number of hours needed to complete the PhD. Moreover, all PhD students are required to take a minimum of three, one-credit hour, COPH-wide, advanced interdisciplinary seminars prior to graduation. These seminars bring together doctoral students from across the disciplines to address specific professional development topics such as professionalism and ethics, leadership, research methods and conflict resolution and negotiation.

2.9.c. Identification of the culminating experience required for each degree program. If this is common across the school's academic degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

Please see Criterion 2.5.a., Table 2.5.a.1. for a matrix of the culminating experiences for Academic (and Professional) degrees.

All COPH MSPH students are required to complete two culminating experiences. These are the master's thesis and those sections of the COPH comprehensive core examination that correspond to the three required core courses they have completed. The master's thesis requires that a student work under the supervision of committee members to develop a proposal, progress towards completion of the thesis and present an oral defense. Departments and committees encourage their students to submit their theses to scholarly journals for peer review and publication. Note: The Department of Environmental and Occupational Health also requires all MPH and MSPH students to sit for a departmental concentration exam. The qualifying exam and the dissertation serve as the culminating experiences of the PhD program.

2.9.d. Assessment of the extent to which this criterion is met.

This criterion is met. Students pursuing academic degrees obtain a broad introduction to public health and understand how their discipline-based specialization contributes to achieving public health goals.

Strengths: Students in academic degree programs complete some if not all core public health courses, actively participate in College-wide events and interact with professional degree students and the professional public health community. The COPH has a robust research portfolio which affords students within the MSPH and PhD programs the opportunity to develop research projects that impact public health.

Weaknesses: None identified.

Plans: The COPH will continue to explore opportunities for increased funding at the masters and doctoral level. A formal T32 grant proposal has been submitted to the NIH, with matching funds provided by the University, to expand training opportunities for doctoral students.

2.10   Doctoral Degrees.

The school shall offer at least three doctoral degree programs that are relevant to any of the five areas of basic public health knowledge.

2.10.a. Identification of all doctoral programs offered by the school, by degree and area of specialization. The instructional matrix may be referenced for this purpose. If the school is a new applicant and has graduates from only one doctoral program, a description of plans and a timetable for graduating students from the other two doctoral programs must be presented, with university documentation supporting the school's projections.

Please see Table 2.a.1., Instructional Matrix, for identification of all doctoral degree programs offered by the COPH by degree and area of specialization. As is evident from this table, the COPH offers the PhD in 10 concentrations and the DrPH in two concentrations.

2.10.b. Data on the number of active students in each doctoral degree program as well as applications, acceptances, enrollments and graduates for the last three years.

These data are provided in Table 2.10.b. below.

Table 2.10.b. Doctoral Degree Program Summary by Academic Year (Fall, Spring Summer)

Program	2007-08	2008-09	2009-10
DrPH Community & Family Health			
Applied	n/a	n/a	5
Accepted	n/a	n/a	4
Enrolled	n/a	n/a	4
Active	n/a	n/a	4
Graduated	n/a	n/a	0
DrPH Global Health			
Applied	n/a	n/a	3
Accepted	n/a	n/a	2
Enrolled	n/a	n/a	2
Active	n/a	n/a	3*
Graduated	n/a	n/a	0
PhD Community & Family Health			
Applied	16	12	20
Accepted	8	9	13
Enrolled	7	7	10
Active	39	33	38
Graduated	8	3	3
PhD Environmental & Occupational Health			
Applied	3	13	7
Accepted	2	8	7
Enrolled	2	7	6
Active	20	21	20
Graduated	4	1	3

Program	2007-08	2008-09	2009-10
PhD Epidemiology			
Applied	12	9	14
Accepted	6	3	4
Enrolled	1	1	1
Active	19	20	19
Graduated	14	4	1
PhD Biostatistics			
Applied	8	4	2
Accepted	7	2	1
Enrolled	3	2	1
Active	12	14	11
Graduated	0	0	2
PhD Global Health			
Applied	14	12	4
Accepted	6	5	2
Enrolled	6	5	1
Active	13	15	17
Graduated	1	0	2
PhD Health Policy & Management			
Applied	5	6	5
Accepted	5	3	1
Enrolled	2	1	1
Active	12	11	8
Graduated	0	1	0

Year counts = Fall, Spring and Summer
*PhD student changed degree program to DrPH

2.10.c. Assessment of the extent to which this criterion is met.

This criterion is met. The COPH offers at least three doctoral degree programs that are relevant to the basic areas of public health knowledge.

Strengths: The COPH offers the PhD in 10 concentrations and a new DrPH degree in two concentrations, all relevant to public health advanced practice, scholarship and leadership.

Weaknesses: None identified.

Plans: The COPH is carefully monitoring implementation of the DrPH, correcting policies and procedures as we gain experience with the program and considering additional concentrations based on student demand and faculty and program capacity.

2.11   Joint Degrees

If the school offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.
_____

2.11.a. Identification of joint degree programs offered by the school and a description of the requirements for each.

The COPH offers the following joint degrees:

MPH/MA Anthropology
MPH/PhD Anthropology
MA Anthropology/PhD
MPH/MS Nursing
MPH/PhD Biochemistry/Molecular Biology
MPH/MSW Social Work
MPH/DPT Physical Therapy
MPH/JD Law (with Stetson Law School)
MPH/MD Medicine

These degrees are offered in conjunction with six other USF colleges and one external institution, the Stetson Law School in Tampa, Florida. With the exception of the MA in Anthropology/PhD in Public Health, all other joint degrees are conferred together with the MPH. Joint degree programs may vary in the number of total credits required for the two degrees and up to 9 credit hours can be shared with the approval of both academic advisors. However, the MPH portion of all joint degrees requires a minimum of 42 credits and all students in joint degree programs are expected to complete the MPH core courses, specific concentration courses, and the field experience, special project and the capstone course as they would in a separate, stand-alone MPH degree. The only allowable variations on the MPH core requirements include the option for students in dual anthropology programs to take the equivalent anthropology statistics course, the option for dual social work students to take the equivalent social work social and behavioral sciences course, and the option for dual nursing students to take the equivalent nursing social and behavioral science course. All three substitutions have been approved by the appropriate departments and the COPH curriculum committee. Table 2.11.a summarizes the requirements for each of these joint degree programs.

Table 2.11.a. MPH Credit Hour Requirements in Joint Degrees

	MPH/ MA or MPH/PhD Anthropology	MPH/MS Nursing	MPH/PhD Biochemistry/ Molecular Biology	MPH/MSW	MPH/DPT	MPH/JD	MPH/MD
Core Courses	15[1]	15[2]	15	15[3]	15	15	15
Concentration	12-24	24	15-16	12	18	15-24	15-24
Field Experience	4	2	3	3-12	3	3	3

	MPH/ MA or MPH/PhD Anthropology	MPH/MS Nursing	MPH/PhD Biochemistry/ Molecular Biology	MPH/MSW	MPH/DPT	MPH/JD	MPH/MD
Special Project	3-6	3	3	3-4	3	3	3
Capstone	3	3	3	3	3	3	3
Electives	Minimum of 3	0	Minimum of 3	Minimum of 9	Minimum of 6	9	9-12
Minimum Total Credit Hours	42	47	42	45	48	48	48

[1]Students may choose to take either the Anthropology or the Public Health Biostastistics core course

[2]Students take a Nursing Theory course in place of the Social and Behavioral Science core course

[3]Students may choose to take either the Social Work or the Public Health Social and Behavioral Science core course.

2.11.b. Assessment of the extent to which this criterion is met.

This criterion is met. The COPH offers several joint degrees. In every case, the required curriculum for the professional public health degree is equivalent to that of a stand-alone professional public health degree.

Strengths: The MPH is a popular degree to pair with other professional degrees and it is done in a way that preserves the integrity of the degree while giving students the opportunity to link a public health perspective, a knowledge base and a set of skills to a second specialty area.

Weaknesses: None identified.

Plans: The COPH is developing a joint degree in Pharmacy with the new sister College of Pharmacy in USF Health. The COPH also is considering joint degrees with the College of Business (MPH/MBA in Marketing) and with The Arts (MPH/MA in Architecture).

2.12   Distance Education or Executive Degree Programs

If the school offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these programs must a) be consistent with the mission of the school and within the school's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the school and university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the school offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication, and student services. The school must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

2.12.a. Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The instructional matrix may be referenced for this purpose.

The COPH's distance education and executive degree programs are identified in the Instructional Matrix (Table 2.1.a). The programs comprising this category include the *Executive MPH in Public Health Practice*, *Online MPH in Public Health Practice*, *Online MPH in Global Disaster Management and Humanitarian Assistance*, and *Online MPH in Public Health Administration*.

2.12.b. Description of the distance education or executive degree programs, including an explanation of the model or methods used, the school's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the school, and the manner in which it evaluates the educational outcomes, as well as the format and methodologies.

Description of Programs

Public Health Practice
This program is a COPH-wide interdisciplinary program designed to prepare experienced health professionals to assume leadership roles as members of multidisciplinary teams. It is offered in two formats: *Online MPH Program* via distance learning and *Executive Weekend MPH Program*. The Online MPH Program is primarily intended for off-campus students who are unable to come to campus for their education. The Executive MPH Program is a unique and customized weekend program to serve the needs of the busy health care practitioner. Classes in this format are offered one weekend per month.

Global Disaster Management and Humanitarian Assistance
This program is designed to provide students with formal training and education regarding the disaster cycle (preparedness, response, recovery and mitigation) and the subsequent longer-term recovery phase. Local and international organizations, governments, and United Nations' agencies need trained professionals to manage and direct programs to reduce public health threats. A concentration in disaster management and humanitarian relief did not exist in Florida until this program was approved in 2009.

Public Health Administration
The MPH in Public Health Administration program is designed for individuals interested in pursuing leadership and administrative positions in public health agencies or programs or in other initiatives focused on population health. The curriculum focuses on management principles and methods to advance the health of communities: knowledge and skills in public health, health planning, quality improvement, financial management, and public health law.

<u>Model and Methods Used – Public Health Practice, Global Disaster Management and Humanitarian Assistance and Public Health Administration</u>

A satellite-based MPH in Public Health Practice program, in which students attended classes at 33 satellite sites in Florida and several sites elsewhere, was COPH's first distance-based degree program. Over time, student interest extended beyond the established sites and increasing costs of maintaining a satellite infrastructure and advances in online teaching methods supported the decision to move from satellite to online. The transition to an online learning platform coupled with increasing student interest in the online delivery format led to the development of the two additional online MPH programs. All three online programs utilize the same format, models and methods. Each program is a fully online program with the exception of a five day Public Health Capstone Seminar that is held on campus near the completion of the degree program. All three programs require students to complete the five core courses. Each program offers a set of required courses (from 12 to 14 credits) which are specific to the concentration. Each program requires the completion of a Public Health capstone class and each program allows the student to complete from 9 to 12 elective credit hours. In addition, all three programs require that students complete the College's mandatory MPH culminating experiences – the special project, the core comprehensive exam (or the national certification exam, CPH) and the supervised field experience. For field experience, students may participate in a group field experience (recently a group of students traveled to Panama) or they can plan an individualized field experience with the help of their advisor and the College's Field Placement Manager. Students in each of the three programs generally take two to three courses per semester and can complete the MPH in 2 to 2.5 years.

The MPH in Public Health Practice Executive Program has been accepting students since 1998. More than 100 students, including physicians, nurses, dentists, hospital administrators, and country health department officials, have graduated from this program. Students complete the program in five semesters by meeting monthly on Fridays, Saturdays, and Sundays to complete 43 credit hours. Cohorts are limited to 25 students. The typical course sequence includes two in-class courses and one online elective each semester. Most in-class courses are enhanced through online components to facilitate communication between monthly sessions.

<u>Rationale</u>

The COPH was among the first public health degree-granting institutions nationally to offer a distance-based MPH program. As part of its legislative mandate, the COPH was directed to

serve the educational needs of Florida's public health workforce. Prior to 1996, this requirement was addressed through the organization of site-based classes in Tallahassee, Ocala, Sarasota and three other locations. Although this delivery method reached a greater number of practitioners than a single site program, it did not provide wide access. Based on a statewide needs assessment, the COPH developed a new MPH concentration in Public Health Practice for those who needed a more practice-focused MPH and had the opportunity to access graduate public health education in alternative formats. Two primary delivery methods were used: *an executive/weekend format* and d*istance-based (now online) learning*. Over time, the demand for online learning programs has increased. In response to this demand, the College now offers three full MPH degree programs online, while maintaining the Executive weekend format for students who prefer a classroom-based program.

Administration and Student Support Services

Administrative and student support for these programs is similar to that provided for other academic programs offered by COPH. A dedicated Public Health Practice Program office, consisting of an academic director, coordinator and two program assistants, helps coordinate all academic and logistical aspects of this college-wide program. The other two online degree programs are department-based and utilize departmental faculty and staff to provide support. The Office of Academic and Student Affairs provides additional assistance to students in these programs, who also have 24/7 access to the COPH office of Educational Technology and Assessment (ETA) for issues related to the online technology utilized by the courses.

Academic Rigor and Equivalence Monitoring

The Executive MPH is a college-wide degree administered through the USF COPH. It meets the same academic requirements as all on-campus programs in the university. Online MPH courses are reviewed in an identical manner to on-campus COPH courses, including in-depth review by appropriate committees and approval at all levels. Evaluation benchmarks are met using the same tools and methods to which on-campus courses and programs are subjected. The Executive MPH program as well as the other online MPH programs has the standard COPH requirements of the five core courses (15 credits). In addition, each degree requires at least 12 credits of required concentration courses and a choice of electives. Each student is required to complete a Special Project, a Capstone/Seminar course, the College Comprehensive exam and the Field Experience.

Evaluation of Educational Outcomes, Format and Methodologies

Courses in the Executive MPH and online MPH programs are evaluated in the same manner as other on-campus courses within the College. All students have an opportunity to complete evaluations for every course they take. These evaluations include assessment of the instructor, course materials, course design/structure, and other educational elements. The College Exit Questionnaire and the Alumni Survey are administered to all students and graduates. These surveys provide the College with valuable feedback about the Executive MPH and online MPH programs and enable us to update courses and learning objectives to address student competencies *and* skills needed in the field.

The online courses also are routinely evaluated both by instructional designers and faculty using a customized set of Minimum Standards for Online Courses (http://health.usf.edu/publichealth/eta/Standards.doc). In addition, online courses include a midcourse evaluation that is focused on delivery methods and instructional strategies. These

evaluations have resulted in COPH improving student technical support, faculty development training efforts, on-call support for exams during non-business and weekend hours, and improved educational technology tools such as the use of Elluminate Live! for group interaction. In COPH's 2008-2009 Exit Questionnaire administered to online Public Health Practice students, 94% (n=35) agreed that the online courses were well-designed, 97% (n=35) that online courses were appropriate to their field of study, and 97% (n=35) that faculty were responsive in online courses. Students commented favorably on the flexibility of the online program, the quality of the online course offerings, the supportive personnel and faculty commitment.

The evaluation distributed to all USF students is a University survey. As of this point in time, the survey does not contain specific question to assess the effectiveness of online teaching. The College of Public Health distributes the USF course evaluation within every course regardless of delivery method. The evaluation format and the questions are the same regardless of whether the course is online or on-campus. The College is currently in the process of assessing alternate and or additional evaluation methods to garner more specific information about the effectiveness of the online mode of teaching.

Certain instructors choose to gather additional mid-course and final course feedback from students that include technology specific questions. The exit survey provides the College with an opportunity to compare feedback about the online teaching mode versus campus.
Not all courses can be evaluated in both teaching modes because not all online courses are offered on campus and vice versa.   When a course is taught in both modes the evaluations can be compared by the Chair and the Associate Dean for Academic Affairs.

2.12.c. Assessment of the extent to which this criterion is met.

This criterion is met. The COPH offers several distance-based programs in response to student demand; they meet the same standards of quality to which all courses are held.

Strengths: The USF College of Public Health was one of the first, if not the first, to offer a fully distance-based MPH degree in the nation. The COPH also offers the MPH in an Executive Weekend format and has added additional concentrations to the online offerings in response to student demand. We have an outstanding staff in our Educational Technology and Assessment Office, a standing faculty committee overseeing this work and demand the same quality and rigor of our online programs as we do our traditional classroom-based programs.

Weaknesses: None identified.

Plans: We plan to continue to develop online courses and programs in response to student demands. Many classroom-based courses also incorporate online technology for which high quality support needs to be provided.