Curriculum Committee Minute Notes

Present: Ding, Farrell, Gardner, Adams, Rust, Macy, Watkins

Gardner discussed the content review.

* Everyone please get core content review in by August 1st.
	+ This is everything you do in the course; don’t have to include assessments but can if you want – may be helpful in the future.
	+ External reviewers will review at some point; off schedule b/c of pandemic
* Farrell to resend instructions for uploading to google docs.
* Between august 1st and august 10th = everyone to go in and make suggestions for others’ content review.

Gardner discussed the competency alignment, for which a form was emailed (can be found in the Appendix).

* Align objectives to the competencies, talk about the content (copy/past from content review), and put in assessments.
* On the form there is a new number 5 that asks that you include a copy/example of the assessment to show that this is specifically what is used to address that competency.
* Substantive change notice in the fall for CEPH – assessments included with that – the more linkages, the more likely they are to accept without asking for more.
* August 15th is the date set for that so that we can talk in detail at August workday.

Gardner discussed the ILE.

* At MPH-BSPH Joint made motion to creating an ad hoc, but curriculum committee, being smaller, should be able to hash this out.
* Do we want to identify any common competencies that all ILEs have to meet or if they can have unique competencies that we work with the student on choosing when they decide on their topic? Classes where students can use what they write to do their ILE – those competencies will reflect that. But are there any overall that every single ILE should meet? Reminded of the example Rust showed previously - 3 point scale for each competency. We currently use a 4 point scale.
* No set number of competencies mentioned in CEPH documents.
* For GrAPEs, students choose their competencies.
* Gardner says they should use epidemiological data (competency 1) when describing the health issue. Are there any projects we can think of where they wouldn’t need to do this? Number 19 is also one everyone is doing inherently in their ILE. Should there be competency 23 required – where they are required to apply a theory to their work?
* Beth Adams says specific guidelines are helpful – too broad is hurtful. Some basic ones may be helpful, like the ones Gardner mentioned.
* Gardner mentioned that most students do their ILEs outside of the curriculum.
* 620 and 630 – are those projects based in theory? Do they do a lit review?
	+ 630 – Ding – epidemiology data set is used; learn how to analyze the data and do a literature review and pick a research question. They then run a data analysis and write a review (with conclusions and discussions). Can add in a social determinant.
	+ 620 – Farrell – they do a literature review, data analysis, interpretation, presentation, so all the competencies that surround communication and statistics are covered in that project. No to competency 26 (social determinants).
* Competency 19 – all ILEs hit. Rust worried that the oral presentation would be represented twice on the overall ILE rubric if this was chosen.
* Eagle – what if we say “here are the 4 parts, here are the competencies that address each part, choose which competency you will meet, one per each part.”
* Farrell – if we use competency 1 in rubric, then it may just turn into a thesis again. Gardner’s response “well that’s if we take the word ‘apply’ literally, but they can use epidemiological data that applies to their project. They have to use epidemiological data in order to state the problem in a public health manner.” Ding agrees with Farrell. Most of the issue is coming from the words “apply” and “methods.” Farrell argues that gathering information from CDC is a “method;” they are not running their own calculations from data.
* Gardner – we have to be sure we are meeting the verb for our assessments, but not sure about the ILE, and will check with CEPH for clarification. First 22 competencies are generated by CEPH.
	+ Eagle – let’s put it out there that CEPH’s verbiage is problematic.
* Could be a “yes/no” to the question “did the student meet this competency?” – Gardner says it’s almost impossible for students to meet a competency completely
* We need to be able to show that ILEs align with competencies.
* Eagle – is this something people would like to work on on their own and then come back with ideas? Eagle thinks she can come up with something on her own and then come back to the group.
* Macy – reflection as the way to show that students have aligned with competencies
	+ Rust – if that’s the case then we should still have a rubric to guide students because they are still wanting guidelines
	+ Gardner – there are instructions per section in the ILE course
	+ Rust – but if students are working on the ILE before the course, then they don’t have access until their last semester
	+ Adams – doesn’t feel like we have to align per competencies, but having guidelines and a rubric available would be helpful from the “get-go”
* Macy – the reflection for showing competencies is reflective of what other schools have done
* Eagle – will CEPH allow the reflection to count as a way to show competency alignment?
* Gardner read CEPH guidelines to everyone.
* Gardner asked Macy and Watkins their views on how the second reader experience went. Macy overall said it wasn’t very helpful and even discouraging when students didn’t listen to feedback.
* Ding sent out the rubric that she and Macy had worked on and brought to the group in the past. (see Appendix)
* Gardner asked for someone to help lead this ILE reformation. Eagle volunteered.
* Ding and Macy to put together what a presentation would look like with the reflection piece.
* Gardner asked if we want to keep the 4 sections (overview, lit review, discussion, and conclusions), add one with more of an action on the student’s part, or get rid of them.
	+ Ding likes the four parts.
* Farrell and Watkins to look at the four sections and bullet point what should be included in those areas to give as guidelines for the students.
* Rust, Eagle, and Gardner will look at an organized way to align for non-course ILEs. Adams too.
* Gardner asked for this to be done in two weeks by everyone – by end of the month. Then meet again soon.

Gardner discussed the Assurance of Student Learning document.

* document shows the outcomes determined last year by the group. Currently have some instructor-assigned assessments; Gardner doesn’t feel great about that.
* ASL is a WKU requirement.
* Gardner stated that she isn’t a fan of course-based assessment where the instructor alone is the person who does it. Eagle says one learning outcome is classroom based; others are ILE and GrAPE-based. Third outcome is completely classroom-based as well as one in the first outcome (evaluation report).
* Eagle, Ding, Macy, and Farrell are all comfortable with what we have. Gardner asked for the data needed for the report from this AY.

Discussed the motion to change 620 and 630 names from “advanced” to “II” that was sent back to this committee in the last Joint MPH-BSPH meeting: Farrell’s primary issue with changing advanced biostats to biostats II was that some students who probably shouldn’t take the class may take the class given that it’s not an advanced course. For biostats, “advanced” is the appropriate word for what they do. Ding explained that PH 630 is an extension of PH 582, rather than what is typically considered to be advanced epi.

Ding/Eagle motion to change name of PH 630 from Advanced Epidemiology to Epidemiology ll; passed unanimously.

Meeting adjourned.

Appendix

Agenda: MPH Curriculum Committee

April 15, 2020

I. Core competency alignment and content alignment: schedule updates and instructions

1. [Content Review](#_Content_Review): August 1st
2. [Competency alignment](#_Competency_Alignment)
	1. Assessments Required: Please include assessment instructions and rubrics, if applicable. If exams/quizzes are used as assessment, please make sure you can align specific questions to the competencies.

II. [ILE](#_ILE_Assessment)

1. Identify common competencies for **all** ILEs OR have all unique competencies?
	1. How should we rate them?
	2. Minimum number?
2. Keep current assessment also and, perhaps, link to common competencies?
	1. Clearly defined overview, background and significance, or statement of the problem.
	2. Literature review
	3. Discussion or critical analysis
	4. Recommendations, public health implications, or conclusions
3. Presentation guidelines

III. [ASL for MPH](#_Assurance_of_Student): Review & Revise

1. Assessment instructions/rubrics
2. Data

IV. Course name change: PH 620, PH 630

1. Advanced vs II

V. PH 599: Motion to table discussion

# Content Review

1. For each MPH required course you teach, please list the major and minor topics taught by in each course week. Please provide sufficient detail so that is clear what is being taught.

2. Save your file as the course prefix and number, then upload your completed document(s) to google drive by August 1st.

3. Review and comment on each course document by August 10th.

4. Revise documents/address comments for August MPH workday.

NOTE: Some of the courses are already in the google drive. If you have/will update your course, please take out the old version and upload the new.

# ILE Assessment

Identify which competencies should be required for **all** ILEs

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| **MPH COMPETENCY** | **Require for ALL ILE?** |
| Evidence-based Approaches to Public Health  |  |
| 1. Apply epidemiological methods to the breadth of settings and situations in public health practice  |   |
| 2. Select quantitative and qualitative data collection methods appropriate for a given public health context  |  |
| 3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate  |  |
| 4. Interpret results of data analysis for public health research, policy or practice  |  |
| Public Health & Health Care Systems  |  |
| 5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings  |  |
| 6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels  |  |
| Planning & Management to Promote Health  |  |
| 7. Assess population needs, assets and capacities that affect communities’ health  |  |
| 8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs  |  |
| 9. Design a population-based policy, program, project or intervention  |  |
| 10. Explain basic principles and tools of budget and resource management  |  |
| 11. Select methods to evaluate public health programs  |  |
| Policy in Public Health  |  |
| 12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence  |  |
| 13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes  |  |
| 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations  |  |
| 15. Evaluate policies for their impact on public health and health equity  |  |
| Leadership  |  |
| 16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making  |  |
| 17. Apply negotiation and mediation skills to address organizational or community challenges  |  |
| Communication  |  |
| 18. Select communication strategies for different audiences and sectors  |  |
| 19. Communicate audience-appropriate public health content, both in writing and through oral presentation  |  |
| 20. Describe the importance of cultural competence in communicating public health content  |  |
| Interprofessional Practice  |  |
| 21. Perform effectively on interprofessional teams  |  |
| Systems Thinking (waiting on technical assistance paper from CEPH) |  |
| 22. Apply systems thinking tools to a public health issue  |  |
| WKU MPH Program Competencies |  |
| 23. Apply health behavior theories and models to address public health problems.  |  |
| 24. Describe the role of budgeting; methods of seeking extramural funding; and methods of financial analysis in making decisions about policies, programs and services.  |  |
| 25. Describe the roles of history, power, privilege and structural inequality in producing health disparities. |  |
| 26. Integrate social determinants into public health science, practice, and research. |  |
| 27. Identify the direct and indirect population health effects of environmental hazards (biological, chemical and physical) on humans, animals and the ecology. |  |

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| Assurance of Student Learning**2018-2019** |
| College of Health and Human Services | Department of Public Health |
| Master of Public Health 152 |

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| **Use this page to list learning outcomes, measurements, and summarize results for your program. Detailed information must be completed in the subsequent pages.** |
| **Student Learning Outcome 1: Synthesize foundational MPH competencies.** |
| **Instrument 1** | Direct: Integrative learning experience (ILE)/capstone paper |
| **Instrument 2** | Direct: Evaluation Report (PH 591) |
| **Instrument 3** | Indirect: Student self-assessment of competency development (MPH Exit Survey) |
| **Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 1.** | **Met** | **Not Met** |
| **Student Learning Outcome 2: Apply MPH competencies in collaboration with public health/related professionals.** |
| **Instrument 1** | Direct: Summary Report: Applied practice experience projects  |
| **Instrument 2** | Indirect: Self-report of service beyond curricular/program requirements (MPH Exit Survey) |
| **Instrument 3** | Indirect: Student reflection of applied practice experiences |
| **Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.** | **Met** | **Not Met** |
| **Student Learning Outcome 3: Develop plan, program, or policy to address a public health problem.** |
| **Instrument 1** | Direct: Program plan (PH 575) |
| **Instrument 2** | Direct: Program proposal (PH 578) |
| **Instrument 3** | Indirect: Student self-assessment of program preparation to design a population-based policy, program, project or intervention (MPH Exit Survey). |
| **Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 3.** | **Met** | **Not Met** |
| **Program Summary (Briefly summarize the action and follow up items from your detailed responses on subsequent pages.)**  |
| While each learning outcome is met, we identified areas of student learning that need attention. Student performance on some of the component areas of the ILE were weak and faculty are exploring skills-building opportunities within existing courses, as well as providing students with more detailed guidance during the ILE. We also identified tools to assist students in aligning competencies during their applied practice experience, and are in the process of creating them. Last, some of the instruments used will be assessed to ensure they, and the methodology, are the most appropriate for assuring student learning. Last, we will be exploring alternatives to instructor-assessed assignments as direct measures. |

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| **Student Learning Outcome 1** |
| **Student Learning Outcome**  | **Synthesize foundational MPH competencies.** |
| **Measurement Instrument 1**  | ILE paper: Professionally written paper that synthesizes program competencies, and minimally includes a four parts: 1) thorough overview of the public health problem; 2) literature review, 3) critical analysis/results, and 4) public health recommendations. |
| **Criteria for Student Success** | Students earn a mean of 3 or higher (of 4) on their ILE overall, and on each part. |
| **Program Success Target for this Measurement** | 80%  | **Percent of Program Achieving Target** | Overall: 85% (17 of 20)Part 1: 80% (16 of 20)Part 2: 75% (15 of 20)Part 3: 60% (12 of 20)Part 4: 50% (10 of 20) |
| **Methods**  | ILE papers are reviewed by a minimum of two reviewers and rated on each of the four parts noted above. Ratings are averaged.  |
| **Measurement Instrument 2** | Evaluation Report: Process and impact evaluation of semester-long case that synthesizes and applies multiple program competencies.  |
| **Criteria for Student Success** | Students earn an 80% or higher on evaluation report. |
| **Program Success Target for this Measurement** | 80% | **Percent of Program Achieving Target** | 82% |
| **Methods** |  Evaluation reports are graded by the course instructor. Individual grades are reported on a census of students completing PH 591 during academic year. |
| **Measurement Instrument 3** | MPH Exit Survey: Item: Student self-assessment of competency development This is a global measure of student perceptions on how well the program, en toto, developed the required foundational and program competencies. |
| **Criteria for Student Success** | Students rate competency development with 4 or more stars (out of five, with five being the highest). |
| **Program Success Target for this Measurement** | 80%  | **Percent of Program Achieving Target** | 86%Mean = 4.3 |
| **Methods** | Census of graduating students complete mandatory MPH exit survey through Qualtrics. System identifies who has completed the survey, but responses are not linked to the respondents. Results are analyzed descriptively (frequency, central tendency) and compared to target. |
| **Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 1.** | **Met** | **Not Met** |
| **Actions** (Describe the decision-making process and actions planned for program improvement. The actions should include a timeline.) |
| While Learning Outcome 1 is met overall, the low scores on some of the component areas of Instrument 1, ILE paper, warrant attention. Faculty will critically assess the ILE process and develop instructions and rubrics to promote student success. Additionally, faculty will discuss reinforcing concepts from low-scoring areas in courses to provide students with opportunities to build competence. |
| **Follow-Up** (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.) |
|  Fall 2019: faculty held internal discussions and drafted a potential rubric for the ILE; at curriculum committee meeting in spring 2020, the rubric was discussed, then tabled. We convened an ad hoc committee to create a new model based on information presented during a webinar sponsored by CEPH.  |

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| **Student Learning Outcome 2** |
| **Student Learning Outcome**  | **Apply MPH competencies in collaboration with public health/related professionals.** |
| **Measurement Instrument 1** | Applied practice experience products. Our accrediting agency requires each student to complete a minimum of two competency-based products in collaboration with a public health/related agency.  |
| **Criteria for Student Success** | Products, created during applied practice experience, align with MPH competencies |
| **Program Success Target for this Measurement** | 90% of graduates’ products align with five or more competencies | **Percent of Program Achieving Target** | 100% |
| **Methods**  | Students’ products are assessed vis a vis the competencies throughout their program. A summary data base is maintained and products are kept in individual files on the shared drive. Prior to each student’s graduation, these documents/files are audited and assessed for compliance. Products include such deliverables as a lesson plan, data base, infographic, presentation, webpage, report, program proposal, social media plan, etc. |
| **Measurement Instrument 2** | MPH Exit Survey: Service beyond curricular/program requirements. Public health competencies are typically reinforced during community service activities; thus, this is an indirect, or proxy measure, for the learning objective. MPH students are encouraged to engage in service beyond curricular/program requirements.  |
| **Criteria for Student Success** | Students self-report that they engage in extra-curricular service activities related to public health during MPH program. |
| **Program Success Target for this Measurement** | 50% of graduates | **Percent of Program Achieving Target** | 94.7%  |
| **Methods** | Census of graduating students take mandatory MPH exit survey through Qualtrics. System identifies who has completed the survey, but responses are not linked to the respondents. Results are analyzed descriptively (frequency, central tendency) and compared to target. |
| **Measurement Instrument 3** | Applied Practice Experience Reflections. Students complete 100 hours of applied practice that involves substantial interaction with public health/related practitioners. These hours may be completed in a single experience, such as an internship, or in multiple experiences. To get credit, students must submit a summary report at the conclusion of each applied experience, in which students reflect on the experience and the competencies applied/developed. |
| **Criteria for Student Success** | Students clearly identify competencies applied during their applied practice experience hours in their reflections. |
| **Program Success Target for this Measurement** | 70% | **Program Success Target for this Measurement** | 94% |
| **Methods** | Upon submission, the summary report is checked for completeness and alignment between activities and competencies. Once approved, the summary report is added to the student’s file/portfolio and the hours are awarded. A running tally of hours is housed in the gradebook of the MPH Student organizational site on Blackboard. Prior to graduation, an audit is conducted on each graduate’s file and the competencies met are abstracted. |
| **Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 2.** | **Met** | **Not Met** |
| **Actions** (Describe the decision-making process and actions planned for program improvement. The actions should include a timeline.) |
| **Develop handbook for applied practice experiences.** Currently, the information is provided on the MPH Student organization site on Blackboard. Feedback from students indicate that a more detailed handbook with examples would be helpful.**Develop and implement portfolio presentation**. The portfolio presentation will require students to discuss how competencies were demonstrated in their ILE and applied practice experiences.  |
| **Follow-Up** (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.) |
| Handbook: develop in January 2020.Portfolio Presentation: develop in January 2020; pilot on May graduates. |

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| **Student Learning Outcome 3** |
| **Student Learning Outcome**  | **Develop plan, program, or policy to address a public health problem.** |
| **Measurement Instrument 1** | Program Proposal: Based on an identified public health problem, students develop a program proposal which includes program goals and objectives, budget, marketing, and sustainability.   |
| **Criteria for Student Success** | Students score 80% or higher on program proposal. |
| **Program Success Target for this Measurement** | 80% | **Percent of Program Achieving Target** | unknown |
| **Methods**  | Planning projects are graded by the course instructor. Individual grades are reported on a census of students completing PH 575 during academic year. |
| **Measurement Instrument 2** | Health Disparities final paper/presentation: Students create theory-based plan to address a health disparity. |
| **Criteria for Student Success** | Students score at least 80% on final paper/presentation. |
| **Program Success Target for this Measurement** | 80% | **Percent of Program Achieving Target** | 91% |
| **Methods** | Papers are graded by the course instructor. Individual grades are reported on a census of students completing PH 578 during academic year. |
| **Measurement Instrument 3** | MPH Exit Survey: Assessment of competency 9. The MPH Exit Survey includes a section that assesses students’ perception of how well the program developed each competency. Competency 9 is “Design a population-based policy, program, project or intervention.” |
| **Criteria for Student Success** | Students rate competency 9 as 4 or higher (of 5). |
| **Program Success Target for this Measurement** | 80%  | **Percent of Program Achieving Target** | 90% 4.4 Mean |
| **Methods** | Census of graduating students take mandatory MPH exit survey through Qualtrics. System identifies who has completed the survey, but responses are not linked to the respondents. Results are analyzed descriptively (frequency, central tendency) and compared to target. |
| **Based on your results, circle or highlight whether the program met the goal Student Learning Outcome 3.** | **Met** | **Not Met** |
| **Actions** (Describe the decision-making process and actions planned for program improvement. The actions should include a timeline.) |
| Faculty exploring alternative direct measures beyond instructor-assessed assignments. The faculty will explore a policy that MPH core courses must be taught by MPH faculty who have a service obligation to the program. This will better ensure that data are provided and competency alignment/consistency in courses. |
| **Follow-Up** (Provide your timeline for follow-up. If follow-up has occurred, describe how the actions above have resulted in program improvement.) |
| Spring 2020, during MPH curriculum committee. Policy passed policy in fall 2019. |

Attached you’ll find a form to be completed for the required core courses. The purpose of this form is to ensure our revised curriculum provides classroom opportunities for students to develop foundational and WKU competencies.

Using this Form

1. Please complete a separate form for each *required* core course that you teach. Please note your name and course name/number in the header.
2. Link your course objectives (what is shown on your syllabi and/or other course materials) to the competencies they help meet. One objective may help fulfill parts of several competencies. Similarly, several objectives may meet one competency. If you do not wish to type out the objective in the space provided, please number your course objectives on your syllabus, place the number in the “Course Objective” column, and attach an electronic copy of your syllabus.
3. Detail succinctly **the content** associated with each objective **and** describe the activities you use in class to deliver the content. For example, you may use a video and course discussion to teach the historical foundations of epidemiology. Note: You may use lots of different content/topics to meet one course objective; please list all of them. Similarly, you may use many activities to deliver the content; please list all of them. Activities include things such as lecture, group discussion, case study, etc.
4. Describe how the activity is assessed. Sometimes, the activity is also the assessment. For example, students may complete a case-study in class to facilitate learning on a specific topic. Working on the case study (the process) is the activity, and its completion (the product) is the assessment, regardless of whether it is a graded activity. CEPH requires us to provide very detailed information on the assessment, so please include the assessment with your grid. NOTE: Unless something has been covered didactically in class, it cannot have an assessment.
5. Provide copy of assessment instructions and rubrics, if applicable.

Note: Please type your responses to facilitate compiling results.

Please return your completed forms to marilyn.gardner@wku.edu by August 10th.

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|  | Course Learning Objective (should be on syllabus) | Course Content/Activity | Assessment of content |
| Evidence-based Approaches to Public Health  |
| 1. Apply epidemiological methods to the breadth of settings and situations in public health practice  |  |  |  |
| 2. Select quantitative and qualitative data collection methods appropriate for a given public health context  |  |  |  |
| 3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate  |  |  |  |
| 4. Interpret results of data analysis for public health research, policy or practice  |  |  |  |
| Public Health & Health Care Systems  |
| 5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings  |  |  |  |
| 6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels  |  |  |  |
| Planning & Management to Promote Health  |
| 7. Assess population needs, assets and capacities that affect communities’ health  |  |  |  |
| 8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs  |  |  |  |
| 9. Design a population-based policy, program, project or intervention  |  |  |  |
| 10. Explain basic principles and tools of budget and resource management  |  |  |  |
| 11. Select methods to evaluate public health programs  |  |  |  |
| Policy in Public Health  |
| 12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence  |  |  |  |
| 13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes  |  |  |  |
| 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations  |  |  |  |
| 15. Evaluate policies for their impact on public health and health equity  |  |  |  |
| Leadership  |
| 16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making  |  |  |  |
| 17. Apply negotiation and mediation skills to address organizational or community challenges  |  |  |  |
| Communication  |
| 18. Select communication strategies for different audiences and sectors  |  |  |  |
| 19. Communicate audience-appropriate public health content, both in writing and through oral presentation  |  |  |  |
| 20. Describe the importance of cultural competence in communicating public health content  |  |  |  |
| Interprofessional Practice: “interprofessional” refers to engagement with professionals outside of public health (eg, architects, nurses), rather than to engagement with individuals from other public health disciplines (eg, biostatisticians, health promotion specialists). |
| 21. Perform effectively on interprofessional teams  |  |  |  |
| Systems Thinking  |
| 22. Apply systems thinking tools to a public health issue  |  |  |  |
| WKU Competencies |
| 23. Apply health behavior theories and models to address public health problems.  |  |  |  |
| 24. Describe the role of budgeting; methods of seeking extramural funding; and methods of financial analysis in making decisions about policies, programs and services.  |  |  |  |
| 25. Discuss theoretical models and methods used to understand, explain, and ameliorate health disparities. |  |  |  |
| 26. Integrate social determinants into public health science, practice, and research. |  |  |  |
| 27. Identify the direct and indirect population health effects of environmental hazards (biological, chemical and physical) on humans, animals and the ecology. |  |  |  |

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| Assessment Dimension | Needs Improvement (1) | Acceptable (2) | Proficient (3) |
| ***Writing:*** *clear, concise, well-organized, correct grammar & usage* | Writing has deficits in multiple areas that could be professionally detrimental | Writing has deficits in some areas and lacks some clarity but overall is acceptable in professional settings | Writing is clear and concise and is a strong professional product  |
| ***Use of evidence:*** *Evidence is relevant, sources correctly cited, and synthesized to effectively provide insight into the question/issue* | Evidence is weak and/or not relevant to the question/issue posed with sources poorly cited | Evidence is somewhat relevant and timely to the question/issue posed with some sources correctly cited  | Evidence is relevant, timely, and clearly summarized with sources correctly cited |
| ***Application of findings:*** *Implications of evidence, research, and/or findings are clearly identified and justified, and actions recommended are comprehensive, feasible, innovative, and ethical* | Recommendations do not logically follow from evidence, are questionable and/or inappropriate, and/or not comprehensive, feasible, innovative, and/or ethical | Recommendations somewhat flow logically from evidence and are justified though there are gaps, and/or recommendations are somewhat comprehensive, feasible, innovative, and/or ethical | Recommendations flow logically from evidence, are well-argued, and/or are comprehensive, feasible, innovative, and/or ethical |
| ***Reflection:*** *Questions are thoroughly addressed and demonstrate self-awareness and insight and competencies are mastered* | Writer does not thoroughly engage all questions, does not demonstrate self-awareness and insight, and/or mastery of competencies is not apparent | Writer somewhat engages all questions, demonstrates average self-awareness and insight, and/or demonstrates some competency achievement | Writer engages all questions, clearly articulating learning, change, and insights to drive further development, demonstrates self-awareness, and/or demonstrates mastery of competencies |

**Integrative Learning Experience (ILE) Rubric**

Modified from: <http://webcache.googleusercontent.com/search?q=cache:2Q9dz6ESzNgJ:www.bu.edu/sph/files/2018/04/ME-ILE-Guidebook_Spring-2018.docx+&cd=2&hl=en&ct=clnk&gl=us&client=firefox-b-1-e>