October 30, 2020 BSPH Workday

Time: 10am – 1pm

Attendees: Gardner, Lartey, Macy, Watkins, Rust, Farrell, Kim, Eagle, Ding

|  |  |  |
| --- | --- | --- |
| Agenda Item | Discussion | Next Steps |
| Curriculum | | |
| Core Course Alignment suspension & update | Lartey states that the core course alignment is going to be rescheduled because of some changes that may be happening within the program. However, the master grid is still something we want to keep updating and working on. |  |
| BSPH program competencies development ([APPENDIX A](#_Appendix_A)) | Lartey introduces the task of the day: to create 3 BSPH program competencies, aside from the foundational and cross-cutting [competencies](https://www.wku.edu/publichealth/documents_public_health/bsph_competencies.pdf). First, the group will come up with themes.   * The program competencies we come up with need to be things we can assess students on for CEPH. Lartey asked in what areas/themes we think student skills need to be sharpened. Lartey did some research and found the following common themes:   + health disparities; communication (oral and written); resource identification and linkage; program planning, implementation, evaluation, and assessment; disease prevention and management; population/global health; policy development. * Gardner reiterates that the competencies we come up with today would have curricular alignments/assessments to go along with them. Currently, the BSPH program only assesses oral communication, written communication, communication through a variety of media, and use, evaluate, and synthesize information. Creating these program competencies is something coming down the pipe from CEPH for BSPH programs to do; we are getting ahead of it. * Lartey has signed up to be a CEPH site visitor to get an even better understanding/perspective of similar programs. * Eagle asks if we are revamping the whole set of existing competencies. Lartey clarified that we are adding program competencies to the already existing list of foundation and cross-cutting competencies. * Eagle suggests a theme of the ability to work with data/evidence, as it is something with which she sees students struggling. Specifically, Eagle states that students are struggling with looking at a chart and correctly interpreting the data. Lartey and Ding seem to agree that students are struggling with this. Watkins mentions adding critical thinking skills into this. Gardner suggests this all folds into health literacy. Lartey states health literacy seemed to be a big talking point at the last advisory board meeting. * Eagle suggests replacing “health disparities” with “health equity.” * Themes are organized on screen (see [APPENDIX A](#_Appendix_A)) and discussed by what courses touch on those themes, and three focal themes are decided upon:   + Health Equity, Global/Population Health, Health Literacy * Gardner asks if we need to create a course for health equity. Eagle says she touches on the topic in PH 410, but she isn’t sure if that would be enough to assess competency and thinks this new course would be a great addition, especially considering the path public health is currently taking.   + Gardner suggests that this would be a good connections course.   + Lartey highlights that we need the systems section connection courses the most. * PH 483, 484, 485 are the only three courses that reserved for BSPH students only and enrollment is currently low, according to Lartey. * Gardner suggests taking PH 483 out of the core courses since administration is no longer required by CEPH.   With three themes picked out, the group will write a competency for each theme. The group uses the [MPH Competencies](https://www.wku.edu/publichealth/mph_pages_etc/mph_competencies.php) for reference and [Bloom’s Taxonomy](https://courses.dcs.wisc.edu/design-teaching/PlanDesign_Fall2016/2-Online-Course-Design/2_Learning-Objectives-Alignment/6_objectives_blooms-taxonomy.html) for verb choice. After detailed discussion on terms and verbs, these are the three competencies the group landed on:   1. Discuss ways in which structural bias, social inequities, and systemic discrimination undermine health and create challenges to achieve health equity. 2. Discuss disease trends and impacts at a global level. 3. Describe strategies for providing culturally appropriate health information.   Motion to take these competencies to the Governance Committee meeting for a final vote made by Rust and Farrell, seconded by Gardner. Motion passes unanimously. | * Eagle (with any help she needs from other faculty and especially Lartey) will do a course proposal for a new health equity course. * We will take PH 483 out of core courses. |
| Splitting PH 490 (internship) and creating a capstone course | Lartey mentions that we can include some of the above themes (like health literacy) in the new internship/capstone split. | * Lartey will do a course proposal for the internship/capstone split. |
| Review Surveys/Reports/Student Handbook | | * Lartey will make a few edits to the undergraduate catalog (a course left off and a name needs to be changed). * Lartey will send out a document to everyone for revisions. * Any needed revisions/corrections will be sent back to Lartey. |
| 2019\_20 Orientation Results ([APPENDIX B](#_Appendix_B)) | Lartey discusses the orientation survey results.   * Survey was sent to 8 students; only 1 response submitted. * The 5 students currently in the program have already submitted their orientation surveys, so we will have better data next AY.   Farrell asks if there is a way to mandate the orientation survey in the same ways we mandate CITI training at the graduate level. For instance, students have to submit the orientation survey before they go into advising.   * Lartey suggests tying it to the admission form. * Kim worries that tying it to the admission form might make students afraid to respond in certain ways as if it might affect their admission. * Gardner agrees with Kim and suggests tying it to advising/registration so Lartey has control of lifting holds based on submitting the orientation survey. Gardner highlights that we cannot make anyone do it, but we can try to get our response rate as high as possible.   Farrell suggests it may be more accurate to ask students what KY county they are from instead of “are you from a medically-underserved county in KY” as students may not know the answer to this.   * Kim asks a similar question about the “marginalized population” question, will students know what this means to accurately answer it. Gardner thinks many students today will be familiar with that term or will look it up and be able to answer. Eagle highlights that the question is asking about self-identification.   Gardner suggests we look at our recruiting strategies for our priority groups, as defined by our Diversity, Inclusion, and Equity initiatives. Lartey agrees that we need to beef up our recruiting strategies overall and within priority populations.   * Lartey states she has reached out to and been working with ISEC and the BIS program. ACE has also sent some students our way. | * Lartey will add the orientation survey to her advising template. * We will categorize KY counties into medically underserved or not. * Everyone will try to come up with some recruitment strategies, especially for our priority populations, and bring them to the next Governance Committee meeting. * Eagle will talk to her contact in another department that has been working with ISEC to get some tips/insight on some things they have done. |
| 2019-20 Exit Survey Results ([APPENDIX C](#_Appendix_C)) | Lartey presented the exit survey data. This survey is tied to the internship, so there is a 100% response rate.   * A few challenges appear from self-reporting. For instance, it seems that there was an over-reporting for being involved with PHUGAS or serving on a committee. * Gardner suggests we look at the lowest rated areas to make sure we have enough core content alignment and assessment opportunities in those areas. * Kim suggests the strengths/suggestions question be split into two so that student responses are more clear. | * The open-ended questions about strengths and suggestions will be split into two questions, if not already. |
| 2019-20 Internship Report ([APPENDIX D](#_Appendix_D)) | Lartey presented the internship data. There were 12 responses out of 13 students.   * The American Cancer Society is still operating in Bowling Green; however, they have closed their physical office. * Lartey states we have agreed to restructure the student and preceptor evaluation forms to align them with recent changes and what CEPH wants to know. |  |
| [BSPH Student Handbook](https://www.wku.edu/publichealth/documents_public_health/bsph_student_handbook_2020_21.pdf) |  | * Lartey will update the course list and names on the handbook and make sure the website reflects this as well. * Everyone will take a look at the student handbook and send any suggestions to Lartey. |
| Other | * Gardner reminded everyone to send motions for November and diversity suggestions to her so that PHUGAS can have time to discuss before the November meeting. * Gardner shares that Dr. Mkanta sent out an email earlier in the morning for a November training (12th, 16th) on diversity, equity, and inclusion in job searches. If anyone is interested in that, they can sign up through the email that Lartey forwarded.   + Gardner suggests that we will be well into our searches for our open positions by this time in November.   + Gardner plans to send the job postings out to our HBCU and HACU contact lists, which is a diversity initiative we began last semester. | * Everyone will send motions for November into Gardner ASAP. * Everyone will send their diversity plan suggestions into Gardner ASAP. * Gardner will send out the job opening to HBCU/HACU lists. |

# Appendix A

## On Screen Notes from the BSPH Workday

Need 3 program competencies that will have curricular assessments

Suggestions

* Health Equity
  + Health Disparities, Cultural humility/competency or structural competency – Susan
  + Courses: 410, new course?
  + and identify ways in which these challenges can be addressed. (as course objective/description so that we don’t have to align with assessments for CEPH)
* Program planning, implementation, evaluation, and assessment
* Global/population health
  + Disease prevention and management (courses: community health, 410?)
  + Disease trends and impacts (courses: epi)
* Resource identification and linkage
  + ID resources within community and connect people to them
  + Community Assessment
* Advocacy and policy development
* Health literacy
  + Communication (written, oral, variety of media)
  + Critical thinking and creativity
  + Working with evidence/data – Susan
    - Application, interpretation
  + Communicate culturally appropriate health information in both written and oral forms.

New BSPH Competencies

1. Health equity:
   1. Discuss ways in which structural bias, social inequities, & systemic discrimination undermine health and create challenges to achieve health equity.
2. Global/population health:
   1. Discuss disease trends and impacts at a global level.
3. Health literacy:
   1. Describe strategies for providing culturally appropriate health information.

Current Competencies

* Oral communication
* Written communication
* Communication thru a variety of media
* Locate, evaluate, synthesize information

Other notes/ideas

* Swap 483 with a health disparities course
* Split internship, 3 hours for health literacy capstone
* Change for Susan’s course – course description for 410

# Appendix B

## BSPH 2019/20 Orientation Survey Results

**Number of admits: 8**

**Number of respondents: 1**

1. All MPH and BSPH students are members of the Public Health Undergraduate-Graduate Associated Students (PHUGAS) organization. The primary purposes of PHUGAS is student governance and professional development. Are you interested in serving on a committee or in a leadership role?  
**Yes**

2. How do you prefer to be advised?

**Face-to-face**

3. What are your plans after completing your degree?

**Work in a public-health related field**

4. BSPH students can pursue a minor or certificate. Are you interested in pursuing a minor or certificate in addition to your BSPH?

**Maybe**

4b. Which certificate(s)?

**No response**

4c. Which minor(s)

**No response**

5. Are you an international student?

**No**

6. Are you from a medically-underserved county in Kentucky?

**No**

7. Are you, or your parents, a refugee or asylee?

**No**

8. Are you fluent in a language other than English?

**No**

9. Do you consider yourself a member of a marginalized group?

**No**

10. Do you have experience working in public health or a health-related field?

**Yes. Currently working in a public health field.**

11. Are you the first person in your family to seek a college degree?

**Yes**

# Appendix C

## BSPH Exit Survey ResultsAY 2019/20

**Total number of graduates = 13 (Fall 2019 = 4; Spring 2020 = 9) Total number of respondents = 13**

**Item f %**

**Gender**

Male 6 46.2

Female 7 53.8

**Please check the response that best describes your status.**

Full time domestic 7 53.8

Full time international 6 46.2

**Did you participate in the KPHA student organization while a BSPH student?**

Yes 4 30.8

No 9 69.2

**Did you participate in PHUGAS activities while a BSPH student?**

Yes 5 38.5

No 8 61.5

**Did you make a presentation at a conference that was NOT part of class requirement?**

Yes 1 7.7

No 12 92.3

**Did you participate in a service project that was NOT part of a course requirement while a BSPH student?**

Yes 7 53.8

No 6 46.2

**Have you served on a PH committee while a BSPH student?**

Yes 3 23.1

No 10 76.9

**What are your plans for your FIRST YEAR after graduation from the BSPH program?**

Find a job 6 50

Graduate school 5 42

Missing 1 8

**Which of the following certification exams do you plan on taking or have you taken during your BSPH program?**

Certified Public Health Exam (National Board of Public Health Examiners) 2 15

CHES 8 62

Missing 3 23

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Overview of Public Health:**Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society

**1 2 3 4 5** **M(SD)**

**Public Health History 1 2 0 6 4 3.77(1.3)**

**Public Health Philosophy 0 1 2 4 5 4.08(0.99)**

**Core Public Health Values 1 0 1 1 10 4.46(1.19)**

**Core Public Health Concepts 0 0 0 4 8 4.67 (0.49)**

**Global Functions of Public Health 1 1 2 3 6 3.92 (1.32)**

**Societal Functions of Public Health 1 1 1 3 7 4.08 (1.32)**

**The majority of students (9-12 (n = 13); 69-92%) reported that they were proficient/very proficient in the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society.**

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Role and Importance of Data in Public Health:**Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice

**1 2 3 4 5 M(SD)**

**Basic Concepts of Data Collection 1 0 0 4 8 4.38(1.12)**

**Basic Methods of Data Collection 1 0 0 5 7 4.31(1.11)**

**Basic Tools of Data Collection 1 0 0 5 7 4.31(1.11)**

**Data Usage 1 0 0 4 8 4.38(1.12)**

**Data Analysis 1 0 0 5 7 4.31(1.11)**

**Evidence-based Approaches 1 0 0 5 7 4.38(1.12)**

**12 out of 13 (92%) students believe the program increased their proficiency in the role and importance of data in public health.**

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Identifying and Addressing Population Health Challenges:  Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations**

**1 2 3 4 5 M(SD)**

**Population Health Concepts 1 0 0 3 9 4.46(1.13)**

**Introduction to Processes and Approaches to Identify Needs**

**and Concerns of Populations 1 0 0 1 11 4.45(1.2)**

**Introduction to Approaches and Interventions to Address**

**Needs and Concerns of Populations 1 0 0 2 10 4.54(1.13)**

**Majority of students (12 out of 13; 92%) reported that the program helped them to be proficient/very proficient to identify and address population health challenges.**

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Human Health:  Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course**

**1 2 3 4 5 M(SD)**

**Science of Human Health and Disease 1 0 1 4 7 4.23(1.2)**

**Health Promotion 1 0 0 2 10 4.54(1.13)**

**Health Protection 1 0 0 4 8 4.38(1.42)**

**Most students indicated (11-12; 85-92%) the program helped them to be proficient/very proficient in addressing the science of human health and disease and promote/protect health across lifespan.**

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Determinants of Health:**Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities

**1 2 3 4 5 M(SD)**

Socio-economic Impacts on Human Health and Health

Disparities 1 0 2 1 9 4.31 (1.3)

Behavioral Factors Impacts on Human Health and Health

Disparities 1 0 0 2 10 4.54(1.13)

Biological Factors Impacts on Human Health and Health

Disparities 1 0 2 2 8 4.23(1.24)

Environmental Factors Impacts on Human Health and Health

Disparities 1 0 1 2 9 4.38(1.2)

**Most students (10-12; 77-92%) reported that they were proficient/very proficient in the determinants of health at the end of the program**

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Project Implementation:**Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation

**1 2 3 4 5 M(SD)**

Introduction to Planning Concepts and Features 1 0 0 5 7 4.31(1.11)

Introduction to Assessment Concepts and Features 1 0 0 6 6 4.23(1.1)

Introduction to Evaluation Concepts and Features 1 0 0 6 6 4.54(1.13)

**Twelve out of 13 students (92%) indicated that they were proficient/very proficient in program implementation.**

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Overview of the Health System:** Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries

**1 2 3 4 5 M(SD)**

Characteristics and Structures of the U.S. Health System 1 1 3 4 4 3.69(1.3)

Comparative Health Systems 1 1 3 4 4 3.69(1.3)

**Sixty-two percent of students (8) indicated that the program improved their proficiency in the fundamental characteristics and the organizational structure of the U.S. health system including the differences in other countries.**

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Health Policy, Law, Ethics, and Economics:**Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government

**1 2 3 4 5 M(SD)**

Legal dimensions of health care and public health policy 1 0 2 4 6 4.08(1.2)

Ethical dimensions of health care and public health policy 1 0 1 6 5 4.08(1.12)

Economical dimensions of health care and public health policy 1 0 3 7 2 3.69(1.03)

Regulatory dimensions of health care and public health policy 1 0 2 7 3 3.85(1.1)

Governmental Agency Roles in health care and public health

policy 1 0 2 4 6 4.08(1.2)

**Most students (9-11; 69-85%) reported that the program helped them to be proficient/very proficient in health policy, law, ethics and economics.**

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Health Communications:**  Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology

**1 2 3 4 5 M(SD)**

Technical Writing 1 0 2 5 5 4.0(1.2)

Professional writing 1 0 2 4 6 4.08(1.2)

Use of mass media 1 1 0 3 8 4.23(1.30)

Use of electronic technology 1 0 1 2 9 4.38(1.2)

**Seventy-seven to ninety-two percent of students (10-12) reported that they were proficient/very proficient in health communications at the end of the program.**

**Please rate your level of proficiency for each of the following competencies (1 = Not Proficient, 5 = Very proficient).**

**Cross cutting concepts**

**1 2 3 4 5 M(SD)**

Advocacy for protection and promotion of the public’s health

at all levels of society 1 0 0 3 9 4.46(1.13)

Community dynamics 1 0 1 2 9 4.38(1.2)

Critical thinking and creativity 1 0 2 2 8 4.23(1.23)

Cultural contexts in which public health professionals work 1 0 1 4 7 4.23(1.2)

Ethical decision making as related to self and society 1 0 0 0 12 4.69(1.11)

Independent work and a personal work ethic 1 0 0 4 8 4.32(1.12)

Networking 1 0 2 3 7 4.15(1.21)

Organizational dynamics 1 1 1 2 8 4.2(1.34)

Professionalism 1 0 1 1 10 4.5(1.2)

Research Methods 1 0 1 2 9 4.4(1.2)

Systems Thinking 1 0 1 4 7 4.23(1.2)

Teamwork & Leadership 1 0 0 1 11 4.54(1.2)

**Seventy-seven to ninety-two percent of students (10-12) reported that they were proficient/very proficient in the cross cutting concepts at the end of the program.**

**What are the BSPH program’s greatest strengths? Please give us your thoughts on how to improve / strengthen the BSPH program.**

* Helping students understand their roles as public health specialist
* The program as whole is filled with great teachers and advisors, who are willing to help anybody that needs it. The program has a lot of international students so maybe the BSPH program could hire more translators or anybody that can help make the international students life easier.
* I like how we all have the same advisor. Internship hours need to be cut down.
* I think student needs to do more than one health project program.
* It’s greatest strength is that it is a tightly knit program.
* Understand what you doing.
* Provide different learning views.
* Faculty support is the BSPH program's greatest strength. I never once felt alone.
* I think and I believe BSPH is greatest strengths in all, because the BSPH have everything for the human life and how to protect all human life.
* Getting internship start first semester to the end of the program exposed to the real world, like nursing program do.
* More practicing during the program.

**Please provide us with any other thoughts or suggestions.**

* More opportunities to communicate with professionals in different areas of public health.
* I've loved my time as a BSPH student!

# Appendix D

## 2019/20 BSPH Internship Report

### Introduction

Total number of students registered for internship (13). Number of students included in the report: 12. One is yet to complete the hours and submit materials.

Fall 2019 – 5

Spring 2020 – 8

**Agencies/Sites**

American Cancer Society, Bowling Green

American Red Cross, Bowling Green

International Center, Bowling Green

Health Education & Promotion, WKU

Warren County Emergency Management

Lincoln Trail District Health Department/Onsite Health Solutions

American Heart Association, Nashville, TN

United Way of Sumner County, TN

Onsite Health Solutions, Prospect, KY

### Student Evaluation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **M(SD)** | **Strongly Disagree**  **%(f)** | **Disagree**  **%(f)** | **Undecided**  **%(f)** | **Agree**  **%(f)** | **Strongly Agree**  **%(f)** |
| This internship supplies me with an effective range of challenges. | 4.58 (0.90) | 0 | 8.3(1) | 0 | 16.7(2) | 75(9) |
| In this internship, I always felt challenged and motivated to learn. | 4.42(0.90) | 0 | 8.3(1) | 0 | 33.3(4) | 58.3(7) |
| This internship stretched and broadened my views greatly. | 4.58(0.90) | 0 | 8.3(1) | 0 | 16.7(2) | 75(9) |
| My preceptor emphasizes relationships. | 4.92(0.29) | 0 | 0 | 0 | 8.3(1) | 91.7(11) |
| This internship builds understanding of concepts and principles. | 4.67(0.49) | 0 | 0 | 0 | 33.3(4) | 66.7(8) |
| My preceptor was available for assistance. | 4.92(0.29) | 0 | 0 | 0 | 8.3(1) | 91.7(11) |
| My preceptor suggests specific ways I can improve. | 4.50(0.67) | 0 | 0 | 8.3(1) | 33.3(4) | 58.3(7) |
| The design of this internship lets me learn at my own pace. | 4.25(0.97) | 0 | 8.3(1) | 8.3(1) | 33.3(4) | 50(6) |
| I had no problem with the workload in this internship. | 4.83(0.39) | 0 | 0 | 0 | 16.7(2) | 83.3(10) |
| I felt free to ask questions. | 4.92(0.29) | 0 | 0 | 0 | 8.3(1) | 91.7(11) |
| My preceptor relates to me as an individual. | 4.75(0.87) | 0 | 8.3(1) | 0 | 0 | 91.7(11) |
| The stated goals of this internship are consistently pursued. | 4.75(0.62) | 0 | 0 | 8.3(1) | 8.3(1) | 83.3(10) |
| I had an opportunity to determine my internship objectives. | 4.58(0.67) | 0 | 0 | 8.3(1) | 25(3) | 66.7(8) |
| This internship contributes significantly to my professional growth. | 4.5(0.91) | 0 | 8.3(1) | 0 | 25(3) | 66.7(8) |
| The relationship of this internship to my education is apparent. | 4.42(0.90) | 0 | 8.3(1) | 0 | 33.3(4) | 58.3(7) |
| The regular assignments are related to the goals of this internship. | 4.33(1.16) | 0 | 16.7(2) | 0 | 16.7(2) | 66.7(8) |
| I am satisfied with my accomplishments in this internship. | 4.67(0.49) | 0 | 0 | 0 | 33.3(4) | 66.7(8) |
| **The internship helped me to be more able to communicate effectively with clients and other professionals.** | 4.83(0.39) | 0 | 0 | 0 | 16.7(2) | 83.3(10) |

**M(SD) Yes No**

**%(f) %(f)**

2. Did you work with marginalized populations? 1.5(0.52) 50(6) 50(6)

3. **Suggestions:**

Incredible experience; lots of hands-on activities; very satisfied overall.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **M(SD)** | **Skills improved**  **%(f)** | **Skills did not improve**  **%(f)** | **Missing** |
| Monitor health status to identify and solve community health problems | 1.67(0.58) | 33.3(1) | 66.7(2) | 9 |
| Diagnose and investigate health problems and health hazards in the community | 1.67(0.58) | 33.3(1) | 66.7(2) | 9 |
| Inform, educate, and empower people about health issues | 1(0) | 100(4) | 0 | 8 |
| Mobilize community partnerships and action to identify and solve health problems | 1(0) | 100(4) | 0 | 8 |
| Evaluate effectiveness, accessibility, and quality of personal and population-based health services | 1(0) | 100(3) | 0 | 9 |
| Develop policies and plans that support individual and community health efforts | 1.25(050) | 75(3) | 25(1) | 8 |

**1a. My internship supplies me with an effective range of challenges**

Strongly disagree 0

Disagree 1

Undecided 0

Agree 2

Strongly agree 9

**91.7% of interns agree/strongly agree that they were exposed to a range of challenges.**

**b. In this internship, I always felt challenged and motivated to learn**

Strongly disagree 0

Disagree 1

Undecided 0

Agree 4

Strongly agree 7

**91.6% interns reported that they felt challenged and motivated to learn.**

**c. This internship stretched and broadened my views greatly**

Strongly disagree 0

Disagree 1

Undecided 0

Agree 2

Strongly agree 9

**91.7% agree/strongly agree that the internship stretched and broadened their views.**

**d. My preceptor emphasizes relationships**

Strongly disagree 0

Disagree 0

Undecided 0

Agree 1

Strongly agree 11

**All interns (12) agree/strongly agree that the internship experience emphasizes relationships.**

**e. This internship builds understanding of concepts and principles**

Strongly disagree 0

Disagree 0

Undecided 0

Agree 4

Strongly agree 8

**All 12 interns agree/strongly agree that internships build understanding of concepts and principles.**

**f. My preceptor was available for assistance**

Strongly disagree 0

Disagree 0

Undecided 0

Agree 1

Strongly agree 11

**All interns indicated their preceptors were available for assistance.**

**g. My preceptor suggests specific ways I can improve.**

Strongly disagree 0

Disagree 0

Undecided 1

Agree 4

Strongly agree 7

**Majority of interns (91.6%) indicated that their preceptors suggested improvement strategies.**

**h. The design of this internship lets me learn at my own pace**

Strongly disagree 0

Disagree 1

Undecided 1

Agree 4

Strongly agree 6

**10 out of 12 interns indicated that the internship experience provided them with the opportunity to learn at their own pace.**

**i. I had no problem with the workload in this internship**

Strongly disagree 0

Disagree 0

Undecided 0

Agree 2

Strongly agree 10

**All 12 interns reported they had no problem with the internship workload.**

**j. I felt free to ask questions**

Strongly disagree 0

Disagree 0

Undecided 0

Agree 1

Strongly agree 11

**100% of interns reported they had no problems asking questions.**

**k. My preceptor relates to me as an individual**

Strongly disagree 0

Disagree 1

Undecided 0

Agree 0

Strongly agree 11

**Majority of interns reported that their preceptors related to them as individuals.**

**l. The stated goals of this internship are consistently pursued.**

Strongly disagree 0

Disagree 0

Undecided 1

Agree 1

Strongly agree 10

**11 out of 12 interns reported that the internship objectives were consistently pursued.**

**m. I had an opportunity to determine my internship objectives.**

Strongly disagree 0

Disagree 0

Undecided 1

Agree 3

Strongly agree 8

**Majority of interns (11) indicated that they had the opportunity to determine their objectives for the internship.**

**n. This internship contributes significantly to my professional growth**

Strongly disagree 0

Disagree 1

Undecided 0

Agree 3

Strongly agree 8

**11 out of 12 interns reported that the internship experience contribute to their professional growth.**

**o. The relationship of this internship to my education is apparent**

Strongly disagree 0

Disagree 1

Undecided 0

Agree 4

Strongly agree 7

**11 out of 12 students reported that their internship experience is related to their education.**

**p. The regular assignments are related to the goals of this internship**

Strongly disagree 0

Disagree 2

Undecided 0

Agree 2

Strongly agree 8

**83.4% indicated that their regular assignments at the internship site were related to the goals.**

**q. I am satisfied with my accomplishments in this internship**

Strongly disagree 0

Disagree 0

Undecided 0

Agree 4

Strongly agree 8

**All interns reported being satisfied with their accomplishments.**

**r. The internship helped me to be more able to communicate effectively with clients and other professionals**

Strongly disagree 0

Disagree 0

Undecided 0

Agree 2

Strongly agree 10

**100% of interns reported that the internship helped them to communicate effectively with clients and other professionals.**

**2.** Did you work with marginalized populations?

Yes 6

No 6

**One half of interns reported that they worked with marginalized populations.**

**Suggestions:**

Incredible experience; lots of hands-on activities; very satisfied overall

### Preceptor Evaluation

In each of the following statements, indicate on a scale of 1 = Almost never, 2 = Never, 3 = Sometimes, 4 = Usually, 5 = Almost always

1. In each of the following statements, indicate how the student:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| In each of the following statements, indicate how the student: | M(SD) | Almost Never  %(f) | Never  %(f) | Sometimes  %(f) | Usually  %(f) | Almost  Always  %(f) |
| establishes himself or herself as a role model for others | 4.42(0.79) | 0 | 0 | 16.7(2) | 25(3) | 58.3(7) |
| informs everyone of schedule changes and makes alternate plans | 4.25(1.21) | 8.3(1) | 0 | 8.3(1) | 25(3) | 58.3(7) |
| fosters comfortable and communicative atmosphere with others | 4.75(0.45) | 0 | 0 | 0 | 25(3) | 75(9) |
| can work without constant supervision | 4.42(0.67) | 0 | 0 | 8.3(1) | 41.7(5) | 50(6) |
| prepares required reports and written assignments on time | 4.33(0.89) | 0 | 0 | 25(3) | 16.7(2) | 58.3(7) |
| prepares polished and error free reports and written assignments | 4.17(0.84) | 0 | 0 | 25(3) | 33.3(4) | 41.7(5) |
| conforms to the organizational policies | 4.58(0.90) | 0 | 8.3(1) | 0 | 16.7(2) | 75(9) |
| observes confidentiality and respect for the personal privacy of others | 4.92(0.29) | 0 | 0 | 0 | 8.3(1) | 91.7(11) |
| uses a communication style appropriate in a business environment | 4.58(0.67) | 0 | 0 | 8.3(1) | 25(3) | 66.7(8) |
| listens well | 4.42(0.90) | 0 | 0 | 25(3) | 8.3(1) | 66.7(8) |
| asks questions that indicates an expanded interest aspects of the work | 4.42(1.0) | 0 | 8.3(1) | 8.3(1) | 8.3(1) | 66.7(8) |
| remains focused on assignments and disregards outside distractions | 4.33(0.78) | 0 | 0 | 16.7(2) | 33.3(4) | 50(6) |
| utilizes available time with independent study | 4.33(0.78) | 0 | 0 | 16.7(2) | 33.3(4) | 50(6) |
| can coordinate several activities without confusion | 4.33(0.78) | 0 | 0 | 16.7(2) | 33.3(4) | 50(6) |
| shows the ability to organize work and manage time effectively | 4.50(0.80) | 0 | 0 | 16.7(2) | 16.7(2) | 66.7(8) |
| suggests new or different course of action in problem situation | 4.25(0.87) | 0 | 0 | 25(3) | 25(3) | 50(6) |
| seeks and welcomes additional responsibility when appropriate | 4.58(0.67) | 0 | 0 | 8.3(1) | 25(3) | 66.7(8) |
| The internship helped the intern to be more able to communicate effectively with clients and other professionals | 4.33(0.89) | 0 | 0 | 25(3) | 16.7(2) | 58.3(7) |

**M(SD) Yes No**

**%(f) %(f)**

2. Did student work with marginalized populations

(groups without much recognition, power, voice or

requiring more resources)? 1.52(0.52) 50(6) 50(6)

3. If your organization had a position available,

would you consider this student? Missing (1) 1.27(0.47) 72.7(8) 27.3(3)

4.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **M(SD)** |  | **Inadequate** | **Adequate** | **Good** | **Excellent** |
| In your opinion, and in the opinion of others with whom the student has interacted, how would you rate the academic preparation and knowledge base of this student? | 3.33(0.99) |  | 8.3(1) | 8.3(1) | 25(3) | 58.3(7) |

5.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **M(SD)** | **Skills improved**  **%(f)** | **Skills didn’t improve**  **%(f)** | **No basis to evaluate**  **%(f)** |
| Monitor health status to identify and solve community health problems | 1.50(0.80) | 66.7(8) | 16.7(2) | 16.7(2) |
| Diagnose and investigate health problems and health hazards in the community | 2.17(0.94) | 33.3(4) | 16.7(2) | 50(6) |
| Inform, educate, and empower people about health issues | 1.50(0.80) | 66.7(8) | 16.7(2) | 16.7(2) |
| Mobilize community partnerships and action to identify and solve health problems | 1.92(0.90) | 41.7(5) | 25(3) | 33.3(4) |
| Evaluate effectiveness, accessibility, and quality of personal and population-based health services | 1.42(0.80) | 75(9) | 8.3(1) | 16.7(2) |
| Develop policies and plans that support individual and community health efforts | 1.58(0.90) | 66.7(8) | 8.3(1) | 25(3) |

**6. Suggestions/Comments:**

Student is knowledgeable

More exposure to a greater variety of health topics/health program

Understanding the planning process; exposure to local health plans/

Very skillful and helpful

Student could have been more engaged. Lacks consistency and follow through

Student was interested in the pandemic and its impact on the community. This will be a great teachable material for the future

A wonderful student who assisted with blood drives and stepped up during the pandemic. Worked independently; paid attention to detail and was very passionate

**1a) establishes himself or herself as a role model for others**

Almost never 0

Never 0

Sometimes 2 (16.7%)

Usually 3 (25%)

Almost always 7 (58.3%)

**83.3% of students were seen to usually/almost always serve as role models for others by their preceptors.**

**b) informs everyone of schedule changes and makes alternate plans**

Almost never 1 (8.3%)

Never 0

Sometimes 1 (8.3%)

Usually 3 (25%)

Almost always 7 (58.3%)

**83.3% of students were seen to usually/almost always notify their preceptors of changes to their schedule.**

**c) fosters comfortable and communicative atmosphere with others**

Usually 3 (25%)

Almost always 9 (75%)

**All 12 interns were reported to usually/almost always foster comfortable and communicative atmosphere with others.**

**d) can work without constant supervision**

Sometimes 1 (8.3%)

Usually 5 (41.7%)

Almost always 6 (50%)

**91.7% of students were identified to be able to work without constant supervision**.

**e) prepares required reports and written assignments on time**

Sometimes 3 (25%)

Usually 2 (16.7%)

Almost always 7 (58.3%)

**Seventy-five percent of students completed required reports/assignments on time.**

**f) prepares polished and error free reports and written assignments**

Sometimes 3 (25%)

Usually 4 (33.3%)

Almost always 5 (41.7%)

**Seventy-five percent of students completed required reports/assignments with no error.**

**g) conforms to the organizational policies**

Usually never 1 (8.3%)

Usually 2 (16.7%)

Almost always 9 (75%)

**91.7% of students were reported to usually/almost always conform to their internship sites’ policies.**

**h) observes confidentiality and respect for the personal privacy of others**

Usually 1 (8.3%)

Almost always 11 (91.7%)

**All 12 students were reported to observe confidentiality and respect for the personal privacy of others.**

**g) uses a communication style appropriate in a business environment**

Sometimes 1(8.3%)

Usually 3 (25%)

Almost always 8 (66.7%)

**91.7% of interns were reported to use the appropriate communication style.**

**h) listens well**

Sometimes 3 (25%)

Usually 1 (8.3%)

Almost always 8 (66.7%)

**Seventy-five percent of interns were reported listen well to instructions.**

**i) asks questions that indicates an expanded interest aspects of the work**

Usually never 1 (8.3%)

Sometimes 1 (8.3%)

Usually 2 (16.7%)

Almost always 8 (66.7%)

**Preceptors reported that 83.4% of interns ask questions which demonstrate their expanded interest in their work.**

**j) remains focused on assignments and disregards outside distractions**

Sometimes 2 (16.7%)

Usually 4 (33.3%)

Almost always 6 (50%)

**83.3% of interns were found to be focused and not distracted.**

**k) utilizes available time with independent study**

Sometimes 2 (16.7%)

Usually 4 (33.3%)

Almost always 6 (50%)

**Preceptors reported that 83.3% of interns utilized available time for independent study.**

**l) can coordinate several activities without confusion**

Sometimes 2 (16.7%)

Usually 4 (33.3%)

Almost always 6 (50%)

**83.3% of interns were found to have the ability to coordinate several activities without confusion.**

**m) shows the ability to organize work and manage time effectively**

Sometimes 2 (16.7%)

Usually 2 (16.7%)

Almost always 8 (66.7%)

**83.4% of interns were reported to organize and manage their time effectively.**

**n) suggests new or different course of action in problem situation**

Sometimes 3 (25%)

Usually 3 (25%)

Almost always 6 (50%)

**Preceptors indicated that 75% of interns provided suggestions in problem solving.**

**o) seeks and welcomes additional responsibility when appropriate.**

Sometimes 1 (8.3%)

Usually 3 (25%)

Almost always 8 (66.7%)

**11 out of 12 students were reported to welcome additional responsibility when appropriate.**

**p) The internship helped the intern to communicate effectively with clients and other professionals.**

Sometimes 3 (25%)

Usually 2 (16.7%)

Almost always 7 (58.3%)

**The majority of interns (75%) were reported to have improved on their communication skills during the internship.**

**2. Did student work with marginalized populations?**

Yes 6 (50%)

No 6 (50%)

**50% were reported to have worked with marginalized populations during the internship.**

**3. If your organization had a position available, would you consider this student?**

Yes 8 (66.7)

No 3 (25%)

Missing 1 (8.3%)

**Preceptors indicated that they would hire 8 out of 12 students if they had positions available within their agencies**.

**4. In your opinion, and in the opinion of others with whom the student has interacted, how would you rate the academic preparation and knowledge base of this student?**

Inadequate 1 (8.3%)

Adequate 1 (8.3%)

Good 3 (25%)

Excellent 7 (58.3%)

**Ten out of 12 students were rated good/excellent on their knowledge and academic preparation.**

**5. Indicate whether the internship provided an opportunity for the intern to work with activities to improve on the following skills.**

**a) Monitor health status to identify and solve community health problems**

Skills improved 8 (66.7%)

Skills not improve 2 (16.7%)

No basis for evaluation 2 (16.7%)

**8 out of 12 interns (66.7%) were reported to have participated in activities to improve their skills in the monitoring health status.**

**b) Diagnose and investigate health problems and health hazards in the community**

Skills improved 4 (33.3%)

Skills not improve 2 (16.7%)

No basis for evaluation 6 (50%)

**Preceptors had no basis for evaluation for 50% of interns. Of the remaining 50%, 33.3% (4) were reported to have participated in activities that diagnose and investigate health problems and hazards in the community.**

**c) Inform, educate, and empower people about health issues**

Skills improved 8 (66.7%)

Skills not improve 2 (16.7%)

No basis for evaluation 2 (16.7%)

**Eight out of 12 interns were reported to have participated in activities that inform, educate and empower people about health issues.**

**d) Mobilize community partnerships and action to identify and solve health problems**

Skills improved 5 (41.7%)

Skills not improve 3(25%)

No basis for evaluation 4 (33.3%)

**Only 5 out of 12 interns were reported to be involved in activities to mobilize community partnerships and actions to solve health problems.**

**e) Evaluate effectiveness, accessibility, and quality of personal and population-based health services**

Skills improved 9 (75%)

Skills not improve 1(8.3%)

No basis for evaluation 2 (16.7%)

**Majority of interns were reported to have improved their skills in evaluating the effectiveness, accessibility and quality of health services.**

**g) Develop policies and plans that support individual and community health efforts**

Skills improved 8 (66.7%)

Skills not improve 1(8.3%)

No basis for evaluation 3 (25%)

**66.7% of interns participated in activities that develop policies and plans that support individual and community health efforts.**

**Suggestions/Comments:**

Student is knowledgeable

More exposure to a greater variety of health topics/health program

Understanding the planning process; exposure to local health plans/

Very skillful and helpful

Student could have been more engaged. Lacks consistency and follow through

Student was interested in the pandemic and its impact on the community. This will be a great teachable material for the future

A wonderful student who assisted with blood drives and stepped up during the pandemic. Worked independently; paid attention to detail and was very passionate

More engagement with underserved communities to be familiar with the challenges in the community

The pandemic affected the student's experience

Student's knowledge and preparation were exceptional. Her communication, computer, research skills, professionalism, reasoning ability and time management were above anyone we have hired in our organization the past several years