

12) Competencies to be demonstrated by the Student:

Select competencies in joint consultation with academic advisor and preceptor. A minimum of five competencies is required, selected from the lists provided in the Guidelines for OEH Field Practice, Revised January, 2019.

- 21. *Perform effectively on inter-professional teams.*

This Field Practice Agreement is subject to the terms and conditions of the related Affiliation Agreement.

Counterparts. This Field Practice Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which taken together shall be deemed to constitute one and the same instrument. Delivery of an executed signature page, with electronic signature or otherwise, of this Agreement by facsimile or other electronic transmission shall be as effective as delivery of an original executed counterpart of this Agreement.

Student Signature: _____

Date: _____

Preceptor Signature: _____

Date: _____

Academic Advisor Signature: _____

Date: _____

FIELD PRACTICE TIME AND ACTIVITIES LOG
The University of Oklahoma Hudson College of Public Health
Department of Occupational and Environmental Health

The log shall be provided for review upon request at any time by the college during the field practice experience. Upon completion of the field practice contact hours at the host site, return the completed form. Multiple sheets may be required to complete the log of time spent in the practice contact hours at the host site.

Please complete all sections and type your responses.

Student's Name: _____

Host Site: _____

Week	Contact Hours	Tasks and Experiences
1		
2		
3		
4		
5		
6		
7		
8		

Student Signature: _____ Date: _____

Preceptor Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____

*Note: Add additional pages as necessary

Page ____ of ____

PRECEPTOR EVALUATION OF THE STUDENT'S PERFORMANCE

This evaluation is to be used by the Preceptor to evaluate the student's performance upon completion of the field practice at the host site.

Please complete all sections and type your responses.

PLEASE RETURN ORIGINAL TO:

Department of Occupational and Environmental Health
Academic Advisor: _____
 University of Oklahoma Health Sciences Center
 PO Box 26901, CHB 413, Oklahoma City, OK 73126-0901
 Fax: 405-271-1971

Advisor's email: _____

Student name: _____ **Date:** _____

Field practice host: _____

Inclusive dates of the field practice: _____

Preceptor name and title: _____

Preceptor signature: _____

Description of field practice:

PROFESSIONAL QUALIFICATIONS AND JOB PERFORMANCE

Indicate your judgment of the student's work on a scale of **1 (LOW) to 5 (HIGH)** by circling the appropriate number next to each item. Circle NA for those items you do not feel qualified to evaluate or for those items that did not apply to this experience.

	<i>Low</i>		<i>High</i>			
	1	2	3	4	5	NA
Command of technical subject matter	1	2	3	4	5	NA
Understanding of relevant business and managerial practices	1	2	3	4	5	NA
Understanding of the impact of work activities on your organization and public health	1	2	3	4	5	NA
Effective performance on interprofessional teams.	1	2	3	4	5	NA
Understanding of professional and ethical responsibility	1	2	3	4	5	NA

Ability to apply knowledge of relevant regulations	1	2	3	4	5	NA
Assess population needs, assets and capacities that affect communities' health	1	2	3	4	5	NA
Apply awareness of cultural values and practices to the design or implementation of health policies or programs	1	2	3	4	5	NA
Design a population-based policy, program, project or intervention	1	2	3	4	5	NA
Explain basic principles and tools of budget and resource management	1	2	3	4	5	NA
Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	1	2	3	4	5	NA
Advocate for policies and programs that will improve health in diverse populations	1	2	3	4	5	NA
Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	1	2	3	4	5	NA
Apply negotiation and mediation skills to address organizational or community challenges	1	2	3	4	5	NA
Ability to express ideas in writing	1	2	3	4	5	NA
Ability to communicate ideas orally	1	2	3	4	5	NA
Ability to research problems	1	2	3	4	5	NA
	<i>Low</i>			<i>High</i>		

Evaluation of Student Performance

What do you consider to be the student's strongest assets?

What do you consider to be the student's limitations?

Please provide any additional information that would assist the student to continue professional growth. Use the space below or attach a separate sheet.

STUDENT EVALUATION OF MS FIELD PRACTICE HOST SITE

Date: _____
 Student's Name: _____
 Field Practice Host Site: _____
 Preceptor's Name and Title: _____
 Start date at Host site: _____ End date at Host Site: _____

OVERALL VIEW

Please indicate your assessment of the Host Site environment using a scale of *strongly disagree* to *strongly agree*. Any one of the questions may not be applicable in your field practice, in this case please check the circle next to **NA**.

What do you consider to be the host site's strengths?

In which area(s) do you consider the host site could improve?

How well do you disagree or agree the host site...

	<i>Not Applicable</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Un- decided</i>	<i>Agree</i>	<i>Strongly Agree</i>
benefited from your field practice?		1	2	3	4	5
oriented you to the total site environment?	NA	1	2	3	4	5
clarified your responsibilities?	NA	1	2	3	4	5
created an atmosphere of acceptance, friendliness, and belonging?	NA	1	2	3	4	5
demonstrated effective management systems?	NA	1	2	3	4	5
provided you constructive criticism and guidance?	NA	1	2	3	4	5
provided an opportunity to function on interprofessional teams?	NA	1	2	3	4	5
Overall, an appropriate field practice site?	NA	1	2	3	4	5

Would you recommend this agency/organization to other Hudson COPH students?

Definitely
 Probably
 Maybe
 Doubtful
 Never
 Undecided