



UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

MASTER OF PUBLIC HEALTH

Health Promotion 2020

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INTRODUCTION

The practicum component of the MPH in Health Promotion in the Dalla Lana School of Public Health (DLSPH) at the University of Toronto is a key part of students' learning process. It is where students can gain health promotion skills in real public health practice settings, with the support of a field supervisor. Practica are designed to provide the students with an opportunity to:

- Apply and synthesize the theories, knowledge, concepts, principles and methods learned in their courses, and;
- Develop or hone professional and/or research skills appropriate to their areas of interest

CONTACTS

- Sarah Ko; email: Practicum.dlsph@utoronto.ca; phone: 416-978-8844 (Practicum and Professional Development Officer)

PRACTICUM PORTAL

Public Health Learning Network (PHLN)

<https://phln.utoronto.ca/home/home.htm>

PRACTICUM WEBSITE

<http://www.dlsph.utoronto.ca/programs/mph-health-promotion-and-epidemiology-practicum/>

OVERALL OBJECTIVES FOR PRACTICUM I AND II

The student will:

- 1- Enhance core health promotion competencies.
- 2- Undertake projects that are relevant to the student's objectives, areas of interest *and* the supervisor's needs and objectives.
- 3- Experience health promotion practice through participation in activities of a public health organization.

1st YEAR: PRACTICUM I (required)

Practicum I is generally a 16-week practicum. A 12-week practicum is also permitted. Practicum I is normally completed in the summer term after the second semester of courses. Students must complete the following courses prior to undertaking a practicum:

CHL5004H Introduction to Public

Health CHL5801H Health Promotion I

CHL5803H Health Promotion II

CHL5220H Community Health Appraisal Methods I:
Introduction to Epidemiology

CHL5221H Community Health Appraisal Methods II: Introduction to Qualitative
Research CHL5110H Theory and Practice of Program Evaluation

CHL5105H Social Determinants of Health

A 16-week practicum is the equivalent of 560 hours i.e., the equivalent of 35 hours per week for 16 weeks. A 12-week practicum is the equivalent of 420 hours i.e., the equivalent of 35 hours per week for 12 weeks. For part-time students, practicum hours are often spread over a longer period of time. Upon completion of Practicum I, the student receives 2.0FCE (the equivalent of 4 half-credit courses) for 16-weeks or 1.5 FCE (the equivalent of 3 half-credit courses) for 12-weeks. For ACORN course codes please see the Summary table on page 7.

Students establish their own practicum objectives, in consultation with their practicum supervisors. These objectives are a combination of the students' learning objectives and the work desired by the practicum supervisor and should be based on core competencies of Health Promotion practice (see Appendix 1) These objectives are negotiated at the beginning of the practicum and are entered into the student's "Practicum Planning Framework".

The kind of activities undertaken during the practicum will depend on the needs of the agency/organization sponsoring the practicum, and the student's own learning objectives. Potential activities might include:

- a) Undertaking a project (or part of a project) on behalf of the sponsoring agency/organization (e.g., conducting a needs assessment, developing educational materials, evaluating a program, assisting in a research project)
- b) Participating in the ongoing business of the agency/organization (e.g., attending meetings, participating in committee work, writing reports)

- c) Producing a report, document or publication relevant to the work done

Both Practicum I and Practicum II can occur in a variety of settings, institutions or organizations, including the public sector, private sector, or not-for-profit sector.

2ND YEAR: PRACTICUM II AND FIELD RESEARCH (OPTIONAL)

Practicum II (optional)

Practicum II is an optional practicum, ranging in length from 12 to 16 weeks, depending on the student's goals and the number of FCE completed for the previous required practicum. The maximum allowable number of practicum credits is 3.5 FCE: if you completed 16- weeks for Practicum 1 you have the option of completing up to 12-weeks for Practicum II and vice versa. Like Practicum I, part-time students will usually spread their experience over a longer time period. For ACORN course codes please see the Summary table on page 7.

Practicum II can be undertaken in the winter term or summer term of the student's second year. In the winter term, students are likely to be provided with access to a greater range of options suitable for second year students. In the summer term, second year students will not have access to any practicum postings as they are restricted to students completing their required practicum. Students who complete a summer practicum II will not be eligible to convocate in the summer, and will instead convocate in the fall. **We strongly suggest students consider the benefits of completing a winter practicum II, including more options created specifically for second years, and earlier degree completion and entry into the workforce.**

The educational objectives for the second practicum must be substantively different from those set out for the first practicum because credit cannot be given twice for demonstrating and practicing the same skills.

Practicums at-a-glance: Summary table

	Practicum I	Practicum II
Program Require	Required	Optional
When	Completed at the end of the first year (Spring/Summer)	Begun in the Winter term of 2 nd year
Duration	16 weeks = 560 hours = 2.0 FCE ** recommended OR 12 weeks = 420 hours = 1.5 FCE	Dependent upon the number of hours/credits previously completed 12 weeks = 420 hours = 1.5 FCE Or 16 weeks = 560 hours = 2.0FCE (Part-time students) 4 weeks=140 hours = 0.5 FCE 8 weeks = 280 hours = 1.0 FCE
Course codes for ROSI	16 weeks: CHL6010Y & CHL6012Y 12 weeks: CHL6010Y & CHL6011H	4 weeks: CHL6021H 8 weeks: CHL6020Y 12 weeks: CHL6021H & CHL6020H 16 weeks: CHL6020Y & CHL6022Y
Recommended Stipend	\$10,000 (funding is dependent on agency's policies and capacities, not all practica are paid, or paid at this rate)	\$10,000 (funding is dependent on agency's policies and capacities, not all practica are paid, or paid at this rate)
	If your agency prefers a pro-rated hourly rate, we suggest using the hourly rate of \$20.50	

PRACTICUM GUIDELINES

Start and end dates for your practicum should be communicated clearly in your Work Term Record and your Practicum Planning Framework.

Grades

Practica receive a CREDIT/ NO CREDIT grade, rather than a letter-grade.

Making Practicum Arrangements

Students are encouraged to search for practicum placements that would be of direct interest to them and a good fit for their learning goals.

Practicum I: As the required practicum, a database of Practicum 1 opportunities is maintained for first year students. At the beginning of each academic year, the practicum placement officer will contact past supervisors to identify available placements for the following summer. At the beginning of the winter semester, the practicum placement officer will give 1st year students access to the first year practicum database and continue to add placements as more become available. Students must identify placements of interest to them and apply as indicated by the instructions for the practicum posting (typically this involves application via CV and cover letter). As a number of students may be interested in the same opportunity, there may be competition in the hiring process. Once a placement is confirmed, students must submit a Work Term Record on Public Health Learning Network.

Students do have the option of looking for their own placements, i.e. seeking a placement that is not on the practicum database. This may require creation of an agreement with the placement site, and sometimes we are not able to negotiate these agreements. A practicum seminar will be held in the fall of the first term to provide an overview of entire the practicum process, including how to secure placements that are on the practicum database list, as well as details for pursuing placements that are not on the database list.

Practicum II: As the second practicum is optional, the securing of the practicum is student-driven. A list of second year opportunities is provided; however, second year students typically find their own placement. Many students seek their second practicum through their growing professional networks, as by this stage students often have specific ideas/interests they wish to explore. There are several resources for students when making arrangements for placements:

1. The Practicum Placement Officer, Sarah Ko
2. The Practicum database: Public Health Learning Network (PHLN) – Student Resources
3. A letter on DLSPH letterhead describing the value/benefits for the agency or organization if they provide a practicum to our MPH students; this letter also makes the case for providing a stipend (on PHLN)
4. Practicum Roles & Responsibilities document (on PHLN)
5. Practicum website <http://www.dlsph.utoronto.ca/programs/mph-health-promotion-and-epidemiology-practicum/>

Please let the practicum placement officer know if you are experiencing difficulties in making practicum arrangements; she will help work out alternatives. There are always organizations looking for practicum students at the very last minute.

Special Circumstances for Part-Time Students

If you must stay in your current employment during your practicum, a secondment must be negotiated. This secondment should be time-limited, with a clear start and end date, and with a clear product that is substantially different from your regular work. The goal of the practicum is to gain new experiences, therefore the practicum opportunity must represent a new piece of work for you. Given this, it may be beneficial to find a practicum in another setting. Students must discuss options with the practicum placement officer and ensure that there is approval from the MPH Health Promotion program directors.

Confirmation of Practicum

Once students have received confirmation of their practicum placements, they must complete a Work Term Record which provides basic information regarding their placement. The e-form requires no signatures and should be submitted through the PHLN Practicum site. A word version is also available if you prefer to work from that, then transfer the information into the Work Term Record. This will be emailed to all practicum supervisors prior to the students' start of practica.

Practicum Planning Framework

Prior to the beginning of a placement, and no later than within the first two weeks of their practicums, students must complete their Practicum Planning Framework. This provides an explicit understanding of, and agreement about, their practicums on the part of students and their field supervisors, including key learning objectives and deliverables of the practicum. See Appendix 1 on Health Promotion Core Competencies to help you identify your learning objectives. **This Practicum Planning Framework must be submitted electronically through PHLN. It will be sent to your supervisor for review, once you submit it.** A word version is also available if you prefer to work from that, then transfer the information into PHLN.

Within the first 2 weeks of the start of their placements, students are required to provide signed copies of their *Practicum Planning Framework* to the Practicum Placement Officer via PHLN.

Mid-Term Evaluation (one for student and one for supervisor)

Both the student and supervisor are required to complete a mid-term evaluation halfway through the student's placement.

This evaluation provides an opportunity to raise concerns from the perspective of either the student or practicum field supervisor. The student will submit the mid-term evaluation form through the PHLN site. The supervisor will be sent the supervisor-midterm evaluation form electronically via PHLN. The student will be able to view the midterm evaluation once the supervisor completes it. The student is responsible for ensuring their supervisor completes the mid-term evaluation on time.

Final Evaluation (one for student and one for supervisor)

At the end of the practicum, the practicum supervisor will be sent a final evaluation form electronically via PHLN . The student must submit a self-final evaluation on PHLN as well. These evaluation forms must be submitted when all final deliverables are due. The date will be announced at a later time.

FORMS & DOCUMENTS

Form/ Document	Due Dates	Submitted to	Notes
Work Term Record	As soon as your practicum as been confirmed	PHLN	All students must submit a WTR to confirm they have secured a practicum. If a student finds their own, it is advised that detail be discussed with Practicum Officer in advance. This will be emailed to supervisor as practicum confirmation before start date.
Planning framework	By the end of the 2 nd week of practicum	PHLN	This will be emailed to the primary supervisor when student submits it. If there are changes to deliverables, please submit an amendment e-form on PHLN.
Student Midterm evaluation	Half way into practicum (date you indicate on WTR)	PHLN	
Supervisor Midterm evaluation	Half way into practicum (date you indicate on WTR)	A link will be sent to your primary supervisor via PHLN	Please ensure that your primary supervisor completes this evaluation on time. Student will be able to view evaluation upon completion.
Student Final evaluation	Date TBD – well before the last day of practicum	PHLN	
Supervisor Final evaluation	Date TBD	A link will be sent to your primary supervisor via PHLN	Please ensure that your primary supervisor completes this evaluation on time. Student will be able to view evaluation upon completion.
Practicum abstract	Date TBD – well before the last day of practicum	PHLN	This will be posted on the DLSPH website and shared with incoming 1 st years during practicum search
Narrative Report	Date TBD – well before the last day of practicum	PHLN	6-8 pages, maximum of 10 pages double spaced. See guidelines attached to this document
Practicum PPT poster (1 st practicum only)	Date TBD – well before the last day of practicum	PHLN	Resources available on PHLN
Practicum amendment	As necessary, if there are changes to deliverables	PHLN	This form should be used if there are changes to practicum deliverables.

**If issues arise at any point during your practicum (even early on!),
please do not hesitate to contact the Practicum Officer.**

***** Practicum II: There are SGS and DLSPH deadlines for submitting work/ grades to ensure a June or November graduation. Please check with the Practicum Placement Officer/ PHLN site for these deadlines. ******

Final Practicum Package Documents

The student must submit a practicum package upon the completion of the practicum experience which must include the following files:

1. An abstract (*first and second practicum*)

A half page (200-300 words) description provides a high-level overview of the work completed during your placement. Abstracts are compiled to share with prospective and future DLSPH students.

- 2.- A poster (*only first practicum*)

Students are required to submit a PowerPoint file of their practicum poster. The poster can be an academic poster outlining the results of any research conducted on practicum, it can be a reflection on the practicum experience, or it can touch on small pieces of various practicum responsibilities or projects. There are resources on PHLN for designing a poster as well as examples of posters. Students are encouraged to submit their poster for Research & Practice day in the fall, to share their work and experience with faculty, staff, incoming students and the wider DLSPH community.

- 3.- A 6-8 page narrative report, maximum of 10 pages.

The narrative report should be 6-8 pages double-spaced. The focus should be on the work completed on placement and how it contributed to the development of the health promotion core competencies identified in your Planning Framework and Final Evaluation. Reflection on your experience and the role of health promotion in the organization or project is encouraged. Guidelines for writing a reflective piece are included below for your reference.

MPH Health Promotion Practicum Narrative Report

The Practicum Narrative report is the final deliverable for each student that describes the **relevance** of the practicum experience to health promotion and helps you recognize the activities of the placement within the “big picture”. The maximum length of the report is 10 pages (double spaced). Please submit your report on PHLN.

Please address the following questions in the Final Narrative Report:

- 1. What were the accomplishments of your practicum? To what extent has your practicum achieved its objectives? What indicators did you use to measure your performance?** Briefly describe 2-3 practicum objectives and how they were met. If the objectives of the practicum have not been met, explain what happened and why. If you worked in collaboration or cooperation with other organizations, describe those arrangements and their importance to the practicum deliverables. Be as specific as possible.
- 2. How did the practicum experience align with the courses you have taken in the first year of the MPH-HP program?** Describe how you applied tools, theories and/or principles you learned from your graduate-level courses to the practicum projects.
- 3. When considering your overall practicum experience, what lessons did you learn that might help you in your future career? How did these lessons differ from those learned in the classroom?** Describe what you have learned from designing and/or carrying out the practicum projects that might inform similar future projects or career opportunities. Discuss how or if the hands-on professional experience complemented the lessons learned the classroom.
- 4. What impact do you think the project has had in the field of public health and your learning?** Please highlight specific findings or results of any practicum projects. Describe what you believe to be the impact of each project with respect to building your health promotion competencies.
- 5. Did the practicum encounter internal or external challenges? How were they addressed? Was there something the organization could have done to assist you?** Describe each challenge and the actions you undertook to address it.
- 6. If you assisted to produce any of the following, please provide titles and dates and your specific contribution.**
 - Published reports (including fact sheet or issue brief)
 - Peer-reviewed article for publication (planned, submitted, or released)
 - Presentations, briefings, or testimony (topic, date, and audience)
 - Training curricula or toolkit
 - Website
 - Other publications (please specify)

NOTE: Students will be invited to attend a Debriefing session with the MPH-HP Program Directors. Each student will share their practicum experience for 5 minutes highlighting the health promotion competencies developed, rewards, challenges and lessons learned.

Appendix I: Health Promotion Core Competencies

Health Promoter Canada has defined a set of Pan-Canadian Health Promoter Competencies, which can be accessed at <https://www.healthpromotioncanada.ca/resources/hp-competencies/>

The DLSPH MPH-Health Promotion program is guided by the following set of core competencies, derived from a synthesis of the literature on competences in health promotion

1. *Theory & Methods*

- a. Demonstrate knowledge of the range of theories involved in health promotion, social and behavioural sciences and public health practice
- b. Demonstrate knowledge of the social, cultural, political, environmental and economic conditions and structures that affect the lives of individuals and communities
- c. Apply health promotion values and principles in the context of the roles and responsibilities of public health organizations

2. *Situational/Needs Assessment*

- a. Identify behavioural, social, environmental, organizational, cultural and political factors that promote or compromise health
- b. Use participatory methods to engage stakeholders in the assessment process
- c. Use a variety of assessment methods including qualitative and quantitative research
- d. Use culturally and ethically appropriate assessment approaches
- e. Collect, review and appraise relevant data, information and literature to inform health promotion action
- f. Identify community strengths, assets, needs and existing resources
- g. Identify priorities for action based on best available evidence and ethical values
- h. Demonstrate understanding of a holistic view of settings (e.g. municipality, workplace, hospital, island, school, etc.)

3. *Program Planning and Implementation*

- a. Describe the range of interventions and strategies available to address public health issues
- b. Use ethical, empowering, culturally appropriate and participatory processes to plan and implement health promotion action with key partners and stakeholders
- c. Use current literature, models, theories and systematic approaches for planning health promotion action at individual, community and societal levels
- d. Demonstrate the ability to critically appraise and use statistics, health surveys and epidemiological data in program planning
- e. Identify appropriate and multi-level health promotion strategies based on evidence, theory and practice
- f. Develop a feasible action plan within resource constraints and with reference to existing needs and assets
- g. Develop and communicate appropriate, realistic and measurable goals and objectives for health promotion action
- h. Develop, pilot and use appropriate resources and materials
- i. Manage the resources needed for effective implementation of planned action
- j. Monitor the quality of the implementation process in relation to agreed goals and objectives

4. *Research and Evaluation*

- a. Identify and use appropriate qualitative and quantitative tools and methods
- b. Know when and how to use participatory approaches in evaluation and research
- c. Identify indicators related to social determinants of health, community strengths and assets and community engagement strategies
- d. Use statistics, health surveys and epidemiological data in evaluation and research
- e. Collect, analyze and interpret evaluation data pertaining to a variety of health promotion strategies
- f. Conduct both process and outcome evaluations of interventions in the field, using appropriate indicators within available resources
- g. Use evaluation findings to refine and improve health promotion action
- h. Use social and behavioural research and evidence-based strategies to inform practice and build new knowledge
- i. Contribute to the development and dissemination of health promotion evaluation and research processes

5. *Health Education & Communication*

- a. Communicate health status, demographic, statistical, programmatic, and scientific information tailored to professional and lay audiences
- b. Use the media, advanced technologies, and community networks to receive and communicate information
- c. Prepare and present information, resources and materials that are appropriate, sensitive and tailored to community characteristics (gender, age, ethnicity, etc.)
- d. Apply social marketing, media advocacy and other communication principles to the development, implementation and evaluation of health communication campaigns

6. *Community Mobilization and Development*

- a. Use interpersonal communication and group-work skills to facilitate individuals, groups, communities and organizations in efforts to take action on health issues
- b. Engage in a dialogue with communities based on trust and mutual respect
- c. Identify and strengthen local community capacities to take sustainable action on health issues
- d. Advocate for and with individuals and communities for actions that improve their health and well-being
- e. Nurture community leaders, foster a sense of community identity, and enable communities to increase control over the decisions affecting their health

7. *Partnerships and Collaboration*

- a. Establish and maintain linkages with community leaders and other key community health stakeholders (e.g., schools, businesses, churches, community associations, labour unions, etc.)
- b. Understand the leadership, team building, negotiation and conflict resolution skills required to build community partnerships and stimulate intersectoral collaboration on health issues
- c. Understand the requirement to work collaboratively across disciplines, sectors and partners to develop and deliver health promotion interventions
- d. Engage people from diverse walks of life in decision-making in groups and at community levels related to program planning, evaluation and research

8. *Policy Development and Advocacy*

- a. Describe the health, economic, administrative, legal, social and political implications of policy options in Canadian and international settings
- b. Demonstrate knowledge of how legislation is formed and how to participate in the policy-making process
- c. Provide strategic policy advice on health promotion issues
- d. Write clear and concise policy statements for complex issues
- e. Demonstrate ability to develop healthy public policy (with regard to structural and environmental change) at national, organizational and community levels
- f. Understand the requirement to advocate for policy change at national, organizational and community levels
- g. Demonstrate the ability to conduct socio-political analyses of health and social issues