

Department of Public Health & Human Services Bachelor's Program in Public Health

Course Name: PUBH 390 Field Experience in Public Health Course Information: 3 credit hours, 90 with site + coursework

Direct questions to the Internship Professor. Dr. Diana Gill, dgill8@sc.edu, 843-208-8316

Prerequisites: PUBH B310 and Junior status in Public Health

# **Course Description**

A period of introductory work-related education that allows students to reinforce classroom learning while gaining practical experience in a supervised setting where public health principles are applied. This course requires 90 hours with the organization.

# **Objective**

The purpose of this field experience is to enable students to gain practical experience in the application of public health and education. The field experience is a practice experience building on previous coursework completed in the Public Health program. The field experience will take place within an organization outside of the Public Health program with a focus on health-related topics. Students will identify an organization in which to complete their field experience and they will work with a preceptor and faculty to determine learner outcomes specific to their field experience. Students will attain higher level skills related to public health and education.

## **Learning Outcomes**

Students who complete the internship with a "C" or better will achieve the following outcomes:

- 1. Identify public health sites which serve the area.
- 2. Develop critical thinking and problem-solving skills.
- 3. Illustrate oral presentation skills.
- 4. Practice and utilize interpersonal skills within the health field.
- 5. Establish meaningful professional relationships with supervisors, community partners, collaborator, key stakeholders and peers.
- 6. Apply classroom learned skills to hands-on experiences.



Department of Public Health and Human Services Bachelor's Program in Public Health

Course Name: PUBH 480 Internship in Public Health

**Course Information:** 4 credit hours, 135 hours with site + coursework

Questions should be directed to the internship professor.

Dr. Diana Gill, dgill8@uscb.edu, 843-208-8316

**Prerequisites:** Public Health Program Development PUBH B450 **Co requisite** Public Health Program Evaluation PUBH B460

# **Internship Goal**

The goals of the internship are to enable students to gain 135-hours of practical experience in the application of public health and education. The internship is an advanced practice experience which builds on previous coursework completed in the Public Health program. The internship will take place within an organization outside of the Public Health program with a focus on health-related topics. Students will identify an organization in which to complete their internship and work with a preceptor (an on-site teacher) and a faculty member to determine learner outcomes specific to their internship experience. Students will attain higher level skills related to public health and education including conducting a needs assessment, analyzing data, planning, managing, evaluating a public health intervention and disseminating program outcomes to key stakeholders.

## **Learning Outcomes**

Students who complete the internship with a "C" or better will achieve the following outcomes:

- 1. Understand how to conduct, interpret, and disseminate a needs assessment.
- 2. Develop public health and education curriculum.
- 3. Implement public health and education curriculum.
- 4. Evaluate public health and education curriculum.
- 5. Disseminate program results to key stakeholders.
- 6. Develop oral presentation skills.
- 7. Develop advanced public health written communication skills, including preparing a poster presentation.
- 8. Establish meaningful professional relationships with supervisors, community partners, collaborator, key stakeholders and peers.



# **INTERNSHIP AGREEMENT**

SECTION 1: STUDENT INFORMATION	
Student:	Date:
Major:	VIP ID:
Student Email:	Cell #:
SECTION 2: EMERGENCY CONTACT INFORMATI	
By providing this information you give permission for the University person(s) listed below in the event there is an emergency situation	
Emergency Contact #1:	
Relationship:	
Emergency Contact Telephone:	
Emergency Contact #2:	
Relationship:	
Emergency Contact Telephone:	
Emergency Contact Address:	
SECTION 3: INTERNSHIP SITE/ORGANIZATION I	NFORMATION
Organization Name:	
Address:	
Intern Supervisor:	
Telephone:	
E-mail:	
Website:	

		Brief Description of Organization					
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SECTION 4: CONDIT	TIONS OF THE IN	TERNSHIP					
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internship.	7 11.00.119.11p 2.2		warantee ep.e/e				
as part of an employ	ee-employer rela	itionship. A pai	e and subject to federal labor laws and worker rights id internship does not offer or guarantee continued				
employment after co	ompletion of the i	internship.					
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	☐ Unpaid		Expected Compensation: \$				
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# Proposed Start Date: \_\_\_\_\_\_ Proposed End Date: \_\_\_\_\_\_ Faculty Supervising Internship: \_\_\_\_\_\_ Faculty Contact Information: \_\_\_\_\_\_ Department Telephone: \_\_\_\_\_\_ # of Internship Hours Required to Earn Course Credit:

Student Learning Outcomes (select one)

## PUBH 390 Field Experience Learning Outcomes - 90 hours

- 1. Identify public health sites which serve the area.
- 2. Develop critical thinking and problem-solving skills.
- 3. Illustrate oral presentation skills.
- 4. Practice and utilize interpersonal skills within the health field.
- 5. Establish meaningful professional relationships with supervisors, community partners, collaborator, key stakeholders and peers.
- 6. Apply classroom learned skills to hands-on experiences.

PUBH 480 Internship Learning Outcomes - 135 hours

- 1. Understand how to conduct, interpret, and disseminate a needs assessment.
- 2. Develop public health and education curriculum.
- 3. Implement public health and education curriculum.
- 4. Evaluate public health and education curriculum.
- 5. Disseminate program results to key stakeholders.
- 6. Develop oral presentation skills.
- 7. Develop advanced public health written communication skills, including preparing a poster presentation.
- 8. Establish meaningful professional relationships with supervisors, community partners, collaborator, key stakeholders and peers.

## **SECTION 6: STUDENT EXPECTATIONS**

- 1. Comply with University of South Carolina Beaufort's Student Code of Conduct and academic policies.
- 2. Abide by professional standards including: organizational dress code, ethics and confidentiality, communication practices, civility in the workplace, timeliness and attendance, and being accountable for one's actions.
- 3. Abide by organizational policies and procedures.
- 4. Communicate issues or concerns to faculty promptly.
- 5. Develop a mutually acceptable schedule with the internship site to complete agreed upon number of hours.
- 6. Meet with faculty advisor as needed during the term and at the end of semester for final evaluation.
- 7. Complete all coursework related to the internship experience as outlined in the course syllabus.
- 8. Complete an evaluation of the internship site.
- 9. Assume responsibility for all travel costs associated with travel to/from the internship site.
- 10. Acknowledge the student is subject to disciplinary action, up to and including immediate dismissal from the internship site for unethical/unprofessional behaviors or non-adherence to USCB or organizational policies.

## **SECTION 7: INTERNSHIP SITE EXPECTATIONS**

- 1. Provide a work environment that is mutually respectful and conducive to student learning.
- 2. Provide student with meaningful learning opportunities to support meeting learning outcomes.
- 3. Provide appropriate supervision of the intern.
- 4. Abide by the university's academic calendar.
- 5. Communicate issues or concerns to faculty promptly.

SECTION 8: ADDITIONAL INFORMATION	

### **SECTION 9: WAIVER OF LIABILITY & INDEMNITY**

**INDEMNITY**. The undersigned student, hereby releases, waives and discharges the University of South Carolina Beaufort, its Board of Trustees, officers, servants, agents, insurers or employees (hereinafter collectively "USCB") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, and agrees to indemnify, defend and hold harmless USCB from and for any claims or causes of action for any losses, damages, property damage, property loss or theft, costs, expenses (including attorney's fees and opinion witness fees), complaints, personal injury, death or other loss arising from or relating in any way to the student's participation in the internship, including, without limitation, student's travel to, from and during the internship, and wrongful acts of others that harmful to the student.

**WAIVER.** The undersigned student waives any and all claims that may arise against USCB as a result of or in any way related to the student's participation in the internship, including without limitation, student's travel to, from, and during the internship, and wrongful acts of others that harmful to the student, including but not limited to, claims alleging negligence, gross negligence, and/or willful and wanton negligence.

**COVENENT NOT TO SUE**. The undersigned student agrees that he or she will not sue USCB for any damages, losses, claims, cause of action, suits, demands, costs, complaints, including those resulting from the undersigned's illness, injury, and/or death, released and waived in the two preceding paragraphs.

I affirm that the information above is complete and accurate. By signing below, the persons signing agree to abide by the terms and conditions expressed in this Agreement.

Employer Name:	-			
Employer Signature:	Date:			
Faculty Advisor:				
Faculty Signature:	Date:			
I have read this internship agreement carefully before signing and agree that it contains my entire agreement with USCB regarding my participation in the internship program. This agreement shall become effective only upon acceptance by USCB of my application for the internship program and shall be governed by the laws of the State of South Carolina.				
Student Name:				
Student Signature:	Date:			
c. Agency Student Student File				