Uniformed Services University of the Heath Sciences
Department of Preventive Medicine & Biometrics

PRACTICUM & INDEPENDENT PROJECT HANDBOOK

Updated August 2009

About this Handbook...

This handbook is a primer on the Master of Public Health (MPH) practicum and independent project (PIP) for students and faculty. It is also a useful reference for off-site preceptors and program support staff. This guide is structured around frequently asked questions and provides complete program information on the independent project for the MPH and MTM&H degrees and the practicum requirements for the MPH degree in the Department of Preventive Medicine and Biometrics (PMB) at the Uniformed Services University of the Health Sciences (USUHS), Bethesda, Maryland. This information will enable faculty advisors to guide students through the process of developing and successfully completing a high quality, professionally-relevant independent project and a value-added, competency-building practicum experience. If there are any areas that require clarification, please contact the Director of Graduate Research and Practicum Programs (referred to hereafter as PIP Program Director), Dr. Tomoko (Tonie) Hooper, at 301-295-1975 or e-mail thooper@usuhs.mil.

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What are the Practicum and Independent Project requirements for the Master of Public Health degree?

The Council on Education for Public Health (CEPH), the national accrediting organization for schools and programs of public health, states the following: "The program must provide opportunities for professional degree students to apply the knowledge and skills being acquired through their courses of study. Practical knowledge and skills are essential. A planned, supervised, and evaluated practice experience is considered a very important component of a public health professional degree program. These opportunities should be arranged in cooperation with as wide a range of community agencies as possible, including especially local and state public health agencies in the program's geographic area."

CEPH also requires that students seeking the MPH degree and MTM&H degree complete a "culminating experience." This culminating experience may take a number of forms, for example, a comprehensive examination or a master's thesis. At USUHS, students are required to conceive, develop, and, in most cases, carry out an independent project that demonstrates their ability to synthesize, integrate, and apply the knowledge and skills acquired through coursework in the core public health disciplines, *i.e.*, biostatistics, environmental health, epidemiology, health services administration, and social and behavioral sciences. Most students will draw on their previous professional training and interests to identify a project with public health relevance that is aligned with their personal and professional goals.

Thus, the successful completion of both the practicum and independent project is a graduation requirement for all students in the MPH program. The purpose of the practicum is to enhance the didactic portion of the MPH program by providing students with opportunities to develop practical skills and competencies in various public health practice settings. The independent project, on the other hand, constitutes a capstone experience for the MPH year and demonstrates the student's ability to synthesize and integrate the new knowledge gained throughout the program of study. In many cases, this effort results in a scientific manuscript for publication or other substantial product. Students should anticipate completing the planning phase during the Fall Quarter, including a preliminary literature search and formulation of a research question. A project pre-proposal followed by the full proposal and submission of proper forms to the USUHS Office of Research (REA) should be completed during the Winter Quarter. The project is generally executed during the later half of the Winter Quarter and/or the Spring Quarter and completed within the first two weeks of the Summer Session.

The MPH student body at USUHS is largely comprised of individuals with considerable previous military and civilian health-related experiences. Most have a professional degree and come to this program with proven ability to succeed as adult learners. We expect that students will learn a great deal from interactions with each other, as well as with the faculty. Because the MPH program at USUHS is compressed into a less than twelve-month period for the majority of our students, our goal is to make the process of meeting both the MPH practicum and independent project requirements time-efficient, productive, professionally relevant, and personally rewarding, with uniformly good results!

Therefore, topics related to the MPH practicum and independent project ("PIP") are incorporated into a weekly seminar series during the Fall, Winter, and Spring Quarters to provide overall guidance to students— i.e. a roadmap for success throughout your program of study.
The course descriptions for the PIP seminar series are provided below.

FALL

PMO671 Introduction to the MPH Project and Practicum (1 credit pass/fail)

This seminar course (first in a series of three) is designed to introduce students to the requirements and to begin the process of designing independent projects and selecting a practicum site. Representatives of various military and civilian organizations offer a variety of potential project and practicum opportunities either as in-class guest speakers and/or at one or more "PIP fairs." Basic research methods will be an ongoing theme, introduced as short topics, along with specific guidance on human subjects research issues. Students will formulate research questions and discuss appropriate study designs. Goal setting, timelines, and curriculum planning for successful completion of the MPH program will be integrated into this course. By the end of the course, students will be able to describe the basic criteria for the MPH independent project and practicum, demonstrate familiarity with University and federal regulations pertaining to research, articulate two or three possible project and/or practicum ideas aligned with personal and professional goals, and formulate a focused research question.

WINTER

PMO672 MPH Project/Practicum Design and Development (1 credit pass/fail)

As a follow-on to the introductory course in this series, students will receive guidance on developing and completing a pre-proposal and final proposal for their independent projects. Project development activities will provide students with opportunities for peer review and instructor feedback. Discussions will include the criteria and format for different types of projects (i.e., proposal only, policy paper, secondary data analysis to address a public health problem, etc.), the process for institutional assurances and approvals (human participants research, animal care and use issues, etc.), and the application of core public health knowledge and skills. Students are strongly encouraged to combine the project and practicum whenever possible. At the conclusion of this course, the student will be able to: formulate a focused, answerable research question; design and develop a study plan or approach to address the research question; and demonstrate compliance with institutional regulations pertaining to student research by submitting all required forms and documents for review and approval prior to study implementation.

SPRING

PMO673 MPH Project/Practicum Implementation and Evaluation (1 credit pass/fail)

In the third and last course in this seminar series, students are assisted with the process of obtaining appropriate institutional approvals. Students are then expected to progress through various stages of project implementation, with advice and guidance from their project mentors. This course will be a forum for discussing issues related to study execution, presentations, manuscript clearance, authorship, etc. Instructors/guest speakers will reinforce effective oral and written communication skills, which are considered to be essential competencies for public health practice. Students will learn how to present data appropriately and receive guidance on preparing scientific abstracts and posters. At the conclusion of this course, the student will be able to: discuss elements of a meritorious study proposal; demonstrate knowledge of institutional regulations pertaining to student research; apply core public health concepts and principles to assessment, assurance and policy activities at practicum sites; describe process of manuscript preparation and institutional clearances; critique oral presentations or posters.

SUMMER

PMO674 MPH Independent Project (3 credits graded)

Project deliverables oral presentation (35% of grade) and final report (50%) along with proposal from winter quarter (15%). No class meetings.

PMO670 MPH Practicum (3 credits pass/fail)

Typically taken in summer session; however, practicum activities can be spread out over 2 or 3 academic quarters for total of 3 credits. Deliverables include report with activity log and 2 evaluation forms.

How do the MPH practicum and independent project requirements relate to each other?

The distinction between the MPH practicum and independent project requirements has sometimes been a point of confusion. They are two **separate** requirements for the MPH degree, even though they are often combined and integrated operationally.

The MPH project demonstrates a student's ability to synthesize and integrate the fundamental concepts and principles of the core public health disciplines in order to assess a public health problem, support decision-making, or answer a research question. The project requires substantial effort with the end products being an oral presentation and a written report. The oral presentation consists of a formal, 10-minute podium presentation followed by a 5-minute question and answer period. The final written report is a minimum of 15 pages in length and includes an executive summary or abstract, background and significance, methods, results, discussion, conclusions, and references. A copy of the official notification of project approval from the USUHS Office of Research and IRB approval letter (if applicable) should be submitted with the written report.

- The MPH practicum is a separate requirement that involves field opportunities to apply newly acquired classroom knowledge and skills at a federal, state, or local agency, or in a community-based practice setting. It is a well-defined, directly supervised, practical experience at an off-site location, pre-arranged according to explicit learning objectives. This learning experience exposes students to various aspects of the day-to-day practice of public health while allowing them to build competencies. A three- to five-page report, activity log, and two evaluation forms (*Practicum Site Evaluation* and *Student Performance Evaluation)* are due at the end of the practicum experience. The table below summarizes the difference between the two requirements.

Distinction between the MPH Practicum and Independent Project

Practicum	Project
Apply knowledge or skill acquired in classroom in an operational environment	Synthesize/integrate concepts and principles from core public health disciplines to answer a research question
Required course: PMO670 3 credits, pass/fail	Required course: PMO674 3 credits, graded
Deliverables: 3-5 page report, activity log, 2 completed evaluation forms	Deliverables: project proposal, 15+ page written report, oral presentation

Due to the heavy academic load in the less than 12-month program at USUHS, students are strongly encouraged, but not required, to combine the practicum and project whenever possible. Some examples of well-integrated project and practicum activities are described below.

EXAMPLES OF PRACTICUM AND PROJECT COMBINATIONS (2004-2009)

Practicum experience at the Naval Safety Center, Aviation Safety Directorate, to observe day-to-day operations, develop surveys, and perform analysis of safety trends and accidents combined with project entitled "Spinal Pain in Naval Aviators at Training Air Wing ONE and TWO: A Cross-sectional Study."

Project entitled "Rift Valley Surveillance Plan" combined with practicum experience at U.S. Department of Agriculture (USDA), Animal and Plant Health Inspection Service, Veterinary Services, to gain experience in compiling hazard categorization reports and developing risk assessments.

Practicum activity carried out at the Air Force Substance Abuse Program within the Community Prevention Division of the Air Force Medical Support Agency, Office of the Surgeon General, to understand the mission of the Community Prevention Division and become familiar with how research projects and prevention programs are used to identify and address health policy issues within the USAF. Project on "Social and Professional Factors Related to Smoking in USAF Technical Training Students" identified and carried out in conjunction with the practicum.

Practicum experience with the Armed Forces Medical Examiner's Office at the Armed Forces Institute of Pathology (AFIP) to learn how to extract mortality and safety data from existing AFIP and Safety databases and to master analytic techniques for these data, led to the project "Drowning Deaths of U.S. Service Personnel Associated with Motor Vehicle Accidents Occurring in Operation Iraqi Freedom and Operation Enduring Freedom, 2003-2005."

Practicum at the Army Surveillance Activity, to become familiar with and analyze data from the Defense Medical Epidemiology Database (DMED), was complemented by a project entitled "U.S. Military Prescription Patterns for Primaquine, and Anti-Malarial Medication, and Recent Adverse Events" using DMED data.

Project entitled "Analysis of Pulmonary Function Following a 9-11 Month Exposure to High Airborne Particulate Concentration in Two Groups of US Troops Deployed to Iraq: A Pilot Study" completed in conjunction with a practicum at the Center for Health Promotion and Preventive Medicine.

Project entitled "Applying Lessons Learned from the Marshall Plan to the Public Health Mission of U.S. African Command: A Comparative Analysis" combined with practicum experience at the Office of the Assistant Secretary of Defense for Health Affairs, Force Protection and Readiness, International Health.

Practicum experience with the African American Health Program in the Montgomery County Department of Health and Human Services, to help in the marketing of a community-based intervention to decrease the African American infant mortality rate in Montgomery County, resulted in a project entitled "Impact of Prenatal Visitation on Birth Outcomes in African American Women."

Overseas practicum experience (MTM&H) at the Australian Institute of Tropical Medicine to assess prevalence of *C. burnetti* infection in animal reservoirs in Queensland, Australia, combined with a study proposal "Q Fever Prevalence in Animal Reservoirs of Queensland, AU."

Project entitled “A Review of the Gaps within and between States’ Statutes that May Limit Their Ability to Effectively Respond to an Animal Disease Threat” completed in conjunction with a practicum experience at the USDA Animal and Plant Health Inspection Service, Veterinary Services.

Practicum experience at Headquarters, U.S. Air Force Safety Center, to become familiar with the Air Force Safety Center database and gain an understanding of DoD Injury Surveillance methods and how they relate to prevention goals, resulted in project entitled “United States Air Force (USAF) Weapons Handling Mishap Study.”

Project entitled “Flight Conditions Leading to Class A Spatial Disorientation Mishaps in U.S. Air Force Fighter Operations: FY93-02” completed in conjunction with a practicum at the Air Force Research Laboratory, Human Effectiveness Directorate, Wright Patterson AFB.

Practicum experience at the Naval Safety Center review the hazard reports/physiological episode reports and naval aviation mishap reports related to hypoxia incidents, resulted in a project entitled “A Study of Hypoxic Hypoxia Incidence in Naval Aircraft: Do Aircraft Equipped with Onboard Oxygen Generating Systems Have a Higher Hypoxia incidence than Similar Models with Other Installed Oxygen Systems?”

Project entitled “Descriptive Study of Transportation-Related Fatalities within DoD from 1998 through 2003” completed in conjunction with a practicum at the Armed Forces Institute of Pathology, Mortality Surveillance Division.

Project entitled “Evaluation of the Barriers and Enablers to Breastfeeding while on Active Duty” combined with a practicum experience at the Navy Bureau of Medicine and Surgery, Women’s Health Division.

Practicum at the US Army Center for Health Promotion and Preventive Medicine, to evaluate the effectiveness of post-deployment assessment forms in gaining insight into the health concerns of returning soldiers, led to a project entitled “Post Deployment Medical Follow Up for Environmental Exposure.”

Practicum with the Office of the Deputy Assistant Secretary of Defense for Stability Operations/Low Intensity Conflict (SO/LIC), Director of Health Care Policy, combined with a project entitled “Assessing and Improving Measurement and Evaluation in the DoD Overseas Humanitarian, Disaster, and Civic Aid (OHCACA) Program.”

Practicum at the U.S. Army Research Institute of Environmental Medicine using the Total Army Injury and Health Outcomes Database, to learn about tracking and analysis of injuries, combined with a project entitled “Descriptive Statistics on Cervical Disc Degeneration in a Military Cohort.”

Project entitled “Health Casualties in Marine Corps OCS Training: A Retrospective Study of Heat Related Injuries and Contributing Factors” combined with a practicum at Marine Corp Base, Quantico, Virginia and the Human Performance Laboratory at Uniformed Services University of the Health Sciences.

Practicum at the U.S. Navy Bureau of Medicine and Surgery, to help standardize a system of coding for the Preventive Health Assessment Process, resulted in a project entitled “Improving the Preventive Health Assessment Process through Implementing a Value Driven System of Coding.”

Practicum at the Air Force Medical Support Agency, to become familiar with the annual evaluation and outcomes of the new Air Force fitness program, combined with a project entitled “Identifying the Fitness Measure that Best Correlates with Health Risk in Active Duty Air Force Personnel: A Preliminary Study.”

Project entitled “Native American Consumer Product-Related Injuries” done in conjunction with practicum experience at the Consumer Product Safety Commission.

What would be considered an appropriate MPH independent project?

In previous years, student projects have covered a wide range of topics. Overall, they have been of impressive quality, with the *stand-outs* clearly demonstrating innovation, strong and persistent individual initiative, integration across most, if not all, the core disciplines of public health, and significant military relevance or potential impact on public health. Your choice of an independent project should be based on a number of factors, including the opportunity to expand upon or reinforce specific competencies in your specialty area. The topic should be of personal interest to you and relevant to your overall professional goals. In general, students select independent projects in their MPH area of concentration.

Independent projects are not limited to conducting *research* in general, or to data collection and analysis in particular. Your project may involve policy formulation, survey instrument development, program evaluation, community needs assessment, or development of a grant proposal, among others. The end product of this requirement should reflect a systematic approach and the investment of considerable time and effort. For example, if the MPH project is the development of a research proposal, demonstrable progress must have been made towards the eventual implementation of the study protocol, with the ultimate goal of collecting and analyzing data and producing a manuscript for publication in a peer-reviewed, scientific journal.

The overall objective of the MPH project requirement is to build public health competencies as demonstrated by a substantial product of independent study that reflects the following:

- In-depth knowledge of a problem or issue from a public health perspective
- Analysis and/or interpretation of data to support evidence-based decision making or policy development
- Independent effort under faculty supervision/mentorship
- Appropriate responses to IRB questions or request for information or to feedback from peer reviewers/faculty
- Adherence to timeline for study milestones
- Effective oral and written communication skills

On the next page, you will find a list of all previous independent project titles from 2004 to 2006. This will give you an idea of the variety of possible topics and should not be interpreted as being all-inclusive. In general, appropriate types of MPH independent project include the following:

- Primary collection and analysis of data
- Analysis of an existing data set from an ongoing or completed research project
- Development and/or evaluation of a public health activity, program, or policy

The PIP Program Office maintains a historical file of project and practicum proposals, as well as copies of final project reports. Bound copies of final reports may not be removed from the immediate area outside A1040G.

EXAMPLES OF MPH/MTM&H INDEPENDENT PROJECTS (2004-2009)
Microalbumin Use in Screening Hypertensive Patients for Chronic Kidney Disease: A Cost-Effectiveness Analysis
A Report on Activities Conducted at USDA-APHIS-Veterinary Services-Emergency Programs Between 22 March and 24 May 2004
A Structural Interview to Assess Qualitative Factors Associated with Attrition for Uniformed Services University of the Health Sciences Medical School
Comparison of Methods for Normalizing Patient Dose Data for Interventional Radiology Procedures
Drug Utilization in the Medicare Eligible DoD TRICARE Beneficiary Population: A Descriptive Analysis
Evaluation of Surveillance Practices for Ocular Laser Injuries
Humanitarian Assistance After Action Reports: Process, Standardization, and Dissemination
WebCident: Analysis of Safety and Infection Control Incidents in the Indian Health Service
Communication of Evidence-Based Education
Descriptive Study of Common Areas Encompassing Hospital Bioterrorism Preparedness
Descriptive Analysis of Injuries and Illnesses in U.S. Military Members Who Were Aeromedically Evacuated from the Theater of Operations During Operation Iraqi Freedom
Analysis of Results of Whole Blood PCR for Vaccina Virus and Common Serologic Tests Following Vaccination with Dryvax Smallpox Vaccine
Use of Animal Syndromic Surveillance as a Tool for Detecting Human Disease Outbreaks
Descriptive Study of Transportation-Related Fatalities within DoD from 1998 through 2003
A Descriptive Study of HIV/AIDS Clinical Training Programs Using the Content Analysis Model through a Pilot Study Comparison of Curricula Aimed at the Military Healthcare Personnel of Underserved Nations
A Study of Hypoxic Hypoxia Incidence in Naval Aircraft: Do aircraft equipped with Onboard Oxygen Generating Systems (OBOGS) have a higher hypoxia incidence than similar models with other oxygen systems?
Assessing Mental Health Needs and Resources in Iraq: Development of a Survey Tool
Differential Mortality by Educational Attainment in 25-64 Year Olds in the US during 2000, Stratified by Sex and Race
The Frequency and Distribution of Sarcomas in the Military Healthcare System
Correlation between measured ambient airborne particulate matter (PM10) concentrations and Ophthalmologic Disease, Non-Battle Injuries (DNBI) rates in active duty personnel deployed to two U.S. military bases in Central Command (CENTCOM) between October 1999 and February 2002.
Indian Health Service Compliance with Occupational Safety and Health Administration (OSHA) Guidelines for Controlling Occupational Exposure to Hazardous Drugs: A Pilot Study
Flight Conditions Leading to Class A Spatial Disorientation Mishaps in the U.S. Air Force Fighter Operations: FY93-02
Using Cognitive Interviews to Improve and After Action Report Used with Humanitarian Assistance

EXAMPLES OF MPH/MTM&H INDEPENDENT PROJECTS (Continued)
Patterns of Anti-retroviral Use in a Military HIV Cohort
Improving the Preventive Health Assessment Process through Implementing a Standardized and Rewarding System of Coding
Effect of a Homeopathic-Type Treatment on The Incidence, Survivability, and Growth Rate of Prostate Cancer in a Rat Model
Path Analysis of the Causes of Albumin Excretion
Post Deployment Medical Follow Up for Environmental Exposure
Evaluation of the Association between Demographics, Antropometrics, Nutrition, Health Indicators and Anemia in Children 6-60 months in Rural Honduras
Shifting to Digital X-ray Imaging Technology in the Indian Health Service and the Impact on Radiation Exposure to Patients: A Pilot Study
Evaluation of the Barriers and Enablers to Breastfeeding on Active Duty
Assessing and Improving the User Interface of the EPA's Public Health Data Project, Preliminary Results
A Public Health Perspective on the History of Recruit Medicine in the United States Air Force
Effect of Duration of Exclusive Breastfeeding and Area of Residence on Growth Indicators in Rural Honduras
Effects of Changing the Maximum Altitude from 43,000 feet to 35,000 feet in USAF Altitude Chamber Training
Prevalence of Vitamin A in Homes in Honduras
Ejection Morbidity/Mortality, Department of the Navy, 1990-2004
Meta Analysis: Relationship between Nipple Stimulation and Post-partum Hemorrhage
Descriptive Statistics on Cervical Disc Degeneration in a Military Cohort
Humanitarian Assistance and Military Planning for a Cuban Exodus: An Analysis of Operation Able Vigil
Assessing and Improving Measurement and Evaluation in the DoD Overseas Humanitarian, Disaster, and Civic Aid (OHCACA) Program
Assessment of Tick-Borne Pathogens in Military Personnel at the U.S. Marine Corps Base, Quantico, Virginia
Effect of Family Planning Education on the Incidence of Unplanned Pregnancies Aboard Navy Ships
Tricyclic Antidepressants in the Prevention of Migraine Headaches: A Meta-analysis
Identifying the Fitness Measure that Best Correlates with Health Risk in Active Duty Air Force Personnel: A Preliminary Study
Native American Consumer Product-Related Injuries
Descriptive Study of Occupational Mishaps at a Large Military Teaching Hospital
Curriculum Development and Instruction in Emerging Health System Issues
Effect of Overweight on Early Army Attrition – Is Fat but Fit Okay?
Medical Disability Claims in the Peace Corps: Can We Predict It?

EXAMPLES OF MPH/MTM&H INDEPENDENT PROJECTS (Continued)
The Relationship Between Food Aid, Growth and Anemia in Honduran Children Between Six and Twenty-Four Months of Age
Scrub Typhus Infections in US Army Personnel During Operation Cobra Gold 2003
Spinal Pain in Naval Aviators at Training Air Wing ONE and TWO: A Cross-sectional Study
Adherence and Adverse Events Among U.S. Peace Corps Volunteers Taking Anti-malarial Chemoprophylaxis
Rift Valley Fever Surveillance Plan
An Analysis of the DoD Humanitarian Assistance Program – Internet (HAP-I) Database
Q Fever Prevalence in Animal Reservoirs of Queensland, Australia
Risk Assessment of Upper Respiratory Infection in US Special Forces: A Critical Review of Exercise Based Immune Suppression
Social and Professional Factors Related to Smoking in USAF Technical Training Students
Drowning Deaths of US Service Personnel Associated with Motor Vehicle Accidents Occurring in Operation Iraqi Freedom and Operation Enduring Freedom, 2003-2005
Descriptive Analysis of Leishmaniasis in US Military Personnel Stationed in the Middle East
Disability Discharge Referrals for Mental Health Disorders in a Cohort of U.S. Navy and Marine Corps Personnel Receiving Medical Waivers
U.S. Military Prescription Patterns for Primaquine, and Anti-Malarial Medication, and Recent Adverse Events
Analysis of Pulmonary Function Following a 9-11 Month Exposure to High Airborne Particulate Concentration in Two Groups of US Troops Deployed to Iraq: A Pilot Study
Occupational Health Program Management and Other Factors Influencing Injured Civilian Employees' Medical Care and Costs at US Army Installations
A Review of the Gaps Within and Between States' Statutes That May Limit Their Ability to Effectively Respond to an Animal Disease Threat
Fatigue in Aviation: Evaluation of FAST Tool
Linking Maternal Literacy Rate and Chronic Malnutrition in Honduran Children
Supplemental Use and Other Health Behaviors in Deployed U.S. Soldiers
Self-reported Acute Febrile Respiratory Illness Among US Personnel Deployed to Operations Iraqi and Enduring Freedom
Malaria Resistance in West Africa
Change in Odds of Occurrence of Asbestos-Associated Pleural Markers Among Members of the 1989-2004 United States Navy Asbestos Medical Surveillance Program (AMSP) Cohort
Impact of Prenatal Visitation on Birth Outcomes in African American Women
Obesity and Cervical Cancer Screening in Caucasian and African American Women
Correlates of Successful Smoking Cessation Using Pharmaceutical Aids in California Active Duty Military

How and when do I get started on my independent project?

To optimize this experience and to ensure a smooth project/practicum execution phase, you will need to do some preliminary information gathering and planning as early as the Pre-Fall Session, and certainly, no later than early in the Fall Quarter. Previous students have almost uniformly felt a time crunch at the end of the academic year. **The key to success is to start early and stick to a timeline!** To find a topic, start with your academic advisor; then go to other PMB faculty members to discuss areas of research interest, to seek information on potential project opportunities, and to identify and eventually select an appropriate project mentor with appropriate subject matter expertise. The PIP course directors and the Director of Graduate Programs are additional resources. Ideally, you should select a team of key faculty members for advice and consultation on a regular basis. During the Fall, Winter, and Spring Quarters, you will take the required seminar series, PMO671, PMO672, and PMO673, each one-credit, pass/fail, which are designed to "*meter in*" the action items to help keep you on target. Consider this project to be a tremendous opportunity for personal and professional growth and **aim high!**

Since the independent project is a culminating or capstone experience, it generally should be undertaken after the core MPH courses have been completed. However, it is never too early for preliminary fact-finding. Even though there is some time to complete projects during the Summer Session just prior to graduation, this is not enough time if the planning and development phases are delayed until then. Your final written report will be due about two weeks before graduation, and you will be scheduled to present your project findings to an audience of your peers and USUHS faculty closely following submission of your written report. Anticipate spending approximately 300 hours on your project, including the time spent on the PMB seminar courses in the Fall, Winter, and Spring Quarters.

PMB faculty members at USUHS are actively involved in a variety of research activities and may welcome graduate student involvement. These faculty members may serve as project mentors. Additionally, in order to meet the needs of a diverse group of students, project mentors are recruited from among researchers and public health practitioners affiliated with other government agencies or civilian institutions in the greater Washington metropolitan area and beyond.

During the process of designing and developing your project, you will interact with at least four individuals:

- Course Director(s) for the seminar series on the MPH practicum and independent project
- Your academic advisor and your project mentor (may be the same individual)
- The practicum site preceptor, if the project and practicum are integrated and the site preceptor serves as the primary project advisor. In this case, you must also recruit a billeted USUHS faculty member (may be your academic advisor) to serve as a co-project mentor to ensure that USUHS/PMB program requirements are met. One of the co-mentors must agree to take primary responsibility for grading your project proposal and final report.

TIMELINE

Complete and submit your pre-proposal using the "MPH/MTM&H Independent Project Pre-Proposal Form" (see Appendix A) around the middle of the Winter Quarter (see timeline in syllabus). The pre-proposal is a brief, one- to two-page description of your independent project, including its public health significance, a draft research question, and an estimated timeline for project milestones. It requires the signature of both your academic advisor and your project mentor (unless one and the same). The Fall Quarter seminar course, PMO671, *Introduction to the MPH Project and Practicum*, will include a timeline for intermediate deliverables and a series of PIP Project/Practicum Fairs offering a variety of potential practicum and project opportunities. This is the time to meet individuals from outside organizations who have expressed interest in serving as project mentors and/or practicum site preceptors. USU faculty members who are interested in offering opportunities for students to participate in their research projects also attend the fairs.

The fall seminar course also provides a forum for discussion of options, such as primary data collection versus secondary analysis of an existing data set or the use of a pre-existing validated survey instrument versus the development of a new instrument. By the time you turn in your pre-proposal in PMO672, *MPH Project/Practicum Design and Development*, you will have established an ongoing dialogue with your academic advisor and other USUHS faculty members, completed a preliminary literature search, and considered the feasibility of combining the practicum and project.

Complete and submit your independent project proposal by the end of the Winter Quarter. The project proposal is expected to be four to five pages in length and reflect the additional time spent in preparation for the implementation phase of the project. Pay particular attention to issues such as study design, sampling methods, and sample size (or power) calculation; select an analytic approach appropriate to the research question; and anticipate time required to obtain institutional approvals prior to conducting the study. Again, the PIP seminar series will provide guidance on proposal development as well as the process of institutional assurances and approvals. In fact, representatives from the Office of Research, including IRB staff, will provide in-class briefings in both PMO671 and PMO672. A pre-proposal should be completed mid-way through the winter quarter for instructor feedback.

The independent project proposal is the foundation for your final report, so expect to invest some time in its preparation. You will benefit from the collective expertise of the PMB faculty by using a team of advisors to strengthen different aspects of your project proposal. Statistical consultation should definitely be obtained at the proposal development stage. Consider PMB Department faculty resources, and take full advantage of the workshops and other in-class instruction designed to help you make progress towards meeting project deliverables. The completed proposal should be submitted to the PIP Program Director and include the following elements: background/public health significance, research question, objectives/specific aims, methods (including analytic approach, if appropriate), timeline for project milestones (such as obtaining IRB approval), and references. See the *Format and Checklist for Independent Project Proposal* on the following page. The PIP Program Director, in turn, submits the proposal and

applicable forms to the Graduate Education Office (GEO) and subsequently to the Office of Research (REA). You will be notified by email when your package reaches REA.

Format and Checklist for Independent Project Proposal

✓	**Elements of the proposal**	**Approximate page length***
	Background/significance: Provide a concise summary of relevant background information. What has other work shown? Why is your particular project important? This should demonstrate your familiarity with the existing scientific body of knowledge. Use appropriate citations. What is the public health significance of your study?	1-2
	Objectives/specific aims: State your research question. What is the broad goal/objective(s) of your project? List your specific aims to accomplish your goal. You may wish to state a null hypothesis if appropriate.	½
	Methods: Briefly describe the methods you will use to conduct your project. For example, a description of your study population; study design; methods for obtaining data, defining variables, analyzing data; approach to program development and/or evaluation; etc. This section will vary depending on the type of project and format selected.	1-2
	Timeline: Description of important milestones of your project and when you intend to accomplish them. List project deliverables or study end-points and due dates, including literature search, institutional approval process, first draft report, final report, and oral presentation.	½
	References: List of all references cited in your proposal. A minimum of 10-12 references is expected.	1

*Suggested number of pages, not absolute limits

What institutional assurances and/or approvals do I need for student research projects?

All PMB graduate students are required to complete the University of Miami's on-line course, *The Collaborative IRB Training Initiative (CITI) Program in the Protection of Human Research Subjects*. A copy of the Completion Certificate should be submitted to the PIP Program Director during the Fall Quarter. The online course may be accessed at the following website:

http://www.miami.edu/CITIREG/

When you register for the CITI course you will be asked to select either the Biomedical Investigator Course or the Social and Behavioral Investigator Course. Select the Biomedical Course unless your project involves a survey or otherwise involves qualitative research.

In order to meet the requirements for the MPH degree, all graduate students must complete USUHS Form 3202, *Student and Resident Physician Research Protocols*, and submit this form along with project protocol to the PIP Program Director for review, processing, and forwarding to REA. A current CITI certificate (good for 3 years) is required for any research involving human participants.

Electronically modifiable REA forms can be downloaded from the USUHS website (3202 for student research):

http://www.usuhs.mil/research/EFIntrProg.html

Any graduate student project meeting the definition of "research" and involving human participants must be reviewed by the USUHS Institutional Review Board (IRB) prior to initiation of the study. **While many of the projects conducted by MPH students may ultimately be determined to be "exempt" human use studies, that determination is made by the IRB, not the investigator. Please do not assume that a study that only involves de-identified data for secondary analysis does not need IRB approval. In addition to Form 3202 mentioned above, Form 3204, *Research Involving Human Subjects*, must be submitted to REA.** The IRB review and approval process can take several weeks or even several months. **It is imperative that students anticipating the need for IRB approval for their projects START EARLY. Further, it is incumbent upon the student to check repeatedly and often with designated points of contact within REA regarding the status of their project review process.**

You are responsible for submitting appropriate (and current) forms for institutional assurances/approvals, and you should receive an official notice of project approval prior to conducting your study.

Electronically modifiable IRB form (3204IRB) can be downloaded from the USUHS website:

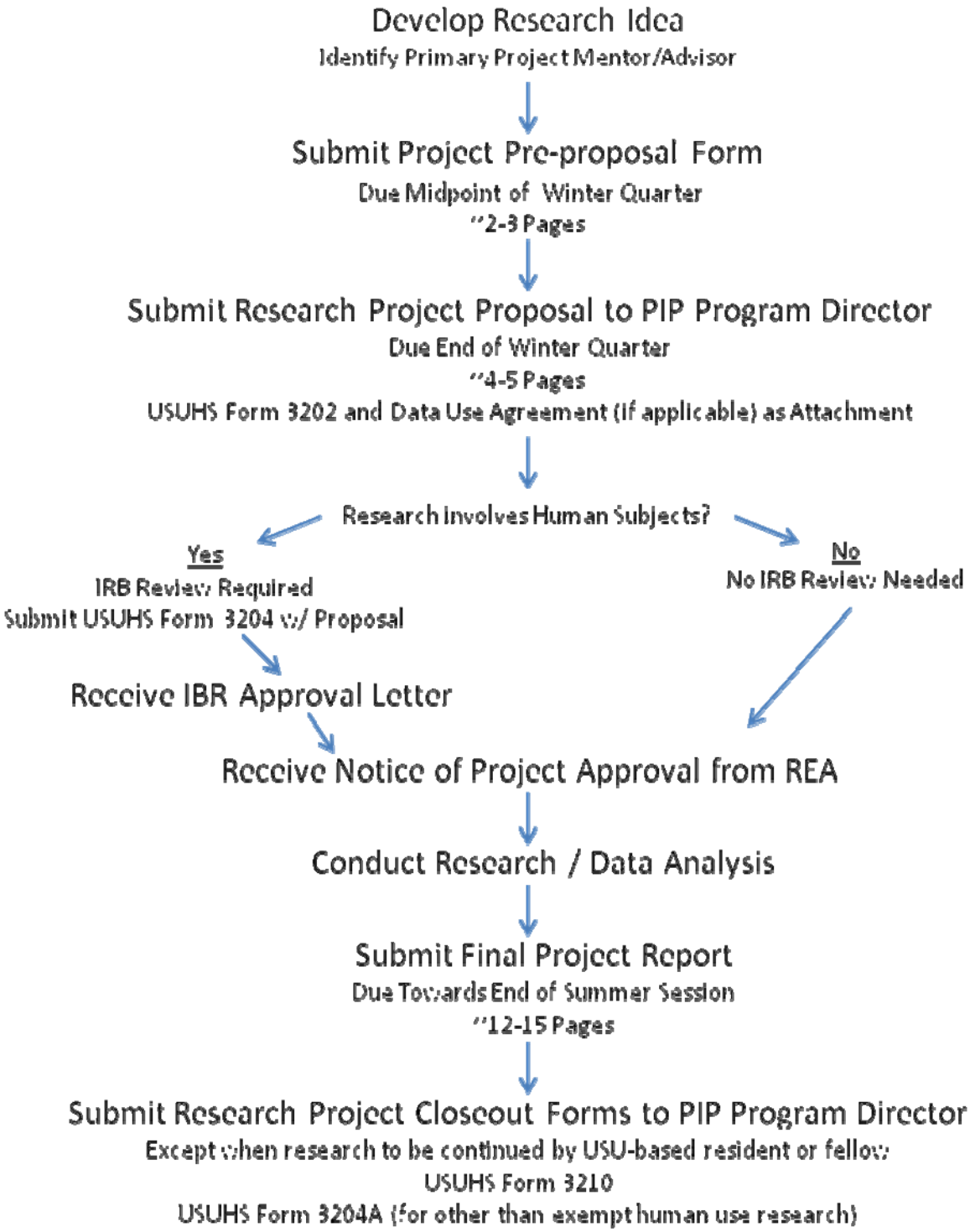
http://www.usuhs.mil/research/EFAssuranceForms.html

While the need for IBR review is self-evident in most proposals, occasionally REA will request IRB input to determine if review is required. The determination of the need for IRB review rests solely with the IRB Office. Students should be prepared to complete the applicable forms for IRB submission if requested. Conducting human subject research without appropriate IRB review and approval may place the student's research, the PMB Department, and the University at considerable risk of losing research privileges. If there is any question regarding the need for IRB review, it is best to ask for a preliminary ruling.

Again, the determination of *expedited* review status is made by the IRB (Director of Human Research Protections Program) not the investigator. It is important to note that for some projects, more than one institutional approval (e.g., additional approval from WRAIR or NNMC IRB) may be necessary and, thus, require additional lead-time to complete. Other projects may require other assurance committee review and approval (e.g., laboratory animal care and use or the supervised use of biohazards, controlled or dangerous materials, and/or radiation or radioactive materials). Documentation of mandatory laboratory safety training may be required. Even if a pre-existing approved protocol, with the faculty advisor as the principal investigator, specifically covers the proposed student project, USUHS Form 3202 must be submitted to the USUHS Office of Research. The advisor will also need to submit a protocol amendment adding the student as an associate investigator to his protocol. If the project involves human participants, a separate 3204 may be requested by the IRB.

The algorithm on the following page outlines the process for developing and receiving the necessary institutional approvals for the MPH/MTM&H independent project.

Process of Obtaining Institutional Approval for Independent Project



Variations to this process may occur under some circumstances.

How do I receive academic credit for extra work on my MPH project?

You may register for one of the courses listed below (tutorial, independent study, or directed reading/research courses) in the Fall, Winter and/or Spring Quarters to receive the appropriate number of supplementary credits for MPH project development or execution.

PASS/FAIL CREDIT FOR INTERIM WORK ON THE MPH PROJECT

For extra independent project credits, register for one of these courses:

PM0701	Advance Biometrics Tutorial
PM0760	Tropical Medicine Research Tutorial
PM0811	Independent Study in Epidemiology
PM0830	Independent Study in Social and Behavioral Sciences
PM0911	Research in Epidemiology
PM0926	Health Care Administration Directed Research
PM0940	Environmental/Occupational Health Directed Studies
PM0970	Directed Studies in Preventive Medicine

The project mentor, with the concurrence of the academic advisor, will determine the appropriate number of academic credits for the elective course, depending on the amount of time to be spent on the project during the Winter or Spring Quarters. A general guideline is that an average of three hours a week over a twelve-week period equals one credit hour. This option is meant for students who intend to spend a significant amount of time on project development and/or execution over and above that required to meet the deliverables for the Project/Practicum seminar series. The *Independent Study/Directed Research* courses and Project/Practicum courses may be taken concurrently. Each of the Project/Practicum courses is one-credit, pass/fail, for a total of three credits. Students may register for a directed research course for up to three additional credits, pass/fail or graded, generally over more than one quarter, for extra hours spent on a specific aspect of the MPH project, (for example, survey instrument development, data coding and entry, and/or the use of specific statistical software packages).

During the Summer Session (last four to five weeks of the academic year) all MPH/MTM&H students are required to enroll in PMO674, *MPH Independent Project*, to receive three credits and an overall grade for the project based on scores for the proposal, the oral presentation, and the final written report. The Summer Session has been set aside specifically for the completion

of the practicum and independent project requirements. However, please be advised that this time interval is inadequate to complete all but the final phases of the project, especially if a full-time practicum activity is to be carried out during this time period.

Remember that PMO674 and PMO670 do not have class meetings. All correspondence is handled through email, including scheduling dates and times for project oral presentations. If you have any questions, consult the PIP Program Director.

What are the final products of the independent project?

ORAL PRESENTATION

The results of all your hard work and efforts will be showcased during two days of oral presentations in front of an audience of your peers, PMB Department and other USUHS faculty, and invited guests near the end of the academic year (early June). Each student will be scheduled for a ten-minute time slot to present his or her MPH project results, followed by five minutes for questions and answers. The presentations will be grouped by program affiliation, as much as possible (e.g., all GPM residents). All students are expected to be present on both days (and possibly an additional day, depending on the number of presentations) to support their classmates and to learn from them. Treat this event as if it were a scientific meeting. Accordingly, presenters should be in Class A uniforms (or equivalent) or appropriate civilian attire.

Past MPH project presentations have generally been of very high quality and covered a broad range of public health topics. Students should invite their faculty advisors, project mentors, and practicum site preceptors, as well as any other interested faculty members and guests to attend these presentations. Members of the PMB faculty always look forward to and enjoy this end-of-year event.

Oral presentations are graded by a panel of five PMB faculty members and constitute 35% of the overall project grade. Questions from the faculty panel or audience may pertain to core MPH concepts as they relate to the student's project. Individual score sheets will be made available to presenters upon request. Consult your team of faculty advisors during early phases of planning your presentation. You will need to apply effective communication skills and the judicious use of appropriate visual aids to get your major points across to the audience within the allotted time interval. Several practice sessions with faculty and classmates is strongly recommended, and the PIP Program Director will make a lecture room available for that purpose.

The faculty panel also rank-orders oral presentations to be considered for the Captain Richard R. Hooper Memorial Award, described below.

Captain Richard R. Hooper Memorial Award

The award is presented annually to a graduate student for "outstanding research in public health," as well as to a graduating medical student for exhibiting "exceptional promise in preventive medicine." The graduate student recipient is selected by the five-member faculty panel (with input from PIP and Graduate Programs Directors) from among the top ranked

MPH/MTM&H projects based solely on the oral presentations. The general scoring criteria for the oral presentations are listed below, and a copy of the score sheet is included in Appendix A.

SCORING CRITERIA FOR ORAL PRESENTATION

What was the quality of the following elements of the project?

- **Background/Public Health Significance**
- **Research Question/Specific Aims/Objectives**
- **Methods**
- **Results (or interim findings or other study products)**
- **Discussion**
- **Conclusions/Recommendations**

How effective was the presentation in terms of the following?

- **Organization**
- **Clarity**
- **Appropriate Use of Audio-visual Material**
- **Delivery/Presentation Skills**
- **Response to Questions**
- **Conciseness (staying within time limit)**

Does this independent project have the potential to significantly impact public health? Does it have military relevance? Does it pass the "so what" test?

To what degree was it apparent from the presentation that this particular independent project required substantially more time and effort for design, development, and execution than would be expected on average?

Does the project represent synthesis and integration of knowledge across the core disciplines of public health?

While the oral presentation score is the primary means by which the MPH/MTM&H students will be ranked for the CAPT Richard R. Hooper Memorial Award, the following factors may also be considered in the final selection process:

- Military or general public health relevance of the independent project
- Demonstration of professionalism and research ethics
- Commitment to and potential for contributing significantly to public health/preventive medicine field

The recipient of the CAPT Hooper Award will be recognized at the PMB graduation ceremony. The names of previous award winners are displayed on the perpetual plaque located outside the Division of Epidemiology and Biostatistics, A1039.

FINAL WRITTEN REPORT

Students will independently produce a final written report to present the results of their work. Peer review is encouraged during all phases of the project, but preparation of the final report should be largely the result of independent effort. This does not mean that students should not consult their project mentors or other advisors during the iterative process of preparing the final report. If there are shared topics among students, each independent project should reflect a unique focus. The final report must represent work done after matriculating at USUHS as a graduate student, although it may consist of a more in-depth study of a topic previously submitted for course credit at USUHS.

The final written report should conform to scientific standards for the type of project or analytic approach selected (e.g., a scientific proposal, an epidemiologic study using an existing data set, a policy paper). Guidelines for the project report format and contents are provided in Appendix A. The final report should include the following sections:

- *Cover Page* (standard template)
- *Executive Summary* or *Abstract*
- *Table of Contents*
- *Introduction/ Background* (including statement of your research question and its public health significance)
- *Methods*
- *Results*
- *Discussion* (including study strengths and limitations)
- *Conclusions* (including recommendations for future studies, as appropriate)
- *Acknowledgments*
- *References*
- *Appendices* (copy of official notice of project approval from REA and, if appropriate, the IRB, must be included)

In the executive summary or abstract, you should summarize the key points from each of the sections. Briefly describe background, purpose of study, methods, findings, and conclusions. Say something like "x was found to be correlated with y" rather than "this paper discusses the results of the statistical analysis."

The *Introduction/Background* and *Methods* sections of your project proposal should be a good starting point for your final report. If you have created an *EndNote*® bibliographic database, this will facilitate adding references to your paper.

Plan on submitting a draft report to your project mentor several weeks before your paper is due for grading. This will allow adequate time for the iterative process of review and revision and ultimately result in a better product. Schedule regular meetings with your project mentor and consult other faculty members as the need arises. Finally, anticipate the fact that there will be less time available (both your time and that of faculty members) for in-depth review of draft reports as deadlines get closer.

A copy of your official notice of project approval from REA must be included as part of your final report. If your independent project was reviewed as "human participants' research," you must also include a copy of the official notice from the USUHS IRB, even if your study was ultimately determined to be an "exempt" protocol.

Plan on completing your final draft of the written report about three weeks prior to the end of the academic year. This will allow you some time to focus on preparing your oral presentation, which is generally scheduled a few days following submission of papers for grading. The written report should be submitted by email. You may email or provide a hardcopy of your report to your primary project mentor. The secondary reviewer will be recruited from among PMB faculty members asked to sign up for project reviews from a list of project titles. Adjunct faculty members may also serve as secondary reviewers. Once your paper has been graded by your project mentor and secondary reviewer, you may make revisions and submit a final electronic copy to be bound for program files. The final paper must be submitted and graded in order for this requirement to be fully met.

While it is not required, all graduate students should consider preparing a manuscript to submit to a peer-reviewed journal for publication. In addition to your project mentor(s), there may be opportunities to collaborate with other experienced faculty members and/or public health professionals on a manuscript (See Appendix D for authorship guidelines). Some students from previous years have taken this step soon after graduating from the MPH program. In other cases, publication takes place a number of months or years post-graduation. Remember that the final step in the process of doing public health research is to disseminate the results of your study, and this is an excellent opportunity to become familiar with the publication process, including scientific peer review. In addition, explore the possibility of submitting an abstract for a podium or poster presentation at a professional meeting or conference, including USUHS Research Day (usually in May). Effective oral, as well as written, communication is an essential public health competency, and this is another great opportunity to enhance your skills as a communicator.

Appendix D contains the PMB Department's guidelines for authorship, as well as the Department's manuscript clearance form. All manuscripts, including abstracts for presentation/posters at professional meetings, need to be submitted to the PMB Department Chair or designated alternate for clearance/approval. In some cases, signatures by the Dean, School of Medicine and Public Affairs Officer may be necessary.

GRADING

The overall grade for your independent project will consist of the following components: proposal score, oral presentation score, and final written report score (see table below). All students must register for PMO674, *MPH Independent Project,* in the Summer Session to receive 3 graded credits for their project.

Project Deliverables	Total Possible Points
Proposal	15
Oral Presentation	35
Final Report*	50

*Weighted average of grades submitted by the project mentor and the secondary reviewer

The proposal grade (numeric score out of a possible 15 points) is carried forward from the spring quarter PIP course. The grade for the final written report (numeric score out of a possible 50 points) is determined by calculating a weighted average of the score submitted by the primary project mentor (weighted x 2) and the secondary reviewer. Graders will be provided with evaluation criteria for each of the project deliverables. These evaluation criteria are also available in Appendix A. The criteria for grading project deliverables may be subject to change, but students will be notified of any changes well in advance of due dates, along with the faculty. The panel of PMB faculty asked to rate the oral presentations will use the *Scoring Criteria for MPH Independent Project Oral Presentations* form (see Appendix A). Scores are calculated out of a total possible 35 points and averaged over the five faculty members. Students will receive feedback on both the final written report (primary project mentor and secondary reviewer) and the oral presentation (average score).

CLOSE OUT FORMS

After completing the analysis on your project, close out forms must be submitted to the PIP Program Director. All students must submit the first page of **Form 3210** with attached abstract. If your project was reviewed by the IRB, you must also submit **Form 3204A unless your IRB approval letter indicates that your study was approved as exempt human use research**.

If you plan to continue your research as a USUHS-based resident, fellow, or off-cycle graduate student, you will still need to submit the 3210, but check the box for “interim report” and ask for an extension of the study period. The 3204A will also need to be submitted for IRB continuing review, unless approved as an exempt human use protocol.

What constitutes an appropriate MPH practicum experience, and why is it important?

The objective of this requirement is to provide an opportunity for students to directly apply knowledge and skills acquired in the classroom. The practicum is a chance to stretch your capabilities, to see things from a different perspective (think *outside the box*), to add to your public health practitioner *tool box* in your area of expertise, and to widen your professional network. In the process, students learn first-hand about the organizational framework, day-to-day operations, and special activities of selected agencies, institutions, and industries with a public health mission. You may gain insight into program management, resource allocation, regulatory compliance, public relations, legislative agendas, and/or special investigations. Participation in public health-related activities in an operational environment adds a critical dimension to the curriculum.

It is well established that a graduate level instructional program is enhanced by the addition of interactive, participatory, or experiential learning activities to the more traditional, didactic lecture format in the classroom. The MPH practicum experience serves that purpose by providing experiential learning activities. The practicum is more than shadowing practitioners as they go about their daily activities and, in fact, may encompass a broader range of experiences than those traditionally associated with clinical training programs. Functioning at the population level, a graduate student may have the opportunity to participate in multi-disciplinary, interagency collaboration for research or policy purposes; briefings to military commanders or their civilian counterparts on the findings of special investigations; Presidential Commissions or Congressional hearings on issues related to public health; evidence-based practice guideline development; planning for medical support of operational missions; or disaster preparedness and response planning or drills, among others.

MINIMUM REQUIREMENTS

- All MPH students must complete a practicum or field experience, defined as a planned, supervised, and evaluated activity at an organization, generally outside USUHS, with a public health or preventive medicine-related focus. USUHS-affiliated entities, such as the Center for Disaster and Humanitarian Assistance Medicine, are exceptions.
- Students are required to spend a minimum of 108 hours on the MPH practicum or field experience, either on a full-time or part-time basis. This includes time spent on planning, execution, and reporting phases.
- Students must enroll in PMO670, *Public Health Practicum*, to receive three credit hours for the satisfactory completion of the practicum requirement, with the deliverables consisting of a written report, activity log, and two evaluation forms. Grading is on a pass/fail basis. Preceptors must submit a current resumé, unless one is already available in program files.
- No waivers will be granted solely on the basis of prior professional experience.

Funding is generally not available for students wishing to travel to distant sites for their practicum experience. However, students may identify and obtain funding on their own initiative. In some cases, funding may be available through the sponsoring Service. On the other hand, the use of local area practicum sites has some distinct advantages: one is the relative ease of integrating the practicum requirement into an already demanding academic schedule, the other is the wealth of local, regional, and national organizations, military and civilian, in the National Capitol region.

Some practicum activities are easily combined with independent projects. These activities usually involve working with public health professionals who have ongoing projects available. Some examples are developing and pilot testing a survey instrument to collect data for program evaluation, exploring the feasibility of using an existing database for surveillance purposes, or participating in a working group to develop and implement a practice guideline. See examples of previous MPH practicum and project combinations on pages 4 and 5. It is important to develop a well-defined scope of work for the practicum, approved by all parties. The student may agree to produce additional material(s) related to the project for the sponsoring organization (for example, briefing slides), if time permits.

The advantages of combining the two requirements include both time efficiency and the likelihood of success in arranging a practicum when a student commits to a project of importance to the organization. The site preceptor may then also serve as the student's primary project mentor. In this case, a practicum site preceptor with an MPH degree or equivalent public health experience would be desirable. With an off-site project mentor, the student must recruit a co-mentor from among billeted USUHS faculty (may be the student's academic advisor or another faculty member with appropriate subject matter expertise). Either the primary project mentor or co-mentor may assume primary responsibility for reviewing and grading the project proposal and final report. This should be negotiated up-front.

Alternatively, students may elect to keep the practicum and project completely separate. This may be a reasonable option under some circumstances, particularly for two-year students. Opportunities are limited only by the degree of individual initiative, imagination, creativity, and perseverance. Remember that this is an educational activity, and as such, the practicum experience must be designed to meet explicit learning objectives.

THE ESSENTIAL ELEMENTS OF AN MPH PRACTICUM

- ✔ **Planned, supervised, and evaluated activity**
- ✔ **Public health practice setting**
- ✔ **Minimum of 108 hours**

How do I select an appropriate practicum site and preceptor?

The MPH practicum is not a pre-established rotation. Student background and interests vary widely within the MPH class, and the time slots available for the practicum depend on individual course schedules. Therefore, each student must develop and arrange a practicum activity that will meet his or her individual needs and interests. **It is the student's responsibility to identify and select a practicum activity and a site preceptor** in consultation with his/her academic advisor and/or the PIP Program Director. To facilitate this process, various organizational representatives will be invited to the PIP Fairs during the Fall Quarter to present currently available project and/or practicum opportunities at their organizations. These individuals come to USUHS because they are interested in working with USUHS graduate students, but it is up to you and the potential preceptor to decide whether it is a good match in terms of schedules, types of project or practicum activities, mutually agreed-upon time commitments, and expectations for respective roles and responsibilities. Keep in mind that the practicum may be a stand-alone activity, unrelated to the independent project, and outside the student's area of concentration if you discover an opportunity not to be missed!

After you and your site preceptor decide to proceed with planning a practicum experience, discuss preliminary arrangements with the PIP Program Director and provide contact information for the preceptor (e-mail, phone number, and mailing address). General program information and a practicum agreement form will be sent to the preceptor, along with a request for a current *curriculum vitae* for our files. The information package also includes both the practicum proposal and two evaluation forms. Practicum site preceptors must agree to directly supervise students' activities and evaluate their performance. Students and their site preceptors jointly develop learning objectives for the practicum experience. Some examples of previous practicum sites and the corresponding learning objectives for the defined activities at these sites are listed on the following pages. These examples are meant to illustrate the range of previous practicum experiences and not necessarily among the best or all-inclusive.

Any PMB faculty member is a potential source of information for a practicum site. They may be able to provide ideas and/or a point of contact for a practicum experience related to their area of research or past operational experience. The PIP Program Director approves newly identified practicum sites and preceptors to ensure that program criteria are met. The need for establishing a formal inter-institutional relationship through a memorandum of understanding (MOU) between USUHS and a practicum site will be assessed for all practicum proposals. MOUs are required in the following circumstances: all civilian students; uniformed students going to a state, local or private organization; and when requested by the outside organization. In some instances, an MOU may already be in place. Finally, information on current practicum opportunities, as well as previous practicum reports, are available in the office of the PIP Program Director, A1040G.

SOME EXAMPLES OF 2004-2009 PRACTICUM ACTIVITIES

Practicum Site	Learning Objectives
National Cancer Institute	1. Understand the structure, function and contents of Serveillance Epidemiology and End Results (SEER) database. 2. Learn how to use the SEER*Stat statistical software to analyze data. 3. Use SEER*Stat statistical software to do an epidemiological study on stomach cancer.
Dewitt Army Community Hospital	1. Assist in expediting the Bridge Contract by ensuring the addition of services at Fairfax Family Health Center balance the services that are offered by the DeWitt Healthcare Network. 2. Research, evaluate primary care needed by the beneficiaries of the Fairfax Family Health Centers. 3. Research and evaluate specialty care needed by the beneficiaries of the Fairfax Family Health Centers. 4. Understand the differences, problems and benefits, between performance based contracts compared to service based contracts.
Office of the Deputy Assistant Secretary of Defense for Stability Operations/Low Intensity Conflict (SO/LIC)	1. Become familiar with how the SO/LIC health care policy process is designed, staffed, approved and implemented at the DOD level. 2. Identify metrics applicable to measuring the effectiveness of DOD HA health policies and approved projects. 3. Understand the US Government interagency and international sector reconstruction in a post-conflict setting.
Naval Safety Center	1. Learn to apply biostatistical and epidemiologic analysis to raw data and determine possible etiologies and explore trends. 2. Learn to examine an activity and determine compliance with written instructions. 3. Learn to function effectively as a member of an executive panel in exploring problems or forming policy.
US Army Center for Health Promotion and Preventive Medicine (USACHPPM)	1. Understand the Army Occupational Medicine Department structure, roles, responsibilities and interactions with the Army and DoD. 2. Understand and improve research skills in Occupational Medicine/Preventive Medicine issues. 3. Understand the procedures in policy analysis, consultation, information research and writing for Army and DoD policy makers.

National Oceanic and Atmospheric Administration	1. Understand the current state of scientific knowledge of the oceans' impact on human health and the areas of research underway. 2. Develop an understanding of the role of governmental agencies involved in research being done in this field. 3. Develop an understanding of marine toxins as a threat to public health. 4. Develop a prioritized research strategy aimed at protecting public health from adverse effect of marine toxins.
Pan American Health Organization	1. Understand structure and goals of PAHO. 2. Develop familiarization with the work of emergency/humanitarian programs at the international, national, regional, and local levels. 3. Gain knowledge on the coordination of a diverse variety of issues relevant to disaster preparedness and response, including water and sanitation, epidemiological surveillance, mental health, emergency supplies, donations, etc. 4. Gain knowledge of mitigation measure and mechanisms to reduce the impact of disasters on health facilities.
US Department of State, Office of International Health Affairs	1. Understand why health is a US foreign policy issue. 2. Understand the relationship between DoS and other US government entities involved with international health. 3. Understand the work of the Office of International Health Affairs.
US Army Center for Health Promotion and Preventive Medicine	1. Participate in project to determine how the Indian Health Service could improve communication of health issues. 2. Learn how to explain scientific concepts such as cancer initiation/promotion and risk probability. 3. Learn about the major risk communication issues confronting the US Army and the process the US Army undertakes to overcome communication barriers.
Environmental Protection Agency	1. Review EPA web-based resources. 2. Assist with development of a standardized vocabulary for database queries of the Environmental Information Management System. 3. Explore how health information is managed by EPA.

Walter Reed Army Institute of Research (WRAIR),	1. Assist a multi-agency group in developing a public

Division of Preventive Medicine	health surveillance systems for the country of Georgia by reviewing the proposed veterinary component of the system. 2. Define attributes used to evaluate a public health surveillance system. 3. Understand the information flow of data through the system. 4. Describe the disease process of the select agents in target animal populations and evaluate the proposed case definition for the select agents.
Georgetown University Center for Clinical Bioethics	1. Participate in the process of educating future healthcare providers to recognize the ethical challenges they may encounter in their chosen profession. 2. Learn the teaching strategies to maximize personal engagement of students to enhance the learning environment and promote active problem solving. 3. Gain insight into the reality of academic responsibilities with relation to students, faculty and the institution. 4. Learn basic instruction necessities for teaching a class, i.e. writing learning objectives, grading assignments fairly.
Office of Army Surgeon General	1. Describe process and procedures for development and staffing of medical policy within Army and DoD. 2. Describe risk factors for heat injury and exertional rhabdomyolysis and how to distinguish. 3. Describe clinical management of patient with exertional rhabdomyolysis.
National Institute of Allergy and Infectious Disease (NIAID)	1. Learn the biology of botulinum neurotoxins and their importance as potential biological weapons. 2.Understand the issues involved in the development of effective countermeasures for botulism. 3. Become familiar with the National Biodefense effort and NIAID's unique role in the research and development of new medical countermeasures. 4. Learn the process of federal contracting by following contract review, source selection, contract award, contract oversight and performance evaluation.

The CEPH requirement for a practicum experience applies only to MPH students. Other Masters degree programs (MTM&H, MSPH) have alternative practicum requirements. MTM&H students participate in an overseas field experience (PMO563) to gain experience in the diagnosis and clinical management of diseases endemic to tropical regions. The MSPH program is completed over two years and includes opportunities for field training available at various DoD and other federal facilities through enrolling in PMO942, *Environmental/Occupational Health Directed Rotations*. Students in Masters' programs other than the MPH may still have access to established or potential MPH practicum sites or identify additional sites on their own.

What is the process involved in completing the MPH practicum requirement?

The fact-finding and selection process for the practicum experience should generally be done in tandem with planning the independent project. As with the MPH project, exploratory information gathering should be coordinated with your academic advisor. One option to consider is for students to share a practicum experience. For example, it may be feasible for more than one student to conduct focus groups and/or cognitive interviews or participate in a policy development process. For the 12-month MPH program, the practicum proposal should be submitted about the same time as the pre-proposal for the independent project, *i.e.*, about the middle of the Winter Quarter, especially if they are to be integrated. If the practicum is kept completely separate from the independent project, the last opportunity to submit a practicum proposal is the end of the Spring Quarter, with all work on the practicum commencing and ending during the Summer Session in order to graduate in June. For two-year students, the timeline is more flexible and adjusted according to individual needs.

Submit a proposal for the practicum before you start off-site activities, using the form entitled *Record of MPH Practicum Experience* (see Appendix B). In order to meet the definition of a planned activity, you must submit a proposal and the *MPH Practicum Agreement* with the site preceptor's signature to the PIP Program Director, prior to starting the practicum. The MPH practicum proposal includes the following information: name of the practicum site and site preceptor; a brief description of the practicum activity, including a timeline for completion; at least three measurable learning objectives; signature of the practicum site preceptor (e-mail confirmation is acceptable); and site preceptor's C.V. You must provide enough information in your proposal for the Program Director to determine its appropriateness.

Register for PMO670, *Public Health Practicum*, to receive academic credit for your practicum experience. This is a program requirement for the MPH degree. Students usually register for PMO670 in the Summer Session. However, students who are other than full-time may wish to enroll in PMO670 during the Fall, Winter, or Spring Quarter of their second year of study. Those individuals will need to contact the Course Director at the time of registration. PMO670 does not have regularly scheduled class meetings. All course information and correspondence are handled through email. Students should check email regularly during the summer session to ensure that all requirements for graduation are met. The PIP Program Director is available for individual consultation by appointment. Students may use the last five weeks of the year to schedule all 108 hours of the practicum or spread the experience out over two or more quarters. Keep a log of your practicum activities and corresponding hours to turn in with your final report. Students who wish to receive partial credit for the practicum prior to the summer term may do so for up to two credits. To complete the practicum requirement and receive a total of three credits, pass/fail, for PMO670, students must complete all work on the practicum and submit the required documentation (practicum report and two evaluation forms) by the end of the Summer Session.

How does the MPH practicum differ from the residency rotations?

Residency programs in preventive medicine specialties (*e.g.*, General Preventive Medicine/Public Health, Occupational and Environmental Medicine, Aerospace Medicine, and Veterinary Preventive Medicine) include an academic year leading to an MPH degree followed by a year (or more) of practicum rotations. These residency rotations are established under Memoranda of Agreement with various organizations, and they are designed to give residents training and experience in their area of specialization. The MPH practicum, which is a part of the academic year at USUHS, is intended to allow students to directly apply concepts and principles that they have learned in the classroom, to hone particular skills, and/or to gain a broader public health or population-based perspective in an already familiar practice area. The MPH practicum is jointly planned by the student and preceptor and is, therefore, an individually tailored experience. It may be quite different from a residency rotation. For example, if it is spread over two quarters on a part-time basis, the student may be presented with more opportunities to participate in working groups, special projects or investigations, or meetings that generally do not occur on a regular basis. Students also have a greater range of activities from which to choose during the MPH year and may find opportunities outside their immediate area of specialization to be particularly enriching.

In general, residents will complete all the requirements for the MPH degree during the first year. This includes core and elective courses, the MPH practicum, and the independent project. However, in rare circumstances, a resident may need to defer completion of the MPH practicum requirement until the second year of the residency program. This should occur very infrequently. **The MPH degree will not be conferred until all the requirements including the practicum have been met.**

For residents in the MTM&H degree program, the overseas (PMO563) clinical rotation is substituted for the MPH practicum experience (PMO670). This overseas rotation should take place immediately following the summer session. The MTM&H degree will not be conferred until this requirement has been met.

For those students in a USUHS-based residency program who require deferral of the MPH practicum requirement until the second year, the request for deferral should be coordinated with the Residency Program Director and the Director of Graduate Research and Practicum Programs. Except in unusual circumstances, a deferral request should be submitted in writing by the middle of the Spring Quarter and must include a statement of intent to complete the residency at USUHS. To meet the MPH practicum requirement, substitute a residency rotation, or a portion of one, that is equivalent to 3 credit hours (minimum of 108 hours). Submit a practicum proposal form with appropriate signatures and at least three learning objectives *prior* to starting the rotation and enroll in PMO670 for the academic quarter in which you intend to complete the MPH practicum requirement. To receive credit, you will need to turn in the three- to five-page written report and either provide copies of equivalent residency practicum evaluation forms, or the MPH program forms (student performance evaluation and practicum site evaluation). In general, this process should be completed early in the second year

of the residency in order to reduce the administrative burden at the level of the Department and the Graduate Education Office. This deferral policy is only available for residents in USUHS-based programs. For students in all other residency or fellowship programs, the MPH requirements must be met during the prescribed period of time for coursework (one or two years, depending on the program), and practicum proposals will be reviewed for appropriate content and public health relevance in the usual manner.

What are the reporting requirements for the MPH practicum?

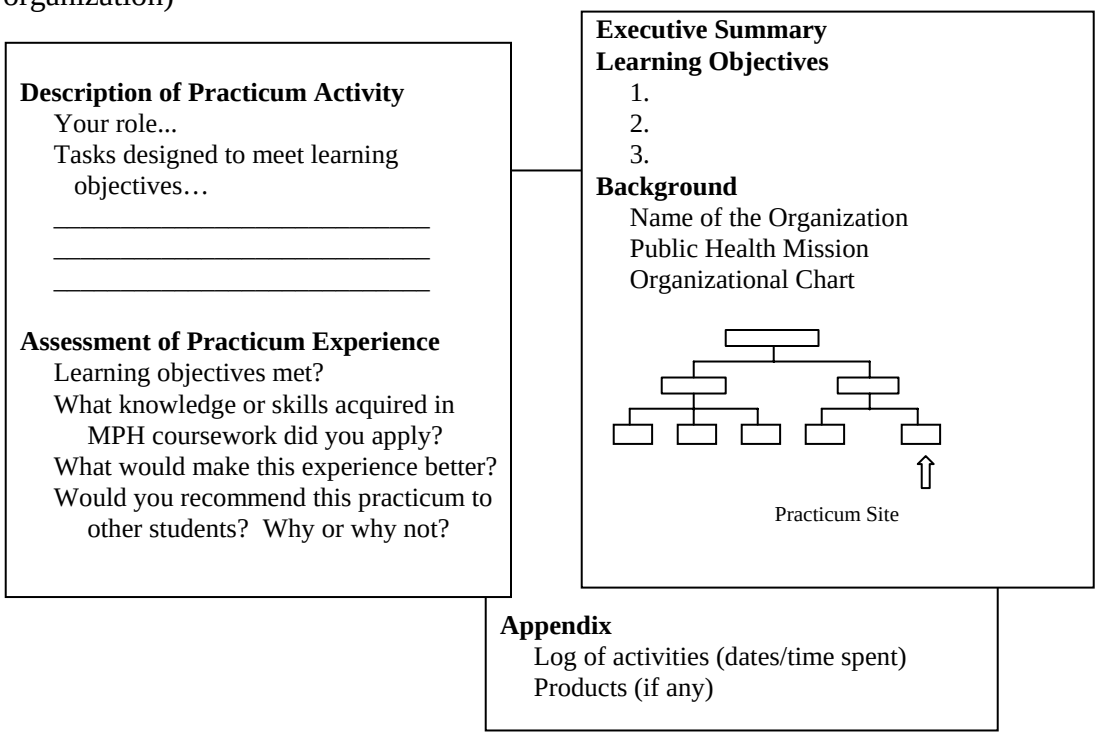
To receive credit for the MPH practicum you must submit the following documents:

- *MPH Practicum Proposal* Form
- Final Report on the Practicum
- *Practicum Site Evaluation* Form
- *Student Performance Evaluation* Form (request your site preceptor to complete and submit by fax or e-mail)

All forms are available electronically on Blackboard. Submit the completed evaluation forms (hard copy or electronic) and the final report to the PIP Program Director during the week prior to the end of the academic year. *Both* evaluation forms (one from you and the other from the site preceptor) must be received for the practicum requirement to be met.

The **final report** on the practicum is expected to be three to five pages in length and include the following elements:

- Executive Summary
- Learning Objectives
- Background (mission, funding, organizational structure)
- Description of the Practicum Activity
- Assessment of the Practicum Experience (whether or not you met your learning objectives; what knowledge/skills from MPH coursework you were able to apply)
- Appendix (including activity log and any materials prepared for the sponsoring organization)



Under what circumstances is a waiver granted for the practicum?

Waivers are extremely uncommon and will be granted only **rarely**. We feel that the MPH practicum experience is an essential component of the Graduate Programs at USUHS. There are many practicum opportunities unique to this program of study and to this geographic area. The potential return for your efforts, particularly considering the resources available in the greater Washington metropolitan area, is enormous.

According to the Council on Education in Public Health, "individual waivers should be based on well-defined criteria; the possession of a prior professional degree in another field or prior work experience that is not closely related to the academic objectives of the student's degree program would not be sufficient reason for waiving the practice requirement." Previous operational or clinical experience is not an automatic basis for a waiver, even if related to public health. Since the CEPH requirement states that students must be provided with opportunities to apply the knowledge and skills being acquired in MPH courses, the waiver request must be based on specific evidence of having met the intent of the MPH practicum requirement.

Under the rare circumstances in which a student in the MPH program may be eligible for a waiver of the practicum requirement, documentation should clearly indicate that the student's previous practice experience was closely aligned with the instructional objectives of the MPH core curriculum. It is the responsibility of the student to submit the waiver request, along with proper documentation, to the PIP Program Director, by the end of the Fall Quarter. An *ad hoc* Advisory Committee will review each waiver request and make a recommendation to the PIP Program Director. The student will then receive written notification of the action taken. If the petitioner wishes to appeal the decision, the appeal goes to the Director, Graduate Programs, for resolution and final disposition.

DOCUMENTATION REQUIRED FOR WAIVER REQUEST

A written request for a waiver must include a statement of the basis for the waiver request and the following documentation:

- Description of previous experience (including your specific role), inclusive dates, proportion of your time spent on practicum activities (to meet the requirement for 108 hours), location, organizational mission, public health relevance, name and title of immediate supervisor
- Statement of how the above activity used knowledge or skills taught in the core public health disciplines; the degree to which the activity was planned, supervised, and evaluated
- Performance evaluation, certificates, and/or other supporting documents, as appropriate

What is the sequence for completion of the MPH practicum and project deliverables?

- ✓ **Project Pre-proposal** and **Practicum Proposal**—Submit by the middle of Winter Quarter
- ✓ **Project Proposal**—Due at the end of Winter Quarter
- ✓ Register for **PMO674**, *MPH Independent Project*—Summer Session
- ✓ Register for **PMO670**, *Public Health Practicum*—Summer Session or quarter in which the practicum is to be completed
- ✓ **Project Final Report**—Due in early June (Summer Session)
- ✓ **Project Oral Presentation**—Scheduled closely following submission of final report in June (Summer Session)
- ✓ **Practicum Report**—Due prior to graduation
- ✓ **Practicum Evaluations**—Student performance evaluation and practicum site evaluation due prior to graduation
- ✓ **PMB Graduation**—Scheduled mid- to late June

APPENDIX A

INDEPENDENT PROJECT FORMS AND DOCUMENTS

A1 MPH/MTM&H Independent Project Pre-Proposal Form

A2 Criteria for Grading Project Proposals

A3 Guidelines for Independent Project Final Report

- Cover Page
- Format
- Headings and Content
- Guidelines for Project Consisting of a Proposal Only

A4 Scoring Criteria for MPH Independent Project Oral Presentations

MPH/MTM&H Independent Project Pre-Proposal Form

Date_____

Name of graduate student_____
(indicate graduate degrees and, for military members, rank, corps, branch of service)

Name of academic advisor_____

Name of project mentor_____

MPH area(s) of concentration_____

If in a residency program, specify which one_____

Anticipated year of graduation_____

The research question (draft): _____

_____

_____

_____

Your project's public health significance: _____

_____

_____

_____

_____

_____

Brief description of your approach to answering your research question:_____

_____

_____

_____

_____

_____

_____

_____

Estimated timeline for project milestones and project completion:

Signature of Graduate Student _____ Date _____

Signature of Academic Advisor _____ Date _____

Signature of Project Mentor (if different from above) _____ Date _____

PIP Program Director Approval_____
Initials and Date

CRITERIA FOR GRADING MPH/MTM&H PROJECT PROPOSALS

Please provide me with a numeric score out of a total possible score of 15 by e-mail (thooper@usuhs.mil) with copy to Dr Gibson (roger.gibson@usuhs.mil). As a project mentor, you have taken an active role in the iterative process of developing the proposal. Please consider the student's overall effort in the process as well as the product. If you have any questions, please call 301-295-1975 or email me.

General guidelines for grading the project proposal:

- Proposal is expected to be approximately 4-5 pages in length (including references)
- Should include the following elements:
  - ✓ Background/public health significance—establish why study is being done and its important
  - ✓ Research question or study objectives/specific aims—clearly stated
  - ✓ Methods—study design; study population and sampling method; data sources (for existing data) or data collection and management; analysis plan; power calculation (for existing data) or sample size estimate, as appropriate
  - ✓ Human subjects protection issues, if applicable—clearly addressed as part of methods
  - ✓ Timeline—study milestones and estimated target dates for completion
  - ✓ References—in general, expect 10-12 references, but may be less depending on area of study
  - ✓ Appendices, if appropriate (data use authorization, official IRB approval memo for analysis of data from another study; draft survey instrument, consent form, etc.)
- Quality of the proposal
  - ✓ Scientific quality of the research plan
    - Is there a focused research question or clear statement of a public health problem to be studied?
    - Are the study design and methods appropriate to address the stated research question or study objective?
    - Is the scope of the proposal feasible in the allotted time frame?
  - ✓ Technical quality of the proposal
    - Is the proposal well organized, well written, clearly and logically presented, and free of errors in general?

Reference:

Hulley SB, Cummings SR, Browner WS, *et al.* Designing Clinical Research, 3rd edition. Philadelphia: Lippincott Williams & Wilkins, 2007 (ISBN-13: 978-0-7817-8210-4; ISBN-10: 0-7817-8210-4)

Guidelines for MPH/MTM&H Independent Project Final Report

- Cover Page
- Format
- Headings and Content
- Guidelines for Project Consisting of a Proposal Only

Cover Page Format

[TITLE OF YOUR PROJECT]

A PROJECT REPORT
SUBMITTED TO THE FACULTY OF
THE DEPARTMENT OF PREVENTIVE MEDICINE AND BIOMETRICS OF THE
UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
BY

[YOUR NAME, DEGREE(S)]
[RANK, CORPS, SERVICE – IF MILITARY]

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
[MASTER OF PUBLIC HEALTH/ETC.]

PROJECT MENTOR:
[name, degree(s), and for military, rank, corps, service]

DATE [MONTH AND YEAR]

Format for Final Written Report

1. The paper should be double-spaced, font size 12. A minimum of 15 pages is expected.

2. Tables and/or figures can be inserted within the body of the text or at the end of the paper. Tables and figures should be labeled with a number and title and should be referenced within the text.

3. Executive summary or abstract: Insert as a separate page (or pages) right after the cover page.

4. Table of contents: Insert the table of contents behind the executive summary or abstract and before the body of the report.

5. Body of report: See "Headings for Independent Project Final Report." Begin page numbering within this section.

6. Page numbering:

   No page number on the title page, executive summary, or abstract pages.

   Table of contents: Numbered with lower case Roman numerals, centered at the bottom of each page.

   Body of report: Number first page and all subsequent pages, centered at the bottom of each page.

7. Students last name should be in the lower right hand corner (footer) on all pages. **To avoid confusion, students are strongly advised to label draft versions of the project report with version number and/or date.**

8. Once you have completed your final project report, email it to the PIP Program Director as Microsoft Word document. Tables, figures, title page and body of report should all be included in a single document, if possible. Appendices may be sent as a separate file.

Headings and Content of Final Written Report

Cover Page

Executive Summary or Abstract
An executive summary is similar to an abstract, but it is used when the project is part of a larger study or project or when reporting on activities. If you did an independent research study, use the heading "abstract." The abstract should summarize your study objectives, methods, results, and conclusions.

Table of Contents

Introduction/Background
Review of the relevant scientific literature and the potential contribution of your study to a particular field of research
Military or public health significance
Research question or purpose of study and specific aims

Methods
Study design
Description of study population
Data sources, sampling techniques, if applicable
Measures, sample size or power calculations, statistical analyses, as appropriate

Results
Description of study findings
Appropriate tables and graphs

Discussion
Interpretation of key findings
Comparison of your study results to other published work on the research topic
Strengths and limitations of your study
Potential application of study results (including generalizability)

Conclusions
Concise summary of important findings and their potential impact (e.g., policy implication)
Recommendations for future research

Acknowledgments
Project mentors, consultants
Contributions of study co-investigators, if applicable
Administrative support

References (only those cited)

Appendices
A copy of your IRB approval, if applicable, must be included. Include any other relevant information (e.g., questionnaire, data abstraction form, mathematical formulas, etc.)

Guidelines for a Final Project Report Consisting of a Proposal Only

(Use these guidelines if you are submitting a proposal as your final product.)

1. Importance of the problem to public health	Has the magnitude of the problem been characterized? Has a strong case been made for the importance of this problem or issue?
2. Feasibility of the overall proposal	Were technical, logistical, administrative, political, and/or financial issues addressed?
3. Presentation of the written product	Is the material well organized? Is it easy to read and understand? Is there a logical progression of ideas? Are appropriate graphs/tables used? Does the paper conform to the guidelines of the intended granting agency? Does it stay within page limitations (if a grant application)?
4. Study design	Is the design appropriate to answer the research question? Were other options considered/discussed? Was a rationale given for selecting this particular study design, including a discussion of its strengths and limitations?
5. Study population	Is the choice of study population reasonable and feasible? Are considerations/advantages/ disadvantages of selection discussed?
6. Sample size	Is the sample size appropriate to answer the research question? Are any limitations or assumptions noted?
7. Analysis plan	Is the analysis plan appropriate to answer the research question? Are the methods to be used described adequately? Are any limitations noted? Is the level of data collection/coding sufficient to answer the question? Are confounding/interaction/bias/design limitations addressed/accounted for?
8. Budget	Are the estimated costs for the study reasonable/justifiable? Are all appropriate budget categories included? Is it clearly presented?
9. Ethical issues	Are the relevant human participants or animal care and use issues appropriately addressed?
10. Overall scientific merit	Is the study design appropriate for the stated objectives? Is the appropriate level of data used? Is an appropriate literature review included? Will this study increase our understanding of a topic or problem or replicate inconclusive/controversial findings?

SCORING CRITERIA FOR 2006 PROJECT ORAL PRESENTATIONS

Please rate the following components of the presentation: Circle from 1 (poor) to 4 (excellent)

	Poor	Fair	Good	Excellent
Background/public health significance	1	2	3	4
Research question/specific aims/objectives	1	2	3	4
Methods	1	2	3	4
Results*	1	2	3	4
Discussion*	1	2	3	4
Conclusions/recommendations*	1	2	3	4

Subtotal = _____(24) Divide by 2 = ____ (12)

*If project is a research proposal, the above components still apply, using a slightly different perspective. For example, results can include preliminary data and/or findings from other published studies to which findings from this project will be compared; the discussion section can focus on study strengths and limitations; and conclusions can highlight potential contribution(s) to the current state of knowledge.

Please rate the quality of the presentation: Circle a number from 1 (poor) to 4 (excellent)

	Poor	Fair	Good	Excellent
Organization	1	2	3	4
Clarity	1	2	3	4
Appropriate use of audio-visual material	1	2	3	4
Delivery/oral presentation skills	1	2	3	4
Response to questions from the audience	1	2	3	4
Conciseness (staying within time limit)	1	2	3	4

Subtotal = _____ (24) Divide by 2 = ____ (12)

How would you rate the potential impact of this project on *public health* or the *practice of military public health*? Does it pass the "so what" test? Circle a number from 1 to 5

WEAK 1 2 3 4 5 STRONG

Subtotal = _____ (5)

COMMENTS:

Does the project represent synthesis and integration of knowledge across the core disciplines of public health? Check all those that apply

___ Epi ___ Biostats ___Soc & Behav Sci ___HSA ___EOH

Worth one point each Subtotal = _____ (5)

To what degree was it apparent from the presentation that this particular independent project required substantially more time and effort for design, development, and execution than would be expected on average?

Possibly, but not clear	Clearly evident
0.5	1

Subtotal = _____ (1)

Student Name: **Rater Number:_____** **Total Score:_____**(out of 35)

Project Title:

APPENDIX B

MPH PRACTICUM FORMS AND DOCUMENTS

B1 "MPH Practicum Proposal" Form

B2 "Practicum Site Evaluation" Form (to be completed by student)

B3 "Student Performance Evaluation" Form (to be completed by preceptor)

B4 Information Packet for Practicum Site Preceptors

B5 Guidelines for Practicum Report

- Cover Page
- Format Headings and Content

MPH Practicum Proposal

Name of Graduate Student _____ Date _____

Practicum Site

Name of Agency/Organization _____

Address _____

_____

Specific Department, Division, Unit or Program with which the student will be associated

_____

_____

Site Preceptor (immediate supervisor for graduate student)

Name _____

Title _____

Phone # _____ Fax # _____ E-mail _____

Period of practicum experience (dates agreed upon by organization and student)

From _____ to _____

Indicate day of each week and hours scheduled for this practicum

_____

_____

BRIEF DESCRIPTION OF PRACTICUM ACTIVITIES WITH ESTIMATED HOURS AND TIMELINE FOR COMPLETION

Description of Activities/Timeline:

Learning Objectives (minimum of 3):

Is the practicum part of your independent project? Yes _____ No _____

If yes, provide the title of your project or briefly describe:

_____

_____

_____

_____

Remember to register for PMO670, "Public Health Practicum" (3 credits), for the quarter in which you plan to complete your practicum.

The undersigned agree with this proposal for a PMB graduate student practicum experience as outlined in this document:

_____ _____
Graduate Student Signature Date

_____ _____
Practicum Site Preceptor Signature Date

_____ _____
Academic Advisor or Project Mentor Signature Date

MPH Practicum Agreement

Name of Graduate Student _____ Date _____

This agreement specifies the roles and responsibilities for faculty in the Department Preventive Medicine and Biometrics (PMB), Uniformed Services University of the Health Sciences (USUHS), and for practicum site preceptors who agree to participate in this program.

Roles and Responsibilities of Faculty and Practicum Site Preceptor:

The practicum site preceptor will:

1. Guide the development of and approve the student's learning objectives

2. Provide student with learning experiences appropriate to student's learning objectives

3. Complete and submit a student performance evaluation at the conclusion of the practicum

4. If necessary, contact the Director, Graduate Research and Practicum Programs, to resolve any issues or problems that may arise

5. Make recommendations to the Director, Graduate Research and Practicum Programs, for any improvements to the MPH practicum program

The USUHS PMB Director of Graduate Research and Practicum Programs, or other designated faculty member, will:

1. Serve as a facilitator for setting up practicum experiences for MPH students

2. Approve the student's learning objectives and plans for meeting those objectives

3. When required, initiate the establishment of inter-institutional memoranda of agreement for MPH practicum experiences

4. Resolve any issues that arise during the practicum experience

5. Oversee the evaluation process and make program changes that address areas in need of improvement

_____ _____ _____

Practicum Site Preceptor Signature Print Name Date

_____ _____

Director, Graduate Research and Practicum Programs, Signature Date

PRACTICUM SITE EVALUATION

Graduate Student Name: _____ Date: _____

Project Mentor (if project and practicum are integrated): _____

Practicum Site Coordinator (primary point of contact): _____

Practicum Site Preceptor (primary supervisor): _____

To the Student:

Please use this form to evaluate your practicum experience. Your response will help the Director, Graduate Research and Practicum Programs, to monitor the quality of the practicum experience at this particular site and to assess and improve the program content in accordance with the goals of the program. Your honest evaluation is much appreciated.

On the back of this form, please add comments to clarify or support your responses.

MARKING INSTRUCTIONS: Using the following scale, circle the response that best represents your assessment of this practicum experience:

1 = Disagree Strongly 2 = Disagree 3 = Agree 4 = Agree Strongly N/A = Not Applicable

1. Orientation to the agency or site was adequate.	1	2	3	4	N/A
2. The agency provided the agreed upon resources for meeting the learning objectives.	1	2	3	4	N/A
3. The preceptor and staff were knowledgeable and experienced.	1	2	3	4	N/A
4. The staff were helpful and supportive.	1	2	3	4	N/A
5. Opportunities for discussion with the preceptor and staff were adequate.	1	2	3	4	N/A
6. Appropriate supervision was provided during the practicum activity.	1	2	3	4	N/A
7. The practicum experience met my overall expectations.	1	2	3	4	N/A
8. The practicum experience met my learning objectives.	1	2	3	4	N/A
9. The tasks I was assigned were commensurate with my abilities.	1	2	3	4	N/A
10. Opportunities were provided to apply knowledge and skills acquired from MPH core courses.	1	2	3	4	N/A
11. The practicum was well organized, with efficient use of scheduled time.	1	2	3	4	N/A
12. I would recommend that this practicum site be considered for future placement of MPH students.	1	2	3	4	N/A

Use this section for additional comments related to items 1-12.

What was the most important thing that you learned from this practicum experience?

What did you like best about this practicum experience?

What did you like least about this practicum experience?

Describe any barriers you experienced in completing your MPH practicum.

Please provide suggestions for changes/improvements to your specific practicum activity or to the practicum program in general.

Please give the following program components an overall rating according to the following:

1=poor, 2=fair, 3=neutral, 4=good, 5=excellent

Practicum Site	1	2	3	4	5
Site Preceptor	1	2	3	4	5
USUHS Program Support	1	2	3	4	5

Thank you for your assistance in optimizing the quality of this program.

USUHS MPH PRACTICUM PROGRAM
STUDENT PERFORMANCE EVALUATION

Name of Graduate Student: _____ Date: _____

Name of Practicum Site (organization, agency, or installation):

_____

Practicum Site Preceptor (primary supervisor): _____

Other Point(s) of Contact: _____

To the Practicum Site Supervisor:

Please use this form to evaluate the performance of the above named graduate student. Your response will help the Director, Graduate Research and Practicum Programs, to assess the overall performance of USUHS graduate students placed at various practicum sites, as well as to assign pass/fail credit to individuals for the required course, "Public Health Practicum." Our goal is to optimize the learning experience for USUHS graduate students, as well as to contribute to the overall mission of host organizations by placing highly motivated public health professionals into those operational environments.

On the back of this form, please add comments to clarify or support your responses.

MARKING INSTRUCTIONS: Using the following scale, circle the response that best represents your perception of the abilities or behaviors demonstrated by the student:

1 = Disagree Strongly 2 = Disagree 3 = Agree 4 = Agree Strongly N/A = Not Applicable

The graduate student in the practicum program:

1. Demonstrated the ability to articulate his/her goal(s) for the practicum experience in order to develop learning objectives.	1	2	3	4	N/A
2. Was knowledgeable and well-prepared.	1	2	3	4	N/A
3. Demonstrated the ability to implement a planned course of action to meet the agreed upon learning objectives.	1	2	3	4	N/A
4. Demonstrated the ability to adapt to the organization's procedures and culture.	1	2	3	4	N/A
5. Was respectful and courteous in his/her interactions with colleagues, support staff, or the general public.	1	2	3	4	N/A
6. Worked effectively within groups.	1	2	3	4	N/A
7. Demonstrated effective time management skills.	1	2	3	4	N/A
8. Demonstrated effective oral communication skills.	1	2	3	4	N/A
9. Demonstrated effective written communication skills.	1	2	3	4	N/A
10. Demonstrated the ability to contribute to the assessment or understanding of a public health problem or issue.	1	2	3	4	N/A
11. Met the agreed upon learning objectives.	1	2	3	4	N/A

Please use this section for additional comments related to items 1-11.

Please provide any suggestions for changes/improvements to this program.

Would you be willing to be a practicum site preceptor for other MPH students from USUHS in the future?

Yes _____ No _____

_____ _____

Signature of Site Preceptor Date

Thank you for your assistance in optimizing the quality of this program.

The Uniformed Services University of the Health Sciences
F. Edward Hébert School of Medicine
Department of Preventive Medicine and Biometrics
Graduate Programs in Public Health

MPH Practicum Program
INFORMATION FOR POTENTIAL PRACTICUM SITE PRECEPTORS

This document is prepared to provide program information to individuals who wish to serve as a practicum site preceptor for graduate students in the Master of Public Health (MPH) Program at the Uniformed Services University of the Health Sciences (USUHS) in Bethesda, Maryland. The completion of a practicum experience is a requirement for all students in the MPH program. Students and practicum site preceptors jointly develop learning objectives and a scope of work for activities/tasks designed to meet those objectives. In the past, students have benefited greatly from the opportunity to apply what they have learned in the classroom to address public health problems or issues in an operational environment, and preceptors have welcomed the opportunity to have graduate students assist with their projects.

Program Director contact information:

Tomoko I. Hooper, MD, MPH
Associate Professor and Director, Graduate Research and Practicum Programs
Phone: 301-295-1975
Fax: 301-295-6282
E-mail: thooper@usuhs.mil

What is a practicum?

- An opportunity for graduate students to gain practical, "in the trenches," public health experience and to apply what they have learned in the classroom
- An opportunity for organizations with a public health mission to involve graduate students in some of their ongoing tasks/projects in partnership with the Department of Preventive Medicine and Biometrics at USUHS
- A stand-alone activity or integrated with a more substantial independent project requirement for the MPH degree
- A planned, supervised, and evaluated activity related to public health or preventive medicine

The student is expected to spend a minimum of 108 hours on the MPH practicum requirement, although more is encouraged whenever feasible. This includes time spent on planning, development, execution, and reporting phases. Generally, students in the USUHS MPH program complete all coursework and their practicum and independent project requirements within an 11-month period. Core MPH courses are taught during the "Pre-Fall" (six weeks in July and August) and the Fall Quarter (mid- August to early-November). Typically, students start planning their practicum activities after completing the core courses. However, some students are enrolled in the MPH program as part-time students and take courses over a two-year period. These students may choose to begin their practicum experience at any point during their second year. Some time is available during the Summer Session (approximately 4 weeks in May and June) for completion of the MPH practicum and project requirements. During the rest of the academic year, the time available for practicum activities will vary for each student.

The MPH practicum may form the basis for a student's MPH independent project. The practicum and the project are two separate requirements for the MPH degree. However, they are often combined and integrated for practical reasons. When this is the case, the preceptor may serve as the student's primary project mentor. This role requires a larger time commitment on the part of the site preceptor. Students are expected to spend approximately 300 hours on their MPH independent projects. The primary project mentor guides protocol development, supervises work on the project, reviews draft and final versions of the project report, and evaluates student performance (includes grading the proposal and final version of the written report). A billeted USUHS faculty member typically serves as a co-project mentor and may be the individual designated to grade the student's work.

Who can be a practicum site preceptor?

A preceptor must have several years of experience working in a public health-related field. A graduate degree in public health is preferred but not required. The preceptor should have the requisite knowledge and skills to be able to guide and critically evaluate the student's work. If the student is an employee of the host organization, the preceptor should be other than the employee's immediate supervisor and preferably from another department within that organization.

Steps involved in serving as a practicum site preceptor:

- Formulate a preliminary scope of work for a student project.

  Meet with a specific student to discuss a possible scope of work that is mutually acceptable

  or

  Discuss a potential practicum opportunity with the Director, Graduate Research and Practicum Programs, at USUHS, before identifying a specific student. In this case, a brief written description may be sent by e-mail to the program director for inclusion in a reference file for students. Another option is to participate in the "PIP" fair, a venue that brings students and preceptors together to establish partnerships in research, program evaluation, public health problem-solving, or policy development. Representatives from various organizations are invited to set up informational displays at USUHS during the Fall Quarter, usually in September. Contact thooper@usuhs.mil or roger.gibson@usuhs.mil for further information.

- Once the graduate student and the site preceptor have agreed to proceed with the development of a practicum activity, the next step is to discuss the learning objectives, scope of work, and a timeframe. Preliminary approval from the PIP Program Director will streamline the process. This is also the time to initiate an inter-institutional agreement, if required by the University and/or the practicum site.

- Prior to beginning the practicum, the student must submit a written proposal using the "MPH Practicum Proposal" form. The proposal includes the name of the practicum site and site preceptor, contact information, a description of planned activities, a minimum of three learning objectives, and a timeline for completion of the practicum. The preceptor must sign both the "MPH Practicum Proposal" and attached "MPH Practicum Agreement" (available electronically). Forms may be faxed to 301-295-6282 or scanned and sent by email to the PIP Program Director. Also, a current *c.v.* will be requested for our program files.

- After the necessary paperwork has been submitted, work may begin on the practicum/project. Please direct the student to appropriate references and background materials early in the process. Meet regularly to assess progress, discuss any issues or concerns, reassess the timeline, and critique the student's performance. Please clarify both your schedule and that of your student with regard to travel, vacation, course exam dates, etc. Try to anticipate and plan for final deliverables near the end of the practicum/project period of performance.

- Please note that students are expected to include copies of reports or other materials that they produce as a part of their practicum experience in their final report. These student reports are kept on file in the PMB Department at USUHS and are available for review by other students and faculty. Therefore, you will need to inform your student if there are any materials that you feel should not be attached to the report.

- If you serve as the student's primary project mentor, you will be expected to evaluate and assign a grade for the project proposal and the project final report. Grading guidelines will be provided.

- Complete and submit the student evaluation form by fax or e-mail to the PIP Program Director at the end of the practicum activity.

Attachments:
MPH Practicum Proposal Form
Student Performance Evaluation Form
Practicum Site Evaluation Form

Guidelines for the Report on the Practicum Experience

The paper should be typed, double-spaced, 12-font, with one inch margins at the top, bottom, and both sides of the page. The report is expected to be a minimum of three to five pages in length. Attachments (if large) may be in a separate document.

Cover page: Use standard format on following page.

Executive Summary: Insert as separate unnumbered page right after the cover page.

Body of Report: See "Headings for MPH Practicum Report."

Page numbering: Begin sequential numbering on the first page of the body of the report.

Cover Page Format to Use for the Practicum Final Report:

PRACTICUM FINAL REPORT

A REPORT ON ACTIVITIES CONDUCTED AT _____[name of organization]
BETWEEN _____ AND _____ [dates]
SUBMITTED TO THE FACULTY OF
THE DEPARTMENT OF PREVENTIVE MEDICINE AND BIOMETRICS OF
THE UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
BY

[YOUR NAME]
[RANK, CORPS, SERVICE – IF MILITARY]

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
MASTER OF PUBLIC HEALTH

SITE PRECEPTOR:
[name, degrees, official title, division, department, etc., and address]

DATE [MONTH AND YEAR]

Headings and Content for MPH Practicum Report

Executive Summary

An executive summary is similar to an abstract, but used to report activities or to summarize a project that is only a portion of a larger study. Indicate whether or not your MPH practicum was part of your independent project. Length is between one-half to one page.

Objectives

Taken from your proposal and revised to reflect any changes in the scope of work

Background

Significance of this activity to public health (brief)
Literature review specific to the practicum, as appropriate
Background information on the organization (mission, funding, organizational structure)
Discussion of how your practicum is related to the organization's mission and its major activities

Description of Practicum Activities

Discuss what was done and why. Organize around key tasks of your practicum experience. Make your points in the body of the report and refer readers to the appendices for details, if appropriate.

Discussion and Conclusions

Discuss whether or not your learning objectives were met, and if so, how. Address how knowledge/skills acquired in the classroom were applied in an operational environment. What is the significance or potential impact of your work/findings on the site where work was performed? What recommendations do you have for any related work in the future? Would you recommend this practicum site to other students? Why or why not?

References (if any were cited in your report)

Appendices

Activity log
Include any products prepared for the site preceptor and the abstract/executive summary of your MPH project, if combined with your practicum.

APPENDIX C

USUHS
OFFICE OF RESEARCH (REA) FORMS

USUHS forms may be subject to change.

Download most recently updated form from the REA website:

http://www.usuhs.mil/research/ElectronicForms.html

Applicable USUHS forms are listed below

C1: USUHS Form 3202—Student and Resident Physician Research Proposal

C2: USUHS Form 3210—Progress Report: Annual, Interim, or Final Report

C3: USUHS Form 3204--IRB Submission Form (Example of page 1 only)

C4: USUHS Form 3204A—Research Involving Human Participants: Continuing/Annual Review (Page 1 only)

USUHS FORM 3202
STUDENT and RESIDENT PHYSICIAN
RESEARCH PROPOSAL

VPR Date Stamp

Project Number:
(VPR will assign)

Project Title:

1. **Name (Last, First, MI):**			
2. **Percent Effort:**	**% (Effort on awarded projects and other activities may not exceed 100%)**		
3. **USUHS Department:**			
4. **Telephone:**	**Office:**	**Fax:**	**E-mail:**
5. **USUHS Building/ Room No.**		**Lab Room Number(s):**	
6. **Off-Site Address:**			

7. **Type of Student/Resident:**

Student Type (select one)	Year of the project (select one)
☐ Graduate Student (Ph.D) or (Dr.P.H)	☐ 1 or ☐ 2
☐ Graduate Student (Masters)	☐ 1 or ☐ 2
☐ Medical Student	☐ 1 or ☐ 2
☐ Nursing Master	☐ 1 or ☐ 2
☐ Physician Assigned for Graduate Medical USUHS Billet Number	☐ 1 or ☐ 2

The following signatures attest to the validity of the above information:

Student/Resident Investigator	(Signature and Date)	Research Advisor	(Signature and Date)
Department Chair/Program Director	(Type or Print)	Department Chair/Program Director	(Signature and Date)

If Graduate Student / **If Nursing Student**

(Associate Dean for Graduate Education)	(Signature and Date)	(Dean, Graduate School of Nursing)	(Signature and Date)
(Associate Dean for Graduate Education)	(Type or Print)	(Dean, Graduate School of Nursing)	(Type or Print)

If Medical Student (both signatures are required)

(Dean, School of Medicine)	(Signature and Date)	(Dean, School of Medicine)	(Signature and Date)
(Dean, School of Medicine)	(Type or Print)	(Associate Dean for Student Affairs)	(Type or Print)

If Physician Assigned for Graduate Medical Education

(Associate Dean for Graduate Medical Education)	(Type or Print)	(Associate Dean for Graduate Medical Education)	(Signature and Date)

In light of the above signatures, the project is approved.

USUHS Vice President for Research	Date

8.	**Name (Last, First, MI):** (same as signature in Section B)			
9.	**USUHS Department:**			
10.	**Telephone:**	**Office:**	**Fax:**	**E-mail:**
11.	**USUHS Building/ Room No.**		**Lab Room Number(s):**	

12. Attach a copy of your research proposal. The proposal must be 3-4 pages and should have the following sections: Specific Aim(s); Background and Significance; Preliminary Studies (if any); Experimental Design, and Literature Cited (references with complete authors, titles of papers, page numbers). The format for the references may follow any peer-reviewed journal in your scientific discipline. All proposals must use a font size of 12, preferably use Times New Roman font, and be single spaced. ☐ Yes ☐ No

13. Is this research project related to an active research project of the advisor identified in Section B? If yes, complete this Part 13; if no, proceed to Part 14. ☐ Yes ☐ No

Project Number: _____
Project Title: _____
Project Start Date: _____
Project End Date: _____

14. **Anticipated Period of Performance:** **Project Start Date:** **Project End Date:**

15. **List all performance sites and indicate percentage of the work being performed at each site:**

Performance Site (Should not exceed 100%)	**% of Work**
USUHS (on-campus space and/or rented off-campus space)	
Other off-site location(s):	

16. **If this is year two of the project, is a USUHS Form 3210, Progress Report, attached?** ☐ Yes ☐ No

17. **Does this project involve any classified information?** (Contact the USUHS Security Office for guidance) ☐ Yes ☐ No

18. **Does this project involve research with foreign work?** (Contact the Clinical Affairs Office for guidance) ☐ Yes ☐ No

19. **What is the funding source?**

☐ No Funding
☐ Graduate Education Office
☐ USUHS Department/Program (Specify) _____
☐ Graduate School of Nursing
☐ Federal (specify): _____
☐ USUHS Intramural
☐ Other External Agency (Specify) _____

20. **If "Federal" or "Other External Agency" is marked, does the Sponsor allow indirect cost?** ☐ Yes ☐ No

21. **If yes what is the allowable rate?** %

22. **List budget breakdown below:** (May not include non-mission essential travel, secretarial/administrative support, or scientific conferences)

	Item Description	**Dollar Amount**
a.		$
b.		$
c.		$
d.		$
e.		$
f.		$
	Grand total (if more space is needed, attach an additional sheet on plain paper; include here with grand total)	$

23. If this is an annual assurance supplement (year two of the project), mark the "Change" box in each assurance section if work will deviate from work previously approved. Attach the appropriate assurance form(s), approval notification or forward the appropriate form directly to the proper committee as directed. If no change has occurred, mark the "No Change" box.

24. **Does this project involve human research?** (including human cells, tissues or fluids, surveys or database use or development) (Submit the USUHS 3204 IRB Protocol form: (new or modification/addendum) with the application to VPR, Room A1032). ☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A

25. **Is this project specifically covered in all relevant details by the preexisting IRB approval of your advisor's protocol identified in Section C.** ☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
   a. If yes, attach a completed USUHS 3204 IRB Protocol form, a copy of the USUHS approval letter and, if applicable, a copy of the approved informed consent.
   b. If no, attach a completed USUHS Form 3204, Research Involving Human Subjects.
   c. If Change, contact the IRB Office for guidance.

26. **Does this project involve the study of existing data?** ☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
If yes, list the data source(s) below:
Location: _____
Location: _____

27. **Does this project involve human research at a non-USUHS location(s),? If yes, list the location(s) below and attach a copy of the approval letter from each off-site location:** ☐ Yes ☐ No ☐ Change ☐ No Change

Location: _____
Location:

28. **Does this project involve animal research at USUHS?** ☐ Yes ☐ No ☐ Change ☐ No Change

29. **Is this project specifically covered by the preexisting IACUC approval of the advisor's protocol identified in Section C?** ☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
   a. If yes, complete Number 30 of this section.
   b. If no, forward a completed USUHS Form 3206, Animal Study Proposal to DLAM.
   c. If Change, contact DLAM for guidance.

30. **Have you submitted USUHS Form 3206C, Conveyance with Standard Animal Use Procedures, to DLAM to obtain a conveyance approval? List the advisor's Animal Protocol Number (APN) and Title below:** ☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
Animal Protocol Number: _____
Animal Protocol Title: _____

31. **If you have submitted your USUHS Form 3206, Animal Study Proposal, to DLAM and have been issued an APN or if this is the second year of the project, list your APN and Animal Protocol Title below:**
Animal Protocol Number: _____
Animal Protocol Title: _____

32. **Does this project involve animal research at a Non-USUHS location, including AFFRI? If yes, list the location(s) below and attach a copy of the approval letter from each off-site location:** ☐ Yes ☐ No ☐ Change ☐ No Change

Location: _____
Location:

Environmental Safety Certificate

33. **Does this project involve any of the following safety hazards?** (Mark all that apply) ☐ Yes ☐ No ☐ Change ☐ No Change

- ☐ Dangerous Materials
- ☐ Class 3 or 4 Lasers
- ☐ Human Blood, Tissue, or Body Fluids
- ☐ Controlled Substances
- ☐ High Intensity (>85 decibels) Sound
- ☐ Other:
- ☐ Extremely Hazardous Chemicals (If you checked this box please attach a list.)

34.	**Have you discussed this requirement with the Pharmacy?**	☐ Yes ☐ No ☐ N/A
35.	**Is this project specifically covered by the preexisting Biosafety approval of your advisor's protocol identified in Section C?**	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
36.	**Is Appendix 4, Biosafety Committee Information, attached?**	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
37.	**Does this project involve biosafety research at AFFRI?** If yes, attach a copy of the approval notification.	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A

38.	**Does this project involve the use of recombinant preparations?**	☐ Yes ☐ No ☐ Change ☐ No Change
39.	**Is this project specifically covered by the preexisting rDNA/DNA approval of your advisor's protocol identified in Section C?**	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
40.	**Is Appendix 4, Biosafety Committee Information, attached?**	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
41.	**Does this project involve rDNA or DNA research at AFFRI?** If yes, attach a copy of the approval notification.	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A

CDC Select Agents

42.	**Does this project involve the use of CDC select agents?**	☐ Yes ☐ No ☐ Change ☐ No Change
43.	**Is this project specifically covered by the preexisting CDC approval of your advisor's protocol identified in Section C?**	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
44.	**Is Appendix 4, Biosafety Committee Information, attached?**	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
45.	**Does this project involve CDC research at AFFRI?** If yes, attach a copy of the approval notification.	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A

46.	**Does this project involve the use of radioactive materials?**	☐ Yes ☐ No ☐ Change ☐ No Change
47.	**Is this project specifically covered by the preexisting radioactive materials approval of your advisor's protocol identified in Section C?**	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
48.	**Is Appendix 5, Radiation Safety Committee Information, attached?**	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A
49.	**Does this project involve radioactive materials research at AFFRI?** If yes, attach a copy of the approval notification.	☐ Yes ☐ No ☐ Change ☐ No Change ☐ N/A

50.	**Does your research involve the use of human cadaver material?**	☐ Yes ☐ No ☐ Change ☐ No Change

Upon completion of this project, a **Final Progress Report** must be submitted to the Office of Research.

Submit the USUHS Form 3210 with appropriate signatures (unless other arrangements have been made with the Office of Research). Attach a copy of your abstract. The University assurance offices may require additional closeout documents (contact the administrative office of each committee to determine). All USUHS forms can be downloaded from the Office of Research website at www.usuhs.mil/research/index2.html.

VPR Date Stamp

USU FORM 3210
PROGRESS REPORT
(Annual, interim, or final report)

Project Number:

Principal Investigator: _____
Department: _____
Title: _____

1. **PURPOSE:** (check one)

- ☐ Annual
- ☐ Interim
- ☐ Final
- ☐ Quarterly
- ☐ Bi-Annual

If Progress Report is attached (only complete sections 1-5) and sign.

2. **Date project was initiated:** _____

3. **Period covered by this report: from** _____ **to** _____

_____ _____
Principal Investigator (signature) Date

_____ _____
Department Chair (signature) Date

USUHS FORM 3204 IRB PROTOCOL SUBMISSION FORM

USU Department: _____ **Submission Date:** _____
Version No. ___ **& date:** _____

MEMORANDUM FOR DIRECTOR, HUMAN SUBJECTS PROTECTION PROGRAM

SUBJECT: Application and Request for Approval of Human Research Protocol

Check all the sites where subjects will be enrolled: **STUDY SITE(s):** ___**USUHS ,** ___**WRAMC,** ___**NNMC,** ___**MGMC; Other, please specify:** _____

PROTOCOL NUMBER:

PROTOCOL TITLE:

GRANT TITLE (if different from above):

FUNDING SOURCE:

FUNDING THROUGH HENRY M. JACKSON: ___**YES** ___**NO**

EARLIEST ANTICIPATED FUNDING START DATE:

PRINCIPAL INVESTIGATOR:

_____	_____	_____	_____
Principal Investigator's Signature	Department	Phone Number	Date

_____	_____
Department Chair's Signature	Date

UNLESS YOUR PROTOCOL IS DETERMINED BY THE EXEMPTION DETERMINATION OFFICIAL TO BE EXEMPT FROM IRB REVIEW, YOU MUST PROVIDE WRITTEN VERIFICATION OF SCIENTIFIC APPROVAL BEFORE THE PROTOCOL CAN BE REVIEWED BY THE IRB.

STATISTICAL REVIEW: A person knowledgeable in biostatistics reviewed this protocol to ensure that the statistical design is appropriate for the intent of this study.

_____	_____	_____	_____
Statistician Signature	Department	Phone Number	Date

_____
Typed Name

VPR Date Stamp

USU FORM 3204A
RESEARCH INVOLVING HUMAN PARTICIPANTS
(continuing/annual review)

SECTION I PROTOCOL INFORMATION

Protocol No.: _____

Principal Investigator: _____

Department: _____ **Phone** _____

E-Mail: _____ **Pager or Other Phone Number** _____

Project Title: _____

SECTION II STATUS OF THE STUDY {Mark the status of the study (a-g) and note the specific information that must be submitted}.

a. _____ **No participants accrued/data collected in this study** - termination requested. [Complete section III only].

b. _____ **Participant accrual/data collection for this study is pending** - continued approval requested. [Submit Sections III and IV (2, 8, and 10)].

c. _____ **Active with ongoing participation of subjects/data collection: Participant accrual/data collection not completed.** [Submit Sections III and IV (1 and 3-11)].

d. _____ **Active with ongoing participation of subjects: Participant accrual completed.** [Submit Sections III and IV (1 and 3-9)].

e. _____ **Active with follow-up of participants only.** [Submit Sections III and IV (4 only)].

f. _____ **Active with data analysis only: Subject participation/data collection completed.** [Submit Sections III and IV (1 - 4).]

g. _____ **Completed. Participants will not be followed/data analysis completed.** Date of Completion: _____ [Submit Sections III and IV (1 and 3-9) as a final human participant use report.

SECTION III. CERTIFICATION OF PRINCIPAL INVESTIGATOR

Signature certifies that the above titled research has been/will be conducted in full compliance with the DHHS/FDA Regulations and USUHS IRB requirements/policies governing human participant research. It is understood that IRB continuing review is required in order to maintain study approval and that **ANY** changes in the study/methodology which affect the participants must be approved by the IRB prior to implementation. Alternatively, if the study has never been

initiated and you are requesting termination (II[a] above), your signature verifies this request. If the study is completed (II[g] above), the information provided on this form represents an accurate final human research report.

Signature of Principal Investigator _____ Date _____

SECTION IV SUMMARY OF RESEARCH (use additional sheets as necessary)

DEMOGRAPHIC INFORMATION

1. **Target Accrual number:** What is the target accrual number approved by the IRB? _____

2. **Non-accrual:** If no participants have been accrued since the last IRB review, the reason(s) for non-accrual must be provided.

3. **Number of participants accrued since last review:** How many participants have been accrued since last review?

Total number of participants accrued since activation of the study: _____

Adults	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White or Caucasian	Other or Unknown	Total
Male								
Female								
Total Adults								

Children	American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White or Caucasian	Other or Unknown	Total
Male								
Female								
Total Children								

STUDY RESULTS

4. **Study Progress/Results:** Provide a brief summary of study progress/results (preliminary or final) obtained in the study. If the study is part of a cooperative group or multi-center trial, a copy of the most recent group-wide progress report must be attached.

ADVERSE EVENTS AND PROBLEMS

5. **Unanticipated adverse event(s):** From initial approval of the study to the present, has any participant enrolled in your study suffered an unanticipated adverse event? If the answer is yes, specify the total number of events, date(s) and summarize briefly the overall nature and significance of the adverse event(s).

PARTICIPANT WITHDRAWAL

6. **Involuntary participant withdrawal:** Was any participant withdrawn from your study because of medical complications or other problems? If the answer is yes, provide a brief description of the medical complication/problem for each participant who was involuntarily withdrawn.

7. **Voluntary participant withdrawal:** Did any participant voluntarily withdraw from your study for non-medical reasons? If the answer is yes, provide a brief description of any known reason(s) for each participant who voluntarily withdrew from the study.

CURRENT RISK/BENEFIT ASSESSMENT

8. **Current Risk/Benefit Assessment:** Has anything occurred since the last IRB review that may have altered the risk/benefit relationship? If the answer is yes, provide a current assessment, in your opinion, of the risk/benefit relationship based upon study results, adverse events, or other factors.

INFORMED CONSENT EVALUATION

9. **Informed consent process:** Did any problems occur relative to the obtainment and documentation of informed consent since the last IRB review? If the answer is yes, please provide a brief description of the problems.

10. **Informed consent document:** Is the approved informed consent document still acceptable (i.e., the information contained in the document is accurate and complete and there is no new information, which should be disclosed to the participant)? ***If in your opinion the approved informed consent document is still acceptable, this must be stated and a clean copy of the form(s) must be submitted with this form on USUHS letterhead for a continuing approval stamp.*** If, however, revisions are necessary, this must be stated and a new USUHS Form 3204 must be submitted along with this annual review

11. **Equity or consultative relationship:** Have any investigators developed an equity or consultative relationship with a non-USUHS source related to this protocol which might be considered to be a conflict of interest? ***(If yes, please append a statement of disclosure.)***

12. **Literature review:** Indicate that you have completed an updated scientific literature review _____ **(initial)**. Please list any relevant scientific publications that you found in the literature, and discuss whether and how the results of these published studies impact the risk-benefit relationship of your study.

APPENDIX D

AUTHORSHIP GUIDELINES AND MANUSCRIPT CLEARANCE FORM

D1: Authorship Guidelines

D2: Manuscript Clearance Form

Department of Preventive Medicine and Biometrics
Authorship Guidelines

These guidelines have been adapted from a memorandum to the faculty, Department of Preventive Medicine and Biometrics, dated 30 July 2001, and approved for implementation by the Chair of the Department.

For a manuscript that is substantially based on a graduate student's dissertation/thesis or independent research project, largely conceived, developed, and conducted by the student, he or she will be listed as the first author. Typically, a member of the USUHS faculty will serve as a project mentor or advisor. As a mentor, the faculty member works closely with the student on all phases of the research project, including directing, analyzing, writing, and drawing conclusions. Therefore, the mentor is usually considered the principal "scientific leader" and is listed as the last author.

To qualify as an author on a manuscript, an individual must have contributed to the following aspects of the project, specifically combining task (1) and (4) or task (3) and (4). Every "author" must have participated in drafting the paper and editing for intellectual content.

1. Concept and design
2. Research and resources
3. Analysis and interpretation
4. Writing and editing

Individuals who make a contribution to only one of the above four aspects of manuscript preparation should be acknowledged in the paper. Similarly, individuals who participate in more than one aspect, but not in writing and editing, should included in acknowledgments. Avoid awarding "honorary authorship." It is unfair and dilutes credit from those who deserve authorship.

In some instances, an individual may have contributed much more than technical support to the project and participated in some planning, data interpretation, and writing pertaining to their section of the paper. Biostatisticians or health care providers may fall into this category.

Author sequence or "author string" guidelines:

- Authorship issues should be addressed in the early phases of project design and development
- The first author has the key role in conducting the study, including data analysis and first draft of the manuscript
- The last author is almost always the "scientific leader" of the project (e.g., principal investigator of the grant under which the first author does the investigation or the primary project mentor)
- Other authors are listed by degree of participation in decreasing order
- When two or more individuals have made equal contributions to the paper, additional weight may be given to other considerations, such as whether or not faculty are in a tenure track position, etc.

Submission of manuscript for Departmental clearance/approval:

- Manuscripts to be submitted for publication require Departmental and possibly University, DoD, or higher-level clearance/approval (depending on content)
- Enumeration of author contributions should be attached to the clearance request

Uniformed Services University of the Health Sciences
Department of Preventive Medicine and Biometrics
USUHS Dept PMB Rm A1044
4301 Jones Bridge Road
Bethesda, MD 20814-4799

DATE

Manuscript Approval or Clearance

INITIATOR

1. USU Principal Author:
2. Faculty/Mentor Advisor:
3. Faculty Academic Title:
4. Institution: School of Medicine, Department of Preventive Medicine and Biometrics
5. Faculty Phone:
6. Type of Publication (Manuscript, Abstract, Poster, etc):
7. Publication Title and Author(s):
8. Enumeration of Author Contributions: Attach as separate document to this package (see memorandum for PMB faculty on authorship guidelines, dated 30 July 2001)
9. Intended Journal, Meeting, Forum, etc. and Date:
10. Approval required by:
11. Date submitted for Department approval:

CHAIR OR DEPARTMENT HEAD APPROVAL

1. Name: Gerald V. Quinnan, Jr., M.D., CAPT, USPHS
2. **School of Medicine, Department of Preventive Medicine and Biometrics**
3. Date Submitted for USU approval:

4. ☐ Higher approval/clearance required (for University, DoD, or US Governmental-level policy, communication systems or weapons issues review*)

Note: *It is DoD policy that clearance of information or material shall be granted if classified areas are not jeopardized, and the author accurately portrays official policy, even if the author takes issue with that policy. Material officially representing the view or position of the University, DoD, or the Government is subject to editing or modification by the approving authority.*

☐ Chair or Department Head Approval

_____ _____
Gerald V. Quinnan, Jr., M.D. Date
RADM, USPHS (Ret)
Professor and Chair

(if approval or clearance is required, see other side of form)

DEAN APPROVAL

1. Name: Larry W. Laughlin, M.D., Ph.D.
2. Dean, F. Edward Hébert School of Medicine
3. Date :_____

4. ☐ Higher approval/clearance required (for university- DoD or US Governmental-level policy, communication systems or weapons issues review*)

Note: *It is DoD policy that clearance of information or material shall be granted if classified areas are not jeopardized, and the authors accurately portrays official policy, even if the author takes issue with that policy. Material officially representing the view or position of the University, DoD, or the Government is subject to editing or modification by the approving authority.*

☐ Dean Approval

_____
Larry W. Laughlin, M.D., Ph.D.
Dean, SOM

DIRECTOR, UNIVERSITY AFFAIRS (OUA) ACTION

1. Name: :_____
2. Date : _____

3. ☐ USU approved or

☐ DoD approval/clearance required

4. ☐ Submitted to DoD (Health Affairs) on: _____

Or

☐ Submitted to DoD (Public Affairs) on: _____

5. DoD approved/cleared (as written) or DoD approved/cleared (with changes)

6. DoD clearance/date: _____

7. DoD disapproval/date: _____

_____
Director, OUA Signature/Date