



COVID-19 PIVOT AND INNOVATION FOR MPH STUDENTS

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MPH APPLIED PRACTICAL EXPERIENCE (APE)



The APE constitutes a supervised, hands-on project/internship within a public health practice setting through which students demonstrate competency attainment. Required for all MPH students in all accredited MPH programs.

The Council on Education for Public Health (CEPH) states:
Applied practice experiences may involve governmental, non-governmental, non-profit, industrial and for-profit settings or appropriate university-affiliated settings. To be appropriate for applied practice experience activities, university-affiliated settings must be primarily focused on community engagement, typically with external partners.



Public Health Core Competencies

The MPH requires 22 foundational competencies in 8 areas

- Evidence-based approaches to public health
- Public health and health care systems
- Planning and management to promote health
- Policy in public health
- Leadership
- Communication
- Interprofessional practice
- Systems thinking

For the APE, students all must meet the three competencies listed below, plus two of their choosing related to their area of study:

- Communicate audience-appropriate public health content, both in writing and oral presentation
- Perform effectively on interprofessional teams
- Apply systems thinking tools to a public health issue



Applied Practical Experience: Placements and Projects

Types of Organizations

- Governmental public health (mostly local, some state and federal)
- Government outside of public health (Children & Families, Law)
- Large non-profit public health and social service organizations
- Smaller community-based organizations—some with public health focus but others more broad
- Clinical settings—hospitals, health care systems, federally qualified health centers
- Regional planning associations

Types of projects/products

- Needs assessments
- Strategic planning
- Program evaluation
- Policy and research briefs, memos, white papers



2020 Pivot due to COVID-19 what did we need to do?

Most students complete their APE in the spring/summer. COVID hit during the peak time for recruitment of projects and student placement decisions.

Once we realized that we would need to quickly change our approach to APE for 2020, we asked ourselves two key questions:

- 1. How do we make the student APE experience as rich and rewarding as possible*
- 2. How do we best serve our public health community.*



2020 Pivot due to COVID-19 what did we need to do?

1. We had to reassure our students that they would not miss out on this critical component of their MPH training

- Students were anxious overall, and particularly concerned about missing out a key experience that prepares them for the workplace.
- Many students wanted COVID-specific opportunities to feel part of the COVID response.
- Students were dealing with their own challenges related to COVID, family members, etc.

2. We had to strategize with our external partners to identify and redefine opportunities

- Existing projects that had been posted and/or filled were cancelled due to changes in partner priorities.
- Organizations were struggling to manage the shift to remote work for their own organizations and concerned about taking on the supervision and mentoring of students.
- Organizations (especially governmental PH) were overwhelmed and needed our support in figuring out how to use students.



2020 Pivot due to COVID-19 what did we need to do?

3. We had to ask our accrediting body (CEPH) for greater flexibility in APE requirements

ASPPH Practice Section wrote a letter to CEPH to ask for continued flexibility with APE requirements, including:

- Content of experiences
- Types of deliverables
- Preceptor requirements
- Competency matching

“We aim to make the APE requirement as enriching as possible and provide opportunity to strengthen our students’ commitment to and experience in public health. We are confident that—as individual schools and programs—we can assure and manage the learning that will come from these APE experiences in ways that both meet our students’ learning needs and achieves the intent of the APE.”

4. We had to develop additional APE options beyond traditional 1:1 placements

- Created a DSPH Consulting Course
 - Six participating organizations, students worked in teams to develop products to support the operation of their assigned organizations; some of which were related to the COVID-19 pandemic.



How Did We Do?

- All of our students did either a traditional (though remote) placement or one of the other options.
- Partner organizations valued the contributions that our students made, especially since many projects were in direct response to COVID-19.
- Students missed the experience of physically being in an organization and missed out on some of the skills and competencies that an in-person experience grants.
- Mentoring and supervision was a challenge in a remote setting; some did better than others.
- Course/team-based options enabled a less isolating experience for students and offered support to our partners.
- We proved to ourselves the ability to think and move quickly to respond to a challenging and changing situation.



Thoughts for the Future

- **Interprofessional Education is not just clinical! We need continue to expand our thinking to multiple sectors (law and criminal justice, education, business, etc).**

If public health is going to make decisions about whether or not schools or businesses are open, they need to know about how these sectors are organized, built, staffed, and financed.

- **How can we be truly responsive to our public health partners, especially during a crisis?**
 - Do our competencies accurately reflect PH practice?
 - Can our accrediting body continue to be flexible with requirements to better meet the needs of public health community?
 - How can we—in higher education—be flexible and nimble, even absent a pandemic

