Community Health Fieldwork Manual

SUNY-Cortland
Health Department

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Introduction

Fieldwork is the culminating experience of the community health major at SUNY-Cortland. Each student spends a semester working in a health agency. The options for fieldwork placement are as broad and varied as the field itself; students are encouraged to choose a placement that reflects their interests and aspirations. Fieldwork should be a fulfilling and stimulating experience for students as well as a beneficial arrangement for agencies and the people they serve.

First and foremost, fieldwork is a learning opportunity. It is a time when students can begin to apply classroom learning to workplace practice, when presentations, readings, and discussions are replaced by the day-to-day challenges and rewards of working in the health field. It is a time for experiential learning that facilitates growth in multiple ways. Students develop essential skills and competencies that will allow them to advance in their future jobs. They come to better understand the complex nature of institutions, programs, and progress in the health field. Last, but certainly not least, they come to better know themselves—their aptitudes and talents, the kinds of work that most satisfy and interest them, and the ways in which they can improve professionally as they move forward after graduation.

Fieldwork also offers very practical opportunities for students as they begin to construct their careers. Their new qualifications and work experience will enhance their resumes. Positive relationships with supervisors and co-workers will result in recommendations and an incipient professional network. Observing and talking to people in the field will give them insight into how best to achieve their educational and professional objectives.

Last, fieldwork offers students an "in between" time. Almost at the end of their college experience, they are poised to enter the "real world." Often students feel lost and intimidated as they contemplate their future career, unsure of how best to navigate the new challenges that await them. Fieldwork, designed as an interface between college and work, serves as a supportive mechanism for that transition from student to health professional.

Course Description

HLH 499: Fieldwork in Health: Two quarters; may involve residence in any part of New York State, the United States, or another country at student's expense. Prerequisites:

HLH 203, 221, 380, 390, 391, 394, 462, 492, 493, 494 and nine hours of HLH electives; cumulative grade point average of at least 2.5; consent of department. Grading: H, S, U grades assigned. (8 cr. hr. per quarter)

Learning Objectives

Each fieldwork experience is shaped in unique ways by the combination of a specific agency, a specific student, a specific time, and the particular kinds of work that emerge from that combination. Therefore, the goals of the fieldwork experience are fairly general.

As a result of the fieldwork experience, community health majors will be able to:

1. Demonstrate progress in terms of overall professional growth since the start of fieldwork.

2. Demonstrate oral and written communication skills as appropriate to the agency's work.

3. Access existing information and data related to the agency's work.

4. Collect quantitative and/or qualitative data related to the agency's work.

5. Design, plan, implement, and/or evaluate programs related to the agency's work.

6. Describe the agency in terms of the ten essential public health services.

7. Discuss the agency's work in terms of related course content.

8. Discuss ethical concerns as they arise in the operations of the agency.

9. Discuss strategies and approaches used by the agency to support diversity, equity, and inclusion regarding staff and the people they serve.

10. Articulate how they see themselves as health professionals.

11. Discuss their career plans and interests; their work-related skills, talents, and limitations; and the kinds of work they find engaging and personally rewarding.

12. Develop a network of professional contacts to help them advance in their chosen career.

Eligibility

Student Eligibility Requirements

1. Cumulative grade point average of 2.50 or higher (See policy statement below.)
2. No current "incomplete" courses or "late grades"
3. All HLH courses required for the community health major are complete, including electives
4. Not on academic probation

Fieldwork GPA Eligibility Policy

1. A cumulative GPA of 2.5 (or higher) is required to enroll in HLH 499.
2. Preliminary **fall** semester placements are made during the spring semester of the previous academic year. In order for such a preliminary placement to be made, the student must be eligible for fieldwork by the end of the first summer session. That is, when grades are reviewed in May and/or at the end of the first summer session, the student must have a 2.5 (or higher) cumulative GPA. Any student who has not achieved GPA eligibility by that time will not be allowed to participate in fieldwork during the fall semester.
3. Preliminary **spring** placements are made during the fall semester of the academic year in which fieldwork is desired. In order for such preliminary placements to be made, the student must be eligible for fieldwork by the end of the fall semester. That is, when fall semester grades are reviewed in January, the student must have a 2.5 (or higher) cumulative GPA. Any student who has not achieved GPA eligibility by that time will not be allowed to participate in fieldwork during the spring semester. Winter session grades are not counted in determining eligibility for fieldwork during the spring semester.
4. Preliminary **summer** placements are made during the spring semester of the academic year in which summer fieldwork is desired. In order for such preliminary placements to be made, the student must be eligible for fieldwork by the end of the fall semester. That is, when fall grades are reviewed in January, the student must have a 2.5 (or higher) cumulative GPA. Winter session grades can be used to determine eligibility for summer fieldwork. Any student who has not achieved GPA eligibility by that time will not be allowed to participate in fieldwork during the

summer.

5. If a student is eligible for fieldwork at the time of preliminary placement, but then the student's GPA falls below 2.5 subsequent to the preliminary placement, the student becomes ineligible and will not be permitted to begin fieldwork as originally planned.

NOTE: The term "preliminary placement" is used above to indicate that a definite fieldwork placement is not finalized until the student has cleared all eligibility requirements. This includes completion of all required course work, achievement of 2.5 GPA or higher, resolution of any incompletes, etc.

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Placement Planning

Students enrolled in the community health major are required to complete two quarters (16 credits) of Fieldwork in Health (HLH 499). Students may choose one agency for the entire semester or two different agencies for eight weeks each. The choice of one or two agencies depends on the student's interests and the needs of the various agencies. Most students opt for one agency.

The Health Department gives students the freedom to choose their own fieldwork placement, subject to the minimum criteria listed below and departmental approval. This freedom allows each student to optimize the potential of fieldwork by selecting a setting that reflects their priorities in terms of career interests and location. With this freedom, however, comes responsibility. Community health majors are expected to initiate the planning process early and continue until their role in the

process is complete. The goal is to establish a definite and approved placement at least two to three months in advance of the first day of fieldwork. Students who do not achieve this goal may need to delay fieldwork to a later semester.

The process of planning fieldwork can seem overwhelming at first, and be frustrating at times, but it works. The student and the Health Department share responsibility for planning fieldwork and securing an appropriate placement. Each has a distinct role in the process.

Student's Role	Health Department's Role
Get started at least a year before the semester in which the student is eligible to do fieldwork.	Provide multiple opportunities to discuss fieldwork with advisors and the community health fieldwork coordinator.
Clarify goals and preferences in terms of type of experience, type of agency, and location of agency.	Provide resources on the community health fieldwork website: 1) Fieldwork Manual; 2) dates, times, and locations of the two mandatory meetings; 3) prior placement lists; 4) information about options in other countries; 5) required forms; 6) the presentations shared at the mandatory meetings.
Research the possibilities using a variety of sources (agency websites, the prior placement lists, Career Services, alumni, parents and family friends, mentors, faculty, the International Programs Office).	Provide the necessary forms and due dates to help keep the student on track: 1) the fieldwork intent form; 2) the fieldwork application form.
Explore the possibilities through phone calls, emails, and interviews; seek guidance and advice when deciding the top choice and back-up choices.	Call the selected agency(ies) to confirm that the placement is definite and can provide an appropriate fieldwork experience.
Attend both mandatory meetings (planning and orientation).	Assist the student if the preferred placement is not acceptable and/or withdraws the offer.
Submit the fieldwork application to both the fieldwork coordinator and the Health Department administrative assistant. Complete the prior felony inquiry form,	Inform the Health Department administrative assistant of approved placements so she can initiate the development or renewal of an affiliation

which is available in MyRedDragon.	agreement as necessary.

Minimal Criteria for Agency Selection

1. The work of the agency is closely related to community health and provides the student with regular and ongoing opportunities to meet the fieldwork learning objectives and develop basic community health competencies.
2. At least one staff member is an experienced and credentialed health professional.
3. The work of the agency is varied and multi-dimensional.

Affiliation Agreements

SUNY-Cortland must have a finalized affiliation agreement with a host agency in order for fieldwork to commence. The process of creating an affiliation agreement can take several weeks and even months. For summer and fall semester placements, new affiliation agreements are not initiated after the beginning of April. For spring semester placements, new affiliation agreements are not initiated after the beginning of November. Rarely, some agencies ultimately decline to establish an affiliation agreement with SUNY-Cortland. In this event, the agency cannot host a student for fieldwork and a new host agency must be identified.

Financial Compensation

The State University of New York (SUNY) permits students to be paid by agencies for the work they do during fieldwork. Some agencies pay students a stipend, and sometimes students are hired before or during fieldwork. However, agencies are not required to pay students and most do not. Students can inquire about payment when they research their placement options.

The status of student compensation has no bearing on the nature of the fieldwork experience. Paid fieldwork must offer the same quantity and quality of learning opportunities as unpaid fieldwork. Jobs whose requirements do not include at least some college education are unlikely to meet this standard but may be acceptable for a subset of fieldwork hours if they support the development of community health knowledge and skills.

The Health Department has no responsibility to help students arrange financial compensation for fieldwork. Agency supervisors can provide guidance in this area. The

community health fieldwork coordinator and college supervisor should be fully informed about any proposed change regarding the student's formal status in the agency.

Registration

Students must register for two quarters of HLH 499 by the end of the drop-add period for the semester in question to earn credit for fieldwork. The tuition cost of HLH 499 is consistent with the cost of other academic credits. Students cannot register for fieldwork unless their fieldwork application has been submitted and the placement has been reviewed and approved by the fieldwork coordinator. Students who do fieldwork in another country register for SAB credits (Study Abroad) through the International Programs Office. The SAB credits are converted to HLH 499 credits after the student has successfully completed fieldwork.

Medical and Background Clearance Requirements

Many agencies require students to meet a set of medical and background clearance requirements prior to beginning fieldwork, even if the student is not going to work with patients or clients. These requirements are established by the agency, not SUNY-Cortland, and usually mirror the requirements set for new employees. Typical requirements for healthcare agencies include a recent physical, current vaccination record, flu shot, TB testing, and COVID-19 vaccine. It is the student's responsibility to ask an appropriate agency representative, usually the agency supervisor or the volunteer coordinator, about medical clearance and take all necessary steps to meet the requirements at least two weeks in advance of the first day of fieldwork. If the start of fieldwork is delayed because the student has not been medically cleared, the missed days will be viewed as unexcused absences and the student will need to make up the missed days at the end of fieldwork. Students are encouraged to schedule physical exams early and submit required documentation well in advance to allow time for agency processing.

Usually the clearance requirements are not demanding in terms of time or cost. However, some agencies may require students to complete a more extensive set of requirements, i.e., a background check and/or drug screen, and the student may need to pay for these. Students can determine the costs associated with medical and background clearance before deciding on a placement.

Fieldwork in Other Countries

One of the major advantages of fieldwork is that students can arrange a placement in another country and gain invaluable experience. Community health majors have traveled to Belize, Ghana, Madagascar, India, Prague, Barcelona, and Ireland to do fieldwork. Students who are interested in this option should discuss it with their academic advisor and the community health fieldwork coordinator. They should also go to the International Programs Office (IPO) to learn more about "study abroad" programming (SAB). The first step is to attend a "Study Abroad 101" session at the International Programs Office (IPO), either remotely or in Old Main 220. These sessions are scheduled every week. Then they should meet with an SAB advisor in the IPO to learn more about appropriate fieldwork options and set up a placement. The fieldwork website also provides some information about SAB placements, and the fieldwork coordinator arranges an optional meeting each semester to discuss SAB fieldwork placements with interested students.

Some fieldwork placements in other countries, such as Belize, are tailored to the requirements of community health fieldwork. Many others, however, are not specifically designed to meet these requirements. They may or may not last for 16 weeks in the fall and spring semesters or for 12 weeks in the summer. They may or may not award 16 credits for completing the program. As a result, some SAB programs may require students to do an additional "mini-placement" after they return to the United States. For example, a fieldwork program in Barcelona is designed and facilitated by an organization called Global Experience. Global Experience offers a 12-week, 12-credit program. A student who does this program for fieldwork would need to do an additional four-week, four-credit "mini-placement" after returning from Barcelona. The student would be responsible for finding the mini-placement and including it on their fieldwork application.

Courses, Athletics, and Other College Activities During Fieldwork

According to the *College Handbook* (410.08), students may not be enrolled in any coursework (at Cortland or any other institution) nor participate in any College-related activities while engaged in fieldwork. However, student athletes may request permission to participate in their sport during fieldwork by submitting the Student Athlete Request form, which is posted on the community health fieldwork website. The decision must be approved by the Dean of the School of Professional Studies and is contingent on student performance at a satisfactory level or above throughout

fieldwork. Student athletes should plan to extend fieldwork by one to two weeks to accommodate definite and/or potential competitions. This can be accomplished by starting early and/or ending late.

Student Responsibilities During Fieldwork

Communication

1. Fieldwork students are expected to contact the college supervisor by phone or email the week before fieldwork begins.
2. Fieldwork students are expected to communicate as necessary with both the agency and college supervisors throughout fieldwork. Students should contact the college supervisor if they are experiencing a fieldwork-related problem or conflict that is not easy to resolve.
3. Fieldwork students should monitor their Cortland email accounts for fieldwork-related emails.

Attendance

1. Fieldwork students are expected to work a minimum of 35 hours per week (including lunch) over 16 weeks of fieldwork in the fall and spring semesters. Students can attend fieldwork for more than 35 hours per week but should generally avoid more than 40 hours per week. Summer fieldwork students must work a minimum of 40 hours per week over twelve weeks of fieldwork. With some exceptions, the daily schedule should be similar to that of the agency employees with whom the student is working. A fieldwork schedule should be based on attending fieldwork from seven to nine hours per day. A schedule of three twelve-hour days per week is not an option, and some agencies cannot accommodate a nine-hour day. Both the agency and college supervisors must approve the fieldwork schedule.
2. Fieldwork students are to follow the agency's calendar and not the college calendar. Therefore, students who do their fieldwork during the spring semester do not have a spring break unless they are working at a college or university. However, students are limited to five absences due to agency closures. Agencies that will be closed for more than five days during the semester may not be appropriate as host agencies unless the fieldwork schedule is extended to compensate for the additional closures. An excessive number of closures is likely for public schools and the related agencies that adopt the public school schedule.
3. Fieldwork students are expected to fulfill their fieldwork obligations without interference from any other activities, including part-time jobs and athletic

practices. Some agencies schedule activities during the evenings and/or weekends, so fieldwork students may be occasionally required to exchange daytime hours for evening work.

4. Fieldwork students are responsible for being at the agency every workday unless the agency is closed for a holiday or poor weather. If the agency supervisor is absent, the fieldwork student is still expected to attend fieldwork. Students are allowed a total of 21 hours (i.e., three seven-hour days or 2.5 8.75-hour days) during fieldwork that do not need to be made up.

5. All absences must be reported to the agency on or before the day of the absence. In the rare event that a student needs to take a lengthy absence from fieldwork, planned or unplanned, they should make arrangements to make up the additional missed days at the end of the fieldwork period. Missed days are made up with additional days of fieldwork, not with additional hours added to existing days. This plan must be approved by both the agency supervisor and the college supervisor in advance. Students who choose to do fieldwork away from home, including those who do fieldwork in the Cortland area, should have a plan for housing in case they need to extend fieldwork beyond the end of the semester.

6. Students should avoid planning to start a graduate program or full-time job within two weeks of the end of fieldwork in case they have a lengthy absence and need to extend fieldwork. Under no circumstances can a graduate program or full-time job overlap with fieldwork unless the student is hired by the agency and the job responsibilities are appropriate for fieldwork.

7. On a case-by-case basis, early/late starting and end dates may be considered when the placement requirements warrant, but all students are responsible for completing the required number of weeks.

8. Poor attendance does affect grades and can result in a U in extreme cases. At the end of the semester, fieldwork students are responsible for submitting the "Summary Record of Absences during Fieldwork" form, signed by their agency supervisor, which can be found on the Health Department community health fieldwork website.

Professionalism

1. Fieldwork students are responsible for following all agency policies related to confidentiality and should be aware of the consequences of violating that confidentiality. The agency's confidentiality policies and practices should be thoroughly reviewed with the agency supervisor at the beginning of fieldwork.

2. Fieldwork students are expected to adopt the following characteristics and practices at all times while representing their community health agencies and SUNY-Cortland:

a. Professional clothing
b. Professional conduct
c. Professional language
d. Excellent attendance
e. Punctuality
f. Teamwork
g. Cultural competence
h. Ethical principles
i. The Health Department's community health dispositions, which are listed below:
   i. Collegiality
   ii. Dedication to profession
   iii. Leadership
   iv. Cooperation and collaboration
   v. Respects and values the field of public and community health
   vi. Professionalism
   vii. Confidentiality
   viii. Demonstrates fairness in their interactions with others
   ix. Works well as a member of a team
   x. Understands and values diversity
   xi. Receptive to feedback and coaching
   xii. Reflective and critical thinker
   xiii. Written and oral communication skills
   xiv. Honesty
   xv. Integrity
   xvi. Caring and empathy for others
   xvii. Work ethic and diligence
   xviii. Personal and social responsibility

Academic Work and Documents

Fieldwork students are responsible for completing all academic assignments and fieldwork-related forms, including the Community Health Learning Outcomes Survey, at the end of the semester. Guidelines for all assignments are provided in the Assessments section of this manual. In general, students should not use fieldwork hours to research or write their academic assignments. Additionally, students are responsible for providing their agency supervisors with the evaluation forms at least one week in advance of the due date and uploading the completed and signed forms to the Blackboard classroom.

<u>Supervisor Responsibilities During Fieldwork</u>

A successful fieldwork experience requires that the student, the agency supervisor, and the college supervisor work together as a team. Each member of this team plays an important role. The student brings to the agency a foundation of knowledge and skills gained from their courses; their role is to welcome opportunities for professional growth. The roles of the two supervisors are described below.

The College Supervisor

The college supervisor serves as a liaison between the student and the agency supervisor, coordinates and assesses the academic aspect of fieldwork, monitors attendance, provides feedback and support to students as they go through fieldwork, and determines the student's final grades. If a student is at risk for getting a U in fieldwork, the college supervisor alerts the student and the fieldwork coordinator of this problem, assuming they have advance notice, and works with the student and agency supervisor to try to improve the quality of their work and meet fieldwork requirements. College supervisors do not make supervisory site visits, but they do maintain telephone and email contact with both the student and the agency supervisor during fieldwork.

The Agency Supervisor

The agency supervisor provides the student with a structured and planned learning experience that incorporates multiple and varied opportunities for the student to develop professionally. At a minimum, agencies and agency supervisors are expected to:

1. Provide a fieldwork experience that is clearly health-related.
2. Provide and/or develop a fieldwork learning plan with the student (See Assessment.)
3. Provide an adequate amount of substantive work so that the student does not have excessive amounts of down time or busy work. Avoid excessive amounts of clerical work.
4. Encourage student attendance and/or participation in appropriate meetings, workshops, trainings, and conferences.
5. Encourage the student to get involved with multiple agency projects, both new and ongoing.
6. Encourage student observation/participation in official protocols, such as report

writing and grant activities.

7. Enable the student to become familiar with federal, state and local legislation pertaining to the agency's work.

8. Acquaint the student with the agency's mission, goals and roles in the community and the field of public health.

9. Explain the role of the various departments within the agency in relation to the agency as a whole.

10. Assist the student in identifying and developing a special project related to the mission and current work of the agency. (See Assessment.)

11. Complete two student performance evaluations, one at the mid-semester point and one at the end of the semester. (See Assessment. The student will provide and submit the form.)

12. Maintain communication with the college supervisor as necessary throughout fieldwork.

13. Share any concerns about the student's conduct, attendance, language, or other aspects of professionalism with the student and the college supervisor in a timely manner that allows the concerns to be addressed.

14. Explain policies and practices related to confidentiality.

15. Evaluate the college supervisor at the end of fieldwork. (The student will provide and submit the form.)

16. Provide appropriate work and supervision for the student throughout the fieldwork period. In the event of the agency supervisor's absence or a Joint Commission visit to a hospital, for example, the student should not be told to stay home.

17. Do not provide large amounts of time for the student to research and write their academic assignments, i.e., the project proposal and report, particularly on a weekly basis.

18. Share any concerns about incidents or aspects of the student's learning environment with regard to equity and inclusion.

Supervision in Clinical Placements

Some fieldwork students intend to pursue a career in an allied health profession after graduation and therefore select a fieldwork placement in a clinical setting such as a hospital, rehabilitation facility, or private practice. The Health Department's community health major does not include clinical coursework, so most students have not yet developed in-depth knowledge of healthcare practice or clinical skills. For this reason, they cannot provide direct patient care and benefit from shadowing professionals. Shadowing provides valuable learning experiences, but it is too passive to constitute an

entire fieldwork experience. In addition to shadowing, students should apply their health education and health promotion skills. Community health fieldwork majors take several courses in community health programming, including assessment and evaluation, community health education, and health informatics. They can assist with developing community outreach and screening materials; conducting community health assessments; implementing health education and wellness interventions for patients, such as smoking cessation and diabetes management classes; facilitating a support group; designing and conducting in-service presentations for staff; implementing interventions to improve patient satisfaction, safety, and/or quality of care; implementing interventions to address worksite wellness; collecting data to inform the design, planning, and implementation of interventions; and writing grants and reports.

In addition, students may:

- Attend meetings related to patient care, such as safety huddles and length of stay meetings.
- Join a hospital committee and get involved with the work of the committee.
- Provide social and emotional support to patients.
- Supervise or participate in recreational activities with patients.
- Assist the practitioners in other ways. For example, they can be trained to take vital signs, operate computer software, record data during assessments, transport patients, do chair follows, and assist with therapeutic activities as deemed appropriate by the agency supervisor.
- Shadow a variety of professionals doing different kinds of work while discussing clinical activities and asking questions.
- Rotate to different areas of the agency.

Telecommuting Policy

The coronavirus pandemic has normalized telecommuting for many healthcare and public health agencies. In some agencies the student may work remotely on a regular basis along with staff. However, attending fieldwork remotely is not as conducive to applied learning as being on site. For this reason remote fieldwork should be limited to no more than one day per week, and supervisors should pay close attention to remote working arrangements so the student does not become too isolated or have too little structure. Working remotely in the event of hazardous commuting conditions is appropriate.

Assessment

The grading system used for fieldwork is the college-wide system of Highly Satisfactory (H), Satisfactory (S), and Unsatisfactory (U). The syllabus lists the criteria for each grade. A student whose work is submitted late on more than one occasion will not be able to achieve an H.

Remediation Policy: Process for the Termination of Student Fieldwork Experience

The fieldwork student will be removed at any time during the fieldwork experience when the agency supervisor, college supervisor, community health fieldwork coordinator and the chair of the Health Department determine that the fieldwork student's performance is not satisfactory and that minimal competence cannot be achieved. In some cases, an agency supervisor may decide unilaterally to end a placement. If removed from fieldwork, the fieldwork student will receive a grade of "U" (unsatisfactory) for the quarter. If a student receives an unsatisfactory grade in fieldwork, they must go through the remediation process during the following semester before receiving permission to re-enroll in HLH 499.

Evaluations (aligned with learning objectives 1-5)

A fieldwork student is formally evaluated twice by the agency supervisor. The first evaluation is at the end of the first quarter (eight weeks) of fieldwork. The second evaluation occurs at the end of the second quarter (16 weeks). Students are assessed in three skill domains: 1) public health information literacy, 2) public health communication skills, and 3) public health programming skills. They are also assessed for professionalism and the Health Department's community health dispositions. Agency supervisors should discuss both evaluations with students to help them understand their strengths and limitations at this point in their professional development. The evaluations are then provided to the college supervisor, who factors the evaluation scores into the first quarter and second quarter grades. The evaluation forms are posted on the fieldwork website.

Weekly Logs

Students submit weekly logs throughout the fieldwork experience. The weekly log documents the tasks performed by the students each day as well as the time periods when they are working and the total number of hours worked each week. In

addition, students incorporate a reflective dimension into their weekly logs. Reflection may encompass a wide range of opinions, observations, insights, ideas, and questions related to the agency and the student's personal experience of fieldwork on a day-to-day basis. Each weekly log should be two to five double-spaced pages in length. The weekly log is due to the college supervisor every Monday. An example of a weekly log can be found in Appendix A.

Fieldwork Learning Plan

The Fieldwork Learning Plan is a 1-2 page (double-spaced) overview of the fieldwork experience planned by the agency supervisor and the student. It should be in the form of a numbered list of the student's learning objectives for fieldwork. Learning objectives clarify what students will focus on learning in their respective agencies. Some objectives could relate to learning knowledge integral to the agency's work while others could relate to learning necessary skills. Still other goals may relate to the student's personal development in terms of their professional growth and career plans. There should be at least five learning objectives for fieldwork. Beneath each learning objective, list the primary activities, events, meetings, projects, trainings, etc., that will facilitate the student's achievement of the objective. Some fieldwork activities may support progress towards multiple learning objectives and therefore be included on more than one list. It is understood that the fieldwork learning plan may evolve over the course of the semester for a variety of reasons. Learning plans vary greatly from student to student, given the diversity of host agencies. However, the learning objectives should be consistent with the fieldwork learning objectives (page 4) and the minimum expectations of fieldwork experiences. (See "Supervisor Responsibilities during Fieldwork," page 14.)

Community Health Project (aligned with learning objectives 3-5)

During fieldwork, each student plans and implements a project related to the agency's mission and current areas of focus. The two requirements of fieldwork projects are that they potentially benefit the agency in a practical way and involve the student in primary data collection and analysis. Most projects consist of two parts, an intervention/program and data collection. Data collection typically helps the agency to 1) assess health-related needs of a target population, 2) design and plan an intervention, and/or 3) evaluate an intervention. The role of the student in the intervention depends on the nature and timing of the intervention as well as the purpose of data collection. When a student does a needs assessment, for example, there may not be enough time remaining during fieldwork to design and plan an

appropriate intervention. Often, however, the student plays an important role in designing, planning, and/or implementing an intervention. Depending on the project and agency staffing, the student may do the project alone, work with a partner, or work as a member of a team. When two students are placed in the same agency during the same semester, they must do separate projects.

At least a week prior to the project proposal due date, agency supervisors should help students to brainstorm possible projects, assess the feasibility and significance of their ideas, and consider a timeline for the project. Students are encouraged to also email a brief description of the project idea to the college supervisor for general and immediate feedback before they write the proposal. Students then submit a detailed project proposal to the college supervisor for feedback and approval. Projects should not begin until approved by the college supervisor. Examples of final project reports are available on the Health Department's fieldwork website. The project proposal and report are academic assignments and should not replace fieldwork activities.

Guidelines for the Project Proposal

- Length: In general, seven to ten double-spaced pages, not including the title page or references, but it could be more.

- Format: APA format, 7th edition. Good APA resources include the *APA Manual* and [Purdue's Online Writing Lab](#).

- Title and title page: Provide the complete title of the project. The title should include the name of the agency.

- Proposal sections
  o The Problem
  o The Intervention
  o Data Collection
  o References

- Section 1: The Problem
  o Two to four pages.
  o The purpose of this section is to provide background information to provide a context for the reader.
  o Cite reputable and current sources as necessary.

- o Clearly identify the problem that is being addressed by the project. The problem may be a disease, disability, or injury (i.e., diabetes, HIV, cancer, autism, wounds, obesity); a social determinant of health (i.e., violence, abuse, discrimination, poverty); a challenge related to healthcare and/or access to healthcare (i.e., patient dissatisfaction, lack of health insurance, high rates of hospital-acquired infections, falls in hospitals); an environmental health issue (i.e., indoor air pollution, poor water quality, lead exposure); or something else that is clearly related to community health.
- o Explain the cause(s) of the problem and identify major risk factors.
- o Describe the effects of the problem on individuals and perhaps other social levels as well, i.e., families, relationships, communities, etc. Consider mortality, morbidity, and quality of life.
- o Describe the epidemiology of the problem, i.e., current incidence and/or prevalence (national, regional, state, county/city), trends over time, and significant disparities.
- o If prevention and/or treatment of the problem is well established, explain the primary strategies and interventions.
- o Explain how the agency's mission and work relate to the problem.

- Section 2: The Intervention
  - o Describe the intervention. Most interventions are related to education or awareness-raising, but some are related to a change in policy, practice, training, or procedure; or providing a resource or service, such as a food pantry, dental sealants, or an exercise class. Be specific about where and when the intervention will (or does) take place, as well as the target population and the professionals responsible for implementation.
  - o Clearly explain your role in the intervention, if any. Are you involved in design and planning, implementation, or some combination of these roles? It is possible that you will not be directly involved in the intervention itself, perhaps because you are conducting a needs assessment and the intervention won't be developed or implemented until after fieldwork is over. Or if the intervention is an existing and ongoing service, you may not be able to participate in its implementation.
  - o What are the expected outcomes of the intervention?
    - How will the intervention benefit the agency?
    - How will your role in the intervention benefit you, professionally and/or personally?

- If the intervention is based on a community health theory, model, or framework, explain. If not, discuss how specific theoretical constructs relate to the intervention. For example, an intervention that educates people about the benefits of changing a behavior could be based on the health belief model (perceived benefits), or an intervention that models a healthy behavior could be based on social cognitive theory (observational learning). You may need to refresh your memory of these theories, which you learned about in HLH 394. *Theory at a Glance: A Guide for Health Promotion Practice* is posted in Blackboard and may be useful for this purpose. Alternatively, the intervention may be based on a theory or model related to organizational change, nursing, policy development, or disabilities. Check with your supervisor and the research literature to explore this possibility.

- Is the intervention evidence-based? In general, an evidence-based intervention is one that has been rigorously studied and found to be effective. It may be considered "best practice." If you don't know if the intervention is evidence-based, check with your agency supervisor and/or prominent organizations in the field to identify current best practice, and explore the research literature to see if relevant evaluation research has been published by a scholarly journal. There are also resources posted in the Blackboard classroom that may be of help. Cite one or more organizations and/or studies to support your claim that the intervention is evidence-based. If the specific intervention does not have an evidence base, it may incorporate an evidence-based strategy or current best practice. If you cannot determine whether or not the intervention is evidence-based, say so and explain the steps you took to research the evidence base.

- If you are creating a new intervention for the agency, what is the agency's review process to approve the intervention, and how long does it take? For example, if you are creating a health communication campaign for social media, or a poster for a waiting room, can the approval process be completed in a timely manner? This step is especially important to consider if you are planning to evaluate the intervention.

- NOTE: If you are doing a needs assessment, then place the intervention section after the data collection section. The future intervention will not have been planned yet but provide as much as information as you can. For example, when will it happen? What type of intervention is likely—education, policy, practice? What is your role likely to be, if any? Describe one evidence-based intervention that might be appropriate.

- Section 3: Data Collection
  - Explain the purpose of data collection in the project. Are you doing a needs assessment or an evaluation? If you're doing an evaluation, are you doing a process evaluation or an outcome evaluation (or both)?
  - Describe the procedure that you will use to gather the data for this project.
    - Identify the data collection method, i.e., telephone interview, face-to-face interview, focus group, survey (administered by telephone, in person, online, or by mail). In the case of a survey, will responses be submitted anonymously?
    - Explain whether you will be collecting qualitative data, quantitative data, or both. (Remember, qualitative data is non-numerical, i.e., "the leaves are turning yellow," and quantitative is numerical, i.e., "the leaves average 3.54 cm in length.")
    - Describe the questions you will be asking and/or the measurements you will be making.
      - How many questions?
      - What kind of questions, i.e., yes/no, open-ended?
      - What kind of responses, i.e., multiple choice, Likert scale, checklist?
    - Sometimes data collection is based on a theory or model just like an intervention. If your survey or interview/focus group questions are theory-based, explain. For example, a needs assessment or evaluation based on the health belief model would include questions to measure perceived susceptibility, perceived severity, perceived benefits, perceived barriers, and/or self-efficacy.
    - If the agency already has a survey or focus group questions ready for use, or if agency staff is responsible for creating a new survey, that is fine. If not, you may need to create the data collection instrument yourself. Include a copy of the data collection instrument in an appendix. Note whether you are providing a draft or final version.
    - If you are creating a new survey for the agency, what is the agency's review process to approve the survey, and how long does it take? Will it be approved in time for you to collect the data?
    - Describe your sample. Who will you collect data from? How many people? Are you providing an incentive to participate in data collection?
    - What is the plan for data collection? Will you collect the data by yourself or are other people involved as well? When, where, and how will the data be collected?

- o What will be the timeline for data collection? When will it begin and when will it end?
- o How will you organize the data after you collect it? For example, will you use Excel?

- Section 4: References
  - o A minimum of five sources; more are encouraged.
  - o A minimum of three scholarly articles, i.e., from peer-reviewed academic journals; more are encouraged.
  - o All sources are current and reputable.
  - o The non-scholarly sources may include the agency's in-house documents.
  - o Personal communications are allowed but are in addition to the minimum of five sources.
  - o No .coms, dictionary entries or Wikipedia articles.

Grading of the Project Proposal (15 points)

- Content (9 points)
  - o Problem – 3 points
  - o Intervention – 3 points
  - o Data collection – 3 points
- Content quality criteria
  - o Follows the guidelines above
  - o Complete and thorough
  - o Accurate
  - o Detailed
  - o Current
  - o Demonstrates critical thinking
  - o No academic integrity issues
- Writing (3 points)
  - o Organization (paper, paragraphs, sentences)
  - o Mechanics (punctuation, spelling, and grammar)
  - o Appropriate word choice; technical terms are defined
  - o Clear and concise
  - o Appropriate use of quotations
- APA format (2 points)
- Research (1 point)
  - o Number of sources
  - o Quality of sources

Guidelines for the Project Report

- The project report consists of the project proposal plus several additional sections, as listed below.

- Report sections
  - The Problem
  - The Intervention
  - Data Collection
  - Results and Analysis
  - Discussion
  - Recommendations
  - Reflection
  - References

- Length: In general, 10 to 15 pages (not including the title page, the references page, or appendices), but possibly longer.

- Format, title, and title page: See guidelines for the project proposal.

- Section 1: The Problem
  - This section was written for the project proposal, but modify or improve it as necessary, based on changes in the project and/or the college supervisor's feedback on the proposal.

- Section 2: The Intervention
  - This section was written for the project proposal but modify or improve it as necessary, based on changes in the project and/or the college supervisor's feedback on the proposal. Because the project is now complete, this section should be written in the past tense rather than future tense.

- Section 3: Data Collection
  - This section was written for the project proposal but modify or improve it as necessary, based on changes in the project and/or the college supervisor's feedback on the proposal. Describe what you actually did, which may differ in some ways from the proposal. Any data collection instrument(s) should be included in an appendix. If you did a needs assessment, locate this section before "The Intervention" section as you did for the project proposal. This section should be in the past tense as well.

- Section 4: Results and Analysis
  - Present your results in an organized manner (graphs and/or tables for quantitative data, lists and summaries for qualitative data). Provide a written narrative to explain the graphs and tables. Note: Please do not put the data in an appendix.
  - Analyze the results in a simple way: If your data are quantitative, you can calculate averages and/or frequencies and identify trends and patterns in the data. (You are not expected to do a complete statistical analysis.) If your data are qualitative, you can identify general themes and patterns while also noting contradictions and results that don't seem to fit with the rest.

- Section 5: Discussion
  - Interpret your findings. What inferences can you draw? What can you learn from the data?
  - Describe any problems related to the implementation and/or data collection that might have impacted your results and how (or if) you handled those problems.

- Section 6: Recommendations
  - Based on your results, what actions do you think the agency should take (or not)? What should the agency do differently, if anything? What are your recommendations? If you did a needs assessment, your recommendations should include suggestions for an appropriate intervention. If you did an evaluation, your recommendations should include suggestions for how to improve the intervention.

- Section 7: Reflections
  - What was it like for you to do this project? What did you learn from doing it? What did you value about it? What was rewarding, and what was challenging?

- Section 8: References
  - See the guidelines for the project proposal.

- Appendices (if necessary)

Grading of the Project Report (25 points)

- Content (18 points)
  - Problem – 3 points
  - Intervention – 3 points
  - Data collection – 3 points
  - Results and Analysis – 3 points
  - Discussion – 2 points
  - Recommendations – 2 points
  - Reflection – 2 points
- Content quality criteria
  - See grading for the project proposal.
- Writing (3 points)
  - See grading for the project proposal.
- APA format (3 points)
- Research (1 points)
  - See grading for the project proposal.

Agency Report (aligned with learning objectives 6 – 9)

Write a report about your agency in which you answer the following questions. The report should be 5 to 7 double-spaced pages in length, possibly longer, and written in APA format (7th edition). You should collect information by reviewing documents and websites as well as interviewing appropriate agency personnel. Use specific details and examples as needed to illustrate your answers. APA format for personal communications is explained here. Collecting this information can be done during fieldwork hours, but writing the report is not intended to replace fieldwork activities.

1. Briefly discuss the history and development of the agency. (Note: It is not enough to just describe the origins of the agency. How has it developed over time? Has it grown or shrunk? Expanded or narrowed its mission? What are some key moments in its history?)
2. Review the CDC document entitled *The Ten Essential Public Health Services.* (The link is also available in the Blackboard classroom.) Identify and explain three ways in which the agency's work relates to the ten essential services.
3. Select two courses from the community health major. Relate the work of your agency to the relevant content of each course.
4. Describe how the agency is organized in terms of leadership, divisions, and sub-divisions. Use leadership titles rather than the names of specific people.

5. Identify and explain three actual and/or potential problems confronting the agency.
6. Discuss at least three ethical concerns as they arise in the operations of the agency.
7. Discuss policies and/or practices used by the agency to facilitate and support inclusion of underserved and marginalized groups. You could consider diversity in terms of socioeconomic status, gender, gender identity and expression, age, race/ethnicity, sexual identity, and/or disability.

Professional Development Reflection (aligned with learning objectives 10-12).

Write a reflection following the directions below. It should be 2 to 4 double-spaced pages in length.

1. Articulate how you see yourself as a health professional.
2. Discuss your career plans and interests, including your work-related skills, talents, and areas for future improvement, as well as the kinds of work you find engaging and personally rewarding.
3. Describe your network of professional contacts, including ways to use this network to advance your chosen career.

Appendix A. Example of a Weekly Log

Saratoga County Public Health Department

Week 2, February 2nd - February 6th 8 AM to 4PM daily

Monday Feb. 2nd
The agency was closed due to severe weather conditions.

Tuesday Feb. 3rd
I had a very busy day on Tuesday. I was able to go along on home visits with a nurse from another department. The nurse I traveled with went to 4 houses where she performed various services to ensure that the patients were doing well after the various surgeries each one had. The visits consisted of the nurse taking vital signs, addressing whatever problem each one had, education, and various other things. The patients were generally older, but all had different reasons for why they needed a home visit. One of the first patients had a severe UTI, which left her with an altered mental status. The nurse did all of her vital signs, educated her on what to look for if it happened again, made sure she had people to help her, and lastly made sure all of her medicines were laid out for the next week and were not interfering with each other. I was able to help out and make the patients as comfortable as possible. It was a great experience to meet all different kinds of people and help make sure they were as well taken care of and as comfortable as possible. Furthermore, I am planning on going to OT school after graduation, and this was a great way to see how the nurses assess the patients before they get therapy. Most of the time the nurses, OTs, and PTs work together to give the patients the best outcome possible. It was a wonderful experience to see care from all aspects, not just therapy.

Wednesday Feb. 4th
The beginning of the day I worked on my toolkit that I am developing for the Saratoga County Practitioners and sent it to my supervisor to be reviewed. The rest of the day was very exciting.   I attended a coalition meeting with my supervisor at Skidmore College. This was a community development forum to address the poverty-ridden population in Saratoga County. Saratoga County is generally thought of as a very well to do county; however, there are so many underserved people in this community that are often forgotten about. There are very rural areas that make it very difficult to serve the people in need, as well as many services that are unavailable for many individuals, such as affordable housing, affordable childcare, addiction recovery, mental heath services,

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and many others. The purpose of this coalition was to spread the word and get ideas of how to address this terrible issue. The meeting started off with a woman named Tina and her story of how she ended up in poverty. This testimonial displayed how easily one's life can change and how difficult it is to escape the cycle of poverty. Her story really struck the hearts of all who were listening. Next, in groups we discussed many aspects relating to poverty and how it related to our particular agency. Some of the discussion questions included "what is your agency's biggest challenge in helping to meet the needs of people with low incomes?", "what programs at your agency are used the most by people with low incomes?", and "what should our community do to better serve people with low incomes?". The discussion went very well and our table came to the consensus that funding for the agencies and transportation for the people are the biggest obstacles to providing services.   Some ideas to change this would be mobile services such as mobile vaccine clinics and mobile food trucks with healthy foods. This way the services can be provided to them without the need to travel.   This would be a great and affordable service, and many other neighboring counties have similar services that may serve Saratoga County well. Overall, I thought the meeting was a great learning experience and an excellent way to see other health agencies in my area.

Thursday Feb. 5th
Today I began my day by attending a POD meeting at a local middle school in Saratoga. A POD is a Open Point of Dispensing which basically means this is a plan in case large amounts of medicine need to be dispersed in the community in a timely fashion. This can be for a pandemic such as a vaccine for the flu virus or a terrorism attack using anthrax as well as other reasons. Our county does this in preparation for one of these events to save many lives. This particular meeting was to plan for a practice run in case of a flu pandemic hit where we would need to disperse vaccines for all residents. The practice run will be held on April 7th at the middle school and will practice servicing 500 people in 2 hours. I will be in the forefront of planning the logistics and helping out with anything that needs to be done. This is a large-scale practice run that will be used as a test run in case something like this really must take place. We can then evaluate how the drill went and use what we learned to make preparations even better. There is so much that goes into running a drill like this and it encompasses so many different people around the community. Lastly at the end of the day I did research to help a fellow coworker on a project of hers. This project is to research how many nutritional/physical education programs and activities are available to the community and where ones need to be added.

Friday Feb. 6th

This morning I was able to attend a meeting for the Saratoga Center for the Family, which offers clinical services for a variety of concerns such as physical and/or sexual abuse, depression and anxiety, trauma, family dysfunction, behavioral interventions, and attentional disorders. This meeting consisted of people from all over the surrounding areas from all different jobs that deal with abuse such as public health, the DA's office, a variety of sheriff's offices, different school representatives, and a variety of others. The meeting was a basically to get a baseline of where the county is at in the number of cases throughout the past year and different ways the agency is moving forward to help kids get the treatment and services they need to heal. Also questions were answered from a variety of parties such as one school representative asked if it was a violation for sex offenders to enter a school and the response from a local police officer was very interesting, stating that sex offenders can enter a school as long as they are not on parole. Also, there were many things I learned by attending this meeting about reporting abuse. I work as a registration associate for an ER outside of the internship and sometimes we have to register victims of sexual violence. I was told we have to move away from the word "SANE" when registering but was not given an explanation to why. At this meeting they explained the movement is to move away from that choice of words for the victim's sake. Overall I learned a lot of information! For the rest of the day I worked on a variety of research for a couple of different projects that I am going to be working on with the nurse in charge of public health education. We seemed to have really clicked with our ideas as I started gathering materials and discussing things needed for certain events and programs. I am excited to take on a more important role as well.

Reflection

My week was once again very interesting and I was able to see more aspects of public health. There are so many needs in the community that our agency tries to meet. I am very glad my agency allows me to participate in all these aspects from clinical, to emergency preparedness, to health promotion aspects to service people living in poverty. Overall, my favorite part of the week was attending the Community Development Forum Coalition to help better aid the underserved people in our community. This is a very important issue, and many times is overlooked in our community. I hope this coalition is able to enhance the lives of many individuals. I also enjoyed learning about the services provided from the Saratoga Center for the Family because of the wonderful work that they do to help traumatized victims in the county. Services like these are incredibly important and make a huge difference in our

community. Lastly, I finished my toolkit that I made for the county and it seems to have been very well received, which is something I am very proud about!

Appendix B. Example of a Learning Plan

Cleopatra White Clinic Learning Plan
1. To increase medical knowledge by
    a. Attending educational workshops (i.e. breastfeeding, HIV)
    b. Talking to patients and clinicians (i.e., listening to patient concerns/history and the clinician's assessment and treatment plan)
2. To increase cultural competency by
    a. Interacting with patients and clinicians (i.e., asking about family, traditions, weekend activities)
    b. Going to rural villages during mobile clinics once a month
    c. Evaluating major health concerns related to cultural traditions (i.e., high blood pressure and diabetes due to unhealthy diets)
    d. Visiting schools in order to give students vitamin A pills, de-worming pills, and different vaccinations
    e. Community outreach programs on selected topics such as HPV
3. To develop effective communication skills by
    a. Developing and maintaining a positive rapport with patients and clinicians
    b. Learning native languages such as Spanish and Creole
    c. Respecting and explaining patient confidentiality
    d. Developing and implementing presentations that are clear and understandable
4. To develop nursing-related skills by
    a. Learning how to take vital signs
    b. Learning how to assess patient needs
    c. Learning how to evaluate urine tests
    d. Documenting patient information into the electronic system
    e. Practicing presentation skills in order to better educate the public and patients on different health topics/concerns
    f. Practicing effective patient/provider rapport
5. To develop problem-solving skills by
    a. Organizing and prioritizing tasks effectively
    b. Asking for clarification or help when necessary
    c. Maintaining a positive attitude

6. To cultivate professional values by
    a. Keeping a professional workspace through professional communication
    b. Preserving patient confidentiality
    c. Respecting the beliefs of others (i.e. religious beliefs)
7. To improve community health outreach skills
    a. Educating key stakeholders by going to 13 different schools to educate teachers and professionals about HPV
    b. Making sure mothers are getting their children vaccinated and giving them the appropriate information so they understand the importance of doing so

Appendix C. **Example of an Agency Report**

Agency Report

Orthopedics & Sports Medicine P.C. (OSMPC) was first opened twenty years ago by one of the doctors of the practice, Dr. Barry Hyman. He then brought on the first hand specialist, Dr. Gina Del Savio. Presently, the practice has grown into two separate offices with the same staff traveling back and forth. The staff consists of 10 doctors, 3 physician assistants, medical assistants, and an office staff. The doctors are all fellowship trained with subspecialties within the orthopedic specialty. My supervisor and CEO of OSMPC is Dr. Norman Levine. Dr. Levine has been at the agency for seven years now. He believes that the three most important factors when it comes to the success of the practice are insurance participation, accessibility, and the quality of medical care.

Insurance participation is crucial, especially with the out-of-pocket costs being so high. Insurance participation can greatly increase, or reduce, the number patients the practice sees. Accessibility to quality medical care improves quality of life for patients. Accessibility can mean anywhere from location to availability of doctors to see the patients as soon as possible. Last but certainly not least, the quality of medical care is an essential aspect to the office. If the quality of care is poor, the doctors and staff at OSMPC are severely lacking. Dr. Levine believes it is the mission of OSMPC to provide quality medical care the same day the patient is in need of it. When someone calls last minute due to an emergency of some sort, they are put into the schedule with a doctor that is believed to be the best fit for the patient's injury.

There are a few ways in which the agency's work relates to the Core Functions of Public Health and the Ten Essential Services. One is diagnosing and investigating health problems in the community. The doctors diagnose every patient they see daily. They enter all of the patients' information into a computer note which can be emailed or

printed if necessary. For those patients whose diagnosis may be unclear to doctors, they research and ask for second opinions from doctors in and out of the practice. If one of the doctors feels as if they are not able to treat or diagnose the patient to the best of their ability, they will send the patient elsewhere with all of the patient's information for further examination thus linking people to needed personal health services, a second way the agency's work is related to the Ten Essential Services. A third way is assuring a competent public and personal health care workforce. This is done by making sure all physicians are fellowship trained in their orthopedic sub-specialty and physician assistants keep their medical license active. This means they are required to retake the licensure exam every 6 years and complete 100 continuing education hours every two years to keep up-to-date with the expanding and ever-changing medical field.

Two courses from the Community Health major that have relevant content in each course that relates to the work of the agency are HLH 462-Organization and Administration of Health Programs and HLH 494-Needs Assessment and Evaluation in Health Education. Organization and Administration of Health Programs was all about effective healthcare delivery. This means improving quality while lowering costs within healthcare. Orthopedics & Sports Medicine is a medical practice with a mission to provide patients with quality orthopedic care. Quality care means the care is effective and patient-centered. HLH 462 helped me to better understand health insurance and the importance of insurance participation within an agency, especially for those who have insurance through Medicaid and Medicare and must be pre-approved for slings and braces. The second course, HLH 494, is a needs assessment based course where we spent the semester creating and evaluating a program. For my project this semester during fieldwork, I am distributing surveys to patients to evaluate their satisfaction (or dissatisfaction). I will be able to analyze and collect results from the surveys, much like what I did in HLH 494. I also created a project using surveys in HLH 391-Epidemiology and Biostatistics, which is greatly helping me in creating and distributing surveys for my fieldwork project.

The agency is organized in levels, with clinical and non-clinical divisions. In the clinical division, the top level is the 10 doctors, with 3 physician assistants working alongside them in the office and in the operating room. The medical assistants work for both the doctors and the physician assistants, handling clinical and non-clinical work. For the non-clinical division, the top level is the CEO, Dr. Norman Levine. Under Dr. Levine is Dawn the office manager, Mary who is a surgical coordinator, and Katie who is a surgical coordinator. Also in the non-clinical division are the operators and receptionists. The operators handle all incoming and outgoing calls while receptionists check-in and check-out patients, and complete paperwork.

With a practice as expanded and busy as Orthopedics & Sports medicine, there are a number of problems confronting the agency. The number one issue is waiting time. It is common for the doctors and physician assistants to get backed up with patients, leading to longer waiting times. The number one complaint I receive from patients I am surveying is the amount of time they spend waiting to be seen by the doctor or physician assistant. Another problem is with the computer program the doctors and PAs use to input all of the patients' information. The newer software has issues with every update. For example, to fill out the information on the computer there are buttons to click that differentiate what body part and what side of the body that part is on. If the physician were to click the right hand, for example, the program puts left hand into the patients note. If the physician is not paying very close attention, this could cause a serious issue for the patient, especially if the patient is there for pre-operatory measures. The Information Technologist, Russell, is currently working to solve this particular issue. A third problem facing the practice is the availability of operating rooms for surgery. The practice is affiliated with two different centers where they perform their surgeries. One is a hospital, St. Luke's Cornwall Hospital, and the second is an ambulatory surgery center, Eastern Orange. Even with two surgical locations, the space needed for the amount of surgeries that need to be done is limited. Just last week, one of the doctors had to have one of his surgeries rescheduled due to the lack of space.

In addition to these problems, there are also ethical concerns that arise within the agency. The number one concern is drug seekers (Barsky, 2014). Drug seeking is a huge issue for many hospitals and medical practices. Patients who have painful injuries want immediate relief. However when they are given pain medication, it can become addictive. For this reason, the doctors at OSMPC almost always prescribe narcotics only after surgery, and even then the dosage is for a short period of time. If the doctors feel it is necessary, they may also send patients to Dr. Enrique Sanz, the pain management specialist. Another ethical concern is doctor-patient confidentiality. Being a private practice, the doctors will often discuss patients and their injuries to further diagnose and/or treat a patient. However, speaking about a patient in a medical office can be risky when there are many other patients around. Often when discussing a specific patient, the doctors in the discussion will all head into one room and close the door to keep the conversation private and the patient's chart confidential. A third ethical concern making sure each patient is treated impartially (Managing "Difficult" or "Non-Compliant" Patients, 2001). This can be hard when the patient the doctor is treating is noncompliant. It can be challenging to help patients when the patients will not help themselves. At times, patients will come in for a follow-up appointment with a number of complaints. However, if the same patient does not take their anti-inflammatory pills

and does not do the prescribed physical therapy, or where the prescribed brace or sling, it can be difficult to continue treating the patient.

Multiple strategies and approaches are used by Orthopedics & Sports Medicine to navigate challenges related to human diversity. OSMPC has patients from all walks of life, ranging from all ages. A number of the doctors and many of the medical assistants speak both English and Spanish fluently, which is ideal based on the fact that a majority of the community is Spanish-speaking in Newburgh and New Windsor. The office is also located in a town where there are many people living below poverty level. That means many patients come in with Medicaid. A large portion of the patients are also elderly, and get insurance through Medicare. The practice is also completely handicap accessible with no stairs and wide hallways.

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