

UNC Charlotte  
Public Health Programs (PhD, MSPH, BSPH programs)

**Interim Report**

submitted to the  
**Council on Education  
for Public Health**  
by the  
Public Health Programs Governance Committee



**UNC CHARLOTTE**

on behalf of

The Department of Public Health Sciences  
The College of Health and Human Services  
The University of North Carolina at Charlotte

September 2015



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## UNC CHARLOTTE INTERIM REPORT – SEPTEMBER 2015

We are pleased to submit this progress report regarding the three areas denoted in our October 6, 2014 letter from the Council as partially met. As requested, we are providing evidence that our program has:

- a) Developed a list of competencies for the MSPH degree and mapped all competencies to coursework or other experiences (eg, internship) that provide opportunities for faculty to verify students' attainment of the competencies. The program should provide information in the format of Template 2.6.1. (Criterion 2.6)
- b) Identified methods through which the program assesses MSPH students' attainment of all identified competencies. (Criterion 2.7)
- c) Developed and implemented tools to provide structured career advising for MSPH students. (Criterion 4.4)

This response summarizes our efforts since the site visit to address these concerns. For each of these criteria, we have listed the standard (bold text), the concern expressed in the site visit report (italics) and the Council's specific request for reporting (bold italics), followed by our detailed summary of our accomplishments since the site visit and our ongoing activities and planning processes. Our responses include relevant data, detailed examples, and related supporting (appendix) material.

### Criterion 2.6 Competencies

#### Criterion, site visit finding & reporting request

**2.6 Required Competencies. For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).**

*This criterion is partially met.... The concern relates to the program's obligation to impart each of its adopted competencies to students through its curriculum. The site team found it difficult to make the connection between courses and their associated competencies. During the site visit, faculty explained that all of the program's competencies were not intended to be mastered by each student, but the competency list was assembled to reflect the broad range and scope of public health. The program appears to at least introduce each competency, by design, but it does not claim to allow for more than a brief exposure to all competencies. The program acknowledges that due to the number of competencies, allowing students to attain mastery would not be possible. The program should note that*

*competencies are meant to reflect skills that their students will master as a result of attending the UNC Charlotte's public health program. Competencies must correlate directly to the assessment plan, and competencies that cannot be assessed must be removed from the list.*

*After the site visit, the program provided information noting that the MSPH subcommittee is instituting specific changes during the 2014-15 academic year, as follows: begin a systematic review and revise/update the program competency matrix and course-competency-assessment cross walk; and determine the appropriate format and manner to more effectively communicate to faculty and students the following: a) the MSPH program competency model; b) the linkages between competencies and courses; and c) competencies and assessments (including internship, capstone, and designated student learning outcomes). [Draft Site Visit Report, pp 19-21]*

## **Our response**

**Summary.** We have systematically reduced and revised our competency matrix to ensure that the competencies reflect the specific skills that we expect students to master after completing the program. This reduced competency set reflects the domains associated with our conceptual model which drives our curriculum. Each competency now has one or more assessment activities with a terminal assessment identified, presented in a competency-course-assessment cross walk (see response to Criterion 2.7). Where possible, competency assessments are consistent with student learning outcome assessments required by the University's accrediting body (Southern Association of Colleges and Schools). These materials are presented to students in the student handbook and relevant competencies and assessments are also included in course syllabi. We revised our capstone evaluation process and the associated evaluation forms. A detailed competency assessment form has been created for use during student advising and the capstone defense.

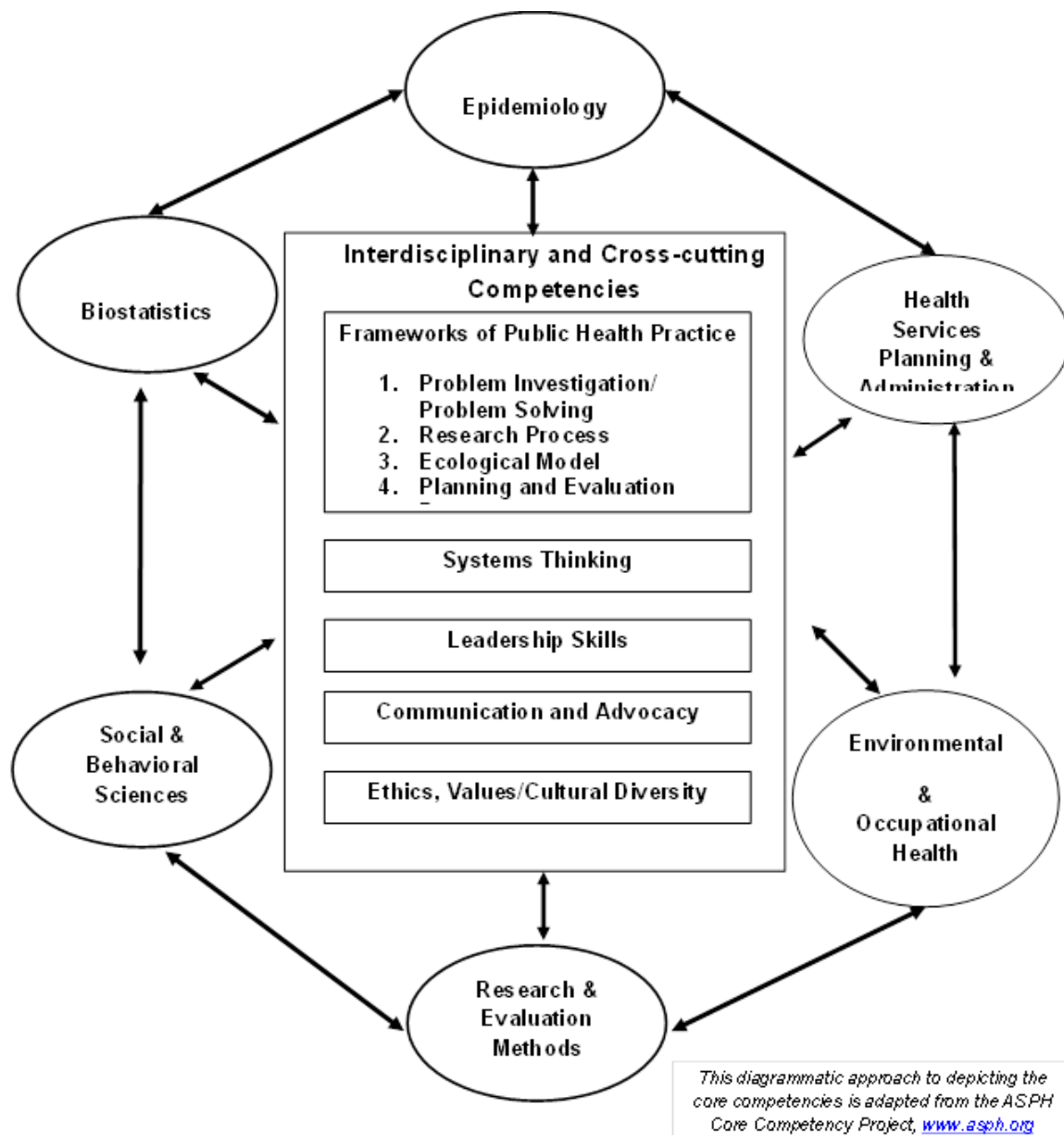
The revision to our MSPH competencies perforce modified the competencies for our Public Health Core Concepts and our Community Health graduate certificate degrees as each of these programs is a subset of courses in the MSPH program. Our BSPH and PhD programs have also streamlined their competency sets, developed appropriate competency-course-assessment cross walk matrices, and are working toward fully implementing these changes for academic year 2016-2017.

**MSPH Supporting detail.** The revised competencies (26 total) consist of 13 core competencies, 9 inter-disciplinary and cross-cutting competencies, and 4 specialty area competencies, related to Community Health Practice/Health Promotion, as seen in our conceptual model (see Figure 2.6.a.1). This model has not changed. The competencies are mapped to their respective domains in Table 2.6.a.1, with specialty area competencies shown in Table 2.6.a.2. Tables 2.6.b.1 and 2.6.b.2 list the competencies and the respective courses where the related content is introduced: primary (P) and reinforced (R). This new set of competencies will be partially implemented for the 2014-2015 MSPH cohort and fully implemented for the 2015-2016 cohort. The 2014-2015 MSPH cohort will only be assessed on the competencies evaluated in the second year courses, the internship and capstone.



These materials were then incorporated into the 2015-2016 academic year student handbooks (see *Appendix 2.6.3 MSPH Student Handbook*). To reinforce the importance of these competencies (and their related measurable outcomes) to our students, we have modified our programs' course syllabi to include a description of the program competencies it develops. Faculty are asked to relate these competencies to the course's content and methods of student assessment and to describe the course's contribution to the program's overall goals. Fall 2015 MSPH course syllabi are provided as examples (see *Appendix 2.6.4 MSPH Syllabi*).

**Figure 2.6.a.1 Conceptual Model: UNC Charlotte Core MSPH Competencies**





**Table 2.6.a.1 MSPH Competency Listing with Domains. Revised May 2015**

<b>Table 2.6.a.1 MSPH Competency Listing</b>	
<b>MSPH Core Competencies</b>	<b>Conceptual Area</b>
1. Describe basic concepts of probability, random variation, and commonly used statistical probability distributions.	Biostatistics
2. Apply appropriate descriptive and inferential statistical techniques to answer questions related to public health practice and research.	Biostatistics
3. Identify environmental conditions linked to specific population health outcomes.	Environmental/Occupational Health
4. Interpret key environmental health concepts for non-technically trained audiences.	Environmental/Occupational Health
5. Conduct an evaluation of environmental health quality based on credible sources.	Environmental/Occupational Health
6. Calculate and interpret epidemiology measures to describe a public health problem in terms of magnitude, person, time, and place.	Epidemiology
7. Apply the principles of planning, design, development, budgeting, management and quality assessment to organizational and community initiatives.	Health Services
8. Identify and analyze the main components and issues of public health systems, organization financing, and delivery of health services.	Health Services
9. Critique the role of social, cultural, political, and community factors in both the onset and solution of public health problems.	Social/Behavioral
10. Summarize basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice.	Social/Behavioral
11. Using the social ecological model, distinguish key partners, resources, and stakeholders involved in effective public health practice.	Social/Behavioral
12. Critique the design, strengths and weaknesses, analysis, and findings of published studies across the various public health disciplines.	Research & Evaluation
13. Prepare methodologically sound programming and evaluation plans and research proposals.	Research & Evaluation
<b>Interdisciplinary and Cross-cutting Competencies</b>	<b>Conceptual Area</b>
14. Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.	Frameworks of PH Practice
15. Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making across the public health core disciplines.	Frameworks of PH Practice
16. <u>Analyze</u> inter-relationships among different components of systems that influence the quality of life of people in their communities.	Systems Thinking
17. Assess public health organizations in terms of their stated mission, set of core values, and vision.	Leadership
18. Demonstrate leadership through effective team building, negotiation, and conflict management skills.	Leadership
19. Demonstrate effective written and oral skills for	Communication &

communicating public health concepts, data and solutions with diverse professional and lay audiences.	Advocacy
20. Apply basic principles of ethical analysis to issues of public health data, practice, research and policy.	Ethics, Values & Cultural Diversity
21. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	Ethics, Values & Cultural Diversity
22. Promote high standards of personal and organizational integrity, compassion, honesty, and respect for all people.	Ethics, Values & Cultural Diversity

### **Table 2.6.a.2 MSPH Concentration Specific Competencies**

#### ***Specialty Area Competencies***

<b>Community Health Practice/Health Promotion</b>	<b>Conceptual Area</b>
23. Apply major concepts related to community health, health education, and health promotion.	Community Health Practice/ Promotion
24. Practice methods utilized in completing a community diagnosis and needs assessment using vital statistics and public health records.	Community Health Practice/ Promotion
25. Design theory-based health promotion interventions to improve community health outcomes.	Community Health Practice/ Promotion
26. Apply knowledge of quantitative and qualitative research methods to the 4 core functions of public health.	Community Health Practice/ Promotion

**Table 2.6.b.1 MSPH Competency Course Delivery Matrix, Revised May 2015**

Table 2.6.b.1 MSPH Core Competencies	Course Number/Brief Title									
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone	
1. Describe basic concepts of probability, random variation, and commonly used statistical probability distributions.			P	P			R			
2. Apply appropriate descriptive and inferential statistical techniques to answer questions related to public health practice and research.			P	P			R		R	
3. Identify environmental conditions linked to specific population health outcomes.	P				P				R	
4. Interpret key environmental health concepts for non-technically trained audiences.					P					
5. Conduct an evaluation of environmental health quality based on credible sources.					P					
6. Calculate and interpret epidemiology measures to describe a public health problem in terms of magnitude, person, time, and place.			P					R	R	
7. Apply the principles of planning, design, development, budgeting, management and quality assessment to organizational and community initiatives.						P	P	R		
8. Identify and analyze the main components and issues of public health systems, organization financing, and delivery of health services.						P				
9. Critique the role of social, cultural, political, and community factors in both the onset and solution of public health problems.	P						R			
10. Summarize basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice.	P						R		R	

**Table 2.6.b.1 MSPH Core Competencies**

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
11. Using the social ecological model, distinguish key partners, resources, and stakeholders involved in effective public health practice.	P						R		
12. Critique the design, strengths and weaknesses, analysis, and findings of published studies across the various public health disciplines.		P		P					R
13. Prepare methodologically sound programming and evaluation plans and research proposals.				P			R		R
<b>Interdisciplinary and Cross-cutting Competencies</b>									
14. Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.							P		R
15. Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making across the public health core disciplines.	R	P	P	R	P	P	R		R
16. <u>Analyze</u> inter-relationships among different components of systems that influence the quality of life of people in their communities.	P						R		
17. Assess public health organizations in terms of their stated mission, set of core values, and vision.						P		R	
18. Demonstrate leadership through effective team building, negotiation, and conflict management skills.						P	R	R	
19. Demonstrate effective written and oral skills for communicating public health concepts, data and solutions with diverse professional and lay audiences.	P	R	R	R	R	R	R	R	R
20. Apply basic principles of ethical analysis to issues of public health data, practice, research and policy.	R			P	R	R	R		R
21. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	P						R		

**Table 2.6.b.1 MSPH Core Competencies**

	Course Number/Brief Title								
	HLTH 6201 Soc/ Behav	HLTH 6202 Epi	HLTH 6203 Stats	HLTH 6204 Res Mthd	HLTH 6205 Env Hlth	HLH 6206 Admin	HLTH 6207 Plan Eval	HLTH 6471 Intern	HLTH 6900/1 Cap- stone
22. Promote high standards of personal and organizational integrity, compassion, honesty, and respect for all people.						P	R	R	

Full course titles

HLTH 6201 Soc/Behav	Social and Behavioral Foundations of Public Health
HLTH 6202 Epi	Community Epidemiology
HLTH 6203 Stats	Public Health Data Analysis
HLTH 6204 Res Mthd	Public Health Research Methods
HLTH 6205 Env hlth	Environmental Health
HLTH 6206 Admin	Health Services Administration
HLTH 6207 Plan Eval	Community Health Planning and Evaluation
HLTH 6471 Intern	Internship
HLTH 6900/1 Capstone	Research and Thesis in Public Health OR Public Health Project

P = primary coverage of competency; R = Reinforcing coverage of competency

**Table 2.6.b.2 MSPH Concentration Specific Competency Course Delivery Matrix, Revised May 2015**

**Table 2.6.b.2 MSPH Concentration Specific Competencies**

**Course Number/Brief Title**

	HLTH 6220 Behav Chng	HLTH 6221 Comm Hlth	HLTH 6222 Mthd Comm Hlth	HLTH 6471 Internship	HLTH 6900/1 Capstone
<b>Community Health Practice/Health Promotion</b>					
23. Apply major concepts related to community health, health education, and health promotion.	R	P	R	R	
24. Practice methods utilized in completing a community diagnosis and needs assessment using vital statistics and public health records.		P			
25. Design theory-based health promotion interventions to improve community health outcomes.	P				
26. Apply knowledge of quantitative and qualitative research methods to the 4 core functions of public health.			P		R

Full course titles

HLTH 6220 Behav Chng	Behavior Change
HLTH 6221 Comm Hlth	Community Health
HLTH 6222 Mthd Comm Hlth	Methods in Community Health
HLTH 6471 Intern	Internship
HLTH 6900/1 Capstone	Research and Thesis in Public Health OR Public Health Project

P = primary coverage of competency; R = Reinforcing coverage of competency



**MSPH Process.** The response to our CEPH Council report was first discussed at the October 2014 MSPH Program Committee meeting (see *Appendix 2.6.1 MSPH Program Committee Minutes*). The MSPH Program Committee consists of 5 standing faculty members (including the MSPH Program Director), who all teach core courses, 2 MSPH student representatives, and the Department Chair (also a core course instructor) attended on an *ad hoc* basis. Dr. Warren-Findlow, the incoming MSPH Program Director, agreed to lead the competency revision process. Initially we looked for redundancies among the 114 existing MSPH competencies. In some instances what was essentially the same competency appeared within in multiple core domains; these competencies were reduced to a single competency under interdisciplinary and cross-cutting competency domain.

We reviewed Bloom’s Taxonomy to ensure that our competency expectations were set at a sufficient level that would be associated with skill mastery (i.e., moving from knowledge and comprehension to application and analysis levels) and that would differentiate the skills expected from our MSPH students as compared to our BSPH and PhD students. Using higher level terms to denote the expected skill set, we were able to merge several competencies together. We also examined the competencies of other recently accredited or re-accredited public health programs as potential guides.

This initial winnowing of competencies (reduced to approximately 35) was largely the work of Dr. Warren-Findlow. The resulting set of competencies was then presented to the MSPH Program Committee (see Minutes 1-13-2015) for review and discussion. During the meeting, the Committee further merged and revised this set of competencies. Individual course instructors then fine-tuned the wording and updated the assessment matrix. At a final pass, we made efforts to reduce the complexity of each individual competency (i.e. we eliminated having multiple lists of concepts or domains in a single competency; see Minutes 4-14-2015). Student representatives provided comments on whether their coursework to date had covered and/or assessed the competencies under discussion.

These 25 draft competencies were presented to and reviewed by our Public Health Advisory Board (see *Appendix 2.6.2 Advisory Board Minutes*). No substantive changes were suggested.

We also surveyed MSPH alumni (n=115) with a request to forward to their current employers, and our current internship preceptors (n=82) in an online survey conducted in July 2015. The survey requested feedback regarding the relevance of the competency set to newly graduated, early career master’s students and in a separate question, relevance and appropriateness to the respondent’s organization. We received 59 responses (30% overall response rate; 36% alumni, 23% preceptors). Overall respondents indicated support for the proposed competencies as indicated in the table below.

	<b>Competency Set Agreement Rates</b>		
<b>Survey Items</b>	<b>Core</b>	<b>Interdisciplinary</b>	<b>Community Health/Health Promotion</b>
Appropriate and relevant for new,	96%	100%	100%

early career master's graduates			
Appropriate and relevant for the organization where I work	87%	96%	89%

Respondents were also able to provide additional feedback about the competencies and in a separate section about the MSPH program via free form text. Comments related to the competencies were minor. The main items were in the Community Health/Health Promotion competency set with suggestions to assess health communication skills and to use theory to develop logic models. In response, we are currently revising the community health course (HLTH 6221) to place a greater focus on communication and advocacy principles and skills. This topic has also been iterated by members of our Public Health Advisory Board. The program planning and evaluation course (HLTH 6207) includes extensive emphasis on logic models with a corresponding activity and assessment.

With regard to the overall MSPH program, two suggestions were consistently mentioned: the need for more grant writing experience and additional training in project management and budgeting. Currently MSPH students have the option to develop a community service or research grant proposal as one of the Capstone Project options. In academic year 2014-2015, four of nine students selected this format. In an effort to reduce the complexity of the Project option and to funnel more students toward grant writing experiences, we have narrowed the number of Capstone Project option formats from six to two. Beginning in the 2015-2016 academic year, students will choose between a consultancy report format or a grant proposal (either community service or research oriented).

These comments reflect the variety of health-related fields where our graduates are working, changes in the public health and health care environment, and the needs of graduates who are now more advanced in their own careers and are in supervisory/managerial positions.

### **Supplemental.**

*BSPH Process.* Based on feedback from the recent accreditation site visit, the BSPH Program Committee reformulated the BSPH program competencies during Spring 2015.

The BSPH Committee first removed four duplicate competencies evident in our original list. Second, the Committee revisited the Association of Schools and Programs of Public Health (ASPPH) recommended critical component elements of an undergraduate major in public health derived from the ASPPH-led Framing the Future: The Second Hundred Years of Education for Public Health Task Force

(<http://www.aspph.org/educate/models/undergraduate-baccalaureate-cce-report/>). We subsequently eliminated, condensed, or otherwise re-focused the remaining competencies in light of those recommendations, our curriculum, faculty expertise, and extensive program history (our program was founded in 2007, and initially accredited in 2009). Third, the Committee reached consensus on a shortened list of competencies which were re-organized as either “Core” or “Interdisciplinary and Cross-Cutting.” For the former, we eliminated our previous overarching scheme that aligned competences within public health’s five core disciplines. For the latter, we preserved a small number of competencies that relate to our

program's unique cross-cutting competencies (Frameworks, Communication, Diversity and Culture, and Professionalism). The resulting list includes 9 Core competencies and 8 Interdisciplinary and Cross-cutting competencies with their course delivery and terminal assessment (see *Appendix 2.6.5 BSPH Competency Delivery-Assessment Matrix*).

*PhD Process.* At the December 2014 PhD Program Advisory Committee, Dr. Michele Issel presented the Committee with the existing domains and competencies, as well as an initial streamlined list of PhD competencies from 62 in 8 domains to 16 in 5 domains. The subsequent discussion led to agreement for the need to have fewer domains with 2-3 competencies per domain. The Committee agreed upon the following domains: Behavioral Science (for the concentration), Knowledge of Public Health and Partnerships, Critical and Theoretical Thinking and Problem Definition, Conduct Scholarly Inquiry (Methods and Analysis), Communication and Research Dissemination, and Ethics for Scholarly Public Health Practice. Dr. Issel agreed to work on combining and consolidating the competencies and present the next iteration to committee members for ongoing discussion and refinement.

At the January 2015 PhD Program Advisory Committee, Dr. Issel presented a revised draft of the domains and the corresponding shorted list of competencies. The Committee as a whole read through the document, commenting and discussing each competency for its wording and relevance to assuring that students in the PhD Program graduate with necessary knowledge and skills. With some minor edits, the Committee approved the revised domains and competencies (see *Appendix 2.6.6 PhD Competency Delivery-Assessment Matrix*).

*Advisory Board Input.* During the Fall 2015 Public Health Advisory Board meeting, we will present the reduced competency sets for both the BSPH and PhD. With their input, we will finalize and implement the competencies and their assessments fully into the associated curricula.

*Graduate Certificate Process.* Competencies for our Graduate Certificates in Public Health Core Concepts and Community Health are subsets of the MSPH competency set. These competencies were derived from the competencies delivered in the required courses taken in each of the respective programs. Graduate Certificate students do not complete an internship or capstone experience, so those competencies were not included. Competencies for Graduate Certificate students are communicated in the Graduate Certificate Student Handbook, which is newly separated and differentiated from the MSPH handbook for the 2015-2016 academic year (see *Appendix 2.6.7 Graduate Certificate Student Handbook*). Graduate Certificate competencies, their delivery, and their assessment can be viewed in *Appendix 2.6.8 Graduate Certificate Competency Delivery-Assessment Matrix*.

## **Appendices**

Appendix 2.6.1 MSPH Program Committee Minutes

Appendix 2.6.2 Public Health Advisory Board Minutes – April 2015

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Appendix 2.6.4 MSPH syllabi – HLTH 6202 – 6206, 6220, 6222, 6471

Appendix 2.6.5 BSPH Competency Delivery Assessment Matrix

Appendix 2.6.6 PhD Competency Delivery Assessment Matrix

Appendix 2.6.7 Student Handbook for Graduate Certificate Students 2015-2016  
Appendix 2.6.8 Graduate Certificate Competency Delivery Assessment Matrix

## Criterion 2.7 Assessment

### Criterion, site visit finding & reporting request

**2.7 Assessment Procedures. There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.**

*This criterion is partially met. ... The concern relates to the fact that the program does not have mechanisms in place to consistently assess the full set of competencies presented to students. The program acknowledges that it does not have mechanisms embedded in the coursework to assess all of the program's competencies. Evaluation of students' capstones and internships provide the primary means of assessing students, though, as noted in Criterion 2.5, these opportunities have not been fully developed as opportunities for competency assessment. [Draft Site Visit Report, pp 21-23]*

### Our response

**Summary.** We appreciate the opportunity to update the Council on our revised competency assessment procedure. Beginning in Fall 2015, each competency is now assessed one or more times for each student over the course of his/her progression through the MSPH program. Course instructors will report students' individual competency mastery at the end of each semester. Each MSPH student will have a form delineating all the competencies and his or her mastery level of each competency. Course instructors will also report aggregate competency assessment data by course and semester to the MSPH Program Director. Aggregate data for each competency are available for reporting by academic year. Final approval for this process and all supporting forms was determined at our August meeting (see *Appendix 2.6.1*).

*MSPH Process.* After finalizing the reduced competency set as shown in Criteria 2.6, MSPH Program Committee members determined the preliminary and terminal assessment strategy for each competency. The competency assessment cross walk matrix is presented in Table 2.7. Assessments occur at one or more time points: during a course; during or upon completion of the internship, or as part of the capstone experience. Course assessments may be determined by an assignment or via exam question. Individual competency assessments were largely based on pre-existing assessment tools (e.g. internship report). In some cases, these assignments were modified or combined to comprehensively cover the competency skill. We developed a detailed rubric with criteria for determining the mastery level (Exceeds=4, Meets=3, Partially Meets=2, Not Met=1) for each terminal assessment.

*Course Assessment.* Individual course instructors will keep records of competency completion for each student enrolled in a given course. At the end of the semester, instructors will update the MSPH Individual Competency Assessment form for each MSPH student in their course. These forms are kept online (one per student) in a private directory available only to faculty. Instructors will also provide the MSPH Program Director with the aggregate level of competency mastery for each course at the end of the semester.

Within individual courses, students respond to an MSPH program specific supplement as part of the university-wide student course evaluation process. This supplement assesses student reports on whether the course content and assignments contributed to the development of its assigned competencies. This information is entered into a single SPSS-based data set that facilitates course and semester level reporting as well as analytic reports that allow us to track course and instructor specific patterns as well as temporal trends.

*Internship Assessment.* For competencies assessed during the internship experience, the internship instructor (currently the MSPH Program Director), will maintain individual records of competency level by student and aggregate levels of competency mastery based on the semester of enrollment into the internship course. Three competencies have their terminal assessment via the internship; 1 is based on the final internship report and 2 are directly assessed by the internship preceptor. Typically final determination of internship-related competencies lag 1-2 semesters after the internship is completed as students are not required to complete their final internship report until the graduation deadline. Students also complete a self-assessment of the internship experience including their level of competency mastery.

*Capstone Assessment.* For assessments evaluated at capstone defenses, the Capstone Committee Chair will record the student's competency level for the specified competencies. Seven competencies have their terminal assessment as part of the capstone experience. Each student's 3 person Capstone Committee will collectively determine the competency level for these 7 competencies based on the student's oral presentation, question and answer session, and the written thesis or project product. For each competency, we have drafted specific oral questions for the Committee to further query the student on individual competencies, if needed. In addition, the Capstone Committee will have the full set of competencies available to them and can choose to examine or revisit any of the competencies during the question and answer period.

*Additional Student MSPH Competency Self-Assessment.* In addition to course competency assessments and internship assessments, students also complete a self-assessment of their competency level as part of the MSPH Exit Survey. This survey will be revised to reflect the new competency set in time for Spring 2016 graduates.

*Reporting and Quality Improvement.* The MSPH Director will maintain all records of aggregate competency assessment levels. Data from course instructors, the internship course/experience and individual capstone assessments will be used to provide aggregate (percentages) of competency mastery for an academic year (Fall through Summer). The MSPH Program Director records and reports the aggregate level of students' competency mastery based on the terminal assessment to the MSPH Program Committee for review, discussion and adjustment if necessary. During this initial implementation period, we will evaluate overall students' mastery of the competencies to determine if we need to revise the assessments, the rubrics, or the content/curriculum.

Each student's overall performance by competency will be maintained as s/he progresses throughout the program. The matrix of his/her competency assessment can be used during advising sessions and will become a part of the student's permanent file. Our goal is to provide an online tool for course instructors to record competency mastery by student in a master database. This project is a high priority.

*Supporting Detail.* Competency assessments and associated rubrics for Fall 2015 courses, the internship experience (HLTH 6471) and the capstone experience (HLTH 6900-01) are presented in *Appendix 2.7.1 Competency Assessments and Rubrics*. These materials cover 16 of our 26 competencies. Internship specific competency assessments can also be seen in the HLTH 6471 Internship manual (see *Appendix 2.7.2 MSPH Internship Manual*).

We also revised our capstone evaluation process. Capstone committees will use the students' individual competency assessment form during the capstone defense (see Appendices: *2.7.3 MSPH Capstone Manual and 2.7.4 MSPH Individual Competency Assessment Form*). The MSPH Individual Competency Assessment form will become a part of the student's permanent file.

The MSPH Program Director records and reports the aggregate level of competency mastery (see *Appendix 2.7.4 Aggregate Competency Assessment Form*) based on the terminal assessment for the academic year (Fall through Summer).

**Table 2.7 MSPH Competency Assessment Matrix, Revised May 2015**

MSPH Core Competencies	Learning Opportunities	Assignment	Assessment		
			Exam	Internship	Capstone
1. Describe basic concepts of probability, random variation, and commonly used statistical probability distributions.	HLTH 6203	xT*	x		
2. Apply appropriate descriptive and inferential statistical techniques to answer questions related to public health practice and research.	HLTH 6203	xT	x		x
	HLTH 6204	x	x		
3. Identify environmental conditions linked to specific population health outcomes.	HLTH 6205				xT
4. Interpret key environmental health concepts for non-technically trained audiences.	HLTH 6205	xT			
5. Conduct an evaluation of environmental health quality based on credible sources.	HLTH 6205	xT			
6. Calculate and interpret epidemiology measures to describe a public health problem in terms of magnitude, person, time, and place.	HLTH 6202	x	xT (calc)	x	xT (interpret)
7. Apply the principles of planning, design, development, budgeting, management and quality assessment to organizational and community initiatives.	HLTH 6206	x	xT (org)	x	
	HLTH 6207	xT (comm)			
8. Identify and analyze the main components and issues of public health systems, organization financing, and delivery of health services.	HLTH 6206		xT		
9. Critique the role of social, cultural, political, and community factors in both the onset and solution of public health problems.	HLTH 6201		xT		
	HLTH 6207	x			
	HLTH 6220	x			
10. Summarize basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice.	HLTH 6201		xT		
	HLTH 6220	x	x		
11. Using the social ecological model, distinguish key partners, resources, and stakeholders involved in effective public health practice.	HLTH 6201		x		
	HLTH 6207	xT			
12. Critique the design, strengths and weaknesses, analysis, and findings of published studies across the various public health disciplines.	HLTH 6202	x			xT
	HLTH 6204	x			
	HLTH 6222	x			
13. Prepare methodologically sound programming and	HLTH 6204		x		xT



evaluation plans and research proposals.

HLTH 6207 x  
HLTH 6222 x

<b><i>Interdisciplinary and Cross-cutting Competencies</i></b>	<b>Learning Opportunities</b>	<b>Assessment</b>			
		<b>Assignment</b>	<b>Exam</b>	<b>Internship</b>	<b>Capstone</b>
14. Apply the core functions of assessment, policy development, and assurance in the analysis of public health problems and their solutions.	HLTH 6207 HLTH 6221	xT x			x
15. Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making across the public health core disciplines.	HLTH 6201 HLTH 6202 HLTH 6203 HLTH 6204 HLTH 6205 HLTH 6206 HLTH 6207	x x x x  x	   x  x		xT
16. <u>Analyze</u> inter-relationships among different components of systems that influence the quality of life of people in their communities.	HLTH 6201 HLTH 6207 HLTH 6220 HLTH 6221	 xT x x	x		
17. Assess public health organizations in terms of their stated mission, set of core values, and vision.	HLTH 6206 HLTH 6221	x x		xT	
18. Demonstrate leadership through effective team building, negotiation, and conflict management skills.	HLTH 6206 HLTH 6207 HLTH 6220	x x x		xT	
19. Demonstrate effective written and oral skills for communicating public health concepts, data and solutions with diverse professional and lay audiences.	HLTH 6201 HLTH 6202 HLTH 6203 HLTH 6204 HLTH 6205 HLTH 6206 HLTH 6207	x x x x x x x		x	xT
20. Apply basic principles of ethical analysis to issues of public health data, practice, research and policy.	HLTH 6201 HLTH 6204 HLTH 6205 HLTH 6206 HLTH 6207	 x x x x	x x		xT

	HLTH 6221	x		
	HLTH 6222	x	x	
21. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served.	HLTH 6201		x	
	HLTH 6207	xT		
22. Promote high standards of personal and organizational integrity, compassion, honesty, and respect for all people.	HLTH 6206	x		xT
	HLTH 6207	x		
	HLTH 6221	x		

**Specialty Area Competencies**

MSPH Specialty Areas Competencies: Community Health Practice/Health Promotion (also Graduate Certificate in Community Health Promotion Competencies)	Assessment				
	Learning Opportunities	Assignment	Exam	Internship	Capstone
23. Apply major concepts related to community health, health education, and health promotion.	HLTH 6207	x		x	
	HLTH 6220	x			
	HLTH 6221	xT			
	HLTH 6222	x	x		
24. Practice methods utilized in completing a community diagnosis and needs assessment using vital statistics and public health records.	HLTH 6221	xT			
	HLTH 6207	x			
25. Design theory-based health promotion interventions to improve community health outcomes.	HLTH 6207	x			
	HLTH 6220	xT			
26. Apply knowledge of quantitative and qualitative research methods to the 4 core functions of public health.	HLTH 6222	xT	x		

\*xT – denotes Terminal assessment where data will be collected and provided as evidence of overall student mastery. These assessments require detailed rubrics.

Full course titles

HLTH 6201 Soc/Behav	Social and Behavioral Foundations of Public Health	HLTH 6206 Admin HLTH 6207 Plan Eval	Health Services Administration Community Health Planning and Evaluation
HLTH 6202 Epi	Community Epidemiology	HLTH 6471 Intern	Internship
HLTH 6203 Stats	Public Health Data Analysis	HLTH 6900/1 Capstone	Research and Thesis in Public Health OR Project
HLTH 6204 Res Mthd	Public Health Research Methods		
HLTH 6205 Env hlth	Environmental Health		

P = primary coverage of competency; R = Reinforcing coverage of competency

**Appendices**

Appendix 2.7.1 Competency assessments and rubrics

Appendix 2.7.2 Student Manual – MSPH Internship (HLTH 6471)

Appendix 2.7.3 Student Manual – MSPH Capstone (HLTH 6900/01)

Appendix 2.7.4 MSPH Individual Competency Assessment Form

Appendix 2.7.5 MSPH *Aggregate Competency Assessment Form*

## **Criterion 4.4 Advising & Career Counseling**

### **Criterion, site visit finding & reporting request**

**4.4 Advising and Career Counseling. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.**

*This criterion is partially met. ... The concern relates to the lack of a structured career advising component in the MSPH program. Site visitors were concerned with the value of career counseling offered to students, as students explained during the site visit that though their advisors provide career guidance when sought out, it is generally not specific to their career interest. This commentary is given in light of the fact that the program anticipates internships to be a springboard to employment. However, students expressed difficulty with securing internships and often found that they settled for internships that did not align with their career interest. The program does provide students with a list of potential internship sites, but students found the list to be outdated and generally unhelpful. Nevertheless, the program expects students to take initiative in identifying internship placements, as the program seeks to foster independence and self-determination in its students. Students may however benefit from greater guidance in obtaining a more suitably matched internship, especially if internships are intended to be one of the primary methods for securing future employment. The program's response to the site visit team's report notes that the MSPH subcommittee, in consultation with its student organization, advisory board and alumni, will develop a plan to improve graduate student internship and job search experiences.*

[Draft Site Visit Report, pp. 34-35]

### **Our response**

**Summary.** Thank you for the opportunity to report on our improvements with regard to internship placement and career advisement. We address these issues as separate items. To address issues associated with securing internships, we have created an online resource site (through Moodle, our online instruction system) associated with the internship course (HLTH 6471). All MSPH students have access to this site from the time they are first enrolled in the MSPH program. We also instituted an MSPH Internship Information Session. The first such session was conducted with MSPH students this Spring (2015) when most students started their internship search. Moving forward, we plan to split this session into two parts, with a Fall session focused on identifying internship sites, applying for formalized programs, and approaching potential preceptors, and the Spring session emphasizing the logistics of formalizing an internship placement and internship reporting. Further, we made several revisions to the internship manual, that is provided to students upon matriculation, that better delineates the timeline and planning for the internship. These changes, which augment students' semesterly academic advising sessions, are detailed below.

In response to concerns regarding the need for structured advising on career and employment, Dr. Larissa Huber launched an initiative in partnership with our Delta Omega chapter and our Graduate Public Health Association (GPHA). Dr. Huber is a core MSPH faculty member, the GPHA faculty advisor and she has won numerous teaching and mentoring awards. GPHA is the student-run organization for graduate public health students. Students and alumni suggested we implement 2 workshops: one, in Fall that would address applying to clinical and doctoral programs for post-master's education and one in Spring that would address job searches, resume development and interviewing. These workshops would be open to all MSPH students. The format of the workshop includes a panel of 4-5 MSPH alumni, who make brief statements about their career/education, followed by an open question and answer session. Further details are provided below.

### **Supporting Detail.**

**Internship Procurement.** *Moodle resource site.* We provide a comprehensive internship resource site through our Moodle course delivery system as of Summer 2015. The site is available to all MSPH students as soon as they are enrolled in the MSPH program. The resources are organized according to internship phase (e.g., identifying an internship, approval forms, during the internship, reporting). The resources available through the internship resource site include:

1. A listing of over 125 previous internship sites and current or former MSPH employers.
2. Syllabus for the HLTH 6471 course detailing all requirements
3. Student Internship Manual (see *Appendix 2.7.2 Student Manual – MSPH Internship (HLTH 6471)*)
4. Internship Information Session handouts (see *Appendix 4.4.1 MSPH Internship Information Session*)
5. Discussion board for pre-internship questions and questions which arise during the procurement of an internship
6. All internship related forms that students must complete
7. Information for internship preceptors that students distribute
8. A copy of the preceptor and student assessments
9. Information on preparing internship progress reports and example reports from previous years
10. Information on preparing the final internship report and example reports (in draft, with feedback, and in final form) from previous years.

In summer 2015, the period when our MSPH students typically complete their internship, 11 students were conducting their internships; 9 were actively using the site. The same materials are available to students from the MSPH program website and on disk.

*Internship information session.* The internship information session held on March 24, 2015 consisted of a brief powerpoint (listed as #4 above) with open time to ask questions and answers. The session was held during a regularly scheduled meeting of the GPHA. Approximately 15 (80% of first year cohort) students attended this session. Informal feedback on the session was positive and students found the information valuable.

*Student Internship Manual Revisions.* Revisions to the 2014-2015 internship manual included a timeline as a guide to help students plan the necessary activities to find, organize, conduct and complete the internship. The internship manual was further revised for academic year 2015-2016. We inserted a section specific to finding an internship. The timeline was further revised and used to re-organize the content of the entire manual offering students a step-by-step process with explicit deliverables needed to move forward to the next stage (see *Appendix 2.7.2 Student Manual – MSPH Internship (HLTH 6471)*).

**Career Advising.** The first panel discussion was held on February 24, 2015 during GPHA's regular meeting time in order to accommodate students' schedules. All first and second year MSPH students were invited to attend the panel discussion and flyers (see *Appendix 4.4.2*) were sent to all students via the MSPH student listserv. Six alumnae participated in the discussion and represented people now working in a variety of health-related areas (research, community, and private industry) both locally and out-of-state. Three of the panelists attended in person while the remainder used Skype. Each panelist spoke for 10-15 minutes and shared information on their experience with the job search and interviewing and hiring process. MSPH students then had approximately 30 minutes to ask questions of the panelists. Overall, both panelists and students enjoyed the event. Seventeen MSPH students ( $\approx 75\%$  graduating cohort plus some first year students) attended the event and indicated that it was beneficial. Some students offered suggestions for future events including having students submit questions for the panelists ahead of time to ease any hesitation students might have in asking questions. The event was discussed at the March MSPH Program Committee (see *Appendix 2.6.4 MSPH Program Committee Minutes*).

We did not formally evaluate this first panel discussion but we will survey student participants for the Spring 2016 panel. A planned evaluation form for the Spring 2016 event is presented in *Appendix 4.4.3*.

We are already planning the Fall 2015 panel event which will focus on advanced education. This event is scheduled for October 1, 2015. The event will have a similar format to the job panel. We have 7 confirmed speakers; all are MSPH alumnae of our program. One is attending medical school at Georgetown University; one graduated from UNC Chapel Hill with a PhD in epidemiology and one currently attends a PhD program in epidemiology at University of South Carolina; one is a graduate of Georgia Southern's PhD program in community health/behavioral science and one is a second year student in our PhD program; and two alumnae who have completed Physician Assistant (PA) programs (Emory University and Duke University). We have also developed a formal evaluation form for this event (see *Appendix 4.4.4*).

In the long term, we are discussing adding a Capstone Course, which would provide a structured opportunity to deliver guidance on employment searches and planning and applying for further graduate education.

## **Appendices**

Appendix 4.4.1 MSPH Internship Information Session

Appendix 4.4.2 GPHA Job Panel Flyer

Appendix 4.4.3 Job Panel Evaluation

Appendix 4.4.4 Advanced Education Panel Evaluation

## **Summary**

We continue to improve our public health program to meet or exceed the expectations of CEPH, our students, and our community stakeholders. This past academic year, the Department engaged in formulating a 5 year strategic plan. This process included revising the Department's mission, vision, and values statements to clarify more succinctly and inclusively what we hope to achieve. This coming academic year, 2015-2016, the Public Health Programs and each of its constituent degree programs will review their mission and vision statements to ensure that they align with the Department's direction.

Our Department's goal is to provide a quality, sustainable program, and to continue as a resource and partner for our community in order to fulfill our mission to "develop leaders in practice and research who advance the public's health". Our community's needs are great and our program has many opportunities to improve the health and well-being of those we serve. We are assessing the needs of the community in ways that balance our resources and are consistent with our mission, vision, and values.

We believe you will find that our progress since the CEPH site visit demonstrates our full compliance with CEPH criteria and our commitment to excellence and continuous quality improvement. Our program graduates are prepared to serve as responsible and competent members of the public health workforce and to achieve our Department's vision:

**Healthy People. Healthy Places. Healthy Communities.**