MPH Curriculum Committee Meeting, May 2020

MPH Curriculum Committee met after Joint MPH-BSPH meeting.

* Gardner asked if everyone wants to do a “Reply All” email conversation for the ILE CEPH information she sent out on Monday, May 11.
* Gardner presented the following options: Should we change some of our WKU-specific competencies since at least one must be represented? It would be easy if we had 3 required that all ILEs must have.
* Macy asked that we discuss thru email but finalize with a quick meeting.
* Farrell pulled up the email Gardner was referencing (Appendix A)
* Already have identified competency 19. (Competencies listed in Appendix B)
* We need to pick 3 (one from 22-27 and 2 total from 1-22)
	+ Or redo our 22-27.
* Ding and Gardner think number 4 is “easy.”
	+ Farrell asked if we could do something like “4 or 5.”
		- Students interested in environment may do 5 and not 4
		- May not be a bad idea to push those students to address social determinants too to be sure to emphasize public health over environmental health sciences
		- Macy and Watkins agree that 4 should be on there as well.
* Some conversation about a choosing option.
	+ Gardner asked if someone would put together something to outline this. Farrell volunteered. Discuss after that is put together.
		- Literature Review
		- Program Plan
		- Program Evaluation
		- Research- or epi-based project
* Gardner asked Macy to work on a sort of rubric for the social determinates part of the ILE to lay out what we would be looking for
* The group will work together to craft together what these competencies look like in an ILE
	+ Want to have this ready to go for beginning of fall semester

Meeting ended.

## Appendix A: ILE Email

Good evening, all.

At our last curriculum committee meeting, I stated I would contact CEPH about competency synthesis in the ILE.  After several emails, I ended up having a phone meeting with Nicole from CEPH this afternoon and here are the highpoints:

* I described our current guidelines of each ILE having four parts -- statement of the problem, lit review, critical analysis, and discussion – and how students could modify it based on individual goals (program plan, review of literature, research paper, etc.).  Nicole stated that having a format that was individualized to the students’ goals is a strength and the format we’re using is good.
* I described our current ILE assessment, including that we are not explicitly identifying competencies but that they were identifiable within the paper.  She stated that we need to make the competencies explicit.  She also stated that when we submit our samples, they want to see that these competencies were indeed assessed.  My impression is that the process is judged more critically than how well we (the faculty) assess the competencies in the paper.
* I asked about students describing how competencies were synthesized in a presentation or report.  She stated that would not meet the requirement.
* Specific information about competency synthesis that isn’t in the self-study (the board just decided on these):
	+ Each ILE must demonstrate **at least** three competencies, one of which must come from our program competencies
	+ The ILE does not need to demonstrate ALL parts of the competency.
	+ The ILE has to at least loosely demonstrate the verb.  This is pretty nebulous.

**Points for Discussion/Recommendations:**

* Because the ILE is also the required comprehensive for the graduate school, I recommend we continue the four-point grading to fulfil this requirement (CEPH doesn’t care if they pass or not).
* Because all ILEs must be high-quality written products, I recommend we keep the writing assessment on the new rubric as a stand-alone requirement that all students must pass.  We will need to decide what passing is.
* Competency 19 is constant among all ILEs: Communicate audience-appropriate public health content, both in writing and through oral presentation
* Having a common program competency that all ILEs meet would be an efficient way to go.  I suggest we look at these to see if one could fit into the four categories currently required.  If not, we may want to consider revising our program competencies.  I also think it would be great if we could identify another common foundational competency.

We need to make decisions rather quickly so that the information can be incorporated into the new handbook and, if needed, our course competency alignments. I’d like to meet sometime after grades are due to discuss and make decisions about the points above and directions moving forward.  Prior to meeting,  I ask that everyone do the following:

1. Review program competencies: Is there a common competency we can use? If not, can you recommend one?
2. Review foundational competencies:  Is there a common competency we can use?

Thanks! And cheers to this semester ending.

Marilyn M. Gardner, Ph.D.

MPH Program Coordinator

## Appendix B: MPH Competencies

**Evidence-based Approaches to Public Health**

1. Apply epidemiological methods to the breadth of settings and situations in public health practice

2. Select quantitative and qualitative data collection methods appropriate for a given public health context

3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate

4. Interpret results of data analysis for public health research, policy or practice

**Public Health & Health Care Systems**

5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings

6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

**Planning & Management to Promote Health**

7. Assess population needs, assets and capacities that affect communities’ health

8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs

9. Design a population-based policy, program, project or intervention

10. Explain basic principles and tools of budget and resource management

11. Select methods to evaluate public health programs

**Policy in Public Health**

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence

13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes

14. Advocate for political, social or economic policies and programs that will improve health in diverse populations

15. Evaluate policies for their impact on public health and health equity

**Leadership**

16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making

17. Apply negotiation and mediation skills to address organizational or community challenges

**Communication**

18. Select communication strategies for different audiences and sectors

19. Communicate audience-appropriate public health content, both in writing and through oral presentation

20. Describe the importance of cultural competence in communicating public health content

**Interprofessional Practice**

21. Perform effectively on interprofessional teams

**Systems Thinking**

22. Apply systems thinking tools to a public health issue

**WKU MPH Program Competencies**

23. Apply health behavior theories and models to address public health problems.

24. Describe the role of budgeting; methods of seeking extramural funding; and methods of financial analysis in making decisions about policies, programs and services.

25. Discuss theoretical models and methods used to understand, explain, and ameliorate health disparities.

26. Integrate social determinants into public health science, practice, and research.

27. Identify the direct and indirect population health effects of environmental hazards (biological, chemical and physical) on humans, animals and the ecology.