

Report: External Periodic Program Evaluation of the Masters of Philosophy in International Community Health



Photo: Boy fishing in puddle, Dhaka, Bangladesh by H.Ames

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Submitted to the Faculty of Medicine, University of Oslo:

10.09.12

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1.0 Introduction:

1.1 Basic information on the course

The MPhil in International Community health began in 1998 lead by prof. Gunnar Bjune. Each year the program accepts 20 students who begin in the fall semester. On average, about two thirds of the students are international and one third are funded through scholarships (NOMA, Kvota, LHL and NFR). Since the masters began 213 students from 46 countries have completed their studies. Ninety four percent of students who began the program finished. Approximately 95% of international students return to their home countries after they have completed their studies. Forty-five candidates have gone on to pursue PhDs at the University of Oslo and 5 have pursued PhDs at other international Universities. About 170 scientific articles have been published.

The MPhil in International Community Health is a two-year masters spread over four semesters. Each semester has a distinct purpose. The first semester aims to give students a broad overview of community health. The second semester is based on developing a project, methodology, presenting a literature review and completing elective courses. The third semester is dedicated to fieldwork. In the fourth semester, students return to Oslo to analyze their data and write their thesis.

The MPhil in International Community Health is a research-based program. Students research a topic associated with community health choosing between either quantitative or qualitative methodologies. Students who complete the program should be capable of conducting an independent research project. The learning outcomes of the program as stated on the website are,

“Upon completion of the International Community Health MPhil programme, students will have the knowledge and skills to:

- 1) Understand and critically assess issues relevant and important to international community health and to understand their links to context in which they are embedded
- 2) Conduct appropriate, and relevant public health research
- 3) Communicate and facilitate their expertise as they contribute to improving health at local, national, or international levels “ (1)

1.2 The evaluation mandate

The Faculty of Medicine at the University of Oslo appointed the external evaluators and took into consideration their knowledge, roles and position with regard to impartiality.

The external evaluators have taken the decision to write this evaluation in English, as the course is taught in English and it is the common language for the majority of students.

The mandate given to the external evaluators by the faculty of medicine is the following:

- To gain an overview of the masters program's goals as they are written in the program plan and determine if they are being met.
- To evaluate if the goals are well formulated and suitable
- To evaluate the quality of the study program and eventually offer recommendations for improvement
- To express an opinion on whether the program should be cancelled or continue by evaluating the following points
 - If the program functions as a whole and fits together well
 - The learning and competence outcomes in conjunction to personal development and community/workplace needs for competence
 - The results obtained
 - Target student group and recruiting
 - Lecture and exam formats
 - Access for disabled students
 - Internationalization
 - Learning environment and program audience
 - Resource and infrastructure
 - Ongoing evaluations and improvements
 - Proposals for improvement

1.3 Methodology

The evaluators conducted a desk review using the documents provided by the masters program. These included yearly reports and evaluations as well as the internal evaluation. The external evaluators also conducted face-to-face interviews with all three professors, six previous students, and an administrator.

2.0 Findings

The following findings are based on interviews with an administrator, faculty and ex-students in order to gain a better understanding of the main issues raised by the internal reports and reviews. Most of these interviews were face to face lasting between 15-30 minutes. One of the students sent a response in writing as a face to face interview was not possible.

The bullet points below are in italics when they are direct quotes. Some of these are contradictory. The other points are what the interviewers understand as a consensus among the respondents.

2.1 Faculty/administrative staff

Four persons (age and gender balanced) were interviewed. All the respondents with the exception of one had been with the course since its inception. All the faculty functions; coordination, administration, teaching, supervision and student evaluation were addressed. In particular, the following main topics were covered:

Student selection

- Recruitment of students has been satisfactory but not optimal. It has been a complex process without a clear set of objective student selection criteria.
- The program's task is to put together an international class that can function well together based on education, work experience, gender and geography. The UiO uptake requirements are rigid as to who can be accepted. UiO focuses on grades and has strict guidelines to calculate points for admission. The program should be able to weigh experience, grades,

research experience, region of origin and collaborating institute when putting together a class.

- There are difficulties in comparing transcripts from different countries and schools. Typically 350-450 applicants are screened for 20 spots. The selection process has been rigorous with the best academically in each discipline being picked out. This narrows the field to 50-100 applicants. These applicants are then discussed in plenum. The applicant's statement of purpose is a very important component in selection. The best 25 candidates, based on the opinion of the selection committee, are then selected.
- Initially Kvota/NORAD funding enabled recruitment from low income countries. In recent years the proportion of self financing students has increased. They have usually worked in many countries. They are not necessarily interested in going back to their home country.
- Many students come from collaborating institutes. According to a faculty member this implies that the *'course is not necessarily getting the best students'*, as there is *'no control over how collaborating institutes pick their candidates'*. Selection is largely based on personal recommendations from staff and professors.
- This form of selection has been an advantage for students who are usually involved in larger projects but of course it limits their ability to freely choose a research topic.

Course content/teaching/methodology

- Because of the interdisciplinary nature of the program the first semester tries to give equal importance to all academic areas. Perhaps equal importance to all areas is not required. This would allow for an increased emphasis on teaching methodology. As one faculty member put it: *'A lot of schools have an MPH but our focus is research'*!
- More research discussion needs to be integrated into the theory class. The research perspective needs to be included in all teaching.

Resources and relationship to the medical faculty

- The resources are very limited. At any time there are Forty five to fifty (45-50) students enrolled with three staff plus externals. According to one faculty member this is much lower than other similar Norwegian programs such as Bergen's MPhil in International Health.
- There is a severe shortage of staff teaching qualitative methods. Currently 3 x 20% short term contracts have been given to teach qualitative methods. As these members are only at the institute occasionally and they all have other 100% employment they cannot fulfill the needs adequately.
- There is a serious problem supporting students who choose qualitative methods (approximately half or more of students).
- The Medical Anthropology department has no capacity to supervise.
- The first semester's thematic courses require external lecturers. This pool is very unstable and makes the offering of these courses unstable.
- *'Coordination requires a minimum of 1.5 persons. Now with only 1 position it has become very difficult.'*
- Student coordination is a complicated role as 2/3 of students are international with varying expectations for study and lifestyle. They often find it difficult to adjust and IT knowledge can be low. They need a lot of extra support.
- It is hard to find supervisors for all students.
- The permanent faculty all feels overburdened.
- *'The leadership of the Institute has become more supportive over the years but I still feel they don't realize the severity of the problems we are facing.'*

Grading and evaluation

- Though some of the faculty members were against grading beyond pass/fail, they found that letter grading is what students want
- Home exams are preferred by students. However this means more work for lecturers. When there are multiple topics in one exam it becomes hard to decide on the weighting of each of the topics within the exam.
- There is a problem with using the letter grade system as there are no +/- grades. It might be easier with differentiation between a high and low B or a high B and a low A. The grading of C as “good” is causing problems for international students as it is considered as a third class mark.
- As of now there is no standardization of outside examiners and there are also limitations with the lack of common judgment that internal examiners might have. There is a need to move from subjective grading to objective grading.
- The creation of an objective assessment form would be a great help towards this goal. Right now the grades are 100% subjective and there is nothing to fall back on if there is a disagreement.
- The UiO regulations are strict when it comes to exams and they need to be flexible for foreign students who cannot come back to write the exams i.e. being able to rewrite before a grade is submitted.

Major strengths and weaknesses of the course

Strengths

- The course is improving and taking on board the recommendations made from previous student evaluations.
- A good cross disciplinary perspective is behind the matrix model and this has worked well.
- *’Drittgod forskerutdanning’* (good education for research) said one staff member as the emphasis is on researchers who can be locally based particularly in low and middle income countries and conduct locally relevant and required research. The program objective is to train public health scientists - not public health workers.
- The strategy is to work with partners in other lands to select students who can explore relevant local research problems and have employment after completion.
- The administration staff is FABULOUS!

Weaknesses

- The course started on the availability of teaching resources, it was not based on needs /requirements in international health.
- The methodology teaching is weak. There is not enough time for research training.
- Small number of staff - required to do a lot of teaching and supervising (more than would normally be expected), and no adjunct positions.
- The Matrix model and the lack of biomedicine were both praised and criticized.
- Limited supervision capacity. Three part-time positions (20% positions) and three professors in all.
- The way the program works now requires students to be independent and is complicated when compared to other masters programs. Students must, mostly on their own, find a supervisor, get funding, do their field work and write the thesis.

2.2 Previous students

Six students (Three male, three female, 2 Norwegian, 1 North American, 1 European, 1 African and 1 Asian) from different batches were interviewed.

Expectations of the course

- *Largely met.*
- *'I had expectations in getting a higher standard public health knowledge and research skills that guide me to the level of PhD education. My expectation in attaining research skills was met and this helps to be a better PhD candidate who can be able to do his tasks with limited supervision'. But this candidate was not satisfied with the standard of the courses, which he said might be due to his undergraduate background in public health.*
- Expectations were vague and not met. There were a number of uncertainties based on the information given. Lacking clarity on how the program meshes with other existing programs, structures and knowledge. The very strong emphasis on field work and research was not clear while applying and choosing the program.
- *Expected more theory and more field exposure but practically (in general) was satisfied.*

Structure and course content

- Overall structure is satisfactory.
- *I am satisfied with the structure of the courses, because it started from basic science and different areas of public health. Moreover, it integrated literature review, research methods courses and seminars that help to prepare for field work and the thesis.*
- The overall structure was good for the matrix course. However, these could be spread out but not sure if that is possible due to project planning.
- More information on how to search for outside classes earlier would have been good the same goes for funding and collaborations i.e. with SUM.
- The program could be more related to actual work experience of teachers using case studies and examples from their own experiences.
- *The content is very broad which is a strength from many perspectives however it is all very superficial and in no depth.*
- *The first semester was overcharged with lectures and lasted all fall. There was no time to go further into the topics. It killed my motivation.*
- *Some topics are neglected based on the lack of expertise of the lecturers available.*
- Some topics which students felt were missing from the curriculum were mental health and health economics.

Teaching methodology

- *I think the teaching methodology is one of the strengths of the master program. Teaching methods (the way the course was taught) was good. It was nice to finish each theme and then move on. The PBL as well as lectures encouraged students to actively participate, discuss and exchange experiences from different perspectives of discipline.*
- The methods class did not meet expectations. Teaching research methods was insufficient. Support in methods during analysis and writing the thesis was also lacking
- The course in medical ethics was good and has been useful after the course.
- *"The qualitative course seemed unprofessional. I would have liked more applied exercises. Also need more stability in qualitative methods teaching. "*
- *Class was every day all day for the first semester maybe a ½ day would be better.*
- Need better working space. *"The PC room is awful the classroom is ok."*
- The research and theory background was relevant for future work however; more relevant exposure during theoretical practice would be good.

Supervision of the thesis

- Some students were very pleased and others completely dissatisfied with either one or both supervisors.
- The supervision is said to be a bit like a lotto. Supervision needs more structure so that it does not depend so much on who you get. There is a lack of supervision follow up.
- *I think I was one of those students who really exploited the supervisors to the point of saturation. I regularly updated my supervisors about my progress, next step and challenges that need special considerations. I had frequent contacts by emails, (even if they did not respond,) by visiting their office and asking them to give me feedback in person. Sometimes when it was urgent matters, I set deadlines for their reply. In general, it is important to be pro-active and establish a good communication with supervisors, and strictly following a time framework.*
- Twenty hrs per year supervision is insufficient and this should be increased.
- *Having to find your own supervisor is difficult. It is difficult to find out who is taking students in the topic areas. This needs to be systematized somehow and the website could be a great tool for this.*
- *Students need to be taken more seriously and supervision needs to be more professional. Felt that supervisors are being given too many students as there are only three full time staff.*

Examination and grading process

- Grading is dependent on the examiners. *I was disappointed when I heard that some supervisors always choose the same examiners for their students in order to secure a good grade.*
- *All in all, the grading process of the thesis was one of the most of controversial or unpleasant experiences that I had in this master program.*
- Students need to be made aware that they can help choose their examiners.
- *The grading is arbitrary and it is unclear what each letter grade means.*
- It would be good if the matrix exams could be based on current problems then answers could be more realistic and relevant.

Strengths and weaknesses of the course

Strengths

- The course content had a good diversity in covering main thematic areas in public health, inviting well experienced speakers, integrating different disciplines and also focusing on research- and problem-oriented lectures.
- Students are trained to do good research. In the end they come out with the real experience of doing research. It is definitely a research masters.
- Very happy working as part of a larger research project.

Weakness

- The depth of courses was somehow basic for a person with public health background, sometimes at the level of bachelor.
- *A student felt happy with the outcome but felt that the course was built on the interests of those who run the program and the main themes were directed by them.*
- Research without a lot of actual field exposure can be a weakness.
- The time is too short for writing and this can lead to poor outcomes.
- English language skills among teachers are variable. It must be more structured. Failure in teaching due to lack of language in one case was not properly addressed.
- *The learning outcomes are very dependent on your project.*

- *'I was thrown out in deep water'* When talking about the experience of having to organize everything by yourself for and during fieldwork.

3.0 Recommendations

3.1 Recommendations as understood from interviews with faculty and administrators

- There is room for improving the recruiting process with objective criteria based on a target group that fulfills the program objectives at large
- The methodological teaching is suffering and needs strengthening, in particular the research components. More group work and less teaching hours could help with this.
- Coordinating exams is time consuming work. It would be good to have an internal exam commission to decide on a better more equal way to grade. Guidelines for marking need to be clarified especially for external examiners.
- There is a need to develop better agreements with other sections to facilitate teaching and supervision.
- Staffing needs:
 - The program is understaffed; post docs and adjunct positions would supplement teaching and supervision and train people to take over in future
 - Need for 1-2 academic positions dedicated to the masters that could take on some of the supervision
 - The administration needs to be strengthened (minimum 1.5 coordinator positions) as international students require more help and attention
 - Need a plan to replace staff that are leaving or have left.
 - There is no explicit vision and plan for the future.
 - Need more time to evaluate and look into how the pedagogical aspects of the program can be improved. Need to incorporate the student feed- back more efficiently.
 - Need for an exit strategy after the first year for students who are not up to the program standard. i.e. a certificate or diploma
 - The program's international partnerships and collaborations need to be fostered and strengthened to ensure future stability.
 - There should be reflection and planning for the possibility that the program does not receive more support. When asked about the future one interviewee *responded 'If we don't receive more support it (the masters) might be changed into a MPH program, it might disappear.'*

3.2 Recommendations as understood from interviews with students

- The Program should continue but the courses need to be lifted/strengthened/go into more depth.
- The degree MPhil is not well recognized or understood. There should be a reflection on the title of the course. Is there a different title that could be more internationally recognized?
- The quantitative methodology courses and seminars should be at the standard of a master thesis. Most of the students were using multivariate regression analysis in their thesis, but this topic was not covered well and labeled as an advanced method.
- Need ongoing methodology teaching throughout the course.
- First semester theory lectures should be cut down; there should be more focus on creativity in research and qualitative methodology.
- There needs to be more structured and strict evaluation criteria .The grading system should include evaluations of courses and research seminars.
- Complaints process must be fairly handled

- Information to students must be clear and standardized;
 - There needs to be more structure around funding. .
 - It should be made clearer to students early in the first semester which projects will take students on and provide funding.
 - The central importance of the fieldwork and possible travel to the program needs to be made clear from the outset.
- Teachers should have set office hours outside of class time where students know they can visit and ask questions.
- Students need support and help to find supervisors.
- Supervision needs to be standardized.
- There needs to be an objective grading of the thesis.
- The masters program needs to develop a progressive evaluation, where courses and research method seminars should also be the part of grading system. It is challenging to evaluate the status and prospect of a student by the grade of the thesis only.
- Internationalization is important for academic and personal growth. More collaboration with other institutions and aid organizations through internships and apprenticeships should be promoted. It would be nice to see more inter-university collaboration and exchange of students and teachers within Norway and internationally.

3.3 General recommendations

3.3.1 Working definition of International Community Health

We recommend the development of a common working definition for International Community Health for the program. A definition is not present on the website. Common definitions perceive community health to be based in social determinants of health rather than traditional epidemiology based definitions of public health. We feel it is important to start with a common understanding of what International Community health is. It is often confused with population health or global health.

We believe that it is important for the program to develop a definition of International Community Health in order to define the program and its contents. One of the available definitions comes from the WHO KOBE report and is as follows:

Community Health

The combination of sciences, skills and beliefs directed towards
The maintenance and improvement of the health of all the people through
collective or social actions. The programmes, services and institutions involved
emphasize the prevention of disease and the health needs of the population as a
whole. Community health activities change with changing technology and social
values, but the goals remain the same. (2)

3.3.2 Discussion of the degree of MPhil

One of the first questions that came to mind when the evaluation for the Masters began is how it compares to the other existing programs. This issue was further raised by students who believe the degree of MPhil is not well recognized in their home countries.

The Masters of Philosophy in International Community Health is not a degree that is easily compared with other degrees in global health, global public health or public health with a concentration on global health. The definition of the MPhil degree varies from country to country. In Norway, it is considered similar to other masters. In the UK and the USA it is a degree that a student receives part

way through their PhD when they have completed their required course work and qualifying examinations. In other countries it is a special research degree. (3)

A glance at similar programmes revealed that:

- The NYU Steinhardt offers a MPH programme in Community Public Health: International Public Health.
- The School of International Health at the University of Tokyo offers a MPH programme with Global and Community Health Concentrations.
- The George Mason University offers a MPH programme with Global and Community Health Concentration.
- McMaster University offers a Master of Science in Global Health.
- University of Copenhagen offers a Master of International Health.
- Maastricht University offers a Masters of Science in Global Health
- At Harvard University there is a Master of Science in Global Health Delivery
- At Johns Hopkins Bloomberg School of Public Health there is a Master of Science in Public Health with an emphasis on international health.
- The VU University Amsterdam offers a Research Master Global Health.
- The University of Barcelona offers a Master of Global Health

The courses vary in length from one to two years. At the core of these courses, but not without exception, lie epidemiology and statistics. All have some measure of systematic and critical thinking and research methods. Among the elective courses figure history of public health, management, environment, infectious diseases, human rights and many more. A fairly consistent trait is the ambition to train candidates in methodology; a few have a heavy research agenda.

The UiO MPhil course overlaps in part with many of these courses. During the interviews the issue of possible alignment to Aspher (Ass. A Schools of Public Health in Europe) standard was raised. It was said that any such affiliation would not bring much to the programme, and would cost both in terms of time and money. The emphasis in Oslo is on research, and there is need for flexibility and evolution over time.

3.3.3 The importance of moving towards an objective approach

The importance of moving towards an objective approach in many facets of the masters program was raised by the majority of the interview participants. Currently student selection is based largely on the subjective opinions of professors and/or collaborating institutes putting them forward as candidates as well as the subjective opinions of those reviewing the applications. A large degree of subjectivity needs to be maintained in order for the program to create a well balanced class however, the question was raised if the UiO points system could be applied to the shortlisted candidates. This would enable the selection committee to weight different facets of a student's application based on the program goals. For example, if there needs to be a focus on women or students from a certain region of the world then these students could be given extra points.

Secondly, the belief that the program has been subjectively organized around the personal interests of the central staff was raised. This has functioned well up to now but one faculty member brought up the fact that they thought this may be distancing the program from the actual needs for researchers at the moment. An objective review based on what is needed in the global marketplace was suggested. The matrix courses could then be geared towards present needs.

Finally, and most central for students was the subjective, arbitrary way that they felt the thesis was graded. Faculty also raised the lack of an objective grading criterion as an issue. The development of an objective grading guide that could be used by examiners is recommended.

3.3.4 Alignment with UiO strategies

Recently a number of strategies have been announced by the university. We recommend that the program study these strategies and see how the program can meet UiOs vision in order to strengthen the courses position within UiO. Two examples are given below.

The meeting of the Deans of Universities in Norway met in Bergen in June 2012 and brought global health to the agenda. They are said to have agreed to share all teaching modules on global health/public health, and possibly make modules available on the net. This needs further investigation.

The University of Oslo recently released a report entitled "Global presence-global responsibility: UiO's Action plan for internationalisation 2012-2014. This report sets forth the universities strategies for internationalisation. Many of these strategies align with the goals of the MPhil in International Community Health. This should also be investigated further to enhance cooperation with various parts of the university.

4.0 Conclusions:

Overall, the committee recommends that the program should continue. It provides a research education that is important and valued globally. However, we would like to recommend that some aspects of the program require detailed review and further discussion, as well as some changes we feel would be beneficial in the short term.

4.1 Program aspects requiring further study and discussion

- A clear discussion around **a future strategy** for the course, which should include clear goals, strategies and a concrete plan for the future direction of the course. This discussion will need to address making the course more content based rather than staff based to address the future retirement of main staff and should include a plan to hire new staff that can make a long-term commitment to the program. Follow-up external evaluations of the MPhil program should be made an integral part of the future strategy.
- In order to understand and critically assess issues relevant and important to international community health, the institute should invest time to **study parallel programmes** at other universities, and make a detailed analysis of what elements can be included/excluded from the course in Oslo. Based on such studies, and possibly for better advertising of the course, a reflection is needed on whether to keep the name of the MPhil degree, or move towards a master of science in global health research or similar.
- A discussion around **defining the curriculum** of the course. What is offered to students? Methodology? Course curriculum etc. need to be spelt out in some detail. One issue is around whether the course will continue with qualitative approaches based on the lack of ability to support students who choose qualitative methods.
- A more **objective approach** to curriculum, student selection and grading should be investigated.
- A review of **the large workload** put on the staff of the program in comparison to other programs of a comparable size (such as Bergen). This review needs to take into

consideration the **resources needed** to coordinate a large number international students as well as the difficulty of supporting and following up with students when they are out on fieldwork in semester three in as many as 20 different countries.

4.2 Short term recommendations

- The issues concerning supervision raised by students need to be addressed in the short term. A way to **standardize supervision** needs to be developed.
- An objective **grading scale for the thesis** defence needs to be developed. Students and faculty are dissatisfied with the variety and inconsistency of the grading of the defence. The consideration of adopting +/- grades should be considered.
- The lack of **teaching and support in qualitative methods** needs to be addressed or a decision needs to be made limiting the number of qualitative projects to the number of confirmed supervisors. (see above)
- The issue around the **English language skills** of one teacher and difficulty of communicating with this teacher needs to be addressed as soon as possible.

The external evaluators would like to thank the faculty for the opportunity to evaluate the MPhil in International Community Health. We would also like to thank the faculty and students for their time and sharing with us their insights regarding the program

In conclusion, this MPhil program should continue. The masters needs to continue to focus on research and fill this niche that is under represented in the global education market at the moment. However, there are several areas both short term and long term that must be improved both to raise the overall quality of the program and to compete with international standards of excellence. Notwithstanding the limitations that time and method impose on our ability to reach conclusions and make recommendations, we have tried to focus on overarching themes that need to be addressed concerning the future of the course.

We hope that the faculty will find this report useful. If the faculty should require any further clarifications or would like an in-depth discussion regarding our conclusions and recommendations and the rationale for this we are happy to do so.

Oslo, September 10th 2012

Heather Ames (Secretary)
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5.0 Citations

1) Phil learning outcomes

<http://www.uio.no/english/studies/programmes/ichealth-master/learning-outcomes/>

2) WHO Kobe Report on definitions

http://www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf

3) Master of Philosophy definition

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