

ASPPH Presents



WEBINAR

Using Competencies to Inform Program Design and Incorporation of Evaluation Activities

Monday, July 31, 2017, 1:00 PM - 2:00 PM EDT

Assessment of Competency Completion by Assignment, Not by Course, presented by Katie Darby Hein, PhD, Department of Health Promotion, University of Georgia College of Public Health

Learning Objective:

- Examine a strategy that allows quick assessment of CEPH competency compliance for undergraduate public health programs.

Public health programs for undergraduate students continue to grow around the country, and documenting the successful meeting of the undergraduate competencies developed by the Council on Education for Public Health (CEPH) is necessary for program planning and for program assessment. Curriculum mapping has been used as a valuable evaluation tool for many institutions, yet the literature is still in its infancy and does not provide strong evidence of effectiveness for public health programs. The University of Georgia created a curriculum matrix to allow assignments in required public health undergraduate classes and the CEPH competencies to be mapped against each other to aid in identification gaps in the curriculum. Course assignments were rated on the strength to which they addressed the competency to first create a matrix and then a multi-dimensional heat map of courses and CEPH competencies. Choosing to map course assignments with the competencies instead of the courses themselves, or even the course objectives, allowed development of an assessment tool to easily document the skills that students are developing through the program. Program assessment reports filed with the University and with the Association of Schools and Programs of Public Health are quickly documented and completed. This approach additionally allowed faculty to identify weaknesses and modify course assignments to ensure competencies are met in multiple ways across multiple courses. The new CEPH competencies rolled out in the fall of 2016 will be mapped against the course assignments in November and thus allow quick course updates to ensure CEPH competencies continue to be met by the undergraduate courses in the program and to facilitate documentation for evaluation/assessment purposes.

Year One Lessons Learned from the Implementation of an Integrative Framework for Academic Program Assessment and Evaluation, presented by Jennifer M. Griffith, DrPH, MPH, Department of Public Health Studies, Texas A&M School of Public Health

Learning Objectives:

- To define the program assessment and evaluation framework
- To describe outcomes from implementation of the framework

- To summarize lessons learned and next steps

During the past year our BSPH program developed and implemented a framework that integrated assessment and evaluation for reporting and accreditation purposes into our curriculum. The framework maps course objectives to nine student learning outcomes aligned to four program goals for institutional reporting while simultaneously mapping to CEPH public health domains for undergraduate curriculum. Although time-intensive to develop and implement, the benefits of reduced burdens to faculty and the ability to create multiple evaluation reports from single instances of data collection are beginning to be realized. This session will highlight lessons learned from the first year using this framework related to our student learning outcomes and program goals.

During the first year of implementation faculty were required to perform multiple levels of mapping within the framework for each course they taught. First, faculty aligned course objectives to the nine student learning outcomes for the program which also aligned them to the program goals. Next, faculty linked to specific course objectives to course assessments, whether questions on tests or assignments. Data from assessments were reported at an individual student level in terms of percent attainment of an objective. This approach allowed us to quantify the percent attainment of objectives within a single course, as well as percent attainment of student learning outcomes and program goals within and across courses.

Implementation of the framework was successful in capturing student level data that could be aggregated within a course and across courses for student learning outcomes and program goals. Since the framework was being implemented at the same time courses were being taught not all faculty were able to transition in the midst of a semester to capture needed data. The framework also offers the ability to use a single instance of data collection for multiple reports and has the potential to reduce burden on faculty. However, the learning process involved in transitioning to this framework did require additional time and effort on the part of faculty and administration. A final challenge encountered was determining what assessment elements to include in various levels of reporting. Additional work and discussion among faculty is needed to determine which assessments are included to better capture formative versus summative attainment rates.

Despite challenges encountered during this implementation we are committed to using this framework as a means to engage and encourage student ownership in learning as well as provide continuous quality improvement for our courses, curriculum, and program.

Diversifying Voices in Educational Best Practices: Host & Partner Perspectives of Global Health Competencies, presented by Jessica Evert, MD, Department of Family and Community Medicine, UCSF/Child Family Health International (CFHI)

Learning Objectives:

- Articulate key themes and perspectives about learner development, desirable competencies and the role of trainees in communities that are outside their frame of

reference in Global Health (commonly trainees from HIC frame of reference partaking in Global Health programs in LMIC).

- Compare and contrast the results of this study/what hosts think should be emphasized with what credit-bearing and non-credit bearing undergraduate global health programs/universities/organizations emphasize in their program content and credit granting. Inform these comparisons/contrasts with the ethical implications of different emphasis.
- Exchange perspectives with colleagues and peers as to the implications of this study and how organizations/programs/entities in Global Health can adapt to a broader inclusion in program design, operations, and evaluation.

Introduction: Global Health Education, for undergraduate public health and global health trainees and beyond, occurs in both classroom and experiential settings. Current competency sets in global health education largely reflect perspectives from mainly high income countries (HICs), through organizations such as AASPH, CUGH, and beyond. Consequently, there has been under-representation of the voices and perspectives from mentors and community members native to low and middle income countries (LMICs), as well as individuals who are outside of academic and professional organization structures. A research collaborative spanning 9 HIC and LMICs collaborated on the "Host Perspectives of Global Health Competencies" research study. This session will both discuss the research findings, as well as engage the audience in a wider discussion of what important competency aims are in public and global health.

Research Methods: A literature and web-based review of current interprofessional global health competencies was performed. Portions of these competencies, as well as open-ended questions were used to create a 85 item survey. Utilizing a web-based survey instrument in English and Spanish, data were collected from a global convenience sample. Data underwent descriptive statistical analysis, logistic regression, and qualitative analysis.

Research Findings: A total of 170 individuals completed the survey, with 132 in English and 38 in Spanish. A great amount of data, both quantitative and qualitative, has resulted and will be presented. Greater than 85% of respondents rated cultural awareness and respectful conduct while on short-term experiences in global health as important. Zero respondents said trainees arrive as independent practitioners to fill healthcare gaps. The ability to speak the local language in advance of arrival was not of great importance, and it was noted that only 0-25% of students return to the community where they do their training, and an majority of respondents wished students would remain more in touch.

Conclusions: This study provided great insight into diverse perspectives of competencies and the conceptualization of trainees, particularly from outside of a country, within a community internationally. Our study found differential levels of agreement among mentors and partners across economic regions of the world with existing interprofessional global health competencies. By gaining insight into host community members' perceptions on desired competencies, global health education programs in LMICs can be collaboratively and ethically designed and implemented to meet the priorities, needs, and expectations of diverse stakeholders. This study begins to shift the paradigm of global health education

program design, by encouraging North-South shared agenda setting, mutual respect, empowerment, and true collaboration. This effort highlights the wider discussion of competencies as an essential framework for global health education. It is also worthwhile to mention that this discussion would be incomplete without touching on criticism of competencies including that they are often context-specific, and that there are both participatory and acquired types of competencies- a distinction that is most important to recognize.