

CRITERION X.: EVALUATION AND PLANNING

The program shall have an explicit process for evaluating and monitoring its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for planning to achieve its mission in the future.

The cornerstone for the Masters and Doctoral level programs in the PMB Department is its Mission and Goals statement; this statement has been crafted in conjunction with the Mission and Goals statements of the USU School of Medicine and the Uniformed Services University, as a whole. The Mission of our Graduate Programs reflects the unique mission of the University. We provide highly skilled and trained public health professionals for the Department of Defense, the Public Health Service and the nation.

In order to achieve our mission, our graduate program has set the following goals:

1. In the area of instruction, our goal is teaching excellence to enhance the knowledge, skills, and practice of uniformed and civilian public health professionals.
2. In the area of training, our goal is to establish and support advanced professional training in medical specialties that have a public health focus (e.g., General Preventive Medicine residency, and Occupational and Environmental Medicine residency) to meet the needs of the Uniformed Services and encourage multidisciplinary collaborations.
3. In the area of research, our goal is to improve the knowledge and practice of preventive medicine and public health by conducting research on key public health issues, especially those relevant to the Uniformed Services in support of the health of those in uniform and their families, and natural disaster/humanitarian assistance missions.
4. In the area of service, our goal is to respond to the needs of our local, national, and international communities through consultative services, continuing education programs, training opportunities, volunteerism, and community partnerships to improve public health.

The Department assesses attainment its goals using various methods. The predominant method involves feedback from students and alumni, as well as their leaders in the federal health care system. Other means include self-study efforts for accreditation by the Residency Review Committees, the Residency Advisory Committee, and Accreditation Board for Engineering and Technology (ABET). In addition, annual assessments of faculty performance provide important evaluation tool.

X.A.1. Description of evaluation procedures and planning process being used.

Student Feedback Mechanisms

a. Each instructor and course director develops and circulates a syllabus for each course that outlines the goals and learning objectives for that course; each lecture is similarly developed

with a set of supporting objectives in mind. These objectives are clearly stated in hard copy and on-line for student perusal. At the completion of every course, each enrolled student is given an evaluation form for the course and instructed to complete it and return it anonymously to the Graduate Program Administration Specialist. When all evaluation forms are turned in, the responses are reviewed and collated by the Program Specialist and then reviewed by the Graduate Program Director. After this review, the Graduate Program Director makes comments or inquiries directly on the evaluation summation and provides that summary and copies of the original evaluation forms to the course director and to the division director for feedback. If there were identified issues or problems needing attention, course directors and division directors annotate their copy of the summary and return it to the Graduate Program Director. Significant issues – especially those mentioned by several students – are discussed by the Graduate Program Director and the involved course director and division director.

b. Two PMB Department faculty members are assigned each year to function as Class Advisors. The Class Advisors regularly meet with the entire class and separately with the class representatives to discuss scheduling, course work and other issues. These forums provide students and faculty with another avenue to identify and remediate circumstances that may hinder learning within the Masters programs. The Graduate Programs Director has an open door policy for student access, and meets regularly with the class representatives and teaching faculty. He also meets with both the whole MPH Class and all the PMB Doctoral Students every Monday during the Fall, Winter, and Spring Quarters from 1100-1330. In addition, the Program Administrative Specialist is in contact with all students on a daily basis and serves as another contact for them with the Department.

c. Further, roughly half of the Masters level students in the MPH/MTM&H program are also involved in one of the two residency programs sponsored by the Department – General Preventive Medicine and Occupational and Environmental Medicine. These individuals have additional means of providing feedback to the Department and to the Graduate Program Director through their residency review committees (RRCs) and other activities. Each resident meets with their residency director regularly each week to discuss their progress. Each of the residency programs has a Residency Advisory Committee (RAC) composed of representatives from the major constituencies of the USUHS program (the three uniformed services and the Public Health Service), clinical rotation site representatives and other non-USUHS members of the academic world for that discipline. Each RAC meets semi-annually and, during these meetings, PGY-2 residents have an opportunity to discuss and review their experience with the Masters of Public Health course work. Each RAC meeting is attended by the Department Chair, the Director of Graduate Programs and senior Department faculty. This mechanism provides not only a good method for students to provide timely feedback concerning individual courses but also for the RAC members to provide higher level feedback about the level and degree of their satisfaction with the post-graduate performance of students who have completed their training in the USUHS program.

d. Also, at the end of each academic year, the Graduate Program Director meets with the entire graduating class to obtain direct feedback about individual courses, scheduling, and other issues that represent strengths or weaknesses within the program. The information

gleaned from this discussion is shared with the entire faculty at regular staff meetings and with the Graduate Affairs Committee at the next regular meeting of those bodies.

e. Finally, at the end of each academic year, the independent faculty from another school in the University meet with the entire graduating MPH class for the purpose of an external review of the program and its component parts and goal attainment. The report from these independent faculty is sent to the Graduate Programs Director and the Department Chair for review and action. Such external review and reporting is a valuable way for the program to receive objective feedback.

Throughout the PMB graduate program, student feedback is taken very seriously and is considered the most valuable source of information and suggestions about ways to improve the program. We recognize that our students are adult learners and we are committed to making an earnest effort to respond to their comments and to adjust the program appropriately.

Self-study methods

The PMB graduate program is also a subject of self-study and examination by the Residency Review Committees for the two residency training programs, the Commission on Health Education of the Middle States Association, and ABET. Similar to the process for CEPH, each of these bodies expect the program to undertake a self-study in preparation for a regularly scheduled sites. Accreditation site visits for the residency programs in Occupational and Environmental Medicine and in General Preventive Medicine and by ABET have accredited the graduate programs within PMB.

During the fall of 2003, the Department held a two-day off-campus retreat for all faculty, staff and student representatives. The intent of the retreat was to focus attention of the members of the Department on four major areas of activity: CEPH accreditation, the academic programs at the undergraduate level (for the medical students); the evolution of graduate programs, and the relevance of research efforts. Specific areas for discussion were developed beforehand and agendas were circulated. The format involved both plenary and breakout sessions to facilitate discussion and to identify opportunities for continued study and work.

Faculty Assessment

Throughout the year, input from faculty is sought and obtained at regular staff meetings and the quarterly meeting of the Graduate Affairs Committee. The Program Review and Evaluation Subcommittee of the Graduate Affairs Committee makes a formal review of the individual tracks and programs each year. Each division holds regular staff and faculty meetings at which opportunities for improvement are identified and implemented. Over the past five years there have been several new courses added to the curriculum as a result of faculty interest (e.g., the course in Health Policy.)

Alumni Survey

The Department also conducts surveys of our alumni. Many of the programs' graduates remain within the national capital area for 1-3 years following graduation and many others rotate back into the area on military assignments within 4-5 years of graduation. A pilot

survey was administered to 2003 graduates to assess public health competencies linked to successful completion of PMB Graduate Programs. In addition to the alumni survey, we also requested that survey instruments be forwarded to immediate supervisors by consenting alumni. The instruments and summary of results are available for review. In combination with course evaluations and student exit surveys (available since 1999), the tracking of these multiple data points over time provide a complete assessment of program effectiveness. Currently, this activity is the responsibility of an individual faculty member (Deputy Director, Graduate Programs) as part of a special project funded by the former Dean, School of Medicine. This process needs to be institutionalized as an important component of program evaluation and quality improvement. Thus, from both formal surveys and informal feedback from recent graduates, the Graduate Program Director is able to determine whether our graduates are well-prepared for the duties they are assigned upon graduation.

RESULT OF ASSESSMENT

In the past several years, largely as a result of these monitoring and evaluation processes, some needed changes have been identified and successfully addressed in the MPH program. A number of curriculum changes, including the development of specific objectives and the addition of several new concentrations or specialty areas, have occurred over the last five years. Aerospace Physiology, International Health Specialist, and Occupational Ergonomics are new concentrations added to the MPH program.

Specific courses that have been added to the Curriculum in the past three years include:

- PMO 991 Ethics in Public Health (Winter '04)
- PMO 524 Performance Improvement in Healthcare (Spring '03)
- PMO 572 Health Care Policy (Spring '05)
- PMO 574 Human Resources in Health Care (Spring '04)

In that same time period one course was dropped from the Curriculum:

- PMO 538 Seminar in Historical Perspectives in Int'l Health (Integrated with PMO 528 Int'l Health I, Fall 05)

Also as a result of the regular review and revision of content the following courses were significantly revamped:

- Content of IH 1 & 2 reviewed/adjusted yearly
- PMO 504 Biostatistics II and both Epidemiology I and II have been substantially revised
- Portions of content of PMO 526 Health Systems adjusted each year for currency
- PMO 524 and PMO 572 have been lengthened from 1 credit hour (6 weeks) to 2 credit hours (12 weeks) after Spring '05
- PMO 529, 532 and 5322 have developed a combined Capstone exercise based on the Health Systems Case Study.

X.A.2. Identification of measures by which the program may evaluate the effectiveness of its evaluation and planning activities, along with data regarding the program's performance against these measures over the last three years.

The Department has clearly stated its mission, its goals and the objectives of learning in its graduate programs. Monitoring of the programs is accomplished through the regular examination of several different measures: importantly, student feedback – obtained at several times during the academic year and from alumni – is a key measure. The USUHS program collects, reviews and acts upon this form of feedback on a regular basis. The feedback from students and from alumni, and self-examination by faculty, provide the strongest thrust for curricular and individual course updating in the program. In a similar manner, the regular feedback from our major customer, the Department of Defense, provides a larger-scale canvas against which the faculty can determine any needed changes in the program. An example of how the program has maintained its vibrancy and currency is the addition of three additional specific areas of concentration and several new courses to meet the information needs of specific topics in the curriculum.

One specific measure of the effectiveness of the program's educational offerings is the "pass rate" for residents in the General Preventive Medicine or Occupational Medicine residency programs on their Board Certification tests. Our pass rates far exceed the national average pass rates. Such external evaluation of the educational program and the learning effect for its students is an important feature of a balanced evaluation.

Another specific measure of the program is the feedback and approval of outside accrediting agencies. In the past three years the Masters program has been fully accredited by Middle States and the various residency review committees with no significant weaknesses identified. One accrediting review (ABET) mentioned that they would suggest that the program seek some way to provide the MSPH students more contact hours in their field. The residency director developed a plan that, with the concurrence of Health Services Administration, will provide students in the upcoming class with a truncated, non-synchronous distance learning course in health service basics. This arrangement will insure that these individuals obtain the basic information in a core area but also have additional class time for their major area of study.

Beginning in mid-2003, the new Chair of Preventive Medicine and Biometrics began a program of increasing emphasis on the regular, expected steps of the evaluation process. He pressed the Graduate Affairs Committee (GAC) to re-vitalize its internal evaluation activities and convened a self-study steering group. Over the following two years, the GAC reviewed the then current methods of evaluation and found many that were of value but also found that some areas of interest did not have concrete measures in place that would allow the program to monitor itself. Some examples of these lapses include the lack of records on applicants who are not accepted into the program and the absence of a policy for doctoral advisors to keep the oversight committee informed of each student's progress. A review of the departmental policies revealed there were some gaps and some areas of ambiguity. Each of these findings generated a plan to correct the deficiency; these improvements have been completed or will be completed by the end of the summer 2005.

The process of performing the self-study had some strengths and weaknesses. Strengths include the involvement of a good number of the senior faculty in a thoughtful review of the program. The weaknesses related mostly to the time commitment each of the faculty needed to expend just to locate and collate the necessary data for analysis. Many of the needed items (such as curriculum vitae or student rosters) from previous years' activity had not been archived at the time of the turnover in the chairmanship. Finding the necessary information, then, became a difficult and time-consuming task. Nonetheless, after all the information was obtained and collated, no significant areas of missing data were encountered.

Overall, these regular, multi-level planning and evaluation activities and various forms of monitoring have enabled us to maintain a high quality and current pertinence to our graduate programs. Our primary 'customers', the Uniformed Services in the Department of Defense, have continued to refer us highly qualified students for training and education and have asked us to develop new programs to meet their unique needs. Alumni and residency review committees report that our graduates are well trained for their responsibilities within the Department of Defense; our most recent formal reviews by Residency Review Committees noted no significant weaknesses and the "pass rate" for these residents on their Board certification tests far exceeds the national average. Students continue to report high satisfaction with the course work relevance and worth in annual out-processing briefings and our records indicate that we have a solid track record of responding to student concerns and repairing any weaknesses they have identified in the program.

X.A.3. Assessment of the extent to which this criterion is met.
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This criterion is met.

CRITERION X.B.: For purposes of seeking accreditation by CEPH, the program shall conduct an analytical self-evaluation and prepare a self-study document that responds to all criteria in this manual.

X.B.1. Provision of all documentation specified as being expected.

All required documentation has been provided for each criteria of this Self Study.

X.B.2. Description of the process used for the self-study.

In early June, 2003, the Chair of the Department of Preventive Medicine and Biometrics appointed faculty members to a CEPH Steering Committee charged with developing and carrying out the self-study of the graduate program's compliance with the "Criteria for Accreditation of Graduate Programs in Community Health/Preventive Medicine". The structure of the Steering Committee assigned each of the section criteria to a particular individual who was empowered to collect the necessary data and information to determine the degree to which the graduate program meets the criteria and to identify any necessary remediation. The Steering Committee has met at roughly bi-monthly intervals for the following year to discuss issues of data identification, presentation and collection. Each individual responsible for a section of the criteria presented their findings and conclusions during the meetings and significant discussion ensued. This Self-Study document is the result of the process of discussion and refinement during those meetings.

X.B.3. An analysis of the programs' responses to recommendations in the last accreditation report, if any.

At the time of our last accreditation report we were asked by CEPH to address a lack of specificity of Mission, Goals and Objectives statements for the Graduate Program and the absence of a Practicum program in the curriculum. The Mission, Goals and Objectives document was developed by a work group of senior members of the Department in 1999-2000 and was revised in 2003. Similarly, the department mobilized the resources to develop a practicum program by contacting key resources within the Department of Defense, other federal agencies and appropriate institutions to identify mentors for such activity and by committing resources to teach an organized course regarding the practicum experience and the goals of the independent project activity.

Other past issues have focused on the stability of the funding of the program at the University and the status of the affirmative action plans of the department and their effectiveness. The funding stability for the University and for the Masters in Public Health graduate program continues to be high. The unique source of our student population – from the Uniformed Services – plays a role in the degree to which the program is seen as addressing the admission of under-represented minorities. Each of the Services (Army, Navy and Air Force in addition

to the Public Health Service) is a federal entity with strong EEO policies. The makeup of the student body each year is strongly affected by the number and the caliber of referrals from sources within the military that are major customers of the University for the MPH product we produce. Nonetheless, the Department has made a studied effort to understand the degree to which there is some latitude in recruiting students from outside the uniformed services.

X.B.4. Summary statement of the program's strengths and weaknesses in regard to each accreditation criterion. (This statement may be organized as an executive summary, if the program so chooses.)

In summary, we believe that the USUHS graduate program meets all the CEPH criteria.

Our mission, goals and objectives are supportive of the goals of the School of Medicine and the University and the Masters program is tightly aligned with its primary constituency, the uniformed services that refer students for training and education and that employ them upon graduation. This internal referral mechanism poses some difficulty to the program in maintaining diversity within the student body and, to a certain degree, a broad perspective on general public health issues. At the same time, the close affiliation of our program with the Department of Defense has created a drive to develop depth within the program as it relates to the direct delivery of federal medicine and of humanitarian efforts on the international scene, particularly in geographic areas involved in armed conflict. Even though the majority of our student body and our faculty members are members of the uniformed services, the student body exhibits diversity with the inclusion of foreign and US civilian students. Many individual members of the faculty are civilian health professionals who bring an assortment of talents and experience to the education program.

The program has maintained a vigorous presence even during the period of transition between Departmental Chairs. As a result of findings from the last CEPH review, we have developed clear statements of our mission, goals and objectives for the Masters programs. We have completed an extensive mapping of our courses against relevant competencies and continue to improve our process to assess our teaching effectiveness and the learning outcomes of our students. Findings include a lack of detail and completeness of measurable outcomes or objectives for some of our program components; this area is one that is receiving regular attention.

Our organizational setting within a university committed to education, research and service in military medicine and public health is unique and highly appropriate. The organization sets high ethical standards and expectations for its faculty and students. Since the last accreditation, the Department of Preventive Medicine and Biometrics has made several substantive organizational changes. We merged the Biostatistics and the Epidemiology divisions for efficiency and streamlining of operations and oversight. We also have added Divisions of Aerospace Medicine, and Social and Behavioral and Science. We continue to take full advantage of our singular location near to the nation's capital by utilizing adjunct instructors drawn from the ranks of Congressional staff, health-oriented officers in the Executive Branch, and multiple public health-related governmental agencies. In addition, we

are fortunate to have this geographic advantage to provide opportunities for faculty and student research collaboration, training, and service.

To facilitate governance within the Department, PMB has established an organizational chart that clearly reflects the chains of authority and responsibility. The organization of the University's graduate programs - including the Masters programs in public health within the Department of Preventive Medicine and Biometrics (PMB) – under the Associate Dean for Graduate Education and the GEC provides governance, coordination and standardization of graduate programs within the SOM. Within PMB responsibility and authority for many areas are delegated to operational levels, and a spirit of individual initiative is encouraged, while the departmental GAC provides the organizational structure for oversight of the Masters (and doctoral) programs for the Department. GAC subcommittees provide mechanisms for faculty input to major decisions. Student representation on many committees allows for direct and timely feedback. The self-study did identify one specific area within the broad topic of governance that needed improvement – the area of Departmental policies. A written process for policy management within the Department and the Graduate Program was developed to meet an identified need and most of the Departmental policies were reviewed, re-written, re-issued, and stored in central location. Under the umbrella of the organizational structure and governance of the SOM and USU, the criterion for governance of the graduate programs in public health is met.

The resources for the support and development of the graduate program in public health are generally adequate. About half of the Department's allocated funds are designated in support of the graduate programs – allocated from the University on the basis of each department's overall contribution to the teaching mission. Space needs of the Department are marginally met; although space needs were identified as high priority items in Departmental reviews of 1997 and 2003, there remain some faculty without private office space. Nonetheless, this criterion is met.

The instructional programs of the Department exhibit a wide range of professional MPH degrees including specialty tracks in aerospace physiology, international health, and occupational ergonomics, in addition to the MSPH, which has also been added as a professional degree. The cross-fertilization among faculty and students within the various concentrations and specialties adds both breadth and depth to all of our degree programs. Our graduate program has graduated more than 99% of all students who matriculated, largely because of the unique student population. The students move as a cohort through the program from admission to graduation and virtually all students graduate at the same point in time. The students' culminating experience (i.e. successfully completing an independent project) clearly demonstrates integration of the knowledge and public health skills they have acquired during their academic program. The University and the Department has made a commitment to exploring the feasibility of distance learning MPH degree program. The program contacts alumni and their supervisors, and the information to assess the success of our curriculum. This criterion is met.

The research enterprise of the Department is strong and robust with involvement by military and civilian faculty and students at several levels. The range of research activities is wide and

includes collaboration with many federal agencies, including the Department of Defense and the Department of Health and Human Services. In spite of these strengths, however, there is an area of weakness in our research effort. The military personnel assigned to the University often are not in place long enough to develop and complete NIH extramural grant applications. This criterion is met.

PMB service exhibits great strengths because of the extensive number and multiple levels of activities performed by the Department. In addition, student are actively involved in service activities, in spite their relatively short period of time in the program. While improvements in the tracking component for faculty can be made by the incorporation of better quantitative measures, the criterion for service is met.

Our faculty exhibits great strength in credentials and in teaching, research, and service productivity. The inclusion of the General Preventive Medicine and Occupational and Environmental Medicine residencies adds further strength to the program by bringing clinical practice aspects of public health into the mainstream of the teaching programs. The University and the Department of Defense require regular annual appraisal of faculty and employees and graduate program personnel receive such reviews. Faculty promotions have occurred as expected in the past three years. Plans are being made to use standard evaluation forms for both civilian and military faculty and to set individual and Departmental goals. Although our faculty does not reflect the demographics of the overall US population, it is representative of the Uniformed Services medical officer corps, the population from which we draw a large proportion of our faculty. The demographic profile of the faculty is not the result of systematic discrimination. Moreover, the Minority Affairs Office is actively addressing efforts to reach qualified minority faculty candidates. This criterion is met.

The student body is composed predominantly of Uniformed Service personnel. While not representative of the general US graduate student population, they do represent the Uniformed Services health care professionals. The reason for the existence of the USUHS graduate program in public health is to train these individuals to serve as public health practitioners. Approximately 35% of our student body are also in one of the residency programs. Once selected from a pool of highly qualified applicants, our students are expected to complete 60 quarter credit-hours of instruction in slightly less than 12 months. They are graded and judged without regard to race, gender, age, ethnicity, or other distinguishing features. The students are surveyed throughout their academic curriculum and after they graduate to determine the strengths and weaknesses of the program from their perspective. This feedback has contributed to the overall improvement of our graduate programs. Given the primary mission and goals of the PMB graduate programs in public health, our recruitment and admission processes identify the best qualified student candidates. We also will continue to assess the short and long term needs of the Uniformed Services for public health practitioners to ensure that our graduates have the proper skills. This criterion is met.

In conclusion, the entire Self Study process has been beneficial to the PMB Graduate Programs. It has allowed us advertise our strengths, recognize our weaknesses, and identify opportunities to continually improve our program. We are proud of our students and our

graduates, and know that they are contributing to the improvement of the public health of the members of the Uniformed Services and their families, and the nation as a whole.

X.B.5. Assessment of the extent to which this criterion is met.

This criterion is met.