Faculty Resources

1. **Why must there be a certain number of faculty members to be a school? Some programs have creative ways to share faculty.**

   **DG:** In criterion C2 of the draft criteria, line 507 and following says that schools need a minimum of 21 primary instructional faculty while programs require a minimum of three primary instructional faculty. I understand these thresholds are part of assuring a critical mass.

   **MM:** That’s right, a critical mass is the goal. This approach was first laid out in the 2005 criteria and is made considerably more flexible in the current draft, but more work is needed to fine tune it. Part of defining schools from programs is specifying distinctions in faculty. CEPH is proposing to maintain the status quo as 21, the current minimum for schools and three as the existing minimum for programs in the current criteria. The terms “school” and “program” are important here as programs necessarily share faculty, while schools don’t.

   **JRF:** The distinctions between schools and programs are important. Keeping the same specifications for the current review cycle makes sense, however, could change in the future.

2. **My question is related to faculty resources (C2-A). Can a discrete faculty member of one concentration be a non-discrete faculty member for another concentration? Can adjunct faculty be included in the non-discrete faculty count?**

   **MM:** Yes and yes

3. **Defining faculty resources is complicated. How do you differentiate between a faculty member teaching four courses per academic year and one teaching one course or no courses due to research commitments?**

   **MM:** First of all, it depends on whether it is a school or a program, bringing us back to the issue of the importance of terminology. Since a school is a “discrete organizational unit,” someone employed by the school is primarily a faculty member of that school. And there can be quite wide variation in teaching loads from year to year and from school to school. There is no difference for CEPH’s concerns in a school setting between an individual teaching four courses or one course. When the load is down to zero, however, such as in the case of a faculty member buying out of teaching for one year, and if this situation is unusual for the individual, the faculty member could still qualify as primary instructional faculty. But, if the individual typically does not teach and, instead teaches a special seminar or mentors doctoral students, he or she would not count as primary instructional faculty for that year. In programs, the answer is very different. CEPH takes a holistic look at individuals and that person’s orientation to public health teaching versus advising and teaching in other, non-public health programs. These situations are evaluated according to broad principles, however, may require individual analysis.
DG: If a faculty member is typically involved in teaching and if they meet the standard criteria, they can count as instructional faculty, even if they go a year without teaching, for example, due to increased grant funding.

MM: That is a perfect summary.

4. On page 10, under C2, the definition of primary instructional faculty excludes faculty who may be teaching in a non-PH degree, but who are mentoring a DrPH student. Curious as to why these folks would be excluded given the importance of this mentoring for integrating key PH concepts.

MM: We chose to use the term “primary instructional faculty” very intentionally, while it was not meant to devalue mentoring and those in non-primary instructional roles and the fact of needing appropriate individuals to handle these responsibilities. It’s a bright line that CEPH felt strongly about and supports the floor requirement of 21 faculty for schools and three for programs.

5. Can you please clarify how an adjunct instructor can meet the criteria for being a discrete faculty member? I may have misunderstood what was mentioned about this during the webinar.

MM: An adjunct faculty member cannot function as a “discrete” faculty member, but could serve as one of the three required for a concentration.

DrPH Degree

6. Graduation Rates for PhD in Public Health. The annual report does not distinguish between full time and part-time students. Does CEPH have a preference for full time vs part time doctoral students?

MM: No. Regardless of the student’s enrollment status, graduation rates are calculated based on the maximum time allowable by the institution to graduation. If the university allows doctoral students up to eight years to complete a degree, then all graduation rates are calculated based on students finishing in eight years or less.

7. D6. The language of “Regardless of the amount or level of prior experience, all DrPH students complete an applied field experience...: Will you permit waivers? For example, it is awkward to have a Deputy Director of a county’s Ministry of Health complete a “field experience.”

MM: The answer is no, the intention is not to permit waivers and was not lightly specified and was the product of significant discussion. Again, we are moving from an input model to an output model and providing opportunities for DrPH students to apply concepts the individual is learning to real-world settings. There are many ways a high-level individuals could contribute that would not be awkward at all, through expert consultation, for example, that does not follow a traditional internship model.

LW: Would sitting on a board for another organization be acceptable if it yields a related product.

MM: Just sitting on a board, no, but scenarios in which the individual is on a board and leading a task force to develop a new service or generating work with new groups that results in a product or outcome are appropriate.

LRK: Completing a strategic planning process or other leadership opportunities.

LW: Could it be writing up the process or does it always have to be outcome-oriented.

LRK: It always has to relate to the competencies, so writing up results could work. It all depends on the competencies.

MM: We welcome clarifying language on this point.
Joint/Dual Degree and Interprofessional Education

8. Footnote 8 on page 11 says: "...The school or program must choose a consistent approach for each joint/dual degree." What does that mean?

MM: The footnote refers to the fact that the revised criteria allow schools and programs to indicate that joint degree students complete an existing concentration (e.g., joint MD/MPH students complete the equivalent of an MPH in epidemiology) OR to designate the joint degree program as a concentration on its own (e.g., joint MD/MPH students complete a unique MPH concentration designed for them, rather than working from an existing concentration). Either approach is permissible, but each program (e.g., MD/MPH, MSN/MPH) must take a consistent approach for all students.

DG: If a school is using existing concentrations, including a generalist concentration, for a dual degree program, and they have the discrete faculty member and the two others in place, they would be the same in that concentration, in general. But if the school develops a new, unique concentration, such as for a new MD-MPH program, would they need to have three additional faculty to support the new concentration for these dual degree students? This would be of interest to our members as in many cases, these dual degree programs are not large and currently would not impose a great burden on the faculty complement. Having to identify additional discrete faculty members may require more thought in the new scenario.

MM: Yes, three faculty would be required to support the new concentration. While this sounds burdensome at first, and one does need the discrete faculty member, the two other contributing faculty members, with the right qualifications, may be drawn from other programs. Many schools have enough faculty among their current faculty to fulfill this requirement in their current concentrations.

LRK: Some institutions have large dual degree programs because that is their focus and it is not an issue for them. We are trying to balance the interests of those with few dual degree programs and those with large dual degree programs.

RGB: If there is an institution with a number of different dual degrees, do institutions have to choose separate tracks for each, or for all of them. For instance, if the MD-MPH have a distinct track could the other dual degrees have separate tracks?

MM: You can mix and match as long as you are consistent. You can have the MD-MPH students in their own track and the JD-MPH students choosing epi or health promotion tracks, as long as you are consistent. They don't have to be the same.

9. What are expectations for programs related to interprofessional education?

MM: We added an explicit competency on interprofessional education for the MPH and felt strongly about keeping it in as we were shortening the list in this round. We are not being particularly prescriptive about what it looks like, but expect it.

LRK: ASPPH and others have been very involved in IPEC interprofessional collaboration and to exclude it would make public health an outlier among the health professions, not in our best interest.

10. Do you consider interprofessional to be synonymous with interdisciplinary, or these are different?

LRK: They are different. We use “interdisciplinary” within public health as the interactions among our many disciplines, such as epidemiologists working with health promotion professionals. “Interprofessional” signifies interactions with both health and non-health professionals, and it depends on the concept of the school or program. Say an institution does not have a collaborating med school, but works with engineering or other professions. This concept will be very individualized, but expected.
11. Can you define interprofessional requirements? Not all schools or programs are a part of large health science centers with multiple health professional schools.

MM: The professions can be defined based on your own context and does not have to be health professions could be law or architecture and it might consist of just two who work interprofessionally very well. There is an open-endedness here and no schools or programs are in situations without at least one other profession with whom they could interact.

LRK: We have boiled down the interprofessional competencies into just one. See the IPEC competencies (here) and the University of Minnesota’s national center (here) for helpful resources in this area.

DG: Also, take a look at ASPPH’s document on population health in all professions (here) as it includes a framework to look broadly at these interprofessional collaborations.

12. Is the expectation that MPH students must experience actual work on an interprofessional team, or is it ok to learn how to operate effectively in such teams?

MM: It’s one of our competencies and there are many ways to assess them. One way, for example, is simulation. There is emerging consensus that this is a really important issue, yet we are not going to be more prescriptive about this competencies versus the others.

Curriculum, Teaching, Learning, and Assessment

13. Is MPH generalist still an option under the proposed CEPH criteria?

MM: Yes, definitely.

14. Regarding the integrated teaching approach recommended in the “Framing the Future” report: USF has done some exciting work in developing integrated teaching approaches for its MPH Program. The criteria lend themselves to an integrated teaching approach. Does CEPH have any specific expectations about integrated teaching of required competencies and content? The resources available to small programs versus large schools would likely result in varied responses to integrated instruction.

MM: CEPH hopes that people experiment with innovation, but there is no expectation defined in the criteria for particular methods towards this end.

15. Where is the issue of portfolios now?

LW: Back in Round 2, ASPPH suggested deleting portfolios.

MM: We debated portfolios quite a bit, considering points and counterpoints, and deleted nearly all instances of the term in the current draft due to differing interpretations of the meaning of “portfolio.” However, we kept the idea of a portfolio assessment method that links documentation of student work to competencies. Instead of hours sitting at a desk as counting for learning, we want to see the application of skills and knowledge that produce an outcome. This approach will help move us from an input model to an output model, and the Council feels very strongly about it. When we use the term “portfolio” we don’t prescribe submission of a “pile of paper” or another kind of electronic or physical product, necessarily, but intend a focus on portfolio assessment approach.

16. In the 2011 criteria, schools were able to name their own outcome measures. In this draft criteria, schools and programs select from a list of pre-defined measures. Could you speak to how this meets CEPH’s goal of increasing flexibility? Or, alternatively, in the list of outcomes, would it be possible to add an additional option that would allow a school/program to define an outcome that is not currently on the list?

LW: This question has to do with H4, #3.
MM: In line 2219 on page 46, we say: “In addition to at least one from the list that follows, the school or program may add measures that are significant to its own mission and context.” So, all we’re asking is one from the list, which is a pretty broad list. It is not our position that this is burdensome. CEPH has struggled over the years with open-ended outcome measures in asking applicants “Tell us how you define success.” This has not worked particularly well as schools and programs are constantly asking what CEPH is looking for and site visit teams regularly critique the measure as weak. So, we’re trying to strike the balance.

Implementing the New Criteria

17. We are in the process of preparing an application expressing interest to move toward accreditation to be submitted in the fall. How do the proposed changes affect how we are presently preparing using the current application?

MM: Any period of transition gives rise to these questions and we encourage you to contact CEPH staff to work out the nuances of your answer. The specific answer is that fall 2016 applications will follow the current accreditation guidelines. If you are struggling to meet some aspect of the criteria that is likely to change, have a conversation with CEPH about potentially delaying your application or adjusting the timeline after the application is submitted, such as scheduling a later site visit.

LRK: Typically the council is willing to work with applicants who are coming in during changing criteria to orient toward the new criteria. Please contact us to discuss your unique situation.

Other

18. Will you make this PowerPoint available? The summary of Rounds 1, 2, 3, and projections for Round 4 and anticipated final release date are informative. Thank you! :) LW: Yes, in fact, the presentation is already available in a PDF format in the lower portion of the docking station attached to this webinar [and here].

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