

National University } September
FACULTY POLICIES } 2009

The University of Values



TABLE OF CONTENTS

Preamble	1
Statement of Shared Governance	1
Article 1	Scope and Definitions	1
1.1	Scope	2
1.2	Definitions	2
1.3	Standards of Practice and Guidelines	2
Article 2	National University Faculty	3
2.1	Full-time Faculty	4
2.2	Faculty's Role in Governance	4
2.3	Faculty Participation in Academic Administration Search Process	4
2.4	Faculty Feedback	4
2.5	Faculty Leadership Roles	4
2.6	Department Chairs	4
2.7	Lead Faculty	5
2.8	Council of Chairs	6
2.9	Faculty Senate	6
2.10	Graduate Faculty and Undergraduate Faculty	6
2.11	Undergraduate Council	6
2.12	Graduate Council	7
2.13	School Academic Affairs Committee	7
2.14	University Faculty Personnel Committee	7
2.15	School Personnel Committees	8
2.16	Committee on Nominations and Elections	8
2.17	Faculty Rights and Responsibilities	8
2.18	Faculty Office Hours	12
2.19	Faculty Responsiveness	12
2.20	Provision for Course Outlines	12
Article 3	Faculty Workload	13
3.1	Full-time Faculty Workload	13
Article 4	Academic Rank	13
4.1	General Guidelines	14
4.2	Minimum Qualifications for Faculty Ranks	14
Article 5	Faculty Appointments: Classifications	14
5.1	Types of Appointment	14
Article 6	Faculty Appointments: Policies and Procedures	15
6.1	Initial Full-time Appointments	15
6.2	Initial Full-time Hiring – Procedures	16

Article 7	Faculty Welfare and Development	17
7.1	Sabbatical Leave	17
7.2	Other Benefits	17
7.3	Disability.....	17
Article 8	Criteria for Reappointment, Promotion, and Merit Increase	18
8.1	Reappointment, Reappointment Deferral, and Non-reappointment	18
8.2	Promotion	18
8.3	Evaluation Criteria.....	19
8.4	Teaching Performance.....	19
8.5	Scholarship	19
8.6	Service.....	20
8.7	Faculty Development Plan and Annual Activities Report	20
8.8	Merit Pay	21
Article 9	Processes for Faculty Reappointment, Promotion, Merit, and Sabbatical Leave Applications and Decisions	21
9.1	General Provisions.....	22
9.2	Academic Personnel Review Process for Promotion and Reappointment	23
9.3	Notice of Reappointment Decisions.....	24
9.4	Merit Process.....	24
9.5	Sabbatical Leave Process.....	25
9.6	Calendar of Due Dates	26
Article 10	Faculty Discipline for Cause and Involuntary Leave	26
10.1	Discipline for Cause.....	26
10.2	Reductions in Positions	27
Article 11	Faculty Grievances.....	28
11.1	Faculty Grievance Procedures	28
11.2	Arbitration.....	29
Article 12	Copyright Policy.....	30
Article 13	Faculty Salary Schedule.....	30

Preamble

National University is a private non-profit public benefit corporation governed by a Board of Trustees and is an accredited, independent institution of higher education. The administrative center is located in La Jolla, California. Major campuses are located in California, Nevada, and other locations as approved.

Anything in these Faculty Policies notwithstanding, the Board of Trustees is the governing body of National University. All of the activities and affairs of National University will be conducted by or under the direction of the Board of Trustees. The President of National University is the chief executive officer and has, subject to the control of the Board of Trustees, authority over all University affairs and activities. The Board of Trustees, the administration, and the Faculty recognize the Faculty Senate as the primary Faculty governance body representing the Faculty in matters pertaining to the Faculty. The Faculty has the right and obligation to advise and confer with the President, the Provost, Vice Presidents, Deans, and other administrative officers on issues affecting the status, responsibilities, and welfare of the Faculty.

These Faculty Policies govern the rights and responsibilities of the Faculty at National University. In the event of a conflict between the Faculty Bylaws and the Faculty Policies, these Faculty Policies will control.

National University is a member of the National University System (NUS). NUS is an alliance of operationally independent and separately accredited, nonprofit educational institutions and for-profit entities which provide support services for educational institutions. NUS is operated through System Management Group (SMG). SMG is a supporting organization under Section 509(a) (3) of the Internal Revenue Code (the Code), established to support publicly supported charities which are members of NUS.

The members of NUS share a common objective of furthering education and share the core values of meeting the changing educational needs of diverse learners within our nation and around the globe. The mission of NUS is the mutual support among its members in achieving this objective.

The Chief Executive Officer of SMG is the Chancellor of NUS. The Chancellor has such powers as may be delegated by the SMG Board of Trustees.

The Chancellor is an ex officio member of the Board of Trustees of each affiliate of NUS and provides advice and leadership to NUS member institutions. In addition, the President of each member reports to the Chancellor from an operational standpoint, subject to each member's Boards of Trustees.

Statement of Shared Governance

National University is committed to shared governance and believes it to be a fundamental ingredient of a healthy academic institution and an essential right and responsibility of a scholarly community. National University agrees with the American Association of University Professors' recognition that shared governance allows National University to benefit from the accumulated wisdom and knowledge of its Faculty and provides a structure that includes the elected Faculty governance bodies (the Faculty Senate, Graduate and Undergraduate Councils), as well as the Council of Chairs through which Faculty and administrators work together to promote National University's mission.

National University, therefore, is committed to support:

- the faculty's fundamental role in making academic decisions,
- the protection of legitimate faculty aspirations,
- the existence of clear and varied channels of communication that are understood by all constituents,
- the implementation and preservation of academic standards, and
- the promotion of the welfare of the students.

National University is a complex entity, and the tasks of governance must be apportioned and delegated within the structures approved by the Board of Trustees. The interdependence and cooperation of administration, faculty and the Board of Trustees are essential to legitimate and effective governance.

ARTICLE 1 SCOPE AND DEFINITIONS

1.1 Scope

These Faculty Policies are limited to the description of the rights, responsibilities, and ranks of, and appointment and personnel policies and procedures for, National University's Faculty.

- 1.1.1 Other official documents govern other important academic and Faculty-related matters.
 - 1.1.1.1 The Faculty's role in National University governance is described and codified throughout this document, and in the Faculty Bylaws, the Graduate Policies, and the Undergraduate Policies.
 - 1.1.1.2 The Faculty Policies, together with the letter of appointment, constitute the contract between

- Faculty members and National University.
- 1.1.1.3 Other academic policies and procedures are described and codified in the current editions of the National University General Catalog, the Faculty Handbook, the Faculty Bylaws, the Graduate Policies, and the Undergraduate Policies, which supersedes all prior editions of these documents.
- 1.1.1.4 The National University Policy and Procedures, to the extent possible, expressly includes faculty members.
- 1.1.1.5 The documents described in 1.1.1.3 and 1.1.1.4 are not intended to create express or implied contractual obligations. Additional responsibilities are described in The National University Policy and Procedures.
- 1.1.2 The President and Board of Trustees must approve all amendments to the Faculty Policies and Bylaws after those amendments have been approved by a majority vote of the Faculty Senate and the Faculty.
- 1.1.3 The Faculty Senate will investigate relevant reports of violations of these Faculty Policies. In cases of ambiguity, relevance will be determined by a majority vote of the Faculty Senate. If a violation is substantiated, the Faculty Senate will recommend actions to correct or redress these violations.

1.2 Definitions

Throughout these Faculty Policies, the following definitions apply:

1.2.1 Faculty

- 1.2.1.1 “Faculty” refers collectively to all full-time Faculty.
- 1.2.1.2 “faculty” refers collectively to part-time and full-time faculty.
- 1.1.2.3 Associate Faculty refers to salaried part-time faculty, as defined in the Part-Time Faculty Policies.
- 1.1.2.4 E-Faculty are full-time Faculty with all the rights and privileges defined in this document. The only difference is that they do not have an office provided by the University and conduct their work primarily via distance technologies.

- 1.1.2.4.1 The University will provide e-Faculty with appropriate resources to allow them to communicate with students and colleagues using synchronous and asynchronous technologies.

1.2.2 School and Colleges

- 1.2.2.1 Schools and Colleges are academic units within National University, concerned with instruction and research, and contributing to the total intellectual development of the students. Through its schools and colleges, National University offers undergraduate and graduate degrees, as well as credential and certificate programs.
- 1.2.2.2 In these Faculty Policies, the term “School” is used for both Schools and Colleges.
- 1.2.2.3 Schools are created or disbanded only by action of the Board of Trustees upon the recommendation of the President. The President and the Provost will engage in substantive discussion with the School Dean, the School’s Faculty, the Faculty Senate, and the Undergraduate and Graduate Councils before making a recommendation to the Board of Trustees about the creation or disbandment of a school.

1.2.3 Department

- 1.2.3.1 A Department is an element of a School defined by academic and intellectual content, as well as by disciplinary needs or professional curricular requirements.
- 1.2.3.2 Departments are created or disbanded by authority of the President after substantive discussion with the Provost, the School Dean, the School’s Faculty, the Faculty Senate, and the Undergraduate and Graduate Councils. The School Dean will engage in substantive discussion with the School’s Faculty before making a final recommendation to the Provost.

1.2.4 Program

- 1.2.4.1 A program is an organized sequence of courses offering academic credit, the successful completion of which leads to the awarding of a degree, credential, or certificate.
- 1.2.4.2 Programs may be added, deleted, or changed following the recommendations to the Provost of the applicable Lead Faculty, Department Chairs, School Academic Affairs Committees, School Deans, and the Undergraduate Council or Graduate Council.

1.2.5 Region

A region is a geographic organization of Campuses and Learning Centers. Campuses house Faculty, as well as classroom facilities and student support staff. Learning Centers have no Faculty in residence, but do have classroom facilities and support staff.

- 1.2.5.1 The creation or elimination of Regions, Campuses, or Learning Centers requires action by the Board of Trustees upon the recommendation of the President. The President will confer with the academic leadership team including the Provost, School Deans, and the Faculty Senate.

1.2.6 Provost

The Provost is the chief academic officer of National University, with primary responsibility for maintaining the integrity and academic excellence of National University's academic programs in consultation with the Faculty. The Provost reports to the President.

1.2.7 School Dean

A School Dean is the chief academic officer of a School, with primary responsibility for maintaining the integrity and academic excellence of the School's programs in consultation with the School's Faculty. School Deans report to the Provost.

1.3 Standards of Practice and Guidelines

Standards of Practice (SOPs) are documents intended to implement the Faculty Policies. As such, only SOPs referenced in the Faculty Policies use this nomenclature. Once agreed upon, they must be complied with until they are revised or revoked as described in 1.3.1.

- 1.3.1 Once a SOP has been referenced in the Faculty Policies, the following process begins:

- 1.3.1.1 A joint task force consisting of five Faculty appointed by the Faculty Senate, and four administration members appointed by the President, will be formed to develop the document.

- 1.3.1.2 The final document will be effective after it has been approved by a majority vote of the Faculty Senate, a majority vote of the Faculty, and the President. The President may determine that

final approval of a SOP also requires approval by the Board of Trustees.

- 1.3.1.3 Either the Faculty Senate or the President may request a revision or revocation of an SOP. An SOP will be amended or revoked using the process described in 1.3.1.1 and 1.3.1.2

- 1.3.2 Guidelines provide flexible procedures for or explanations of academic processes within the scope and definition of accepted Policies or SOPs. They are developed by the applicable Faculty governing body or academic administrative office. These Guidelines are shared with the Faculty Senate. A Guideline is approved by the applicable Faculty governing body, the Provost, and the President.

ARTICLE 2**NATIONAL UNIVERSITY FACULTY****2.1 Full-time Faculty**

Full-time Faculty are members of National University whose primary responsibilities are teaching, scholarship, and service. These responsibilities include oversight of curriculum, mentorship of part-time faculty, student advising, curriculum development, peer review of faculty colleagues in the school and regions, participation on search committees for Faculty and designated academic administrators, professional development, and participation in governance. Full-time Faculty are expected to maintain ethical standards and behavior.

- 2.1.1 Faculty determine their teaching assignments in collaboration with the Department Chair(s) and School Dean(s) in accordance with Article 3.0.

2.2 Faculty's Role in Governance

Subject to the provisions of the Preamble and the Statement of Shared Governance, the Faculty and the administration meaningfully share the obligation and privilege of serving as architects of National University's mission, as ultimately determined by the Board of Trustees. Governance and the creation of policies that guide institutional health are responsibilities that cut across the entire University, including the Board of Trustees, National University's administrators, and the Faculty.

Faculty participate formally in governance through Faculty governance bodies such as the

Faculty Senate, Undergraduate Council, and Graduate Council. They also are expected to participate on important decision-making bodies, including, without limitation, those charged with hiring academic administrators (including School Deans, the Provost, and the President), discussing budgetary decisions that affect Faculty work and welfare, and development of the mission and goals of National University.

2.3 Faculty Participation in Academic Administration Search Process

The Provost and Deans provide important academic leadership for National University. These positions are critical to National University and the Faculty, and Faculty have an interest in the process of their appointment.

2.3.1 Provost

The President is responsible for appointing the Provost with input from the University community. The Faculty will be represented on the search committee for the Provost. Faculty will have opportunities to provide input to the search committee during the search process. The search committee will provide to the President an assessment of the strengths and weaknesses of the candidate(s) based on input from the various sources. The search committee will not rank the candidates.

2.3.2 Dean

The Provost is responsible for appointing the Deans with approval of the President. Faculty will be represented on the search committee for the Dean. The search committee will solicit input from the School Faculty and from the university community. The search committee will provide to the Provost an assessment of the strengths and weaknesses of the candidate(s) based on input from the various sources. The search committee will not rank the candidates.

2.3.3 Other Academic Administrators

The Associate Provost is recruited and appointed by the Provost. Associate Deans are recruited and appointed by the Dean.

2.4 Faculty Feedback

Faculty will provide feedback on the performance of the Provost and Dean in

accordance with the Faculty Feedback Standard of Practice.

2.5 Faculty Leadership Roles

Faculty may not serve concurrently as chair of more than one permanent University-wide governance group or committee. The groups included under this section are the Faculty Senate, Graduate Council, Undergraduate Council, University Faculty Personnel Committee, and Council of Chairs.

2.6 Department Chairs

While carrying out their administrative functions, Department Chairs serve as regular full-time Faculty members, except as stated elsewhere in these Faculty Policies. As the foremost administrative officer and representative of the Department's academic discipline(s), the Department Chair serves in the unique position of exemplifying the highest standards of Faculty and administrative responsibilities, maintaining standards of the discipline(s), and meeting the expectations of the Department.

2.6.1 Department Chairs are appointed by School Deans in collaboration with the Department's Faculty. A Department Chair's workload, including the teaching assignment, is determined by the School Dean in consultation with the Department Chair.

2.6.1.1 The term of service for a Department Chair is three years, and the Chair may be reappointed under the provisions of 2.6.1.2 below.

2.6.1.2 The School Dean will solicit feedback from faculty in accordance with the process described in the Faculty Feedback Standard of Practice prior to reappointment of the Department Chair.

2.6.1.3 The School Dean may remove a Department Chair during or at the end of the term of appointment.

2.6.1.4 A Department Chair may be appointed on an interim basis by the School Dean in collaboration with the Department's Faculty. The interim appointment period is one year and may be renewed for up to two additional one-year terms.

2.6.2 Qualifications for appointment as Department Chair include, without limitation, all of the following:

- 2.6.2.1 A terminal degree in a related discipline;
- 2.6.2.2 A minimum of five years of full-time Faculty experience in higher education, including a record of scholarship;
- 2.6.2.3 Rank of Associate Professor or Professor. If the candidate is an Assistant Professor and is eligible for promotion to Associate Professor, such promotion must occur before the appointment as Department Chair. In the event that a qualified Associate Professor or Professor is not available to serve as Chair, an Assistant Professor may be appointed on an interim basis; and
- 2.6.2.4 Demonstrated leadership.

2.6.3 Department Chairs have the following duties:

- 2.6.3.1 The Department Chair is responsible for the overall academic quality and consistency of the Departmental courses throughout National University.
- 2.6.3.2 The Department Chair provides leadership to the faculty of the Department.
- 2.6.3.3 The Department Chair provides feedback to Faculty on their annual Faculty Development Plans and reviews their Annual Activities Reports.
- 2.6.3.4 The Department Chair maintains a climate that promotes creativity and intellectual innovation.
- 2.6.3.5 The Department Chair makes recommendations about the recruitment and selection of Faculty for the Department.
- 2.6.3.6 The Department Chair makes recommendations regarding reappointment, promotion, and merit after review of the Department Faculty.
- 2.6.3.7 The Department Chair ensures that all Faculty in the Department have an opportunity to participate in the formulation of departmental Guidelines. The Department Chair should be receptive to questions, complaints, and suggestions from members of the Department and from students.
- 2.6.3.8 The Department Chair will maintain open and regular communication with all Department Faculty.
- 2.6.3.9 The Department Chair conducts regular Department meetings, which Faculty in the

Department are expected to attend unless on academic recess or other National University business.

2.7 Lead Faculty

Lead Faculty are full-time or Associate faculty of National University who are assigned academic leadership and administrative responsibilities for particular programs or courses.

2.7.1 Program Lead Faculty

The Program Lead Faculty is responsible for the academic leadership and administration of a specific program, and will typically be identified in the General Catalog as the Faculty Advisor for that program. The responsibilities of the Program Lead Faculty may include, without limitation:

- maintaining the academic currency and rigor of the program and the courses required in the program;
- responding to inquiries about the program from students, faculty, administrators, and parties outside National University;
- representing the program in academic or administrative meetings;
- overseeing assessment activities, including PARs and Five Year Program Reviews;
- ensuring that the program meets any requirements of external accrediting groups;
- ensuring that program courses are staffed with qualified faculty;
- identifying and recommending new part-time faculty to teach program courses when necessary;
- monitoring course materials, including course outlines, to ensure that course requirements and outcomes are being met;
- observing and otherwise monitoring instruction in program classes, and working with instructors to improve instruction where necessary;
- reviewing student evaluations of program courses; and
- responding to inquiries from students and other parties concerning program courses.

2.7.2 Regional, Course, or Other Lead Faculty

Certain faculty may be assigned to oversee one or more courses offered in a region, online, or throughout National University. The responsibilities of these faculty may include, without limitation:

- ensuring that those courses are staffed with

- qualified faculty;
- identifying and recommending new part-time faculty to teach those courses when necessary;
- monitoring course materials, including course outlines, to ensure that course requirements and outcomes are being met;
- observing and otherwise monitoring instruction in those classes, and working with instructors to improve instruction where necessary;
- reviewing student evaluations of those courses; and
- responding to inquiries from students and other parties concerning those courses.

2.8 Council of Chairs

The Council of Chairs will be comprised of the Department Chairs from all Schools and will serve as a deliberative and consultative body whose functions include studying matters related to academic programs and making recommendations to the President, the Provost, the School Deans, the Faculty Senate, the Graduate Council and the Undergraduate Council.

2.9 Faculty Senate

The Faculty Senate is a deliberative and collaborative body, with responsibility for furthering and protecting shared academic governance and faculty members' welfare. The constitution and the procedures of the Faculty Senate are described in the Faculty Bylaws. Faculty Senate activities include, but are not limited to: conducting studies; researching and preparing reports; and making recommendations to the President, the Provost, the Provost's Council, the Council of Chairs, the Graduate Council, and the Undergraduate Council on any and all issues pertaining to the work and well-being of the faculty. The administration will engage in substantive discussion with the Faculty Senate regarding the development and implementation of policies that affect faculty work and welfare. The Faculty Senate members will circulate materials to, and inform their constituents of, the content of University Faculty Senate discussions, and will solicit the opinions of their constituents upon matters before the Faculty Senate. The Faculty Senate especially concerns itself with the processes by which major University decisions about personnel and academic policy are made, with a view to obtaining and disseminating information about decision-making. University faculty members who accept their election to the

Faculty Senate thereby declare their individual commitment to work through it for the realization of the Faculty Senate goals and to represent their constituents.

2.9.1 Faculty who believe that any of the Faculty Policies may have been violated, or who have any concerns related to Faculty work or welfare that are not resolved informally, should report those complaints to the Faculty Senate. Faculty who wish to contest personnel actions, including those related to appointment, reappointment, promotion, merit, or discipline for cause, or who believe they have been subject to unlawful discrimination or harassment as described in Article 11.1 or other National University Policies, should proceed according to the Grievance process described in Article 11 of these Faculty Policies.

2.9.2 Faculty should refer all complaints of violations of the Faculty Policies to the Faculty Senate. The appropriate Faculty Senate Committee may investigate relevant and material complaints of such violations. If necessary, relevance and materiality will be determined by a majority vote of the Faculty Senate. If the Faculty Senate finds that a violation has occurred, the Faculty Senate may make a written recommendation to the Provost, with copies to the reporting Faculty member, of actions to correct the violation. The Provost will provide a written response to the Faculty Senate on the recommended corrective actions. No investigation or determination by the Faculty Senate shall impair or substitute for the process by which a disciplinary action is determined or the process of any subsequent grievance, as prescribed by the Faculty Policies.

2.10 Graduate Faculty and Undergraduate Faculty

All full-time Faculty are considered to be members of the Undergraduate Faculty. Eligibility and application procedures for membership in the Graduate Faculty are described in the Graduate Policies.

2.11 Undergraduate Council

The purposes of the Undergraduate Council, terms of office, and methods used to elect members are described in the Faculty Bylaws and in the Undergraduate Policies, but are subject to the Faculty Policies. The Undergraduate Council is empowered to develop, approve, implement and monitor

procedures, and to recommend policies for use in the domain of undergraduate education. Its responsibilities are to:

- 2.11.1 develop and recommend policies concerning the nature and scope of undergraduate programs, including courses of study offered by the Departments of instruction;
- 2.11.2 develop and recommend policies and regulations governing admission to undergraduate programs;
- 2.11.3 establish, recommend, and monitor requirements for completing undergraduate programs; and
- 2.11.4 establish written guidelines, in collaboration with the Provost, for undergraduate programs and assessment.

2.12 Graduate Council

The purposes of the Graduate Council, terms of office, and methods used to elect members are described in the Faculty Bylaws and in the Graduate Policies, but are subject to the Faculty Policies. The Graduate Council is empowered to develop, approve, implement, and monitor procedures, and to recommend policies for use in the domain of graduate education. Its responsibilities are to

- 2.12.1 develop and recommend policies concerning the nature and scope of graduate-level programs, including courses of study offered by the Departments of instruction;
- 2.12.2 develop and recommend policies and regulations governing admission to graduate programs;
- 2.12.3 establish, recommend, and monitor requirements for completing graduate programs;
- 2.12.4 establish and recommend criteria for becoming a member of the Graduate Faculty;
- 2.12.5 determine on a yearly basis members of National University Faculty who have primary responsibility at the graduate level; and
- 2.12.6 establish written guidelines in collaboration with the Provost, for graduate programs and assessment as needed.

2.13 School Academic Affairs Committee

The School Academic Affairs Committee is responsible for approving new programs and modifications to existing programs within a School.

- 2.13.1 Members must be elected to the School Academic Affairs Committee in an election conducted by the Committee on Nominations and Elections.
- 2.13.2 There will be no more than nine members on each School Academic Affairs Committee.

2.14 University Faculty Personnel Committee

The University Faculty Personnel Committee's (UFPC) primary responsibility is to ensure equity in the evaluation of Faculty members across different Schools and Departments. The UFPC is comprised of full-time Faculty at the rank of Professor or Associate Professor. Each School will elect two members of the Committee in a School-wide election conducted by the Committee on Nominations and Elections. Members of the Committee will elect the chair. Each elected member of the Committee will serve a two year term. A Committee member may not be elected for consecutive terms. Members' terms will be staggered.

2.14.1 The Committee will perform the following functions:

- 2.14.1.1 Review Faculty dossiers and sabbatical requests, and the recommendations of the Department Chairs, School Personnel Committees, and Deans regarding all promotion, reappointment, and sabbatical requests, and provide a separate recommendation to the Provost that strives for balance and equity across National University;
- 2.14.1.2 Recommend, to the Provost, a recipient of the Distinguished Teaching Award based upon a review of materials submitted by full-time Faculty who have been nominated for this award by students, other Faculty, or administrators; and
- 2.14.1.3 Meet all specified timelines as indicated in the Guidelines for Faculty Assessment at National University, which is published annually by the Provost.

- 2.14.2 Department Chairs may not serve as members of the UFPC.
- 2.14.3 A Faculty member may not serve on the UFPC and a School Personnel Committee in the same year.
- 2.14.4 Faculty members serving on the UFPC who are under review must recuse themselves from any committee discussions or actions on their own file, from any other circumstance that would give the appearance of a potential bias, or when requested to do so by the Faculty member under review.

2.15 School Personnel Committees

The purpose of the School Personnel Committee (SPC) is to ensure that Faculty members are given the fairest, fullest and most comprehensive assessment of their professional work by colleagues within their School. Each School within National University will elect the members of a SPC. The SPC will make recommendations concerning reappointment, promotion, merit, and sabbatical requests.

- 2.15.1 Election to the SPC will be for a two-year term, effective on the first day of each academic year (July 1). A faculty member may not serve consecutive terms on the SPC. Members' terms will be staggered in order to ensure continuity and consistent application of standards.
- 2.15.2 Members of SPCs will be elected by the full-time Faculty of the School in a School-wide election conducted by the Committee on Nominations and Elections. The SPC will consist of three to six members. This committee should be comprised of Faculty members at the rank of Professor or Associate Professor; however, an Assistant Professor with a minimum of three years of full-time faculty experience may be considered. It is recommended that the Committee membership reflect the geographic and departmental distribution of the School's Faculty.
- 2.15.3 The SPC will elect its own chair.
- 2.15.4 Department Chairs may not serve as members of a SPC.
- 2.15.5 A Faculty member may not serve on the SPC and UFPC in the same year.
- 2.15.6 Faculty members serving on the SPC who are under review must recuse themselves from any

committee discussions or actions on their own file, from any other circumstance that would give the appearance of a potential bias, or when requested to do so by the Faculty member under review.

2.16 Committee on Nominations and Elections

Membership for this committee will be comprised of two elected representatives from each School, one representative from the Faculty Senate elected by a majority vote of the Senate, and one representative appointed by the Provost. The representatives from each School will be elected by the School in an election conducted by the Committee on Nominations and Elections. The Chair of the Committee will be elected by this Committee by July 30 of each year. The Committee will give regular reports and be accountable to the Faculty Senate. The reports will be given by the Chair of the Committee even if the Chair is not a member of the Faculty Senate.

- 2.16.1 Each member of the committee will serve a two year term. A committee member will serve no more than two consecutive terms. In order to ensure continuity and the consistent application of standards, members' terms will be staggered so that the terms of a School's representatives will not end in the same year.
- 2.16.2 Members of the Committee on Nominations and Elections may be removed by a majority vote of the voting members of the Committee and a two-thirds vote of the Senate for failing to adequately perform the duties expected by a member of the Committee.
- 2.16.3 When a School fails to elect at least one representative, the Senate will invite a Faculty member from that School to serve for a one-year term. An elected representative will be sought for the next available election.

2.17 Faculty Rights and Responsibilities

2.17.1 Due Process

Faculty are entitled to the rights of due process. These include the right to be notified in a timely manner of any complaints or grievances against them and the right to respond to those complaints or grievances.

2.17.2 Academic Freedom

The right to academic freedom is the right of every faculty member.

- 2.17.2.1 Academic freedom is defined as the freedom of thought and expression as it applies to teaching, publication, oral presentation, and extramural activities. It includes the right of faculty members to choose and use materials that they deem appropriate to program or course goals in their classes without interference.
- 2.17.2.2 Institutions of higher education exist for the common good. The welfare and strength of National University and of society at large depend on the uninhibited search for truth and its free expression. Academic freedom is based upon the premise that scholars are entitled to immunity from coercion in matters of thought and expression, and on the belief that the mission of National University can be performed only in an atmosphere free from administrative or political constraints and tolerant of thought and expression. Academic freedom is fundamental for the protection of the rights of both the faculty in teaching and the student in learning. Academic freedom is also essential to protect the rights of the faculty to freely discuss and debate all ideas, however controversial or unpopular, within National University or before the broader community. The exercise of academic freedom cannot serve as cause for discipline, dismissal, or non-reappointment. Academic freedom does not include communication or material presented in class that constitutes discrimination, sexual harassment, illegal behavior, or encourages students or others to engage in criminal behavior.
- 2.17.2.3 In the event a Faculty member's choice of course materials is challenged, the burden will be on the challenger to establish by material evidence that the challenged material is academically inappropriate for the course. The Dean will be the academic administrator charged with oversight of this process. The Dean will request the Program or Course Lead Faculty to perform an assessment of the allegedly inappropriate material and make a determination of the appropriateness of the materials. If the Program or Course Lead Faculty's or the Department Chair's materials are in question, the Dean will request a Faculty member in the discipline to assess the materials and make a determination.
- Notwithstanding the broad right of faculty members to select and use academically appropriate materials for their courses, faculty members should be sensitive to the possibility that some students in a course may find certain materials to be personally offensive. Faculty members can elect to alert students at the beginning of their courses to any potentially controversial course materials. Faculty members may, but are not required to, provide suitable alternative materials for students who find particular course materials to be personally offensive.
- 2.17.2.4 A faculty member who alleges a violation of his or her academic freedom should notify in writing his or her representative on the Faculty Senate and the Chair of the Faculty Senate. The Chair will direct the Faculty member's complaint to the appropriate Faculty Senate Committee for investigation. The Committee will investigate the charge to determine the merits of the complaint. The Committee will report its findings to the Senate and, if warranted, recommend a remedy. The Senate will render a finding and recommendation **within 60 calendar days** of the written notice to the Faculty Senate.
- 2.17.2.4.1 Faculty members who believe that a violation of academic freedom may have resulted in an adverse personnel decision should contact their representative on the Faculty Senate and the Chair of the Faculty Senate in writing. The Senate will investigate this claim and provide its findings to the Provost, the President, and the Faculty member, for use in any subsequent personnel or grievance proceedings.
- ## 2.17.3 Academic Responsibility and Professional Ethics
- 2.17.3.1 The primary justification for academic freedom is service to society's need for independent criticism and new ideas. Members of the academic community, guided by a conviction of the worth and dignity of the advancement of knowledge, recognize this fundamental responsibility.
- 2.17.3.2 The primary responsibility of the faculty is to advance and preserve a body of common knowledge, and to seek and state truth as they see it. To this end, faculty members devote their energies to enhancing their scholarly competence. They accept the obligation to exercise critical self-discipline and judgment in

using, extending, and transmitting knowledge. They practice intellectual honesty. Although they may follow subsidiary interests, these interests must never hamper or compromise their freedom of inquiry.

- 2.17.3.3 As teachers, faculty members encourage the free pursuit of learning by their students. They hold before students the best scholarly standards of their discipline. They demonstrate respect for the student as an individual, and adhere to their proper role as academic guides and advisors. They make every reasonable effort to foster honest academic conduct and to assure that their evaluation of student work reflects the true merit of that work.
- 2.17.3.4 As colleagues, faculty members have obligations that derive from their membership in the community of scholars. They respect and defend the free inquiry of their associates. In the exchange of criticism and ideas, they show due respect for the opinions of others. They acknowledge academic debts and strive to be objective in their professional judgment of colleagues. They accept their share of responsibilities for the governance of the institution.
- 2.17.3.5 Faculty members seek above all to be effective teachers and scholars. They are expected to bring the currency of their daily professional activities into the classroom. Although they observe the stated regulations, they maintain their rights to criticize them and seek revision. Faculty determine the amount and character of work they perform outside National University with due regard to their paramount responsibilities within it, as described in Articles 2.17.5 and 2.17.6. In making these judgments, Faculty members ensure that their outside work does not interfere with their responsibilities to National University.
- 2.17.3.6 Faculty are expected to be cognizant of, and play the appropriate role in, implementing all academic policies and procedures.
- 2.17.3.7 Faculty members have the rights and obligations of all citizens. When faculty members speak or act as private persons, they avoid creating the impression that they speak or act for National University. As citizens engaged in a profession that depends upon freedom for its health and integrity, faculty members have a particular obligation to promote conditions of free inquiry and to further public understanding of academic freedom.

2.17.4 Code of Conduct

- 2.17.4.1 Faculty are seen as leaders in the classroom and are expected to provide a model of ethical behavior for both students and others in the community. Faculty are also expected to know and adhere to the stated policies and procedures of National University. Specific guidelines regarding ethical conduct include, without limitation, the following:
- 2.17.4.1.1 Faculty must provide their students with the contractually agreed upon number of contact hours in each of the classes they teach, with their full attention and consideration devoted during that contact time to the promotion of their students' achievement of the goals, objectives, and competencies described in the relevant University course syllabus as described in the school guidelines. Documented, repeated failure to provide students with the contractually agreed upon number of hours of instruction may subject a Faculty member to discipline following due process as provided in Article 10.
- 2.17.4.1.2 Faculty must treat and grade students fairly and objectively, and without reference to race, ethnicity, national origin, religion, age, sex, marital status, sexual orientation, pregnancy, medical condition, physical or mental disability, veteran status, or other prohibited categories. Faculty members are required to implement National University's policy of equal opportunity to ensure that there is no discrimination in the treatment of students, including teaching, grading, counseling, or other academic activities, on the basis of race, ethnicity, national origin, religion, age, sex, marital status, sexual orientation, pregnancy, medical condition, physical or mental disability, veteran status, or other prohibited categories.
- 2.17.4.1.3 Faculty will not exploit students for the Faculty member's private advantage.
- 2.17.4.1.4 Faculty must not require students to reveal personal information that might be used for research data.
- 2.17.4.1.5 Faculty must refrain from involvement in an intimate or otherwise inappropriate relationship with any student who is enrolled in their courses or with students with whom they have a professional relationship or responsibility within the context of National University.
- 2.17.4.1.6 National University is committed to providing an environment free from harassment of or

discrimination against any student, faculty member, or other employee on the basis of race, ethnicity, national origin, religion, age, sex, marital status, sexual orientation, pregnancy, medical condition, physical or mental disability, or veteran status.

2.17.4.1.6.1 Sexual harassment constitutes unwanted sexual advances or visual, verbal, or physical conduct of a sexual nature. Sexual harassment includes many forms of offensive behavior and includes harassment of a person who is the same sex as the harasser. Sexual or gender harassment includes, without limitation:

- Unwanted sexual advances;
- Offering employment or academic benefits in exchange for sexual favors;
- Making or threatening reprisals after a negative response to sexual advances;
- Visual conduct, e.g., leering, making sexual gestures, displaying of sexually suggestive objects or pictures, cartoons or posters;
- Verbal conduct, e.g., making or using derogatory comments, epithets, slurs and jokes;
- Verbal sexual advances or propositions;
- Verbal abuse of a sexual nature; e.g., graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, suggestive or obscene letters, notes or invitations;
- Harassment based on a person's gender, such as targeting a person for offensive or hostile treatment because she is a woman;
- Physical conduct, such as touching, assault, impeding or blocking movements.

2.17.4.1.6.2 Such conduct constitutes harassment when submission to the conduct is made either an explicit or implicit condition of receiving employment or academic benefits; when submission to or rejection of the conduct is used as the basis for an employment or academic decision; or when the harassment interferes with an employee's work performance or a student's academic performance, or creates an intimidating, hostile, or offensive work or academic environment.

2.17.4.1.6.3 Every reported student complaint of harassment will be investigated thoroughly, promptly and in a confidential manner by the Vice President for Student Services. The Faculty member must be informed at the same time the investigation is initiated. National University will not tolerate retaliation against any student, Faculty member

or other employee for cooperating in an investigation or for making a complaint.

2.17.4.1.7 National University is required to refrain from discriminating against an otherwise qualified student, Faculty member, or employee, including applicants, and to make reasonable accommodation to disabled students, Faculty members, and employees, provided that the accommodation does not require it to change the fundamental nature or essential curricular components of its programs. Reasonable accommodation may include modification of examination procedures and providing auxiliary aids where necessary.

2.17.4.1.8 Faculty must report any conduct by a student that could result in disciplinary action to the Office of Student Affairs. The procedures for reporting and investigating such conduct are described in the General Catalog.

2.17.4.1.9 Amorous, dating, or sexual relationships that might be appropriate in other circumstances have inherent dangers when they occur between a Faculty member, supervisor, or other member of the National University community and any person for whom they have a professional responsibility. Among these dangers are that a student or employee may feel coerced into an unwanted relationship because they fear that refusal to enter into the relationship will adversely affect their education or employment; that conflicts of interest may arise when a faculty member, supervisor, or other member of the National University community is required to evaluate the work or make personnel or academic decisions with respect to an individual with whom he or she is having a romantic relationship; that students or employees may perceive that a fellow student or co-worker who is involved in a romantic relationship will receive an unfair advantage; and that if the relationship ends in a way that is not amicable, either or both of the parties may wish to take action to injure the other party.

Faculty members, supervisors, and other members of the University community who have professional responsibility for other individuals, accordingly, should be aware that any romantic or sexual involvement with a student or employee for whom they have such responsibility may raise questions as to the mutuality of the relationship and may lead to charges of sexual harassment. For the reasons stated above, such relationships are strongly discouraged.

For purposes of this section, an individual has “professional responsibility” for another individual at the University if he or she performs functions including, without limitation, teaching, counseling, grading, advising, evaluating, hiring, supervising, or making decisions or recommendations that confer benefits such as promotions, financial aid awards, or other remuneration, or that may impact upon other academic or employment opportunities.

2.17.5 Conflict of Interest

A conflict of interest typically occurs when outside employment or consulting arrangements put in question the impartiality, judgment, effectiveness, or productivity of an employee in the course of performing his or her duties or responsibilities. In addition, Faculty members should not engage in direct competition with National University either personally or through a firm in which they have a substantial interest, nor should they use National University resources (laboratories, studios, equipment, computational facilities, and/or human resources) for non-University purposes more than incidentally without reimbursing National University.

Before contemplating outside employment or consulting activities, Faculty should disclose potential conflicts to their Department Chair and Dean.

2.17.6 Conflict of Commitment

A conflict of commitment arises when a Faculty member assumes outside professional commitments or responsibilities that interfere with the Faculty member’s discharge of professional obligations to National University. Not all outside commitments are necessarily impermissible. Commitments and responsibilities for which the Faculty member receives remuneration may not exceed the equivalent of eight hours out of a 40 hour work week away from full-time Faculty duties. Such activity which may lead to a conflict of commitment must be included in the Faculty member’s Faculty Development Plan. Should such activity arise during the year the Faculty member must inform the Department Chair and the Dean.

2.18 Faculty Office Hours

Faculty office hours are used for advising students and for service to National University. Faculty are required to provide eight hours per week, preferably over no less than two days, to fulfill their advising responsibilities to students and to meet their other departmental, School, regional, and University responsibilities, except when on academic recess or when National University is closed. Faculty will post hours or otherwise communicate when they will be available. Ordinarily, office hours will occur at a location provided by National University, except for E-Faculty or when the activity requires a different location. Office hours will be proposed by the individual Faculty member and approved in the Faculty Development Plan by the Department Chair and Dean.

2.19 Faculty Responsiveness

When not on academic recess, Faculty are expected to respond to phone and email messages in a reasonably timely manner. Faculty are expected to participate in Department and School meetings, and on appointed and elected committees, unless on other University business or academic leave.

2.20 Provision for Course Outlines

Faculty members will prepare a course outline which describes clearly the scope, objectives, expectations, and grading criteria for the course in a manner consistent with full implementation of National University’s syllabus for that course.

2.20.1 Faculty members will provide to the Department Chair or other appropriate party the course outline which has been prepared for each course. This will be done prior to the first meeting of the course.

2.20.2 At the first class meeting or when the class goes live online, Faculty will provide each student a course outline which has been prepared for use in that course.

ARTICLE 3 FACULTY WORKLOAD

3.1 Full-time Faculty Workload

Faculty workload is defined in terms of both commitment of time and commitment of effort or performance. Faculty are professionals and, as such, plan the use of their own time to fulfill their commitments and meet other professional responsibilities. Additionally, it is not the intention of Faculty or administrators to track specific time requirements of Faculty efforts. The commitment of time includes (1) the obligation to meet course contact hours as detailed in 2.17.4.1.1 and (2) office hours as detailed in Article 2.18. The commitment of effort includes instruction of courses and all other aspects of teaching, scholarship and service to National University. Faculty must plan their time to accommodate the irregular nature of much academic work.

This section sets forth workload standards for full-time Faculty in the areas of teaching, scholarship, and service. Individual workloads may vary from these standards as described below. Specific application of these standards will be explained in the Faculty Workload Standard of Practice. These standards are intended to help Faculty plan and schedule their work; they do not define the standards of performance used to evaluate Faculty for merit, reappointment or promotion. Individual workload expectations are set forth in the Faculty member's Faculty Development Plan, as described in Article 8.7. Procedures for approving and revising the Faculty Development Plan described in Article 8.7 apply.

3.1.1 Teaching

Teaching is the most important responsibility of full-time Faculty members. Full-time Faculty members are contracted to teach eight courses per academic year, except as set forth in the Faculty Workload Standard of Practice and the Faculty member's Faculty Development Plan.

3.1.2 Service

While it is recognized that service activities vary from week to week, full-time Faculty are expected to be available to serve the Department, School, or National University's needs with an average commitment of

approximately eight hours per week. Any variation from this standard should be negotiated and agreed upon by the Faculty member and his or her Department Chair and documented in his or her Faculty Development Plan. Examples of Service are described in Article 8.6. Office hour requirements are described in Article 2.18.

3.1.3 Scholarship

All full-time Faculty are expected to engage in scholarly activity; examples of such activity are described in Article 8.5. It is recognized that the forms and quantity of scholarship will vary depending on the Faculty member's discipline and the nature of the scholarly work in which he or she is engaged, and that no single standard based on, for example, the number of presentations or publications in a given year can be applied to measure the scholarly or creative work of Faculty across National University. These activities represent only the minimum expected activities faculty should plan in formulating their Faculty Development Plans; they do not represent expected results or outcomes on which faculty will be evaluated for reappointment, promotion, or merit. Those expected results or outcomes are detailed in the Reappointment, Promotion and Merit SOP. Specific expectations will be negotiated and agreed upon by the Faculty and his or her Department Chair.

3.1.3.1 **Instructor:** Participation in academic or professional conference(s) or substantial progress toward completion of a terminal degree.

3.1.3.2 **Assistant Professor:** Annual submission of scholarly work for presentation at peer-reviewed academic or professional conference(s) or publication, or equivalent work appropriate to the discipline agreed upon by the Faculty member and his or her Chair.

3.1.3.3 **Associate Professor:** Annual submission of scholarly work for presentation at peer-reviewed academic or professional conference(s) and submission of scholarly work for peer-reviewed publication once every three years, or equivalent work appropriate to the discipline agreed upon by the Faculty member and his or her Department Chair.

3.1.3.4 **Professor:** Annual submission of scholarly work for presentation at peer-reviewed academic or

professional conference(s) and submission of scholarly work for peer-reviewed publication once every two years, or equivalent work appropriate to the discipline agreed upon by the Faculty member and his or her Department Chair.

ARTICLE 4 ACADEMIC RANK

4.1 General Guidelines

National University strives to select Faculty who demonstrate particular competence in and enthusiasm for the art of teaching, and in doing so weighs academic and intellectual components that contribute to the well-being of National University. Eligibility for rank should be based in part on the academic degrees held. Possession of minimum qualifications for a rank makes a Faculty member eligible for that rank but does not entitle him or her to that rank. Rank and term of initial appointment are determined solely by the President in accordance with the provisions of this Article and are set forth in a letter of appointment. Criteria for reappointment and promotion are delineated in Article 8; processes for reappointment and promotion are described in Article 9.

4.2 Minimum Qualifications for Faculty Ranks

4.2.1 Professor

4.2.1.1 Terminal degree in the primary discipline taught or in a discipline that is recognized within the field as related.

4.2.1.2 A minimum of 10 years of full-time Faculty experience in higher education is normally expected for appointment to the Professor rank.

4.2.1.3 Evidence of excellence in teaching, scholarship, and service.

4.2.2 Associate Professor

4.2.2.1 Terminal degree in the primary discipline taught or in a discipline that is recognized within the field as related.

4.2.2.2 A minimum of five years of full-time Faculty experience in higher education is normally expected for appointment to the Associate Professor rank.

4.2.2.3 Evidence of excellence in teaching, scholarship, and service.

4.2.3 Assistant Professor

4.2.3.1 Terminal degree in the primary discipline taught or in a discipline that is recognized within the field as related.

4.2.3.2 Evidence of or potential for excellence in teaching, scholarship, and service.

4.2.4 Instructor

4.2.4.1 Master's degree in primary discipline taught or in a discipline that is recognized within the field as related.

4.2.4.2 Evidence of, or potential for, excellence in teaching and service.

4.2.5 Clinical Professor

4.2.5.1 Qualified terminal degree.

4.2.5.2 A minimum of 10 years clinical care experience in the field related to the clinical appointment.

4.2.5.3 Evidence of excellence in teaching and in scholarship or service to the discipline.

4.2.6 Clinical Associate Professor

4.2.6.1 Qualified terminal degree.

4.2.6.2 A minimum of five years clinical care experience in the field related to the clinical appointment.

4.2.6.3 Evidence of excellence in scholarship or service to the discipline.

4.2.7 Clinical Assistant Professor

4.2.7.1 Qualified Clinical degree.

4.2.7.2 A minimum of two years clinical care experience in the field related to the clinical appointment.

4.2.7.3 Evidence of or potential for excellence in the clinical teaching area.

ARTICLE 5 FACULTY APPOINTMENTS: CLASSIFICATIONS

5.1 Types of Appointment

5.1.1 Full-time, Regular

5.1.1.1 A Faculty member may be appointed in a School by the President at a rank listed and described in Article 4.2 with all the responsibilities and rights of School and University Faculty.

5.1.1.2 A Faculty member who holds a joint appointment (an appointment in more than one School or one Department simultaneously) will be considered as a full, regular voting member of both Schools or Departments for School elections or votes. However, a joint appointee will have only one vote on University Faculty matters.

5.1.1.3 Regular full-time Faculty status requires Faculty members to participate actively in the academic life of National University and, except when on academic recess, to be available for sufficient hours to fulfill their academic responsibilities to their students, Departments, Schools, regions, and National University as described in Article 2.17 of these Faculty Policies.

5.1.2 Visiting

5.1.2.1 A Faculty member may be appointed as a Visiting Faculty member in a School as described in Article 5.1.1 for a period not to exceed one year. The contract may be renewed after discussion with the full-time Faculty in the Department/School, the Department Chair, and the School Dean for up to one year.

5.1.2.2 The official notification of appointment to Visiting Faculty will indicate that the appointment expires at the end of the period stated.

5.1.2.3 A Visiting appointee may participate in School activities, but may not vote in School elections.

5.1.3 Special Presidential Appointment

The President has the authority to make special full-time Faculty appointments.

5.1.3.1 Such appointments will be outside the normal budgeted positions of a School.

5.1.3.2 Such appointments will normally be on a one-year contractual basis,

5.1.3.3 A full-time, special Presidential appointee will participate in and have voting privileges in School activities.

5.1.3.4 Presidential appointees are required to complete Faculty Development Plans and Annual Activities Reports, as described in the Faculty Policies.

5.1.3.5 Renewal of such appointments is at the sole discretion of the President.

5.1.4 Time Bases for Appointments

Members of the full-time Faculty will receive a nine and a half month appointment, excluding the two and a half month academic recess (5.1.4.1), which requires the Faculty member's presence on campus as prescribed in Article 2.18.

5.1.4.1 A full-time Faculty member's two and a half months of academic recess is planned leave time. University holidays are not considered academic recess.

5.1.4.2 A full-time Faculty member should take an academic recess during the relevant academic year.

5.1.4.3 Full-time Faculty members must receive prior approval from the Department Chair and Dean for taking any part of their academic recess in order to assure that all Faculty responsibilities can be reassigned during the leave period.

This approval will normally happen during the initial review of the Faculty Development Plan (FDP). Changes to the FDP must be made in accordance with Article 8.7.1. Once approved through the FDP process, academic recess may not be revoked.

5.1.4.4 If a Faculty member is asked to perform service to National University that interferes with a previously approved period of academic leave scheduled toward the end of the year, the Dean will offer an agreed upon stipend if the academic leave cannot be rescheduled prior to the end of the year. The Faculty member has the right to refuse to cancel or reschedule his or her academic leave.

ARTICLE 6

FACULTY APPOINTMENTS: POLICIES AND PROCEDURES

The President will have full power of appointment and the final authority to approve appointments to all Faculty ranks.

6.1 Initial Full-Time Appointments

- 6.1.1 An initial appointment occurs when a person is employed in one of the ranks listed in Article 4.2 if the individual's immediately previous status was either:
- 6.1.1.1 not in the employ of National University or
- 6.1.1.2 in the employ of National University but not with a full-time Faculty rank.
- 6.1.2 Guidelines for Initial Appointments
- 6.1.2.1 No Faculty member will be deemed appointed in the absence of a letter of appointment signed by the President. An appointment may be made jointly in more than one School or Department.
- 6.1.2.2 Official notification to a Faculty member of his or her appointment will be contained in a signed letter of appointment, which will include the term of appointment, the assigned rank, any credit for existing service, the assigned School(s), and other conditions of employment in accordance with the Faculty Policies.

6.2 Initial Full-time Hiring: Procedures

6.2.1 Funding

- 6.2.1.1 When budgeted positions are approved by the President, National University will provide sufficient funds to the School's budget to carry out adequate search activities. Funds will be allocated for (i) advertising each new or replacement Faculty position, (ii) interviewing a group of qualified candidates, and (iii) bringing qualified final candidates to National University's campus(es) or academic or learning center(s).
- 6.2.1.2 It is the policy of National University that no commitment, formal or informal, may be made in the recruitment of a Faculty member to a budgeted position prior to the written approval of the Provost.
- 6.2.1.3 It is the responsibility of the Dean, prior to initiating a search, to assure that funding is or will be available for the appointment.

6.2.2 Recruitment: Policies and Procedures

National University's recruiting program is directed toward obtaining the most qualified person for the position authorized.

- 6.2.2.1 The School Dean, in collaboration with the Department Chair(s) and the School's Faculty, identifies new or open Faculty positions.
- 6.2.2.2 The School Dean will submit a justification for a new Faculty opening and a recommendation for approval to the Provost. Upon receiving official approval for the position and search, the School Dean, in consultation with the Department Chair, will notify School Faculty and appoint a Faculty Search Committee in accordance with Article 6.2.3.
- 6.2.2.3 Screening, interviewing, and selection of finalists for appointment to the regular full-time Faculty are accomplished by action of a properly constituted Faculty Search Committee.
- 6.2.2.3.1 A thorough and determined search for candidates will be made both inside and outside National University. It is National University's policy to provide equal opportunity for all applicants and employees. National University does not discriminate on the basis of race, ethnicity, national origin, religion, age, sex, marital status, sexual orientation, pregnancy, medical condition, physical or mental disability, or veteran status. This policy applies to all areas of employment, including recruitment, hiring, training, promotion, compensation, and other benefits. The equal employment opportunity policy adopted by National University requires the Faculty to follow a set of procedures ensuring the fair consideration of women and designated minority group candidates. The responsibility for compliance with equal employment opportunity policy resides in the first instance with the administrator making the hiring recommendation. However, the extensive recruiting effort required for regular full-time Faculty appointments is not required for the following types of appointments:
- 6.2.2.3.1.1 Visiting titles for those individuals who are on leave from another educational institution;
- 6.2.2.3.1.2 Non-salaried appointments; and
- 6.2.2.3.1.3 Appointments for one year or less.
- 6.2.2.4 All recruiting is subject to the limitation that appointments must conform to established University policies and the Faculty Policies.

6.2.2.5 The time period and procedures for the recruitment of a new Faculty appointee will be determined by the Faculty Search Committee in collaboration with the School Dean.

6.2.2.6 Production of advertising copy and placement of ads will be coordinated through the School Dean, in consultation with the Faculty Search Committee. Faculty Search Committees will approve final advertising copy and placement in order to ensure academic quality. All advertising copy should state that National University does not unlawfully discriminate in any of its policies, procedures or practices on the basis of race, ethnicity, national origin, religion, age, sex, marital status, sexual orientation, pregnancy, medical condition, physical or mental disability, or veteran status.

6.2.3 Composition of the Faculty Search Committee

The School Dean, in consultation with Faculty, will determine the composition of Faculty Search Committee(s) for all full-time positions within the School. A Faculty Search Committee will include at least three (3) voting Faculty members from the Department, with representation from the campus and discipline for which the Faculty is being hired, except where Faculty for new programs are being selected, in which case Faculty from related disciplines will serve. Current technology may be used to provide an opportunity for Faculty participation. A Faculty member from another School may be invited to be a voting member of the Faculty Search Committee. A part-time Faculty member of the School may also be invited to serve, but not as a voting member. The Department Chair will not serve on a Faculty Search Committee, but will be included in the screening and interview process for all Faculty in his or her Department. The Faculty Search Committee will select its own chair.

6.2.4 Procedures for the Faculty Search Committee

The Faculty Search Committee will seek input from the School or Department Faculty, who will have the opportunity to review the applications and to interview the finalists, before the Faculty Search Committee meets for its final deliberations.

6.2.4.1 At the end of its screening and interview process, the Faculty Search Committee will submit a report of the search procedures and an unranked list of recommended candidates, with comments

and appropriate documentation, to the School Dean. A copy of the report will be submitted to the Provost.

6.2.4.2 The School Dean and the Department Chair will interview the final candidates forwarded by the Faculty Search Committee. The School Dean, in consultation with the Department Chair, will submit a recommendation chosen from those final candidates to the Provost, with a copy to the Faculty Search Committee. The Provost will make a recommendation to the President, who approves all Faculty appointments. The President, taking into consideration such recommendations, will select the successful candidate and make the appointment.

6.2.4.3 The complete files of the search and appointment procedures should be retained in the school for three years from the time of the final recommendation to the School Dean.

ARTICLE 7 FACULTY WELFARE AND DEVELOPMENT

7.1 Sabbatical Leave

A sabbatical leave will be for purposes that provide a benefit to National University.

7.1.1 A full-time Faculty member will be eligible for sabbatical leave after having served full-time for six years in higher education, with four of the six years in residence at National University, and at least six years after any previous sabbatical leave.

There are two timetables for applying for and granting sabbaticals detailed in the Sabbatical Leave Guidelines published annually by the Office of the Provost.

7.1.1.1 Typically, sabbatical leaves are granted for either a full academic year at one-half salary or for one-half academic year at full salary.

7.1.1.2 The number and duration of sabbatical leaves granted by National University is contingent upon the availability of financial resources and the number of meritorious candidates.

7.2 Other Benefits

In addition to academic recess and other benefits provided in the Faculty Policies, Faculty are entitled to all rights and benefits specifically referenced in the University policies as applying

to Faculty or all University employees, or provided by statute. Faculty may obtain a description of the benefits and eligibility requirements from the Department of Human Resources. Faculty are encouraged to visit NU online sites to review benefits, eligibility requirements, and employment policies applicable to Faculty. National University reserves the right to modify or amend such benefits at any time, but will discuss with the Faculty Senate prior to implementation any change that will increase costs or reduce benefits to the Faculty.

7.3 Disability

Faculty members are entitled to all disability leaves and other benefits provided by law or National University, including, without limitation, benefits provided under the Family and Medical Leave Act (“FMLA”) and the Americans with Disabilities Act (“ADA”), Pregnancy Disability Leave, sick leave, health insurance, and any discretionary leave of absence. A Faculty member may schedule and take any annual leave available at the time the faculty submits the disability claim.

7.3.1 The University may terminate a Faculty member’s employment if the Faculty member incurs a disability that renders the Faculty member unable to perform the essential functions of the Faculty member’s duties and responsibilities as described in these Faculty Policies, even with reasonable accommodation, for four months in any 12 months, which four month period begins after the expiration of any authorized disability leave. The University’s ability to reasonably accommodate the Faculty member is jointly reviewed by the Department of Human Resources and legal counsel with input from the attending physician. Based upon this joint review and recommendation, as determined in good faith by the President, the Faculty member’s employment may be terminated.

7.3.2 If a Faculty member’s employment is terminated under this Section, the Faculty member will receive payment of all earned salary, and other benefits under any National University benefit plan through the date of the Faculty member’s termination. After the termination date, National will not pay to the Faculty member any compensation or other benefits.

ARTICLE 8 CRITERIA FOR REAPPOINTMENT, PROMOTION, AND MERIT INCREASE

National University strives to select and reappoint Faculty who demonstrate particular competence, an enthusiasm for the art of teaching, and support for National University’s core values and mission. In selecting and reappointing Faculty, National University weighs all the academic and intellectual components that contribute to the well being of its Faculty, its Schools and Departments, its students, and its spirit of shared inquiry.

8.1 Reappointment, Reappointment Deferral, and Non-reappointment

- 8.1.1 Faculty will be notified of reappointment, reappointment deferral, or non-reappointment decisions according to the timelines described in Articles 9.3.1-3.
- 8.1.2 Reappointments at the **Professor** rank are made for a minimum of eight years and up to ten years.
- 8.1.3 Reappointments at the **Associate Professor** rank are made for a minimum of six years and up to eight years.
- 8.1.4 Reappointments at the **Assistant Professor** rank are made for a minimum of four years and up to six years.
- 8.1.5 Reappointments at the **Instructor** rank are made for a minimum of two years and up to five years. Moving from **Instructor** to **Assistant Professor** is considered an initial appointment at the **Assistant Professor** rank with a two (2) year appointment.

Reappointment Deferral

In the event that an **Instructor, Assistant Professor, Associate Professor** or **Professor**, on applying for reappointment following his or her initial appointment, has been unable to perform at a level consistent with his or her rank as described in Article 3.0, a reappointment decision can be deferred through the extension of the current contract for one to two years. A one year deferral may be extended once for one additional year. Letters of evaluation recommending a reappointment deferral should describe specific areas in which the Faculty member must improve in order to qualify for full reappointment and make specific suggestions for improvement. This reappointment deferral will include a remediation plan of professional development, approved by the Dean in cooperation with the

Faculty member, to be described in the Faculty member's Faculty Development Plan. This remediation plan will be included in the dossier for the next reappointment cycle.

8.2 Promotion

- 8.2.1 Under normal circumstances, Faculty become eligible for promotion according to the following requirements:
- 8.2.1.1 A Faculty member at the **Instructor** rank will be reassigned to the rank of **Assistant Professor** if the Faculty member has been conferred the terminal degree in his or her discipline or an allied field.
- 8.2.1.2 A Faculty member at the **Assistant Professor** rank will be considered eligible for promotion to the rank of **Associate Professor** if the Faculty member has been at the rank of **Assistant Professor** for a minimum of five years.
- 8.2.1.3 A Faculty member at the **Assistant Clinical Professor** rank will be considered eligible for promotion to the rank of **Associate Clinical Professor** if the Faculty member has five years of qualified clinical care experience.
- 8.2.1.4 A Faculty member at the **Associate Professor** rank will be considered eligible for promotion to the rank of **Professor** if the Faculty member has been at the rank of **Associate Professor** for a minimum of five years and has a minimum of ten years full-time Faculty experience.
- 8.2.1.5 A Faculty member at the **Associate Clinical Professor** rank will be considered eligible for promotion to the rank of **Clinical Professor** if the Faculty member has 10 or more years of qualified clinical care experience and evidence of excellence in teaching.

8.3 Evaluation Criteria

No one set of evaluative criteria will satisfy the need for careful, caring, and honest professional assessment of the many roles and tasks assigned to a Faculty member. In selecting the areas on which evaluation will focus, the Faculty member will refer specifically to his or her Faculty Development Plan(s) submitted and approved by the Department Chair(s) and Dean(s) and to the Reappointment, Promotion and Merit SOP. Each Faculty member under formal evaluative review will make a written self-assessment to be included in the documentation submitted in support of the request for reappointment and/or promotion.

The activities listed in the following articles under the headings of Teaching, Scholarship, and Service are presented as examples of the kinds of activities that fall within those categories. However, these lists are not meant to be all-inclusive, nor do these Faculty Policies attempt to quantify the level of activity that satisfies a given area of commitment. The levels of activity in each area are likely to vary among Faculty members. In addition to the evaluative criteria described in this Article and in the Reappointment, Promotion and Merit SOP, other factors may be considered in the evaluation and reappointment process, including the Faculty member's academic and professional expertise in light of National University's specific and changing requirements, and demonstrated support of National University's core values and mission.

8.4 Teaching Performance

Teaching is the Faculty's most important contribution to National University.

- 8.4.1 Faculty under formal evaluative review will make a written self-assessment of their teaching to be included in the reappointment/promotion dossier.
- 8.4.2 Faculty will provide evidence of teaching excellence, including, but not limited to, samples of course syllabi, course outlines, assignments, and graded student work.
- 8.4.3 Teaching performance will be evaluated by observations by peers, the Department Chair, and/or the School Dean. Class observations by peers, Department Chairs, or School Deans will be subject to a preliminary consultation with the Faculty member. Observers must provide written feedback to the Faculty member in a timely manner.
- 8.4.4 The results of student evaluations of instruction will be used as one element in the evaluation of a Faculty member's teaching but not as the sole indicator.
- 8.4.5 Other factors to be considered in the assessment of teaching performance may include use of innovative teaching methodologies, evidence of self-improvement of teaching skills, and demonstration of professional practice in the clinical setting, as applicable.
- 8.4.6 When evaluating a Faculty member's teaching effectiveness, consideration must be given to the

variety of demands placed on Faculty by the types of teaching called for in various disciplines and at various levels, and the number of different course preparations.

- 8.4.7 Faculty participation in ongoing student academic advising will be a component of the evaluation of teaching.

8.5 Scholarship

Scholarship fulfills many functions, including but not limited to, enhancing teaching, increasing the expertise of Faculty within their disciplines, and contributing to the further development of those disciplines. Faculty should include a self-assessment of their scholarship. Scholarly activities may include, but are not limited to, the following:

- 8.5.1 Publication of scholarly books, monographs (including textbooks and texts), articles, or studies that have been subject to favorable external review by academic peers/experts in the field;
- 8.5.2 Production of research which has been subject to external peer review and presented or published;
- 8.5.3 Essays or articles that appear in externally peer-reviewed publications or other media;
- 8.5.4 Film and video productions and other creative achievements that are disseminated and externally reviewed by academic peers and experts in the field;
- 8.5.5 Preparation, submission and receipt of grants;
- 8.5.6 Presentation of scholarly papers or other work at professional meetings, conferences, or symposia;
- 8.5.7 Curricular or program development when it has been reviewed externally by academic peers, accrediting bodies, or experts, and presented or published in an externally refereed venue;
- 8.5.8 Editing or refereeing the work of peers for publication or presentation;
- 8.5.9 Invitation to be chairperson or discussant at professional conferences;
- 8.5.10 Presentation in areas of expertise for peer-reviewed continuing education units required for state or national licensure.

8.6 Service

This may include service to the National University System, National University, the Faculty member's individual School, region, Department, profession, or community. Service activities may include, but are not limited to, the following:

- 8.6.1 Service to the National University System, National University, School, region, Department or program, and students (e.g., Department Chair work, committees, Faculty Senate work, special assignments, task forces, or projects);
- 8.6.2 Participation in the recruitment, selection, appointment, and mentoring of full-time and part-time Faculty;
- 8.6.3 Curriculum development;
- 8.6.4 Program service such as staffing classes, participating in scheduling meetings, writing reports, reviewing course outlines, and participating in assessment activities;
- 8.6.5 Development of and participation in professional growth programs for full-time and part-time Faculty;
- 8.6.6 Organization of seminars, panels or colloquia;
- 8.6.7 Outreach to the community with a view toward forming relationships that benefit National University;
- 8.6.8 Exemplary professional practice (e.g., organization and supervision of training programs, continuing education programs, consulting);
- 8.6.9 Service to and participation in professional organizations and societies;
- 8.6.10 Service to the community-at-large that is relevant to one's academic discipline;
- 8.6.11 Assuming special administrative responsibilities or assignments that foster the welfare of National University;
- 8.6.12 Working in a collegial manner with University colleagues and staff.

8.7 Faculty Development Plan and Annual Activities Report

Faculty will submit an Annual Activities Report (AAR) of the previous year and a Faculty Development Plan (FDP) for the coming year to the Department Chair by June 1. The Department Chair and Dean will review these documents, provide feedback and request changes if needed, and approve a final version of the FDP no later than August 15.

Newly hired Faculty will work with the Department Chair to develop a FDP covering the remainder of the academic year. The FDP should be approved and in place within one month of the new Faculty member's date of hire.

8.7.1 Faculty Development Plan (FDP)

The FDP outlines proposed professional activities in the areas of teaching, scholarship, and service, as well as planned academic recess. The FDP covers the upcoming academic year from July 1 through June 30. The FDP will be developed in collaboration with the Department Chair, taking into account the needs of the Faculty member, his or her Department, School, and region, and of National University as a whole. A template form for the FDP will be developed and, as needed, modified by the Faculty Senate and approved by the Provost. Any deviations from the normative expectations noted in Article 3.0 should be agreed upon by both the Faculty member and the Department Chair and School Dean.

8.7.1.1 Deviations from the FDP

In the event of changes during the year that affect the Faculty member's workload in any area, an addendum to the FDP reflecting these changes will be negotiated by the Faculty member and the Chair and approved by the Dean. Such additions to the Faculty member's workload should be compensated for by comparable workload reductions or monetary stipend. Such additions to the Faculty member's workload that are not accompanied by comparable reductions or stipend will be considered in the Faculty member's evaluation for merit.

8.7.2 Annual Activities Report (AAR)

The AAR is a brief report of the Faculty member's activities and accomplishments during the preceding academic year. The AAR will be made in the form of comments under each section (Teaching, Service and Scholarship) of the preceding year's FDP and should specifically note areas in which the Faculty member's activities fulfilled or varied from the FDP for that year.

8.7.2.1 Feedback

The Chair will communicate any concerns regarding the AAR to the Faculty member in writing.

8.8 Merit Pay

The main purposes of the merit pay are to reward meritorious performance and to motivate the Faculty to higher levels of performance. The performance criteria should be agreed upon by the Faculty member, Department Chair, and Dean and clearly defined in the Faculty Development Plan.

8.8.1 Merit Levels

There are three merit levels, determined by the Faculty member's performance in the three areas of teaching, scholarship, and service:

- **Level One:** the Faculty member is performing above expectations in one area and at expected levels in two areas.
- **Level Two:** the Faculty member is performing above expectations in two areas and at expected levels in one area.
- **Level Three:** the Faculty member is performing above expectations in all three areas.

If a Faculty member performs below expectation in any area, the Faculty member will not be considered for merit. A Faculty member who qualifies for one of the levels for merit, but whose salary is at the top of the salary range for his or her rank, will receive the merit award as a one-time payment. Examples of expected and above expected levels of accomplishment will be provided by the Faculty Senate in collaboration with the Office of the Provost. The Reappointment, Promotion, and Merit Standard of Practice will define a range of percentage increases for each level of merit.

**ARTICLE 9
PROCESSES FOR FACULTY
REAPPOINTMENT, PROMOTION, MERIT,
AND SABBATICAL LEAVE APPLICATIONS
AND DECISIONS**

9.1 General Provisions

9.1.1 Definition of the Faculty Review Dossier

The Faculty review dossier is a Faculty member's academic personnel record which is prepared by the Faculty member and retained by the Provost for purposes of considering personnel actions under the relevant criteria, as described in Article 8.0, and will contain only material relevant to these purposes. Final decisions concerning reappointment, reappointment deferral, non-reappointment, and promotion will be based primarily upon the material contained in the Faculty member's review dossier.

9.1.1.1 A Faculty member must be informed promptly by the Office of Academic Affairs when any materials are placed in his or her Faculty review dossier. A Faculty member may challenge the inclusion of materials in his or her Faculty review dossier by written appeal to the Provost.

9.1.2 Form and Content of the Faculty Review Dossier

9.1.2.1 Faculty will prepare the Faculty review dossier based on a format provided by the Provost and approved by the Faculty Senate. The following materials must be placed in a Faculty member's Faculty review dossier:

9.1.2.1.1 A summary of all teaching evaluations and teaching assignment information;

9.1.2.1.2 Written self-assessments of teaching, scholarship, and service, including a reflection on FDPs and AARs for the period under review.

9.1.2.2 Materials which may be placed in a Faculty member's Faculty review dossier at the discretion and direction of the Faculty member include, but are not limited to, the following:

9.1.2.2.1 Information regarding teaching performance, including peer and administrative observations and evaluations, and a statement of teaching philosophy;

9.1.2.2.2 Information concerning externally peer reviewed research and professional activities, including publication of books, monographs, articles, or

research papers; juried media presentations; presentations at conferences or professional associations; or receipt of instructional, curricular or other educational grants;

9.1.2.2.3 Information concerning University and public service, including participation in peer review; service to a School, Department or program; development of a professional growth program; or service on the Faculty Senate or other committees;

9.1.2.2.4 Letters of evaluation and support.

9.1.3 Access to Faculty Review Dossier

9.1.3.1 Faculty review dossiers are retained in the Office of Academic Affairs, in the custody of the Director of Academic Program Management, during the review process. Faculty members will have access to their Faculty review dossiers, upon request, by making arrangements with the Director of Academic Program Management for an appointment to inspect the Faculty review dossier.

9.1.3.2 Other parties authorized to access a Faculty member's Faculty review dossier include

9.1.3.2.1 members of a SPC of the Faculty member's School;

9.1.3.2.2 the Chair of the Faculty member's Department;

9.1.3.2.3 the Dean of the Faculty member's School;

9.1.3.2.4 members of the UFPC;

9.1.3.2.5 the Office of Academic Affairs, the Provost, the President, and the Board of Trustees;

9.1.3.2.6 the Chair of the Faculty Senate Academic Personnel Committee;

9.1.3.2.7 any other individual approved in writing by the Faculty member and the Provost.

9.1.3.3 A log will be maintained at the front of each Faculty review dossier indicating each instance in which the Faculty review dossier is accessed by either the Faculty member or any other authorized party. The Faculty member and any other authorized party will have access to the log.

To preserve the integrity and authenticity of the Faculty review dossier, neither the Office of Academic Affairs nor any other party will make copies of a Faculty review dossier. The Faculty

member may request copies of some parts of his or her dossier from the Office of Academic Affairs. The dossier will not be removed from the Office of Academic Affairs until the review process has been completed and the Faculty member is notified of the decision.

9.1.4 Safeguards to Ensure Due Process

The following safeguards are provided in the Faculty review process:

- 9.1.4.1 Notification of the Faculty member by the Office of Academic Affairs of the addition of any material to the review dossier as required in 9.1.1.1.
- 9.1.4.2 Opportunity for the Faculty member to review all material in the Faculty review dossier.
- 9.1.4.3 Opportunity for the Faculty member to contribute to the Faculty review dossier. In order to allow the Faculty member to respond in writing to any comments by reviewers, copies of all letters of review by Department Chairs, SPC, Deans, the UFPC, and the Provost must be provided to the Faculty member by the author of the letter at least one week before the deadline for the next level of review.
- 9.1.4.4 Clearly defined grievance procedures, as described in Article 11.0.

9.1.5 Procedural Safeguards in the Academic Personnel Review Process.

- 9.1.5.1 Before any review regarding reappointment or promotion is initiated, the Office of Academic Affairs will provide written notice to the Faculty member of his or her impending review and all relevant deadlines, with a copy to the Department Chair, Dean(s), and the Chair of the SPC.
- 9.1.5.2 At each stage of the process, Faculty members will have the right to
 - 9.1.5.2.1 Ask questions;
 - 9.1.5.2.2 Supply pertinent information and/or evidence;
 - 9.1.5.2.3 Suggest, where relevant, names of persons to be solicited for letters of evaluation;
 - 9.1.5.2.4 Provide in writing to the School Dean names of persons who, for reasons set forth by the Faculty member, might not objectively evaluate the Faculty member's qualifications and

performance. Such statements will be included in the Faculty review dossier.

9.1.6 Personnel Files

The Office of Academic Affairs will also maintain a separate personnel file for each full-time Faculty member. These files will include, but are not limited to, letters of appointment and personnel actions. Faculty members will have access to their own file upon request to the Office of Academic Affairs.

9.2 Academic Personnel Review Process for Reappointment and Promotion

In reviewing Faculty for reappointment and/or promotion, Department Chairs, SPCs, Deans, the UFPC, and the Provost will be guided by the criteria described in Article 8.0. Faculty dossiers will be the primary source of information.

All recommendations will take the form of letters describing in detail the basis for the evaluation of the Faculty member's performance in three areas: teaching, scholarship, and service. Letters should refer to evidence contained in the dossier, including the letters of other reviewers, and may note any lapses of evidence in the dossier. Where evidence not included in the dossier is used as the basis for evaluation, that evidence should be clearly identified. The process of review will occur in the following order and conforming to the deadlines established by the Provost as set forth in Article 9.4.

9.2.1 Recommendations of Department Chair

The Department Chair will submit a copy of this recommendation simultaneously to the Faculty member, the SPC, the School Dean, the UFPC, the Provost, and the Chair of the Faculty Senate Academic Personnel Committee for inclusion in the Faculty review dossier.

9.2.2 Recommendation of SPC

The SPC will submit a copy of this recommendation simultaneously to the Faculty member, the Department Chair, the School Dean, the UFPC, the Provost, and the Chair of the Faculty Senate Academic Personnel Committee for inclusion in the Faculty review dossier.

9.2.3 **Recommendations by the School Dean**

The School Dean will submit a copy of this recommendation simultaneously to the Faculty member, the Department Chair, the SPC, the School Dean, the UFPC, the Provost, and the Chair of the Faculty Senate Academic Personnel Committee for inclusion in the Faculty review dossier.

9.2.4 **Recommendation of UFPC**

The UFPC will submit a copy of this recommendation simultaneously to the Faculty member, the Department Chair, the SPC, the School Dean, the Provost, and the Chair of the Faculty Senate Academic Personnel Committee for inclusion in the Faculty review dossier.

9.2.5 **Recommendation of the Provost**

The Provost will send copies of his or her recommendation simultaneously to the Faculty member, the Department Chair, the SPC, the School Dean, the UFPC, and the Chair of the Faculty Senate Academic Personnel Committee for inclusion in the Faculty dossier.

9.2.6 **Decision of the President**

After review and consideration of all the recommendations and responses to the recommendations received regarding reappointment and/or promotion, the President decides and informs the Faculty member in writing of the personnel action. In addition, the Department Chair, the SPC, the Dean, the Chair of the Faculty Senate Academic Personnel Committee, the Provost, and the Office of Academic Affairs are informed of this decision.

9.2.7 Letters of recommendation must be sent by the established deadlines so that Faculty members have adequate time and opportunity to submit written responses prior to subsequent reviews of the dossier as set forth in 9.2.8.

9.2.8 **Faculty Response to Recommendations**

The Faculty member may, at any point in the review process, submit a written response to any of the letters of review. This letter should be submitted to the Office of Academic Affairs for inclusion in the Faculty review dossier. However, previous levels of review may not respond to such responses.

9.3 **Notice of Reappointment Decisions**

9.3.1 Faculty whose current appointment is for less than two years will receive a letter regarding the reappointment decision at least three months before the end of the appointment period.

9.3.2 Faculty whose current appointment is for at least two years but less than three years will receive a letter regarding the reappointment decision at least six months prior to the end of the appointment period.

9.3.3 Faculty whose current appointment is for three or more years will receive a letter regarding the reappointment decision at least 12 months before the end of the appointment period.

9.3.4 The period to be reviewed for reappointment will be the current period of appointment.

9.3.5 To allow for letters regarding the reappointment decision to be issued per Articles 9.3.1-3, the Provost will notify individual Faculty members of the relevant timelines and deadlines for submitting their applications for reappointment at least two months prior to the earliest date by which their applications would be due.

9.3.6 The Faculty member has the right to request deferral of the reappointment decision to a later time in the academic year. By doing this, the Faculty member gives up the right to be notified according to the timelines set forth in Articles 9.3.1-3.

9.3.7 A Faculty member may, on the basis of some special or unusual circumstance (e.g., to allow implementation of a long-term grant or approved research project), request the Provost to recommend that a review and letter regarding the reappointment decision be furnished earlier or later than the dates specified in Articles 9.3.1-3.

9.3.8 In recommending reappointment, reappointment deferral, or non-reappointment, the Department Chairs, SPCs, Deans, the UFPC, and the Provost will identify the area(s) of performance which constitute the basis for their recommendation(s).

9.4 **Merit Process**

9.4.1 The period of review will begin on the date on which the Faculty member last submitted an application for a merit increase, but not to exceed the previous two years.

- 9.4.2 The Faculty member will send a letter, not to exceed three pages, to the Department Chair requesting a merit salary increase. In this letter the Faculty member reports his or her meritorious performance based on the criteria agreed on in his or her FDP, including all addendums and any additional information that supports the application for merit.
- 9.4.3 The Department Chair will evaluate the Faculty's request based on the FDP and the letter submitted by the Faculty member. The Department Chair will send his or her recommendation, including the recommended merit level if merit is recommended, with any supporting documents, to the Faculty member, the SPC, and the Chair of the Faculty Senate Academic Personnel Committee. The Chair's letter should explain his or her rationale for the recommendation, based on his or her evaluation of the Faculty member's performance.
- 9.4.4 The SPC will review the Faculty member's application and the Chair's recommendation, and will in turn send its recommendation, including the recommended merit level if merit is recommended, with any supporting documents, to the Faculty member, the School Dean, and the Chair of the Faculty Senate Academic Personnel Committee. The SPC's letter should explain its rationale for the recommendation, based on its independent evaluation of the Faculty member's performance.
- 9.4.5 The Dean will review the Faculty member's application and the recommendations of the Chair and SPC, and will in turn send his or her recommendation, including the recommended merit level and percentage to be awarded if merit is recommended, with any supporting documents, to the Faculty member, the Provost, and the Chair of the Faculty Senate Academic Personnel Committee. The Dean's letter should explain his or her rationale for the recommendation, based on his or her independent evaluation of the Faculty member's performance.
- 9.4.6 The Provost will review the Faculty member's application and the recommendations of the Chair, SPC, and Dean, and will in turn send his or her recommendation, including the recommended merit level percentage to be awarded if merit is recommended, with any supporting documents, to the Faculty member, the President, and the Chair of the Faculty Senate Academic Personnel Committee. The Provost's letter should explain his or her rationale for the recommendation, based on his or her independent evaluation of the Faculty member's performance.
- 9.4.7 The President will review all submitted documents and make the final decision.
- 9.4.8 If the Faculty member wishes to challenge the recommendations at any level, he or she can do so by writing to the next level of review and sending a copy to the Chair of the Faculty Senate Academic Personnel Committee. Such letters must be forwarded, along with the recommendation letters and any supporting documents, to all subsequent levels of review. However, previous levels of review may not respond to such letters.
- 9.4.9 The Faculty Senate will report to the Provost any substantive concerns regarding perceived inequalities or other problems in the merit process, unless the perceived inequalities exist at the Provost level in which case the report is submitted to the President.
- 9.4.10 Merit salary increases will be effective July 1 of each academic year.
- 9.4.11 Deadlines for submission of merit applications and evaluations by reviewers will be published each year as described in Article 9.4.
- ## 9.5 Sabbatical Leave Process
- 9.5.1 An eligible Faculty member may apply for sabbatical leave by submitting an application to the School Dean, the SPC, and the UFPC, with a copy being sent to the Department Chair.
- 9.5.1.1 A sabbatical leave application will include a statement of the purpose and expected outcomes of the sabbatical; a description of the proposed project(s); National University resources, if any, that would be required; and a statement of the length of leave requested, which will not exceed one academic year.
- 9.5.2 The SPC will review all sabbatical leave applications from its School, rank them, and forward its rankings and recommendations to the School Dean. The SPC will also inform each Faculty member from its School who has applied for a sabbatical leave of its recommendation concerning, and ranking of, that Faculty member's individual application, with a copy being sent to the Department Chair.
- 9.5.3 The School Dean will rank all sabbatical applications received from the SPC. The Dean

will forward recommendations and rankings, along with a copy of the SPC’s recommendations and rankings, to the UFPC, with copies to the SPC, the Provost, and the Department Chair. The School Dean will also inform each Faculty member from his or her School who has applied for a sabbatical leave of his or her recommendation concerning, and ranking of, that Faculty member’s individual application.

9.5.4 The UFPC will rank all sabbatical applications received from the Dean and the SPC. The UFPC will forward recommendations and rankings, along with a copy of the Deans’ and the SPCs’ recommendations and rankings, to the Provost, with copies to the Deans, the SPCs, and the Department Chairs. The UFPC will also inform each Faculty member who has applied for a sabbatical leave of its recommendation concerning, and ranking of, that Faculty member’s individual application.

9.5.5 The Provost will make a recommendation regarding the granting of sabbatical leaves to the President. Copies of this recommendation will be sent to the SPCs, the UFPCs, and the School Deans. The Provost will also send a copy of his or her recommendation regarding an individual Faculty member’s application for sabbatical leave to that Faculty member and to the Department Chair.

9.5.6 The President’s decision to award a sabbatical leave must be approved by the Board of Trustees.

9.5.7 Upon completion of a sabbatical leave, the recipient will write a report that summarizes the outcomes of the sabbatical, the goals achieved, the benefits to National University, and the use of resources. The report will be submitted to the Provost, the UFPC, and the Faculty member’s Dean, Department Chair and SPC.

9.6 Calendar of Due Dates

9.6.1 On or before July 15 of each academic year, or at least two months prior to the earliest date by which applications would be due, a calendar of due dates for the various stages of the evaluation process leading to letters of reappointment, reappointment deferral, non-reappointment, awarding of merit increases, promotion, and sabbaticals will be published by the Provost.

The stages in the evaluation process for which due dates will be published include the following: the submission of the Faculty development plan, the Faculty review dossier, and materials

required for merit and sabbatical requests; the submission of recommendations by the Department Chairs, SPCs, Deans, the UFPC, and the Provost; and notification of final decisions regarding all Faculty personnel actions.

9.6.2 Each reviewer or reviewing body will be allowed at least 14 calendar days to review applications and make recommendations.

9.6.3 Faculty members who wish to be considered for reappointment, promotion and merit pay increases should indicate their request in writing to the Department Chair and to the Provost no later than the applicable due date as stated in the timeline published by the Provost.

9.6.4 Presidential Appointees requesting reappointment will submit a letter requesting reappointment to their School Dean and the Provost. The letter of request and copies of the current year’s Faculty Development Plan and the preceding year’s Annual Activities Report (per Article 8.7) are due no later than June 1. The School Dean will write a recommendation to the Provost. The Provost will review the Dean’s recommendation and write a recommendation to the President. The process described above is advisory. Reappointment is at the sole discretion of the President.

**ARTICLE 10
FACULTY DISCIPLINE FOR CAUSE AND
INVOLUNTARY LEAVE**

10.1 Discipline for Cause

A Faculty member may be disciplined or dismissed before the expiration of his or her appointment only for cause, which is limited to violation of University policies, the Full-time Faculty Agreement, or section 2.17 of the Faculty Policies (“Rights and Responsibilities”). Non-reappointment is not considered either a discipline or dismissal for cause. Faculty may be placed on involuntary leave with full pay and benefits during the discipline for cause process.

10.1.1 In any case where the Provost considers that cause exists for pursuing the charge(s) against a Faculty member, the Provost will send a letter to the Faculty member informing him or her about the charges. The letter should specify the policy the Faculty member is alleged to have violated, the specific circumstances of the alleged violation, and any evidence submitted to the

Provost to support the allegation. The Faculty member has the right to review and copy all evidence and documents supporting the charges.

10.1.2 If the Faculty member admits the charge(s), the disciplinary procedure described in Article 10.1.6 will be followed.

10.1.3 If the Faculty member disputes the charge(s), the Provost will appoint a designee to conduct the initial investigation. The investigation should follow the due process procedures common in such cases. It should include the review of any and all documents germane to the issue and the interviewing of all persons who may have information pertinent to the matter. The Faculty member should be interviewed as well. A copy of the results and findings of the investigation should be provided to the Faculty member within 10 calendar days of completion of the investigation. The Faculty member has the right to review and, if necessary, make copies of all evidence collected during the investigation. The Faculty member has 10 calendar days from documented receipt of the investigation report to respond in writing. The Faculty member will be given an opportunity to meet formally with the Provost to discuss the findings of the investigation within 10 calendar days of the Provost receiving the Faculty member's response.

10.1.4 Within 10 calendar days after receiving the Faculty member's response to the investigative report, the Provost will provide a letter detailing the proposed action and rationale to the Faculty member. Upon receipt of the letter detailing the proposed action and rationale, the Faculty member will have 15 calendar days to respond in writing. The Faculty member may challenge the rationale for the proposed decision and/or the validity of the evidence used to reach that decision.

10.1.5 Disciplinary action should be progressive except in cases of serious misconduct, and the Faculty member should be given an opportunity to correct offending behavior before the next step is taken. Progressive disciplinary actions include, without limitation;

10.1.5.1 **Letter of Warning:** A letter of warning indicates that the Administration is not taking any immediate steps on the matter at this point, but indicates that both the Faculty and the administration are aware of the situation. Such a letter is to remain in the Faculty's personnel file for three years. After three years the letter is

removed, and the matter is considered closed and cannot be used in any further personnel actions. The Faculty member has the right to submit a letter of rebuttal which will be placed in the Faculty member's personnel file.

10.1.5.2 **Formal Letter of Reprimand:** A formal letter of reprimand places the Faculty member on notice that the incident or situation investigated is of a serious nature and requires an acknowledgement and corrective actions by the Faculty member. This letter is retained in the Faculty member's personnel file indefinitely. The Faculty member may file a grievance in accordance with Article 11. The grievance process begins at 11.1.1.2 for the appeal of a discipline for cause under Article 11.

10.1.5.3 **Leave from Duties without Pay:** When the discipline for cause process results in this level of disciplinary action, the Faculty member is immediately placed on leave without pay for a maximum of 30 calendar days but retains health benefits. The Faculty member may file a grievance in accordance with Article 11. The grievance process begins at 11.1.1.2 for the appeal of a discipline for cause under Article 11. If the grievance process results in a decision to overturn the leave without pay, National University will reimburse the Faculty member for any lost wages.

10.1.5.4 **Dismissal:** When the discipline for cause process results in this level of disciplinary action, the Faculty member has 15 calendar days from documented receipt of the letter to file a grievance under Article 11. The grievance process begins at 11.1.1.2 for the appeal of a discipline for cause under Article 11. If the Faculty member files a grievance, the Faculty member's salary and benefits continue for a maximum of 90 calendar days during the grievance process. If the grievance process results in a decision to overturn the dismissal without pay, National University will reimburse the Faculty member for any lost wages. If the Faculty member does not file a grievance, the Faculty member is terminated at the end of the 15 calendar days and all salary and benefits will cease.

10.1.6 After making a final decision, the Provost, will advise the Faculty member of, and provide the reasons for, the decision and any disciplinary action. A copy of the decision will be provided to the President, the Chair of the Faculty Senate, and the School Dean. The decision of the Provost may not be appealed, but under three

levels of disciplinary action (10.1.5.2-4) the Faculty member may file a grievance in accordance with Article 11. The grievance process begins at 11.1.1.2 for the appeal of a discipline for cause under Article 11.

10.2 Reductions in Positions

Faculty positions may be eliminated if reductions in Faculty become necessary due to the elimination of a School, Department, or program; reorganization; or a condition of financial exigency. This potentially necessary tool for National University will not be construed as placing any Faculty in “at will” employment. In all such cases National University will make a reasonable best effort to transfer the affected Faculty member to other positions within National University. Retirement benefits accrued through University service will not be forfeited as a result of such action. Length of service and rank may be given consideration for determining retention in any reduction in Faculty numbers.

- 10.2.1 In all such cases the President or the Provost will meet with the officers of the Faculty Senate to formally document the conditions that necessitate the action(s) to be taken pursuant to Article 10.2 and provide a plan to reassign the affected Faculty members.

ARTICLE 11 FACULTY GRIEVANCES

Only the President is empowered by the Board of Trustees to take action relating to initial appointments, reappointments, non-reappointments, promotions, discipline or dismissal for cause, or elimination of Faculty positions. In such actions the President is advised by the Provost, the School Dean(s), and the applicable Faculty committee(s). The Provost may be authorized by the President to take action relating to initial appointments, reappointments, non-reappointments, promotions, discipline or dismissal for cause, or elimination of Faculty positions. In such actions the Provost is advised by the Dean(s) and the appropriate Faculty committee(s).

11.1 Faculty Grievance Procedures

The following procedures are established to enable full-time Faculty members to seek a review of personnel decisions if they have reason to believe that prescribed procedures have not been followed. These grievance procedures are

also intended to implement National University’s policy of equal employment opportunity, and to ensure that no Faculty will be subject to unlawful discrimination on the basis of academic freedom, race, ethnicity, national origin, religion, age, sex, marital status, sexual orientation, pregnancy, medical condition, physical or mental disability, or veteran status in any activity under the control of National University. National University is committed to providing an environment that is free of harassment or discrimination of any student, Faculty member, or other employee on the basis of race, ethnicity, national origin, religion, age, sex, marital status, sexual orientation, pregnancy, medical condition, physical or mental disability, or veteran status. Any dispute relating to a Faculty member’s employment with National University, including any decision regarding non-reappointment, promotion, merit increase, academic freedom, discipline or dismissal for cause, or involving a complaint of discrimination or violation of prescribed procedures, may be reviewed under these procedures.

The Provost will be responsible for processing the grievance under the Faculty grievance procedures, including grievances arising out of alleged unlawful discrimination and harassment, except when the Provost is named in the grievance. In such cases, the President will designate an individual to assume this role. The equal employment opportunity officer will be provided copies of all complaints alleging unlawful discrimination and harassment.

11.1.1 Formal Procedures

- 11.1.1.1 A formal grievance, to be heard, must be made in writing no later than 30 calendar days from the documented date that the Faculty member was made aware of the decision or action giving rise to the grievance, except in cases of dismissal as described in Article 10.1.5.4, when time for filing is 15 calendar days. The grievance should be specific, include the evidence upon which it is based, and specify the remedy sought. The grievance is filed directly with the Provost.

- 11.1.1.2 The grievance is filed pursuant to Articles 10.1.5.2-4. The Provost will appoint a review panel in cases involving allegations of discrimination, discipline for cause or non-reappointment. In all other cases, the appointment of a review panel will be within the discretion of the Provost.

- 11.1.1.3 If a review panel is not appointed, the Provost will discuss the matter with all parties to the grievance, investigate and ascertain the facts, obtain any necessary additional information, and prepare written findings and recommendations. The Provost will make every attempt to resolve the matter within 30 calendar days.
- 11.1.1.4 If a review panel is appointed, the Provost, or designee, will make the necessary appointments within 15 calendar days of receipt of the request for a review panel. Once established, the review panel should begin its review within 15 calendar days and, once the review has begun, should make every attempt to complete its review and its draft report within 30 calendar days.
- 11.1.1.5 A review panel will consist of three full-time Faculty members. All three members should be impartial. One will be chosen by the grievant and another by the School Dean. A third member who is acceptable to both the grievant and the Dean will be selected by the Faculty Senate Review and Grievance Committee. The selection of the member by the Faculty Senate Review and Grievance Committee must occur during an officially convened Committee meeting. The selection needs to be confirmed by the Faculty Senate Officers. This third member will chair the panel. If the third member of the review panel cannot be selected by the Faculty Senate Committee or designee within 10 calendar days, then the Faculty Senate Officers will appoint a member of the full-time Faculty as the third member of the review panel. This member must also be acceptable to both the grievant and the Dean.
- 11.1.1.6 Once the review panel is appointed, the Provost, together with the Faculty Senate Officers, coordinates the review by informing the review panel of its advisory role, defining the issues, and providing the panel with necessary information and resources to conduct the review, including but not limited to space, recorders, and travel funds.
- 11.1.1.7 Review panel proceedings should be conducted in an informal, non-adversarial manner. The review panel must meet in person for all deliberations. The hearing will be closed except to participants. Each party to the grievance may be present, if he or she chooses, at interviews conducted by the panel unless such presence is judged by the panel to have potential influence on the statements being gathered. If such a determination is made by a majority vote of the panel, the session will be tape-recorded and the tape made available to the parties. University Counsel may serve in an advisory capacity but may not be present at hearings. The panel may interview persons involved and solicit and review pertinent evidence. This process, including the development and delivery of the draft report, is to be completed within 30 calendar days of the commencement of the review. Upon documented receipt of the draft report, the parties have 10 calendar days in which to review it for errors of fact. Subsequently, the review panel will submit its findings and its advisory recommendations to the Provost and to the parties. Each party to the grievance will receive copies of written material submitted by the other.
- 11.1.1.8 Within 15 calendar days following the receipt of the review panel's report, the Provost will render a written decision regarding the grievance.
- 11.1.1.9 The grievant may appeal the decision to the President within 15 calendar days of documented receipt of the notification of the Provost's decision. The President shall independently consider all documents and facts provided by the dismissal for cause investigation, grievance process and the grievant. The President will provide a decision on the appeal within 15 calendar days. The decision of the President is final and will be binding on the parties so as to preclude any further action on the grievance under the Faculty Policies.

11.2 Binding Arbitration

- 11.2.1 **Claims.** After exhaustion of the Faculty grievance procedures, all claims, including all contract, tort, and equity actions and alleged violations of state and federal statutes, including wrongful termination or discipline, between the parties (including National University's trustees, officers, and employees) arising out of or pertaining in any way to the Faculty member's appointment, non-reappointment, termination for cause, or any alleged breach of the letter of appointment or the Faculty Policies must be submitted to final and binding arbitration.

11.2.2 Procedures.

Arbitration Rules. The arbitration will be conducted before the American Arbitration Association under its Commercial Arbitration Rules at the location of the University headquarters. If anything in these Faculty Policies conflicts with the Commercial Arbitration Rules, the Commercial Arbitration Rules will prevail. The demand for arbitration

must be submitted in writing within one year from the date the actions giving rise to the claims occur. The responding party must serve any reply within 10 calendar days. The arbitrator will establish any deadlines reasonably required to facilitate the arbitration.

- 11.2.3 **Powers of Arbitrator.** The arbitrator will have the powers to:
- A. issue subpoenas for the attendance of witnesses and for the production of books, records, documents, and other evidence;
 - B. order depositions to be used as evidence;
 - C. enforce the rights, remedies, procedures, duties, liabilities, and obligations of discovery as if the arbitration were a civil action;
 - D. conduct a hearing on the arbitral issues; and
 - E. enter and serve an award after the arbitration hearing is concluded.
- 11.2.4 **Costs and Expenses.** National University will pay arbitration fees and the costs and expenses incurred in connection with the arbitration to the extent that they exceed those dollar amounts that would be incurred if the claims had been resolved in a civil lawsuit. The arbitrator may award the prevailing party any costs (but not attorney's fees), arbitration and witness fees, and expenses actually incurred by the party.
- 11.2.5 **Final Award.** Within 10 calendar days after completion of the arbitration, the arbitrator will submit a tentative decision in writing, specifying the reasoning for the decision and any calculations necessary to explain the award. The parties will have five calendar days in which to submit comments about the tentative decision. The final award may be entered as a judgment in any court having jurisdiction.
- 11.2.6 **Changes to Arbitration Provision.** Notwithstanding any provision in this Article, the parties agree that National University, in its sole discretion, may make such changes to this Article as required by law to comply with any applicable law or regulation and that, with such changes, the arbitration will remain binding on the parties.

ARTICLE 12 COPYRIGHT POLICY

National University is committed to maintaining traditional incentives for scholarly work and its dissemination while protecting, within the framework of copyright law, the rights of Faculty members and National University. Faculty members may write and produce copyrightable materials, copyright those materials, and receive royalties that result from their use. Such materials include, but are not limited to, books, articles, artwork, computer software, film, and videotape. Faculty members will retain all rights related to copyright ownership of materials that they have prepared on their own initiative.

The copyright Act of 1976 provides that when a person is employed by someone else to produce a copyrightable work, the employer, not the work's creator, is the author for copyright purposes. Generally, National University will claim an interest in such works only when their creation was part of administrative duties or a specific assignment made by a Department Chair, Dean, or other University administrator. Upon its creation, a copy of any such work will be delivered by the author to the person who oversees the author's administrative duties or to the person who made the specific assignment, as the case may be, who will inform National University administration responsible for the administration of National University's copyright policy of the existence of such work. In such cases, the Faculty member may be required to enter a Proprietary Information and Inventions Agreement with National University. A Faculty member's general obligation to produce scholarly works as defined in Article 8.5 does not constitute either an administrative duty or a specific assignment.

Students who are not employees own any copyrightable works, including dissertations, developed in connection with course work.

ARTICLE 13 FACULTY SALARY SCHEDULE

Professional salaries are based upon a salary schedule established by the Board of Trustees on recommendation of the President. All Faculty salary schedules are published and issued by the President.

The President will bring forward annually to the Board of Trustees the current year salary schedules for approval. Decisions regarding annual adjustments and the Faculty salary schedule are based upon the financial situation of National University and the state of the economy.



The University of Values

© 2009 National University
8150_OOP_Faculty Policy final 10/09



NATIONAL UNIVERSITY

FACULTY BYLAWS

TABLE OF CONTENTS

INTRODUCTION

Article 1 The Organization of the Faculty

- 1.1 Definitions

Article 2 The Faculty Senate

- 2.1 Preamble
 - 2.1.1 Duties and Responsibilities
 - 2.1.2 Senators
 - 2.1.3 Membership
 - 2.1.4 Terms of Office
 - 2.1.5 Faculty Senate Elections
- 2.2 Officers of the Faculty Senate
 - 2.2.1 The Chair
 - 2.2.2 The Vice Chair
 - 2.2.3 The Secretary
 - 2.2.4 Senate Archivist
 - 2.2.5 Recorder
 - 2.2.6 Replacement of Officers
 - 2.2.7 Recall of Faculty Senate Chair
- 2.3 Policies and Procedures of the Faculty Senate
 - 2.3.1 Simple Majority Vote
 - 2.3.2 Meetings
 - 2.3.3 Executive Session
- 2.4 Challenge of Faculty Senate Official Actions
 - 2.4.1 Challenges
 - 2.4.2 Notices
- 2.5 Bylaws

Article 3 Committees of the Senate

- 3.1 Membership and Terms
- 3.2 Committee Reports and Minutes
 - 3.2.1 Reports
 - 3.2.2 Minutes
- 3.3 Standing Committees of the Senate
 - 3.3.1 Committee on Academic Budgeting and Planning
 - 3.3.1.1 Membership
 - 3.3.1.2 Duties and Responsibilities
 - 3.3.2 Committee on Academic Personnel
 - 3.3.2.1 Membership
 - 3.3.2.2 Duties and Responsibilities
 - 3.3.3 Committee on Academic Policy and Planning
 - 3.3.3.1 Membership

- 3.3.3.2 Duties and Responsibilities
- 3.3.4 Committee on Faculty Governance and Bylaws
 - 3.3.4.1 Membership
 - 3.3.4.2 Duties and Responsibilities
- 3.3.5 Committee on Nominations and Elections
 - 3.3.5.1 Membership
 - 3.3.5.2 Terms and Length of Service
 - 3.3.5.3 Duties and Responsibilities
- 3.3.6 Committee on Faculty Rights and Welfare
 - 3.3.6.1 Membership
 - 3.3.6.2 Duties and Responsibilities
- 3.3.7 Committee on Faculty Development Plans and Policies
 - 3.3.7.1 Membership
 - 3.3.7.2 Duties and Responsibilities
- 3.3.8 Committee on Research and Scholarship
 - 3.3.8.1 Membership
 - 3.3.8.2 Duties and Responsibilities
- 3.3.9 Committee on Online and Educational Technology
 - 3.3.9.1 Membership
 - 3.3.9.2 Duties and Responsibilities
- 3.3.10 Regional Committee
 - 3.3.10.1 Membership
 - 3.3.10.2 Duties and Responsibilities
- 3.3.11 Spring Symposium
 - 3.3.11.1 Membership
 - 3.3.11.2 Duties and Responsibilities
- 3.3.12 Committee on Academic Freedom and Responsibilities
 - 3.3.12.1 Membership
 - 3.3.12.2 Duties and Responsibilities
- 3.3.13 Committee on Shared Governance
 - 3.3.13.1 Membership
 - 3.3.13.2 Duties and Responsibilities
- 3.3.14 Committee on Part-time Faculty
 - 3.3.14.1 Membership
 - 3.3.14.2 Duties and Responsibilities
- 3.4 Special Committees

Article 4 Faculty Governance, Meetings, and Academic Responsibilities

- 4.1 Faculty Meetings
 - 4.1.1 Meetings
 - 4.1.2 Quorum
 - 4.1.3 Parliamentary Procedure
 - 4.1.4 Visitors
- 4.2 Faculty Elections
- 4.3 Department Chairs
- 4.4 Creation/Disbanding of Schools and Department
- 4.5 Recognition of Faculty Academic Work
 - 4.5.1 Criteria for Dr. Jerry C. Lee Faculty Senate Outstanding Faculty

- Service Award
- 4.5.2 Criteria for the Distinguished Teaching Award

Article 5 Faculty Governance and Advisory Bodies

- 5.1 Governance Bodies
 - 5.1.1 Faculty Senate (see Article 2)
 - 5.1.2 Graduate Council
 - 5.1.3 Undergraduate Council
 - 5.1.4 School Academic Affairs Committees
- 5.2 Advisory Bodies
 - 5.2.1 The University Faculty Personnel Committee
 - 5.2.2 The School Personnel Committees
 - 5.2.3 Research Council
 - 5.2.4 School Academic Assessment Committees
 - 5.2.5 University Academic Assessment Committee
 - 5.2.6 Council of Chairs

Article 6 Amendments, Revisions, and Modifications

Article 7 Publication and Notice Procedures

- 7.1 Publications of Minutes and Notices
 - 7.1.1 Faculty Senate
 - 7.1.2 Meetings of the Faculty
 - 7.1.3 Other Committees
- 7.2 Alternative Notice Procedures

FACULTY BYLAWS

INTRODUCTION

The *Faculty Bylaws* set forth the procedures through which the National University Faculty organize and participate in their governance and advisory roles within the University. The Faculty recognizes the ultimate responsibility and authority of the President and the Board of Trustees. The Board of Trustees, the administration, and the Faculty recognize the Faculty Senate as the primary Faculty governance body representing the Faculty in any and all matters pertaining to the Faculty. The Faculty Senate shall have the right and obligation to advise and substantively confer with the President, the Provost, Deans, and other administrative officials on matters affecting the status, responsibility, and welfare of the Faculty. In the event that a conflict should arise between the *Faculty Bylaws* and the *Faculty Policies*, the *Faculty Policies* will control.

ARTICLE 1 THE ORGANIZATION OF THE FACULTY

1.1 Definitions

Throughout these *Faculty Bylaws*, the following definitions apply:

- 1.1.1 The definitions provided in the *Faculty Policies* and the *Part-time Faculty Policies* shall be applicable throughout these *Faculty Bylaws* unless otherwise provided.
- 1.1.2 Academic Year: The period from July 1 through June 30.
- 1.1.3 Constituents: The Faculty within a specific School, whether in or outside of San Diego County, represented by a Faculty Senator.
- 1.1.4 Electorate: The electorate shall consist of the Full-time and Associate Faculty. To encourage interaction, the Provost and School Deans are ex officio non-voting members of the Faculty. The President shall be a voting member of the Faculty.
- 1.1.5 Just Cause: Fraudulent, negligent, or dishonest acts with reference to the Faculty Senate or gross abuse of authority or discretion in the discharge of official duties and responsibilities.
- 1.1.6 Official Action: An action taken by majority vote in accordance with the procedures in these *Bylaws*.
- 1.1.7 Quorum: A quorum, necessary for holding a Faculty Senate Meeting in which voting is permitted, is 50% of the voting Senators plus one.
- 1.1.8 Region: A geographical organization of Campuses and Learning Centers.
- 1.1.9 Voting: Voting in Senate meetings may be by voice, raising of hands, or private paper ballots, and voting options will be *In Favor*, *Opposed*, *Abstain*. An Alternate Senator may vote only when any Senator from his or her School is absent from the meeting room, or in the case of the Alternate Associate Senator, when any Associate Senator is absent

from the meeting room. Secret ballots will be used if one more more Senators request such for any measure.

ARTICLE 2 THE FACULTY SENATE

2.1 Preamble

The Faculty Senate is a deliberative and collaborative body, with responsibility for furthering and protecting academic freedom, shared academic governance, and faculty members' welfare. The constitution and the operational procedures of the Faculty Senate are described in Article 2 of the *Faculty Bylaws*. Its activities include, but are not limited to, conducting studies, researching and preparing reports, and making recommendations to the President, the Provost, Academic Deans, the Council of Chairs, the Graduate Council, the Undergraduate Council, and other university administrators on any and all matters pertaining to the work and well-being of the Faculty.

2.1.1 Duties and Responsibilities

- 2.1.1.1 The Faculty Senate especially concerns itself with, and is involved in, the processes by which major decisions about personnel, academic policy, and budgetary policies and procedures are made, with a view to obtaining and disseminating information about such academic personnel matters, decisions, and decision-making; ensuring academic quality; and protecting the interests of the Faculty. Faculty who accept their election to the Faculty Senate thus declare their individual commitment to work through it for the realization of these goals.
- 2.1.1.2 A quorum of the Faculty Senate shall have the authority to act for the Faculty on all matters within the scope of the Faculty when the action is approved by an affirmative vote of a majority of those members of the Faculty Senate who are present.
- 2.1.1.3 Any Official Action taken by the Faculty Senate shall be reported to the Faculty through the minutes of the Faculty Senate. Such minutes shall be published in accordance with the provisions in Article 7. Any Official Action of the Faculty Senate can be challenged in accordance with the procedures in Article 2.4.
- 2.1.1.4 The Faculty Senate may consider any and all policies and procedures with respect to the general welfare of the Faculty. It may review established policies, consider new policies and procedures, and study matters of concern to Faculty members. It may amend its own procedures as needed to promote the welfare of the Faculty. It may request sessions with any administrative official to meet and confer on issues regarding the general welfare of the Faculty.
- 2.1.1.5 The Faculty Senate shall collaborate with the administration and other Faculty Governance Bodies in the formulation of educational policies and procedures including admissions, curricula, and criteria for the granting of degrees.
- 2.1.1.6 The Faculty Senate shall collaborate with the administration in the formulation and revision of policies and procedures regarding Faculty work and welfare.

- 2.1.1.7 The Faculty Senate shall be responsible for the appointment or election of Faculty Senate committees. It shall establish procedures for its standing committees and establish procedures for the appointment of special committees.
- 2.1.1.8 The Faculty Senate may formulate recommendations and opinions on Faculty matters and shall report them to the Faculty, refer them to the appropriate committee, or meet with the administration concerning these recommendations and opinions.
- 2.1.1.9 The Faculty Senate shall establish such procedures as are necessary to govern and expedite its business. These policies and procedures shall be distributed to the Faculty in accordance with Article 7.
- 2.1.1.10 The committees of the Faculty Senate shall prepare and submit annual reports of their activities. The Faculty Senate shall disseminate such reports to the Faculty.

2.1.2 Senators

Senators will hold monthly meetings with their Constituents to disseminate information and to receive information from the Faculty. Any member of the Faculty Senate may be requested by the Chair to poll his or her constituents for their views on affairs. Senators shall inform the segment of the Full-time and Associate Faculty from which they were elected as to the content of Faculty Senate discussions and circulate any relevant documents to that Faculty for their review and comment. Senators should solicit the opinions of that segment of the Faculty upon matters before the Faculty Senate prior to voting. To the extent possible, Senators should represent the opinions and interests of their Constituents with their votes in the Faculty Senate.

2.1.3 Membership

- 2.1.3.1 Each School will elect one Senator for every 10 full-time faculty in that School, with a minimum of two Senators per School and a maximum of five Senators per School. Schools with 2-3 Senators must have at least one Senator from a San Diego County campus and one Senator from a regional campus outside San Diego County. Schools with 4-5 Senators must have at least two Senators from a San Diego County campus and two Senators from a regional campus outside San Diego County. Each School will also elect one Alternate Senator.
- 2.1.3.2 Associate Faculty as a group will elect one Senator for every 10 Associate faculty, with a minimum of two Senators and a maximum of five. At least one Associate Faculty Senator must be from a San Diego County campus and one from a regional campus. In addition, there should be no more than one Associate Senator from each School. The Associate Faculty will also elect one Alternate Senator.
- 2.1.3.3 Associate Faculty members cannot serve as officers of the Senate or as chairs of Senate Standing Committees.

2.1.4 Terms of Office

2.1.4.1 Each Senator shall be elected for a term of two (2) Academic Years.

2.1.4.2 A petition signed by twenty percent (20%) of a Senator's constituents can initiate a recall election. The petition will be sent to the Secretary of the Faculty Senate for verification and forwarding to the Committee on Nominations and Elections for recall election. A Senator may be recalled by a majority vote of the voting members of the Senator's constituents.

2.1.4.3 A Senator may be expelled by a two thirds (2/3) vote of the Faculty Senate for any infraction of its rules or conduct deemed inappropriate, for missing three consecutive meetings without the written approval of the Senate Chair, or for failing to meet with his or her constituents at least quarterly (electronic or telephonic meetings are acceptable).

2.1.4.4 In the event that any Senator resigns, is recalled, or is expelled as a member of the Faculty Senate, the Committee on Nominations and Elections shall conduct a special election to choose by majority vote a substitute Senator to serve the remainder of the Senator's term.

2.1.5 Faculty Senate Elections

2.1.5.1 Nominations for Senators shall be in accordance with procedures developed and published by the Faculty Senate. The Committee on Nominations and Elections will conduct the elections in each school.

2.1.5.2 In each School, Senators will be elected from a single list of nominated candidates. Full-time faculty in each School will vote for a number of nominees equal to the number of open seats allotted to that School. The nominees receiving the most votes will become Senators, provided that the balance of San Diego and regional representation required by 2.1.2.1 is maintained. If the nominees receiving the most votes do not include faculty from San Diego County and/or regional campuses as required by 2.1.2.1, the nominees receiving the most votes from those locations will be selected until that requirement is fulfilled. Once the Senators have been determined, the remaining nominee receiving the highest number of votes will become the Alternate Senator for that School.

2.1.5.3 Elections for Associate Senators will be conducted in the same manner as elections for Senators representing Schools. After the Associate Senators have been determined, the remaining nominee receiving the highest number of votes will become the Alternate Senator for the Associate faculty.

2.1.5.4 Senators shall be seated by July 1.

2.1.5.5 In the event that any voting member of the Full-time or Associate Faculty calls an election into question, the Committee on Faculty Rights and Welfare shall review the facts of the situation and report its findings to the Faculty Senate for appropriate action as the Faculty Senate may determine. No member of the school in question shall be involved in the review and fact finding.

- 2.1.5.6 The Faculty Senate can decide to hold elections at other times in exceptional circumstances in accordance with procedures developed and published by the Faculty Senate.

2.2 Officers of the Faculty Senate

Officers of the Faculty Senate consist of a Chair, a Vice Chair, and a Secretary. The Chair of the Faculty Senate shall be the official channel of communication between the Faculty and the administration on matters relating to the Senate. The officers are free to express their personal opinions on any matter on which they are consulted; but in representing the Faculty and the Faculty Senate, the officers may make only those recommendations on behalf of the Faculty and the Faculty Senate that are expressly authorized by the Senate. In meetings with administration, the Faculty Senate Chair shall be accompanied by at least one (1) of the Senate Officers. If none of the Senate Officers are available, the Senate Chair shall be accompanied by one (1) of the Senators.

2.2.1 The Chair

- 2.2.1.1 The Faculty Senate shall nominate a candidate or slate of candidates selected from the members of the Full-time Faculty to stand for election as the Chair of the Faculty Senate. Following guidelines established by the Committee on Nominations and Elections and approved by the Faculty Senate, the Faculty members at large will then elect a Chair by majority vote of those Faculty voting from the slate presented by the Faculty Senate. If there is only one (1) candidate, the candidate must still obtain a majority of the votes cast by the Full-time and Associate Faculty. The ballot for a one (1) candidate slate should read “Yes” or “No.” If the candidate receives less than a majority vote, then a new slate must be prepared by the Faculty Senate and a new election held. The Chair shall serve for two (2) Academic Years and will also serve as the representative to the Board of Trustees. The Chair of the Faculty Senate shall serve as an at-large representative of the Faculty.
- 2.2.1.2 The Chair shall provide leadership in representing the interests of the Faculty.
- 2.2.1.3 The Chair shall serve as the spokesperson for the Faculty and Faculty Senate.
- 2.2.1.4 As the Faculty representative to the Board of Trustees, the Chair shall attend any regularly scheduled Board of Trustees meetings and share faculty concerns as directed by the Faculty Senate.
- 2.2.1.5 The Chair shall nominate a Parliamentarian to serve the Faculty Senate subject to confirmation by the Faculty Senate.
- 2.2.1.6 The Chair shall nominate a Senate Archivist to serve the Faculty Senate subject to confirmation by the Faculty Senate.
- 2.2.1.7 The Chair of the Faculty Senate may vote only when the vote is taken by secret ballot or to break a tie.

2.2.2 The Vice Chair

2.2.2.1 The Faculty Senate shall annually elect a Vice-Chair from its membership to serve for one (1) Academic Year.

2.2.2.2 The Vice-Chair of the Faculty Senate shall assume the duties and responsibilities of the Chair of the Faculty Senate in the event that the Chair is unable to fulfill the duties and responsibilities of the office until an election can be held to replace the Chair.

2.2.2.3 If the Chair is unable to attend any regularly scheduled Board of Trustees meetings, the Vice-Chair or Secretary will attend the meeting on the Chair's behalf.

2.2.3 The Secretary

2.2.3.1 The Faculty Senate shall annually elect a Secretary from its membership, who shall serve in that capacity for one (1) Academic Year on the Faculty Senate.

2.2.3.2 At the direction of the Chair and in accordance with the procedures in Article 7, the Secretary shall (1) keep roll and notify the Chair when a seat on the Faculty Senate has become vacant; (2) maintain a complete record of Faculty Senate and Faculty meetings and prepare Senate and Faculty minutes; (3) supervise the distribution of copies of Faculty Senate resolutions and minutes to all Faculty in a timely manner; and (4) keep a record of all Faculty Senate committees and their memberships.

2.2.3.3 The Secretary shall advise and instruct each school and Region as to the time and details of upcoming elections.

2.2.4 Senate Archivist

The primary duties of the Archivist are to maintain a paper archive and a publicly available electronic archive of all Faculty Senate minutes and a separate paper archive and publicly available electronic archive of the full text of all motions passed by the Faculty Senate or the Faculty.

2.2.5 Recorder

The Chair of the Senate may nominate a Recorder to assist the Secretary in recording Faculty Senate and Faculty meetings and in composing the minutes of those meetings. The appointment of the Recorder is subject to confirmation by the Faculty Senate.

2.2.4 Replacement of Officers

Except as provided in Article 2.2.2.2, if the Chair of the Faculty Senate is for any reason unable to serve the full term for which the Chair was elected or is recalled pursuant to Article 2.2.7, the Faculty Senate shall call for an election to fill the vacancy. If there are less than six (6) months remaining in the Chair's term, the Vice-Chair will serve as the Chair until the end of the current term. A new Vice-Chair shall be elected by Faculty Senate. If there are more than six (6) months remaining in the term, the Faculty Senate shall nominate from its members a single or slate of candidates who shall then be put forth to the Faculty at large. Following the guidelines established by the Committee on

Nominations and Elections, the Chair shall be selected by majority vote of those Faculty voting. In the event that a similar situation should occur with the Vice-Chair or Secretary, the remaining Senators shall elect a replacement officer from the Faculty Senate who shall serve in such office until the end of the current Academic Year.

2.2.5 Recall of Faculty Senate Chair

2.2.5.1 A two-thirds (2/3) vote of the Faculty Senate or a petition signed by twenty percent (20%) of the Full-time Faculty can initiate a recall election. The petition will be sent to the Secretary of the Faculty Senate for verification and forwarding to the Committee on Nominations and Elections for the recall election. The Chair shall be subject to recall after two (2) or more consecutive unexcused absences, or for other Just Cause as defined in Article 1.1.5. A recall election shall be conducted by ballot sent by U.S. mail within ten (10) Days of verification to all voting members of the Full-time Faculty. If a majority of the Faculty returning ballots vote to recall the Chair, the Chair shall be removed from office.

2.2.5.2 As an alternative to recall of the Chair of the Faculty Senate, the Faculty Senate may conduct a vote for or against “No Confidence.” If a majority of the Faculty Senate pursuant to Article 2.3.1 vote “No Confidence,” then having lost the confidence of Faculty Senate membership, the Chair shall decide whether or not the Chair can be effective in the role of Chair, and accordingly, whether the Faculty would be best served by the Chair’s resignation.

2.3 Procedures of the Faculty Senate

2.3.1 Simple Majority Vote

All Official Actions of the Faculty Senate shall be by a simple majority vote when a quorum is present except where otherwise stated in the *Faculty Bylaws*.

2.3.2 Meetings

2.3.2.1 The meetings of the Faculty Senate will be guided, in general, by *Robert’s Rules of Order*.

2.3.2.2 The Faculty Senate shall meet regularly no less than ten (10) times per Academic Year. Some of the ten (10) meetings may be held at locations outside of San Diego. Special meetings may be called by the Chair or when so requested by at least three (3) of the Senators, provided that a quorum can be assembled. The Faculty Senate shall keep a record of its proceedings, which shall be accessible to the Faculty. The record shall include the names of the Senators who were present and absent. Such records shall be published in accordance with the provisions in Article 7.

2.3.2.2 The dates for regularly scheduled meetings of the Faculty Senate shall be published annually and monthly in the minutes of the Faculty Senate meetings.

2.3.2.3 Any Faculty member wishing to place an item on the agenda may do so by contacting the Chair of the Faculty Senate and making a request at least seven (7)

days prior to the meeting of the Faculty Senate. The Faculty shall have seven (7) days advance notice of the agenda in accordance with the provisions in Article 7.

2.3.2.4 While the agenda for the meeting shall be the order of business conducted by the Faculty Senate, it shall not preclude new agenda items from being made from the floor of the Faculty Senate prior to the approval of the agenda. Such matters may be added to the agenda by a majority vote of those voting Senators present. Matters that are proposed to be added to the agenda after it has been approved require a two-thirds (2/3) majority of those voting Senators present. While discussions can be held on these items, no voting will occur on any New Business unless it meets the criteria of 2.3.2.5.

2.3.2.5 The Faculty Senate may hear matters of urgency that cannot reasonably be deferred until the next meeting of the Faculty Senate. Matters are determined to be urgent by a two-thirds (2/3) vote of those voting Senators present. Motions brought from the floor that are determined to be urgent must pass by a two-thirds (2/3) vote of those voting Senators present.

2.3.2.6 Any member of the Faculty or other employees or agent of the University may observe any meeting of the Faculty Senate. Executive sessions of the Faculty Senate are open only to Senators and Alternate Senators.

2.3.2.7 Subject to prior approval by the Chair, any member of the Faculty or other visitor may speak to a particular agenda item subject to Faculty Senate procedures in Article 4.1.4; however, only Senators can vote.

2.3.3 Executive Session

The Faculty Senate shall have the right, upon a motion made and passed by a two-thirds (2/3) majority vote of the voting Senators present at a regular Faculty Senate meeting, to meet in a closed Executive Session. The Faculty Senate Chair may, by a majority vote of the voting Senators, include any guest whose participation or information is critical to the issue being discussed. The Chair may also call an Executive Session as needed.

2.4 Challenge of Faculty Senate Official Actions

2.4.1 Challenges

2.4.1.1 The members of the Faculty may challenge Official Actions of the Faculty Senate. The following procedures for a challenge shall apply:

2.4.1.1.1 Official Actions of the Faculty Senate may be challenged within a period of twenty (20) Days from the publication as provided in Article 7 of the minutes of the meeting at which such Official Action was taken.

2.4.1.1.2 Challenge of any Official Action of the Faculty Senate within the twenty (20) day period shall suspend implementation of the challenged Official Action before a special meeting of the Faculty for its consideration in person or through teleconference. Any member of the Faculty may attend such special meeting.

2.4.2 Notices

2.4.2.1 Within twenty (20) days from the publication of the minutes of the meeting at which the Official Action was taken, petitioner shall inform the Secretary of the Faculty Senate of petitioner's intent to challenge the Official Action in writing. A challenge petition must have the signatures of at least ten percent (10%) of the voting members of the Faculty. The Secretary shall inform the petitioner as to the number of voting members of the Faculty and the corresponding number of signatures that will be required to file the challenge petition. The Secretary will also advise the petitioner of the twenty- (20) day deadline to submit petitions to challenge the Official Action in Article 2.4.1.

2.4.2.2 After the Secretary has received a properly submitted petition, the Secretary shall inform the Chair of the Official Action being challenged. The Chair shall then call a special meeting of the Faculty to consider the petition. This special meeting shall be held within one month of the petition and notice of the meeting shall be published seven (7) Days prior to such meeting in accordance with the procedures in Article 7. The only business of this special meeting shall be the petition and related matters.

2.5 Bylaws

Subject to the Preamble in the *Faculty Policies*, the Faculty Senate shall be responsible for interpreting its own policies and procedures. The *Faculty Bylaws* and any amendments thereto are subject to the approval of the Faculty, the President, and the Board of Trustees.

ARTICLE 3 COMMITTEES OF THE SENATE

3.1 Membership and Terms

3.1.1 To conduct its business effectively, the Faculty Senate shall establish the standing committees in Article 3.3. These committees shall be coordinated by the Faculty Senate. A quorum for meetings of these committees shall be a majority of the members of each committee. Pursuant to Article 2.2.6.8, these committees shall be subject to the policies and procedures promulgated by the Faculty Senate.

3.1.2 The Faculty Senate shall elect at least one (1) Senator to serve on each standing committee. This Senator will serve as the Chair of the committee and will be responsible for convening the meetings, providing meeting reports to the Faculty Senate, and preparing a written end-of-the-year report on its work.

3.1.3 Standing committee members and their Chairs shall serve a one- (1) year term based upon the Academic Year. No member shall serve more than three (3) consecutive terms of office on the same standing committee.

3.1.4 When making appointments to standing committees, the Faculty Senate shall make an effort to balance the membership of each standing committee geographically and by all

schools. To this end, generally no Faculty member may serve on more than one (1) Faculty Senate standing committee in the same Academic Year.

- 3.1.5 Standing committee members may be removed by a majority vote of the voting members of the standing committee and approval of the Senate. Reasons for such removal may include non-participation or non-attendance at committee meetings.

3.2 Committee Reports and Minutes

3.2.1 Reports

After each of its meetings, the standing committee shall make a written report of its activities to the Faculty Senate. Special reports may be made to the Faculty Senate at the initiative of a standing committee or at the request of one of the officers of the Faculty Senate. Reports shall be made in written form.

3.2.2 Minutes

Minutes of the standing committee meetings shall be filed with the Secretary of the Faculty Senate by the standing committee Chair following each meeting.

3.3 Standing Committees of the Senate

The Faculty Senate shall maintain the following standing committees:

3.3.1 Committee on Academic Budgeting and Planning

3.3.1.1 Membership

The Faculty Senate will elect a member of the Faculty Senate to Chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.1.2 Duties and Responsibilities

3.3.1.2.1 This committee shall have access to those documents and to financial records that are reasonably necessary to achieve its objectives.

3.3.1.2.2 The administration will have substantive discussions with this committee on the development of the University budget.

3.3.1.2.3 This committee shall make reports to the Faculty Senate and to appropriate administrative officers concerning the allocation of the resources among various existing and proposed programs.

3.3.1.2.4 This committee shall serve as an advisory body to the President and administration on matters of Faculty welfare, employment, compensation, and professional development.

- 3.3.1.2.5 This committee shall engage in substantive discussions with the administration on all matters of compensation, including, without limitation, the annual scale adjustments, budget requests, travel policies and reimbursements, per diem expenses, and changes in the benefits package.
- 3.3.1.2.6 This committee shall review the Faculty benefits package periodically, but at least annually, to ensure its continued suitability.
- 3.3.1.2.7 The committee will annually review the mileage stipend and per diem allowance for Faculty. It will make a recommendation to the Faculty Senate on its findings. The Chair of this committee will meet with the administration at the direction of the Faculty Senate when appropriate to negotiate the stipend and per diem allotments.

3.3.2 Committee on Academic Personnel

3.3.2.1 Membership

- 3.3.2.1.1 The Faculty Senate will elect a member of the Faculty Senate to Chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.
- 3.3.2.1.2 Notwithstanding the provisions of Article 3.3.2.1.1, at least two (2) of the committee members must be at the rank of Professor or Associate Professor.

3.3.2.2 Duties and Responsibilities

- 3.3.2.2.1 This committee shall monitor the fair and impartial evaluation of Faculty through its review of all recommendations regarding Faculty promotion, reappointment, and merit pay increases made by School Personnel Committees, Department Chairs, School Deans, the Provost, and the University Faculty Personnel Committee, and the Official Actions made by the President regarding Faculty promotion, reappointment, and merit pay increases. The Committee shall report any problems or complaints regarding these processes to the Faculty Senate.
- 3.3.2.2.2 This committee shall promote, organize, and sponsor Faculty development programs and events.
- 3.3.2.2.3 This committee shall provide an annual written summative report to the Faculty Senate on its activities, and of any problems or issues raised in the reappointment, promotion, or merit processes.

- 3.3.2.2.4 This committee shall confer with the Provost and Vice President for Academic Affairs regarding requests for sabbatical leave before final recommendations are forwarded to the President. The Provost will inform the Chair of the Committee on Academic Personnel when a request for sabbatical leave is received and arrange for a time that is mutually agreed upon to meet and discuss the requested sabbatical.
- 3.3.2.2.5 The committee shall consider and report on matters concerned with the welfare of the Faculty, such as conditions of employment, and facilities for teaching, research, and faculty offices.
- 3.3.2.2.6 This committee shall review the form and substance of the Faculty contracts to ensure fairness and impartiality.

3.3.3 Committee on Academic Policy and Planning

3.3.3.1 Membership

The Faculty Senate will elect a member of the Faculty Senate to Chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.3.2 Duties and Responsibilities

- 3.3.3.2.1 This committee shall monitor and review on its own initiative, or at the initiative of the Faculty Senate, any University policy, whether in writing or in practice, that materially affects the primary work of the Faculty (*i.e.*, teaching, scholarship, service) with special regard to what the policy is, how or where it was originated, and the manner of its implementation.
- 3.3.3.2.2 This committee shall consider and make recommendations to the Faculty Senate concerning issues of academic philosophy, standards, and conduct that are written or in practice.
- 3.3.3.2.3 This committee shall inform the Faculty Senate concerning the disposition of requests or recommendations regarding University policy that have been directed to the University administration by the Faculty Senate. The Faculty Senate will advise this committee of any recommendations regarding University policy it has made to the administration.
- 3.3.3.2.4 This committee shall be charged with the responsibility of upholding the *Faculty Policies* and *Faculty Bylaws* to report all violation to the Faculty Senate.
- 3.3.3.2.5 This committee shall be charged with the responsibility of monitoring and reviewing the educational technology policies and procedures

developed by the University, whether in written form or in practice.
This committee shall report its findings to the Faculty Senate.

3.3.4 Committee on Faculty Governance and Bylaws

3.3.4.1 Membership

The Faculty Senate will elect a member of the Faculty Senate to Chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.4.2 Duties and Responsibilities

3.3.4.2.1 This committee shall continuously review the *Faculty Bylaws*, *Faculty Policies*, *Part-Time Faculty Policies*, and other documents related to faculty governance and recommend to the Faculty Senate such changes as deemed desirable.

3.3.4.2.2 This committee shall review the *Faculty Bylaws*, *Faculty Policies*, and the *Part-time Faculty Policies* to ensure that the integrity and spirit of language are maintained.

3.3.5 Committee on Nominations and Elections

3.3.5.1 Membership

Membership for this committee shall be comprised of two (2) elected representatives from each school, one (1) representative from Faculty Senate elected by majority vote, and one (1) representative appointed by the Office of the Provost. The representatives from each School will be elected by the School rather than appointed by the Faculty Senate. If a School fails to elect at least one representative, the Senate will invite a Faculty member from that School to serve for a one-year term. An elected representative will be sought for the next available election. The Chair of the committee will be elected by this committee by July 30 of each year. The committee will give regular reports and be accountable to the Faculty Senate. The reports will be given by the Chair of the committee even if the Chair is not a member of the Faculty Senate.

3.3.5.2 Terms and Length of Service

Each member of the committee will serve a two (2) year term. A committee member may serve no more than two (2) consecutive terms. Terms will be staggered in order to insure the continuity and consistent application of standards.

3.3.5.3 Duties and Responsibilities

3.3.5.3.1 This committee will work to insure a fair, accurate and timely nomination and election process. This committee is responsible for the

following: (1) identifying open positions; (2) sending out a call for nominations; (3) determining eligibility of voters and nominees; (4) preparing ballots; (5) sending out the ballots; (6) receiving ballots; (7) counting the votes; (8) verification and validation of the process; (9) announcing results; and (10) storing ballots for an audit trail. Administrative support for this committee and the Chair of the committee in preparing, reproducing, mailing, receiving, and counting ballots will be forthcoming from the Provost's office.

3.3.5.3.2 The committee will also keep track of the membership of each elected committee including election date, length of term, and number of terms of each committee member.

3.3.5.3.3 Although members are elected directly by the Faculty rather than appointed by the Faculty Senate, this committee will operate in all other respects as a standing committee of the Faculty Senate and subject to direction by the Faculty Senate. Should the committee encounter questions regarding the interpretation of the *Faculty Policies, Bylaws*, or other policy documents during the conduct of its duties and responsibilities, it should request clarification of those policies from the full Faculty Senate.

3.3.5.3.4 This committee will review on an annual basis the nominating and balloting procedures and recommend any changes to the Faculty Senate by June 1.

3.3.6 Committee on Faculty Rights and Welfare

3.3.6.1 Membership

The Faculty Senate will elect a member of the Senate to Chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4 and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.6.2 Duties and Responsibilities

3.3.6.2.1 Any Full-time or Associate Faculty member may request a review of processes related to Faculty welfare. Upon the approval of the request by the majority of Faculty Senate, the Review and Grievance Committee will review the process and report their recommendations to the Faculty Senate.

3.3.6.2.2 This committee shall participate in the selection of review panel members as provided in Article 11 in the 2009 *Faculty Policies on Faculty Grievances*.

3.3.6.2.3 This committee shall serve as the committee to review all elections. This committee shall commence its review by the request of one (1) or more Full-time or Associate Faculty members. This committee,

upon the request by the majority of Faculty Senate, will review any alleged election irregularities or grievances.

3.3.6.2.3 This committee, upon the request by the majority of Faculty Senate, will review any elections for vacancies.

3.3.7 Committee on Faculty Development Plans and Policies

3.3.7.1 Membership

The Faculty Senate will elect a member of the Senate to Chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.7.2 Duties and Responsibilities

3.3.7.2.1 This committee shall advise the Faculty Senate on matters of policy concerning Faculty Development Plans and on matters affecting the educational environment in which Faculty work.

3.3.7.2.2 This committee shall develop guidelines for proposals for Faculty development and development funding.

3.3.7.2.3 This committee shall provide a written report to the Provost on the disbursement of Faculty development funds.

3.3.8 Committee on Research and Scholarship

3.3.8.1 Membership

The Faculty Senate will elect a member of the Faculty Senate to Chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee. A minimum of two (2) members should be at the rank of Professor or Associate Professor.

3.3.8.2 Duties and Responsibilities

3.3.8.2.1 This committee shall advise the Faculty on scholarly activities including research, writing, presentations, publications, and media development.

3.3.8.2.2 This committee shall conduct assessment regarding the research and scholarship activities provided by the Faculty Senate.

3.3.9 Committee on Online and Educational Technology

3.3.9.1 Membership

The Faculty Senate will elect a member of the Faculty Senate to chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.9.2 Duties and Responsibilities

3.3.9.2.1 This committee shall review proposed new educational technologies before they are adopted or instituted, and will make recommendations to the Faculty Senate.

3.3.9.2.2 This committee shall review and make recommendations to the Faculty Senate regarding policies and procedures for teaching online, review and recommend policies and procedures regarding Faculty rights, ownership and compensation for development of online courses, and participate in discussions regarding online infrastructure.

3.3.9.2.3 This committee shall be charged with the responsibility of monitoring and reviewing the educational technology policies and procedures developed by the University, whether in written form or in practice. This committee shall report its findings to the Faculty Senate.

3.3.10 Regional Committee

3.3.10.1 Membership

The Faculty Senate will elect a member of the Senate to Chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.10.2 Duties and Responsibilities

This committee shall review regional issues and concerns and present recommendations to the Faculty Senate to help maintain consistency of resources and communication across the University.

3.3.11 Spring Symposium Committee

3.3.11.1 Membership

The Faculty Senate will elect a member of the Faculty Senate to chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty

Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.11.2 Duties and Responsibilities

3.3.11.2.1 This committee shall develop a plan for all activities scheduled to occur during the Spring Symposium and submit it to the Faculty Senate for approval. Once approved by the Faculty Senate, the committee will be responsible for the implementation of the plan.

3.3.11.2.2 This committee will propose dates for the following year's Spring Symposium in the January Faculty Senate meeting. These dates will be chosen so as not to conflict with graduation dates, scheduled University breaks or holidays, or the final week of classes. The dates will be approved by a vote of the Faculty Senate.

3.3.12 Committee on Academic Freedom and Responsibility

3.3.12.1 Membership

The Faculty Senate will elect a member of the Faculty Senate to chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.12.2 Duties and Responsibilities

3.3.12.2.1 This committee shall research issues and complaints related to the exercise of academic freedom at the University. It shall report the results of this research to the Faculty Senate.

3.3.12.2.2 This committee shall study and make recommendations to the Faculty Senate on rules, procedures or processes related to academic freedom at the University.

3.3.12.2.3 This committee shall conduct continuous and on-going research on the latest developments related to academic freedom in the American universities and generate timely and periodic reports for the Faculty Senate.

3.3.12.2.4 This Committee shall organize and conduct at least one annual lecture or panel discussion on a topic related to academic freedom of the faculty.

3.3.13 Committee on Shared Governance

3.3.13.1 Membership

The Faculty Senate will elect a member of the Faculty Senate to chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee.

3.3.13.2 Duties and Responsibilities

3.3.13.2.1 This Committee shall research issues and complaints related to the process and application of shared governance at the University. It shall report the results of this research to the Faculty Senate.

3.3.13.2.2 This Committee's Chair or Chair's designee shall participate on any university-wide assessment of shared governance, such as is recommended by the August 10, 2010 report of the President's Task-force on Shared Governance.

3.3.13.2.3 This Committee shall organize at least one annual lecture or panel discussion on a topic related to the exercise and application of shared governance at the University.

3.3.14 Committee on Part-time Faculty

3.3.14.1 Membership

The Faculty Senate will elect a member of the Faculty Senate to chair the committee. Based on the number of applications to serve on the committee, the Chair of the committee shall select members pursuant to 3.1.4, and the Faculty Senate will vote to confirm the committee members. Every effort will be made to confirm at least seven (7) and generally not more than nine (9) members of the Faculty to serve on the committee. A minimum of three (3) members should be Associate Faculty.

3.3.14.2 Duties and Responsibilities

3.3.14.2.1 This committee will research issues and complaints related to the work and welfare of Associate and adjunct faculty. It will report the results of such research to the Faculty Senate.

3.3.14.2.2 This committee will propose changes to written or other policies and procedures that affect part-time faculty.

3.3.14.2.3 This committee will conduct an annual survey of part-time faculty to solicit their input on issues related to the work and welfare of adjunct faculty.

3.4 Special Committees

- 3.4.1 The Faculty Senate shall also appoint such special committees as it deems advisable. The membership of such committees may include Senators, members of the Faculty, and such ex officio members as determined at the discretion of the Faculty Senate.
- 3.4.2 Except as otherwise provided, the procedures described in Article 3.1 shall be applicable to any special committee.

ARTICLE 4

FACULTY GOVERNANCE, MEETINGS, RECOGNITION OF FACULTY, AND ACADEMIC RESPONSIBILITIES

4.1 Faculty Meetings

4.1.1 Meetings

4.1.1.1 The Faculty shall meet at least twice per Academic Year. One (1) meeting shall be in the fall during the Fall Assembly and one (1) meeting shall be in the spring during the Faculty Senate Spring Symposium. In the event that the Fall Assembly or Spring Symposium are not held, the Faculty Senate will call for a University-wide meeting of the Faculty in the fall and spring of each Academic Year. The Secretary of the Faculty Senate will keep a record of the proceedings and attendance.

4.1.1.2 The dates for regularly scheduled meetings of the Faculty shall be published at least twenty-one (21) Days in advance in accordance with the procedures in Article 7.1.2.

4.1.1.3 All Official Actions of the Faculty shall be by majority vote of those voting by secret ballot, except where otherwise stated in these *Faculty Bylaws*.

4.1.1.4 The Chair of the Faculty Senate may call special meetings of the Faculty and Faculty Senate as needed. The Chair shall provide at least a seven- (7) Day advance notice to each Faculty member as provided in Article 7.2.2.

4.1.2 Quorum

A quorum for University-wide Faculty meetings shall consist of a majority of the entire Full-time and Associate faculty.

4.1.3 Parliamentary Procedure

The rules contained in the current edition of *Robert's Rules of Order* shall govern Faculty meetings in all cases to which they are applicable and in which they are not inconsistent with the *Faculty Bylaws* and special rules of order the Faculty may adopt.

4.1.4 Visitors

Except as otherwise provided in these *Faculty Bylaws*, any member of the Faculty may attend a University-wide meeting of the Faculty. Other visitors must confer with the Chair of the Faculty Senate before attending the meeting in question.

4.2 Faculty Elections

- 4.2.1 The Committee on Nominations and Elections conducts elections in accordance with the procedures established by the Committee on Nominations and Elections and approved by the Faculty Senate as referred to in Article 3.3.5.
- 4.2.2 Elections to the School Personnel Committees and University Faculty Personnel Committee will be conducted by the Committee on Nominations and Elections. Faculty in each school will elect the members of these committees by May 15 of each year in accordance with provisions in Articles 5.2.2 and 5.2.1.
- 4.2.3 Elections to the Faculty Senate, Graduate Council, and Undergraduate Council will be conducted by the Committee on Nominations and Elections. Faculty in each school will elect the members of these governing bodies by May 15 of each year in accordance with provisions in Articles 2.1.4, 5.1.2 and 5.1.3.
- 4.2.4 Special elections for the above governing bodies are conducted by the Committee on Nominations and Elections as the need arises.
- 4.2.5 Each school shall establish an Academic Affairs Committee to review and monitor the quality of its programs. In those schools in which members are elected to the committee, the election will be conducted by the Committee on Nominations and Elections.
- 4.2.6 The counting of ballots in any elections shall be open to visitors.

4.3 Department Chairs

- 4.3.1 Department Chairs in accordance with the *Faculty Policies*, are Full-time Faculty members with all the rights and responsibilities of other Full-time Faculty members, except as noted in Article 4.3.4.
- 4.3.2 Department Chairs are appointed by the School Dean in collaboration with the department Full-time Faculty.
- 4.3.3. The length of service for a Department Chair shall be three (3) years. Department Chairs may serve subsequent terms upon reappointment by the School Dean in collaboration with the department Full-time Faculty through a systematic review process.
- 4.3.4 Department Chairs are not eligible to serve on the Undergraduate or Graduate Councils, the School Personnel Committee, or the University Faculty Personnel Committee.

4.4 Creation/Disbanding of Schools and Departments

- 4.4.1 Whenever the creation or disbanding of a school is considered, the President and the Provost will engage in substantive discussion with the School Dean, the School's Faculty, the Faculty Senate, and the Undergraduate and Graduate Councils before making a recommendation to the Board of Trustees about the creation or disbandment of a school.

The Faculty shall be given no less than six (6) months notice of the time and place of such meetings. Faculty should report any concerns to the Faculty Senate.

- 4.4.2 Whenever the creation or disbanding of a department is considered, the President, the Provost, and the School Dean will engage in substantive discussion with the School Dean, the School's Faculty, the Faculty Senate, and the Undergraduate and Graduate Councils before making a recommendation to the Board of Trustees about the creation or disbandment of a department. The Faculty shall be given no less than three (3) months notice of the time and place of such meetings. Faculty should report any concerns to the Faculty Senate.

4.5 Recognition of Faculty Academic Work

4.5.1 Criteria for Dr. Jerry C. Lee Faculty Senate Outstanding Faculty Service Award

- 4.5.1.1 Any Faculty member may nominate a Faculty member for the Outstanding Service Award by April 1 of each Academic Year. The nominations will be sent to the Chair of the Faculty Senate.

be a Full-time or Associate faculty member.

- 4.5.1.2 The Faculty member must have held the position of Full-time or Associate faculty member at the University for four (4) years prior to the nomination.

- 4.5.1.3 A Faculty member must submit to the Faculty Senate upon nomination a written reflection concerning the Faculty member's service.

- 4.5.1.4 The Faculty Senate will select by secret ballot the final candidate for the Outstanding Service Award after reviewing the written reflections. The finalist's name will be sent to the President.

4.5.2 Criteria for the Distinguished Teaching Award

- 4.5.2.1 The Faculty member must have held position of Full-time or Associate faculty at the University for four (4) years prior to the nomination. A Faculty member may self-nominate or be nominated by a department or another Faculty member.

- 4.5.2.2 The Faculty member must submit upon nomination a written reflection concerning the Faculty member's teaching to the Chair of the University Faculty Personnel Committee by April 15.

- 4.5.2.3 The University Faculty Personnel Committee will select by secret ballot the final candidate for the Outstanding Teaching Award after reviewing the written reflections. The finalist's name will be sent to the President.

ARTICLE 5

FACULTY GOVERNANCE AND ADVISORY BODIES

5.1 Governance Bodies

The Faculty Senate, Graduate Council, and Undergraduate Council are the bodies that represent the Faculty in shared governance matters, as set forth in the *Faculty Policies*. Because they play a separate and distinct role in the curricular approval process, department Chairs may not serve on School Academic Affairs Committees, the Undergraduate Council, or the Graduate Council.

5.1.1 Faculty Senate (See Article 2)

5.1.2 Graduate Council

The Graduate Council is the representative body of the Graduate Faculty and graduate student body. Its purpose is to assure excellence and quality control of graduate education.

The duties and responsibilities of the Graduate Council are to

5.1.2.1 Develop graduate policies, and amendment/revisions to the *Graduate Policies*, for submission to the Graduate Faculty for approval.

5.1.2.2 Approve or reject proposals for graduate programs and courses presented through the academic review process.

5.1.2.3 Ensure the maintenance and improvement of academic quality of graduate education.

5.1.2.4 Participate in University-wide strategic planning processes with respect to graduate education.

5.1.2.5 Oversee graduate program review in collaboration with the Provost.

5.1.2.6 Respond to other graduate education concerns brought to the Graduate Council by members of the Graduate Faculty or the Faculty Senate.

5.1.2.7 Respond to special graduate education concerns that may be referred by the President or Provost.

5.1.2.8 Review and make recommendations for changes to the graduate section of the *General Catalog*.

5.1.2.9 The Graduate Council shall consist of two (2) Graduate Faculty representatives from each school or college, and one (1) Adjunct Faculty from the University at large, plus one (1) student representative. Each member will serve a two (2) year term and no more than two (2) consecutive terms. Terms will be staggered in order to insure continuity and consistent application of standards.

5.1.3 Undergraduate Council

The Undergraduate Council is the representative body of the Faculty charged with ensuring the excellence and academic quality of undergraduate education.

The duties and responsibilities of the Undergraduate Council are to

- 5.1.3.1 Develop undergraduate policies, and amendments/revisions to the *Undergraduate Policies*, for submission to the Faculty for approval;
- 5.1.3.2 Approve or reject proposals for undergraduate programs and courses presented through the academic review process;
- 5.1.3.3 Ensure the maintenance and improvement of the academic quality of undergraduate education;
- 5.1.3.4 Participate in University-wide strategic planning processes with respect to undergraduate education;
- 5.1.3.5 Oversee undergraduate program review in collaboration with the Provost's Representative;
- 5.1.3.6 Review and make recommendations for changes to the undergraduate section of the *General Catalog*.
- 5.1.3.7 The Undergraduate Council shall consist of two (2) Faculty representatives from each school and college plus one student representative. A new student representative will be selected each year. Undergraduate Council members will serve two (2) year terms and no more than two (2) consecutive terms. Terms will be staggered in order to insure continuity and consistent application of standards.

5.1.4 School Academic Affairs Committees

- 5.1.4.1 Each school shall establish an Academic Affairs Committee. Full-time Faculty and Associate Faculty are eligible to serve on the committee.
- 5.1.4.2 In those schools in which members are elected to the committee, the committee shall not exceed nine (9) members. Each member of the committee will serve a two (2) year term, and may not serve more than two (2) consecutive terms. Terms will be staggered in order to insure continuity and consistent application of standards.
- 5.1.4.3 The School Academic Affairs Committees review curriculum proposals, monitor the quality of school's programs, and make recommendations to the School Dean concerning academic and curricular policy.

5.2 Advisory Bodies

Because they play a separate and distinct role in the faculty evaluation processes, department Chairs may not serve on School Personnel Committees or the University Faculty Personnel Committee.

5.2.1 The University Faculty Personnel Committee

- 5.2.1.1 This committee shall be comprised of Faculty members at the rank of Professor, Clinical Professor, Associate Professor, or Clinical Associate Professor. The Faculty for each school will elect by secret ballot two (2) representatives following procedures established by the Committee on Nominations and Elections. Department Chairs shall not be members of the University Faculty Personnel Committee. A faculty member cannot serve on both the School Personnel Committee and the University Faculty Personnel Committee in the same year.
- 5.2.1.2 Each member of the committee will serve a two (2) year term. A faculty member may not serve consecutive terms on the Committee. Terms of School representatives to the University Faculty Personnel Committee will be staggered, so that one position is filled by a new member each year.
- 5.2.1.3 Each year the committee will elect from its members a Chair and a Vice Chair. In order that these positions be filled by the beginning of the academic year, the senior ranking faculty member on the newly elected Committee shall convene a meeting of the Committee prior to June 30 to elect the Chair and Vice Chair.
- 5.2.1.4 The University Faculty Personnel Committee will evaluate each Faculty member's dossier and the letters of recommendation from the Department Chair, School Personnel Committee and the School Dean in regards to teaching, scholarship, and service. The committee will issue a single recommendation letter for each Faculty member assessed, unless there is a minority opinion which will be noted in that letter.
- 5.2.1.5 In the event a member cannot serve out his or her term, a Faculty member holding the required rank shall be elected by the Faculty of the School following the procedures developed by the Committee on Nominations and Elections to fill the vacancy on the University Faculty Personnel Committee.
- 5.2.1.6 Faculty members serving on the University Faculty Personnel Committee whose dossiers are under review for reappointment and/or promotion must recuse themselves from any committee discussions or Official Actions on their own file.
- 5.2.1.7 Faculty members serving on the University Faculty Personnel Committee whose Department Chairs' dossiers are under review for reappointment and/or promotion must recuse themselves from Committee discussions or Official Actions on that file.

5.2.2 School Personnel Committees

- 5.2.2.1 Each school shall establish a School Personnel Committee that shall be elected by secret ballot before the end of each Academic Year following the procedures given by the Committee on Nominations and Elections. This committee shall be comprised of at least three (3) and no more than six (6) Faculty members with the rank of Associate Professor, Associate Clinical Professor, Professor, or Clinical Professor with a minimum of three (3) years of full-time faculty experience. If there are not sufficient faculty of appropriate rank in a School to fulfill the minimum requirement of three members, then Assistant Professors and Assistant Clinical Professors with a minimum of three (3) years of full-time faculty experience may be considered. The Faculty of each school will determine the size of the committee. Department Chairs shall not be members of the School Personnel Committee. A Faculty member may not serve on both the School Personnel Committee and the University Faculty Personnel Committee in the same year.
- 5.2.2.2 Elections to School Personnel Committees will be for a two (2) year term, effective on the first day of each academic year (July 1). A Faculty member may not serve consecutive terms on the School Personnel Committee. Terms on the School Personnel Committee will be staggered to provide continuity and consistent application of standards.
- 5.2.2.3 The members of the School Personnel Committee will select a Chair. The Chair will be responsible for calling the meetings and setting the agenda. The senior ranking professor shall convene the meetings until a chair has been elected. In order that this position be filled by the beginning of the academic year, the senior ranking faculty member on the newly elected Committee shall convene a meeting of the Committee prior to June 30 to elect the Chair.
- 5.2.2.4 The School Personnel Committee members will evaluate each Faculty member based on the dossier and the letters of recommendation from the Department Chair. The Committee will issue a single recommendation letter for each Faculty member. If there is a minority opinion, it will be noted in that letter.
- 5.2.2.5 Faculty members serving on the School Personnel Committee whose dossiers or letters are under review for reappointment, promotion, or merit pay increase must recuse themselves from any committee discussions or Official Actions on their own file.
- 5.2.3 Research Council
- 5.2.3.1 This committee consists of at least one (1) and no more than two (2) Faculty members from each school.
- 5.2.3.2 Each member of the committee will serve a two- (2) year term. A committee member may serve no more than two (2) consecutive terms. Terms will be staggered in order to insure continuity and consistent application of standards.
- 5.2.3.3 The mission of the Research Council is to provide leadership that enhances the University's distinction in research, scholarship, and creative activities. The Research Council, which reports to and advises the Provost, identifies needs of the Faculty and other researchers, analyzes services, policies and procedures that

affect research, and makes recommendations that will facilitate the research process and researcher productivity.

5.2.3.4 Members of the Research Council are appointed to represent their schools by their School Deans with the concurrence of the Provost. Members must be Faculty members who have an exemplary record in research, scholarship, or creative endeavor.

5.2.3.5 Each School Dean will appoint a Faculty committee to select by June 30 a piece of premier research, scholarship, or creative work which will be published or adapted for publication in the annual National University Faculty Scholar: A Directory of Faculty Research, Scholarship, and Creative Work. The authors, investigators, or creators of the works published will be considered to be the nominees for the annual Faculty Distinguished Scholarship Award. The Research Council shall review the work of the nominees and select one of them to represent the Faculty as the recipient of the annual Faculty Distinguished Scholarship Award which will be presented at the Fall Academic Assembly.

5.2.4 School Academic Assessment Committees

Comprised of representatives of a School or College, this committee coordinates the school level Assessment Program in support of the school's programs.

5.2.5 University Academic Assessment Committee

Comprised of representatives of the School Academic Assessment Committees, the Undergraduate Council and Graduate Council Assessment Committees, the Office of Institutional Research, and the Associate Provost, this committee coordinates the University Assessment Program in support of the Undergraduate and Graduate Assessment roles.

5.2.6 Council of Chairs

The Council of Chairs shall be comprised of the Department Chairs from all Schools and shall serve as a consultative body whose duties and responsibilities include studying matters related to academic programs and making recommendations to the President, Provost, the School Deans, the Faculty Senate, and the Graduate and Undergraduate Councils.

ARTICLE 6 AMENDMENTS, REVISIONS, AND MODIFICATIONS

6.1 Amendments to the *Faculty Policies* and *Faculty Bylaws* may be initiated by a majority vote of the Faculty Senate or by a written request signed by ten percent (10%) of the voting members of the Faculty. Proposed amendments shall be submitted to the Faculty in writing. The Committee on Nominations and Elections will conduct a secret ballot vote of the voting members of the Faculty on all proposed amendments. Voting will be conducted in person at University-wide assemblies or by mail. An amendment is adopted by an affirmative vote of a majority of the

eligible Faculty. The President and the Board of Trustees must approve all amendments to the *Faculty Bylaws* and *Faculty Policies*.

- 6.2** Members of the Faculty currently serving in a governance role who are affected by changes to the *Faculty Bylaws* shall be entitled to complete the terms to which they have been elected or appointed.

ARTICLE 7 PUBLICATIONS AND NOTICE PROCEDURES

7.1 Publications of Minutes and Notices

7.1.1 Faculty Senate

The minutes, notices, and agendas shall be e-mailed to all Full-time and Associate Faculty members' University e-mail addresses and posted to NU-FAST. Such electronic publication shall constitute notice to all Faculty of the business conducted by the Faculty Senate at its meeting.

7.1.2 Meetings of the Faculty

The minutes, notices, and agendas shall be e-mailed to all Full-time and Associate Faculty members' University e-mail addresses and posted to NU-FAST. Such an electronic publication shall constitute notice to all Faculty of the business conducted by the Faculty at its meetings.

7.1.3 Other Committees

The minutes, notices, agendas, and other documents that are required to be disbursed or published by the committees shall be e-mailed to the appropriate individuals' University e-mail addresses and posted to NU-FAST. Such electronic publication shall constitute notice to all Faculty of the business conducted by the committees at their meetings.

7.2 Alternative Notice Procedures

- 7.2.1 Notwithstanding the provision of Article 7.1, the Faculty Senate may utilize other means of publication of Faculty Senate business provided such other means are reasonably calculated to provide notice to Faculty of such business.

POLICIES FOR GRADUATE PROGRAMS

COMMITTEE:

Mary E. Hazzard, Chair, School of Education
Jacqueline Caesar, College of Letters and Sciences
Pradip Peter Dey, School of Engineering and Technology
Tom Green, Senior Vice President for Academic Affairs
Gary Hoban, School of Education
Kara Lee Miller, Director of Academic Program Management
Marilyn Moore, School of Education
Ismail Sebetan, School of Business and Management
David Smith, School of Business and Management
B. Charles Tatum, College of Letters and Sciences
Alyn Warren, School of Media and Communication

**Revisions Approved by
Board of Trustees
July 7, 2007**

Table of Contents

	Page
1.0 Graduate Council	3
1.1 Purpose.....	3
1.2 Duties and Responsibilities.....	3
1.3 Graduate Council Membership	4
1.4 Graduate Council Procedures	5
2.0 Graduate Faculty	12
2.1 Graduate Faculty I Qualifications.....	12
2.2 Graduate Faculty II Qualifications.....	13
2.3 Graduate Faculty III Qualifications	14
2.4 Presidential Faculty Appointees	14
2.5 Visiting Professors	14
3.0 Academic Leadership and Support	15
4.0 Program Quality.....	16
5.0 Graduate Program Approval Process.....	19
5.1 Approval Routing.....	19
5.2 Proposals Requiring Graduate Council Approval.....	19
5.3 Academic Changes Not Requiring Graduate Council Approval	20
6.0 Graduate Program Review.....	21
7.0 Amendments to the Graduate Policies.....	22

GRADUATE POLICIES

These *National University Graduate Policies*, in conjunction with the *Guidelines for Graduate Programs*, are provided to guide faculty and administrators in planning, developing, delivering, evaluating, and improving graduate education.

1.0 The Graduate Council

1.1 Purpose

The Graduate Council is the representative body of the University's Graduate Faculty and graduate student body. Its purpose is to assure excellence and quality control of graduate education by setting standards for faculty, admissions, curriculum, and periodic review. Toward that end, the goal of the Graduate Council is to make Faculty efforts toward academic changes a helpful and reinforcing experience so that Faculty members will be encouraged to engage in continuing program development and improvement.

1.2 Duties and responsibilities

The duties and responsibilities of the Graduate Council are to:

- 1.2.1 Develop graduate policies, and amendment/revisions to the *Graduate Policies*, for submission to the Graduate Faculty for approval.
- 1.2.2 Approve or reject proposals for graduate programs and courses presented through the academic review process.
- 1.2.3 Ensure the maintenance and improvement of academic quality of graduate education.
- 1.2.4 Participate in university-wide strategic planning processes with respect to graduate education.
- 1.2.5 Oversee graduate program review in collaboration with the Provost and Vice president for Academic Affairs.
- 1.2.6 Respond to other graduate education concerns brought to the Graduate Council by members of the Graduate Faculty or the Faculty Senate.

- 1.2.7 Respond to special graduate education concerns that may be referred by the President, Provost/Vice President for Academic Affairs, or Associate Provost
- 1.2.8 Review and make recommendations for changes to the graduate section of the *General Catalog*.
- 1.2.9 Maintain liaisons with appropriate professional organizations such as the Council of Graduate Schools and with accrediting agencies regarding graduate education issues.

1.3 Graduate Council Membership

The Graduate Council shall consist of two (2) Graduate Faculty I from each School or College, three (3) Graduate Faculty II representatives, plus one (1) student representative. Each member will serve as a voting member for a two-year term and for no more than six (6) consecutive years.

- 1.3.1 Two Graduate Faculty I as referenced in Article 2.1 from each School or College will be elected to serve on the Graduate Council.
- 1.3.2 Graduate Faculty I representatives will be elected for a two (2) year term by Graduate Faculty I from each School or College. No member may serve more than six (6) consecutive years. Election for Graduate I representatives will be conducted by each School or College once a year in the spring. The term of the elected members will begin on July 1 of that year.
- 1.3.3 Three Graduate Faculty II each from different Schools/Colleges, will be appointed by the office of the Provost in consultation with the Dean and the Adjunct Academy to serve on the Graduate Council for two-year term. No member may serve more than six (6) consecutive years.
- 1.3.4 One graduate student representative will be appointed by the Provost for a one year term. This graduate student representative will be nominated by a School or College, with each School or College being represented on a rotating basis, as established by the *Graduate Guidelines*.
- 1.3.5 The Provost or Provost administrative designee is an *ex officio* nonvoting member of the Graduate Council.

- 1.3.6 Terms of office of Graduate Council members will be staggered to facilitate continuity on the Graduate Council. The Graduate Council and the Nominations and Elections Committee of the Faculty Senate shall establish the procedures for staggering the terms of members.
 - 1.3.7 If a new School or College is established, the initial first year graduate Faculty I representatives to the Graduate Council shall have staggered terms. One representative will be elected for a two-year term, and the second will be elected for a one-year term.
 - 1.3.8 The Graduate Council chairperson and vice-chair will be elected for a one-year term by the Graduate Council from its membership and may be re-elected. The election of the Graduate Council chairperson and vice-chair will be held at the first meeting of the Graduate Council that occurs after July 1 of each year.
 - 1.3.9 Each school will elect a Graduate Faculty I voting alternate representative for a two-year term. The voting alternate will attend meetings and cast votes any time that one of that school's regular Graduate Faculty I representatives cannot attend a particular meeting.
- 1.4 Graduate Council Procedures
 - 1.4.1 Agenda items of Graduate Council meetings shall be made public to the university community at least seven (7) days before each meeting.
 - 1.4.2 Graduate Council meetings are open to interested graduate faculty, administrators, and graduate students unless the Council has declared an executive session.
 - 1.4.3 The Graduate Council may convene an executive session for the discussion of confidential legal or personnel matters.
 - 1.4.4 The Graduate Council can take no formal action without a quorum (at least 50% of the Council faculty membership).
 - 1.4.5 All Graduate Council approvals of academic change requests shall be submitted to the Provost. Notification of the Provost's approval will be returned to those who submitted the proposals.

- 1.4.6 Graduate Council members are responsible for soliciting input from their constituents and for calling to their attention Graduate Council actions and proposals relevant to their interests and responsibilities.
- 1.4.7 Minutes of Graduate Council meetings shall be distributed to members of the graduate faculty, the chair of the Faculty Senate, deans, the President, and the Provost/Vice President for Academic Affairs. The minutes will record Graduate Council actions. When requested by any Council member, the count of the vote will also be recorded.
- 1.4.8 The Graduate Council shall establish and publicize a schedule of monthly meeting dates for the Council and Committees. .
- 1.4.9 When academic proposals for new degree programs, or for substantive changes in programs or courses, are being considered by the Graduate Council, at least one Council member from the relevant school shall be present in order for an action to be taken. In addition, the Graduate Council will not take action on an academic proposal unless at least one faculty member who has been involved in the development of the proposal is present at the meeting to discuss the proposal and answer questions.
- 1.4.10 The Graduate Council may adopt additional operational procedures from time to time as it deems necessary.
- 1.4.11 Conduct of Graduate Council meetings shall be guided by *Robert's Rules of Order, Newly Revised*.
- 1.4.12 Committees of the Graduate Council

The Graduate Council has standing committees and may appoint *ad hoc* committees as it deems appropriate. The chair of a standing committee shall be a member of the Graduate Council. Members of standing committees may be any graduate faculty member appointed by the Graduate Council. Members and the chair of *ad hoc* committees may be any graduate faculty members appointed by the chair of the Graduate Council.

1.4.12.1 Program Review Committee.

The purpose of this committee is to review all new graduate programs or courses, and any course or program modifications developed by the Schools or Colleges. Material should be submitted at least 15 days before the scheduled meeting at which the material will be reviewed.

1.4.12.1.1 Membership

Membership for this committee shall be comprised of seven (7) to ten (10) members of the University Graduate Faculty. The Chair of the committee will be nominated by the chair of the Graduate Council and be confirmed by the Graduate Council. Based on the number of applications to serve on the committee, the chair of the committee shall select members that include at least one representative from each school, and the Graduate Council will vote to confirm the committee members.

1.4.12.1.2 Duties and Responsibilities

a. New Programs/Courses

The Committee shall:

- Have access to all documents and reports that are reasonably necessary to achieve its objectives.
- Review the proposal submitted to the Graduate Council.
- Interview the members of the external review of the graduate programs and report the result to the Graduate Council.

b. Program Modification:

The Committee shall:

- Have access to all documents and reports that are reasonably necessary to achieve its objectives.
- Review proposals submitted by Schools/Colleges and report its findings to the Graduate Council.

- Work with schools to assure and improve the quality of academic programs and report its findings to the Graduate Council.
- c. Other Duties:
- Review existing Forms and recommend modifications as needed.
 - Work with the Office of Institutional Research and Assessment.
 - Communicate with other committees.

1.4.12.2 Graduate Academic Planning Committee.

The purpose of this standing committee is to work with graduate faculty and relevant administrators in both short- and long-range strategic planning for graduate education.

1.4.12.2.1 Membership

Membership for this committee shall be comprised of seven (7) to ten (10) members of the University Graduate Faculty. The Chair of the committee will be nominated by the chair of the Graduate Council and should be confirmed by the Graduate Council. Based on the number of applications to serve on the committee, the chair of the committee shall select members that should include at least one representative from each school, and the Graduate Council will vote to confirm the committee members.

1.4.12.2.2 Duties and responsibilities

a. Short-and long-range Strategic Planning

The Committee:

- Shall have access to all documents and reports that are reasonably necessary to achieve its objectives.
- Shall work with graduate faculty and relevant administrators to prepare short- and long-range strategic plan and report its proposal to the Graduate Council.

- Shall collaborate with the Office of Institutional Research and Assessment.
 - Shall work with Faculty Senate and organize Fall and Spring Symposium events (including inviting outside speakers) for the graduate faculty.
- b. Training: Provide workshops on preparing short- and long-range planning at least once a year and encourage all full-time faculty to participate. The content of the workshop should be reviewed and approved by the Graduate Council in advance.

1.4.12.3 Graduate Associate and Adjunct Faculty Affairs Committee.

The purpose of this committee is to be responsible for all academic issues related to part-time Graduate Faculty.

1.4.12.3.1 Membership

Membership for this committee shall be comprised of five (5) to ten (10) members of the University Graduate Associate and Adjunct Faculty. The Chair of the committee should be nominated by the chair of the Graduate Council and should be confirmed by the Graduate Council. Based on the number of applications to serve on the committee, the chair of the committee shall select members that should include at least one representative from each school, and the Graduate Council will vote to confirm the committee members.

1.4.12.3.2 Duties and responsibilities

The Committee shall:

- Have access to all documents and reports that are reasonably necessary to achieve its objectives.
- Study how to improve the quality of teaching by Associate and Adjunct

- graduate faculty at NU and report its finding to the Graduate Council.
- Study means that can be used to help graduate faculty to better engage within the University.
 - Engage graduate faculty involved in the development and offering of the graduate programs and courses and report its finding to the Graduate Council.
 - Involve Associate and adjunct graduate faculty to contribute to the assessment of the graduate programs and graduate courses at the university level and report its finding to the Graduate Council.
 - Facilitate communication between Associate and Adjunct graduate faculty and report its finding to the Graduate Council.
 - Advise the Graduate Council about the workload for Associate and Adjunct graduate faculty.
 - Review professional development offered for National University for Associate and Adjunct faculty and report its finding to the Graduate Council.

1.4.12.4 Graduate Assessment Committee.

The purpose of this committee is to review all assessments including the *Program Annual Review* and *Five-year Assessment* done in each School or College regarding graduate programs and make recommendations to the Graduate Council.

1.4.12.4.1 Membership

Membership for this committee shall be comprised of seven (7) to ten (10) members of the University Graduate Faculty representing each school. The Chair of the committee will be a member of the Graduate Council and should be confirmed by the Graduate Council. Based on the number of applications to serve on the committee, the chair of the committee shall select members

that should include at least one representative from each school. The Graduate Council will vote to confirm the committee members.

1.4.12.4.2 Duties and responsibilities

The Graduate Assessment Committee shall:

- Have access to all documents and reports that are reasonably necessary to achieve its objectives.
- Oversee the assessment of graduate programs and graduate courses at the university level.
- Review the assessment tools used by each school and report its finding to the Graduate Council.
- Provide leadership and training for all schools in graduate program assessment
- Establish the timeline for Program Annual Review and the Five Year Program Review.
- Monitor each graduate program assessment posting to Sharepoint and report the result to the Graduate Council.
- Work in collaboration with the Chairs of the School Assessment Committees to ensure that all schools are consistent in the planning and implementation of the assessment of graduate programs and report the result to the Graduate Council..
- Collaborate with the Office of Institutional Research and Assessment to facilitate the assessment of graduate programs.
- Establish procedures for selecting reviewers for formal external review of graduate programs. Set criteria for external program reviewers. Collaborate with the School Assessment Committee chairs to ensure the quality and validity of the external review.
- Monitor on an annual basis the Memorandum of Agreement for all

programs reviewed through the Five Year Review process.

1.4.12.4.3 Training

The Assessment Committee is responsible for training of the graduate faculty regarding the assessment of the graduate programs. In order to do so the Assessment Committee shall:

- Provide workshops for graduate faculty on assessment at least twice a year and encourage all full-time faculty to participate. The content of the workshop should be reviewed and approved by the Graduate Council in advance.
- Provide workshops on assessment in collaboration with the Adjunct Academy for Associate and Adjunct faculty at least two times a year. The content of the workshop should be reviewed and approved by the Graduate Council in advance.

2.0 Graduate Faculty

To ensure the quality of graduate programs at National University, faculty must be approved by the Graduate Council to teach in graduate programs. Candidates for Graduate faculty may teach up to (6) six months with approval of the lead faculty and Department Chair. The graduate faculty is responsible for assuring the quality of graduate education, and consists of three levels: Graduate Faculty I, Graduate Faculty II, and Graduate Faculty III. Presidential faculty appointees and visiting professors also may serve as graduate faculty consistent with their rank and teaching qualifications.

2.1 Graduate Faculty I Qualifications

Meeting the following criteria for Graduate Faculty I qualifies faculty members to teach graduate courses, direct graduate research, advise graduate students, develop graduate programs and curricula, be eligible to vote for members of the Graduate Council, and chair Graduate Council committees and subcommittees:

- 2.1.1 Primary assignment as teaching faculty and primary (50% or more) teaching assignment in graduate degree programs.
- 2.1.2 Doctoral degree from an accredited institution, or other terminal degree, deemed acceptable by the Graduate Council, in an appropriate field for the program.
- 2.1.3 Appointment as full-time faculty, with the rank of Assistant Professor, Associate Professor, or Professor.
- 2.1.4 Continuing scholarship as defined by the *Faculty Policies* criteria for promotion to the individual's present faculty tier.
- 2.1.5 Approved for appointment to Graduate Faculty with the recommendation of the department chair, school dean and Graduate Council. The appointment is subject to the dean's and Graduate Council approval every five years.

2.2 Graduate Faculty II Qualifications

Meeting the following criteria for Graduate Faculty II qualifies faculty members to teach graduate courses, be members of thesis committees, advise graduate students, develop graduate curricula, and serve on Graduate Council committees and subcommittees.

- 2.2.1 Primary assignment as teaching faculty and primary (50% or more) teaching assignment in graduate degree programs.
- 2.2.2 Doctoral degree from an accredited institution, or other terminal degree deemed acceptable by the Graduate Council, in an appropriate field for the program.
- 2.2.3 Appointment as an instructor, associate faculty or certified core adjunct faculty.
- 2.2.4 Continuing scholarship as defined by *Faculty Policies* criteria for the individual's present faculty tier.
- 2.2.5 Approved for appointment to Graduate Faculty with the recommendation of the department chair, school dean and Graduate Council. The appointment is subject to the dean's and Graduate Council approval every five years.

2.3 Graduate Faculty III Qualifications

Meeting the criteria for Graduate Faculty III qualifies faculty members to teach graduate courses, advise graduate students, participate with graduate I and II faculty members in graduate curriculum development, serve on thesis committees, and serve as capstone project advisors.

- 2.3.1 Assignment as teaching faculty and teaching assignment in graduate degree programs.
- 2.3.2 Doctoral degree from an accredited institution, or other terminal degree deemed acceptable by the Graduate Council, in an appropriate field for the program, or master's degree in a field appropriate to the program with at least three years of recent professional experience as evaluated by the department chair, dean, and Graduate Council, to be reflective of the academic standards set by the university.
- 2.3.3 Appointment as instructor, core adjunct faculty, adjunct faculty or full-time faculty whose teaching is in a graduate program.
- 2.3.4 Continuing scholarship, regular involvement in professional development, and evidence of teaching effectiveness.
- 2.3.5 Approved for appointment to Graduate Faculty by the school dean and Graduate Council. The appointment is subject to the dean's and Graduate Council approval every five years.

2.4 Presidential Faculty Appointees

Presidential faculty appointees may be eligible for Graduate Faculty I, II, or III depending upon their qualifications and recommendation of the lead faculty, department chair, dean, and the Graduate Council.

2.5 Visiting Professors

Visiting professors may be eligible for Graduate Faculty I, II, or III depending upon their qualifications and recommendation of the lead faculty, department chair, dean, and the Graduate Council.

3.0 Academic Leadership and Support

The academic quality of graduate degree programs requires leadership at all levels of the University.

- 3.1 The Board of Trustees and President support the development of quality graduate education by providing leadership and financial support commensurate with the unique needs of graduate education. Consideration is given to such factors as providing a sufficient number of qualified faculty to assure the quality of each graduate degree program at each location where it is offered and adequate financial and other support for instruction, clinical and field requirements, research, library, technology resources, and academic support services.
- 3.2 The Provost/Vice President for Academic Affairs works with the Graduate Council and the school deans in developing, improving, and maintaining the quality of graduate education.
- 3.3 The Provost/Vice President for Academic Affairs, or designee, serves as an *ex officio* nonvoting member of the Graduate Council and works in concert with the Graduate Council to address issues related to the quality of graduate education at all levels, including faculty, students, curricula, policies and procedures, and resources.
- 3.4 School deans provide leadership within the School/College by promoting program development, review, and improvement and by establishing and maintaining faculty governance structures and evaluation measures that ensure maintenance and improvement of academic quality.
- 3.5 Department chairpersons provide leadership within the department by developing faculty responsibility for academic decision making through faculty governance processes. Through regular department meetings, department chairs provide opportunities for colleagues to engage in dialogue, monitor academic quality, evaluate and recommend improvements in their academic programs, develop new programs and curricula, and make collective decisions that formalize and guide their program practices.
- 3.6 Graduate faculty leadership is required at several levels: program and department, school/college, school/college Academic Affairs Committees (AAC), School Assessment Committee (SAC), the Graduate Council, and the University Academic Assessment Committee (UAAC). Graduate faculty members are expected also to demonstrate leadership in external activities in their professional fields.

- 3.7 The graduate faculty and Graduate Council work cooperatively with their school colleagues, the Faculty Senate, and relevant administrators in influencing academic policies and practices, as well as faculty personnel policies and practices that affect the quality of graduate education.

4.0 Program Quality

- 4.1 To ensure the quality of graduate programs each graduate degree program should have an adequate number of qualified full-time Graduate Faculty level I and/or equivalent Graduate Faculty level II or III at each location (on site or online) at which the program is to be offered.
- 4.2 The workload assigned to graduate faculty should follow University and faculty Policies and take into account national standards recommended by the University's regional accrediting body and the Council of Graduate Schools.
- 4.3 The human, financial, and physical resources of academic programs are allocated on the basis of needs and objectives that are consistent with the academic plans of degree programs, as well as with school and university needs and priorities.
- 4.4 Approval of new graduate programs is guided by the results of the institution's academic planning process, the availability of qualified faculty, and the need for the proposed program weighed against the needs of existing programs.
- 4.5 Research concerning the use of human participants and animal subjects conducted by faculty and students in graduate programs and courses must follow the policies established by National University. All human subject research must follow the policies established by the Institutional Review Board (IRB). Proposals for human subject research projects must be submitted and approved by the IRB prior to conducting the study.
- 4.6 Graduate programs must conduct regular and periodic assessment of teaching and learning effectiveness based upon measurable learning outcomes published in the program description and course syllabi. In addition, student evaluations of graduate faculty, of courses, and the quality of graduate programs will be solicited regularly.
- 4.7 University documents, requirements, procedures, and requests that concern graduate education will be routed through the academic review structure at the appropriate level as established by the *Guidelines for Graduate Programs*.

- 4.8 New professional degree programs will carry the appropriate degree nomenclature in accordance with *Guidelines for Graduate Programs*.
- 4.9 The Graduate Council establishes the admission and requisite academic information about graduate programs and annually reviews and approves changes to the copy that is published in the “Graduate Degrees” section of the *General Catalog*.
- 4.10 The Graduate Council establishes the standards for satisfactory academic progress, graduation requirements for graduate degrees, the application process for graduation and degree posting, residency criteria for certificates and credentials, as well as standards for credit, grading systems, satisfactory academic progress, degree and graduation requirements. Specific graduate program criteria, information and requirements for internships and areas of specialization must be approved by the Graduate Council as part of the program review process. The information is published in the *General Catalog* subject to review and approval of the Graduate Council.
- 4.11 Program Design
- 4.11.1 To ensure graduate level quality, all program proposals shall address the following:
- 4.11.1.1 A theoretical framework, rationale, mission statement or other unifying concept that explains the purpose and cohesiveness of the program.
- 4.11.1.2 A series of program outcomes each of which is to be supported by measurable learning outcomes articulated in the syllabus of one or more of its required core courses.
- 4.11.1.3 Processes for the development, administration, evaluation, and improvement of programs.
- 4.11.1.4 A minimum of units/credit hours as prescribed by the University’s regional accrediting body.
- 4.11.1.5 A program description that includes the purpose of the program, the audience which it serves, program learning outcomes, any special program-specific admission and/or retention requirements, required prerequisites, and required core courses listed in the sequence in which they are to be offered.

- 4.11.1.6 Graduate-level attention to issues of human diversity and ethical conduct relevant to the particular program.
- 4.11.1.7 Degree program completion requirements shall include one or more of the following:
 - i) Comprehensive exam
 - ii) Thesis, research project, or capstone project.
 - iii) Practicum, internship, or field experience
- 4.11.2 To ensure graduate-level quality, the syllabi for the courses in the program shall address all of the following standards for graduate curricula:
 - 4.11.2.1 Reading of primary sources and current professional literature, including academic and professional journals.
 - 4.11.2.2 Use of library and appropriate technology resources
 - 4.11.2.3 Reflective analysis, synthesis, and original thinking.
 - 4.11.2.4 Graduate-level writing, research, critical, evaluative and creative assignments appropriate to the program learning objectives
 - 4.11.2.5 Graduate-level depth of course content consistent with current national academic standards for graduate programs.
 - 4.11.2.6 Graduate-level texts and supplementary readings.
 - 4.11.2.7 Statements of course goals, graduate level learning outcomes, expectations of ethical conduct and academic integrity, including plagiarism and other program specific performance expectations.
- 4.11.3 Format and minimum content standards for programs, course syllabi and instructor course outlines are presented in the *Guidelines for Graduate Programs*.
- 4.11.4 Existing programs will be reviewed at appropriate levels as part of the *Program Annual Report (PAR)* and *Five-year Program Review* processes, as set forth elsewhere in Section 6.0 Graduate Program Review.

- 4.12 The *Guidelines for Graduate Programs* describes the procedures, processes and templates for implementation of Graduate Policy, Section 3.0, “Program Quality.”

5.0 Graduate Program Approval Process

To ensure adherence to academic quality standards established by graduate faculty, schools/colleges, and departments, new programs and substantive additions and changes to existing programs are subject to a multi-tiered approval process as outlined below and described in detail in the *Guidelines for Graduate Programs*.

5.1 Approval Routing

The academic review process begins at the level of program faculty. Faculty members propose academic changes to the program and department faculty and chair. From department chairs, the approval routing is to the school/college Academic Affairs Committee, school/college dean, Graduate Council, and Provost/Vice President for Academic Affairs or the Provost’s designee, who refers appropriate items to the President. Denials of proposals at any level must be returned and reported to the parties requesting action in writing, and must include the rationale for the denial.

5.2 Proposals Requiring Graduate Council Approval

The purpose of Graduate Council approval of new graduate programs and substantive changes to existing programs is to ensure adherence to standards for graduate programs as set forth in these *Graduate Policies*, especially those relating to program-level and course-level outcomes.

The following graduate academic proposals must be approved by the Graduate Council:

- 5.2.1 New degree programs and credential programs, including new specializations and concentrations.
- 5.2.2 New courses.
- 5.2.3 Introduction of existing programs and courses in new locations.
- 5.2.4 Graduate credit-granting continuing education courses and programs.

- 5.2.5 Modified degree programs, including specializations and concentrations as defined in the *Guidelines for Graduate Programs*.
- 5.2.6 Modified courses. A course is considered modified if more than one-third the learning outcomes are substantively changed as described in the *Guidelines for Graduate Programs*.
- 5.2.7 Termination or phase-out of courses and programs.
- 5.3 Academic Changes Not Requiring Graduate Council Approval
 - 5.3.1 The following academic changes are the responsibility of the school and do not require Graduate Council approval:
 - 5.3.1.1 Modifications of program titles or descriptions unless they reflect a change in program outcomes as described in the *Guidelines for Graduate Programs*.
 - 5.3.1.2 Course modifications with less than one-third of the learning outcomes changed.
 - 5.3.1.3 Minor modifications in program requirements as long as they comply with University requirements and graduate policy (for example, changing prerequisites for the comprehensive exam)
 - 5.3.1.4 Internal academic procedures and processes for schools and departments, including those relating to individual student programs.
 - 5.3.2 School deans must send a description of changes as described in Section 5.3.1 to the Graduate Council and to those University administrative departments that might be affected by these changes as described in the *Guidelines for Graduate Programs*.
- 5.4 *Guidelines for Graduate Programs* serve as a procedural guide to the implementation of the *Graduate Policies*.

6.0 Graduate Program Review

- 6.1 The program review process is an integral part of the academic and institutional planning process. The graduate program review process serves the dual purpose of (a) assuring and improving the academic quality of graduate programs and (b) coordinating the data collection necessary to make informed judgments in academic and institutional planning.
- 6.2 The dual functions in section 6.1 are accomplished by two committees of the Graduate Council: the Graduate Program Review Committee and the Graduate Assessment Committee. The Graduate Program Review Committee's responsibilities include reviewing new graduate course/programs and program modifications and the Graduate Assessment Committee evaluates the graduate program assessment process (e.g. review status, assess tools, examine analyses, monitor quality, train faculty, and maintain records).
- 6.3 The Graduate Council is responsible for overseeing, coordinating, and examining the *Program Annual Report (PAR)* for graduate programs. The *PAR* is an abbreviated program review providing up-to-date data necessary to make informed decisions about needed program improvements and university-wide annual planning. The PAR format guide is included in the *Guidelines for Graduate Programs*.
- 6.4 The Graduate Council is responsible for overseeing, coordinating, and examining the Graduate Program Five-Year Review. Graduate Program Five-Year Reviews shall be conducted for each graduate program at least once every five years, according to the University's timetable for program reviews. The program review process does not stand alone; it is an integral part of the University's system of quality, which includes, among other things, academic change and approval processes, monitoring of quality, and academic planning. The Five-Year Review format guide is included in the *Guidelines for Graduate Programs*.
- 6.5 Academic program reviews shall be comprehensive. Reviews must first go before the appropriate committee before they are acted upon by the Graduate Council. Refer to the *Guidelines for Graduate Programs* for specific details.

7.0 Amendments to the Graduate Policies

The Graduate Council shall periodically evaluate the *Graduate Policies* and consider proposed amendments.

- 7.1 Any member of the Graduate Faculty may recommend an amendment to the Graduate Council.
- 7.2 The Graduate Council shall appoint a Task Force to review and recommend changes to the *Graduate Policies* and its related procedures at least every five years.
- 7.3 Amendments to the *Graduate Policies* that are approved by the Graduate Council shall be sent to the Graduate Faculty for vote. Passage requires a simple majority of votes cast.
- 7.4 Amendments approved by the vote of the Graduate Faculty shall then be presented to the Provost/Vice President for Academic Affairs for approval. Changes also require the approval of the University's President and Board of Trustees.



Guidelines for Graduate Programs

April 2011

Chapter 1

GRADUATE/POST BACCALAUREATE EDUCATION

The mission of graduate education at National University is to promote a culture of reflection, critical and scholarly inquiry, constructive debate, and creativity; collaborate with stakeholders; and prepare individuals as proficient practitioners, teachers, managers, and leaders that are involved and contribute to their field of study. National University's graduate faculty believes that there is a clear distinction between baccalaureate and graduate education. National University graduate students will be able to:

1. Participate in graduate education programs with an awareness of the significant content differences and experiences required for graduate study in the discipline.
2. Engage in graduate level domain-specific techniques and styles of communication including formal, informal, written, oral, professional, spontaneous, and technical including multimedia modes of dialogue.
3. Demonstrate an advanced ability to critique, revise, challenge, modify, reinterpret, or develop facts, concepts, and theories beyond the level attained at the undergraduate level.
4. Demonstrate a level of creativity in addressing their discipline beyond the level attained in undergraduate work.
5. Demonstrate a commitment to the application and innovation in the field of study.
6. Become leaders within their professional discipline as problem solvers in advanced level of content application.
7. Demonstrate an understanding and application of ethical standards consistent with the discipline.
8. Synthesize information independently, use knowledge creatively, pursue scholarly inquiry, and apply available skills in different situations within the context of a multicultural world.
9. Demonstrate a level of information literacy to use and apply information needed for advanced scholarly inquiry.
10. Develop and conduct independent and/or cooperative research resulting in an original graduate level research paper or capstone project.
11. Demonstrate a commitment to life-long learning.

Chapter 2

CREATING A CULTURE OF ACADEMIC QUALITY

National University is committed to creating a culture of academic quality in all of its programs, both graduate and undergraduate. At the graduate level this commitment is found in the *Graduate Policies and Guidelines* and is governed by the University's Graduate Council and implemented by its graduate faculty. National University is primarily a graduate institution and is pleased to be recognized as a respected university by other higher education communities and accrediting and professional agencies. This respect is due to its commitment to quality and rigor in its programs.

National University's culture of academic quality is rooted in its mission and its core values. The mission statement follows.

“National University is dedicated to making lifelong adult learning opportunities accessible, challenging, and relevant to a diverse population of adult learners. Its aim is to facilitate educational access and academic excellence through exceptional management of the university operations and resources, innovative delivery systems and student services, and relevant programs that are learner-centered, success-oriented, and responsive to technology. National University's central purpose is to promote continuous learning by offering a diversity of instructional approaches, by encouraging scholarship, by engaging in collaborative community service, and by empowering its constituents to become responsible citizens in an interdependent, pluralistic, global community.”

The core values of National University are *quality, access, relevance, accelerated pace, affordability, and community*. They are derived from the University's mission and provide the framework for planning, action and change in graduate education. *Quality* refers to providing educational programs characterized by academic rigor, programs taught by content qualified and experienced faculty sensitive to the need to combine theory and practice and built on solid research and scholarship. *Access* refers to extending educational opportunities to students who have distinct academic needs and requirements. *Relevance* refers to curricula that are relevant to working professionals needing new skills and enhanced abilities to synthesize learning and practice. *Accelerated pace* refers to helping students complete their program of studies expeditiously. *Affordability* refers to providing programs at an affordable price. *Community* refers to providing an environment characterized by mutual respect, openness, honesty, attentiveness and care. These core values are the essential measures by which all programs and initiatives are assessed. All of them are important in maintaining the culture of academic quality in graduate education at National University, with quality being the primary value for purposes of these Guidelines.

Quality can be further defined in this manner. An institutional commitment to quality must be found in its policies and those policies must drive the processes that govern graduate education at the University. In turn, these processes must determine the nature of decision making, the procedures for monitoring and improving graduate academic programs, and making improvements. Consequently, National University not only embraces traditional indicators such as average GPAs, outcomes on standardized examinations, and capstone activities, but also must continue to move forward in adapting new indicators of quality.

National University, as part of its culture of academic quality, is especially committed to maintaining and assessing its educational effectiveness as defined by its regional accrediting agency, the Western Association of Schools and Colleges (WASC). This is further defined in the *WASC Handbook of Accreditation*:

Educational Effectiveness

- **Articulating a Collective Vision of Educational Attainment.** Centers on the degree to which the institution sets goals and obtains results for student learning at both the institutional and program levels that are:
 - Clearly stated and widely understood;
 - Appropriate for the type and level of degree or credential offered; and
 - Adequately assessed to ascertain mastery of these levels.
- **Organizing for Learning.** Centers on the alignment of appropriate institutional assets and characteristics with the goal of producing high levels of student learning, consistent with the mission of the institution, including:
 - Curriculum, pedagogy, and method of delivery;
 - Faculty recruitment, development, scholarship in support of improved teaching and learning, rewards and incentives;
 - Organizational structures and processes;
 - Information resources and planning capacity;
 - Student services and co-curricular activities; and
 - Resources and facilities.
- **Becoming a Learning Organization.** Centers on the degree to which the institution has developed systems—to assess its own performance and to use information to improve student learning over time—that:
 - are systematic and regular;
 - reinforce a climate of inquiry throughout the institution;
 - reflect the input of stakeholders and an awareness of the distinctive characteristics of its students;
 - identify key dimensions of performance that include student learning; and
 - are based on standards of evidence that prominently feature educational results.

At National University this commitment to academic quality is reflected in the concept of educational effectiveness defined by WASC. Educational effectiveness provides National University the philosophical foundation upon which these graduate guidelines will be implemented and will be evident in the Graduate Council's review, monitoring, and assessment practices for all graduate programs offered by the University.

Chapter 3

GRADUATE FACULTY

A faculty member whose primary duties include graduate teaching, research or supervision of graduate projects must be appointed to Graduate Faculty I, II or III by the Graduate Council to ensure that minimum standards of excellence in relation to graduate education are met. There should be a sufficient number of well-prepared, full-time graduate faculty in a department to support strong graduate work in every department offering a graduate degree.

Each request for graduate faculty appointment should be made on the *Recommendation for Appointment to Graduate Faculty Form 99*. A current vita should be attached to all recommendations. Before appointment can be made, the application must be approved by the program Lead Faculty, department chair, and school dean before submission to the Graduate Council. It is strongly recommended that the Graduate Application be completed and submitted at the time of hire if the person is to teach graduate courses.

The Graduate Council reviews appointments based on the criteria in the *Graduate Policies 2.0*. If the appointment is approved, the original is filed in the office of the Provost. When new appointments are approved, the current list is updated and distributed via e-mail to all school Deans and members of the Graduate Council.

Appointment to Graduate Faculty I means the faculty member is eligible to participate in all graduate education activities. Graduate Faculty level I and II may vote on all issues brought before the Graduate Faculty by the Graduate Council.

Rights and Responsibilities

Graduate Faculty I & II are expected to:

1. Perform activities as stated in the *Graduate Policies*
2. Advise graduate students in their courses and programs regarding academic content and procedures.
3. Be involved in scholarly activities and research and regularly publish in national or international refereed journals or present their work for wide critical review according to the individual's present faculty tier. Their work makes significant contribution to the discipline.
4. Participate in regional, national, and international conferences and work with colleagues at other universities and centers of learning.
5. Assume central responsibility for the development, implementation, and evaluation of graduate programs.
6. Demonstrate a commitment to quality graduate education.
7. Keep current in their fields and continually update course content and teaching methods.

8. If appropriate, seek funding to support their research and to enhance graduate student involvement in research and creative activities.
9. Contribute to the intellectual climate of the Department, School and University through services including committee assignments and collaboration in research, scholarship or creative endeavors with colleagues and student.
10. Contribute to the professional community through service such as conference organization and participation and editorship of journals.
11. Demonstrate professionalism consistent with relevant moral and ethical standards.
12. Contribute to linkages and partnerships within the community.

Graduate Faculty III

Any faculty member whose duties include graduate teaching, supervision of graduate research or project must be appointed to Graduate Faculty III to ensure excellence. An adjunct instructor shall be allowed to teach up to three graduate courses within a three-year period before approval by the Graduate Council.

Graduate Faculty III are expected to:

1. Demonstrate a commitment to quality graduate education.
2. Teach graduate courses, advise graduate students, participate with Graduate I and II faculty members in graduate curriculum development, serve on thesis committees, and serve as capstone project advisors.
3. Keep current in their fields and continually update course content and teaching methods.
4. Participate in adjunct meetings and subject matter collaboration.
5. Continue scholarship of one's discipline by attendance at scholarly meetings, conferences, or symposia.
6. Demonstrate professionalism consistent with relevant moral and ethical standards.

Chapter 4

GRADUATE FACULTY ADVISING PROCEDURES

Graduate faculty provides support that assists students in successfully completing their programs. In order to provide quality advising, faculty must be aware of the following:

1. Transfer:

Faculty and students should refer to the latest NU catalog for transfer information. Students who believe they have taken coursework elsewhere that is applicable to their current program may submit an e-Form on the Student Portal, or see an admission advisor for assistance.

Students are responsible for providing the Office of the Registrar an official transcript showing the coursework before the transfer can be processed.

2. Time Limit:

Coursework that is more than seven years old cannot be transferred into post-baccalaureate credential or degree programs. Similarly, coursework completed at National University more than seven years ago cannot be applied to post-baccalaureate credential or degree programs for reenrolling students. Outdated courses must be repeated, or, with the approval of the School Dean, a more recent, suitable course may be substituted. The Committee on the Application of Standards (CAS) governs all exceptions. It is important for graduate faculty advisors to understand they cannot determine admissibility of a student to the University, only to the program. Students must meet both sets of requirements, and final admission is made by the Registrar's office.

3. Course Waivers:

When a student has acquired mastery of a subject through a concentration of undergraduate courses or through considerable experience or training, the Lead Faculty member may recommend that a course be waived. Course waivers may be submitted through the student portal utilizing the electronic course waiver form or with the assistance of an admissions advisor. If the course waiver is approved, the student is exempt from the course; however, units are not awarded for waived courses. Students must still meet the unit requirement for the degree and schedule approved courses for the specific graduate program. The student should contact the faculty advisor about appropriate documentation.

4. Course Substitution:

A course substitution is not a waiver. It does not waive a program requirement; it permits the student to fulfill a requirement in a way that maintains the integrity of the requirement. A course substitution must be approved by the Lead Faculty. The two kinds of course substitutions are:

- a. Replacing a required course with an approved substitute.
- b. Replacing a scheduled elective with a different approved elective.

The general faculty guideline for determining approval of course substitutions is: The substitution must permit the University to affirm that the student has the knowledge of course content required by the degree or credential program. Course substitutions must be transmitted to the Registrar's office on a CAS form available as an e-Form on the Student Portal, or see an admissions advisor for assistance. Course substitutions do not become official until they are received by the Registrar's Office.

5. Special Student Requests:

There are three levels of academic requirements for students:

- a. *University requirements apply to all programs in the University.*
- b. *Graduate requirements apply to all graduate programs.*
- c. *Program requirements apply to individual programs and may differ from program to program.*

Students who request an exception to a requirement or who seek some special consideration concerning a University-level or graduate-only requirement should be directed to the Registrar's Office. Student requests that are program-related should be made to the faculty advisor. Final approval is made by the Lead Faculty. *Any approved request that changes the student's Program of Study* (the program according to evaluation) *will not become official until it is received by the Registrar's Office on a CAS form as an e-Form on the Student Portal, or see an admissions advisor for assistance.* When the Registrar's Office makes its graduation check, students will not be cleared for graduation unless:

- a. The student's screen is the same as the original evaluation, or
- b. The Registrar's Office has received notification of all changes made during the student's enrollment in the program.

6. Student Appeals:

Student appeals concern grades and denials of requests for exceptions to program requirements. Concerns about either of these matters should first be directed to the person most directly involved (normally the instructor or Lead Faculty). If students wish to carry an appeal further, they should consult the current NU catalog to locate the appropriate procedures. Grade appeals follow University procedures described in the NU Catalog.

7. Writing Center Referrals

Students needing assistance with their writing should visit the University Online Writing Center. National University students have the opportunity to work one-on-one with writing consultants to develop their writing and critical thinking skills via synchronous online appointments. The Writing Center welcomes the opportunity to help students at all levels to improve—from outlining a reflective essay to drafting a graduate level research paper. Our experienced writing consultants are eager to read students' drafts and to collaborate with them to develop strategies for improving their writing. The Online Writing Center is open during convenient hours, seven days per week.

For more information about Writing Center services, including how to make an appointment, go to:
<http://www.nu.edu/OurPrograms/StudentServices/WritingCenter.html>

8. Library Orientation

Graduate faculty should refer graduate students to the Advanced Research Presentation provided by the National University Library. National University Library provides research support in a variety of ways for students who are expected to have a thorough understanding of educational literature and to use relevant primary research published in peer-reviewed journals in their project's review of the literature. Please view the Library presentation on **Advanced Research—Education**. This presentation focuses on how to prepare a review of the literature.

9. Independent Study:

An Independent Study course may be taken only under special circumstances. Not all courses are eligible for Independent Study, and approval is at the discretion of the School Dean. Students who believe they have a justifiable reason for an Independent Study should consult the current NU catalog and follow the procedures, and see an admission advisor for assistance.

10. Students with Disabilities:

National University complies with the Americans with Disabilities Act of 1990 and Section 504 of the Federal Rehabilitation Act of 1973. Faculty should recommend that students who have a special need that requires classroom accommodation contact the Office of Student Scholarships and Special Needs for an application for Services for Students with Disabilities.

Information on special services can be located in the NU catalog and online at <http://www.nu.edu/OurPrograms/StudentServices/ServicesfortheDisabl.html>

11. Institutional Review Board: Human Subjects Research Policy:

Students who will be doing research with human subjects must be referred to the University's Human Subjects Research Policy, the Research Application Form (RAF), which includes a sample Informed Consent Form, and the Protection of Human Subjects Assurance identification. The policy and application are available online at <http://www.nu-fast.com>. All Research Applications must be submitted online at <http://www.nu-fast.com>.

12. Professional Ethics:

Faculty should advise students both on site and online that they are expected to conduct themselves in a responsible manner that reflects ethics, honor, and good citizenship. Students also are expected to abide by the regulations of the University. It is the student's responsibility to maintain academic honesty and integrity, and to manifest their commitment to the mission of the University and graduate education through their conduct and behavior. For more information refer to the NU Catalog, *Policies and Procedures*.

<http://www.nu.edu/OurPrograms/StudentServices/AcademicPoliciesandP/AcademicDishonestyan.html>

<http://www.nu.edu/OurPrograms/StudentServices/AcademicPoliciesandP/CodeofClassroomEtiqu.html>

<http://www.nu.edu/OurPrograms/StudentServices/AcademicPoliciesandP/Code-Conduct-Online-Students.html>

13. Financial Aid

Financial Aid is available in the form of grants, loans, and scholarships. At National University, the purpose of financial aid is to bridge the gap between educational cost and a student's resources, and is not intended to directly provide money for living expenses. To help students begin the application process, a staff of professional Financial Aid Advisors are ready to answer questions. Students who receive a grade of "incomplete" have the remainder of the payment period to remove the "incomplete" with a passing grade. However, if this course is the last course of the payment period or loan period, no future aid will be disbursed until the "incomplete" grade has been removed or a replacement course is completed with a passing grade. In addition, students who receive two incomplete grades in the same payment period may not be eligible for future aid. Students (undergraduates and graduates) who receive an "F" grade and graduate students who receive the grade of "D" will not receive financial aid for those courses. If financial aid was paid for a course before the grade was posted, the student must, at his or her own expense, pay to retake the course or its equivalent. Financial aid will not be awarded for a repeated course or its equivalent. Students who wish to or who are required to repeat a course must do so at their own expense.

14. Graduation Conferral Date

Students within three classes from finishing their degree or planning on attending the annual commencement exercises may be ready to begin the graduation process. Submit the Application for Degree form during the application period for degree conferral date. Degrees are conferred quarterly and for the latest information go to <http://www.nu.edu/OurPrograms/Graduation.html>. Applications are available for submission electronically online.

Chapter 5

GRADUATE PROGRAM DEVELOPMENT PROCEDURES

The development of a new academic program and major revisions to an existing program require substantial amounts of time and effort, especially on the part of the assigned Lead Faculty, but also by other program faculty, the Department Chair, the School Dean, members of the school's Academic Affairs Committee, the Graduate Program Review Committee, Graduate Council and administrators who are asked to comment on the proposal.

While approval by the Provost may be the final step in the approval process, it is just the beginning of the implementation process: The Lead Faculty must now recruit and mentor faculty who are not only qualified to teach courses in the program, but are willing and able to develop their courses, including the design of lesson plans and classroom activities, preparation of handouts, PowerPoint presentations and other teaching materials, selecting text and supplemental reading assignments, designing research projects, and preparing signature assignments, exams and other assessment instruments. Overall, the development and implementation of a new program involve a very major investment of time that adds value to the University.

Procedures for Development and Approval of New Programs

In order to ensure academic quality and relevance, the faculty member who is designated by the School Dean to bear responsibility for the development, implementation and ongoing leadership of the program is expected to:

1. Possess an advanced degree from an accredited institution in the field or in a closely related field
2. Have taught one or more courses in the field or closely related field
3. Possess expertise in the field or in a closely related field, which expertise has been gained through education, teaching experience, and/or practitioner experience.

To enable the Lead Faculty to devote sufficient time to fulfill his or her responsibilities during the development and implementation process Lead Faculty and others substantially involved in program development and implementation may want to request course reduction. It is important that consideration be given to reducing the teaching load of faculty who are assigned such responsibilities.

CurricUNET

CurricUNET is a repository for new and modified curriculum information for programs and courses. It replaces the paper forms, and is the location for historical, active and proposed course and program information. A User Name and Password are required to log in at <http://www.curricunet.com/nu>.

The automated workflow process allows faculty and curriculum committees to monitor the status of proposals online. Co-contributors can work together in real time to develop programs or make modifications. An email notification system notifies the next reviewer when curriculum is in queue for their approval. The system provides curriculum version control. As course and program change proposals are approved, they become active in the appropriate term year as approved and become history if replaced. All versions of the course or program are maintained: active, history or pending approval. The system tracks all curriculum proposals and approved programs and provides status reports on demand. Faculty are able to monitor the progress of their proposals. All of the review and approval processes are performed within specific approval windows. That means that approval actions for a specific function can

only be accomplished in a specified window or span of time. When various actions are taken through an approval workflow, automatic notifications are emailed to appropriate recipients. These messages can be accumulated or sent real time according to the recipient's wishes.

Since both the General Catalog and syllabi on the NU website are updated from CurriUNET, all new programs and courses and all modifications to existing programs and courses, such as changes in learning outcomes, *must* be entered in CurricUNET.

Formal Approval Process

When the entire proposal package has been completed and entered in CurricUNET, it should be reviewed in detail by the Chair of the School Academic Affairs Committee (AAC), not for approval but rather to make sure that the proposal package is complete and in accordance with Graduate Policies and these Guidelines. The AAC Chair should then add the proposal to the School AAC's meeting agenda for review and formal approval by its members. The *New Program and Program Modification Review Criteria* (see Appendix 5A) is used for the review by both the School AAC and the Graduate Program Review Committee. The School AAC may approve the proposal without comment, or may select "Hold for changes" and state deficiencies in the comment box, in which case the originator can make the necessary changes and have the proposal resubmitted to the AAC chair for the latter's approval. Or a third option is for the approver to select "Changes needed, re-approval required" in which case the approval process must be restarted from the beginning.

The progress of a curriculum proposal can be viewed by faculty and administrators at any time as it proceeds through an established series of review and approval steps, and users can check each step of the approval process to see where their proposal is at any given time. The comments from reviewing bodies can be viewed by the appropriate recipients. The system maintains a transaction log. Specific fields are tracked and the date/time and user that made the change is maintained in the system. This tracking is used to alert the system of changes that were made after various approval steps are made and provide notification of the change.

Upon approval by the Department Chair, the Registrar, the School AAC Chair, and the School Dean, the proposal is ready for review and approval by the Graduate Program Review Committee, and then the Graduate Council. Following approval by the Graduate Council, the Provost has final approval.

Academic Proposals Requiring Graduate Council Approval

The following academic proposals require the approval of the Graduate Council as well as the Department Chair, School Academic Affairs Committee, School Dean, and Provost:

New Program Proposal

New degree programs and credential programs, including new specializations and concentrations

New Course Proposal

See Course Modification, below, for criteria under which major modifications to an existing course should instead be treated as a new course.

Program Modification

Program modifications include but are not limited to changes in program admission program prerequisites, major changes in program learning outcomes, required core courses or specified electives.

Note that if more than one-third of the required courses are replaced by other new or existing courses, the proposal should be treated as a new degree program, and be accompanied by a termination of the existing program.

New specializations or concentrations are to be treated as new degree programs rather than a modification of the core program in which they are housed.

Course Modification

Course modifications include but are not limited to changes in number of units and change to or from S/U/H, or IP grading.

Note that if more than one-third of the course learning outcomes of an existing course are substantively changed, the course should be treated as a new course and assigned a new course number and title. If one-third or fewer of the learning outcomes of an existing course are substantively changed, the modification may be treated as an academic change that does not require the approval of the Graduate Council.

Termination of Graduate Program or Course

Termination of graduate programs or graduate courses must be entered in CurriUNET and follow the same approval process as for a program or course modification.

Academic Changes Not Requiring Graduate Council Approval

The following academic changes are the responsibility of the school and do not require Graduate Council approval.

- Modifications of program titles or descriptions, unless they reflect a substantive change as defined under Program Modification, above
- Modifications of course titles or descriptions, unless they reflect a substantive change as defined under Course Modification, above
- Substantive modification of fewer than one third of the program learning outcomes
- Course modifications in which one-third or fewer of the course learning outcomes are substantively changed
- Minor modifications in program requirements, as long as they comply with university requirements and graduate policy (for example, changing prerequisites)
- Internal academic procedures and processes for schools and departments, including those relating to individual student programs

Degree Titles

There are two generally accepted types of master's degrees recognized by regional accrediting bodies: *academic* and *professional*.

Academic degrees

The “Master of Arts with specialization in _____” and “Master of Science with specialization in _____” are used for programs that prepare individuals for highly technical work in organizations, and for college and university professorships (i.e., preparatory to the doctoral degrees). These degrees have a clear scholarly research base and normally require an undergraduate major in the field. Notice that the word “in” can be used to designate a discipline, because “science” and “arts” are not disciplines in themselves but only describe a category of degree.

In particular, a Master of Science degree program should contain a sequence of research courses.

Professional degrees

Master of _____ degree is used for professional programs; they emphasize professional practice in the field and are often two-year programs. This degree title is the preferred title in professional fields.

Master of Accountancy
Master of Business Administration
Master of Counseling Psychology
Master of Public Administration
Master of Social Work

The word “in” should not be used in the professional degree title (not Master of Social Work “in” Domestic Violence). However, professional degrees may add a specialization to the field of study, such as: *Master of Social Work with a Specialization in Domestic Violence*. A specialization is rarely printed on a diploma because it is technically not a degree title. Using the same core courses for different master’s degrees in effect uses the specialization to determine the degree title, which is inappropriate.

Graduate Degree Structure

Each graduate degree should be structured as follows:

Degree Requirements (Required)

The total number of courses and units should be listed here—this includes all courses required: prerequisites, preparation, core, advanced core, area of specialization, and electives.

This text section should include the total number of graduate units for the degree. It should state how many units of graduate transfer credit can be utilized with any specifications or limitations on their use.

Program Preparation (If appropriate to program)

Preparation should be used for general requirements (such as familiarity with a certain software, required English proficiency, etc) and for any *recommended* preparatory classes

Program Prerequisites (If appropriate to program)

Prerequisites should be used for the required courses needed as valid prerequisites for the program. These are courses that **MUST** be taken or for which an approved course waiver is filed. Students should not begin course work in the core requirements without completion of the prerequisites.

Core Requirements (Required)

This is the required coursework in the field of study to include the project, thesis, internship, or practicum coursework. All coursework that is not an Area of Specialization or Elective must be listed under this heading.

Area(s) of Specialization (If any)

This is a 4 or more course specialization, separate from the core requirements, that is developed for a specific degree. It is designed as a complement to the degree.

Elective Requirements (depending on total graduate units required)

This is the last category and should be used if additional units (beyond the above) are needed to meet the overall graduate unit requirement for the degree.

Graduate Programs - Characteristics

Expectations of graduate students are generally different from and more demanding than expectations of undergraduate students. Admissions criteria for graduate programs normally include graduation with a baccalaureate degree in a program that provides appropriate preparation for the desired graduate program. Graduate programs require mastery of specialized knowledge and require students to engage actively with primary sources and current disciplinary literature reviews. Graduate programs require concentrated and progressively more advanced study in one discipline or a planned combination of disciplines and with a professional body of knowledge and practice where relevant. Learning involves active participation in research activities characteristic to the discipline. If studies are in a professional field, students engage with advanced current practices. Students are expected to demonstrate critical thinking in seminars, experiential activities, field practice where appropriate and other engaged processes for learning.

Graduate students are expected to operate from progressively higher order cognitive perspectives requiring data analysis, synthesis, and evaluation. Analysis and critique of case studies and data is important to building the student's ability to comprehend the key dimensions of actual situations encountered by professionals in the discipline. Graduate students are expected to compare and contrast philosophical, theoretical, and methodological perspectives in the application of the discipline to real situations and problems.

Graduate programs may lead students to become more focused on a specific area of interest and on acquiring specialized skills to practice a profession or do advanced research. However, this does not come automatically from adding additional number of courses to a student's transcript but requires active mentorship by a more senior scholar and with feasible participation in scholarly research. Graduate students should develop the ability to present ideas and issues, both orally and in writing using the disciplinary conventions for written and oral communication. Graduate students should be able to engage in critical discussion with peer and senior colleagues in their field.

Graduate Policies require that graduate programs shall include one or more of the following:

1. Comprehensive exam
2. Thesis, research project, or capstone project
3. Practicum, internship, or field experience

Institutional learning Outcomes (ILOs)

National University's Institutional Learning Outcomes are the following:

1. Apply information literacy skills necessary to support continuous, lifelong learning.
2. Communicate effectively orally and in writing, and through other appropriate modes of expression.
3. Display mastery of knowledge and skills in a discipline.
4. Demonstrate cultural and global awareness to be responsible citizens in a diverse society.
5. Demonstrate professional ethics and practice academic integrity.
6. Utilize research and critical thinking to solve problems.
7. Use collaboration and group processes to achieve a common goal.

Graduate Program Standards:

The graduate programs should contain most if not all of the following:

1. Graduate level course learning outcomes i.e. highly specialized courses and topic areas, content that involves greater depth, require greater judgment, analysis, and critical thinking skills.
2. Reading of graduate level textbooks, primary sources, and current scholarly literature, including academic and professional journals.
3. Emphasis on the application of knowledge, skill, and leadership (through fieldwork, practicums, workshops, etc.).
4. Written and oral communication skills at a level than expected of graduate students (in form, style, and content).
5. Original research (or projects) required in capstone or portfolio courses that include reflective analysis, synthesis, and creative thinking.
6. Extensive use of library and other scholarly resources.
7. Emphasis on research skills and research-based decision making than expected.
8. A high level of independent work outside the classroom.

Adherence to Graduate Program Standards is best monitored by review of instructors' course outlines by lead faculty and department chairs.

Program Learning Outcomes

All programs must have Program Learning Outcomes (PLOs). It is generally recommended that between 7 and 10 outcomes be included. The PLOs should be reasonable, appropriate, well organized, measurable, and comprehensive. In designing the PLOs, ILO's should be considered as well as any state or national standards. There should be a clear distinction between undergraduate and graduate expectations. Learning outcomes should be stated using active verbs that clearly communicate the level of performance. Refer to Appendix 5A for related criteria. Examples of appropriate verbs based on Bloom's taxonomy (new version) can be found in Appendix 5B.

Curriculum Map

The curriculum map must be completed and must demonstrate that the curriculum provides sufficient opportunities for students to learn and develop increasing sophistication with respect to each outcome. Each PLO should be mapped to the appropriate Institutional learning Outcome. Identify the courses in which each PLO is Introduced (I), Developed (D), and Mastered (M). The Curriculum Map should also identify the Institutional Learning Outcomes (ILO) being served by a particular PLO. While two or more

PLOs may be addressed in the same course, it is unlikely that every PLO is mastered in every course. Refer to Appendix 5A for review criteria.

Multi-year Assessment Plan

The multi-year assessment plan must be completed and should be a fully-articulated, sustainable multi-year assessment plan that describes when and how each program learning outcome will be assessed and how improvement based on findings will be implemented. Unless otherwise specified by state or national criteria, it is required that at least **20%** of the program learning outcomes be assessed each year during a five-year period. The faculty may, of course, choose a greater percentage, or even to assess every PLO every year. The PLOs need to be measurable by two direct measures and one or more indirect measures to enable triangulation of the data. See examples of direct and indirect measures, below. Refer to Appendix 5A for related review criteria.

Direct Measures - examples

- National or state standardized exam
- Comprehensive exit exam (internal)
- Embedded assignments including:
 - Signature assignments
 - Case studies and Case analyses
 - Capstone projects
 - Thesis/research
 - Oral presentations
- Embedded questions in standardized course exams
- Portfolios
- Practicum evaluations

Indirect Measures - examples

- Exit survey of graduates (in house or standardized national e.g., Educational Benchmarking - EBI)
- Exit interview
- Alumni survey
- Employer survey
- Standardized external survey
- Student self-assessment
- Reflective essay
- Focus group of students
- Advisory Board
- Other student self-assessment of learning:

It may be appropriate to use the responses to certain questions in the Student Course Assessment survey to measure a related program learning outcome. For example, if one of the PLOs relates to the ability to do research, then for a research project course it might be appropriate to use student responses to the question “My ability to do research has improved”.

Course Descriptions

A course description should provide a brief overview of the course - preferably no more than 50 words. It may include the principal objective of the course, two or three major topic areas, and unusual features such as “includes major written project”. Unless otherwise specified all courses are graded with an option

for “I” or incomplete. If the course requires an “H”, “S” “U”, or “IP” grading basis this must be specified and a statement included at the end of the description such as follows: Grading is on an S or U basis only and course is eligible for an “IP” In progress grade. Since course prerequisites are to be listed after the course title, they need not be included in the description itself. However, it may be appropriate to mention any special skills that are expected of incoming students, such as “basic spreadsheet skills”.

In writing the course description, it should be kept in mind that more detailed information, including the listing of learning outcomes, is contained in the standardized course syllabus available online.

With an aim toward brevity, the following guidelines are offered:

Course descriptions should be comprised of phrases and clauses rather than full sentences (avoid superfluous words like, "This course provides...").

- Each phrase or clause in the course description should begin with a noun or noun modifier (*Analysis and evaluation of x; Primary prevention as it relates to x; Theories of x and y*).
- Standard Course Title cannot exceed 30 characters including spaces.

Course Syllabi

At National University, the document provided to students by the instructor of a given class is called *course outline* rather than *course syllabus*. The term *syllabus* refers to the document that has been approved through all appropriate channels and includes the standardized course description, text, learning outcomes, course requirements, signature assignments if any and other aspects of the course that are to be applied by every instructor in every class. Examples of course syllabi can be obtained from <https://www.nu-fast.com> or online under the respective school.

Since the *course syllabus* supplies much of the information to be included in individual instructor’s *course outline*, it should be designed in such a way that instructors can simply “copy and paste” the syllabus, and add their own personalized content.

The standardized syllabus for a given course is maintained by the Program Lead Faculty in CurricUNET. Changes to learning outcomes or other components of the syllabus are automatically reflected in the standard syllabus contained in the NU website.

- Specify the minimum *learning outcomes* that students are expected to achieve from the course, along with the research, writing, technology and/or other minimum requirements for the course.
- Provide potential students and advisors with sufficient detail as to the content of the course to ascertain its relevancy to the student’s academic objectives, and judge the level of similarity with courses at other institutions for purpose of course waiver.

The following is considered minimum content for graduate course syllabi. Individual schools or departments may wish to add standardized requirements, such as a signature assignment or an embedded exam, to the syllabus of a given course. Learning activities, assignments and grading factors are left to the discretion of individual instructors and belong in the instructor’s *course outline* rather than in the standardized *course syllabus*.

Course Syllabus structure:

Note: All additions or changes to syllabus information must be entered in CurricUNET. An updated version of learning outcomes and other syllabus information will be automatically extracted from CurricUNET for use as the standard syllabus for the course in the National University website.

Heading: [Course designation and number]

Course Title: [Limited to 30 characters and spaces]

Credit: [quarter hour unit for the course]

Prerequisites: [List all appropriate prerequisite courses]

Course Texts: [and alternate text(s) or periodicals/journals, if any. Texts should be used by instructors at all locations where the course might be taught. Full bibliographic citation is needed in APA style for consistency.]

Course Description: [Limited to 50 to 70 words]

Specific Program Learning Outcomes related to this course: [It is required that the program learning outcomes be listed, and that those PLOs that are served by this course be asterisked with a note that indicates “Served by this course”. Such a listing would not be appropriate if this course is required by multiple degree programs].

1. Department – Program Name

- PLO1
- PLO2

2. Department – Program Name

- PLO1
- PLO2

3. Department – Program Name

- PLO1
- PLO2

Course Goals: [Not required if covered in course description. Expressed in one or two sentences]

Course Learning Outcomes: [Five to ten learning outcomes recommended. Learning outcomes may be grouped according to Knowledge, Skills, and Dispositions/or Abilities. Align with State or National Standards as appropriate.]

Course Requirements: [The course requirements section should be used to briefly describe any *required* graduate-level learning activities by which the course learning outcomes are to be achieved and measured as to students’ level of achievement. Signature assignments and rubrics that will be used to measure Program Learning Outcomes (PLO) must be included here and in the instructor’s Course Outline. The following are examples of possible course requirements:

- Graduate level research paper assignment and rubric
- Signature assignment and rubric used to measure a program learning outcome
- Project requiring the use of technology, to be documented in writing and presented orally
- Case study assignments requiring reflective analysis, synthesis, and original thinking at a graduate level
- Assigned readings in current journals and periodicals
- One or more early exams or rigorously graded assignment for feedback prior to the deadline for withdrawal without tuition penalty
- A comprehensive final exam

Note that the course syllabus should list those course requirements that the program faculty consider necessary for the course in question. Instructors should then be advised to copy these course requirements (along with other elements of the course syllabus) into their course outlines, and make sure that appropriate learning activities that address these requirements have been incorporated in the class assignments.]

From this point on, standard syllabus paragraphs are provided by CurricUNET

Course Outlines

The document that an instructor provides to his or her students for a particular class is referred to as a *course outline*. The course outline should duplicate the course description, learning outcomes and other elements of the standardized *course syllabus*, and add the instructor's personalized information, including (though not limited to)...

- Instructor name and contact information
- Current edition of the textbook and listing of required readings and how to access them (syllabus may not have been updated)
- Instructor's choice of clearly articulated *grading factors* for determination of course grade
- Schedule of class sessions with dates, major topics, assignments, and exam schedule
- Grading criteria /rubric for individual assignments

In essence, whereas the standardized *course syllabus* specifies the course learning *outcomes* and requirements to meet the outcomes, the instructor's *course outline* can add additional learning *activities* which, in the judgment of the individual instructor, will best enable students to achieve those outcomes, along with the measures by which each student's level of achievement is to be determined.

Lead faculty are expected to mentor adjunct faculty in the development of their course outlines, and to periodically review course outlines for completeness and currency. The course outline thus provides a means by which Lead Faculty can monitor instructional quality and make sure that Graduate Program Standards as prescribed by the *Graduate Policies* are being met.

Chapter 5
APPENDICES

University and School of Health and Human Services Standing and ad hoc Committees

University-level standing faculty committees:

Faculty Senate

The Faculty Senate represents the MPH program faculty. The Faculty Senate is comprised of elected representatives from each College, School and region of National University. The Faculty Senate is the collaborative body, with responsibility for furthering and protecting shared academic governance and faculty members' welfare. The constitution and the procedures of the Faculty Senate are described in the Faculty Bylaws. Faculty Senate activities include, but are not limited to: conducting studies; researching and preparing reports; and making recommendations to the President, the Provost, the Provost's Council, the Council of Chairs, the Graduate Council, and the Undergraduate Council on any and all issues pertaining to the work and well-being of the faculty.

Council of Chairs

The Chair of the Department of Community Health is a member of the Council of Chairs and represents the interests of the MPH program. The Council of Chairs is comprised of the Department Chairs from all Schools and serves as a deliberative and consultative body whose functions include studying matters related to academic programs and making recommendations to the President, the Provost, the School Deans, the Faculty Senate, the Graduate Council and the Undergraduate Council.

Graduate Council

The Graduate Council is comprised of elected members of the graduate faculty from each college and school. The Graduate Council develops and recommends policies concerning the nature and scope of graduate-level programs including the MPH program. It approves courses of study offered by the Departments of instruction; develops and recommends policies and regulations governing admission to graduate programs; establishes, recommends, and monitors requirements for completing graduate programs; establishes and recommends criteria for becoming a member of the Graduate Faculty; determines on a yearly basis members of National University Faculty who have primary responsibility at the graduate level; and establishes written guidelines in collaboration with the Provost, for graduate programs and assessment.

University Faculty Personnel Committee

The University Faculty Personnel Committee (UFPC) is comprised of elected members from each school and college. Its primary responsibility is to ensure equity in the evaluation of Faculty members across Schools and Departments, including the MPH faculty.

University Assessment Committee

The University Assessment Committee is comprised of the Chairs from each School Assessment Committee. It oversees the Program Annual Reviews, Multi-year plans and the five-year review of the MPH program.

University Committee on Nominations and Elections

The University Committee on Nominations and Elections (UCNE) conducts elections for all schools and colleges in the university. They oversee elections by the MPH faculty. Membership for this committee is comprised of two elected representatives from each School, one representative from the Faculty Senate elected by a majority vote of the Senate, and one representative appointed by the Provost.

National University Institutional Review Board

Membership of the the National University Institutional Review Board (NU-IRB) is comprised of elected representatives from each school or college. The NU-IRB monitors CITI training of all MPH faculty and students as well as approves all research involving human subjects by MPH students and MPH faculty. This includes MPH capstone projects.

The NU-IRB was established in accordance with federal regulations governing the use of human subjects in research. The NU-IRB is charged with the responsibility for review and surveillance of all research involving human subjects carried out at National University. Review and surveillance are conducted to assure the protection of the rights and welfare of all research subjects, including volunteers.

Any research conducted by National University faculty, staff, or students that involves human subjects in any way must receive IRB approval before the research can be undertaken. Also, any research that utilizes National University faculty, staff, or students as subjects must be approved by the NU-IRB before the research can be undertaken. Research that is based solely on external literature written by others about human subjects does not require approval of the NU-IRB nor does research that is purely theoretical or is exclusively limited to non-human subjects such as engineering, etc. If the research, however, involves human subjects in any way, such as being recorded in a data pool or being asked to participate in an experiment, to be observed, to respond to a survey or questionnaire or to participate in a focus group, then approval of the NU-IRB is required.

All individuals who conduct research at National University or under its auspices shall observe the guidelines and policies in the planning, designing, and implementation of research projects involving human subjects. These policies and guidelines are intended to supplement, not supplant, ethical guidelines for research established by professional organizations that represent the various disciplines within the academic and professional communities. Researchers at the University shall strive to maintain the highest ethical standards and shall utilize the guidelines described in the policy as minimum standards in the effort to protect the welfare and rights of their human subjects and contribute knowledge to their disciplines. Finally researchers must remember that the highest wisdom is that which cherishes and protects the dignity of each and every human being. (Human Subjects Research Policy, Policy#8:01:00).

The CITI (Collaborative Institutional Training Initiative) Program provides research ethics instruction in various aspects of the responsible conduct of research (RCR) including human subjects protection, health information privacy and security, laboratory animal welfare, research misconduct, data management, authorship, peer review, conflict of interest, mentoring and collaborative science. National University uses the CITI program to stay in compliance with Federal and institutional policies regarding training, as a condition before conducting human subjects, as well as assure that research protocols are planned, and conducted in an ethical manner and consistent with standards established by the NU-IRB.

University-level ad hoc committees:

President's Academic Leadership Council: Comprised of the Chairs of the University Senate, Graduate Council, Undergraduate Council, and Council of Chairs, the Provost and Associate Provost. The purpose of council is to foster communication.

President's Faculty Council: Comprised of appointed members of the faculty who meet quarterly with the president.

President's Task Forces: Appointed for a specific exploration. The task forces produce recommendations to the president.

School-level standing committees:

School of Health and Human Services (SHHS) Assessment Committee

The School Assessment Committee (SHHS SAC) is comprised of appointed members of the SHHS faculty. They meet monthly to oversee the program assessment process including the assessment of the MPH program. The committee offers workshops and individual mentorship for faculty who are conducting program annual reports, multi-year plans and five-year reviews.

School of Health and Human Services (SHHS) Academic Affairs Committee

The School Academic Affairs Committee (SHHS SAAC) is comprised of elected members of the Departments of Community Health, Health Science and Nursing. It is responsible for approving new programs and modifications to existing programs within the School including the MPH program.

School of Health and Human Service (SHHS) Personnel Committee

The School Personnel Committee (SPC) is comprised of elected members of the Departments of Community Health, Health Science and Nursing. Its purpose is to ensure that Faculty members are given the fairest, fullest and most comprehensive assessment of their professional work by colleagues within their School. The SPC makes recommendations to the University Personnel Committee concerning reappointment, promotion, merit, and sabbatical requests.

School of Health and Human Services (SHHS) Leadership Committee

This group is comprised of the Department Chairs who meet monthly with the Dean to discuss planning and issues pertinent to all SHHS departments including the MPH program.

School of Health and Human Services (SHHS) Program Lead Committee

All program lead faculty meet monthly with the Dean to foster communication and to discuss issues pertinent to all programs in the SHHS. The MPH Program Lead participates in this committee.

School-level ad hoc committees:

SHHS Task Force on the Student Experience

The members of this committee are faculty and staff who have volunteered to examine the student experience from first contact through graduation. The committee will make recommendations to the departments and programs including the MPH program. The objective of the SHHS Student Learning Ecosystem Project (SLEP) is to create a comprehensive plan for implementing a structured student learning ecosystem to serve SHHS students in all program delivery modes as well as other members of the SHHS learning community. The SHHS Learning Ecosystem is a dynamic system of interactive relationships between the SHHS community of learners and the SHHS learning environment that is continually optimized for acquiring professional expertise. The Student Learning Ecosystem will integrate comprehensive student learning resources and experiences starting with first contact through job placement.

Community Health Department Committee Memberships: 2012-2013

Faculty Focus on Research

Meets monthly to support the research agenda of the department, to foster an intellectual community, to encourage collaborative research projects, and to increase the dissemination of scholarly work by the faculty members in the department.

Membership

Dr. Tyler Smith, Chair
Dr. Stephen Bowman
Dr. Ellen Kaye Gehrke
Dr. David Adesanya
Dr. Alba Lucia Diaz
Ms. Linda Macomber
Dr. Lara Carver
Dr. Catherine Chung
Dr. Catherine Prato
Dr. Angela Drake
Dr. William Baldyga
Dr. GinaMarie Piane

Curriculum

The Community Health Department Curriculum Committee is responsible for approving new programs and modifications to existing programs within the Department.

Membership

Dr. Ellen Kaye Gehrke, Chair

Dr. Alba Lucia Diaz

Dr. Stephen Bowman

Dr. David Adesanya

Dr. GinaMarie Piane

Community Service and Volunteerism

The Community Health Community Service and Volunteerism Committee meets monthly to examine and disseminate volunteer opportunities for the MPH students. They also monitor volunteer hours and have proposed requiring volunteer hours for all students.

Membership

Dr. Alba Lucia Diaz, Chair

Dr. Ellen Kaye Gehrke

Dr. David Adesanya

Ms. Linda Macomber

Dr. Lara Carver

Dr. Angela Drake

Dr. William Baldyga

Scheduling

The Community Health Department Scheduling meetings occur every six months in order to schedule and staff courses within the department.

Membership

Dr. David Adesanya, Chair

Stephen Bowman

Dr. Alba Lucia Diaz

Dr. GinaMarie Piane

Awards and Recognition

The Community Health Department Awards and Recognition Committee meets annually to select student award recipients and to plan the awards ceremony.

Membership

Ms. Linda Macomber, Chair

Dr. Tyler Smith

Dr. GinaMarie Piane

MPH Course Syllabi

Public Health Core Courses	On site	On-line
HCA 600: US Healthcare System	Sept 2012 Bowman p. 7	Sept 2012 LaChapelle p.13
COH 602: Biostatistics	May 2012 A Smith p.24	May 2012 McHugh p.19
COH 604: Theories of Health Behavior	July 2012 Morton p.28	Aug 2012 Omagbai p. 35
COH 606: Epidemiology	Sept 2012 A Smith p. 48	July 2012 Piane p. 40
COH 608: Public Health and the Environment	May 2012 Chowdhury p. 53	
Other Courses Required of all MPH students		
COH 611: Research Methods	Aug 2012 Morton p.65	Sept 2012 Tweeten p. 69
COH 691: Public Health Internship	May 2012 Evans p.72	
COH 692: Public Health Capstone	July 2012 Piane p.78	
Courses in the Health Promotion Specialization		
COH 601: Global Public Health	April 2012 Adesanya p.81	
COH 603: Public Health Biology	June 2012 Tweeten p. 87	June 2012 Omagbai p. 90
COH 605: Health Promotion	Aug 2012 Diaz p. 94	
COH 607: Health Promotion Program Development	April 2012 Adesanya p. 97	
COH 609: Public Health Program Evaluation	June 2012 Sipan p. 100	
COH 618: Health Promotion Strategies and Tactics	July 2012 Diaz p. 105	
COH 612: Health Policy and Advocacy	Sept 2012 Morton p. 112	
COH 613: Public Health Informatics	April 2012 T Smith p. 120	
Courses in the Mental Health Specialization		
COH 601: Global Public Health	April 2012 Adesanya p.81	
COH 609: Public Health Program Evaluation	June 2012 Sipan p.100	
COH 612: Health Policy and Advocacy	Sept 2012 Morton p.112	
COH 614: Psychosocial Epidemiology	Sept 2012 Piane p. 124	

COH 616: Mental Health Program Planning	Oct 2012 Piane p.128	
COH 617 Public Health Aspects of Violence	In development p.133	
COH 619: Public Health Aspects of Human Sexuality	In development p. 134	
COH 621: Public Health Aspects of Drug Addiction	In development p. 135	
Courses in the Healthcare Administration Specialization		
HCA 610: Health Policy	April 2012 Holland p. 136	
HCA 620: Health Organization Management	June 2012 LaChapelle p. 140	
HCA 622: Quality Appraisal and Evaluation	Aug 2012 Holland p. 145	
HCA 626: Healthcare Information Systems	July 2012 LaChapelle p. 148	
HCA 628 Healthcare Administration Human Resource Management	May 2012 Hilleary p. 155	
HCA 630 Healthcare Law and Ethics	June 2012 Caruana p. 160	
HCA 660: Healthcare Economics	April 2012 Mondal p. 165	
HCA 663: Healthcare Accounting/Finance	Sept 2012 Ensign p. 169	

Note: Bibliographies and Standard Language included in all syllabi are excluded for brevity

Standard Language Included in every Syllabus

Definition of Grades:

- A Outstanding Achievement**
- B Commendable Achievement**
- C Marginal Achievement**
- D Unsatisfactory ***
- F Failing ***

* Students receiving this grade in a course that is required for his/her degree program must repeat the course.

- I Incomplete** A grade given at the discretion of the instructor when a student who has completed **at least two-thirds of the course class sessions** and is unable to complete the requirements of the course because of uncontrollable and unforeseen circumstances. The student must convey these circumstances (preferably in writing) to the instructor prior to the final day of the course. If an instructor decides that an "Incomplete" is warranted, the instructor must convey the conditions for removal of the "Incomplete" to the student in writing. A copy must also be placed on file with the Office of the Registrar until the "Incomplete" is removed or the time limit for removal has passed. An "Incomplete" is not assigned when the only way the student could make up the work would be to attend a major portion of the class when next offered. An "I" that is not removed within the stipulated time becomes an "F." No grade points are assigned. The "F" is calculated in the grade point average.
- W Withdrawal** Signifies that a student has withdrawn from a course after beginning the third class session. **Students who wish to withdraw must notify their admissions advisor before the beginning of the sixth class session in the case of graduate courses, or before the seventh class session in the case of undergraduate courses.** Instructors are not authorized to issue a "W" grade.

SCHOOL OF HEALTH AND HUMAN SERVICES REQUIREMENTS

General Policies:

Academic Integrity:

Students are required to submit their own, original work that is written or developed for this particular class.

Attendance:

Students are expected to attend all class sessions. An absence is assessed each time a student is not in attendance during a regularly scheduled class period, whether or not it is an excused absence. An instructor may withdraw a student from class prior to the sixth session in graduate courses if there are more than two unexcused absences. Students who have more than three absences, excused or unexcused, cannot be given a satisfactory grade.

Cell Phones:

Cell phones may not be used during class. Students should shut off or switch phones to silent mode.

Laptop Computers:

Laptop computers may be used in class for taking notes and accessing materials posted on eCompanion. Instructors may ask students to close computers if use becomes disruptive to learning.

Civility:

As a diverse community of learners, students must strive to work together in a setting of civility, tolerance, and respect for each other and for the instructor. Rules of classroom behavior (which apply to online as well as onsite courses) include but are not limited to the following:

- Conflicting opinions among members of a class are to be respected and responded to in a professional manner.
- Side conversations or other distracting behaviors are not to be engaged in during lectures, class discussions or presentations
- There are to be no offensive comments, language, or gestures

Diversity:

Learning to work with and value diversity is essential in every degree program. Students are required to act respectfully toward other students and instructors throughout the course. Students are also expected to exhibit an appreciation for multinational and gender diversity in the classroom and develop leadership skills and judgment appropriate to such diversity in the workplace.

Disability:

National University complies with the Americans with Disabilities Act of 1990 and Section 504 of the Federal Rehabilitation Act of 1973. If you need accommodations due to a documented disability, please contact the Office of Scholarships and Special Services at (858) 642-8185 or via e-mail at specialservices@nu.edu. Information received by this office is confidential and is only released on a 'need-to-know' basis or with your prior written consent. Accommodations can only be granted upon approval by the Committee for Students with Disabilities (CSD).

Ethics:

Ethical behavior in the classroom is required of every student. Students are also expected to identify ethical policies and practices relevant to course topics.

Plagiarism:

Plagiarism is the presentation of someone else's ideas or work as one's own. Students must give credit for any information that is not either the result of original research or common knowledge. If a student borrows ideas or information from another author, he/she must acknowledge the author in the body of the text and on the reference page. Students found plagiarizing are subject to the penalties outlined in the Policies and Procedures section of the University Catalog, which may include a failing grade for the work in question or for the entire course. The following is one of many websites that provide helpful information concerning plagiarism for both students and faculty:

<http://www.indiana.edu/~wts/pamphlets/plagiarism.shtml>

Quoting, Paraphrasing, and Summarizing

(http://owl.english.purdue.edu/handouts/research/r_quotprsum.html)

Technology:

Students are expected to be competent in using current technology appropriate for this discipline. Such technology may include word processing, spreadsheet, and presentation software. Use of the internet and e-mail may also be required.

The following website provides information on APA, MLA, and other writing and citation styles that may be required for term papers and the like:

<http://www.nu.edu/LIBRARY/ReferenceTools/citations.html>

Writing Standards of SHHS:

Students are expected to demonstrate writing skills in describing, analyzing and evaluating ideas and experiences. Written material must follow specific standards regarding citations of authors' work within the text and references at the end of the paper. Students are encouraged to use the services of the University's Writing Center when preparing materials (see National University Services below). Grades will be assigned for written material in accordance with the University catalog and the following general criteria adopted by the School of Health and Human Services.

NOTE: Letter grades may be assigned for any or all of the following reasons:

"A" Range: Outstanding achievement, significantly exceeds standards

- ❑ Unique topic or unique treatment of topic, takes risks with content; fresh approach.
- ❑ Sophisticated/exceptional use of examples.
- ❑ Original and "fluid" organization; all sentences and paragraphs contribute; sophisticated transitions between paragraphs.
- ❑ Integration of quotations and citations is sophisticated and highlights the author's argument.
- ❑ Confidence in use of Standard English; language reflects a practiced and/or refined understanding of syntax and usage.
- ❑ Sentences vary in structure, very few, if any mechanical errors (no serious mechanical errors).

"B" Range: Commendable achievement, meets or exceeds standards for course.

- ❑ Specific, original focus, content well handled.
- ❑ Significance of content is clearly conveyed; good use of examples; sufficient support exists in key areas.
- ❑ Has effective shape (organization), effective pacing between sentences or paragraphs.
- ❑ Quotations and citations are integrated into argument to enhance the flow of ideas.
- ❑ Has competent transitions between all sentences and paragraphs.
- ❑ Conveys a strong understanding of standard English; the writer is clear in his/her attempt to articulate main points, but may demonstrate moments of "flat" or unrefined language.
- ❑ May have a few minor mechanical errors (misplaced commas, pronoun disagreement, etc.), but no serious mechanical errors (fragments, run-ons, comma splices, etc.)

"C" Range: Acceptable achievement, meets standards for course

- ❑ Retains overall focus, generally solid command of subject matter.
- ❑ Subject matter well explored but may show signs of underachievement.
- ❑ Significance is understood, competent use of examples.
- ❑ Structure is solid, but an occasional sentence or paragraph may lack focus.
- ❑ Quotations and citations are integrated into argument.
- ❑ Transitions between paragraphs occur but may lack originality.
- ❑ Competent use of language; sentences are solid but may lack development, refinement, style.
- ❑ Occasional minor mechanical errors may occur, but do not impede clear understanding of material.
- ❑ No serious mechanical errors (fragments, run-ons, comma-splices, etc.).

"D" Range: Unsatisfactory achievement; does not meet acceptable standards

Note: The "D" grade is a passing grade; work that is not of "passing quality" should receive grade "F".

- ❑ Significance of content is unclear.
- ❑ Ideas lack support, elaboration.
- ❑ Lacks sufficient examples or relevance of examples may be unclear.
- ❑ Support material is not clearly incorporated into argument.
- ❑ Expression is frequently awkward (problematic sentence structure).
- ❑ Mechanical errors may often impede clear understanding of material.
- ❑ May have recurring serious mechanical errors (fragments, run-ons, comma splices, etc.).

"F" Range: Fails to meet minimal standards

- ❑ Ignores assignment.
- ❑ Lacks significance.
- ❑ Lacks coherence.
- ❑ Includes plagiarized material (intentional or unintentional).
- ❑ Lacks focus
- ❑ Difficult to follow due to awkward sentence or paragraph development.
- ❑ Mechanical errors impede understanding.
- ❑ Problems with writing

National University Library:

National University Library supports academic rigor and student academic success by providing access to scholarly books and journals both electronically and in hard copy. Print materials may be accessed at the Library in San Diego or through document delivery for online and regional students. Librarians are available to provide training, reference assistance, and mentoring at the San Diego Library and virtually for online or regional students. Please take advantage of Library resources:

- URL: <http://www.nu.edu/library>.
- Contact the Library:
 - RefDesk@nu.edu
 - (858) 541-7900 (direct line)
 - 1-866-NU ACCESS x7900 (toll free)
- Use the Library Training Tools (on the Library Homepage) for additional help
 - Recorded class presentations
 - Tutorials & Guides (APA/MLA, Peer-Review, and more)



National University
School of Health and Human Services
Department of Community Health
Master of Healthcare Administration

HCA 600 U.S. Healthcare System

Course Outline Kearny Mesa Learning Center Center for Technology and Health Sciences

September 2012

Professor: Stephen Bowman
Email: sbowman@nu.edu
Phone: (858) 309-3484

Office hours: Tuesdays and Thursdays (3:00 – 5:00 PM). Kearny Mesa building, room 111

Class Sessions:

Week 1: September 4th and 6th
Week 2: September 11th and 13th
Week 3: September 18th, 20th, and *22nd
Week 4: September 25th

***Saturday class will meet one week earlier on September 22nd. Time will be 9:00 AM – 1:00 PM**

Note: We will not meet in person for the September 27th class. You will complete an online final exam during this time.

Textbook:

Shi, L. and Singh, D.A. (2012). Delivering Health Care in America: A Systems Approach. 5th Edition. Sudbury, MA: Jones and Bartlett Publishers.

Note: The textbook is required. You will need a copy to do well on the exams.

Course Description

Provides a comprehensive overview of the basic structures and operations of the US health system. The origins of health care reveal how much of where we are today occurred. From individual services, cost, and quality, understanding these complexities is essential for today's health care professional. More and more health care organizations are using a unique "systems" approach, in the midst of drastic health care reform initiatives that threaten the status quo. By understanding the complexities of health care organizations and finance, the learner can position him or herself to be poised to lead.

Course Learning Outcomes:

Upon completion of this course the student will be able to:

1. Identify major trends in the US healthcare system.
2. Interpret consequences of key events on professions, organizations and financing of care.
3. Differentiate between various healthcare delivery and financing systems.
4. Relate changes in access, cost and quality of care to various perspectives and stakeholders.
5. Identify concerns of the US healthcare system in the global context.
6. Design alternative approaches to address significant health care issues.
7. Explain consumer behavior in health services settings.

Program Mission:

Master of Healthcare Administration (MHA)

The Master in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors.

Master of Public Health (MPH)

National University's MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Master of Science in Health Informatics (MS)

The MS in Health Informatics is a professional degree designed to enhance the practice of health informatics by preparing students for career growth to mid-level and leadership positions within healthcare organizations, technology, and consulting firms. This program is intended for students interested in the effective use of information technologies and systems to improve the quality, safety, efficiency, and affordability of healthcare.

Program Learning Outcomes:

Master of Healthcare Administration

Solve complex problems in a healthcare environment by employing analytical skills;	
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	INTRODUCED
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	
Apply healthcare management concepts for healthcare organizations;	INTRODUCED
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	INTRODUCED
Synthesize best practices in healthcare leadership;	INTRODUCED
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	INTRODUCED

Program Lead Faculty: Dr. Stephen Bowman
sbowman@nu.edu; (858) 309-3484

Master of Public Health

Analyze and interpret health data.	
Describe the distribution and determinants of disease, disabilities and death in human populations	
Evaluate the environmental factors that affect the health of a community.	
Analyze the planning, organization, administration and policies of health care organizations.	INTRODUCED
Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.	

Program Lead Faculty: GinaMarie Piane, DrPH
gpiane@nu.edu; (858) 309-3474

Master of Science in Health Informatics

Evaluate the healthcare delivery system in the US and the impact of social, cultural, political, economic, and environmental factors affecting the management and operation of healthcare organizations.	INTRODUCED
Evaluate health data management technologies and methods to improve the quality, efficiency, equity and safety of healthcare practice and organization.	
Develop strategies for improving healthcare delivery and achieving institutional strategic initiatives using information systems and technologies.	
Evaluate leadership principles and practices in health information technology staff development, technology adoption and change management in a healthcare organization.	INTRODUCED
Evaluate a healthcare organization's processes and systems to ensure compliance with ethical, legal and regulatory mandates and professional standards of health information technology.	
Apply statistical and research methodologies to implement evidence-based health information technology management practice and healthcare quality improvement.	
Communicate knowledge of health information systems and technology to stakeholders of the healthcare ecosystem.	INTRODUCED

Program Lead Faculty: Ms. Linda Macomber
lmacomber@nu.edu (858) 309-3495

Teaching Methodology:

The learning environment consists of reading the assigned chapters prior to class, and participating and actively engaging each other during class sessions. Each week, assignments will include textbook readings and lecture, as well as class discussions, videos, and other in-class exercises. Three written papers will be required over the course, and there will be a midterm and a final exam. The schedule and due dates for assignments are noted below. No late assignments will be accepted.

SCHEDULE

1. Classes are on a Tuesday and Thursday, 5:30 PM – 10:00 PM.
2. The Saturday class will meet from 9:00 AM – 1:00 PM.
3. Thursday, September 27th, you will complete the final exam. This will be independent work, open book and notes. You will have 90 minutes to complete the exam. You may **not** work with other students. We will **not** meet in person on September 27th.

Date	Topic	Reading	Assignments Due
(1) Tuesday, September 4 th 5:30-10:00 pm	A Distinctive System of Health Care Delivery Beliefs, Values, and Health The Future of Healthcare (Need to Know PBS Video) - Class discussion - In-class exercise	Chapter 1 Chapter 2	
(2) Thursday, September 6 th 5:30-10:00 pm	Evolution of Health Services in the United States Health Services Professionals - Video - Class discussion - In-class exercise	Chapter 3 Chapter 4	
(3) Tuesday, September 11 th 5:30-10:00 pm	Medical Technology Financing - Video - Class discussion - In-class exercise	Chapter 5 Chapter 6	

(4) Thursday, September 13 th 5:30-10:00 pm	Outpatient and Primary Care Services Inpatient Facilities and Services - Video - Class discussion - In-class exercise	Chapter 7 Chapter 8	Assignment 1 due by 5:30 PM to the Course Dropbox
(5) Tuesday, September 18 th 5:30-10:00 pm	Managed Care and Integrated Organizations Long-Term Care - Video - Class discussion - In-class exercise	Chapter 9 Chapter 10	Midterm (in-class)
(6) Thursday, September 20 th 5:30-10:00 pm	Health Services for Special Populations Cost, Access, and Quality - Video - Class discussion - In-class exercise	Chapter 11 Chapter 12	Assignment 2 due by 5:30 PM
(7) Saturday, September 22 nd 9:00-1:00 pm	Health Policy and Health Reform	Chapter 13	
(8) Tuesday, September 25 th 5:30-10:00 pm	The Future of Health Services Delivery Course Evaluations	Chapters 14	
(9) Thursday, September 27 th (No on-site class)	Online Final Exam to do from home or library Finish Assignment 3 and submit to Dropbox.		Online Final Exam Assignment 3 due by 11:00 PM.

Course Requirements: 100 points total

Course Grading

Grading will be based on multiple measures to allow students opportunities to demonstrate their learning in more than one way and giving consideration to individual learning styles. There are three writing assignments, a midterm and a final exam. Attendance and participation will also be graded and will contribute 10% of your grade.

Written Assignments

In this class, you will prepare three written assignments: Week Two (10 points) - a 500 word essay on Uncompensated Care and Cost Shifting (CLOs)1-4 ; Week Three (15 points) - a 750 word essay describing what a Point of Service Plan is, why it grew in popularity, and what caused its subsequent decline (CLOs 6-7). You are also asked to tell me whether you believe that point of service plans are good or bad for consumers; and Week Four (15 points) - a 500 word brief that describes the critical policy issues related to access to care, cost of care, and quality of care (CLOs 1,2,5). Details of these written assignments are provided each week, and all papers submitted **must** have APA formatting and be submitted to the course Dropbox. The Written Assignments must reflect college-level writing and thinking, and they will contribute 45% to the course grade. **Please** proof your work, as I will deduct for errors in spelling, punctuation and grammar.

Midterm and Final Exam

The Midterm will be in-class, closed book, closed notes, and closed laptops. It will contribute 25% to the course grade. The Final Exam will be online and consist of multiple choice questions. The Final Exam will contribute 25% to the course grade. (CLOs 1-7). **Signature Assignment** for MPH is embedded in this exam.

Course Grading Breakdown

A	96-100	B+	87-89	C+	77-79	D+	67-69
A-	90-95	B	84-86	C	74-76	D	64-66
		B-	80-83	C-	70-73	D-	60-63

Grading Percent Breakdown

<i>Attendance and participation</i>	<i>10%</i>
<i>Written Assignments</i>	<i>40%</i>
<i>Midterm</i>	<i>25%</i>
<i>Final Exam</i>	<i>25%</i>
<i>Total:</i>	<i>100 %</i>

***Extra credit:** Become a student member of the American College of Healthcare Executives and earn 3 bonus (extra credit) points.



National University
School of Health and Human Services
Department of Community Health
Master of Healthcare Administration
Master of Public Health

Course Outline

HCA 600: US Healthcare System

September 2012 ONLINE

Class Meetings:	9/4/2012	Tuesday	5:30 PM – 10:00 PM
	9/6/2012	Thursday	5:30 PM – 10:00 PM
	9/11/2012	Tuesday	5:30 PM – 10:00 PM
	9/13/2012	Thursday	5:30 PM – 10:00 PM
	9/18/2012	Tuesday	5:30 PM – 10:00 PM
	9/20/2012	Thursday	5:30 PM – 10:00 PM
	9/25/2012	Tuesday	5:30 PM – 10:00 PM
	9/27/2012	Thursday	5:30 PM – 10:00 PM
	9/29/2012	Saturday	8:30 AM – 12:30 PM

Professor (or Instructor): **Kevin LaChapelle, MPA**
klachapelle@nu.edu

Office: National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
619-778-8433

Office Hours: By appointment only

Textbooks:

A. Shi, L. & Singh, D.L., (2008) Delivering Health Care in America, A Systems Approach. Fifth Edition. Jones and Bartlett Publishers.

Course description:

US Healthcare system overview, including terminology, components of healthcare delivery systems, financing, personnel, regulation, delivery and consumers. Consideration of the effects of public policy on services.

Course Learning Outcomes:

Upon completion of this course the student will be able to:

1. Identify major trends in the US healthcare system.
2. Interpret consequences of key events on professions, organizations and financing of care.
3. Differentiate between various healthcare delivery and financing systems.
4. Relate changes in access, cost and quality of care to various perspectives and stakeholders.
5. Identify concerns of the US healthcare system in the global context.
6. Design alternative approaches to address significant health care issues.
7. Explain consumer behavior in health services settings.

Program Mission:

Master of Healthcare Administration (MHA)

The Master in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors.

Master of Public Health (MPH)

National University’s MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Master of Science in Health Informatics (MS)

The MS in Health Informatics is a professional degree designed to enhance the practice of health informatics by preparing students for career growth to mid-level and leadership positions within healthcare organizations, technology, and consulting firms. This program is intended for students interested in the effective use of information technologies and systems to improve the quality, safety, efficiency, and affordability of healthcare.

Program Learning Outcomes:

Master of Healthcare Administration

Solve complex problems in a healthcare environment by employing analytical skills;	
Establish strategic priorities of a healthcare organization in line with the needs and	INTRODUCED

values of the community it serves;	
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	
Apply healthcare management concepts for healthcare organizations;	INTRODUCED
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	INTRODUCED
Synthesize best practices in healthcare leadership;	INTRODUCED
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	INTRODUCED

Program Lead Faculty: Dr. Stephen Bowman
sbowman@nu.edu; (858) 309-3484

Master of Public Health

Analyze and interpret health data.	
Describe the distribution and determinants of disease, disabilities and death in human populations	
Evaluate the environmental factors that affect the health of a community.	
Analyze the planning, organization, administration and policies of health care organizations.	INTRODUCED
Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.	

Program Lead Faculty: GinaMarie Plane, DrPH
gplane@nu.edu; (858) 309-3474

Master of Science in Health Informatics

Evaluate the healthcare delivery system in the US and the impact of social, cultural, political, economic, and environmental factors affecting the management and operation of healthcare organizations.	INTRODUCED
Evaluate health data management technologies and methods to improve the quality, efficiency, equity and safety of healthcare practice and organization.	
Develop strategies for improving healthcare delivery and achieving institutional strategic initiatives using information systems and technologies.	
Evaluate leadership principles and practices in health information technology staff development, technology adoption and change management in a healthcare organization.	INTRODUCED
Evaluate a healthcare organization's processes and systems to ensure compliance with ethical, legal and regulatory mandates and professional standards of health information technology.	
Apply statistical and research methodologies to implement evidence-based health information technology management practice and healthcare quality improvement.	
Communicate knowledge of health information systems and technology to stakeholders of the healthcare ecosystem.	INTRODUCED

Program Lead Faculty: Ms. Linda Macomber
lmacomber@nu.edu (858) 309-3495

Tentative schedule:

Class Session	Topics	Readings	Assignments
1 9/4/2012, Tuesday	Introduction, Course Overview & Paper	Text, Chapters 1 & 2	
2 6/6/2012, Thursday	Medical Evolution & Health Professionals	Text, Chapters 3 & 4	
3 9/11/2012, Tuesday	Medical Technology & Health Services Financing	Text, Chapters 5 & 6	First Reaction Paper due
4 9/13/2012, Thursday	Ambulatory Care and Inpatient Services	Text, Chapters 7 & 8	
5 9/18/2012, Tuesday	Managed Care, Integrated Delivery Systems & Long- Term Care	Text, Chapters 9 & 10	Midterm Exam Second Reaction Paper due
6 9/20/2012, Thursday	Special Populations & Quality	Text, Chapters 11 & 12	
7 9/25/2012, Tuesday	Health Policy and Reform	Text, Chapter 13 & TBD	Third Reaction Paper due
8 9/27/2012, Thursday	The Future of Healthcare & Course Summary	Text, Chapter 14	Research Paper due
9 9/29/2012, Saturday			Comprehensive Final Exam Fourth Reaction Paper due

Course Outline Content**Requirements:**

Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

Assignments:

Class Participation

1. Each student should have read the assigned material prior to the start of each class, and prepared to answer questions on the material and engage in meaningful discussion about the material.
2. Failure to attend all class sessions, participate in all class activities, complete exams as scheduled and turn in all assignments on time may result in loss of points and adversely affect a student's final grade.
3. Students who have more than three absences, excused or unexcused, will not be given a satisfactory grade.

Weekly Reaction Paper

1. Each student is required to submit a one (1) page reaction paper focused on the prior week's assigned reading material. (CLOs 1-7)
2. The reaction papers should be concise, demonstrate analytical thinking and consistency of thought.
3. The reaction papers will also be graded on the mechanics of writing, such as clarity, tone and punctuation.

Research Paper (CLOs 1-7)

1. Write an original 10 paged paper examining one major healthcare issue.
2. Grading will be based on the substantive aspects and clarity of the paper, and demonstrated the ability to write critically and analytically.
3. The paper must adhere to the guidelines established by the American Psychological Association (APA) in its most current edition. Students unfamiliar with the APA style requirements are encouraged to contact the National University Writing Center for direction and assistance.
4. Papers must be typed in a 12-point font on white paper, 8 ½ by 11 inches. Number pages on the bottom middle of each page. Double space and leave 1 inch margins.
5. The paper is due Thursday, June 23, 2011 and accounts for 30% of the Student's grade.

Midterm (CLOs 1-3)

1. Midterm exam will be given on Tuesday, June 14, 2011 and will account for 20% of the student's grade.
2. The exam will be multiple-choice and cover material addressed through Session 4.

Final (CLOs 1-7)

1. A comprehensive final exam will be given during session 9 and will account for 40% of the student's grade.
2. The exam will be multiple choice.
3. The exam will be comprehensive in nature, covering all material addressed in the course.

Note: **Signature Assignment** for MPH program is imbedded into this exam.

Grading:

Class Participation – 10%
Weekly Reaction Paper – 8%
Research Paper – 22%
Midterm – 20%
Comprehensive Final – 40%

A	96-100	B+	87-89	C+	77-79	D+	67-69
A-	90-95	B	84-86	C	74-76	D	64-66
		B-	80-83	C-	70-73	D-	60-63



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program
Master of Healthcare Administration

Course Outline
COH 602: Biostatistics
May 2012 ONLINE

Class Meetings: online May 7, 2012 - June 2, 2012

Professors: Mary L. McHugh, PhD, RN
mmchugh@nu.edu
(858) 309-3519

GinaMarie Plane, MPH, DrPH, CHES
gplane@nu.edu
(858) 309-3474

Offices: National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
Room # 102

Synchronous online Lectures and Discussions: Tuesdays and Thursdays 6:00 – 8:00 PM

Office Hours: Tuesdays and Thursdays 3-4 PM online or by appointment

Textbook:
Sullivan, Lisa M.: (2008) *Essentials of Biostatistics in Public Health*. Jones and Bartlett Publishers, Inc. 2008. ISBN-13:978-0-7637-3737-5

Workbook:
Sullivan, Lisa M.: (2008) *Essentials of Biostatistics Workbook: Statistical Computing Using Excel*, by LM Sullivan. Jones and Bartlett Publishers, Inc. 2008. ISBN-13:978-0-7637-5477-8

Course Description:

The course is designed to provide students with a solid background in applied biostatistics in the field of public health. Specifically, the course includes an introduction to the application of biostatistics and a discussion of key study designs. Appropriate techniques to measure the extent of disease, the development of disease and comparisons between groups in terms of the extent and development of disease are then discussed. Techniques for summarizing data collected in samples are presented in detail, followed by a focused discussion of probability theory. Procedures for estimation and hypothesis testing are presented for means, for proportions and for comparisons of means and proportions in two and more than two groups. Issues of power and sample size determination are presented. Finally, multivariable statistical methods are introduced.

Course Learning Outcomes:

Upon completion of this course the student will be able to:

1. Appropriately use and understand probabilistic and biostatistical terminology.
2. Appropriately apply biostatistical procedures in the public health environment.
3. Effectively interpret output from statistical computing packages to draw appropriate inferences, and to report results effectively.
4. Critically review the public health literature.

Program Mission:***Master of Healthcare Administration***

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors.

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Master of Health Informatics

The MS in Health Informatics is a graduate professional degree designed to enhance the practice of health informatics by preparing students for career growth to mid-level and leadership positions within healthcare organizations, technology, and consulting firms. This program is intended for students interested in the effective use of information technologies and systems to improve the quality, safety, efficiency, and affordability of healthcare.

Program Learning Outcomes:

Master of Healthcare Administration

Solve complex problems in a healthcare environment by employing analytical skills;	INTRODUCED
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	INTRODUCED
Apply healthcare management concepts for healthcare organizations;	
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	INTRODUCED
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	
Synthesize best practices in healthcare leadership;	
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	

Program Lead Faculty: GinaMarie Piane, DrPH
gpiane@nu.edu
(858) 309-3474

Master of Public Health

Analyze and interpret health data.	INTRODUCED
Describe the distribution and determinants of disease, disabilities and death in human populations	
Evaluate the environmental factors that affect the health of a community.	
Analyze the planning, organization, administration and policies of health care organizations.	
Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.	

Program Lead Faculty: GinaMarie Piane, DrPH
gpiane@nu.edu
(858) 309-3474

Master of Science in Health Informatics

Evaluate the healthcare delivery system in the US and the impact of social, cultural, political, economic, and environmental factors affecting the management and operation of healthcare organizations.	
Evaluate health data management standards, technologies and methods to improve the quality, efficiency, equity and safety of healthcare practice and organization.	
Develop policies and technologies to protect data integrity and validity, including information privacy and security policies and procedures.	
Develop strategies for improving healthcare delivery and achieving institutional strategic initiatives using information systems and technologies.	
Evaluate leadership principles and practices in health information technology staff development, technology adoption and change management in a healthcare organization.	
Evaluate a healthcare organization's processes and systems to ensure compliance with ethical, legal and regulatory mandates and professional standards of health information technology.	
Apply statistical and research methodologies to implement evidence-based health information technology management practice and healthcare quality improvement.	INTRODUCED DEVELOPED
Communicate knowledge of health information systems and technology to stakeholders of the healthcare ecosystem.	

Program Lead Faculty: Linda Travis Macomber, BSN, MBA
lmacomber@nu.edu
 (858) 309-3495

Tentative Class Schedule

Date	Topic	Readings	Workbook Homework
May 7-10	Introduction; Study Designs; Quantifying the extent of disease	Chapter 1 – 3	Chapter 1-3.2
May 10-14	Summarizing Data; Probability	Chapter 4 – 5	Chapter 3.3 – 5
May 14-17	Midterm; Confidence Intervals – part 1	Chapter 6.1 – 6.3	Chapter 6.1 – 6.2
May 17-21	Confidence Intervals – part 2 Hypothesis Testing – part 1	Chapter 6.4 – 7.4	Chapter 6.3 – 7.3
May 21-24	Hypothesis Testing – part 2	Chapter 7.5 – 7.11	Chapter 7.4 – 7.8
May 24-28	Power & Sample Size	Chapter 8	Chapter 8
May 28-31	Multivariable Methods	Chapter 9	Chapter 9
May 31	Review		
June 2	FINAL EXAM		

Quiz 1 due May 13, 2012 12:00 noon (CLO 1)

Midterm Exam due May 20, 2012 12:00 noon (CLO 1-2)

Quiz 2 due May 27, 2012 12:00 noon (CLO 3)

Final Exam due June 2, 2012 12:00 noon (CLO 1-4)

Course Requirements:

1. Quizzes (20%)
2. Homework (20%)
3. Midterm exam. (25%)
4. Class participation in focused discussions. (5%)
5. Comprehensive final exam. (30%) **Signature Assignment** embedded

Discussions: (8 total)

1. Introduce yourself to the professors and class. Describe your program of study and ambitions as well as your experience, specifically your experience with statistics and math. This is uploaded in the threaded discussion.
- 2-8. Describe the 'clearest point' and the 'muddiest point' from the material you are studying currently. This will help to shape the lecture and discussion sessions.



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program
Master of Healthcare Administration

Course Outline

COH 602: Biostatistics

May 2012

Class Meetings: May 7, 2012 - June 2, 2012
Professors: Alan Smith, PhD, MPH

Class Meetings: Tuesdays and Thursdays 5:30-10:00 PM
Office Hours: by appointment

Textbook:
Sullivan, Lisa M.: (2008) *Essentials of Biostatistics in Public Health*. Jones and Bartlett Publishers, Inc. 2008. ISBN-13:978-0-7637-3737-5

Workbook:
Sullivan, Lisa M.: (2008) *Essentials of Biostatistics Workbook: Statistical Computing Using Excel*, by LM Sullivan. Jones and Bartlett Publishers, Inc. 2008. ISBN-13:978-0-7637-5477-8

Course Description:

The course is designed to provide students with a solid background in applied biostatistics in the field of public health. Specifically, the course includes an introduction to the application of biostatistics and a discussion of key study designs. Appropriate techniques to measure the extent of disease, the development of disease and comparisons between groups in terms of the extent and development of disease are then discussed. Techniques for summarizing data collected in samples are presented in detail, followed by a focused discussion of probability theory. Procedures for estimation and hypothesis testing are presented for means, for proportions and for comparisons of means and proportions in two and more than two groups. Issues of power and sample size determination are presented. Finally, multivariable statistical methods are introduced.

Course Learning Outcomes:

Upon completion of this course the student will be able to:

1. Appropriately use and understand probabilistic and biostatistical terminology.
2. Appropriately apply biostatistical procedures in the public health environment.
3. Effectively interpret output from statistical computing packages to draw appropriate inferences, and to report results effectively.
4. Critically review the public health literature.

Program Mission:***Master of Healthcare Administration***

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors.

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Master of Health Informatics

The MS in Health Informatics is a graduate professional degree designed to enhance the practice of health informatics by preparing students for career growth to mid-level and leadership positions within healthcare organizations, technology, and consulting firms. This program is intended for students interested in the effective use of information technologies and systems to improve the quality, safety, efficiency, and affordability of healthcare.

Program Learning Outcomes:***Master of Healthcare Administration***

Solve complex problems in a healthcare environment by employing analytical skills;	INTRODUCED
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	INTRODUCED
Apply healthcare management concepts for healthcare organizations;	
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	INTRODUCED
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	

Synthesize best practices in healthcare leadership;	
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	

Program Lead Faculty: GinaMarie Piane, DrPH

gpiane@nu.edu

(858) 309-3474

Master of Public Health

Analyze and interpret health data.	INTRODUCED
Describe the distribution and determinants of disease, disabilities and death in human populations	
Evaluate the environmental factors that affect the health of a community.	
Analyze the planning, organization, administration and policies of health care organizations.	
Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.	

Program Lead Faculty: GinaMarie Piane, DrPH

gpiane@nu.edu

(858) 309-3474

Master of Science in Health Informatics

Evaluate the healthcare delivery system in the US and the impact of social, cultural, political, economic, and environmental factors affecting the management and operation of healthcare organizations.	
Evaluate health data management standards, technologies and methods to improve the quality, efficiency, equity and safety of healthcare practice and organization.	
Develop policies and technologies to protect data integrity and validity, including information privacy and security policies and procedures.	
Develop strategies for improving healthcare delivery and achieving institutional strategic initiatives using information systems and technologies.	
Evaluate leadership principles and practices in health information technology staff development, technology adoption and change management in a healthcare organization.	
Evaluate a healthcare organization's processes and systems to ensure compliance with ethical, legal and regulatory mandates and professional standards of health information technology.	

Apply statistical and research methodologies to implement evidence-based health information technology management practice and healthcare quality improvement.	INTRODUCED DEVELOPED
Communicate knowledge of health information systems and technology to stakeholders of the healthcare ecosystem.	

Program Lead Faculty: Linda Travis Macomber, BSN, MBA
lmacomber@nu.edu
(858) 309-3495

Department Chair: GinaMarie Plane, DrPH
gpiane@nu.edu
(858) 309-3474

Tentative Class Schedule

Date	Topic	Readings	Workbook Homework
May 7-10	Introduction; Study Designs; Quantifying the extent of disease	Chapter 1 – 3	Chapter 1-3.2
May 10-14	Summarizing Data; Probability	Chapter 4 – 5	Chapter 3.3 – 5
May 14-17	Midterm; Confidence Intervals – part 1	Chapter 6.1 – 6.3	Chapter 6.1 – 6.2
May 17-21	Confidence Intervals – part 2 Hypothesis Testing – part 1	Chapter 6.4 – 7.4	Chapter 6.3 – 7.3
May 21-24	Hypothesis Testing – part 2	Chapter 7.5 – 7.11	Chapter 7.4 – 7.8
May 24-28	Power & Sample Size	Chapter 8	Chapter 8
May 28-31	Multivariable Methods	Chapter 9	Chapter 9
May 31	Review		
June 2	FINAL EXAM		

Quiz 1 due May 13, 2012 12:00 noon (CLO 1)

Midterm Exam due May 20, 2012 12:00 noon (CLOs 1-2)

Quiz 2 due May 27, 2012 12:00 noon (CLO 3)

Final Exam due June 2, 2012 12:00 noon (CLOS 1-4)

Course Requirements:

1. Quizzes (20%)
2. Homework (20%)
3. Midterm exam. (25%)
4. Class participation in focused discussions. (5%)
5. Comprehensive final exam. (30%)

Course Grading (expressed as percentages):

A	96-100	B+	87-89	C+	77-79	D+	67-69
A-	90-95	B	84-86	C	74-76	D	64-66
		B-	80-83	C-	70-73	D-	60-63



National University
School of Health and Human Services
Department of Community Health
Masters of Public Health

COURSE OUTLINE

COH 604 – Theories of Health Behavior

July 2012

Class Meetings:

June 7 – August 4, 2012
Mondays and Wednesdays
5:30 – 10:00 PM

Professor:

Deborah J. Morton, PhD, MA
Department of Community Health
(760) 747 6634; deb.don@cox.net

TEXTBOOKS:

Required Textbook:

- Glanz, K., Rimer, B., & Viswanath, K. (2008). *Health behavior and health education: Theory, research, and practice (4th edition)*. San Francisco, CA: Jossey Bass. ISBN: 9780787996147
- Internet Access and e-mail Access
- E-College E-companion
- Readings as assigned

Recommended Textbooks

- American Psychological Association. (2010). *Publication manual of the American Psychological Association*. Washington, DC: APA.

COURSE DESCRIPTION:

The theoretical basis of individual health behavior. Application of cognitive, psychosocial and environmental theories of health behavior and theories of self-directed and professionally facilitated health behavior change. Emphasis on Behavior Modification, Health Belief Model, Theory of Planned Behavior, Social Cognitive Theory, Stress and Coping, Social Support, and Transtheoretical Model

COURSE LEARNING OUTCOMES:

Upon completion of this course, students will be able to:

1. Describe behaviors, which promote, maintain and protect health.
2. Identify historical and contemporary constructs of the major health behavior models.
3. Determine the behavioral dimensions of major acute and chronic diseases & conditions.

4. Apply the constructs of each model to diagnose and explain contemporary health behaviors.
5. Apply relevant psychological, social and behavioral theories to predict health behavior.
6. Compare the utility of each model in explaining the influences on health behaviors for individuals and communities.

PROGRAM MISSION: MASTER OF PUBLIC HEALTH

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research, and community service.

PROGRAM LEARNING OUTCOMES:

PLOs	COH 604
CORE	
1. Analyze and interpret health data.	
2. Describe the distribution and determinants of disease, disabilities and death in human populations	Developed
3. Evaluate the environmental factors that affect the health of a community.	
4. Analyze the planning, organization, administration and policies of health care organizations.	Developed
5. Apply the concepts and methods of social and behavioral sciences relevant to the identification...	Developed
SPECIALIZATION	
1. Assess individual and community needs for health education.	Developed
2. Plan health education strategies, interventions, and programs.	
3. Implement health education strategies, interventions, and programs.	Developed
4. Conduct evaluation related to health education.	
5. Administer health education strategies and interventions.	Developed
6. Serve as a health education resource person.	
7. Communicate and advocate for health and health education.	Developed
8. Apply appropriate research principles and techniques in health education.	Developed
9. Administer health education programs	
10. Advance the profession of health education.	

PROGRAM LEAD FACULTY & DEPARTMENT CHAIR:

GinaMarie Piane, DrPH
 gpiane@nu.edu
 (858) 309-3474

TENTATIVE SCHEDULE:

Instructor reserves the right to change the timetable in order to better address the learning needs of the students in the class.

DATE	TOPIC	READING ASSIGNMENT <i>Due next class session</i>	WRITTEN ASSIGNMENT <i>Due next class session</i>	ACTIVITIES/OTHER ASSIGNMENTS <i>Due next class session</i>
Week 1				
Monday July 9	<ul style="list-style-type: none"> INTRODUCTIONS CHAPTERS 1, 2 Health Behavior; Protective, Preventive, Illness And Sick Roles Overview – theory ACTIVITIES SYLLABUS AND EXPECTATIONS 	<u>READING:</u> <i>Glanz - Chapters 1,2,</i> <i>Supplemental readings- 5 groups</i>	<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> Reading Response Activity 1: Graph / Web Share Self Assessment 	Present on readings
Wednesday July 11	<ul style="list-style-type: none"> MODEL: Behavioral Learning- Theories (contiguity, classical conditioning, and operant conditioning, Behavior Modification); Cognitive Behavior Therapy, Rational Emotive Therapy ACTIVITIES 	<u>READING:</u> <i>Glanz - Chapter 3</i>	<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> Reading Response/ Activity 2 Behavior paper-part 1 &2 Presentation Plan 	Self Assessments
Week 2				
Monday July 16	CHAPTER 3: MODEL: Health Belief Model Learning Styles ACTIVITIES	<u>READING:</u> <i>Glanz – Chapter 4</i>	<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> Reading Response/ Activity - 3 Behavior paper - part 3 Work on Presentation Work on Research Paper 	Self Assessments
Wednesday	CHAPTER 4 MODEL:	<u>READING:</u> <i>Glanz - Chapters 5 & 6</i>	<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> Reading Response 4 Behavior paper - part 4 	Self Assessments

July 18	<i>Theory of Planned Behavior</i> ACTIVITIES		<ul style="list-style-type: none"> • Work on Presentations • Work on Research Paper 	
Week 3				
Monday July 23	CHAPTERS 5 & 6 <i>MODEL:</i> <i>Transtheoretic Model & PAPM</i> ACTIVITIES	<u>READING:</u> <i>Glanz – Chapter 8</i>	<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> • Reading Response/ Activity - 5 • Behavior paper - part 5 • Work on Presentations • Work on Research Paper 	Self Assessments Presentations
Wednesday July 25	CHAPTER 8 <i>MODEL:</i> <i>Social Cognitive Theory</i> ACTIVITIES <i>PRESENTATIONS 1&2</i>	<u>READING:</u> <i>Glanz - Chapters 9 & 10</i>	<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> • Reading Response/ Activity - 6 • Behavior paper - part 6 • Work on Presentations • Work on Research Paper 	Self Assessments Presentations
Week 4				
Monday July 30	CHAPTERS 9 & 10 <i>MODEL:</i> <i>Transactional Theory Of Stress And Coping Social Support</i> ACTIVITIES <i>PRESENTATIONS 3 & 4</i>	<u>READING:</u> <i>Glanz – Chapters 7&12</i>	<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> • Reading Response/ Activity - 7 • Self Assessments • Behavior paper - part 7 <ul style="list-style-type: none"> • Research Paper – due 	Self Assessments Presentations
Wednesday August 1	CHAPTER 7 & 12 <i>MODEL: all REVIEW</i> <i>Alternative thoughts Cultural implications</i> ACTIVITIES <i>PRESENTATIONS 5&6</i>	<u>READING:</u> Review for final	<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> • Behavior paper - final due 	Presentations
Saturday August 4	<i>Projects</i> <i>Final Examination Online</i>		<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> • Reflection due 	

COURSE REQUIREMENTS:

The readings, discussions, and assignments will focus on the exciting field of public health theory and practice. Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

COH 604 Specific Course Requirements:

Professionalism: Students are expected to:

- demonstrate dispositions expected of students pursuing professional degrees
- demonstrate professionalism by participating in all class sessions/discussions and submitting work on time
- be honest in all coursework.

Attendance: It is expected that students will:

- attend all class sessions -an absence is assessed each time a student is not in attendance during a regularly schedule class period, whether or not it is an excused absence.
- acknowledge that in accordance with National University policy, more than three absences from class or discussions, excused or unexcused, will result in a less than satisfactory grade.

Written Assignment Expectations: All assignments completed out of class are to be:

- typed/word-processed, font size 12, double spaced
- written in standard English, error free in sentence construction, grammar, punctuation, and spelling.
- written following APA format
- note: Reading responses do not have to be typed or in APA format.

Late Work: Guidelines for late work are as follows:

- all assignments are due at date indicated.
- unless prior permission has been given to the candidate, *late work will not be accepted and **no** credit will be given for that assignment.*
- with prior permission late work is accepted and will receive a deduction of 20% in the grade

Assignments:

This course enables the students to participate in the following required learning experiences and assignments:

1. **Classroom Attendance, Dialogue, Discussion and Discourse:** You will complete assigned readings in the text, view lectures and participate in discussions. Credit is given for attendance and it is expected that everyone attend class on time and actively participate in class activities and discussions. It is expected that the assigned readings will be completed prior to the scheduled class so you can engage in class discussions. Class will begin promptly at the designated start time. Habitually arriving late or leaving early will result in loss of participation points. Students who miss class are responsible for all material presented in class and are advised to consult with their fellow classmates to find out what was covered during their absence. Up to 5 points, each class session may be earned for attendance and participation (40 points).

2. **Reading Response Exercises:** You will be responding to various texts and completing written exercises to apply understanding of theories and concepts and initiate the process of becoming a “reflective and critical practitioner.” The assigned readings are outlined in the schedule and the response prompts are provided. Responses will be submitted each class session and may be handwritten or typed. There are 5 points per response (35 points).
3. **Self Assessment:** The goal for this assignment is for you to identify your own health status. This paper will allow you to identify aspects of your personal health that you do well and those in which you may need to improve (20 points). (CLO 1)
4. **Behavior Change Paper:** You will write a paper in which you describe a Health Behavior that you are targeting to change for yourself. You will describe the cognitive elements of your chosen behavior and strategies for cognitive restructuring; describe the constructs of the Health Belief Model, Theory of Planned Behavior and Transtheoretical Model as applied to your chosen behavior; apply the capabilities described in Social Cognitive Theory to the process that contributed to the development of your behavior; and describe the relationship between stress and social support and your chosen behavior making a plan to manage stress and garner social support. You will complete a paper in APA format following the template provided. (50 points) (CLOs 1,3,4,5,6)
5. **Behavior Research Paper:** You are required to follow a specific format to develop a research paper of a minimum of ten pages in length, typed, double-spaced, exclusive of references. Paper must follow APA format in headings, citations, and references. Your references must be from professional/academic sources. You will identify a health behavior (same as presentation). Review the professional literature to determine how researchers have applied health behavior models to explain and teach this health behavior. Compare and contrast how at least two of the following health behavior models are applied to the health behavior: The Health Belief Model, The Transtheoretical Model, The Theory of Planned Behavior, Social Cognitive Theory, The Transactional Theory of Stress and Coping. Summarize findings and add a conclusion. Template provided in doc-sharing. (50 points) (CLOs 1-6)
6. **Behavior Teaching Presentation:** In groups of 2-3 students, you will prepare a 20--30 minute presentation teaching one specific assigned health behavior. Assignment has three components: unit plan, lesson plan, and presentation. Class members will present Behavior Presentations in small groups. The Presentations will include: a PowerPoint Presentation along with other interactive methods to share information about a specific Health Behavior; a unit plan; and one lesson plan on how the behavior change could occur. (50 points) (CLOs 4-5)
7. **Reflective Journal:** You will complete a reflective journal, a short (4-5 pages) reflection on what was learned in the readings overall and in class and how that learning can be used to improve your practice. You are to utilize the template provided. (20 points) (CLOs 1, 6)

Exams:

1. **Midterm Examination:** Using knowledge and application complete multiple choice / essay exams. (25 points) (CLOs 1-6)
2. **Comprehensive Final Examination:** Using knowledge and application complete a multiple choice / essay exam.(50 points) Specific questions used as direct measures. (CLOs 1-6)

GRADING FACTORS

Grades are based on points accumulated from all assignments, collaborative group activities, discussions and written assignments.

Assignments	Points
1. Classroom Attendance, Dialogue, Discussion and Discourse	40
2. Reading Responses	35
3. Self Assessment	20
4. Behavior Change Paper & Exercises	50
5. Midterm	25
6. Behavior Research paper	50
7. Presentation, PPT (20), Unit (10) and Lesson (20)	50
8. Reflection	20
9. Final Examination	50
TOTAL	340

Course Grading (expressed as percentages):

A	96-100%	B+	87-89%	C+	77-79%	D+	67-69%
A-	90-95 %	B	84-86%	C	74-76%	D	64-66%
		B-	80-83%	C-	70-73%	D-	60-63%



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program

COURSE OUTLINE

COH 604 – Theories of Health Behavior

August 2012 ONLINE

Class Meetings: Online (August 6 – September 1, 2012)
Friday, August 10, 2012 (5:00pm -9:00pm), Tuesdays and Thursdays (5:00pm - 7:00pm)

Professor (or Instructor): Clara E. Omogbai, Dr.PH, MPH, MLS
Clara.Omogbai@natuniv.edu

Office Hours: *By appointment*

Textbook:

Glanz, K., Rimer, B., & Viswanath, K. (2008). *Health behavior and health education: Theory, research, and practice* (4th edition). San Francisco, CA: Jossey-Bass.

Access to the Following Books and Websites is Recommended:

The National University Library System (NULS): The National University Library supports academic rigor by providing access to scholarly books, journals, e-books, and databases of full text articles from scholarly journals. Access the library web page: <http://www.nu.edu/library>.

American Psychological Association (2010). Publication manual of the American Psychological Association (6th ed.). Washington, D.C. Author. This manual provides detailed information about preparing manuscripts for publication, and is helpful in showing how to site and list references in your written wok. Website: <http://www.apastyle.org/fifthchanges.html> (changes in 6th edition) APA style resources.

American Psychological Association. (2010). *Publication manual of the American Psychological Association*. Washington, DC: American Psychological Association.
<http://psych.athabasca.ca/html/aupr/ba.shtml>

BEHAVIOR LEARNING - CONTIGUITY / CLASSICAL & OPERANT CONDITIONING

<http://www.edpsycinteractive.org/topics/behsys/behsys.html>

http://en.wikipedia.org/wiki/Behavior_modification

<http://allpsych.com/psychology101/conditioning.html>

<http://www.minddisorders.com/A-Br/Behavior-modification.html>

<http://www.education.com/reference/article/classical-conditioning-behavioral-phenomena/>

<http://www.learningandteaching.info/learning/behaviour.htm>

http://specialed.about.com/od/behavioremotional/Behavior_aned_Emotional_Disabilities.html

<http://www.answers.com/topic/classical-conditioning>

http://www.absoluteastronomy.com/topics/Behavior_modification

<http://www.cehd.umn.edu/ceed/publications/tipsheets/preschoolbehaviortipsheets/behmod.pdf>

<http://www.wisegeek.com/what-is-behavior-modification.htm>

http://www.absoluteastronomy.com/topics/Behavior_modification

http://www.scholarpedia.org/article/Operant_conditioning

<http://genetics.biozentrum.uni-wuerzburg.de/behavior//learning/behaviorism.html>

http://en.wikipedia.org/wiki/Operant_Conditioning

COGNITIVE BEHAVIORAL THERAPY

<http://psychology.about.com/od/psychotherapy/a/cbt.htm>

http://www.nami.org/Template.cfm?Section=About_Treatments_and_Supports&template=/ContentManagement/ContentDisplay.cfm&ContentID=7952

<http://counsellingresource.com/types/cognitive-therapy/index.html>

<http://www.mayoclinic.com/health/cognitive-behavioral-therapy/MY00194>

http://en.wikipedia.org/wiki/Cognitive_therapy

<http://www.anxietynetwork.com/hcvt.html>

RATIONAL EMOTIVE THERAPY

<http://www.rational.org.nz/prof/docs/Intro-REBT.pdf>

http://en.wikipedia.org/wiki/Rational_emotive_behavior_therapy

<http://counsellingresource.com/types/rational-emotive/index.html>

<http://www.minddisorders.com/Py-Z/Rational-emotive-therapy.html>

<http://www.stressgroup.com/abccrashcourse.html>

<http://www.rebtnetwork.org/>

<http://www.depression-guide.com/rational-emotive-therapy.htm>

<http://www.palace.net/llama/psych/ret.html>

COURSE DESCRIPTION:

In-depth analysis of factors contributing to decisions about health behavior. Theory and research relevant to individual, family, organization and community behavior.

Application of cognitive, psychosocial and environmental theories of health behavior, theories of self-directed and professionally facilitated health behavior change.

Application of theory to develop a basic research proposal.

Learning Outcomes:

Upon completion of this course, students will be able to:

1. Describe behaviors, which promote, maintain and protect health.
2. Identify historical and contemporary constructs of the major health behavior models.
3. Determine the behavioral dimensions of major acute and chronic diseases and conditions.
4. Apply the constructs of each model to diagnose and explain contemporary health behaviors.
5. Apply relevant psychological, social and behavioral theories to predict health behavior.
6. Compare the utility of each model in explaining the influences on health behaviors for individuals and communities.

PROGRAM LEARNING OUTCOMES

Master of Public Health

In accordance with the competency guidelines established by the National Commission for Health Education Credentialing (NCHEC) and the Council on Education in Public Health (CEPH), the Master of Public Health program prepares graduates to master the following program learning outcomes.

Upon successful completion of this program, students will be able to:

1. Analyze and interpret health data.
2. Describe the distribution and determinants of disease, disabilities and death in human populations
3. Evaluate the environmental factors that affect the health of a community.
4. Analyze the planning, organization, administration and policies of health care organizations.
5. Apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Program Lead Faculty and Department Chair:

Gina Marie Piane, MPH, Dr.PH, CHES

gpiane@nu.edu

(858) 309-3474

COURSE WELCOME

This course is part of National University's Master of Public Health. The Master of Public Health (MPH) is a graduate professional degree designed to prepare students for leadership positions in health promotion and disease prevention. Public Health involves multidisciplinary and collaborative strategies for solving health related problems, including programs that serve the public sector at all levels—local, state, federal, and global. Faculty members have expertise and experience in public health promotion.

The MPH program emphasizes the application of broad-based, state-of-the-art quantitative and qualitative skills needed for problem-solving. Special attention is given to enhancement of communication skills needed to work with diverse populations. Ideal candidates for the MPH program are those students looking for career advancement within the public health sector; and those looking for career transition into public health from other health professions. Graduates will enhance their opportunities for professional growth and job placement through carefully planned internships and a multidisciplinary team-based capstone experience. The MPH program is an applicant for accreditation with the Council on Education in Public Health (CEPH).

COURSE ASSIGNMENTS AND EVALUATION REQUIREMENTS

This is a dynamic and interactive class. The readings, discussions, and assignments will focus on the exciting field of public health evaluation. This course enables the students to participate in the following required learning experiences and assignments:

- 1. Classroom Attendance, Dialogue, Discussion and Discourse:**
You will complete assigned readings in the text, view lectures, and videos and participate in discussions. Discussions are designed to give students an opportunity for sharing and interacting with one another. Credit is given for attendance. Attendance is required. It is expected that the assigned readings will be completed prior to the scheduled class so students can engage in class discussion. Participation in class discussion is essential. Habitually arriving late or leaving early may result in an absence. Students who miss class are responsible for all material presented in class and are advised to consult with their fellow classmates to find out what was covered during their absence. All classes are important and there is no way to "make up" the participation activities or discussions.
- 2. Assignments (Behavior Paper & Exercises):** You will write a paper in which you describe a Health Behavior that you are targeting to change for yourself. You will describe the cognitive elements of your chosen behavior and strategies for cognitive restructuring; describe the constructs of the Health Belief Model applied to your chosen behavior; apply the capabilities described in Social Cognitive Theory to the process that contributed to the development of your behavior; describe the relationship between stress and social support and your chosen behavior making a plan to manage stress and garner social support; and

describe the stages and processes of change for your chosen behavior. **All written assignments must be submitted to dropbox. All must include references in APA format and complete the paper following APA format. (CLOs 1,3,4,5,6)**

3. **Research Paper:** Write a research paper that identifies a health behavior that significantly affects health status in a particular group of people. Review the professional literature to determine how researchers have applied health behavior models to explain this health behavior and compare and contrast how health behavior models are applied to the health behavior. **Complete the paper following APA format.** (CLOs 1-7)
4. **Reflective Journal:** The reflective journal will be a short (4-5 pages) reflection on what was learned in the readings, discussions, research paper overall and how that learning can be used to improve one's practice. Students are to utilize the template provided. (CLOs 1,4,5,6)
5. **Midterm Examinations:** Using knowledge and application complete multiple choice / essay exams. (CLOs 1-7)
6. **Final Examination:** Using knowledge and application complete a multiple choice / essay exam. (CLOs 1-7)

Grading Factors

Grades will be determined by percentages on each assignment using the following weighting system:

Percentages

1. Discussion	20%
2. Assignments: Behavior Paper & Exercises	20%
3. Midterm	15%
4. Research paper	25%
5. Reflection Journal	5%
6. Final Examination	15%
TOTAL	100 %

Course Grading (expressed as percentages):

A	96-100	B+	87-89	C+	77-79	D+	67-69
A-	90-95	B	84-86	C	74-76	D	64-66



National University
School of Health and Human Services
Department of Community Health

- Master of Public Health Program
- Master of Healthcare Administration

Course Outline

COH 606: Epidemiology

ONLINE

July 2012

07/09/2012 – 08/04/2012

ClassLive Pro Meetings: Mondays and Wednesdays 6:00 – 8:00 p.m.

Professor (or Instructor): GinaMarie Plane, MPH, DrPH, CHES
gpiane@nu.edu

Office: National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
Room # 102A
(858) 309- 3474

Virtual Office Hours: Mondays and Wednesdays 8:00 – 8:30 pm or by
appointment

Textbook:

Gordis, Leon: (2009) Epidemiology, fourth edition. Saunders, Elsevier.
ISBN: 978-1-4160-4002-6

Course Description:

This course introduces the student to the study of determinants and distribution of disease and disability in human populations, including empirical analysis of population data related to morbidity and mortality; investigation of disease outbreaks, risk factors, health outcomes and causal relationships; and critical evaluation of public health literature and study design.

Program Missions:

Master of Healthcare Administration

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors.

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Program Learning Outcomes:

Master of Healthcare Administration

Solve complex problems in a healthcare environment by employing analytical skills;	DEVELOPED
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	
Apply healthcare management concepts for healthcare organizations;	
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	DEVELOPED
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	
Synthesize best practices in healthcare leadership;	
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	

Program Lead Faculty: Stephen Bowman, PhD, MHA
sbowman@nu.edu
(858) 309-3474

Master of Public Health

Analyze and interpret health data.	DEVELOPED
Describe the distribution and determinants of disease, disabilities and death in human populations	
Evaluate the environmental factors that affect the health of a community.	
Analyze the planning, organization, administration and policies of health care organizations.	

Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.	
--	--

Program Lead Faculty: GinaMarie Plane, DrPH
gpiane@nu.edu
(858) 309-3474

Learning Outcomes:

Upon completion of this course the student will be able to:

1. Appropriately use and understand epidemiological terminology.
2. Determine appropriate epidemiological study designs
3. Identify sources of bias in public health research.
4. Discuss the steps of a disease outbreak investigation
5. Critically review the public health literature.

Tentative Class Schedule

Date	Topic	Readings	Assignments
Week ONE			
Monday, July 9, 2012	Introduction	Ch. 1 - 3	Threaded Discussion ONE: Introductions
ClassLive Pro Session	The Dynamics of Disease Transmission		Threaded Discussion TWO: Clearest and Muddiest Points Chapters 1-3
6:00 – 8:00 p.m.	Measuring the Occurrence of Disease: I. Morbidity		
Virtual Office Hours	<i>Calculations:</i>		
8:00 – 8:30 p.m.	<i>Attack Rate</i> <i>Incidence Rate</i> <i>Prevalence Rate</i>		
Wednesday, July 11, 2012	Measuring the Occurrence of Disease: II. Mortality	Ch. 4 – 5	Threaded Discussion THREE: Clearest and Muddiest Points Chapters 4-5
ClassLive Pro Session	<i>Calculations:</i>		
6:00 – 8:00 p.m.	<i>Case-Fatality Rate</i> <i>Proportionate</i>		
Virtual Office Hours	<i>Mortality Rate</i>		
8:00 – 8:30 p.m.	<i>Crude, Specific and</i>		

	<p><i>Adjusted Rates</i> <i>Infant Mortality Rate</i> <i>Maternal Mortality Ratio</i></p> <p>Assessing the Validity and Reliability of Diagnostic and Screening Tests</p> <p><i>Calculations:</i> <i>Sensitivity</i> <i>Specificity</i> <i>Positive Predictive Value</i> <i>Negative Predictive Value</i> <i>Kappa</i></p>		
Saturday, July 14, 2012			Homework ONE due online 5:00 p.m.
Sunday, July 15, 2012			Quiz ONE due 5:00 p.m.
Week TWO			
<p>Monday, July 16, 2012</p> <p>ClassLive Pro Session</p> <p>6:00 – 8:00 p.m.</p> <p>Virtual Office Hours</p> <p>8:00 – 8:30 p.m.</p>	<p>The Natural History of Disease</p> <p><i>Calculations:</i> <i>Probability of Survival</i> <i>Life Tables</i> <i>Randomized Trials</i></p>	Ch. 6 – 8	<p>Threaded Discussion FOUR: Clearest and Muddiest Points Chapters 6-8</p>
<p>Wednesday, July 18, 2012</p> <p>ClassLive Pro Session</p> <p>6:00 – 8:00 p.m.</p>	<p>Cohort Studies</p> <p><i>Calculations:</i> <i>Absolute Risk</i> <i>Relative Risk</i></p> <p>Case-Control Studies</p>	Ch. 9 - 11	<p>Threaded Discussion FIVE: Clearest and Muddiest Points Chapters 9-11</p>

Virtual Office Hours 8:00 – 8:30 p.m.	and Other Study Designs Estimating Risk: Is There an Association? <i>Calculations: Odds Ratio</i>		
Saturday, July 21, 2012			Homework TWO due online 5:00 p.m.
Sunday, July 22, 2012			Quiz TWO due 5:00 p.m.
Week THREE			
Monday, July 23, 2012 ClassLive Pro Session 6:00 – 8:00 p.m. Virtual Office Hours 8:00 – 8:30 p.m.	More on Risk: Estimating the Potential for Prevention <i>Calculations: Attributable Risk Population Attributable Risk</i> Comparing Cohort and Case-Control Studies From Association to Causation: Deriving Inferences from Epidemiologic Studies	Ch. 12 - 14	Threaded Discussion SIX: Clearest and Muddiest Points Chapters 12-14
Wednesday, July 25, 2012 ClassLive Pro Session 6:00 – 8:00 p.m. Virtual Office Hours	Bias, Confounding, and Interaction <i>Calculations: Converting Incidence to Attributable Risk – Addictive Model and Multiplicative Model</i>	Ch. 15 - 16	Threaded Discussion SEVEN: Clearest and Muddiest Points Chapters 15-16 Journal Article Presentations due during ClassLive Pro Session

8:00 – 8:30 p.m.	Genetic and Environmental Factors <i>Calculations: Concordance rate</i>		
Saturday, July 28, 2012			Homework THREE due online 5:00 p.m.
Sunday, July 29, 2012			Quiz THREE due 5:00 p.m.
Week FOUR			
Monday, July 30, 2012 ClassLive Pro Session 6:00 – 8:00 p.m. Virtual Office Hours 8:00 – 8:30 p.m.	Outbreak investigation exercise		Threaded Discussion EIGHT: Clearest and Muddiest Points Outbreak Investigation
Wednesday, August 1, 2012 ClassLive Pro Session 6:00 – 8:00 p.m. Virtual Office Hours 8:00 – 8:30 p.m.	Applying Epidemiology to Evaluation and Policy	Ch. 17-20	Independent Project due 5:00 p.m. in Dropbox
Saturday, August 3, 2012			Homework FOUR due online 5:00 p.m.
Saturday, August 4, 2012			Final Exam due 5:00 p.m.

Course Requirements:

1. Homework (20%) 4 @ 5% each
2. Quizzes (15%) 3 @ 5% each
3. Class participation in threaded discussions (15%)
4. Comprehensive final exam (25%)
5. Independent Project (15%)
6. Journal article presentation and discussion (10%)

Homework (20% of grade)

Homework assignments are taken from questions at the end of each chapter. Your answers should include explanations and not merely the letter that corresponds with the multiple choice answer. These are to be submitted to the course dropbox every Saturday by 5:00 p.m. (CLOs 1-4)

Quizzes (15% of grade)

You are required to take three quizzes during the first three weeks of class. Each quiz will be available to you at the beginning of each week. You will be allowed three hours to submit each quiz online. Quizzes can be taken at any time during the week, however, they must be submitted before 5:00 p.m. on Sundays. (CLOs 1-4)

Class participation in Threaded Discussions (15% of grade)

You are required to make an entry for each of the threaded discussions. You may comment on your classmates' discussions. Threaded Discussions: ONE 1%, TWO-EIGHT 2% each.

Comprehensive Final (25% of grade)

The final exam will be available to you during the last week of class. You will be allowed 5 hours to complete this exam. You must submit it before Saturday, August 4, 2012 at 5:00 p.m. (CLOs 1-4)

Independent Project (15% of grade)

Find two peer reviewed journal articles that examine the same hypothesis, using different study designs. For example, one article may use a cohort design and the other a case-control study, or randomized clinical trial, or cross-sectional, etc.. (CLO 5)

For each article:

1. State the research objective
2. Describe the study design, including their target population, sampling methodology, sample size, recruiting methods, inclusion/exclusion criteria, etc.
3. Summarize the results, including univariate and multivariate findings, if applicable. What variables did they control for, and were the findings different after controlling for confounding variables than before they controlled for them?
4. State the article's conclusions as they relate to the original (null) hypothesis.

5. Discuss the study's strengths and limitations, including sources of bias or possible confounding. How did they account for these issues, and how might they have affected the results (bias toward vs. away from the null hypothesis)?
6. Were their conclusions generalizable to the overall population? Why or why not?

Finally, compare the two articles.

1. Did they reach the same or different conclusions? If different, what may have contributed to the discrepancy (chance, methodology, bias)?
2. Which study had the superior methodology, and why?
3. Which one are you more likely to believe?
4. How would you design the ideal study to examine this hypothesis?

The project should total approximately 5 pages. Citations in the text and references must be in APA format. There is a link to a good source for APA formatting in the webliography. The Independent Project is due in the dropbox before Wednesday, August 1, 2012 at 5:00 p.m.

Journal Article Presentation and Discussion (10% of grade)

Find a peer-reviewed article that uses epidemiological methods to examine a health-related issue, and make a 10-minute presentation to the class. Make sure to cover the following points: (CLO 1,3,5)

1. Background: what is the existing problem and why is it an important issue to study?
2. What were the objectives of the study? This may include hypotheses, if stated.
3. What is the population about which the authors are seeking to generalize their findings?
4. What type of study is this? Example: cohort, case-control, cross-sectional, clinical trial....
5. Describe the study sample:
 - a. Sample size (did they perform power or sample size calculations?)
 - b. Recruiting strategies
 - c. Inclusion criteria
 - d. Exclusion criteria
 - e. Randomization (if applicable)
 - f. If there was a control group, was it comparable to the case (or intervention) group on demographic variables? Describe any variables that were different between the groups.
6. What types of statistical analyses did they perform?
7. Results: univariate (without controlling for confounders) and multivariate (controlling for potential confounders).
8. Conclusions: What did the authors conclude?
9. Do you agree with their conclusions?
10. What types of bias did you observe in this study? How might their methods have either exaggerated or understated their findings?

11. Was there anything that they did not consider which may have impacted their findings?
12. Were their findings applicable to the population that they are concerned about? If not, why not?
13. What would be the ideal study design for their hypothesis?

The presentations will occur on Wednesday, July 26, 2012 during the ClassLivePro session 6:00-8:00 p.m. You may send up to 5 powerpoint slides to the professor prior to the meeting. You will not be allowed to go over 10 minutes.

Course Grading (expressed as percentages):

A	96-100	B+	87-89	C+	77-79	D+	67-69
A-	90-95	B	84-86	C	74-76	D	64-66
		B-	80-83	C-	70-73	D-	60-63



National University
School of Health and Human Services
Department of Community Health
 Master of Public Health Program
 Master of Healthcare Administration

Course Outline

COH 606: Epidemiology

September 2012
09/04/2012 – 09/29/2012

Class Meetings:

Mondays and Wednesdays 5:30-10:00 PM
Aero Campus

Instructor:

Alan M. Smith, Ph.D., M.P.H.

Alan.smith@natuniv.edu

Office: National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
(619) 857-9648

Textbook:

Gordis, Leon: (2009) Epidemiology, fourth edition. Saunders, Elsevier.
ISBN: 978-1-4160-4002-6

Course Description:

This course introduces the student to the study of determinants and distribution of disease and disability in human populations, including empirical analysis of population data related to morbidity and mortality; investigation of disease outbreaks, risk factors, health outcomes and causal relationships; and critical evaluation of public health literature and study design.

Program Missions:***Master of Healthcare Administration***

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and midlevel career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors.

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Program Learning Outcomes:***Master of Healthcare Administration***

Solve complex problems in a healthcare environment by employing analytical skills;
DEVELOPED

Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;

Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;

Apply healthcare management concepts for healthcare organizations;

Utilize administrative and clinical information technology and decision-support tools in process and performance improvement; DEVELOPED

Incorporate the principles of quality management for proving outcomes in healthcare organizations;

Synthesize best practices in healthcare leadership;

Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.

Program Lead Faculty: Stephen Bowman, PhD, MHA

sbowman@nu.edu

(858) 309-3474

Master of Public Health

Analyze and interpret health data. DEVELOPED

Describe the distribution and determinants of disease, disabilities and death in human populations

Evaluate the environmental factors that affect the health of a community.

Analyze the planning, organization, administration and policies of health care organizations.

Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.

Program Lead Faculty: GinaMarie Piane, DrPH

gpiane@nu.edu

(858) 309-3474

Department Chair: GinaMarie Plane, DrPH
gpiane@nu.edu
 (858) 309-3474

Course Learning Outcomes:

1. Appropriately use and understand epidemiological terminology.
2. Determine appropriate epidemiological study designs
3. Identify sources of bias in public health research.
4. Discuss the steps of an disease outbreak investigation
5. Critically review the public health literature.

Tentative Class Schedule

Date	Topic	Readings
Wednesday, Sept. 5	Introduction The Dynamics of Disease Transmission Measuring the Occurrence of Disease: I. Morbidity	Ch. 1 - 3
Saturday, Sept. 8 (8:00 – 12:30)	Measuring the Occurrence of Disease: II. Mortality Assessing the Validity and Reliability of Diagnostic and Screening Tests	Ch. 4 – 5
Monday, Sept. 10	Quiz The Natural History of Disease Randomized Trials	Ch. 6 – 8
Wednesday, Sept. 12	Cohort Studies Case-Control Studies and Other Study Designs Estimating Risk: Is There an Association?	Ch. 9 - 11
Monday, Sept. 17	Quiz More on Risk: Estimating the Potential for Prevention Comparing Cohort and Case-Control Studies From Association to Causation: Deriving Inferences from Epidemiologic Studies Presentations	Ch. 12 - 14
Wednesday, Sept. 19	Bias, Confounding, and Interaction Genetic and Environmental Factors Presentations	Ch. 15 - 16
Monday, Sept. 24	Quiz Applying Epidemiology to Evaluation and Policy Presentations	Ch. 17 - 20
Wednesday, Sept. 26	Outbreak investigation exercise Presentations	
Sat. Sept. 29 (8:30 – 12:30)	FINAL EXAM	

Course Requirements:

1. Homework (20%)
2. Quizzes (15%)
3. Class participation (15%)
4. Comprehensive final exam (25%)
5. Independent Project (15%)
6. Journal article presentation and discussion (10%)

Homework (20% of grade)

Homework assignments are taken from questions at the end of each chapter. Your answers should include explanations and not merely the letter that corresponds with the multiple choice answer. These are to be submitted to the course dropbox every Saturday by 5:00 p.m. (CLOs 1-4)

Quizzes (15% of grade)

You are required to take three quizzes during the first three weeks of class. Each quiz will be available to you at the beginning of each week. You will be allowed three hours to submit each quiz online. Quizzes can be taken at any time during the week, however, they must be submitted before 5:00 p.m. on Sundays. (CLOs 1-4)

Class participation in Discussions (15% of grade)

Comprehensive Final (25% of grade)

The final exam will be available to you during the last week of class. You will be allowed 5 hours to complete this exam. You must submit it before Sunday, September 30, 2012 at 5:00 p.m. (CLOs 1-4)

Independent Project (15% of grade)

Find two peer reviewed journal articles that examine the same hypothesis, using different study designs. For example, one article may use a cohort design and the other a case-control study, or randomized clinical trial, or cross-sectional, etc.. (CLO 5)

For each article:

1. State the research objective
2. Describe the study design, including their target population, sampling methodology, sample size, recruiting methods, inclusion/exclusion criteria, etc.
3. Summarize the results, including univariate and multivariate findings, if applicable. What variables did they control for, and were the findings different after controlling for confounding variables than before they controlled for them?
4. State the article's conclusions as they relate to the original (null) hypothesis.
5. Discuss the study's strengths and limitations, including sources of bias or possible confounding. How did they account for these issues, and how might they have affected the results (bias toward vs. away from the null hypothesis)?
6. Were their conclusions generalizable to the overall population? Why or why not?

Finally, compare the two articles.

1. Did they reach the same or different conclusions? If different, what may have contributed to the discrepancy (chance, methodology, bias)?
2. Which study had the superior methodology, and why?

3. Which one are you more likely to believe?
 4. How would you design the ideal study to examine this hypothesis?
- The project should total approximately 5 pages. Citations in the text and references must be in APA format. There is a link to a good source for APA formatting in the webliography. The Independent Project is due in the dropbox before Wednesday, September 26, 2012 at 5:00 p.m.

Journal Article Presentation and Discussion (10% of grade)

Find a peer-reviewed article that uses epidemiological methods to examine a health-related issue, and make a 10-minute presentation to the class. Make sure to cover the following points: (CLOs 1,2,3,5)

1. Background: what is the existing problem and why is it an important issue to study?
2. What were the objectives of the study? This may include hypotheses, if stated.
3. What is the population about which the authors are seeking to generalize their findings?
4. What type of study is this? Example: cohort, case-control, cross-sectional, clinical trial....
5. Describe the study sample:
 - a. Sample size (did they perform power or sample size calculations?)
 - b. Recruiting strategies
 - c. Inclusion criteria
 - d. Exclusion criteria
 - e. Randomization (if applicable)
 - f. If there was a control group, was it comparable to the case (or intervention) group on demographic variables? Describe any variables that were different between the groups.
6. What types of statistical analyses did they perform?
7. Results: univariate (without controlling for confounders) and multivariate (controlling for potential confounders).
8. Conclusions: What did the authors conclude?
9. Do you agree with their conclusions?
10. What types of bias did you observe in this study? How might their methods have either exaggerated or understated their findings?
11. Was there anything that they did not consider which may have impacted their findings?
12. Were their findings applicable to the population that they are concerned about? If not, why not?
13. What would be the ideal study design for their hypothesis?



COH 608: Public Health and the Environment National University

INSTRUCTOR: Zohir Chowdhury, Ph.D. (zohir.chowdhury@sdsu.edu)
Phone: 619-594-8085 (office at SDSU)
National University

LOCATION: Technology and Health Sciences Center
3678 Aero Court, San Diego, CA 92123
858-309-3400

DATE AND TIME: M and W 5:30-10:00 PM
Fri 5/11 at 5:30 PM -10:00 PM
Sat 5/12 at 8:00 AM -12:30 PM
Sat 06/02 at 8:30 AM -12:30 PM

Description:

Catalog Description:

COH 608: Analysis of the health impact of home, workplace, community and global environments. Examines scientific understanding of causes and control of the major environmental health problems. Includes environmental pollutants; physical, chemical, and biological agents of environmental contamination; vectors for dissemination; solid hazardous waste; susceptible populations; biomarkers; and emerging global environmental problems.

General Description:

This course is designed to provide students with an introduction to and overview of the key areas of environmental health. Using the perspectives of the population and community, the course will cover factors associated with the development of environmental health problems. The science and uncertainties behind climate change will be explained and how climate change will influence health will be discussed both on a global scale, but also on a regional scale covering the San Diego region. Students will gain an understanding of the interaction of individuals and communities with the environment, the potential impact on health of environmental agents, and specific applications of concepts of environmental health. The course will consist of a series of lectures and will cover principles derived from core environmental health disciplines. The course will also cover specific agents of environmental diseases (e.g., microbial agents, ionizing and nonionizing radiation) as well as applications and domains of environmental health will be addressed (e.g., water quality, air quality, and waste disposal).

Prerequisites:

COH 603

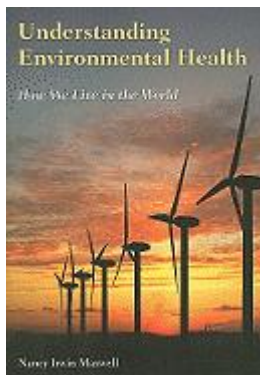
Learning Objectives

Students who complete this course will be able to:

1. **Identify** chemical agents, such as air pollutants, toxic metals and organic pesticides and **describe** how these chemical agents can impact human health and the environment.
2. **Describe** how microbial agents (bacteria, viruses, and protozoa) that originate in the environment can impact human health.
3. **Differentiate** the potential environmental and health impacts from ionizing and non ionizing radiations
4. **Discuss** the transport and fate of air pollutants, toxic metals, organic pesticides, microbial agents, and radiation in the environment.
5. **Interpret** how key environmental policies that have been developed are able to manage health risks associated with exposures to environmental hazards
6. **Describe** water and waste water treatment, hazardous waste and municipal waste disposal that are used to minimize impact of environmental hazards
7. **Learn** how to write a concise literature review.
8. **Research** a topic in Environmental Health and **present** your findings in front of your peers.

Course Text

- Understanding Environmental Health
Nancy Irwin Maxwell
Jones and Bartlett Publishers,
2007.
ISBN-13: 978-0-7637-3318-6
ISBN-10: 0-7637-3318-0



- Supplemental materials:
 - Powerpoint slides
 - Various video clips

eCollege Portal:

Nearly all instructional materials except for the textbook for this course will be available on eCollege webportal (myonlinelogin.com) for the class. Lecture notes will be available the night before the start of the class. Please download the content and print to take additional notes during class.

Grading

Assessment	Points	Learning Objectives Assessment	Writing Skills	Speaking & Thinking Skills	Computer Skills	Research Theory, Principle, & Thinking Skills
Final Exam MCQ	100	#1, #3, #4, #5, and #6				X
Midterm MCQ	60	#1, #2, and #5				X
In-class Quizzes (2 total) MCQ	12X2 =24	#1, #2, #3, #4, #5, and #6				X
Homework Assignments	48		X	X	X	X
Project Presentation	100	#8		X	X	X
Project 3 to 4-pg Lit Review	50	#7	X		X	X
Class Participation	9X1= 9	#1, #2, #3, #4, #5, and #6		X		X
Attendance	9X1 = 9					
Total	400 Points					

The following is the grade cut-off points that will be used in this class. Grades may be curved based on expected class results.

Grade	Point Range	Points Lost	Corresponding %-age
A	384-400	16	96 to 100
A-	360-383	40	90 to 95
B+	348-359	52	87 to 89
B	336-347	64	84 to 86
B-	320-335	80	80 to 83
C+	308-319	92	77 to 79
C	296-307	104	74 to 76
C-	280-295	120	70 to 73
D+	268-279	132	67 to 69
D	256-267	144	64 to 66
D-	240-255	160	60 to 63
F	Below 239	161	Below 60

Students who do not complete any of the assignments and do not show up for exams/quizzes will receive an F.

Attendance & Participation:

Attendance is mandatory and will be taken during each class. Email the instructor if you're unable to attend a class because of emergency or illness BEFORE the start of the class. The following point distribution will be followed:

Tardy by more than 30 minutes: -0.5 Point
Left Early: -0.5 Point

Participation grade is based on your daily active involvement in class and group discussion. If you're absent, come late or leave early, your participation points will be lowered since if you're not physically present, you cannot participate.

Exams and Quizzes:

In-class Quizzes: These quizzes will test basic concepts covered in class and from your readings. Questions will be MCQ in nature and will lead to in-class group discussions.

Midterm: The exam will be a take home exam. The exam will be similar in structure to the in-class quizzes and may also include graphic interpretation and quantitative problem solving. The questions will be MCQ in nature.

Final Exam: The final exam will cover materials after the midterm and will be a take-home exam. The questions will be MCQ in nature.

No make up exam or quizzes will be given unless a valid medical excuse is provided supported by the physician.

Reading Assignments and Homework:

Readings will be assigned each week from your text book and can be found listed in the tentative schedule of this syllabus. Students are expected to **complete the reading assignment BEFORE coming to class**. Class materials will expand on the important concepts from the assigned reading and the lecture will cross-reference the book.

Homework should be completed before coming to class and must be turned in during the first 30 minutes of class time. The instructor will grade the homework on the basis of completeness by using the following criteria:

Complete (4) 75% complete (3) 50% complete (2) 25% Complete (1)

Quality of your homework will be judged by the following criteria
Good/Excellent work (2)
Acceptable work (1.5)
Poor work (1)

Disability Accommodation:

Students who need accommodation of their disabilities should contact me privately to discuss specific accommodations for which they have received authorization from the

University. Please contact the University with supporting documentation to receive this authorization.

Literature Review GUIDELINES

Students are expected to demonstrate writing skills in describing, analyzing and evaluating ideas and experiences. Written reports and research papers must follow specific standards regarding citations of an author's work **within the text** and references at the end of the paper. Students are encouraged to use the services of the University's Writing Center when preparing materials.

The following website provides information on APA citation styles that will be required for the research paper and the like:

<http://www.nu.edu/LIBRARY/ReferenceTools/citations.html>

Possible topics to explore:

- Global Warming
- Population Growth, Urbanization
- Natural Disasters, Radiation, Nuclear Energy, Nuclear Explosions
- Renewable Energy
- Hybrid Vehicle and Electric Vehicle
- Microwave Food, Food Safety, Organic Food, Food Miles, Factory Farming, Genetically Modified Food
- Composting, Pesticides
- Air Pollution, Water Pollution, Landfill
- Toxic chemicals from cigarette butts
- Local Issues: Tijuana River Estuary, Mission Beach, SD Water Quality, SD Coastal Water Pollution

A literature review is a summary of previous research on a topic. Literature reviews can be either a part of a larger report of a research project, a thesis or a bibliographic essay that is published separately in a scholarly journal. Some questions to think about as you develop your literature review:

- What is known about the subject?
- Are there any gaps in the knowledge of the subject?
- Have areas of further study been identified by other researchers that you may want to consider?
- Who are the significant research personalities in this area?
- Is there consensus about the topic?
- What aspects have generated significant debate on the topic?
- What methods or problems were identified by others studying in the field and how might they impact your research?
- What is the most productive methodology for your research based on the literature you have reviewed?
- What is the current status of research in this area?
- What sources of information or data were identified that might be useful to you?

You'll need at a **minimum between 5-7 citations** from scientific or technical reports, scientific journals, and reputable websites in the field of your research topic

Step-by-Step Approach:

Step-1: Review the class guidelines below or as discussed in class

Step-2: Decide on a topic

Step-3: Identify the literature that you will review. Links to databases are provided below. Revise the topic based on available articles.

Step-4: Analyze the literature, take notes from each article, group them into topic and subtopic and try to understand the progression of knowledge (chronologically). Critique the articles by looking at possible weaknesses or strengths in their methodologies and results or interpretation. Evaluate your references for depth and breadth: Although you can always find more articles on your topic, you have to decide at what point you are finished with collecting new resources so that you can focus on writing up your findings. However, before you begin writing, you must evaluate your reference list to ensure that it is up to date and has reported the most current work. Typically a review will cover the last five years, but should also refer to any landmark studies prior to this time if they have significance in shaping the direction of the field.

Step-5: Synthesize and write the review by making sure you discuss how the studies/articles relate to each other. At the same time, look for obvious gaps and areas needing more research.

Guidelines for Literature Review

Submit:

1. A minimum of THREE and a maximum of FIVE pages of literature review, double spaced
2. An additional page or half a page of references, single spaced as described in the "References" section below.
3. pdf or MS Word version of reference articles, reports, and journal papers uploaded on eCompanion website under doc sharing

Structure and Point Distribution:

Title..... 1 Point
Names.....0.5 Point
Affiliation to NU.....0.5 Point

Short Abstract/Overview.....8 Points
-2 if it does not contain some quantitative information and conclusions

Literature Review/Findings..... 15 Points

A literature review is *not* an annotated bibliography in which you summarize briefly each article that you have reviewed. While a summary of the what you have read is contained within the literature review, it goes well beyond merely summarizing professional literature. It focuses on a *specific* topic of interest to you and includes a *critical analysis* of the relationship among different works, and relating this research to your work.

You can use subheadings. Usage of one or two summary table or diagram to connect the articles or the results is advised but not required.

- 5 if not enough depth
- 5 if missing gaps in knowledge or limitations

Conclusions.....5 Points

What are your conclusions or implications? Any suggestion on specific direction for future research?

References.....10 Points

Must be professionally looking like any published journals. Use the American Psychological Association (APA) citation style or the similar Harvard Citation Style, but citation style and reference format should be consistent from beginning to end. References should be within the last 10 years; however, if you find articles that have been widely cited and are older, it's fine. The purpose is to use recent understanding about your topic, not outdated viewpoints based on older models and techniques.

Must have, at least 5 references to qualify for C grade work
Must have, at least, 7 references (2 from journal) to qualify for B grade work
Must have, at least, 10 references (3 from journals) to qualify for A grade work

- 1 text does not contain citations or many citations are missing
- 1 improper citation style
- 1 too many quotes, technical writing should not have quotes
- 2 improper reference section/format
- 1 or -2 or -3 or -4 or -5 lacks the proper number of citations

pdf attachment.....5 Points

Attach pdf or MS Word version of your references, as many as possible. No need to scan articles that are in hardcopy format only. These pdfs should be uploaded on **eCompanion website under docsharing and copied to the instructor's Flash drive in class.**

Quality of Work.....5 Points

Should be college level technical/scientific writing and contain **the required minimum number of references.**

Good technical English, minimum typos and punctuation marks problems

Your thought-process from section to section should be well integrated and the writing should flow smoothly from beginning to end. The best way to guarantee good flow is to go over the finished product several times before submission.

Possible Databases to search:

- PubMed
- Web of Science
- <http://scholar.google.com>
- Inter-library loan

PRESENTATION GUIDELINES (100 Points)

You will have approximately 15 minutes to conduct your lecture with 2 additional minutes for Q&A and class evaluation from your peer. Typically you should have between 18-20 slides in total including your title and reference slides. If you have over 22 slides, you're probably going too fast for the class to grasp your content. Keep the slides free from lot of words and **DO NOT** read directly from them

You should have enough background materials to ensure that everybody can follow your lecture. You can make it interactive or discussion oriented. You are free to distribute handouts or share any recent news in your topic. If you so wish, you can show one or two relevant video clip(s) lasting 1-2 minutes if it complements your lecture. It will be your responsibility to ensure that audio-visual materials work properly. Typically internet-based content with no need for software downloading are very reliable. Balance between visual materials (graphs, tables, diagrams, photos) and text will greatly help students who use multiple learning techniques. It's perfectly ok to copy figures/tables/diagrams from key papers (with source/citation obviously) into your slides. It's entirely up to you how you want to involve the audience.

URGENT: Your presentation **MUST** be posted online in the class webportal before the presentation. Also include any additional pdf journal papers/reports that you've consulted.

To help you maximize points, you should do a final check of your presentation slides to ensure that all elements of the grading rubric are present in your lecture. Points for each item are in the right hand side. Since each presentation is different from the other, **you are the best judge** in deciding how to structure your presentation to make it flow smoothly. You do not have to follow this order.

DO NOT forget to provide correct citations within the slides and complete references at the end of your presentation.

Presentation Evaluation

Presenter(s) Name: _____

Part I. Content and Scientific Merit (50 Points)

Introduction and Title (10 Points): _____

- Title and Name(s) are present
- Defines background and importance of topic
- States objective(s) and is able to identify relevant questions

Body (30 Points): _____

- Addresses audience at an appropriate level, generally understandable at the introductory level and progressively moves to more complex issues
- Describes methodology of work appropriately (if applicable)
- Interprets the results appropriately and appears to understand the material well
- Presentation is in logical order
- Presenter is able to tie papers/reports together into a coherent topic and deliver it as an in-class lecture instead of individual topics.
- Appropriate referencing of text and visuals, uses APA style appropriately

Conclusion (5 Points): _____

- Summarizes major points of presentation
- Summarizes potential weaknesses, if any, in findings

Take Home Message (5 Points): _____

- Provides you with a one line "take-home" message [must be in a separate slide]

Total for Part I: _____ / 50 Points

Part II. Speaking Style/Delivery (20 Points)

- Speaks clearly at an understandable pace
- Maintains eye contact with audience
- Uses notes/flash cards sparingly and only as a guide, if needed
- Uses body language appropriately
- Is able to answer questions professionally and knowledgeably
- Is able to engage or capture the attention of the audience

Individual Speaking Style

Individual 1: ____/20

Individual 2: ____/20

Total for Part II: _____ / 20 Points

Part III. Audio/Visual (10 Points):

- Graphs and Tables clear and understandable
- Text is readable and clear
- Audio/visual components support the main points of the talk [must have a video from a web source]
- Appropriate referencing of data, uses APA style appropriately

Total for Part III: _____ / 10 Points

Part IV: Creativity (10 Points)

- Creativity rating (Circle One): Low.....Medium.....High

Total for Part IV: _____ / 10 Points

Part V. Peer Evaluation (10 Points)

Average Student Evaluation

Total for Part V: _____ / 10 Points

Overall Score: _____ /100 Points

#	Date	Topic	Exams/ Projects	In-Class Quiz	Reading & HMW	Course Learning Outcome
1	5/7 Mon	<p>Introduction to course & participants</p> <p>Grading Policies</p> <p>Class groups of 2 students in each</p> <p>Population Increase</p> <p>Affluence Vs. Poverty</p> <p>Overview of regulatory agencies</p> <p>WHO, EPA, OSHA</p> <p>CARB and APCD</p> <p>Overview of Environmental Regulations</p> <p>CAA</p> <p>CWA and CDWA</p> <p>CERCLA and RCRA</p> <p>FIFRA</p> <p>Ch 2: The fate and transport of environmental contaminants</p> <p>Physical and chemical properties of chemicals</p> <p>In Air:</p> <p>In Water</p> <p>Underground</p>	<p>Introduce Projects</p> <p>Introduce Literature Review</p>		Read pg 319	<p>#4, #5, and #7</p> <p>#4: Discuss the transport and fate of air pollutants, toxic metals, organic pesticides, microbial agents, and radiation in the environment.</p> <p>#5: Interpret how key environmental policies that have been developed are able to manage health risks associated with exposures to environmental hazards</p> <p>#7: Learn how to write a concise literature review.</p>
2	5/9 Wed	<p>Review</p> <p>Ch 3: Living with other species</p> <p>Water Quality</p> <p>Water-borne diseases</p> <p>Drinking Water Treatment</p> <p>Waste Water Treatment</p> <p>Environmental Policy:</p> <p>Clean Water Act</p> <p>Drinking Water Act</p> <p>Local Issues</p> <p>Water shortages in Southern CA</p> <p>Infectious and Vector-borne Diseases</p> <p>Malaria</p> <p>Dengue Fever</p> <p>Plague</p> <p>Transmission of infectious diseases</p> <p>Global patterns of infectious diseases</p> <p>Class Discussion: Homework</p>	<p>Review Projects</p> <p>Review Literature Review</p>		<p>Read 2.1 and 3.1</p> <p>HMW: -Choose 2 topics for your class project and write 4 sentences for each topic. Print.</p>	<p>#2, #4, and #7</p> <p>#2: Describe how microbial agents (bacteria, viruses, and protozoa) that originate in the environment can impact human health.</p> <p>#4: Discuss the transport and fate of air pollutants, toxic metals, organic pesticides, microbial agents, and radiation in the environment.</p> <p>#7: Learn how to write a concise literature review.</p>

3	5/11 Fri	<p>Ch 4: Producing Energy</p> <p>Energy from Fossil Fuels</p> <p>Combustion</p> <p>Air pollution from fossil fuels</p> <p>Outdoor Air Quality</p> <p>Criteria Air Pollutants</p> <p>Indoor Air Quality</p> <p>Health Effects of air pollution</p> <p>Environmental Policy:</p> <p>Clean Air Act</p> <p>NAAQS</p> <p>Local Issues:</p> <p>PM and Ozone problems in San Diego</p> <p>Class Discussion: Homework</p>		Yes	<p>Read 4.1 (pp 101-130)</p> <p>HMW:</p> <p>-Decide one topic for your class project and find one scientific paper on the topic. Print the paper and write two paragraphs review using your own words. Be prepared to discuss the paper in class.</p>	<p>#1, #4, and #5</p> <p>#1: Identify chemical agents, such as air pollutants, toxic metals and organic pesticides and describe how these chemical agents can impact human health and the environment.</p> <p>#4: Discuss the transport and fate of air pollutants, toxic metals, organic pesticides, microbial agents, and radiation in the environment.</p> <p>#5: Interpret how key environmental policies that have been developed are able to manage health risks associated with exposures to environmental hazards</p>
4	5/12 Sat		Midterm Exam: Take Home			
5	5/16 Wed	<p>Ch 4: Producing Energy (Continued)</p> <p>Nuclear Energy</p> <p>Nuclear Waste</p> <p>Ionizing and Non-ionizing Radiation</p> <p>Health Effects</p> <p>Alternative and Renewable Energy</p> <p>Solar, Wind, Geothermal</p> <p>Hybrid vehicle</p> <p>Environmental Policy:</p> <p>RCRA</p> <p>CERCLA</p> <p>Local Issues:</p> <p>SONG: Nuclear Power Plant in San Diego County</p> <p>Class Discussion: Homework</p>			<p>Read 4.2 and 4.3</p> <p>HMW:</p> <p>-Draft an outline for your literature review</p> <p>-Make 5 slides on your topic and print them out</p> <p>-Find a second scientific paper on your topic, print it out, and write two paragraphs review using your own words. Be prepared to discuss the paper in class.</p>	<p>#3 and #5</p> <p>#3: Differentiate the potential environmental and health impacts from ionizing and non ionizing radiations</p> <p>#5: Interpret how key environmental policies that have been developed are able to manage health risks associated with exposures to environmental hazards</p>

6	05/21 Mon	Ch 5: Producing Manufactured Goods Synthetic Organic Chemicals Toxic Metals and Elements Toxic Metals with multiple health effects Lead, Mercury, Arsenic, Cadmium, Chromium Essential Metals Class Discussion: Homework			Read 5.2 (pp 189-192) HMW: -Print draft ppt -Print reference page for your literature review -Print draft literature review	#1 #1: Identify chemical agents, such as toxic metals and describe how these chemical agents can impact human health and the environment.
7	5/23 Wed	Ch 6: Producing Food Pesticides Organic Food Environmental Policy: Endangered Species Act FIFRA Group Project Presentations (3) Class Discussion: Homework				#1 and #5 #1: Identify chemical agents, such as organic pesticides and describe how these chemical agents can impact human health and the environment. #5: Interpret how key environmental policies that have been developed are able to manage health risks associated with exposures to environmental hazards
8	5/30 Wed	Ch 7: Living in the World We've Made Solid and Liquid Waste Recycling Composting Incineration Landfill Break Catch up with materials, if behind Review key concepts for Final Exam Q&A Review learning objectives for the course Group Project Presentations (3) Literature Review Due	Literature Review Due	Yes		#6 #6: Describe water and waste water treatment, hazardous waste and municipal waste disposal that are used to minimize impact of environmental hazards
9	6/2 Sat 8:30 to 12:30		Final Exam: Take Home			

Note: Learning outcomes #7 and #8 will span the entire month-long course even though most of the learning will occur during the last 4 sessions of the course.

Directly from the course instructor:

My exams and quizzes are usually based on both the topics covered in class (class slides) and the materials from the book which you ought to read. I usually include plenty of visual materials (photos, graphs, tables, diagrams) in my slides and I encourage all students to first look at the visual materials both in the slides and in the book. Then read the slides and the book to make sure you understand the visual content. When reviewing for the exams or quizzes, always ensure that you know the following:

- 1) Definitions of ALL important terms. Nomenclatures and classifications are also very important. At the introductory class level, such as COH608, terminologies are the most important things to learn.
- 2) All graphs, tables, and diagrams should be reviewed with care for understanding. What are these telling you? Can you interpret them properly? Do not be surprised if you're asked to interpret graphs/tables in an exam.
- 3) Dates and numbers are not important to remember with precision; but you should use this data to better understand the content in relation to other things you've already learned.

If during the course, you find me hard to follow or your performance (grade) does not reflect the amount of work you do for this class, please contact me by email or see me after class. We can discuss this privately or by email and try to improve your performance before it's too late.

Two Chinese Proverbs:

“Learning is a treasure that will follow its owner everywhere.”

“Learning is like rowing upstream: not to advance is to drop back.”



National University
School of Health & Human Services
Community Health Department

SYLLABUS

Course: COH 611: Public Health Research Methods

Deborah Morton, PhD, MA

Epidemiologist/Anthropologist

Associate Professor

UCSD Department of Family & Preventive Medicine/Division of Epidemiology

deb.don@cox.net

760 747 6634 h

Mission of the School of Health and Human Services

Prepare professionals to meet the dynamic health needs of a diverse global population.

Course Welcome

This course is part of National University's Master of Public Health. The Master of Public Health (MPH) is a graduate professional degree designed to prepare students for leadership positions in health promotion and disease prevention. Public Health involves multidisciplinary and collaborative strategies for solving health related problems, including programs that serve the public sector at all levels—local, state, federal, and global. Faculty members have expertise and experience in public health promotion.

The MPH program emphasizes the application of broad-based, state-of-the-art quantitative and qualitative skills needed for problem-solving. Special attention is given to enhancement of communication skills needed to work with diverse populations. Ideal candidates for the MPH program are those students looking for career advancement within the public health sector; and those looking for career transition into public health from other health professions. Graduates will enhance their opportunities for professional growth and job placement through carefully planned internships and a multidisciplinary team-based capstone experience. The MPH program is an applicant for accreditation with the Council on Education in Public Health (CEPH).

Course Description:

Fundamentals of research methods and statistical analysis of public health data. Includes principles of research investigation, research design, sampling, measurements, and the use of descriptive and inferential statistics for data analysis and hypothesis testing. Focuses on health survey design, sampling methodologies, questionnaire construction and administration, interviewing, and coding procedures. Students will be able to locate and evaluate scholarly papers published in peer-reviewed journals.

Required Text(s) and Resources:

- Creswell, JW (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches* (3rd ed.). Los Angeles, CA: Sage Publications.
- *The National University Library System (NULS):* The National University Library supports academic rigor by providing access to scholarly books, journals, e-books, and databases of full text articles from scholarly journals. Access the library web page: <http://www.nu.edu/library>.
- American Psychological Association. (2010). *Publication manual of the American Psychological Association*. Washington, DC: American Psychological Association.

Course Prerequisite: COH 606

Course Learning Outcomes:

Upon successful completion of this course the student will be able to:

1. Describe the ethical issues involved in performing research with human subjects.
2. Evaluate an existent survey instrument.
3. Develop a survey instrument.
4. Develop an informed consent form.
5. Apply a quantitative study design to a public health issue.
6. Apply a qualitative study design to a public health issue.
7. Evaluate a public health research study that used a mixed methods design.

Requirements and Grading

Students are expected to attend all class sessions, participate in all class activities, complete weekly assignments and paper as scheduled, and make a presentation. **Failure to do so will result in the loss of points.**

Grading:	
Week 1 Assignment	16 pts
Week 2 Assignment	18 pts
Week 3 Assignment	21 pts
Week 4 Assignment	10 pts
Presentation	40 pts
Research Proposal	55 pts
<u>Attendance/Participation in Class Discussion/ 2pts per class</u>	<u>16 pts</u>
TOTAL	181 points

Research Proposal and Presentation

Each student will develop a research proposal. (CLOs 1-7) **Signature Assignment**
 A Research/Proposal paper (8-10 pages, 12-point font) will be turned in.
 Your survey, questionnaire, and/or interview guide must be included as an appendix.
 You will present your project plan to the class (15 minutes).
 Be prepared to answer questions about your plan.

The paper counts for 55 points and the presentation counts for 40 points. Points will be awarded in the following categories. Use the course text for guidance in completing each of the sections.

Research Plan (45 points)	Possible points	Points awarded
The Introduction/Literature Review	10 points	
Purpose Statement	5 points	
Research Questions and Hypotheses	10 points	
Study Design / Methods (including subjects and sampling methods)	10 points	
Survey, Questionnaire, or Interview Guide	5 points	
Analysis Plan	5 points	
Biases / Threats to Validity / Ethical Concerns	5 points	
Format - clear and consistent with APA style, including at least 5 references from Peer-Reviewed Journals	10 points	

Presentation (20 points)	Possible points	Points awarded
Clarity/Conciseness/Hypothesis/Methods	20 points	
Preparation/Practice	10 points	
Responses to questions	10 points	

TENTATIVE SCHEDULE OF TOPICS & ACTIVITIES

Instructor reserves the right to change the timetable in order to better address the needs of the candidates in the class.

Session/ date	Topic/Activities <i>In class discussion for that session</i>	Class Preparation	Assignments <i>Due next class session</i>
Monday Aug 6 2012	Selection of a Research Design Review of the Literature	Chapters 1 & 2	
Wednesday Aug 8	The Use of Theory	Chapter 3	Week 1 Assignment
Monday August 13	Writing Strategies Ethical Considerations Informed Consent The Introduction	Chapters 4 & 5	Week 2 Assignment
Wednesday Aug 15	The Purpose Statement Research Questions and Hypotheses	Chapters 6 & 7	
Monday August 20	Quantitative Methods Secondary Analysis	Chapter 8	Week 3 Assignment
Wednesday Aug 22	Qualitative Procedures	Chapters 9	
Monday Aug 27	Mixed Methods Procedures	Chapter 10	Week 4 Assignment Presentations
Wednesday Aug 29	Survey Development	Survey Design Documents	Presentations
Saturday Sept 1	Individual Presentations of Proposals		FINAL RESEARCH PAPER DUE

Writing

Students are expected to demonstrate writing skills in describing, analyzing and evaluating ideas and experiences. Written reports and research papers must follow specific standards regarding citations of an author's work within the text and references at the end of the paper. Students are encouraged to use the services of the University's Writing Center when preparing materials.

The following website provides information on APA, MLA, and other writing and citation styles that may be required for term papers and the like:
<http://library.nu.edu/FindResources/ReferenceTools/citations.html>

Classroom Behavior

Please be courteous and respectful of the learning process at all times. Cell phones are required to be turned off during class. No exceptions.



National University - COH 611
On-line course
Samantha Tweeten, PhD, MPH

Notes:

Text in red is for instructional notes or items to be included by SPL .

Underlined items are those directly within the Course Home tab. Text under these items is to be included within that item (i.e., when you click the item, this is the text that appears).

Course Home: (TAB)

Welcome to COH 611, Public Health Research Methods. In this course you will be introduced to the fundamentals of research methods using public health data. This includes principles of research investigation, research design, and sampling, focusing on health survey design, sampling methodologies, questionnaire construction and administration, interviewing, and coding procedures.

Getting Started:

Make sure you look around the course. The Course Home tab will provide you with information on how to navigate the course, requirements, how to turn in assignments, and participate in discussions. Your first assignment is to read the syllabus and other informational items in the Course Home tab. In addition, the Course Home includes a Class Lounge where students can chat - this provides a good space for collaborative learning!

Course Outline (Clickable under Course Home)

Instructor Information

Information to be inserted for each instructor
Include short bio, contact info, etc

Course Description

This course provides an introduction to concepts of pathological process from a public health viewpoint. This includes consideration of historical and contemporary disease patterns based on an understanding of pathogenic, behavioral, and environmental dimensions.

Required Textbook

Cresswell, JW. (2009). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, 3rd ed. Los Angeles: Sage. ISBN-13: 978-1-4129-6557-6

In addition, there are supplemental readings which can be found in each week's tab.

Course Objectives

At the end of this course you will be able to:

- 1. Describe the ethical issues involved in performing research with human subjects.*

2. *Evaluate an existent survey instrument.*
3. *Develop a survey instrument.*
4. *Develop an informed consent form.*
5. *Apply a quantitative study design to a public health issue.*
6. *Apply a qualitative study design to a public health issue.*
7. *Evaluate a public health research study that used a mixed methods design.*

Turning in Assignments

A dropbox is provided for each assignment to be turned in. This can be found in the clickable link in the Course home for each assignment.

Threaded Discussion Instructions

Two threaded discussion questions are provided under the tab for each week, under "Threaded Discussion." Each student is expected to contribute to each threaded discussion, and this will go towards his or her grade points.

Class Lounge

Students are encouraged to visit the Class Lounge (found in the Course Home tab) to "meet" other students, discuss issues and assignments, and provide collaborative learning. This can be a great tool for working together.

Help Desk

The Help Desk is available 24 hours a day, 7 days a week, and should be contacted for any technical problems such as pages not loading, connectivity issues, not being able to view video or hear audio. The Help Desk can be reached at: 877- 252-7715 or helpdesk@myonlinelogin.com

Grading

Course components:

Quizzes (4) (CLOs 1-7)	100 points (25 points each)
Survey Design (CLOs 2-3)	40 points
Consent Form (CLO 4)	40 points
Research Study Evaluation (CLOs 1,7)	40 points Signature Assignment
Attendance/Participation	25 points
Threaded Discussion	25 points
 Total	 270 points

Recommended grading:

A	96-100%	B+	87-89%	C+	77-79%	D+	67-69%
A-	90-95%	B	84-86%	C	74-76%	D	64-66%
		B-	80-83%	C-	70-73%	D-	60-63%

Consent Form Development (Clickable under Course Home)

Each student will develop a consent form for a study on attitudes about risk factors for HIV transmission involving attendance of a three part educational program and collection of personal information including sexual and drug use behavior. A grading rubric is provided. Please use the dropbox provided to turn in the assignment.

Word document of grading rubric is provided as clickable "[Grading Rubric](#)" pdf of Guidelines for Writing Informed Consent Dropbox for Consent Form.

Survey Design (Clickable under Course Home)

Each student will prepare a Survey Monkey questionnaire on the attitudes about risk factors for HIV transmission using the standard, free Survey Monkey. Note that this will limit the number of questions you can ask and you will have to use some creativity to get all the information you want. The survey should include mixed methods and gather at least some demographic information. A grading rubric is provided. Place the link for your survey into the dropbox provided.

Word document of grading rubric is provided as clickable "[Grading Rubric](#)" pdf of Survey Development Guidelines Dropbox for Survey Monkey link.

Research Review (Clickable under Course Home)

Each student will prepare a 5-7 page critique of a research article provided (in Doc Sharing), addressing areas of literature review, methods, ethics, potential areas of bias, and suggestions for improvement. A grading rubric is provided. Please use the dropbox provided to submit the assignment.

Word document of grading rubric is provided as clickable "[Grading Rubric](#)" pdf of A Brief Guide to Reviewing Research Articles Dropbox for Research Review

Course Lounge (Clickable under Course Home)

Course Lounge area for student-to-student interaction

Class Schedule

Provide dates and times per instructor. Include due dates for assignments.

Chat

Chat is conducted in the "Live" section of the course platform. Students will need to have audio for chat. There is an archive available of each chat and students are encouraged to review any chat missed.

Provide dates and times per instructor.



National University
School of Health and Human Services
Department of Community Health
Masters of Public Health

COURSE OUTLINE

COH 691 - Public Health Internship

MAY / JUNE TERM 2012

Class Meetings: Mondays 5:30-10:00 p.m. MAY 9, JUNE 27
Professor: Suzanne Evans, MS, EdD, NBCT
SFEvansEdD@hotmail.com
Office: National University
Technology and Health Sciences Center, Room 114
3678 Aero Court, San Diego, CA 92123-1788
cell: 847-431-0343
Office Hours: by appointment

COURSE DESCRIPTION:

Work in public health agency planning, implementing and/or evaluating a health promotion program or programs. Minimum of 120 hours of structured work experience in a healthcare organization under the direct supervision of one or more experienced health promotion specialists. Course is eligible for In Progress (IP) grade. This is a two month course.

REQUIRED TEXT(S) AND RESOURCES:

- *Internet Access and e-mail Access*
- *The National University Library System (NULS):* The National University Library supports academic rigor by providing access to scholarly books, journals, e-books, and databases of full text articles from scholarly journals.
- National University -School of Health and Human Services -Community Health *Internship Handbook.*
- Readings as assigned.

COURSE PREREQUISITE:

HCA 600, COH 601, COH 602, COH 603, COH 604, COH 605, COH 606, COH 607, COH 608, COH 609, COH 618, COH 611, COH 612, COH 613, minimum of 120 hours of structured work experience in a public health organization under the direct supervision of one or more experienced public health educators.

COURSE LEARNING OUTCOMES:

Upon successful completion of this course, students will be able to:

1. Apply the professional knowledge and skills learned in didactic public health courses to work in a public health agency.
2. Plan and complete one or more supervised applied project (s) related to public health in an approved public health organization.
3. Write a report demonstrating the successful integration of academic knowledge and skills to community health issues in a public health organization.

PROGRAM MISSION: MASTER OF PUBLIC HEALTH

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research, and community service.

PROGRAM LEARNING OUTCOMES:

PLOs	
	COH 691
CORE	
6. Analyze and interpret health data.	Mastery
7. Describe the distribution and determinants of disease, disabilities and death in human populations	Mastery
8. Evaluate the environmental factors that affect the health of a community.	Mastery
9. Analyze the planning, organization, administration and policies of health care organizations.	Mastery
10. Apply the concepts and methods of social and behavioral sciences relevant to the identification...	Mastery
SPECIALIZATION	
11. Assess individual and community needs for health education.	Mastery
12. Plan health education strategies, interventions, and programs.	Mastery
13. Implement health education strategies, interventions, and programs.	Mastery
14. Conduct evaluation related to health education.	Mastery
15. Administer health education strategies and interventions.	Mastery
16. Serve as a health education resource person.	Mastery
17. Communicate and advocate for health and health education.	Mastery
18. Apply appropriate research principles and techniques in health education.	Mastery
19. Administer health education programs	Mastery
20. Advance the profession of health education.	Mastery

PROGRAM LEAD FACULTY & DEPARTMENT CHAIR:

GinaMarie Piane, DrPH
gpiane@nu.edu
(858) 309-3474

TENTATIVE SCHEDULE:

Instructor reserves the right to change the timetable in order to better address the learning needs of the students in the class. Specific individual meetings with Preceptors arranged with Professor.

DATE	TOPIC	READING ASSIGNMENT <i>Due next class session</i>	WRITTEN ASSIGNMENT <i>Due next class session</i>	ACTIVITIES/OTHER ASSIGNMENTS <i>Due next class session</i>
WEEK 1 Wednesday May 9	<ul style="list-style-type: none"> • INTRODUCTIONS • ACTIVITIES • SYLLABUS AND EXPECTATIONS 	<u>READING:</u> <i>Supplemental readings-</i>	<u>WRITING ASSIGNMENT:</u> <ul style="list-style-type: none"> • PBL 1-6 completed 	
WEEK 2 NO MEETING		<u>READING:</u> <i>Supplemental</i>	<u>WRITING ASSIGNMENT:</u> Reflection 1 - PBL 7	
WEEK 3 NO MEETING	<i>DISCUSSION BOARD 1 Due Nov 7</i>	<u>READING:</u> <i>Supplemental</i>		
WEEK 4 NO MEETING		<u>READING:</u> <i>Supplemental</i>	<u>WRITING ASSIGNMENT:</u> Reflection 2 - PBL 7	
WEEK 5 NO MEETING	<i>DISCUSSION BOARD 2 Due Nov 21</i>	<u>READING:</u> <i>Supplemental</i>		
WEEK 6 NO MEETING		<u>READING:</u> <i>Supplemental</i>	<u>WRITING ASSIGNMENT:</u> Reflection 3 - PBL 7	
WEEK 7 NO MEETING	<i>DISCUSSION BOARD 3 Due Dec 5</i>	<u>READING:</u> <i>Supplemental</i>	<u>WRITING ASSIGNMENT:</u> Volunteer Paper	
WEEK 8 Wednesday June 27	<i>MEETING</i>	<u>READING:</u> <i>Supplemental</i>	<u>WRITING ASSIGNMENT:</u> PBL 8, 9, 10 FINAL Meeting	

COURSE REQUIREMENTS:

The readings, discussions, and assignments will focus on the exciting field of public health theory and practice. Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

COH 691 Specific Course Requirements:

Professionalism: Students are expected to:

- demonstrate dispositions expected of students pursuing professional degrees
- demonstrate professionalism by participating in all class sessions/discussions and submitting work on time
- be honest in all coursework.

Attendance: It is expected that students will:

- attend all class sessions -an absence is assessed each time a student is not in attendance during a regularly schedule class period, whether or not it is an excused absence.
- acknowledge that in accordance with National University policy, more than three absences from class or discussions, excused or unexcused, will result in a less than satisfactory grade.

Written Assignment Expectations: All assignments completed out of class are to be:

- typed/word-processed, font size 12, double spaced
- written in standard English, error free in sentence construction, grammar, punctuation, and spelling.
- APA format

Late Work: Guidelines for late work are as follows:

- all assignments are due at date indicated.
- unless prior permission has been given to the candidate, *late work will not be accepted and **no** credit will be given for that assignment.*
- with prior permission late work is accepted and will receive a deduction of 20% in the grade.

COURSE ASSIGNMENTS AND EVALUATION REQUIREMENTS

This is a dynamic and interactive class. The readings, discussions, and assignments will focus on the exciting field of public health evaluation. This course enables the students to participate in the following required learning experiences and assignments:

7. Classroom Attendance, Dialogue, Discussion and Discourse:

You will complete assigned readings in the text, view lectures, and participate in discussions. Discussions are designed to give students an opportunity for sharing and interacting with one another. Credit is given for attendance and attendance is required. All classes are important and there is no way to “make up” the participation activities or discussions. Two onsite meetings will be held. (20 points).

Class Meetings – Wednesdays – May 9 and June 27

8. Threaded Discussion:

You will complete assigned readings and participate in discussion boards. The Discussion Board is designed to give you an opportunity for sharing and interacting with one another. Your instructor has specific prompts listed to which you and your

classmates respond. It is to your benefit to read each other's prompts and respond to many members of the class. You are required to post a response to the prompt by the listed day of the designated week and respond to a minimum of two other students in the class by the date indicated for that week. (Late postings will not be accepted). Your posting should be approximately 250 words in length and clearly address the prompt. This means it must be a thoughtful response within a paragraph format. Your responses should observe the conventions of standard American English grammar and syntax. You may wish to include specific quotes from readings to substantiate your responses. Should you quote or paraphrase the text within your posting, be sure to include citations using APA format. (45 points)

Discussion Board 1 - due week 3

Discussion Board 2 - due week 5

Discussion Board 3 - due week 7

9. PBL forms: (1-5, 9-10)

You will complete specific Problem-based Learning (PBL) forms as required in the Internship Handbook. PBL forms 1-5 are due prior to beginning the internship and PBL form 9 /10 at the close of the practicum experience. Credit is given for adequate, on time submission. PBL forms 6, 7 & 8 are separate assignments. (45 points)

10. PBL form 6 - Individualized Student Learning Plan (ISLP): (CLO 1)

You will complete an Individualized Student Learning Plan (ISLP). The ISLP defines the specific student learning outcomes expected during the PBL experience, a description of planned student activities to achieve the learning outcomes, and a description of evidence that will be assessed to determine outcome achievement. Interns are responsible for writing the ISLP in conjunction with both the faculty sponsor and preceptor. Must be completed before internship begins. (50 points)

11. PBL form 7 - Reflective Logs: (CLO 3)

Guided reflective logs are a way for you to document your ongoing practice experience and assess your progress. You are required to complete bi-weekly (minimum 4) reflective logs throughout the practice experience. In each report you should reflect on what you are learning. You should submit the reports weekly, so that we have them to refer to at the Midpoint Review. You will use all your reports to summarize your experience in the final paper. (40 points +)

Your reflections should include:

- Progress on your practice experience: what has been achieved and why or why not? Relate to previous reports, as appropriate.
- What activities you are doing or plan to do to achieve competence. If this is out of your control, document the situation, i.e., why it is out of your control.
- What you are learning about the field of public health, about the agency;
- What new metacognitive understanding you have gained about yourself as a public health practitioner that will guide your practice;
- What areas you feel you need assistance and/or need to focus to become more proficient in their practice.

12. PBL form 8 - Summative Self Reflection: (CLO 2)

The summative self-reflection is an opportunity to describe and document your growth as a professional during the PBL experience. These reflective essays should

summarize your feelings and findings across the myriad of experiences you encountered during the PBL placement. The essay should not be a list of facts and figures, but thoughtful responses to the questions provided. (75 points)

Each essay should include an introduction, body, and conclusion.

Essay 1: Describe how your PBL experience has deepened your ability to communicate and interact with other health professionals.

Essay 2: Reflect on how your competency as a health professional has developed through the PBL experience.

Essay 3: Describe how the PBL experience changed your understanding of the health profession. Provide examples of lessons learned.

Essay 4: Reflect on problems you encountered in the workplace where solutions involved critical analysis and application of professional literature to arrive at a solution.

Essay 5: Reflect on each of the learning outcomes listed in your ISLP. Have you achieved the learning outcome? Describe how specific PBL experiences facilitated your achievement of the learning outcome.

Essay 6: Based on your self-assessed level of professional competency, develop a five-year professional development plan that will advance your competencies as a health leader.

13. **Volunteer Experience:** You will be required to volunteer for a community event or advocacy event with an agency or organization. Event and agency is choice of student. A one page summary will be submitted. (30 points)

Grading Factors

Students in the Internship Experience receive a grade of Satisfactory or Unsatisfactory.

To receive a Satisfactory grade, you must

1. complete all required forms and work,
2. earn a score of 80% or better overall on all work (see points below)
3. receive a satisfactory evaluation (minimum average score of 3) on the *Preceptor Final Evaluation* (PBL 9)
4. receive a satisfactory evaluation (minimum average score of 3) on the *Internship Coordinator Final Evaluation* (PBL 10)

Grades are based on points accumulated from all assignments, collaborative group activities, discussions and written assignments.

1. <i>Classroom Attendance 2x</i>	20
2. <i>Required & recommended readings & Threaded Discussions - 3X</i>	45
3. <i>PBL 1-5 completed before internship begins</i>	25
4. <i>PBL 6 - ISLP</i>	50
5. <i>Reflective log -PBL 7-weekly submission</i>	40+
6. <i>Volunteer activity</i>	30
7. <i>PBL 9/10 completed in file (score of 3 or better)</i>	20
8. <i>PBL8-Summative Self Reflection</i>	75

TOTAL

315



National University
School of Health and Human Services
Department of Community Health

Syllabus

COH 692 – Public Health Capstone

July/August 2012

Prerequisites: COH 691

Professor: GinaMarie Piane, MPH, DrPH, CHES
(858) 309-3474
3678 Aero Court, Room 102A
gpiane@nu.edu

Textbooks:

American Psychological Association (2001). *Publication manual of the American Psychological Association*. Washington, DC: American Psychological Association.

Course Description:

Two-month capstone project focused on a relevant problem in public health theory or practice. Planning and completion of either a data-based research project or a scholarly and creative activity related to public health. Student project may require Institutional Review Board (IRB) approval. Course is eligible for In Progress (IP) grade.

Course Goals:

Research, plan, implement and evaluate an original research project or a scholarly activity that addresses the relevant problem related to public health. The research project may be associated with the student's employment in a public health setting.

Learning Outcomes:

Upon satisfactory completion of the course, students will be able to:

- 1. Identify a relevant problem related to the theory or practice of public health;*
- 2. Conduct a review of the literature related to a problem in public health and summarize that review in writing;*
- 3. Formulate a valid solution to a problem in public health, either in the form of a testable hypothesis or in the form of a scholarly activity.*
- 4. Examples of a scholarly activity would be a written document such as a book or manual; web-based solution such as a related web-site; or other resources that advance*

- the discipline and profession of public health;*
5. *Collect empirical data applicable to an empirical hypothesis or gather resources necessary to support scholarly activity in public health;*
 6. *Complete either a data-based research study or other scholarly activity;*
 7. *Perform a professional quality oral presentation describing the outcomes of either a research study or scholarly activity; and*
 8. *Complete a professional quality written report describing the outcome of either a research study or scholarly activity.*

Course Requirements:

Written project proposal

Students may choose to write an individual capstone project (this is highly recommended for those who wish to pursue a doctorate degree) or a group project that makes a significant impact on the health of a community.

GENERAL GUIDELINES ON WRITING ASSIGNMENTS: (CLO 8)

- [1] The Publication Manual of the American Psychological Association is the required style guide for all written work.
- [2] A final report is due for completion of this class:
 - [a] Chapter #1: Introduction (CLO 1)
 - [b] Chapter #2: Literature Review (at least 25 sources) (CLO 2)
 - [c] Chapter #3: Methodology and Data Sources (CLO 5)
 - [d] Chapter #4: Findings, Results or Analysis (CLOs 3,6)
 - [e] Chapter #5: Discussion and Conclusions (CLOs 3,6)
- [3] The written assignment should be word processed, be double-spaced and have one inch on top, bottom, left, and right margins. All assignments must be free of spelling, grammatical and typographic errors before they are submitted.
 - [a] It should have section headings, where appropriate, printed in bold.
 - [b] It should have page numbers on each page except the first page. The page numbers should be in the lower right corner.
 - [c] The assignments should be printed in a 12 character per inch font.
 - [d] There should be double spacing between paragraphs and after a heading.
 - [e] Each written assignment should conform exactly to the page structure and format requested.
 - [f] Papers must be delivered by e-mail unless other arrangements have been made.
 - [g] A signature page will be required for the final version. The signature page should be the first page.
 - [h] A table of contents is required.
 - [i] All chapters must begin on a new page.
- [4] References, when used in any assignments, should be listed on the last pages.
- [5] Preliminary drafts should be submitted beforehand to allow ample time for critique by the instructor. Project reports are typically at least 50 pages long, not including appendices. A final original copy of your completed project will be kept in the Community Health Department office.
- [6] The purpose of this course is to develop the ability/habit of critical thinking and reasoning while learning and this can be best accomplished in a setting of phased learning. The written assignments and the feedback students receive from the instructor are designed to advance the cause of critical thinking and writing. This

means students are expected to revise written assignments based on instructor's comments.

- [7] Student papers in this course presume **both research, and original and individual thought**. Any source the student uses in the composition of the assignments/papers must be **cited fully and accurately**. The University Code of Honesty describes plagiarism as "giving the impression that you have written or thought something that in fact you borrowed from someone else." Any failure (whether accidental and/or intentional) to follow the standards of scholarly accuracy constitutes dishonesty and will result in a mark of 'F' for this course.
- [8] Papers will be returned for revision in a reasonable time period (approximately 1 week).
- [9] Students should revise the original paper and discuss it with the instructor to make sure changes are accurate.

TIMELINE:

Date	Assignment
7/15/2012	WRITING ASSIGNMENT #1: Introduction
7/21/2012	WRITING ASSIGNMENT #2: Literature Review (at least 25 references)
8/3/2012	WRITING ASSIGNMENT #3: Methodology
8/10/2012	-IRB proposal if conducting research with human subjects -IRB letter from project advisor
8/17/2012	WRITING ASSIGNMENT #4: Results WRITING ASSIGNMENT #5: Discussion and Conclusion
8/20/2012	THE FINAL REPORT -submission to project advisor (Dr. Piane) -provide response to feedback
8/27/2012	Oral presentation of project outcome (CLO 7)

Students who complete the thesis by these dates and receive positive feedback from all three readers will receive a grade for the semester. All other students will receive the grade "IP" in-progress.

Bibliography:

California Health Interview Survey

<http://www.chis.ucla.edu/>

World Health Organization: Data and Statistics <http://www.who.int/research/en/>

National Health and Nutrition Examination Survey

<http://www.cdc.gov/nchs/nhanes.htm>

YRBSS: Youth Risk Behavior Surveillance System

<http://www.cdc.gov/HealthyYouth/yrbs/index.htm>



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program

COH 601 Global Public Health

Course Outline

**Kearney Mesa Learning Center
Center for Technology and Health Sciences**

April 2012

Class Meetings:

TuTh 5:30PM-10:00PM Kearny Mesa Learning Center 04/10/2012 - 05/05/2012

Sa 8:30AM-12:30PM Kearny Mesa Learning Center Staff 05/05/2012 - 05/05/2012

Professor (or Instructor):

David O. Adesanya MD, MPH

e-mail address: dadesanya@nu.edu

Office:

National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
Room #111
9514541310

Office Hours:

Tuesdays and Thursdays 4-5 PM

Textbooks:

Merson, Michael, H.; Black, Robert, E; and Millis, Anne, J. (2006). International Public Health: Diseases, Programs, Systems, and Policies. Jones and Barlett Publishers, Sudbury, MA.

Course description:

Analysis of global public health with emphasis on defining and evaluating preventive efforts to affect the quantitative, biological, economic, social, political, and behavioral determinants of health. Investigation of burden of disease, social justice and equitable health care. Emphasis on reproductive health, population dynamics, complex humanitarian emergencies, globalization and global cooperation.

Learning Outcomes:

Upon completion of this course the student will be able to:

1. Analyze the available descriptive epidemiological approaches used by international public health agencies in measuring the disease burden;
2. Synthesize the cultural, social, behavioral, biological, environmental, economic, and organizational factors affecting global health;
3. Develop recommendations for comprehensive preventive efforts that strive for social justice and equitable health care;
4. Critically evaluate the effectiveness and the ethical considerations involved with the provisions of aid to developing nations and identify the issues related to dependency, self help and social sustainability;
5. Evaluate the historic and contemporary role of international health agencies and their contributions to improving world health;
6. Compare and contrast the U.S. Health Care System with those of other nations, and analyze managed care, universal health plans, public and private health care delivery.

Program Mission:

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Program Learning Outcomes:

Master of Public Health

Analyze and interpret health data.	INTRODUCED
Describe the distribution and determinants of disease, disabilities and death in human populations	INTRODUCED
Evaluate the environmental factors that affect the health of a community.	INTRODUCED
Analyze the planning, organization, administration and policies of health care organizations.	DEVELOPED

Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.	INTRODUCED
--	------------

Program Lead Faculty:

GinaMarie Piane, DrPH

gpiane@nu.edu

(858) 309-3474

Tentative schedule:

DATE	TOPIC	READING ASSIGNMENT	WRITTEN ASSIGNMENT	PRESENTATION
1	Introduction and History Measures of Health and Disease in Populations	Chapter 1 and 2		
2	Culture, Behavior and Health Reproductive Health	Chapter 3 and 4	1	Nerissa Blanca
3	Population and Aging Infectious Diseases	Chapter 5 and 6		Alfonso Sarah
4	Mental health Nutrition	Chapter 9	2	Angela Lei
5	Chronic Diseases and Risks Environmental Health	Chapter 8 & 10	Midterm Exam	

6	Humanitarian Emergencies Complex Emergencies	Chapter 11	3	Russhel Michael
7	Design of Health Systems	Chapter 12-15		Kim Diana
8	Global Cooperation in International Public Health Globalization and Health	Chapters 16 - 18	4	Reem
9			5 Final Exam	

Course Outline Content

- A. Measures of Health and Disease in Populations**
 - a. Reasons and Approaches for Measuring Health and Disease
 - b. Composite Summary Measures of Population Health
 - c. Burden of Risk Factors
- B. Culture, Behavior and Health**
 - a. Basic Concepts from Medical Anthropology
 - b. Cultural Views of Health , Illness and Healers
 - c. Theories of Health Behavior and Behavior Change
 - d. Some Common Features of Successful Health Communication and Health Promotion Programs
 - e. Methodologies for Understanding Culture and Behavior
- C. Reproductive Health**
 - a. Demographic Trends and Fertility Determinants
 - b. Family Planning Programs
 - c. Impact of Reproductive Patterns on the Health of children
 - d. Impact of Reproductive Patterns on the Health of Women
- D. Infectious Disease**
 - a. Control of Infectious Diseases
 - b. Childhood Vaccine-Preventable Diseases: the Expanded Program on Immunizations
 - c. Enteric Infections and Acute Respiratory Infections
 - d. Bacterial Meningitis
 - e. Mycobacterial Infections
 - f. Sexually Transmitted Infections and AIDS

- g. Viral Hepatitis
- h. Malaria and other Arthropod-Borne-Diseases
- i. Helminthiases
- j. Zoonoses
- k. Viral Hemorrhagic Fevers
- l. Infectious Causes of Blindness
- m. Emergences of New Infectious Disease Threats
- E. Nutrition**
 - a. Food Security
 - b. Population Spectrum of Nutritional Status
 - c. Undernutrition
 - d. Micronutrient Deficiencies
 - e. Diet and Undernutrition
 - f. Malnutrition among Older Persons
 - g. The Nutrition Transition
- F. Chronic Diseases and Risks**
 - a. Epidemiologic Trends
 - b. Risk Factors
 - c. Economic Impacts and Health Inequalities
 - d. Policy Responses to the Growing Burden of Chronic Diseases
 - e. Preventing and Managing Chronic Diseases
 - f. The Role of National Governments
 - g. Acting Globally to Achieve Sustained National Benefits
- G. Unintentional Injuries and Violence**
 - a. The Global Burden of Injuries
 - b. Risk Factors for Unintentional Injuries and Violence
 - c. Interventions to Prevent Unintentional Injuries and Violence
 - d. Moving Forward the Injury Prevention Agenda
- H. Mental Health**
 - a. Historical Development of Public Mental Health
 - b. Concepts and Classifications
 - c. The Burden of Mental Disorders
 - d. Etiology
 - e. Interventions
 - f. Mental Illness Across the Life Span
 - g. Public Mental Health: Priorities for Developing Countries
- I. Environmental Health**
 - a. Definition and Scope of Environment
 - b. Scale and Distribution of Environmental Risks to Health
 - c. Environment: Encompassing Both Hazard and Habitat
 - d. Environmental Health Research, Risk Assessments, and Monitoring
 - e. Household Exposures
 - f. The Workplace Environment
 - g. Community-Level Exposures
 - h. Regional Exposures: Transboundary Problems
 - i. Global Environmental Change and Population Health
 - j. Pathways to the Future in an Unequal World
- J. Complex Emergencies**
 - a. Direct Public Health Impact of War

- b. Indirect Public Health Impact of Civil Conflict
- c. Specific Health Outcomes
- d. Prevention and Mitigation of Complex Emergencies
- e. Responses to Complex Emergencies
- f. Role of International, National, and Nongovernmental Organizations
- g. Rehabilitation, Repatriation and Recovery
- h. Current Issues
- K. The Design of Health Systems**
 - a. Conceptual Maps of the Health System
 - b. Historical Development
 - c. The Role of the State
 - d. Regulation
 - e. Financing
 - f. Resource Allocation
 - g. Provision of Services
 - h. Performance of Different Types of Systems
 - i. Health System Reform
- L. Management and Planning for Public Health**
 - a. What is Management?
 - b. Health Management Context
 - c. Organizing
 - d. Planning
 - e. Management of Resources
 - f. Management Themes
- M. Health and the Economy**
 - a. Health and Economic Development
 - b. Health Systems and Economic Outcomes
- N. Global Cooperation in International Public Health**
 - a. The Policy Framework
 - b. Who Are the Actors in International Health?
 - c. Why do States Cooperate?
 - d. How do States Cooperate?
 - e. The Changing Role of International Cooperation: Vertical Representation to Horizontal Participation
- O. Globalization and Health**
 - a. What is Globalization?
 - b. The Global Dimensions of Infectious Disease
 - c. The Globalization of Chronic Diseases
 - d. Impacts on Health Care Financing and Service Provision

Requirements:

Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

Written Assignments:

1. Choose one nation each from the categories: high-income, middle income and low-income. Identify at least five health indicators for each. Write an analysis of your data. (2 pages) SIGNATURE ASSIGNMENT (CLO 1)
2. Choose a cultural group globally or within the United States. Research their health disparities, behaviors and beliefs. (2 pages) SIGNATURE ASSIGNMENT (CLO 2)
3. Choose one of the following topics: maternal mortality, infant mortality or child mortality. Identify the significant measures, disparities and contributing factors worldwide or among groups in the United States. (2 pages) (CLO 3)
4. Compare the health care 'system' of the United States to the health care system of another nation. (2 pages) (CLO 6)
5. Choose one prevalent chronic disease. Discuss the risk factors, distribution and at least one program that has been implemented to prevent the condition. Furthermore continue by answering "How can public health professionals best promote and enhance the health of the planet?" (5 pages) (CLOs 3,4,5)

All written assignments must be in APA format double spaced, including in-text citations and reference list, excluding title page and abstract.

Oral Assignment: (CLOs 2,3,4,5)

Prepare a 15 minute interactive presentation with an accompanying slide show. Choose one of the following topics:

- A. Poverty and Public Health: Kim
- B. Population and Public Health
- C. The status of women and public health: Diana
- D. Complementary and Alternative Medicine: Nerissa
- E. Smoking and Global Health: Lei
- F. The Global Burden of Injury
- G. The Global Burden of Violence: Reem
- H. The Global Burden of Mental Disorders: Angela
- I. Water and Public Health: Sarah
- J. Land usage and Public Health: Michael
- K. Global warming and Public Health
- L. Public Health and War : Alfonso
- M. Public Health and Natural Disasters: Blanca
- N. Public Health and Preparedness for Terrorism: Russhell
- O. Politics and Health Systems

Exams: (CLOs 1-6)

The midterm covers chapters 1-6 and the final covers chapters 7-15. Exams consist of multiple choice questions based on information in the textbook.

Grading:

Grades will be determined by percentages on each assignment using the following weighting system:

Written Assignments	50% total	10% each					
Presentation	15%						
Midterm	15%						
Final	15%						
Attendance and Participation	5%						
A	96-100	B+	87-89	C+	77-79	D+	67-69
A-	90-95	B	84-86	C	74-76	D	64-66
		B-	80-83	C-	70-73	D-	60-63



COH 603 Public Health Biology

June 2012

Instructor: Samantha Tweeten, PhD, MPH
stweeten@cox.net

Class Meetings: Monday/Wednesday 5:30PM - 10:00PM
(Final Saturday, June 30, 1-5pm)

Course description:

Biological foundations of public health issues including infectious and chronic diseases. Reproduction and development of disease pathogens and transmission, immune responses and constitution of the host. Anatomical, physiological and cellular foundations for understanding chronic diseases. Focuses on methods for the control and prevention of disease.

Textbooks: Battle, Constance U.. (2009). *Essentials of Public Health Biology*.
Jones and Bartlett ISBN#0-7637-4464-6

Course Learning Outcomes: Upon completion of this course the student will be able to:

1. Identify pathogen type, transmission, incubation, disease course, cure and/or treatment of the 10 most prevalent infectious diseases worldwide.
2. Apply the epidemiologic model of disease transmission to common infectious and chronic diseases.
3. Describe the natural course of the most common forms of cardiovascular diseases.
4. Describe the natural course of the most common types of diabetes mellitus.
5. Critically evaluate the current scientific literature regarding chronic non communicable diseases and communicable diseases.
6. Produce and communicate research and scientific reports to colleagues and co-workers.

Program Lead Faculty/Department Chair: GinaMarie Plane, DrPH
Email: gpiane@nu.edu
Tel: (858) 309-3474

Program Learning Outcome: Upon successful completion of this program, students will be able to:

1. Analyze and interpret health data.
2. Describe the distribution and determinants of disease, disabilities and death in human populations
3. Evaluate the environmental factors that affect the health of a community.
4. Analyze the planning, organization, administration and policies of health care organizations.
5. Apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Course Requirements: Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

1. Class attendance	5%
2. Class participation	5%
3. Class Presentation	10%
4. Paper assignment	10%
5. Mid-term examination	30%
6. Comprehensive final exam	40%

Research Paper assignment: (CLOs 2,5,6)

Students are expected to submit five page maximum research papers on a disease using references sources other than the references provided by the book. The disease in question should be cleared with the instructor. The research paper should reflect the application of knowledge and skill, and source credibility. The content encompasses the expression of authenticity with validity and reliability. Scholarly sources are expected to be used and appropriately cited. All papers must use the APA format guideline, use standard 12-point Times New Roman font, with one inch margins.

Class presentation: (CLOs 2,3,4,6)

Each student will prepare a power point presentation for the assigned chapter/disease. The presentation will take approximately 15-20 minutes with 5 minutes for questions and answers.

Midterm and final exams: (CLOs 1-6)

The exams will be made up of an in-class multiple choice, true/false, and short answer questions.



COH 603: Public Health Biology

Course Outline ONLINE

June 2012

Class Meetings:

Tuesdays and Thursdays (Tentative) 5:30pm -10:00pm

Professor (or Instructor):

Clara E. Omogbai, Dr.PH, MPH, MLS
comogbai@nu.edu

Office:

National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788

Office Hours:

by appointment

Textbooks

Constance Urciolo Battle (2009). *Essentials of Public Health Biology: A Guide for the Study of Pathophysiology* (1st ed.). Jones and Bartlett Publishers, Burlington, MA.

Course Description:

This online course is designed to incorporate the biological and molecular context of public health into public health practice. Apply biological principles to the development and implementation of disease prevention, control or management of programs. Emphasis on how to integrate general biological and molecular concepts into public health. Therefore, it is necessary to discuss the role of immune system in population health and how behavior alters biology.

Learning Outcomes:

Upon completion of this course the student will be able to:

1. Explain the biological and molecular basis of public health;
2. Identify the social, ethical and legal issues implied by public health biology;

3. Apply the principles of biology to develop and implement programs for diseases control, prevention and management;
4. Discuss the role of immune system on population health;
5. Critically evaluate how behavior alters human biology;
6. Integrate general biological and molecular concepts into public health;
7. Explain how biological, chemical and physical agents affect human health;
8. Discuss the role of biology in the ecological model of population- based health;

Program Mission:

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Program Learning Outcomes:

Upon successful completion of this program, students will be able to:

1. Analyze and interpret health data.
2. Describe the distribution and determinants of disease, disabilities and death in human populations
3. Evaluate the environmental factors that affect the health of a community.
4. Analyze the planning, organization, administration and policies of health care organizations.
5. Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.

Program Lead Faculty:

GinaMarie Piane, DrPH
gpiane@nu.edu
(858) 309-3474

Department Chair:

GinaMarie Piane, DrPH
gpiane@nu.edu
(858) 309-3474

Course Outline & Content

A. Biological and molecular basis of public health

- a. Integrate general molecular and biological principles into public health problems such as infectious disease, susceptibility, drug resistance and assisted reproduction.
- b. Explain the relationship among health, nutrition and physical activities.
- c. Discuss biological and molecular component of lifelong development.
- d. Describe the biological and molecular characteristics of cancer, heart diseases, stroke, aging and other chronic diseases.

B. Social, ethical and legal issues implied by public health biology

- a. Discuss issues raised by current reproductive technologies.

- b. Identify the advantages and disadvantages of using individual information in the design, implementation and evaluation of public health programs.
 - c. Discuss the biological underpinnings and public health issues of drug interactions in different populations.
- C. Biological principles in program development and implementation of disease prevention, control or management of programs**
- a. Assess surveillance, outbreak investigation, benchmarking and infection control program in health facilities.
 - b. Describe the ecological principles of diseases.
 - c. Discuss how diseases principles affect the likelihood of control.
- D. Role of immune system on population health**
- a. Explain the function of the immune system.
 - b. Explain what a vaccine is and why some vaccines are effective for some infectious diseases.
 - c. Describe the role, benefits and limitations of vaccines in assuring the health of populations.
 - d. Explain the biological principles and vaccination strategies that allowed smallpox eradication.
 - e. Explain the response of the immune system to pathogens and the manipulation of immune response for vaccines.
- E. How behavior alters human biology**
- a. Describe the influences of environment and human physiology on behavioral health , including: genetics, substance use, family, culture and ethnicity.
 - b. Relate biological and genetics changes resulting from smoking.
 - c. Relate basic principles of cell biology, biochemistry and genetics to problems in mental health e.g. addiction , depression & Alzheimer's.
 - d. Analyze the interaction of genetics, lifestyle and the environment in the health of a population.
- F. Integrating general biological and molecular concepts into public health**
- a. Discuss the multiple factors that influence infectious disease epidemics.
 - b. Discuss with examples how human interventions has changed ecosystem in ways that affect human health.
 - c. Discuss the evolution of concepts about health and the cause of disease.
 - d. Integrate biological approaches to air, food and water safety.
- G. How biological, chemical and physical agents affect human health**
- a. Describe the various ways by which chemicals can directly or in-directly affect human health.
 - b. Discuss environmental factors affecting expression of determinants of susceptibility to disease during development.
 - c. Discuss the effects of chemicals on the ecosystem, for example global warming and the ozone layer.
- H. Role of biology in the ecological model of population-based health**
- a. Discuss the biology of major determinants of national and global public health, e.g. smoking, obesity, malnutrition.
 - b. Describe the most prevalent global disease in terms of patterns, etiology, risk factors, clinical aspects and major issues in prevention and control.
 - c. Describe the most prevalent global disease in terms of patterns, etiology, risk factors. Clinical aspects and major issues in prevention and control.

Requirements:

Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

Written Assignments: (CLOs 1-8)

All written assignments must be in APA format, including in-text citations and reference list, excluding title page and abstract. They are submitted to turnitin.com.

Oral Presentation: (CLOs 1-8)

Each student will prepare a 20 minutes interactive power point presentation. The student will lead the class in lecture and discussion, after which a question and answer session follows. Student should come prepared. Dates and topics will be assigned on the first day of class.

Exams: (CLOs 1-8)

Final exam consist of multiple choice questions and short answer type questions. The exam will be given in class on the day of the finals.

Grading:

Grades will be determined by percentages on each assignment using the following weighting system:

Attendance & Participation	10%
Written Assignments	40%
Oral Presentation	25%
Final Exam	25%



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program

COH 605 Health Promotion

Course Outline

**Kearny Mesa Learning Center
Center for Technology and Health Sciences**

Class Meetings:
Mondays and Wednesdays 5:30 – 10:00PM

Office: National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
Room #111
(858)309-3497/(5650)888-8725

Office Hours:
M/W: 1:00PM – 5:00PM or by appointment

Professor (or Instructor):
Alba Lucia Diaz

Textbooks:

Required Textbook:

· McKenzie, J., Pinger, R., & Kotecki, J. (2007). *An Introduction to Community Health* (7th Edition). Sudbury, MA: Jones and Bartlett Publishers.

· Healthy People 2020 Review <http://www.healthypeople.gov> - U.S. Department of Health and Human *Understanding and Improving Health*. Washington, DC: U.S. Department of Health and Human Services, Government Printing Office, 2000.

· Internet Access and e-mail Access

E-College E-companion

· Readings as assigned

Recommended Textbooks: Attached list provided.

Course description:

- Exploration of health status and issues in various communities.
- Application of the national agenda for health promotion and disease prevention in the United States.
- Emphasis on health disparities by socioeconomic status, ethnicity, gender, age, ability and literacy.

Learning Outcomes:

Upon satisfactory completion of the course, students will be able to:

1. *Identify the goals, objectives and health determinants related to the focus areas of the current Healthy People agenda for the nation.*
2. *Identify health disparities among communities in the United States by socioeconomic status, ethnicity, gender, age and ability.*
3. *Evaluate literacy levels of health information.*
4. *Develop health education materials for a low literacy community.*
5. *Apply the Diffusion of Innovation theory to the acceptance of health information in communities.*
6. *Synthesize community health promotion interventions tailored for particular cultural groups.*
7. *Evaluate community health promotion interventions in terms of cultural sensitivity and appropriateness.*

Program Mission:

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Program Learning Outcomes: *Master of Public Health*

Analyze and interpret health data.	INTRODUCED
Describe the distribution and determinants of disease, disabilities and death in human populations	INTRODUCED
Evaluate the environmental factors that affect the health of a community.	INTRODUCED
Analyze the planning, organization, administration and policies of health care organizations.	DEVELOPED
Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.	INTRODUCED

Program Lead Faculty / Department Chair: GinaMarie Piane, DrPH gpiane@nu.edu (858) 309-3474

Course Requirements:

Professionalism: Students are expected to:

- demonstrate dispositions expected of students pursuing professional degrees
- demonstrate professionalism by participating in all class sessions/discussions and submitting work on time
- be honest in all coursework.

Attendance: It is expected that students will:

- attend all class sessions -an absence is assessed each time a student is not in attendance during a regularly schedule class period, whether or not it is an excused absence.
- acknowledge that in accordance with National University policy, more than three absences from class or discussions, excused or unexcused, will result in a less than satisfactory grade.

Written Assignment Expectations: All assignments completed out of class are to be:

- typed/word-processed, font size 12, double spaced
- written in standard English, error free in sentence construction, grammar, punctuation, and spelling.
- APA format

Late Work: Guidelines for late work are as follows:

- all assignments are due at date indicated.
- unless prior permission has been given to the candidate, *late work will not be accepted and no* credit will be given for that assignment.
- with prior permission late work is accepted and will receive a deduction of 20% in the grade

Grading Factors

Grades are based on points accumulated from all assignments, collaborative group activities, discussions and written assignments.

1. Responses to Readings (CLOs 1-7)	10
2. Chronicle/Cultural Sharing/Reflection (CLO 2)	10
3. Individual Presentation (CLOs 6,7)	15
4. Analysis of Health Promotion Website (CLO 7)	10
6. Interview of Health Professional	15
7. Philosophy Paper/Project	15
9. Midterm Exam	10
10. Comprehensive Final Examination (CLOs 1-7)	15
TOTAL	100



National University
School of Health & Human Services
Department of Community Health
Public Health program

Syllabus

COH 607 Public Health Program Development

Instructor:

David Adesanya, MD, MPH
Epidemiologist/Assistant Professor
Department of Community Health
3678 Aero Court
San Diego, CA 92123
dadesanya@nu.edu
Cell: 951-454-1310

Textbooks:

Planning, Implementing, and Evaluating Health Promotion Programs: A Primer, 5th Edition [Paperback]

Authors: [James F. McKenzie](#) [Brad L. Neiger](#) [Rosemary Thackeray](#)

ISBN-10: 0-3214-9511-X

ISBN-13: 978-0-321-49511-2

Course description:

Focuses on the development of community-wide interventions to promote health and prevent diseases. This course is a systematic design by application of the principles of epidemiology, health behavior and Evidenced- Based Public Health. COH 607 Includes Community-Based Participatory Research (CBPR) and investigation of ethical issues in conducting community based public health programs.

Learning Outcomes:

Upon completion of this course the student will be able to:

1. Assess the health needs of a community.
2. Describe the 8 phases of the PRECEDE/PROCEED framework.
3. Apply the PRECEDE/PROCEED framework for a health issue in a community.

4. Describe the 6 steps of Evidence-Based Public Health.
5. Apply the 6 steps of Evidence-Based Public Health to a health issue in a community.
6. Describe Community-Based Participatory Research.
7. Investigate the ethical issues involved in Community-Based Participatory Research.
8. Critically evaluate the evidence that supports intervention choices for a health issue.
9. Develop specific, measurable, attainable, realistic and time-framed process, impact and outcome objectives for a community health project.

Course Requirements:

7. Class Participation/Group evaluation	10%
8. Mid-term examination	20 %
9. Final Group presentation	10 %
10. Final Paper	40%
11. Final exam	20%
	Total
	100%

Tentative Class Schedule

Date	Topic	Assignment
Monday April 4th, 5:30-10:00 PM	Models for Program Planning In health Promotion. PRECEDE/PROCEED The Need for EBPH &CBPR	
Wednesday, April 6th, 5:30-10:00 PM	Assess Scientific Evidence for Public Health Action CBPR:	Group Proposal Progress papers
Monday April 11th 5:30-10:00 PM	Understanding an Applying Analytic Tools CBPR	
Wednesday, April 13th, 5:30-10:00 PM	Developing and Initial Statement of the issue CBPR	Group Proposal Progress papers MIDTERM EXAM
Monday April 18th , 5:30-10:00 PM	Quantifying the Issue	

Wednesday, April 20th, 5:30-10:00 PM	Searching the Scientific Literature and Organized Information CBPR:	Group Proposal Progress papers
Monday April 25th, 5:30-10:00 PM	Developing an Prioritizing Program Options CBPR	
Wednesday, April 27th, 5:30-10:00 PM	Developing an Action Plan and Implementing Interventions CBPR:	Group Proposal Progress papers
Saturday, April 30th 1:00-5:00pm		Final Exam, Final Group Proposal Paper & Final Group Presentation

Group Proposal Progress papers: (CLOs 1-9) SIGNATURE ASSIGNMENT

Each week a **Group Proposal Progress** paper will be submitted via email to the instructor no later than 5pm on the Friday of the same week. This progress paper will not be graded. The progress paper is mainly for learning purposes. At the end of the month/course all the papers will be compiled together to complete the groups final proposal paper. This final paper will then be graded. Students are expected to submit papers and assignments which reflect your application of knowledge and skill, and source credibility. The content encompasses the expression of authenticity with validity and reliability. Scholarly sources are expected to be used and appropriately cited. **All papers must use the APA format guidelines. Student papers and assignments must be submitted using standard 12 point font Times Roman left justified with one inch margins.**

Final Group presentation: (CLOs 1-9)

On the last day before the finals, the group will have to present their work in front of the class using power point presentation and any other tools that the group deems necessary.

Midterm and Final exam: (CLOs 1-9)

The midterm and final exam will consist of multiple choice type questions and short essay type questions. The midterm and final exam will be given on the assigned dates with no exceptions.



National University
School of Health and Human Services
Department of Community Health
Masters of Public Health

COURSE OUTLINE

COH 609 - Public Health Program Evaluation June 2012

Class Meetings: June 4, 6, 11, 13, 18, 20, 25, 27 (5:30-10:00 PM), 30 (online exam)

Professor: Carol Sipan, RN, MPH, PhD
Carol.Sipan@natuniv.edu

Contact information:
cell: 619-335-0263; office: 858-505-4770 x110

Office Hours: M and F 10:00-12:00 and 3:00-5:00 by appointment

TEXTBOOKS:

Required Textbook:

- Harris, M. (2010). *Evaluating public and community health programs*. San Francisco, CA: Jossey Bass. ISBN: 978-0-470-40087-6
- Internet Access and e-mail Access
- E-College Ecompanion

Required Evaluation Guides - available on ecollege

- MMWR. (1999). *Framework for Program Evaluation in Public Health*
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm>
- CDC. (2005). *Introduction to Program Evaluation for Public Health Programs*
<http://www.cdc.gov/eval/evalguide.pdf>
- Kellogg Foundation. (2004). *Evaluation Handbook*
<http://www.ojp.usdoj.gov/BJA/evaluation/links/WK-Kellogg-Foundation.pdf>
- Kellogg Foundation. (2004). *Logic Model Development Guide*
http://www.uwsa.edu/edi/grants/Kellogg_Logic_Model.pdf
- OTHERS AS ASSIGNED

Recommended Textbooks

American Psychological Association. (2010). *Publication manual of the American Psychological Association*. Washington, DC: APA.

COURSE DESCRIPTION:

Fundamentals of evaluation methods applied to public health interventions. Effective use of measurement tools to evaluate achievement of program goals and objectives. Includes analysis of validity and reliability of measurement instruments. Emphasis on reach, effectiveness, acceptance, implementation, and maintenance of community programs. Includes fundamentals of proposal development.

COURSE LEARNING OUTCOMES:

Upon successful completion of this course, students will be able to:

1. Define program evaluation components including pretests, posttests, comparative designs, control groups, reliability, and validity.
2. Evaluate the internal and external validity of a measurement instrument.
3. Calculate the reliability of a measurement instrument.
4. Describe the components of the RE-AIM framework for public health program evaluation.
5. Design evaluation measurement instruments for the components of RE-AIM.
6. Develop a proposal for a public health program in response to a request for proposals or applications.

PROGRAM MISSION: MASTER OF PUBLIC HEALTH

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research, and community service.

PROGRAM LEARNING OUTCOMES:

PLO	COH 609
1. Assess individual and community needs for health education.	Mastery
2. Plan health education strategies, interventions, and programs.	Mastery
3. Implement health education strategies, interventions, and programs.	Developed
4. Conduct evaluation related to health education.	Mastery
5. Administer health education strategies and interventions.	
6. Serve as a health education resource person.	Developed
7. Communicate and advocate for health and health education.	Developed
8. Apply appropriate research principles and techniques in health education.	Developed

PROGRAM LEAD FACULTY & DEPARTMENT CHAIR:

GinaMarie Piane, DrPH
gpiane@nu.edu
(858) 309-3474

TENTATIVE SCHEDULE:

Instructor reserves the right to change the timetable in order to better address the learning needs of the students in the class.

DATE	TOPIC	READING ASSIGNMENT <i>Due next class session</i>	WRITTEN ASSIGNMENT <i>Due next class session</i>	ACTIVITIES/OTHER ASSIGNMENTS <i>Due next class session</i>
Week 1				
Monday June 4	<ul style="list-style-type: none"> INTRODUCTION S CHAPTERS 1, 2 Overview Framework For Program Evaluation STEP 1- STAKEHOLDER S CASE STUDY ACTIVITIES SYLLABUS AND EXPECTATIONS 	<u>READING:</u> <i>Harris - Chapters 1,2,3</i> <i>MMR Framework pp 1-34</i> <i>CDC Intro.to Program Eval - Intro & Steps 1& 2</i> <i>CDC Evaluation Guide - Smart Goals p1-7</i>	<u>WRITING ASSIGNMENT:</u> READING Response/Activity Step 1- Activity 1A & B	
Wednesday June 6	<ul style="list-style-type: none"> PROCESS Review STEP 1 Stakeholders STEP 2 -DESCRIBE PLANNING OBJECTIVES SMART GOALS CASE STUDY ACTIVITIES LOGIC MODELS Logic - Exer. 2A & 2B 	<u>READING:</u> <i>Harris - Chapter 5 & 6</i> <i>CDC Intro.to Program Eval - Step 3</i> <i>Kellogg Logic Model Development Guide- Innonet Logic Guide</i> <i>CDC Logic Model Development</i>	<u>WRITING ASSIGNMENT:</u> READING Responses LOGIC MODEL	
Week 2				
Monday June 11	<ul style="list-style-type: none"> CHOOSING DESIGNS STEP 3 - FOCUS THE DESIGN <i>The Question</i> CASE STUDY ACTIVITIES 	<u>READING:</u> <i>Harris - Chapters 7 & 9</i> <i>CDC Intro.to Program Eval - Step 4 & 5</i>	<u>WRITING ASSIGNMENT:</u> READING Responses Step 3 - Activity 3A& B	
Wednesday June 13	<ul style="list-style-type: none"> QUANTITATIVE DATA STEP 4- GATHER EVIDENCE STEP 5- JUSTIFY CONCLUSIONS CASE STUDY ACTIVITIES 	<u>READING:</u> <i>Harris - Chapters 8 &10</i> <i>CDC Intro.to Program Eval - Step 4 & 5</i>	<u>WRITING ASSIGNMENT:</u> READING Responses Step 4 - Activity 4 A & B Step 5 - Activity 5	

Week 3				
Monday June 18	<ul style="list-style-type: none"> • QUALITATIVE DATA • STEP 4- GATHER EVIDENCE • STEP 5- JUSTIFY CONCLUSIONS • CASE STUDY • ACTIVITIES 	<u>READING:</u> <i>Harris - Chapters 11</i> <i>CDC Intro.to Program Eval - Step 6</i>	<u>WRITING ASSIGNMENT:</u> READING Responses Step 6 - Activity 6 A & B	
Wednesday June 20	<ul style="list-style-type: none"> • STEP 6 SHARE & USE Step 6 - Activity 6 A & B • CASE STUDY • ACTIVITIES • STANDARDS OF GOOD EVALUATIONS • REAIM 	<u>READING:</u> <i>Harris - Chapters 4</i> <i>Kellogg Evaluation Handbook- REAIM</i>		Presentations
Week 4				
Monday June 25	<ul style="list-style-type: none"> • PRESENTATIONS <i>Share responses</i> • PEER REVIEWS • MANAGING EVALUATIONS <i>Financial</i> <i>Ethical considerations</i> • CASE STUDY • ACTIVITIES 	<u>READING:</u> <i>Cultural Articles as assigned</i> <i>Photovoice Articles as assigned</i>	<u>WRITING ASSIGNMENT:</u> EVAL PLAN	
Wednesday June 27	<ul style="list-style-type: none"> • PHOTOVOICE • CULTURAL COMPETENCY • CASE STUDY • ACTIVITIES 	<u>READING:</u> Review for final	<u>WRITING ASSIGNMENT:</u> Submit Evaluation Plan online in dropbox	Preparation for final
Saturday June 25	<i>Final Examination Online by 6/26</i>			Final Exam

COURSE REQUIREMENTS:

The readings, discussions, and assignments will focus on the exciting field of public health evaluation. Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

COH 609 Specific Course Requirements:

Professionalism: Students are expected to:

- demonstrate dispositions expected of students pursuing professional degrees
- demonstrate professionalism by participating in all class sessions/discussions and submitting work on time
- be honest in all coursework.

Attendance: It is expected that students will:

- attend all class sessions -an absence is assessed each time a student is not in attendance during a regularly schedule class period, whether or not it is an excused absence.
- acknowledge that in accordance with National University policy, more than three absences from class or discussions, excused or unexcused, will result in a less than satisfactory grade.

Written Assignment Expectations: All assignments completed out of class are to be:

- typed/word-processed, font size 12, double spaced
- written in standard English, error free in sentence construction, grammar, punctuation, and spelling.
- APA format

Late Work: Guidelines for late work are as follows:

- all assignments are due at date indicated.
- unless prior permission has been given to the candidate, *late work will not be accepted and **no** credit will be given for that assignment.*
- with prior permission late work is accepted and will receive a deduction of 20% in the grade

Assignments:

This course enables the students to participate in the following required learning experiences and assignments:

14. Classroom Attendance, Dialogue, Discussion and Discourse: (CLOs 1-6)

You will complete assigned readings in the text and evaluation guides, view lectures and participate in discussions. Credit is given for attendance and it is expected that everyone attend class on time and actively participate in class activities and discussions. It is expected that the assigned readings will be completed prior to the scheduled class so you can engage in class discussions. Class will begin promptly at the designated start time. Habitually arriving late or leaving early will result in an absence. Students who miss class are responsible for all material presented in class and are advised to consult with their fellow classmates to find out what was covered during their absence. Up to 5 points, each class session may be earned for attendance and participation (40 points).

15. **Reading Response Exercises:** You will be responding to various texts and completing written exercises to apply understanding of evaluation concepts. The assigned readings are outlined in the schedule and the activity sheets provided.

Responses will be submitted each class session -5-10 points per response set. (35 points). (CLOs 1-6)

16. **Logic Model:** You will design a logic model and incorporate the model into the Evaluation Plan. Development of the Logic Model (15 points). **Signature Assignment (CLO 1,6)**
17. **Evaluation Proposal:** Design a program evaluation on a public health topic or on the grant proposal developed in COH 607. Complete a detailed paper in APA format. Process Outlines will be due during the development process. (60 points). **Signature Assignment (CLO 6)**
18. **Proposal Presentation:** PowerPoint Presentation for the class on the Evaluation Proposal will be shared. (30 points). **Signature Assignment (CLO 6)**

Exams: (CLOs 1-6)

Comprehensive Final Examination: Using knowledge and application complete a multiple choice / essay exam.(50 points). Specific questions used as direct measures.

GRADING FACTORS

Grades are based on points accumulated from all assignments, collaborative group activities, discussions and written assignments.

1. Classroom Attendance, Dialogue, Discussion and Discourse	40
2. Responses & Exercises	35
3. Logic Model	15
4. Evaluation Proposal	60
5. Proposal Presentation	30
6. Comprehensive Final Examination	50
TOTAL	230



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program

COH 618 Health Promotion Strategies

Course Outline

**Kearny Mesa Learning Center
Center for Technology and Health Sciences
July 2012**

Class Meetings: Mondays and Wednesdays 5:30 – 10:00PM

Professor : Alba Lucia Diaz, Ed.D,
M.P.H adiaz@nu.edu

Office: National University Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
Room #111
(858)309-3497/(5650)888-8725

Office Hours: 1:00PM – 5:00PM or by appointment

Textbooks:

Required Textbook:

Health Behavior and Health Education, *Fourth Edition* - Copyright © 2008 Wiley/Jossey-Bass

· Chapter 13 Improving Health through Community Organization and Community

Building: Meredith Minkler, Nina Wallerstein, Nance Wilson.

· Chapter 19 Social Marketing: J. Douglas Storey, Gary B. Saffitz, Jose G. Ramón

· Chapter 20 Ecological Models of Health Behavior: James F. Sallis, Neville Owen, Edwin

B. Fisher

· Handouts - Curriculum Development: Several models (Lesson planning).

Course description:

Investigation and evaluation of strategies implemented to promote health in communities.

Emphasis on community organization, coalition building, curriculum development,

communication theory and technology, social marketing, mass media and ecological models.

Critical analysis of interventions that implement each strategy through systematic analysis of public health literature.

Learning Outcomes:

Upon successful completion of this course, students will be able to:

1. Identify and differentiate among: Community Organization, Theories of Organizational change, Communication Theory, Social Marketing and Ecological models.
2. Explain and apply the constructs of each model to contemporary health behaviors
3. Compare and contrast the utility of each model in explaining the influences on health behaviors for communities
4. Explain behavioral determinants of health status
5. Describe various health promotion programs, their objectives and content.
6. Illustrate how health promotion programs are implemented in a variety of settings, such as corporate, hospitals, schools and community
7. Differentiate between environment and behavioral strategies used to promote health
8. Evaluate the utility and efficacy of various strategies employed to promote one particular health behavior change.

A) ECOLOGICAL MODELS.

Practice four core principles of ecological models of health behavior: (1) multiple levels of influence on specific health behaviors; (2) interaction across these different levels that influences behavioral changes; (3) emphasis on the reasons why ecological models should be behavior-specific; and (4) application of multi-level interventions as the most effective approach in changing behavior.

- Apply multiple ecological models for health behavior research,
- Review strengths and limitations of ecological models, along with the challenges of applying them.

B) COMMUNITY ORGANIZATION AND COMMUNITY BUILDING

- Evaluate the models of community organization and community building for the effective practice of health education framework.
- Demonstrate the relevance of one of the application of these models.

C) SOCIAL MARKETING

- Analyze social marketing approaches and determine how they can be applied within a strategic health communication framework.
- Apply commonly used theories of health communication and health behavior for the effective practice of social marketing.
- Understand the uses of research in designing, monitoring, and evaluating social marketing programs.
- Analyze social marketing interventions that illustrate how principles and processes can come together to achieve behavioral and social change.

Program Mission:

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students,

and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Program Learning Outcomes:
Master of Public Health

Analyze and interpret health data.	DEVELOPED
Describe the distribution and determinants of disease, disabilities and death in human populations	DEVELOPED
Evaluate the environmental factors that affect the health of a community.	DEVELOPED
Analyze the planning, organization, administration and policies of health care organizations.	DEVELOPED
Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.	DEVELOPED

Program Lead Faculty:

GinaMarie Piane, DrPH
gpiane@nu.edu (858) 309-3474

Tentative schedule:

Instructor reserves the right to change the timetable in order to better address the learning needs of the students in the class.

Date	Topic Activities In class discussion for the session	Assignments Due next class session
Session 1 5:30-10:00	<p>SYLLABUS AND EXPECTATIONS</p> <p>Theoretical Framework: Popular Education Principles of Adult Learning Chapter 20: Intro to Ecological Models of Health Behavior</p> <p>Lesson Planning Icons (Kaplan Model)</p> <p>EXIT TICKET</p>	<p>READ:</p> <ul style="list-style-type: none"> · Chapter 20 · Handout: Principles of Adult Learning · Integrated Lesson Plan · Lesson Plan template <p>COMPLETE:</p> <ul style="list-style-type: none"> · Submit topics for Research paper · Submit topics for Case Study · Submit topic for Oral Presentation · Submit topic and name of partner for Special project. · Submit names for weekly Chronicles · Prepare Presentation # 1
Section 2 5:30-10:00	<p>Chronicle #1</p> <p>Share responses – Chapter 20</p> <p>Cont. Ecological Models of Health Behavior</p>	<p>READ:</p> <ul style="list-style-type: none"> · Chapter 19

Section 2 5:30-10:00 (cont.)	Presentation # 1 EXIT TICKET	COMPLETE: <ul style="list-style-type: none"> · Reading Responses · Prepare <u>draft #1</u> Special project (Photovoice or Educ. Materials) · Chronicle #2 · Start working on your research paper · Prepare presentation #2
Section 3 5:30-10:00	Chronicle # 2 Share responses Chapter 19 Chapter 19: Social Marketing Present draft #1 for project: Photovoice / or Educational materials Presentation #2 EXIT TICKET	COMPLETE: <ul style="list-style-type: none"> · Reading Responses · Review project (<u>draft #2</u>) · Prepare presentation # 3 · Chronicle # 3 · Continue working on your research paper
Section 4 5:30-10:00	Chronicle #3 Share responses Chapter 19 Cont. Social Marketing Present draft #2 for project: (Photovoice / or educational materials) Presentation #3 EXIT TICKET	COMPLETE: <ul style="list-style-type: none"> · Reading Responses · Review project · Prepare presentation # 4 · Chronicle # 4 · Final version research paper
Section 5 5:30-10:00	Chronicle #4 Submit Research paper Presentation # 4 EXIT TICKET	READ: <ul style="list-style-type: none"> · Chapter # 13 COMPLETE: <ul style="list-style-type: none"> · Final version Special Project (Photovoice- educ. Materials) Chronicle # 5 · Prepare Presentation # 5
Section 6 5:30-10:00	Chronicle # 5 Reading Responses Chapter 13 Chapter 13: Community Organization Community Building Presentation # 5 EXIT TICKET	COMPLETE: <ul style="list-style-type: none"> · Chronicle # 6 · Prepare final project presentation (Group 1).
Section 7 5:30-10:00	Chronicle # 6 Presentation #6 Presentation of projects (Group One) EXIT TICKET	READ: <ul style="list-style-type: none"> · Overview Handouts/Chapters COMPLETE: <ul style="list-style-type: none"> · Presentation of project (Group two)

Section 8	Final Examination	COMPLETE:
	Presentation of project (Group two)	<ul style="list-style-type: none"> · Reflective Journal · Prepare exhibition

Requirements

Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance. Failure to do so may result in the loss of points.

Course Requirements:

Professionalism: Students are expected to:

- demonstrate dispositions expected of students pursuing professional degrees
- demonstrate professionalism by participating in all class sessions/discussions and submitting work on time
- be honest in all coursework.

Attendance: It is expected that students

- attend all class sessions -an absence is assessed each time a student is not in attendance during a regularly schedule class period, whether or not it is an excused absence. acknowledge that in accordance with National University policy, more than three absences from class or discussions, excused or unexcused, will result in a less than satisfactory grade.

Written Assignment Expectations: All assignments completed out of class are to be:

- typed/word-processed, font size 12, double spaced
- written in standard English, error free in sentence construction, grammar, punctuation, and spelling.
- APA format

Late Work: Guidelines for late work are as following

- all assignments are due at date indicated unless prior permission has been given to the candidate, *late work will not be accepted and **no** credit will be given for that assignment. With prior permission late work is accepted and will receive a deduction of 20% in the grade.*

COURSE ASSIGNMENTS AND EVALUATION REQUIREMENTS:

Signature Assignment #1 - Case Study: Please refer to attached guidelines

* Refer to Rubrics for Case Study (CLO 2)

Signature Assignment #2 - Research Paper: Please refer to attached guidelines

* Refer to Rubrics for Research Paper (CLOs 1-8)

Signature Assignment #3 – Lesson Plan Presentation Please refer to attached guidelines

* Refer to Rubrics for Lesson Plan Presentations (CLO 6)

Signature Assignment # 4 - Group Projects: (CLOs 6,7,8)

As part of the experience of mastering the course content, regaining or strengthening one's voice and to increase group solidarity, all students are expected to work within a group to generate a special project (A) or (B). The class will be divided in groups. Each group will focus on one particular cultural group, while you may want to work with the culture to which

you belong, think also of the opportunity to familiarize yourself with another cultural view of the world.

* Refer to Rubrics for Group Projects

A. The task for project (A) is to develop a series of minimum 3 types of educational materials for the topic of your choice.

Examples of educational materials: Brochures, flyers, poster, spot, photo-novela, cartoon, short video, or any other social communication tool.

Examples of topics:

- Increased fitness for obese children (Select specific ethnic group)
- Stop Alcohol use among youth (Select specific ethnic group)
- Stop Smoking among youth among (Select specific ethnic group)
- Prevent Teenage sex (Select specific ethnic group)
- Bicycle helmets (Select specific ethnic group)
- Cancer screenings
- Any other health behavior

Students who did the photovoice project can substitute work done for project A.

5. 5. Comprehensive Final Examination: (CLOs 1-8)

Using knowledge and application complete a multiple choice / essay exams.

The final exam will include a reflection session on what was learned in the readings overall and in class and how that learning can be used to improve one's practice. Students are to utilize the template provided.

* Essentially all the requirements of this course should not be seen as separate tasks, but as complementary.

Grading Factors

Grades are based on points accumulated from all assignments, collaborative group activities, discussions and written assignments.

1. Attendance, Chronicle, Dialogue, Discussion and Discourse	10
2. Case Study	15
3. Research Paper	20
4. Presentation: Lesson Plan	15
5. Group Project	25
6. Comprehensive Final Examination	15
TOTAL	100



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program

COH 612 Health Policy and Advocacy

Course Outline Center for Technology and Health Sciences March 2012

Class Meetings: Tues, Thurs, March 6-29, 2012
Deborah Morton, PhD
deb.don@cox.net

Office Hours – by appointment 760 747 6634

Textbook:

Recommended

Beyrer, C., & Pizer, H. (2007). Public health and human rights: Evidence-based approaches. Baltimore: Johns Hopkins University Press.

Required

Additional Readings posted on eCompanion

Rationale for course:

There is a critical need for well trained public health professionals interested in seeking solutions to problems affecting the health and well-being of populations in the United States and throughout the world. Through the development of their research, analysis, writing and advocacy skills, public health professionals can have a profound impact on the policies, regulations and laws governing health.

This course seeks to improve the capacity of MPH students to identify policy options that promote and protect the health status of populations; strategies that improve access to health and preventive services, particularly among the most vulnerable; methods that enhance the effectiveness and efficiency of health care; and models for improving the financing, organization and delivery of preventive and curative health services.

Course description:

Explores the roles health advocates assume and how individuals working in public health settings might participate in advocacy strategies to affect policy. Focuses on frameworks for conceptualizing and promoting the right to health as well as strategies to give consumers more power in making decisions, defining issues, designing programs, and developing policies.

Learning Outcomes:

Upon completion of this course the student will be able to:

1. Describe the role of advocacy in public health.
2. Apply strategies and tools used by public health advocates.
3. Develop the analytical skills of a successful public health advocate.
4. Describe the mission and achievements of a public health advocacy group.
5. Describe the legislative steps involved in proposing new legislation at the federal level in the United States and at the state level in California.
6. Critically evaluate the impact of existent public health laws.
7. Write a bill that will impact the health of a community.
8. Investigate the current legislative priorities of the American Public Health Association.

Program Mission:

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Program Learning Outcomes:

Analyze and interpret health data.	
Describe the distribution and determinants of disease, disabilities and death in human populations	
Evaluate the environmental factors that affect the health of a community.	
Analyze the planning, organization, administration and policies of health care organizations.	MASTERY
Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems.	MASTERY

Program Lead Faculty:

GinaMarie Piane, DrPH

gpiane@nu.edu

(858) 309-3474

Department Chair:

GinaMarie Piane, DrPH

gpiane@nu.edu

(858) 309-3474

Tentative Course Schedule:

Date	Topic	Reading	Guest	Assignment Due
Tues, Mar 6, 2012	The History of Advocacy Introduction Margaret Sanger and Paul Farmer			Handout assignments 'Advocacy' worksheet
Thur, March 8 2012	The Legislative Process	Required: AJPH articles on Motorcycles Helmet Laws CDC Public Health Law Program : unit 1 Beyrer Part I: Relationship between rights work and public health practice CDC Public Health Law Program : unit 2	5:30-7:00 Dr. Gina Piane (Jane Addams)	There oughta be a law!' worksheet Class participation: Advocate Present Readings
Tuesday March 13, 2011	Tobacco Policy and Legislation DVD: The Quarter that Changed the world Smoke-free bars legislation in California	Required: AJPH article on Smoke-free Bars Recommended: CDC Public Health Law Program : unit 5		Class participation: Advocacy Organization Present Readings

Thursday, March 15, 2012	Health Care Reform DVD: Healthcare Reform Saul Alinsky	Required: AJPH article on Health Care Reform Recommended: Beyrer Part II: New methodologies CDC Public Health Law Program : unit 7		Debate #1: Health Care Reform Present Readings
Tuesday, March 20, 2012	Violence Prevention DVD "A Force More Powerful" and discussion	Required: AJPH article on Gun possession	5:30-7:00 pm Azim Khamisa www.tkf.org	Debate #2: Gun Regulations Present Readings
Thursday, March 22, 2012	Translating Research into Advocacy Food Labeling Gay Marriage As A Public Health Issue	Required: CDC Public Health Law Program : unit 8 AJPH article on School Nutrition Recommended: Beyrer: Part III: Current policy approaches		Debate #3: Restriction of non-nutritious foods in schools Present Readings
Tuesday, March 27, 2012	Environmental Protection	Required: CDC Public Health Law Program : unit 9 AJPH Article Marijuana and Mortality		Debate #4: Legalization of Marijuana Present Readings

Thursday, March 29, 2012	Political Advocacy Current APHA legislative priorities			Political Advocacy Presentations Requirements for capstone projects Present Readings
Saturday, March 31, 2012				Political Advocacy Activity due

Course Requirements:

- | | |
|------------------------------------|-----------------|
| 1. Class attendance | 5% |
| 2. Class participation/Readings | 5% |
| 3. Structured discussions | 10% (2@5% each) |
| 4. Political Advocacy Activity | 30% |
| 5. Political Activity Presentation | 25% |
| 6. Debate | 25% |

1. Class Attendance

Students are not allowed to be absent from class for more than 2 class sessions. Attendance points are earned by arriving on-time and staying until the end of class.

2. Class Participation

Students are expected to arrive to class prepared: having read assigned reading and ready to ask pertinent questions of the guest speakers.

3. Structured Discussions (CLO 1,2)

1. During class, students will be assigned the name of a famous advocate. They are to research the advocate and prepare to lead a discussion about the advocate's accomplishments. Each discussion should be no longer than 5 minutes. Students may share one or two PowerPoint slides about the advocate.

- a. Eunice Shriver
- b. Clara Barton
- c. Martin Luther King, Jr.
- d. Nelson Mandela
- e. Betty Ford
- f. Mohammad Yunus
- g. Alice Walker
- h. Cesar Chavez
- i. Paulo Freire
- j. Al Gore
- k. James Brady
- l. C. Everett Koop
- m. Lillian Wald

2. (CLO 4) During class, students will be assigned the name of an agency that advocates for public health. They are to research the agency and prepare to lead a discussion about the agency's accomplishments. Each discussion should be no longer than 5 minutes. Students may share one or two PowerPoint slides about the agency.

- a. Esperanca
- b. One.org
- c. APHA
- d. California Center for Public Health Advocacy
- e. Amnesty International
- f. Bill and Melinda Gates Foundation
- g. PICO
- h. Sierra Club
- i. Greenpeace
- j. AARP
- k. Black Panthers
- l. Robert Wood Johnson Foundation
- m. TRUTH campaign
- n. GLMA or BMA or HMA

4. Political Advocacy Activity SIGNATURE ASSIGNMENT (CLOs 5-8)

This is a small group activity (you will receive a group grade) that will explore your role as a political advocate. In a small group of 1-2 you will conduct an assessment and evaluation of a current state health initiative or legislation. Your group will assess and evaluate the implications of your chosen political issue. The project must include all of the sections listed below. Any material obtained in completing this project should be included in the appendix of your joint paper. The project must be typed and based on APA 5th ed. Format. Include documentation that the group sent to your political representative and to a community-based forum. The analysis portion of this project (i.e. the part written by the students) should be between 8-10 pages long (at least 2,000 words).

Components

1. Identify the representative you contacted and include – name, address, telephone number, E-mail, party affiliation, district number.
2. Obtain a copy of summary of the health related bill.
3. Identify author of the bill, including party affiliation and district number.
4. Summarize the bill in your own words (i.e. main purpose for the legislation including problem or issue is supposed to address; manner in which the legislation intends to help address the issue).
5. Describe the history of the bill and the impetus behind it. You should be able to obtain this by e- mailing the author of the bill.
6. Describe your view about the legislation including your rationale for choosing this bill and for supporting it or opposing it.
7. Explain the public health significance (e.g. epidemiologic statistics about the problem or issue the bill purports to address) social aspects (e.g. socioeconomic status, educational level, gender, religion of individuals who may be impacted by the law, etc.), political questions (e.g. political parties, Political Action Committees (PACs), support or opposition of special interests groups, for example: some industries, etc.) ethical concerns (e.g. issues of equity, justice, respect for privacy, autonomy), economic impact (e.g. fiscal consequences, financial burden for individuals or businesses, etc.), and professional issues (e.g. impact on health care providers or other professionals, views of healthcare groups such

as The American Nurses Association, The American Medical Association, etc.) that may be related to the proposed law.

8. Provide professional documentation for your arguments. Some of these issues may tend to overlap. However, it is important that the paper will include relevant discussion of all these factors.

9. Identify individuals and organizations that support or oppose the potential legislation.

10. Research the position of each side and briefly describe the rationale for their stand. Attach any written materials that may support your analysis.

11. Choose a political representative to contact from the district of one of the students in your group. If the bill your group selected was introduced in the assembly, contact an assemblyperson; on the other hand, if you are working on a piece of legislation being considered in the senate, contact your local senator. Make sure you do not contact the author of the bill you are writing about, as this would not make sense for the purpose of this activity. Visit your representative's office and explain your collective view about the issue (i.e., why your group supports or opposes the bill). You need to come to a consensus as a group so your collective opinion appears coherent. Inquire if the representative has made a decision as to how he/she will vote on this legislation. In your paper, summarize the response to this effort.

12. Develop and send a follow-up letter to the selected representative. Attach a copy of your letter, as well as any response you may receive.

13. The project report should be neat, follow APA format and include all the sections with documentation to support this project.

5. Political Activity Presentation (CLOs 5-8)

This is a group presentation based on the Political Advocacy Activity above. You will develop a PowerPoint presentation to the class that follows the format below. (Total time not to exceed 30 minutes)

- Post a link to your bill (or post a copy of the actual bill)
- One member of the group will summarize the most relevant aspects of the bill (e.g., author, history of the bill (if available), author's party affiliation, purpose, purported impact on public health, possible economic impact, etc.) (~10 minutes)
- Each group will present both the arguments for and against (i.e., the pros and cons) the bill to the class. These arguments may have been made by any person or organization in favor or in opposition of the bill, but also may have been derived from your group analysis of the proposed legislation. (~10 minutes)
 - Meaningful summary and conclusion of material presented.
 - You will "put" the bill up for a private "vote" to the class.
 - The group should develop a few evocative discussion questions to stimulate class participation in a brief after-the presentation discussion.

Grading Criteria for Political Advocacy Activity Presentation

Evaluation Criteria

- a. a cohesive, meaningful introduction and conclusion
- b. quality and breadth of information
- c. relevance to class content
- d. professionalism of presentation
- e. creativity

- f. quality of written outline (i.e., completion of information, organization, spelling, and grammar)
- g. class discussion
- h. bibliography
- i. adherence to time frame
- j. Group members' self-assessment

6. Debate (CLO 2,3,6)

Each student will be responsible for one group debate relating to an issue assigned. The goal of the presentation will be to convince your peers of the validity of your point of view. The presentation should be clear, concise, and logical. You must employ current data and citations from experts to support your view. Each group debate will be followed by a class discussion, which will be directed by the moderator. Current events should be incorporated into the discussion. The class will vote for the most convincing argument. The debate group will establish the debate question based on the topic of the assigned date and present it to the class at the beginning of the debate and the class will be asked to vote on their initial view of the question. The class will revote at the end of the debate. Each group will be responsible for providing the class with an evaluation form. In order for each side to be convincing, it is recommended that you use visual aides such as PowerPoint, overheads, charts, and/or posters to present critical points and statistical and epidemiological data. The grade for this assignment will be primarily a "group grade". Therefore, it is important that you collaborate fully with your group. However, the individual students may receive a lower or higher grade based on their individual performance and the evaluation of the other members of their group. The students in the group will evaluate each other confidentially. This evaluation will be used to determine if all the members contributed fairly to the project. If more than one student evaluates you significantly negatively, this may lower your grade. In that case, I will talk to you individually and will give you an opportunity to offer your view of the situation.

Time Frame and format

- Brief overview presentation of the issue or question by the moderator (5 minutes)
- Presentation of debate question to the class for initial vote (1-3 minutes)
- Each side presents their argument (5 minutes each)
- Rebuttal (pro and con) response to oppositions argument (5 minutes each)
- Class discussion (class must be prepared to support their own stand on the issue under discussion) – this segment is orchestrated by the moderator (10 minutes)
- Summary of the debate by the moderator (5 minutes)
- Final class vote on debate question (1-3 minutes)
- Total time should not exceed 45 minutes

Grading Criteria for Debaters

- Concise, logical, and clear presentation of argument (10 points)
- Knowledgeable and thorough argument utilizing documentation and statistical data to support view (20 points)
- Creative, stimulating, and provocative presentation (20 points)
- Rebuttal responsive to opponents' presentation (20 points)
- Maintained time frame (10 points)
- Peer vote (evaluation form) (05 points)
- Bibliography and references (05 points)

Grading Criteria for Moderator

- Concise, logical and clear presentation of question (10 points)
- Knowledgeable and thorough presentation about both sides using documentation and statistical data (20 points)
- Creative, stimulating and provocative questions to panel and class (20 points)
- (Moderator must ask thought provoking questions to the panel and the class)
- Kept debate discussion on topic (15 points)
- Unbiased management and presentation of debate issue (10 points)
- Clear and representative summary of debate (5 points)
- Maintained time frame (10 points)
- Peer evaluation (05 points)
- Bibliography and references (05 points)

Debate #1: Health Care Reform

Debate #2: Gun Regulations

Debate #3: Restriction of non-nutritious foods in schools

Debate #4: Legalization of Marijuana



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program

COH 613 Public Health Informatics

Course Outline

April 5-30, 2011

Tuesdays and Thursdays 5:30-10:00 pm

Saturday 1:00 – 5:00 pm

**Kearney Mesa Learning Center
Center for Technology and Health Sciences**

Course: COH 613 Public Health Informatics

Professor: Tyler Smith, PhD

Textbook:

Ross DA, Hinman AR, Saarias K, Foege W, O'Carroll PW, Yasnof WA, Ward ME, Ripp LH & Martin EL: (2003). Public Health Informatics and Information Systems. Springer Publishers, ISBN: 978-0-387-95474-5.

Course description:

Application of information systems and technology to public health practice and research. Information technologies that support and improve the status of individual and community health. Development, deployment and maintenance of these systems. Effective use of data, information and knowledge tools to build, manage, merge, retrieve and analyze public health data.

Rationale for course:

This course covers all aspects of public health informatics and discusses the creation and management of an information technology infrastructure that is essential in linking state and local organizations in their efforts to gather data for the surveillance and prevention. Public health officials will have to understand basic principles of information resource management in order to make the appropriate technology choices that will guide the future of their organizations. As the major topic at the American Medical Informatics Association's (AMIA) spring congress in 2001, public health has moved into the spotlight, given the importance of implementing a population-based health approach and to addressing chronic health conditions.

Learning Outcomes:

Upon completion of this course the student will be able to:

1. Discuss informatics as used in Public Health.
2. Describe the historical roots of today's information technology systems.
3. Demonstrate the various tools used for information technology.
4. Coordinate those tools into systems.
5. Investigate solutions in information technology by using web and other research tools.
6. Analyze current healthcare information systems.
7. Define information technology terminology.
8. Evaluate the systems development life cycle.

Course Requirements:

1. Complete weekly reading assignments (CLOs 1-8)
2. Complete weekly homework assignments (CLOs 1-8) 40%
3. Secondary analysis (CLOs 3-6) 50%
4. Class attendance and participation (CLOs 1-8) 10%

Tentative Course Schedule:

Date	Topic	Reading	Assignment Due
Tuesday April 5, 2011 5:30-10:00 pm	Introduction to Public Health Informatics History and Significance of Information Systems and Public Health Better Value Through Informatics: Managing Information to Deliver Value The Governmental and Legislative context of Informatics	Chapters 1-4	Review Questions at the ends of chapters assigned
Thursday April 7, 2011 5:30-10:00 pm	Information Architecture Core competencies in Public Health Informatics Assessing Value of Information Systems Managing IT Personnel and Projects	Chapters 5-8	Review Questions at the ends of chapters assigned
Tuesday, April 12, 2011 5:30-10:00 pm	Public Health Informatics and Organizational Change Privacy, confidentiality, and Security of Public Health Information Data Standards in Public Health Informatics Evaluation for Public Health Informatics	Chapters 9-13	Review Questions at the ends of chapters assigned

Tuesday, April 12, 2011 5:30-10:00 pm (cont.)	Ethics, Information Technology, and Public Health: Duties and Challenges in Computational Epidemiology		
Thursday April 14, 2011 5:30-10:00 pm	The National vital Statistics System Morbidity Data Risk Factor Information Systems Informatics and Toxicology and Environmental Public Health Knowledge-Based Information Systems	Chapters 14-18	Review Questions at the ends of chapters assigned Outline for Secondary Analysis
Tuesday, April 19, 2011 5:30-10:00 pm	New Means of Data Collection New Means for Increasing Data Accessibility Geographic Information Systems Immunization Registries: Critical Tools for sustaining Success Promoting the Delivery of Preventive Medicine in Primary Care	Chapters 19-24	Review Questions at the ends of chapters assigned
Thursday April 21, 2011 5:30-10:00 pm	Policy Issues in Developing Information Systems for Public Health Surveillance of Communicable Diseases Networking/Connecting People in a Sustainable Way: Information Network for Public Health Officials The Community Health Information Movement: Where It's Been, Where It's Going	Chapters 25-27	Review Questions at the ends of chapters assigned First Draft of Secondary Analysis
Tuesday, April 26, 2011 5:30-10:00 pm	Developing Missouri Integrated Public Health Information System Using Information Systems to Build Capacity: A Public Health Improvement Toolbox Using Data to Meet a Policy	Chapters 28-30	Review Questions at the ends of chapters assigned

Tuesday, April 26, 2011 5:30-10:00 pm (cont.)	Objective: Community Health Assessment Practice with CATCH Data Warehouse		
Thursday April 28, 2011 5:30-10:00 pm	International Networking: Addressing the Challenge of emerging Infections Case Study: An Immunization Data Collection System for Primary Providers Public Health Informatics in the National Health and Nutrition Examination Survey Epilogue: The future of Public Health Informatics	Chapters 31-34	Review Questions at the ends of chapters assigned
Saturday April 30, 2011 8:30–12:30 am			Final Secondary Analysis Paper



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program

COH 614 Psychosocial Epidemiology

Course Outline Independent Study

October 2012

Class Meetings: by appointment

Professor (or Instructor): GinaMarie Piane, MPH, DrPH, CHES
Office: National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
Room 102A
(858) 309-3474

Office Hours: by appointment

Textbooks:

Merson, Michael, H.; Black, Robert, E; and Millis, Anne, J. (2006). International Public Health: Diseases, Programs, Systems, and Policies. Jones and Barlett Publishers, Sudbury, MA.

Course description:

This course is an overview of mental health and epidemiology. Its emphasis is on the study of patterns of mental health disease in populations and the determinants of these mental health disease patterns. Students will become familiar with the burden of mental health disorders, and the use of epidemiology in investigating mental health disorders, planning services, and designing prevention and health promotion programs.

Prerequisite: COH 606

Learning Outcomes:

Upon completion of this course the student will be able to:

1. Understand basic epidemiological studies
2. Analyze the available descriptive epidemiological approaches used by mental health agencies in measuring the disease burden
3. Evaluate the classic studies in the field of epidemiology of mental disorders
4. Apply methods used in epidemiologic study of mental illness
5. Critically evaluate the differences in studying mental disorders and other types of illnesses
6. Be familiar with mental health disorders and their impact on individuals and society at large
7. Understand the role of epidemiology in prevention of mental health disorders.
8. Apply the principles of epidemiology in planning mental health services and design prevention programs for effective mental health promotion

Program Mission:

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Program Lead Faculty:

GinaMarie Piane, DrPH
gpiane@nu.edu
(858) 309-3474

Department Chair:

GinaMarie Piane, DrPH
gpiane@nu.edu
(858) 309-3474

Tentative schedule:

WEEK	TOPIC	READING ASSIGNMENT	WRITTEN ASSIGNMENT
1	Definitions Mental Health Burden of Mental Illness	Merson, Mental Health Chapter http://www.cdc.gov/nchs/fastats/mental.htm http://www.nimh.nih.gov/statistics/index.shtml http://www.cdc.gov/mentalhealth/	Create a powerpoint presentation designed for a university audience investigating the topic: Major Mental Health Disorders in the United States.
2	Eliminate Disparities in Mental Health Genomics and Mental Health 	http://www.cdc.gov/omhd/amh/factsheets/mental.htm http://www.nimh.nih.gov/index.shtml http://www.cdc.gov/genomics/resources/diseases/mental.htm	Using data from NIMH, write a five page summary of age and gender disparities of the major mental disorders in the United States.
3	The Epidemiology of Violence	http://www.cdc.gov/violenceprevention/suicide/statistics/leading_causes.html	Using the data from CDC, write a five page summary of the epidemiology of violence in the United States.
4	The Role of Public Health in Mental Health Promotion Achieving Recognition That Mental Health is Part of the Mission of CDC	http://ps.psychiatryonline.org/cgi/content/full/60/11/1532 http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a1.htm	Using at least 10 sources of professional references, write a 5 page paper describing the need for Community-level Mental Health interventions in San Diego

Grading:

VII. GRADING PROTOCOL

Assignment #1: PowerPoint presentation	(CLOs 1-6)	30%
Assignment #2: Mental Health Disparities	(CLOs 2-7)	20%
Assignment #3: Epidemiology of Violence	(CLOs 7-8)	20%
Assignment #4: Mental Health Needs Assessment of San Diego	(CLO 5-8)	30%



National University
School of Health and Human Services
Department of Community Health
Master of Public Health Program

COH 616 Mental Health Program Planning

Course Outline

October 2012

Class Meetings: ***Independent Study***

Professor (or Instructor): ***GinaMarie Piane MPH, DrPH, CHES***
gpiane@nu.edu

Office: National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
Room # ***102A***
(858) 309-3474/(858) 334-8414

Office Hours: ***Tuesdays and Thursdays 10-4*** or by appointment

Course Description:

Analysis of the evidence-based programs designed to prevent mental illness. Investigation of applications of evidence-based public health in planning and evaluating programs to prevent mental disorders. Analysis of existent programs, databases and professional literature. Design of mental health services and evaluation of the effectiveness of proposed mental health programs.

Prerequisite: COH 614

Learning Outcomes:

Upon satisfactory completion of the course, students will be able to:

1. Compare Evidence-Based Medicine and Evidence-Based Public Health
2. Interpret recommendations that are compiled in the evidence-based public health websites, databases and professional journals

3. Apply the 6 stages of Evidence-Based Public Health to existent programs designed to prevent mental disorders
4. Critically evaluate existent programs designed to prevent mental disorders
5. Propose a program to prevent a mental disorder in a community
6. Plan the evaluation of a program to prevent a mental disorder in a community

Program Mission:

Master of Public Health

The National University MPH program prepares educated, ethical and high-functioning public health professionals that serve the global community by advancing health and social justice. The NU MPH program employs collaborative administration where faculty, students, and public health professionals collaborate to disseminate public health scholarship through teaching, research and community service.

Program Lead Faculty:

GinaMarie Piane, DrPH

gpiane@nu.edu

(858) 309-3474

Mental Health Program Learning Outcomes	
Assess the social, political, and environmental context of mental health in relation to public health practice.	DEVELOPED
Plan mental health interventions and programs.	DEVELOPED
Plan the implementation of mental health programs.	DEVELOPED
Conduct evaluations related to mental health.	INTRODUCED
Relate fundamental principles of epidemiology to mental and substance abuse disorders.	DEVELOPED
Apply appropriate research principles and techniques to mental health	
Advocate for mental health in communities.	

PRIMARY TEXT

James F. Mckenzie, Brad L. Neiger, Jan L. Smeltze. (2005). Planning, implementing, & evaluating health promotion programs. 4th ed. New York: Pearson Benjamin Cummings

SUPPLEMENTARY READING MATERIALS

Liane Reif-Lehrer (2005). Grant Application Writers handbook 4th ed. Massachusetts: Jones and Bartlett publishers

Michael H. Merson, Robert E. Black, and Anne J. Mills (2006). International public Health, disease programs, systems and policies, second edition , Massachusetts: Jones and Bartlett publishers

Naomi Modeste, Patti Herring (2008). Blue print for program planning- lecture notes and slides: Loma Linda University SPH.

Norton J. Kiritz. (2004). Program planning & proposal writing expanded version retrieved at www.tgci.com

Tentative schedule:

WEEK	TOPIC	READING ASSIGNMENT	ASSIGNMENT
1	PRECEDE-PROCEED framework Grant proposal Writing	PRECEDE-PROCEED PowerPoint Grant Writing PowerPoint James F. Mckenzie, Brad L. Neiger, Jan L. Smeltzer. Planning Implementing & Evaluating health promotion programs (PIEP) CHT 2 PIEP CHT 6 http://www.americanheart.org Norton J. Kiritz (2004). Program planning & proposal writing. LA: www.tgci.com http://grants.nih.gov/grants/developing_budget.htm	Apply the PRECEDE-PROCEED framework to plan a mental health related intervention.
2	Evidence-Based Public Health	EBPH PowerPoint http://ebph.ihrp.uic.edu/	Apply the six steps of EBPH to plan a mental health intervention.
3	Mental Health Interventions	PIEP CHT 4 http://ctb.ku.edu/ "The Interrupters" Frontline Watch February 14th, view the movie premiere on Frontline [http://www.pbs.org/wgbh/pages/frontline/interrupters/]. CeaseFire uses a public health-based approach to preventing violence. Read more about public health contributions to preventing violence in the newly released "Fact Sheet: Public Health Contributions to Preventing Violence." [http://www.preventioninstitute.org/component/jlibrary/article/id-321/127.html] This UNITY [http://www.preventioninstitute.org/unity] fact sheet highlights how public health adds value to any effort to address violence and complements criminal justice approaches describing how public health's unique perspective and areas of expertise can strengthen local initiatives.	Apply one health behavior theory to the CeaseFire program. Write a 2 page description of the CeaseFire program.

		<p>Fact Sheet: Public Health Contributions to Preventing Violence</p> <p>Looking to prevent violence and not just react after the fact? This UNITY fact sheet highlights how public health adds value to any effort to address violence and complements criminal justice approaches. Read now. [http://preventioninstitute.org/component/jlibrary/article/id-321/127.html] See Calendar [http://www.preventioninstitute.org/press/calendar/calendar.html] Visit the Forum [http://www.preventioninstitute.org/about-us/lp.html] Stay Connected [./] [./] [http://www.huffingtonpost.com/larry] [http://www.facebook.com/pages/Prevention-Institute/129291200455039] [http://www.youtube.com/preventioninstitute] [http://www.twitter.com/preventioninst] [./]</p> <p>Visit our website: www.preventioninstitute.org [http://preventioninstitute.org] Prevention Institute 221 Oak Street Oakland, CA 94607 t 510-444-7738 email: prevent@preventioninstitute.org [mailto:prevent@preventioninstitute.org]</p>	
4	Evaluation of Mental Health Interventions	<p>Program Evaluation PowerPoint</p> <p>PIEP CHT 11 http://www.marketingpower.com</p> <p>PIEP CHT 12 http://www.cdc.gov/communication/cdcynergy.htm</p> <p>PIEP CHT 13 http://www.cdc.gov/eval</p>	<p>Evaluate an existing mental health intervention. Locate a peer-reviewed journal article that describes a mental health intervention in a community. Describe how the program was evaluated or how you would create an evaluation plan.</p>

Grading:

Assignment #1: PRECEDE-PROCEED (CLO 2,5)	35%
Assignment #2: EBPH (CLOs 1,2,3)	35%
Assignment #3:CeaseFire (CLO 4)	15%
Assignment #4: Evaluation (CLO 5,6)	15%



Standard Course Syllabus

This is the standardized syllabus for the following course whenever and wherever taught. More detailed Course Outlines are provided by instructors of individual classes.

Course Number and Title: COH 617 PH Aspects of Violence

Date: Apr 10, 2012 by: Gina Piane

Course Prerequisite(s): Prerequisite
COH 604

Course Description: Intimate partner violence, child neglect and abuse, assault, homicide, war and terrorism are explored from a public health perspective. Focus on risk factor reduction and prevention of deaths, disability and human suffering.

Learning Outcomes: Upon satisfactory completion of the course, students will be able to:

1. Differentiate among primary, secondary and tertiary prevention of violence
2. Critique behavioral and environmental risk factors for violence
3. Generate various approaches to violence prevention and control
4. Hypothesize theoretical frameworks for violence prevention programs
5. Create violence prevention programs by applying Public Health strategies

Specified Program Learning Outcomes: 1. Community Health - Specialization in Mental Health

- Relate fundamental principles of epidemiology to mental and substance abuse disorders.
- Apply appropriate research principles and techniques to mental health.
- Advocate for mental health in communities.
- Assess the social, political, and environmental context of mental health in relation to public health practice.
- Plan mental health interventions and programs.
- Conduct evaluations related to mental health.

Textbook: 1. Prowtrow-Stith, D & Weissman, S (1991). Deadly consequences:How violence is destroying our teenage population and a plan to begin solving the problem New York: Harper Collins.

2. Prowtrow-Stith, D., Spivak, H (2004). *Murder is no accident: Understanding and Preventing youth violence in America* Jossey Bass.
3. Prowtrow-Stith, D., Spivak, H (2005). *Sugar and spice and no longer nice* Jossey Bass.

Course Goals: For students to apply health promotion and disease prevention strategies to prevention and control of violence in its many forms.

National University

Standard Course Syllabus



This is the standardized syllabus for the following course whenever and wherever taught. More detailed Course Outlines are provided by instructors of individual classes.

Course Number and Title: COH 619 PH Aspects of Human Sexuality
Date: Feb 27, 2012 by: Gina Plane

Course Prerequisite(s): Prerequisite COH 604
Course Description: Exploration of biological, psychological, behavioral and social aspects of health sexuality throughout the lifespan. Community level interventions to promote healthy sexuality.

Learning Outcomes: Upon satisfactory completion of the course, students will be able to:

1. Analyze behavioral, psychological and social factors that enhance or diminish healthy sexuality
2. Critique behavioral and environmental risk factors for unplanned pregnancies, sexually transmissible infections, sexual abuse and assault
3. Hypothesize theoretical frameworks for interventions to promote healthy sexuality
4. Generate various approaches to promotion of healthy sexuality throughout the lifespan
5. Create community interventions that promote healthy sexuality by applying Public Health Strategies

Specified Program Learning Outcomes: Community Health - Specialization in Mental Health

- Apply appropriate research principles and techniques to mental health.
- Assess the social, political, and environmental context of mental health in relation to public health practice.
- Conduct evaluations related to mental health.

Textbook: 1. Hock, R (2012). Human Sexuality (3 ed.). Prentice Hall.

Course Requirements:

Students are expected to attend all class sessions, actively participate in class activities and discussions, complete examinations as scheduled, and to turn in all assignments on time. Students are also expected to read all assigned material prior to the class session in which the material is presented and be prepared to contribute to discussion and dialogue.

Course Goals: Students will create community level interventions that promote healthy sexuality across the lifespan.

National University
Standard Course Syllabus



This is the standardized syllabus for the following course whenever and wherever taught.

More detailed Course Outlines are provided by instructors of individual classes.

Course Number and Title: COH 621 PH aspects of drug addiction

Date: Feb 9, 2012 by: Gina Piane

Course Prerequisite(s): Prerequisite COH 604

Course Description: Substance use disorders examined from the public health perspective. Prevention and treatment of substance use disorders to reduce deaths, disability and human suffering in communities.

Learning Outcomes: Upon satisfactory completion of the course, students will be able to:

1. Differentiate among primary, secondary and tertiary prevention of substance use disorders
2. Critique behavioral and environmental risk factors for substance use disorders
3. Generate various approaches to prevention and treatment of substance use disorders
4. Hypothesize theoretical frameworks for prevention of substance use disorders
5. Create substance abuse disorder prevention programs by applying Public Health strategies

Specified Program Learning Outcomes: Community Health - Specialization in Mental Health

- Relate fundamental principles of epidemiology to mental and substance abuse disorders.
- Apply appropriate research principles and techniques to mental health.
- Advocate for mental health in communities.
- Assess the social, political, and environmental context of mental health in relation to public health practice.
- Plan mental health interventions and programs.
- Conduct evaluations related to mental health.

Course Goals: Students will apply the public health approach to creating community programs to prevent substance use disorders



National University
School of Health and Human Services
Department of Community Health
Master of Healthcare Administration

Course Outline

HCA 610: Health Policy April 2012

Class Meetings:

Week 1: July 5; July 7; Week 2: July 12; July 14; Week 3: July 19; July 21; Week 4: July 26; July 28; July 30 (1:00 – 5:00PM)

Professor (or
Instructor):

Christian Holland, JD, MPH

cholland@natuniv.edu

Office:

National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788

Office Hours: **Tuesday and Thursdays** or by appointment

Textbooks:

Longest, B.B. (2010). *Health policymaking in the United States*. (5th Edition) Upper Saddle River, NJ: Prentice Hall.

Course description:

Focuses on the development of public policy concerning medical care and public health and the relationship between public decisions and the market place. Using contemporary policy issues as case studies, examines the role science, ideology, culture and history play in influencing the structure of and changes to a nation's health system.

Course Learning Outcomes:

Upon completion of this course the student will be able to:

1. Analyze the context of a health policy issue from a variety of perspectives.
2. Evaluate the roles and interests of stakeholders in a given health policy issue.
3. Categorize tools used for health policy as they are applied to specific health policy issues.
4. Critique the importance of science, values and social responsibility in choosing a course of health policy action.
5. Delineate evaluation measures of success or failure for health policy applications.
6. Demonstrate health policy analytical skills in a practice setting

Program Mission:

Master of Healthcare Administration

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors.

Program Learning Outcomes:

Master of Healthcare Administration

1. Solve complex problems in a healthcare environment by employing analytical skills;	INTRODUCED
2. Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	DEVELOPED
3. Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	INTRODUCED
4. Apply healthcare management concepts for healthcare organizations;	DEVELOPED
5. Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	INTRODUCED
6. Incorporate the principles of quality management for proving outcomes in healthcare organizations;	INTRODUCED
7. Synthesize best practices in healthcare leadership;	DEVELOPED
8. Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	INTRODUCED

Class Schedule:

Date:	Assignment Due:	Chapter To Be Read for Next Session:	Topics:
Session #1 –		Chapter 1: Health and Health Policy	<ul style="list-style-type: none"> • Course Overview • The Principles of Editorial Writing • Developing Competence in Healthcare Policy
Session #2 –	Healthcare Policy Editorial #1 and #2	Chapter 2: The Context and Process of Health Policymaking	<ul style="list-style-type: none"> • Writing a White Paper • Health and Health Policy
Session #3 –	RAT #1 – Chapters 1 and 2 Healthcare Policy Editorial #3 and #4	Chapter 3; Policy Formulation: Agenda Setting	<ul style="list-style-type: none"> • Writing An Editorial Response • Process of Health Policymaking
Session #4	Healthcare Policy Editorial #5 and #6	Chapter 4: Policy Formation: Development of Legislation	<ul style="list-style-type: none"> • Policy Formation: Agenda Setting • Guest Speaker:
Session #5 –	RAT #2 – Chapters 3 and 4 Healthcare Policy Editorial #7 and #8	Chapter 5: Policy Implementation: Rulemaking	<ul style="list-style-type: none"> • Policy Formation: Legislation • Guest Speaker:
Session #6 –	Healthcare Policy Editorial #9 and #10 Written Newspaper Editorial	Chapter 6: Policy Implementation: Operation	<ul style="list-style-type: none"> • Policy Implementation: Rulemaking • Editorial Response

Session #7 –	RAT #3 – Chapters 5 and 6 Healthcare Policy Editorial #11 and #12	Chapter 7: Policy Modification	<ul style="list-style-type: none"> • Policy Implementation: Operations • Guest Speakers:
Session #8 –	Healthcare Policy Editorial #13 and #14	Appendixes 1 and 9: Overview of Medicare	<ul style="list-style-type: none"> • Policy Modification: Medicare
Session #9 –	Healthcare Policy White Paper and Class Presentation		<ul style="list-style-type: none"> • Final Presentations

Requirements:

Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities are essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

Assignments:

In keeping with the course objectives, the following assignments with their possible points are required:

Weekly, four (4) multiple-choice questions reviewing assigned readings in preparation for Readings Assessment Tests (RAT) (Possible 12 points/4 points per week)

1. Completion of weekly 20 question RATs (Possible 30 points/10 points per RAT) (CLOs 1-6)
2. A facilitated 15-minute class discussion of a recently published healthcare policy editorial (10 points) (CLO 1)
3. A written newspaper editorial of a healthcare policy of your choice (Possible 10 points) (CLO 1-4)
4. A written editorial response of peers' newspaper editorials . (Possible 5 points) (CLO 2,4)
5. An oral presentation of the final white paper (Possible 5 points) (CLOs 5,6)
6. A final written white paper (Possible 20 points) (CLOs 5,6)
7. Class participation (Possible 5 points) (CLOs 1-6)

Class Participation: Each student should have read the assigned material prior to the start of each class, and prepared to answer questions on the material and engage in meaningful discussion about the material.



National University
School of Health and Human Services
Department of Community Health
Master of Healthcare Administration

HCA 620 Health Organization Management

Course Outline

**Kearny Mesa Learning Center
Center for Technology and Health Sciences**

June 2012

Class Meetings: *Mon/Wed 5:30 – 10PM*

Jun 4, 6, 11, 13, 18, 20, 25, 27 (5:30 PM – 10:00 PM) & 30 (8:30 AM – 12:30 PM)

Professor (or Instructor):

Kevin LaChapelle

(619) 778-8433 (Text messages preferred)

Kevin.LaChapelle@natuniv.edu

Kevin@powermentor.org

Office:

National University

Technology and Health Sciences Center

3678 Aero Court

San Diego, CA 92123-1788

Room 121

Phone (619-778-8433)

Office Hours: *30 minutes before class each session*

Textbook: Burns, L; Bradley, E.; Weiner (2012) Health Care Management- Organization, Design and behavior. Sixth Edition. Delmar Cengage Learning.; NY.

Course description:

This course provides students with an understanding of the systems and processes Healthcare Organizations must implement in order to meet local needs as well as the requirements of governmental agencies. There will be discussions on the management practices which lead to high performing healthcare systems such as the adoption of evidence based medicine, measuring performance and assessment, continuous improvement processes and the basis of service excellence. There is an in-depth analysis of managerial functions, relationship, and

operations for service delivery. Focus is on appreciation of external influences including community, financial institutions, socioeconomic environment, and regulatory agencies. Content includes examination of professional roles, responsibilities, and accountability in health care environments. Understanding of organizational mission, goals, objectives and priorities are critical.

Learning Outcomes:

Upon successful completion of this course, the student will be able to:

1. Apply general management concepts to a healthcare organization.
2. Explain organizational theories and their application to healthcare organizations.
3. Analyze managerial functions and relationships for service delivery.
4. Evaluate external environment influencing healthcare organizations.
5. Assess roles, responsibilities, and accountability of healthcare managers and organizations.
6. Explain the influence of organizational mission, goals, priorities, and objectives on service delivery.
7. Appraise the influence of regulatory agencies and financial institutions on the organization and activities of healthcare organizations.
8. Apply business principles, including systems thinking to the healthcare environment.

Program Mission: *Master of Healthcare Administration*

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors

Program Learning Outcomes: *Master of Healthcare Administration*

Solve complex problems in a healthcare environment by employing analytical skills;	
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	DEVELOP
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	
Apply healthcare management concepts for healthcare organizations;	DEVELOP
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	
Synthesize best practices in healthcare leadership;	DEVELOP
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	

Program Lead Faculty:

Karen Garmen, Ed.D, MAPP

kgarman@nu.edu

(858) 309-3490

Department Chair:
 GinaMarie Piane, DrPH
gpiane@nu.edu
 (858) 309-3474

Tentative schedule:

Date	Activity and Readings	Assign Due
(1) Mon Jun 4	Ch 1: Management challenge Ch 15: Globalization and Health	
- (2) Wed Jun 6	<i>Ch 2 Leadership and Management</i>	Team Chapter 2
(3) Mon Jun 11	Ch 3: Organization Design Ch 4: Motivating People	Team Chapter 3 Team Chapter 4 Critical Issues
(4) Wed Jun 13	Ch 5: Teams and Team Effectiveness Ch 6: Communication	Team Chapter 5 Team Chapter 6 Manager Interview Critical Issues
(5) Mon Jun 18	Ch 7: Power Ch 8: Complexity, Learning and Innovation	Team Chapter 7 Team Chapter 8 Critical Issues
(6) Wed Jun 20	Ch 9: Improving Quality in Healthcare Ch 12: Health Policy and Regulation	Team Chapter 9 Team Chapter 12 Journal Article Critical Issues
(7) Mon Jun 25	Ch 10: Strategic Thinking Ch 11: Managing Strategic Alliances	Team Chapter 10 Team Chapter 11 Critical Issues
(8) Wed Jun 27	Ch 13: Health Information Systems Ch 14: Consumerism and Ethics	Team Chapter 13 Team Chapter 14 Critical Issues

(9) Sat Jun 30 (8:30 – 12:30)	Summary and Final Exam	Final Exam
----------------------------------	------------------------	------------

Description of Course Requirements:

Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

Manager Interview; (20 points) (CLOs 1,2,5) (Due Wed Jun 13) The purpose of this activity is to understand and integrate the materials we discuss in class with the application of being a manager in a “real world” health care environment. Students are asked to identify a person in a significant role as a manager and interview them about the skills they find necessary for achieving success in health care management. It is advised that students prepare their own interview guide prior to meeting with the identified manager. The interview guide can be a mix of closed-ended and open-ended questions. Students need to write the interview in a comparative format- comparing what the book says versus the way the manager says it really is. A summary and reflective discussion should also be included in the final document submitted to the instructor. Write-up should be 5-10 pages.

Grading: 5 points for interview guide, 5 points for grammar and organization and 10 points for write-up

Critical Issue: (20 points) (CLOs 2,4,6,7,8) (write-up and presentation due when assigned) Students will prepare one critical issue paper and prepare for class presentation. The critical issue should coincide with class discussion topics. Critical issues are located at the beginning of each chapter. We will sign up for issues and presentations the first evening of the class. The critical issues discussion should be approximately 4 pages. Page one is an introduction of the issue, Page two is the research and data supporting the issue, Page 3 should present the pros and cons and all sides around the issue and page 4 should make recommendations for potential action by the impacted interests as well as include references. There will be at least 3 presentations each class session. The Saturday 10 December will have a few more to accommodate class size. Sign-ups at first class session.

Grading: 5 points for organization, outline, editing 5 points for content, discussion and analysis 5 points for presentation skills

Journal Article Review (15 points) (CLOs 4,7 (Due Wed Jun 20) Students will select a journal article based on the topic for class review. Students should select a journal article from a peer-reviewed healthcare related journal. Send the web link to the other students in class so they have time to review the paper prior to class or make 10 copies for students to share in class. Students should explain why they selected the article, the significance of the article, what the signature research piece is underlying the article, the research inquiry and how it might apply to what we are studying in class, any criticisms on the methodology or research approach and questions to engage the class in discussing the article.

Grading: 5 points for demonstrating subject matter and quality of article to class discussion 5 points for article review- depth analysis 5 points for leading class discussion

Case Analysis\Debates\In Practice: (10 points) (CLOs 3,4,5,6) (Due when chapter is scheduled) Each Chapter contains a case at the end of the chapter and several debates or in-practice activities throughout the chapter. Small teams of students will be formed to facilitate all the activities for a particular chapter beginning with Ch 2 – 14. Teams do need to prepare a short summary (2-5 pages for the case) Please note: No teams larger than 2-3 persons. All team members will receive the same grade for a: facilitation skills b: preparedness c) level of critical thinking d: quality of write-up for case. Team signups will be at the first class session.

Final Exam: (25 Points) (CLOs 1-8) The final exam will be a series of short answers and short cases similar to those discussed in class. The exam will take place in class on Saturday 17 December.

Participation and Contribution: (10 points) Students are expected to show up and participate in class at a graduate level of thinking and input. This involves physically being in class, mentally being alert, psychologically being aware, and spiritually recognizing how your values and energy play a role in setting a safe, supportive and dynamic learning environment.

Assignments and Due Date:

- (20) Manager Interview – Wednesday June 13
- (15) Journal Article – Wednesday June 20
- (20) Critical Issue – As Assigned
- (10) Team: Chapter Case\In-practice\Debate– As Assigned
- (25) Final Exam – Saturday June 30
- (10) Class Participation- Continuous



National University

HCA 622: Quality Appraisal and Evaluation

August 2012

I. Course Description

Theoretical and practical frameworks to facilitate the continuous improvement of quality in healthcare organizations. Includes evaluation and risk management methods. Introduces multiple approaches, including outcome measurement and case management. Team development, analytical statistics, and process knowledge are central themes.

II. Class Schedule

A. Tuesdays and Thursdays, 2/7/2012 - 3/01/2012, 5:30 p.m. to 10:00 p.m.

B. Saturday, 3/03/2011, 8:30 a.m. to 12:30 p.m.

III. Texts

A. Required

1. Healthcare Quality Book, Elizabeth Ransom, National Academy Press (2nd ed. 2008).
2. Why Hospitals Should Fly - The Ultimate Flight Plan to Patient Safety and Quality Care, John Nance, Second River Healthcare Press (2008).

B. Recommended

1. To Err is Human, Linda Kohn (Institute of Medicine), Health Administration Press (2000). (see <http://iom.edu/Reports/1999/To-Err-is-Human-Building-A-Safer-Health-System.aspx> for an online version)

IV. Instructor

Christian Holland, JD, MPH

Work phone – (760) 804-7050

E-mail – Christian.Holland@natuniv.edu or holland.christian@yahoo.com

V. Attendance

A. Students are to attend all class periods of a course.

B. If the student has more than two (2) absences they may withdraw from the course.

C. An absence is assessed each time a student does not attend a regularly scheduled class, whether or not it is an excused absence.

D. Students who have more than three (3) absences and who are still enrolled as of midnight (PST) of the twenty-first (21st) day of the session will be issued a letter grade of "F" or "U" as appropriate for the grading criteria.

E. Tardiness and early departures from classes accrue and have the potential to cumulatively affect absences.

VI. Course Objectives

1. Discuss the importance and challenges of quality management and process improvement in health care organizations.
2. Identify organizations responsible for accreditation and basic requirements of those organizations.
3. Critically apply process management tools in a healthcare setting to provide potential solutions to a problem or improve a process.
4. Understand patient safety and medical errors and risk and quality management processes that can be introduced into a healthcare organization to control and minimize associated patient injuries.
5. Critically apply data, measurement and scorecards in a healthcare setting to improve quality.

VII. Grading

A. Weights

1. Class Participation – 10%
2. Paper – 30%
3. Midterm – 20%
4. Final – 40%

VIII. Fine Print

A. Class Participation (CLOs 1-5)

1. Each student should have read the assigned material prior to the start of each class, and prepared to answer questions on the material and engage in meaningful discussion about the material.
2. Failure to attend all calls sessions, participate in all class activities, complete exams as scheduled and turn in all assignments on time may result in loss of points and adversely affect a student's final grade.
3. Students who have more than three absences, excused or unexcused, will not be given a satisfactory grade.

B. Paper (CLOs 1-5)

1. The paper assigned is a "position paper," in which you are asked to choose and support one position in regard to a current issue in healthcare quality management.
2. The paper should contain only substantive, relevant information and is to range in length between 12 and 15 pages.
3. Grading will be based on the substantive aspects and clarity of the paper, and whether the student has demonstrated the ability to write critically and analytically.
4. Plagiarism, the use of ideas or words of another without proper, full acknowledgment, may result in a failing grade on the paper.
5. Citation must clearly specify for the reader what the written material is and where it may be found using the APA citation method.

6. Assignments (CLOs 1-5)
 - a. Annotated bibliography – 5 to 7 properly cited resources with a 1 to 3 sentence description of each resource is due Thursday, February 16 and accounts for 10% of paper's grade.
 - b. Paper outline – A detailed outline of paper is due Thursday, February 23 and accounts for 10% of the paper's grade.
 - c. Final Paper – The final paper is due Thursday, March 1 and accounts for 80% of the paper grade.

C. Midterm (CLOs 1-3)

1. Midterm exam will be given on Tuesday, February 21 and will account for 20% of the student's grade.
2. The exam will be short answer and cover material addressed through February 16.

D. Final (CLOs 1-5)

1. A final exam will be given on Saturday, March 3 and will account for 40% of the student's grade.
2. The exam will be a combination of essay, short answer and multiple-choice.
3. The exam will be comprehensive in nature, covering all material addressed in the course.
4. The exam will have a three (3) hour time limit and will be "open book."

IX. Class Schedule (subject to change)

A. Tuesday, February 7

1. Topics – Introduction, Course Overview & Paper Topic Selection
2. Reading – Text, Chapters 1, 2 & 5

B. Thursday, February 9

1. Topics – Quality Improvement, Practice Variation and Risk Management
2. Reading – Text, Chapters 3 & 4

C. Tuesday, February 14

1. Topics – Data Analysis, Statistics, Measurement and Scorecards
2. Reading – Text, Chapters 6, 7, 9 & 10

D. Thursday, February 16

1. Annotated bibliography due
2. Topics – Implementing Quality
3. Reading – Text, Chapters 13, 14, 15 & 16

E. Tuesday, February 21

1. Midterm Exam
2. Topics – Patient Safety and Medical Errors
3. Reading – Why Hospitals Should Fly and Text, Chapter 11

F. Thursday, February 23

1. Paper outline due and one-on-one meetings to review
2. Topics – Patient Safety and Medical Errors
3. Reading – Why Hospitals Should Fly and To Err is Human

G. Tuesday, February 28

1. Topics – Accreditation and Insurer Programs
2. Reading – Text, Chapters 17, 18 & 19

- H. Thursday, March 1
 - 1. Final paper due
 - 2. Topics – Baldrige/CAPE Criteria & Course Summary
 - 3. Review Material – Baldrige Healthcare Criteria found at:
http://www.baldrige.nist.gov/PDF_files/2006_HealthCare_Criteria.pdf
 - 4. Guest Speaker
- I. Saturday, March 3
 - 1. Final Exam



National University
School of Health and Human Services
Department of Community Health
Master of Healthcare Administration

HCA 626: Healthcare Information Systems

Course Outline

July 9, 2012 – August 4, 2012

Mondays and Wednesdays 5:30-10:00 pm

Saturday 8:30 – 12:30 pm 8/4/12 Only

Kearny Mesa Learning Center

07/9/2012	Monday	5:30PM	10:00PM
07/11/2012	Wednesday	5:30PM	10:00PM
07/16/2012	Monday	5:30PM	10:00PM
07/18/2012	Wednesday	5:30PM	10:00PM
07/23/2012	Monday	5:30PM	10:00PM
07/25/2012	Wednesday	5:30PM	10:00PM
07/30/2012	Monday	5:30PM	10:00PM
08/01/2012	Wednesday	5:30PM	10:00PM
<u>08/04/2012</u>	<u>Saturday</u>	<u>8:30PM</u>	<u>12:30PM</u>

Professor: Kevin LaChapelle, MPA
Kevin.LaChapelle@natuniv.edu

Office: National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788
30 Minutes before class

Office Hours: By appointment

Contact: Email or text message at 619-778-8433

Textbook:

J.K.H. Tan with Fay Cobb Payton, Adaptive Health Management Information Systems, 3rd Edition, 2010; Jones & Barlett.

For the correct edition of the textbook assigned to a specific class section, go to:
<http://www.nutextdirect.com>

Course description:

This course focuses on effective data and information technology utilization to improve performance in healthcare organizations: including information systems, databases and analytic tools to structure, analyze and present information; and legal and ethical issues affecting management of healthcare information.

Learning Outcomes:

Upon completion of this course the student will be able to:

1. Describe the evolution of information technology and its uses in healthcare management and delivery.
2. Analyze current and future trends in the application of information technology to the healthcare industry.
3. Relate the use of data and enabling information technologies in strategic management, financial management, clinical outcomes management and public health/population management.
4. Evaluate the roles of information system applications common in healthcare organization and integrated delivery systems: including administrative systems/programs (e.g., financial; scheduling; on-line purchasing; productivity; human resources); clinical systems/programs (e.g., electronic medical records; medical decision support; diagnostic information systems); physician practice management systems (e.g., billing; referral/authorization; claims processing; electronic medical records; prescription writing; productivity; transcription); and health informatics (e.g., coding; communication standards; data standards).
5. Conduct an information technology needs assessment of a healthcare organizational unit.
6. Diagram the information systems lifecycle and the process and critical issues related to identifying information and systems requirements and designing, developing, testing, implementing and evaluating information systems in healthcare settings.
7. Conduct an analysis to justify the cost of new information technology systems, including the calculation of return on investment for information technology projects in health related organizations.
8. Demonstrate intermediate knowledge of application software; including spreadsheets; e-mail; word processing; database management.
9. Analyze and synthesize the legal and ethical issues related to health information management and the social responsibility of the use of information technology in

healthcare management and clinical practice; including privacy, confidentiality and security issues (e.g., HIPAA; Medical Records).

10. Work as a teammate and leader in projects involving information technology personnel.

Program Mission:

Master of Healthcare Administration

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors.

Program Learning Outcomes:

Master of Healthcare Administration

Solve complex problems in a healthcare environment by employing analytical skills;	
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	DEVELOPED
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	
Apply healthcare management concepts for healthcare organizations;	
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	INTRODUCED, DEVELOPED
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	
Synthesize best practices in healthcare leadership;	
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	

Program Lead Faculty and Chair:

GinaMarie Piane, DrPH

gpiane@nu.edu

(858) 309-3474

Tentative schedule:

Date	Topic	Reading	Assignments Due
(1) <u>Mon 9 Jul</u> 5:30-10:00 pm	(1) Health Management Information Systems: A Managerial Perspective (2) Health Management Information Systems Executives: Roles and Responsibilities of Chief Executive Officers and Chief Information Officers in Healthcare Services Organizations	Chapters 1-2	
(2) <u>Wed 11 Jul</u> 5:30-10:00 pm	(3) Online Information Seeking: Access and Digital Equity Considerations (4) Health Management Information Systems Enterprise Software: the New Generation of HMIS Administrative Applications	Chapters 3-4	HW1 Review Questions CH 1-2 Discussion of chapter review questions
(3) <u>Mon 16 Jul</u> 5:30-10:00 pm	(5) Community Health Information Networks: Building Virtual communities and Networking health Provider Organizations (6) Trending Toward Patient-Centric Management Systems	Chapters 5-6 Case 1	HW2 Review Questions CH 3-4 Discussion of chapter review questions Innovation presentations Case 1 class discussion Review for the mid-term
(4) <u>Wed 18 Jul</u> 5:30-10:00 pm	(7) Health Management Information System Integration: Achieving systems Interoperability with Web Services (8) Health Management Strategic Information system Planning/ Information Requirements	Chapters 7-8 Case 2	HW3 Review Questions CH 5-6 Discussion of chapter review questions Mid-term Exam Case 2 class discussion

(5) <u>Mon 23 Jul</u> 5:30-10:00 pm	(9) Systems Development: Health Management Information System Analysis and Developmental Methodologies (10) Data Stewardship: foundation for health Management Information System Design, Implementation, and Evaluation	Chapters 9-10 Case 3	HW4 Review Questions CH 7-8 Discussion of chapter review questions Innovation presentations Case 3 class discussion
(6) <u>Wed 25 Jul</u> 5:30-10:00 pm	(11) Managing health Management Information System Projects: Systems Implementation and Information Technology Services Management (12) Health Management Information System Standards: Standards Adoption in Healthcare Information Technologies	Chapters 11-12 Case 4	HW5 Review Questions CH 9-10 Discussion of chapter review questions Case 4 class discussion
(7) <u>Mon 30 Jul</u> 5:30-10:00 pm	(13) Health Management Information Systems Governance, Policy, and International Perspectives: HMIS Globalization through E-Health (14) Health Management Information Systems Innovation: Managing Innovation Diffusion in Healthcare Services Organizations	Chapters 13-14 Case 5	HW6 Review Questions CH 11-12 Discussion of chapter review questions Innovation presentations Case 5 class discussion
(8) <u>Wed 1 Jul</u> 5:30-10:00 pm			Final Papers Due Final Paper Presentations #1
(9) <u>Sat 4 Aug</u> 8:30-12:30 pm			Final Paper Presentations #2 Final Exam

Course Outline Content

P. Laying the Foundation for HMIS Conceptualization

- a. HMIS; Evolution, Components, Basic Functions, Cultures
- b. Senior Executives in Healthcare Services Organizations
- c. Health Information Seeking; Empowerment, Support, and Profiling

- Q. HMIS Technology and Applications**
 - a. The New Generation of HMIS Administrative Applications; Customer Relationships and Enterprise Resource Planning
 - b. Community Health Information Networks
 - c. HL7 Standard Health Data Exchange
 - d. Trending Towards Patient-Centric Management Systems
 - e. EHR (electronic Health Records), CPOE (Computerized Physician Order Entry), CDSS (Clinical Decision Support Systems)
 - f. HMIS Integration, Achieving Systems Interoperability with Web Services
- R. HMIS Planning and Management**
 - a. Health Management Strategic Information System Planning (HMSISP)/ Information Requirements
 - b. Health Management Information System Analysis and Developmental Methodologies
 - c. Change Continuums in Technology, Processes, and People
 - d. Data Stewardship: Implications from Data Quality/Management/Security/Business Intelligence
 - e. Managing Health Systems Projects; Implementation, Planning, and Management
- S. HMIS Standards, Governance, Policy, Globalization, and Future**
 - a. HMIS Standards; HIPAA, HL7, Web Standards
 - b. HMIS Globalization through E-Health; Tele-Care, Telemedicine, Tele-Health, and E-Health
 - c. Managing Innovation Diffusion in Healthcare Services Organizations; General Systems Theory, Complex Adaptive Systems, Handling Complexity
- T. Five Major Cases Highlighting HMIS Practices and Implementing Lessons**
 - a. Emergency Medical Transportation Resource Deployment
 - b. The Clinical Reminder System
 - c. Integrating EMRs and Disease Management at Dryden Family Medicine
 - d. Delivering Enterprise-wide Decision Support through E-Business Applications
 - e. Mapping the Road to the Fountain of Youth

Requirements:

We will use eCompanion for all submission of materials and grading.

Students are expected to complete all reading assignments prior to attending class. Participation in discussions and class activities is essential. Written assignments must be submitted on the due date unless special circumstances are discussed with the professor in advance.

Note: as general National University guidance, all students should plan to spend 2-3 hours outside of class for each hour spent in class. **This equates to 8-12 hours per class session spent outside of class.**

Class participation and attendance is essential for this class and each class meeting will count towards the total of the final grade for this component (except for the first and final class meeting).

Best Practice Informatics Case Study; SIGNATURE ASSIGNMENT: (CLOs 1-10)

Students in HCA 626: Health Information Systems are required to complete a group (2-3 students) paper and presentation of a best practice case study where administrative and clinical information technology and decision-support tools are applied to improve processes and performance of a health care delivery organization while maintaining social responsibility. Deliverables include (1) in your own words, an eight-page (title page, abstract, and references included) typed/double spaced paper concisely describing a comprehensive overview of the topic presented (20%) and (2) a 20 minute classroom presentation followed by 5 minutes of question and answers (15%).

All written assignments must be in APA format, including in-text citations and reference list, excluding title page and abstract. The paper will be due on the last day of class prior to the final; presentations will be scheduled during the 4th week of class.

Grading rubric included at the bottom

Your case study will be focused on a real-world health management problem that requires an innovative administrative and/or clinical information technology solution. Preparing the case may seem frustrating due to many factors including partial information or potentially overwhelming volumes of information. A case often has no single “correct” answer and there may be many choices available that you will need to coordinate into a single approach to your solution. Your case study requires active participation from all team members and the discussion in class will share your idea and objectives as well as what others may feel in class.

Exams: The mid-term exam will be comprised of multiple-choice questions and be given with a one-hour time limit. Notes and text book will be allowed during the exam. (CLOs 1-5)
The final exam will be comprised of multiple-choice questions and be given with a 2-hour time limit. Notes and text book will be allowed during the exam. (CLOs 1-10)

Homework: Homework is based on nightly reading should be submitted via eCompanion prior to the beginning of the class when it is due. Credit is based on completion/non-completion. (CLOs 1-10)

Innovation Forum: (CLO 4) Research and report on (3) “**in the news**” innovations in healthcare. Present 3 slides and prepare an elevator speech that is 3 minutes or less. The presentation must cover **impact to the organization from operational, strategic, cultural, and political points of change.** (Groups of 2-3) Note: each team will present 3 reports in this forum over 3 week that will take place Tuesday nights after the first class.

Grading:

Grades will be determined by percentages on each assignment using the following weighting system:

- | | |
|--|-----|
| 1. Complete nightly reading and homework assignments | 6% |
| 2. Innovation Forum | 12% |
| 3. Mid-Term Examination | 15% |
| 4. Final Examination | 25% |
| 5. Final Paper and Presentation | 35% |
| 6. Class participation and attendance | 7% |



National University
School of Health and Human Services
Department of Community Health
Master of Healthcare Administration Program

Course Outline

HCA 628 Healthcare Administration Human Resource Management

May 2012

Class Meetings: Mondays and Wednesdays, 5:30-10:00 PM

Professor (or Instructor): Gwenmarie Hilleary, MHA
ghilleary@natuniv.edu

Office: National University
Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123-1788

Office Hours: by appointment

Course Description:

Study of healthcare organizations, training, motivation, and direction of employees while maintaining high-level productivity and morale. Areas of study include selection, compensation, financial incentives, work standards, regulatory agencies, and leadership principles in healthcare organizations.

Textbook:

Fried, B.J. and Fottler, M.D., Editors. (2008) Human Resources in Healthcare. Managing for Success. Third Edition. AUPHA Press.

Course Learning Outcomes:

Upon successful completion of this course, the student will be able to:

1. Describe deployment and management of human resources with the context of a management framework in healthcare organizations. (Ch 1,2,3,15)
2. Assess the historical evolution of contemporary human resources management within the healthcare industry. (Ch 2)

3. Classify current trends and critical human resource management issues associated with various categories of healthcare professionals in healthcare organizations. (Ch 4,5, 18)
4. Explain the social, legal, and economic environments impacting management of human resources in healthcare. (Ch 6)
5. Summarize the various socio-behavioral aspects of human resources management, including employee motivation, leadership development and practices, conflict resolution strategies, change management, and development of employee customer-centered focus. (Ch.9.10)
6. Evaluate technical human resource management functions, including job design and analysis, staff recruitment and selection methods, employee training and development, performance management techniques and methods, and principles and practices of compensation and fringe benefit management. (Ch 7,8, 11, 12)
7. Assess legal and regulatory issues involved in organized labor/collective bargaining units. (Ch 5, 14)
8. Create a safe and prepared workplace environment. (Ch 13)
9. Employ the budgeting and productivity planning, benchmarking and the effects of mergers and acquisitions on workforce planning. (Ch 16)
10. Distinguish high performing workplace environments and create human resource strategies that enhance customer service. (Ch 17)

Program Mission:

Master of Healthcare Administration

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors

Program Learning Outcomes: *Master of Healthcare Administration*

Solve complex problems in a healthcare environment by employing analytical skills;	
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	DEVELOPED
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	
Apply healthcare management concepts for healthcare organizations;	DEVELOPED
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	DEVELOPED
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	DEVELOPED
Synthesize best practices in healthcare leadership;	DEVELOPED
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	DEVELOPED

Program Lead Faculty: GinaMarie Piane, DrPH
gpiane@nu.edu
 (858) 309-3474

Teaching Methodology and Approach:

Students are expected to come to class prepared for discussion and dialogue. This course will also depend on the use of practice cases to help to learn to apply management concepts to practical problems. We will also have guest speakers and a field trip to a healthcare organization.

Students are expected to show up and participate in class at a graduate level of thinking. This involves physically being in class, mentally being alert, psychologically being aware, and recognizing how your values and energy play a role in setting a safe, supportive and dynamic learning environment.

Course Requirements:

Assignment #1 (10 Points)

Review 4 articles related to HR management (current from 2009-2011)

Write a brief paper (2-3 pages) on each article summarizing the article and indicate the textbook chapter or Learning outcome # the article addresses.

Due: Article review #1-Thursday May 5th

Article review #2-Tuesday May 10th

Article review #3-Thursday May 12th

Article review #4-Thursday May 19th

Assignment #2: (25 points)

Interview a HR leader or manager/supervisor preferably from a healthcare organization, on the current trends or issues in HR management. Examples of topics, recruitment & retention, layoffs, workforce shortages, competency & training, HR regulations as labor laws, etc. review the chapters, LO or guest speakers to identify a topic. Write a 6-8 page paper on the interview process and findings, how class content relates to the interview.

Due: Tuesday May 17th

Assignment #3: Group presentation to class (25 points)

In groups of 3 students make presentations of 15 minutes on a HR management topic
Topics: Employment Law, workforce shortages, recruitment strategies, labor unions pro/con, new information on performance evaluations, compensation practices and benefits...Each member write a brief paper 2-3 pages on the presentation

Due: Tuesday May 24th

Final Exam: Saturday, May 28th (30 points)

The exam will cover all materials covered in class, & guest speakers
Review November 18th

Participation and Contribution: (10 points)

Grading Criteria: Joining in class discussions and bringing in ideas and dialogue 5 points.
Attendance 5 points

Assignment	Due Date	Points
1) 4 articles	5/5, 5/10, 5/12, 5/19	10
2) Interview paper	5/17/11	25
3) Group presentations	5/24/11	25

4) Class participation	ongoing	10
5) Final exam	5/28/11	30
TOTAL:		<u>100 Points</u>

Class Session	Topics	Readings	Assignments
1	Introductions and Overview to Class Strategic Human Resource Management Healthcare Workforce Planning Globalization and the Healthcare Workforce	Chapters 1-3	Ch1: DQ #2, 3,5 Exercise #1,2,3 Chapter 2: DQ #2,3 Chapter 3: DQ #1,3,4,6 Case
2	Healthcare Professionals The Legal Environment of Human Resources Management Workforce Diversity	Chapters 4-6	Debate on whether a diverse workforce is more effective and productive than those that do not have such a mix. Will divide into Pro and con groups.
3	Job analysis and job design Recruitment, Selection, and Retention	Chapters 7-8	
4	Organizational Development and Training Activities:	Chapter 9	Internet and Intranet use to provide training in organizations -To what extent are organizations using the Internet, intranet, and other electronic or virtual means to provide training. What types of skills and knowledge can be imparted through this type of training? Developing an effective training program* SIGNATURE ASSIGNMENT

5	Performance Management Compensation Practices, planning and challenges	Chapter 10-11	Activity 3: Experiential case on Summit River Nursing Home performance management process. Pg. 278
6	Employee benefits Health safety and preparedness Managing with Organized Labor	Chapters 12-14	Chapter 14: DQ #2, 4
7	Nurse Workload, Staffing, and Measurement Joint Commission Rules/ Medicare Rules	Chapter 15	Chapter 15: DQ #1 –
8	Human Resources Budgeting and Employee Productivity Creating Customer-Focused Healthcare Organizations Present trends that affect the Future of HR management and the Healthcare Workforce	Chapters 16-18	Class presentations Review for final exam <u>Chapter 16: DQ#2, 3, 4, 5, 6 & Case 2</u>
9			Final Exam

***Developing an effective training program**

Class will break into three teams\

Each team will focus on a training topic familiar to group such as dealing with frightened or angry caregivers of hospitalized patients; a new ethics training for staff, a patient safety training program.....

3 teams will take 20 minutes to plan and prepare a 10 minutes training program for their topic
Each team will be in charge of developing the training objectives and evaluation criteria for their topic

Each team will then design a training program based on their objectives and evaluation criteria
Each team will then deliver a 10 – 15 training session to the rest of the class.

Each team should have an evaluation and assessment debrief of 5 minutes each per group



NATIONAL UNIVERSITY

Heath Care Law and Ethics

HCA 630

Term: June 2012

Instructor Name and Contact Info:

Mark V. Caruana, Esq.

Adjunct Faculty

National University

Contact Info:

2725 Jefferson Street, Suite 11

Carlsbad, CA 92008

Office - 760-434-4747

Cell - 760-458-0422

Fax 760-434-9183

email - caruanalaw@aol.com

CLASS DATES

JUNE	TUES	THURS	SAT
	5	7	
	12	14	
	19	21	
	26	28	30

Course Description:

Legal, regulatory, and ethical dimensions of healthcare examined. Development and application of laws and regulations analyzed. Interpretation of uses of policy, law, and regulation changes and needs. Analysis of statutes and court decisions affecting healthcare. Ethical dimensions of healthcare organizations, their personnel and professionals considered.

Course Learning Outcomes:

Upon satisfactory completion of the course, students will be able to:

- 1. Describe how the American legal system works, including civil procedures.*
- 2. Interpret statutes and court decisions affecting healthcare.*

3. Explain how laws and regulations affect the structure and operation of healthcare organizations, including corporate law, tort law, fraud and abuse laws, civil rights, and antitrust laws.
4. Assess how law protects patient rights and regulates patient-provider relationships, including informed consent, medical malpractice, confidentiality, treatment termination, advance directives, human reproduction, and obligations to provide care.
5. Advocate for laws that promote health policy values and goals.
6. Select moral principles and guidelines embedded in healthcare processes and organizations.
7. Compare and contrast personal and professional ethical responsibilities and rights.

Text Book

Legal Aspects of Health Care Administration, ELEVENTH Edition
by George D. Pozgar

Program Mission:

Master of Healthcare Administration

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors

Program Learning Outcomes: *Master of Healthcare Administration*

Solve complex problems in a healthcare environment by employing analytical skills;	
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	DEVELOPED
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	
Apply healthcare management concepts for healthcare organizations;	DEVELOPED
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	DEVELOPED
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	DEVELOPED
Synthesize best practices in healthcare leadership;	DEVELOPED
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	DEVELOPED

GRADING DATES

MIDTERM 6/14/12

RESEARCH DUE 6/28/12

FINAL EXAM 6/30/12

CLASS DATES AND EVENTS

6/5/12	Welcome to the class discuss papers, exams Introduction to Healthcare and the court systems Civil procedure and Trials Administrative Agencies	chapters 1, 2, 6 doc sharing
6/7/12	Tort Law- Intentional torts, Negligence, Medical Malpractice, Respondeat Superior, Damages,	chapter 3 doc sharing
6/12/12	Tort Reform, MICRA, "Hot Coffee", Criminal Law And responsibility, Contracts and antitrust	chapter 3, 5, 24 doc sharing
6/14/12	Contracts and antitrust continues, types, federal Rules and statutes	chapter 5, 7

MIDTERM EXAM

6/19/12	Corporate structures, responsibility, credentialing of healthcare Professionals, privileges, monitoring and discipline. Roles of staff, Nurses, Doctors, Specialists	chapter 7, 8, 9, doc sharing
6/21/12	Informed consent, emergencies, HIPAA, release of information issues, state reporting issues	chapter 11, 12
6/26/12	USSC and procreation, ethics, bioethics, human genetics Life termination decisions, DNR, advanced directive	chapter 17, 18 doc sharing
6/28/12	Employment law, staffing, unions, structure of care, insurance industry, ERISA, workers compensation Reform of healthcare distribution	chapter 20, 21, 22, 23

***** **RESEARCH ASSIGNMENT DUE** *****

6/30/12 **FINAL EXAM**

CLARIFICATIONS

CLASS DATES:

First of all welcome to the class!

As each of you knows, there are nine classes. I have prepared an outline which is flexible. I will stay close but there may be some variance on an occasional evening. You are engaged in a master's program. It is my privilege to be a part of this program with you. The law has a terrific impact on the daily distribution of healthcare in the country as well as the rest of the world. This class will focus on your ability to see the legal and ethical issues as well as the possibility to reform the system as you may see fit.

EXAMS:

The mid-term will be an open book take home to be completed on the honor system. You will be given factual patterns and you will be required to apply legal principles and show your reasoning as you draw conclusions. All of the questions will be essay questions. We will cover many fact patterns throughout the course of this class. This is not going to be the kind of class that requires that you memorize facts but this is the kind of class that will require that you develop skills to help you think critically about situations and problems. I think you will like the format. (CLOs 1-4)

The final will be open book as well. We will discuss this at a later date. The format will be the same as the midterm. (CLOs 1-7)

WRITING REQUIREMENT:

SIGNATURE ASSIGNMENT (CLOs 1-7)

First of all, the writing requirement is due on June 28th. The reason it is not due the final night of the class is because it helps take some of the pressure out of the equation for the last week and your preparation for the final. This is a graduate level class. You are to do a research paper on a topic that I approve and I expect that there be a bibliography and references. Your paper is to be between 15 and 20 pages long. It is to be a position paper that is fully researched and argued. I will discuss and develop the distinctions between the two with each of you in class. The reason why I ask you to give me your topics first is to make sure that your topic is meaningful and to ensure that each of you will be narrow in scope as opposed to a broad topic. I have found that not only are broad topics deluded, however, they tend to force students to write 30 to 40 page papers. By focusing on a narrow subject matter, as we will discuss in class, I think that will assist you greatly in focusing and getting it done in 15 to 20 pages. Let's be clear on a few things:

1. This paper must be approved by me prior to your commencement.
2. The paper must be in APA format
3. The paper needs to be original and if you quote a source this needs to be cited. The paper may be submitted to "Turn it in".
4. The length is independent of a bibliography, title page or foot notes.
5. It cannot be late without just cause

DEADLINES:

Each of you is an adult. You have a deadline for your paper and a deadline for your exams. If I give a take home exam, it will have a deadline to be turned in. Unless there is a significant issue, that is, a medical issue or unexpected emergency in your family, I will not accept a late paper or exam without a significant penalty. That means, at the risk of sounding a bit arbitrary or callous, that your exams and paper are due when they are due. If an item is not done by the deadline, then I will deduct one letter grade for every day the item is late for that particular component of the class.

GRADING FACTORS FOR THIS CLASS:

TERM PAPER/SIGNATURE ASSIGNMENT	40 POINTS
MID TERM EXAMINATION	30 POINTS
FINAL EXAMINATION	30 POINTS

PLAGIARISM:

Each of you knows the rules. If the work is not original and not cited properly then it cannot be considered. This is a Master's level class. I expect original ideas in the form of a critique while citing sources. As you know I may use Turn It In or other sites to verify originality.

CLASS DECORUM:

Each of you may use electronic devices to research and "fact check" during class. Do not disturb anyone else while doing so. If you have an emergency phone call I assume that you will take the call outside of the classroom.

In addition, each of us is a human being. Each of us may have a different perspective on life or issues. This is a terrific opportunity for each of us to learn from others about ideas, cultures and values. Since we will be looking at the legal and ethical issues of medicine and healthcare there will be an occasional issue which may lead to a significant discussion or perhaps a debate. Each of us needs to be respectful and appropriate in his or her comments.

COURSE EXPECTATIONS AND GOALS:

Please keep in mind that I work for you. If I can make any reasonable accommodations for any of you, please let me know. I know that some of you have odd work schedules so if you need to ask me about anything please feel free to contact me.

In terms of grading, I expect that each of you will attend class as it is your obligation to contribute to this class. The class will be relatively small in number and thus, everyone's participation will be critical. If you complete the above in a competent manner then you will receive a satisfactory grade which is a B.

Besides my expectations of you, you should have expectations of me. You should expect that I will be available at reasonable times and that I will handle any questions that you have concerning this class. I will make myself available, as I have given you every possible way of

contacting me. I will try to be available for a brief period of time before class and will clearly be available after class. If you have any concerns or any questions, or if there is any part of the class that is confusing or problematic in any way, I am hopeful that you will be comfortable in coming to me and asking for any assistance that you need. If you want to come to my office then I am more than willing to give you an appointment. If you cannot get to Carlsbad then simply call and my paralegal, Lisa, will give you a telephonic appointment. I am also in the car for about 45 minutes after each class, so feel free to call my cell.

My focus in this class will be greater than simply providing law. The focus in this class is to make information available to you from which you can draw logical administrative and managerial conclusions concerning the law and its application to the health care industry. As we study this class together, significant changes will be taking place with respect to the world of health care especially in the legal aspects. As such, we will be looking at the law and its applications, as well as, its implications. Specifically, my goals are to make sure that each of you understands the following:

- The governmental administrative departments and agencies which control and review the activities of the delivery of the healthcare product;
- To develop a basic understanding in areas related to health services, specifically, contract law, the rights of the patients, corporate and professional liabilities, tort law, and medical malpractice;
- To understand the laws applying to health care professions such as informed consent, patient abuse, patient abandonment, euthanasia, etc.;
- Each of you needs to understand the standards of practice, what it means to have a fiduciary, legal and moral obligation and the distinctions between them.

The class will breakdown into study units. They are as follows:

- Tort Law and the Court Systems;
- Criminal Law in relation to healthcare practices;
- Corporate and professional liability;
- Staffing;
- Nursing and the law;
- Informed consent;
- Patients' rights in general;
- Health care ethics;
- Employment, discharge, discipline and protocol.



National University

**Economics 660: Health Economics
April 2012**

Course Outline

Dr. Wali I. Mondal
Professor, School of Business and School of HHS
National University
Tel 909-648-2120, Cell; 858-642-8415, N.U.
Email: wmondal@nu.edu

Textbook and other reading materials:

Lee, Robert H. 2009. Economics for Healthcare Managers, Second Edition (Chicago, IL: Health Administration Press). ISBN: 978-1-56793-314-7. Required

Recommended Supplement: Reid, T.R. 2009. The Healing of America. (New York: The Penguin Press). ISBN: 978-1-59420-234-6. Handouts provided in class.

About me: I am a Professor in the School of Business and Management at National University, where I also served as Dean during March 2006 to June 2008. I have been a full time faculty for over 26 years after receiving my Ph.D. from the Ohio State University in 1984. My research interests lie in the areas of entrepreneurship, microfinance and development economics. I have published over 50 scholarly papers and presented close to 100 scholarly articles in many national and international journals and conferences, respectively. I have also written a scholarly book on microcredit and contributed to publishing several books either as a reviewer or as an author of book chapters. I am also the founder-president of the American Society of Business and Behavioral Sciences (www.asbbs.org), one of the largest interdisciplinary organizations of university faculty. Most of my research is empirical and I use statistical techniques in all of my work. In my prior life, I worked and consulted for many national and international organizations including the United Nations, the World Bank and Duke Energy. I am looking forward to sharing my experiences with you.

Course Description: Application of healthcare economics to decisions regarding the amount, organization, and distribution of healthcare services. Examine the structure, organization,

activities, functions, and problems of healthcare from an economic perspective. Emphasis on management problems and policy issues in healthcare with regard to allocation of scarce resources.

Learning Outcomes:

Upon completion of this course the student will be able to:

1. Explain the distinct characteristics of the healthcare system and how they affect the healthcare industry.
2. Assess how uncertainty and asymmetric information affect demand for healthcare and lead to “incomplete” markets.
3. Assess the value of health and its implications for decisions allocating scarce resources.
4. Describe basic economic concepts, such as supply, demand, marginal analysis, theory of capital, and cost-benefit analysis.
5. Apply economic tools and evaluation methods to improve decision making in healthcare.
6. Evaluate how the healthcare sector interacts with other economic sectors and the effects of these interactions.
7. Apply economic tools to assess implications of various healthcare financing and delivery models.

Program Mission:

Master of Healthcare Administration

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors

Program Learning Outcomes: *Master of Healthcare Administration*

Solve complex problems in a healthcare environment by employing analytical skills;	
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	DEVELOPED
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	
Apply healthcare management concepts for healthcare organizations;	DEVELOPED
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	DEVELOPED
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	DEVELOPED
Synthesize best practices in healthcare leadership;	DEVELOPED
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	DEVELOPED

Course Requirements: A detailed course plan is given on page 3. Students are expected to have read all material **before** the class in which it is discussed. This is an exciting time to study Healthcare Economics. There will be in-class exercises with open-ended discussion questions. You are expected to participate fully in these discussions. See “Assignments” below for other components of grade.

Assignments: In-Class Exercises will be worth 10% of your course grade. You will be given a mid-term exam worth 30% of your total grade, a comprehensive final exam worth 40% of your total grade, and weekly written assignment worth 20% of your total grade.

Weekly Written Assignment: Each student is required to submit a two-page summary of a current event related to Healthcare on Thursday. The first assignment will be handed out during the first class and will be due in the second class. Starting week 2, all written assignments will be due on Tuesday.

Missed Exams/Late Assignments: Students may take make-up exams and quizzes; however, please let me know as soon as possible in advance if you are going to miss an exam or quiz. Exams and quizzes can also be taken early as long as you make arrangements with me far enough in advance.

Writing Across the Curriculum: Students are expected to demonstrate writing skills in describing, analyzing and evaluating ideas and experiences. Written reports and research papers must follow specific standards regarding citations of an author’s work within the text and references at the end of the paper.

Plagiarism: Plagiarism is the presentation of someone else’s ideas or work as one’s own. Students found plagiarizing are subject to the penalties outlined in the Policies and Procedures section of the University Catalog, which may include a failing grade for the work in question or for the entire course. Do not take material directly from the internet and use it in your papers unless you are quoting someone. Quotes should only be used sparingly. It is acceptable to use ideas and information from other sources, but you must reference the sources and put the ideas/information in your own words.

Honor Code: Students are encouraged to form study groups to discuss the materials. However, assignments are to be completed individually, unless otherwise indicated. Also, during exams and quizzes, no assistance is to be given to or received from any other student.

Attendance Procedures: Students are expected to attend all class sessions. An absence is assessed each time a student is not in attendance during a regularly scheduled class period, whether or not it is an excused absence. The instructor may withdraw a student from class prior to the sixth session if there are more than two unexcused absences. Students who have more than three absences, excused or unexcused, will not be given a satisfactory grade.

General: You are strongly encouraged to ask questions and comment on any relevant topic as it is discussed in class. Make sure you ask questions in class about material you do not understand or just raise your hand. If you still do not understand something in class, I strongly encourage you to contact me outside of class. You can call me on my cellular phone.

This course outline may be changed as conditions require. Any changes will be announced in a regularly scheduled class at the instructor's discretion.

Course Plan

Note: This course plan is based on the text book and the book by T.R. Reid. Other readings from an annotated bibliography will be provided on the first day of class.

<u>Class</u>	<u>Date</u>	<u>Chapters/Topics</u>	<u>Assignments/Exams/Quizzes</u>
1	4/10 Tues	Review of Basic Economic Relations for Healthcare; Introduction to Health Economics. Lee, Chs 1,2	Read Chs 1-4 of any Introductory Economics text. In-class exercises: (1) shortage and surplus; (2) turmoil in the U.S. healthcare system (CLO 1)
2	4/12 Thurs	Healthcare Financing, Risk and Cost Lee, Chs 3-5	In-class exercises: (1) expected value; (2) adverse selection and moral hazard (CLO 2,3) First week written assignment due
3	4/17 Tues	Demand for healthcare products and elasticity of demand Lee: Chapters 6, 7	In-class exercises: (1) change in demand vs change in quantity demanded; (2) elasticity of demand for healthcare products (CLO 5)
4	4/19 Thurs	Forecasting, Advanced Supply and Demand Analysis Lee, Chs 8,9	In-class exercise: Forecasting. (CLO 2) Review for midterm on 1/19 Second week written assignment due
5	4/24 Tues	Maximizing Profits, Pricing and Price Discrimination Lee, Chs 10,11	Mid-term Exam (CLOs 1-4) In-class exercise: price discrimination (CLO 4)
6	4/26 Thurs	Asymmetric Information and Incentives; Clinical and Managerial interventions Lee, Chs 12,13	In-class exercises: (1). Asymmetric information; (2) cost-utility analysis (CLOs 2,3,4) Third week written assignment due

7	5/01 Tues	Profits, Market Structure and Market Power; Government Intervention and Market failure Lee, Chs 14,15	In-class exercises: (1) mark- up; (2) government intervention (CLO 6)
8	5/03 Thurs	Regulation; Strategic Behavior Lee, Chs 16, 17	In-class exercise: Game Theory) Fourth week written assignment due Review for Final Exam
9	5/05 Saturday		Final Exam Comprehensive (CLOs 1-7)



Course Outline for HCA663:

Healthcare Finance

September 2012 Outline Updated Sep. 2, 2012

Instructor: Brooks Ensign, MBA
Associate Faculty Instructor
School of Health and Human Services
National University

E-Mail: brooks.ensign@natuniv.edu

Class Meetings: September 2012
Tues / Thursday, onsite, National University, **SPECTRUM Room 145**

Course Hours:

Units: 4.5

Last revised: September 2, 2012

Textbooks:

Required:

Healthcare Finance: An Introduction to Accounting and Financial Management, 5th Edition, Gapenski, Louis C.

with Online Chapters and Appendices, from
ache.org/books/HCFinance5

Recommended:

Essentials of Healthcare Finance, 7th Edition, Cleverly, William O.

TuTh 5:30PM - 10:00PM	Spectrum Room 145	Brooks Ensign	09/04/2012 - 09/29/2012
Sa 1:00PM - 5:00PM Final Exam			09/29/2012 - 09/29/2012

Course Description: Application of healthcare accounting and finance theories to decisions in healthcare environments. Emphasis on management problems and policy issues regarding allocation of resources, payments systems, capital investments and budgeting.

Learning Outcomes: Upon satisfactory completion of the course, students will be able to:

1. Explain healthcare finance and evaluate the role it plays in the healthcare environment and business decision-making processes
2. Demonstrate basic accounting concepts and a working knowledge of financial statements, focusing on the balance sheet, income statement and statement of cash flows of healthcare entities.
3. Compare and contrast ratio and other financial analyses to evaluate the financial condition and performance of healthcare entities, using published annual reports as well as other public information from corporate websites and financial search engines.
4. Compare and contrast operating and flexible budgeting techniques, including variance analyses and price setting considerations, methodologies and strategies.
5. Demonstrate present value and discounted cash flow techniques and calculations, focusing on risk measurements and expected returns.
6. Demonstrate basic knowledge of capital budgeting and project risk assessments, including capital budgeting techniques and investment decision methodologies, incorporating discounted cash flow and risk analyses.
7. Create computer spreadsheets for health care financial analysis, budgeting and forecasting.
8. Conduct financial analyses, including ratio analysis; cost-benefit analysis; cost effectiveness analysis; vertical analysis; horizontal analysis.
9. Prepare an operating budget using fixed vs. flexible and zero-based budgeting principles.
10. Analyze how physician services are reimbursed (e.g., Resource-Based Relative Value Scale (RBRVS); Medicare Part B; managed care negotiated fees; usual and customary charges).

Program Mission:

Master of Healthcare Administration

The Graduate Program in Healthcare Administration at National University prepares healthcare administration professionals, in a learning-centered environment, to assume entry and mid-level career positions in health services organizations to help meet the dynamic health needs of our diverse, global community through creative, adaptable and socially responsible endeavors

Program Learning Outcomes: *Master of Healthcare Administration*

Solve complex problems in a healthcare environment by employing analytical skills;	
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves;	
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization;	DEVELOPED/ MASTERY
Apply healthcare management concepts for healthcare organizations;	
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement;	
Incorporate the principles of quality management for proving outcomes in healthcare organizations;	
Synthesize best practices in healthcare leadership;	
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry.	

Course Requirements

Quizzes 30 points (3 quizzes) (CLOs 1-10)	90 points
Homework: 90 points (10 points each) (CLOs 1-10)	90
Journal Article Presentations (in class) (2 per student, 50 pts. each) (CLOs 1-5)	100
Discussion Questions (2 per week 10 points each) (CLOs 1-6, 10)	80
Final Exam (CLOs 1-10)	<u>240</u>
TOTAL 600 points	600 points

Schedule of Classes and Readings

Cleverly Text materials (from course shell) and journal articles – come prepared to discuss

Sep. 4	Gapenski Text: Chapter One and Two (quick overview) Chapter 17: Financial Condition Analysis Appendix A and Appendix B: A. Financial Statement Ratios B. Operating Data Analysis
---------------	--

	<p>□ Homework #1 (Chapter 17 problems, due next time, before class, in DropBox)</p> <p>10-K: Review Annual Reports (each night, and on quizzes and final) Hospital Corporation of America: First 40 pages compare with: 10-K: Health Management Associates: First 30 pages</p> <p>Assign Journal Article Presentations for Week Two: each student needs to present two articles in this course.</p> <p>End of Class: Two Videos: Healthcare Financing Overview for Nursing http://www.youtube.com/watch?v=DRHApTyIP4Q&feature=related Healthcare Finance I Chapter 3 for Teaching Video http://www.youtube.com/watch?v=H752-eSt03c</p>
Sep. 6	<p>Guest Lecturer: Aaron Byzak, MBA, Director of Government and Community Affairs, UCSD Health System</p> <p>Topics: Perspectives on Health Care Reform: US Healthcare Reform Design & Implementation: Opportunities & Threats</p> <p>Peter Orzag: Presentation on Health Care Reform (video and Adobe pdf slides) http://www.youtube.com/watch?v=ckiFGJ7JcZM&feature=related Video: HFMA President: Reform Environment Holds Important Leadership Opportunities for CFOs http://www.youtube.com/watch?v=aJcx0ODAFjY&feature=plcp Video: Hospital Billing: Reimbursements, DRGs, ICD-9's, etc. http://www.youtube.com/watch?v=q5VJHmY-9uU&feature=relmfu</p> <p>Instructor Ensign lecture: 8:30 p.m. (depending upon travel plans): Gapenski Chapter 3: The Income Statement and Statement of Changes in Equity</p> <p>□ Homework #2 (due next time, before class, in DropBox) □ Question and Answer Session</p> <p>Quiz #1 is taken in class on Tuesday, September 11, 2012 at 6:20 p.m. Questions from Chapters 1, 2, 3 and 17 Financial Ratio Analysis: HMA and HCA</p>

<p>Sep. 11</p>	<p>Review Homework #2 and Prepare for Quiz #1</p> <p>Quiz One: taken in class at 6:20</p> <p>Gapenski Text: Chapter 4, 5, and 6</p> <p>Video: TBD Journal Article: Student presentation and discussion Homework #3 (due next time, before class, in DropBox)</p>
<p>Sep. 13</p>	<p>Review Homework #3</p> <p>Gapenski Text: Chapter 7, 8, and 9</p> <p>Video: Ralph Lawson: Leadership from Finance Key to Solving Healthcare Challenges Journal Article: Student presentation and discussion Homework #4 (due next time, before class, in DropBox)</p> <p>Question and Answer Session</p>
<p>Sep. 18</p>	<p>Review Homework #4</p> <p>Gapenski Text: Chapter 10, 11 and 12</p> <p>Video: Cole White Talks Health Care Finance</p> <p>Journal Article: Student presentation and discussion Homework #5 (due next time, before class, in DropBox)</p> <p>Question and Answer Session</p> <p>Quiz Two is due (taken online, in course shell)</p>
<p>Sep. 20</p>	<p>Review Homework #5</p> <p>Gapenski Text: Chapter 13, 14 and 15</p> <p>Video: Jackson Memorial Hospital financial crisis</p> <p>Journal Article: Student presentation and discussion Homework #6 (due next time, before class, in DropBox)</p> <p>Question and Answer Session</p>

<p>Sep. 25</p>	<p>Review Homework #6</p> <p>Gapenski Text: Chapter 16, 17 and 18</p> <p>Video: John Glaser-The Future of IT Infrastructure Journal Article: Student presentation and discussion Homework #7 (due next time, before class, in DropBox)</p> <p>Question and Answer Session</p> <p>Quiz Three is due (taken online, in course shell)</p>
<p>Sep. 27</p>	<p>Review Homework #7</p> <p>Gapenski Text: Chapters 19 and 20</p> <p>Cleverly Text: (materials to be assigned)</p> <p>Video: Michael Porter, “Value” in Healthcare Journal Article: Student presentation and discussion Homework #8 (due next time, before class, in DropBox)</p> <p>Question and Answer Session</p>

Dialogue, Discussion and Discourse:

DISCUSSION BOARDS:

You will complete assigned readings in the text, view lectures and participate in discussions. The Discussion Board is designed to give you an opportunity for sharing and interacting with one another. Your instructor has specific prompts listed for each week to which you and your classmates respond. The Discussion Board is an online mechanism for ongoing discussions and interactions. It is to your benefit to read each other’s prompts and respond to many members of the class. Your instructor will be reading responses and respond to many as well.

- a. You are required to post a response to the prompt by the date indicated for that week and respond to two other candidates in the class by the date indicated for that week. In order to facilitate dialog among candidates, posting must be made on time. Late postings will not be accepted and will receive a grade of 0.
- b. Your posting should be approximately 250 words in length and clearly address the prompt. This means it must be a thoughtful response within a paragraph format. Your responses should observe the conventions of standard American English grammar and syntax. You may wish to include specific quotes from the text to substantiate your responses. Should you quote or paraphrase the text within your posting, be sure to include citations using APA format.
- c. You are required to respond to at least two other classmates. Your responses should go beyond simple agreement, and extend an idea or (respectfully!) challenge thinking Responses to classmates should also be several sentences long, should academically

address their postings and should be text-based. Be substantive: use research and analysis. Ask detailed questions and provide detailed answers.

- d. Responses will be graded on thoroughness; evidence of thinking skills such as knowledge, comprehension, application, synthesis, evaluation; and writing competency. Responses to classmates will be based on the same criteria as well as the ability to interact in a positive, constructive, and timely manner. Please note that late postings will receive no credit.

Class Attendance and Participation

Students are expected to attend and participate in all class sessions. Students should spend a significant amount of time before each class studying the relevant course materials and preparing any questions that arise. The student must be prepared to engage in class discussions and demonstrate understanding when called upon.

Failure to attend all class sessions, participate in all class activities, complete exams as scheduled and turn in all assignments on time may result in loss of points and adversely affect a student's final grade.

Student who have more than three absences, excused or unexcused, will not be give a satisfactory grade.

Method of the Course

During the first segment of the class, students will present homework, their worksheets, and presentations to demonstrate their comprehension of materials presented in the preceding lecture. Next, a class discussion of the preceding lecture, materials, concepts, and key learning objectives occur. Following the discussion, the instructor will present the next chapters of the course along with interactive spreadsheet presentations and modeling. The remaining part of the course will be used for dialogue, including questions and answers and student recommendations.

Exams

All four exams will be comprised of 30 multiple-choice questions. One page of hand-written notes will be allowed during the exam. The textbook will *not* be allowed. Only the three highest scores will be counted towards a grade. Your lowest score will be dropped. There are no make ups for missed exams. (If you miss one exam that will by default become your lowest score and dropped.)

Participation/Homework

Students are expected to actively participate in all class discussions (including online discussions in the course shell). There are five homework assignments counted towards a grade. There are no make ups for missed assignments. If you cannot attend class you can email the instructor your homework prior to the class period the assignment is due. Homework assignments are due at the beginning of class and will include the use of MS Excel or other spreadsheet software. Students will be randomly selected to present homework answers to the class. Homework assignments submitted after class begins on the day they are due will be given half-credit.

Communicating with the Instructor

The best way to communicate with the instructor is either through e-mail or after class sessions. If it is necessary to reach the instructor in a hurry or if the matter is urgent,

you may reach the instructor at the business telephone number provided during the first class session. The instructor will be happy to discuss further readings on specific subject areas, additional future course for personal or professional development, and similar matters.



INTERNSHIP PRECEPTOR HANDBOOK

**National University
School of Health and Human Services**

Department of Community Health



Prepared by

**The Faculty of the
National University
School of Health and Human Services**

3678 Aero Court
San Diego, CA 92123-1788
Office: (858) 309-3473
Fax: (858) 309-3840
E-mail: shhs@nu.edu

This handbook is designed to assist the National University School of Health and Human Services Internship Preceptors provide students with a successful and rewarding practice-based learning experience.

*Give the pupils something to do, not something to learn;
and the doing is of such a nature as to demand thinking;
learning naturally results.—John Dewey*

Version 11.1
January 2011

Contents

	Page
Terminology	4
Introduction	6
Student Learning Team:	
<i>The Internship Preceptor</i>	7
<i>The Internship Coordinator</i>	10
<i>The Student</i>	11
Types of PBL Placements	12
The Placement Process	13
The Placement Experience	15
The Individual Student Learning Plan	16
Best Practices	17
Summary	18
Appendix 1 Forms	
Standard Affiliation Agreement	
Form PBL-01	Student Responsibilities Agreement
Form PBL-02 A-G	Student Perception of Preparation
Form PBL-03 A-G	Request for Placement
Form PBL-04	Placement Interview: The Student
Form PBL-05	Placement Interview: The Internship Preceptor
Form PBL-06	Individual Student Learning Plan



Form PBL-07	Journal of Activity
Form PBL-08	Summative Self-Reflection
Form PBL-09	Internship Preceptor Evaluation
Form PBL-10	Internship Coordinator Evaluation
Form PBL-11	Team Member Evaluation (optional)



Terminology

Practice-Based Learning (PBL)

PBL refers to diverse practical learning opportunities in health and human services professions that are relevant, including: internships, fieldwork, practica and capstone projects. In PBL, students are expected to perform relevant duties and solve problems in an authentic professional environment under the guidance and oversight of a mentor who is an expert practitioner.

Student Learning Team (SLT)

Student learning in the PBL environment is achieved through a collaborative and interactive process involving the student, Internship Coordinator, and the Internship Preceptor. Other professionals from the PBL placement site (e.g., co-mentors) may also contribute to facilitating the achievement of student learning outcomes.

Internship Coordinator

The title refers to the full-time National University faculty member who is responsible for the development and delivery of PBL experiences in a Health and Human Services degree program. The Internship Coordinator provides support and guidance to mentors, Internship Preceptors and others who contribute to the student's experience in practice; enabling students to meet specified learning outcomes and develop appropriate competencies.

Internship Preceptor

The term preceptor is used in this handbook to denote the role of an expert practitioner who facilitates learning and assesses students in the PBL environment. The academic appointment awarded to the mentor is Clinical Adjunct Faculty. Co-mentors may also participate in student learning in some placements.



Individualized Student Learning Plan (ISLP)

The Student Learning Team is responsible for developing the written Individualized Student Learning Plan for the student enrolled in the PBL experience. The ISLP defines the specific student learning outcomes expected during the PBL experience, a description of planned student activities to achieve the learning outcomes, and a description of evidence that will be assessed to determine outcome achievement.



Introduction

The faculty and staff of National University's School of Health and Human Services (**SHHS**) welcome you as an Internship Preceptor. SHHS faculty members are committed to providing each student with a premier practice-based learning (**PBL**) experience that advances their professional competence and socialization. The PBL experience at National University includes diverse practical learning opportunities in healthcare environments that are professionally relevant and supervised by an experienced team of expert practitioners. PBL opportunities include:

- ① COH 494A: Internship in Health Promotion for students in the Bachelor of Science, Major in Public Health (BSPH) COH 494B: Public Health Capstone Project for BSPH students
- ① COH 691: Public Health Internship for students in the Master of Public Health (MPH)
- ① COH 692: Public Health Capstone for MPH students
- ① HCA 691: Healthcare Internship for students in the Master of Healthcare Administration (MHA)
- ① HCA 692: Healthcare Capstone for MHA students
- ① HTM 692: Health Informatics Capstone for students in the Master of Science in Health Informatics

Despite the diversity in practice-based learning experiences and environments available for students enrolled in SHHS degree programs, common themes and best practices developed or adopted by the faculty provide a consistent framework for ensuring a premier learning experience for all students. These themes and best practices will guide you, as the internship preceptor, in effectively mentoring the learner towards increased professional competence and socialization. The purpose of this handbook is to present guidelines, policies and procedures for you to successfully prepare the next generation of health and human services professionals.




Student Learning Team: The Internship Preceptor

School of Health and Humans Services faculty recognize that the single most important ingredient to ensuring a premiere PBL experience for every student is the selection and professional development of Internship Preceptors to serve as student mentors. The core commitment of the SHHS faculty to making PBL a premiere learning experience led to the formation of an international network of faculty and expert practitioners who share a common aim of providing exceptional learning experiences in the health and human services professions to motivated students. Internship Preceptors are eligible for an academic appointment and status as a National University School of Health and Human Services volunteer faculty member.

Typical Qualifications

1. A master's degree (preferred) in the practice in which the individual mentors or in a field related to the area of primary mentoring responsibility. In addition, an applicant to mentor an undergraduate student would be required to demonstrate a minimum of three years of prior relevant professional experience and significant responsibility within the previous five-year period prior to appointment. An applicant being considered to mentor an advanced undergraduate or graduate student would be required to demonstrate a minimum of five years of prior relevant professional experience and significant responsibility within the previous seven-year period prior to appointment.
2. Over the most recent five year period, evidence of **continuous professional development** to perform assigned duties, which might include: maintaining professional certification related to the individual's primary mentoring area, participation in professional associations and meetings; outreach or consulting activity related to the individual's primary mentoring area; or completion of additional courses or professional development work related to the individual's primary mentoring area; or related activities.




To effectively facilitate student learning in the PBL placement, it is preferred that Internship Preceptors possess or develop the following professional competencies:

- ⦿ Documented expertise in the area of professional practice
- ⦿ Knowledge of the SHHS academic program sufficient to identify student learning levels and needs
- ⦿ Ability to facilitate student application of theory to practice
- ⦿ Ability to create opportunities for students to identify and engage in experiences that address their ISLP
- ⦿ Ability to facilitate effective student self-reflection as a learning process
- ⦿ A fundamental understanding of student learning outcomes assessment and the ability to assess student learning in a practice environment
- ⦿ Ability to model effective relationships with co-workers, clients, and patients
- ⦿ Ability to assess and manage the professional environment to ensure safe and effective performance
- ⦿ Ability to identify, apply and disseminate research findings within the area of practice

As a member of the Student Learning Team, the Internship Preceptor is expected to:

- ⦿ Facilitate completion of the affiliation agreement within their workplace
- ⦿ Provide an environment in which the learner can successfully progress from a dependent to an independent professional
- ⦿ Provide guidance and supervision for the student in PBL activities
- ⦿ Serve as a role model, resource person, and supporter for the student while supervising their PBL experience

- 
- ⦿ Use the Internship Coordinator as a resource, consultant, and supporter as appropriate
 - ⦿ Meet formally with the SLT to discuss the learner's progress and future learning needs
 - ⦿ Assist the Internship Coordinator in grading the student and completing the evaluation forms
 - ⦿ Provide regular input to the Internship Coordinator about the learner's performance and progress towards achieving the ISLP
 - ⦿ Plan and/or schedule student experiences to achieve the ISLP
 - ⦿ Collaborate with the SLT to ensure there is a quality learning experience within the constraints of the PBL agency guidelines
 - ⦿ Immediately notify the Internship Coordinator of any incident involving the learner



Student Learning Team: The Internship Coordinator

As a member of the Student Learning Team, the Internship Coordinator is expected to:

- ⦿ Facilitate completion of the affiliation agreement by National University
- ⦿ Be the intermediary between the full-time program faculty, Internship Preceptor and student to ensure effective and timely communications as well as the integration of theory and practice during the PBL experience
- ⦿ Develop, approve and continuously evaluate PBL sites for student placement
- ⦿ Provide support to Internship Preceptor with the aim of enhancing the quality and effectiveness of their role as mentor
- ⦿ Lead the SLT in developing and approving the ISLP
- ⦿ Initiate a contract for the student to be signed by the student, the Internship Preceptor assigned to that specific facility, and other individuals, in accordance with agency policy
- ⦿ Conduct site visitations for each student
- ⦿ Evaluate the student and to assist the Internship Preceptor as needed to accomplish the student's learning objectives
- ⦿ Provide an orientation for the Internship Preceptor that includes, but is not limited to, review of the Internship Preceptor Handbook, student handbook, syllabus, PBL objectives and assessment procedures



Student Learning Team: The Student

As a member of the Student Learning Team, the Student is expected to:

- ⦿ Perform assigned learning activities defined in the ISLP
- ⦿ Accept responsibility for learning in the PBL placement
- ⦿ Demonstrate flexibility, willingness to learn, and self-direction throughout the learning process
- ⦿ Communicate with the Internship Preceptor and Coordinator about all aspects of work planned and performed
- ⦿ Adhere to the standards and scope of professional ethics
- ⦿ Follow the placement organization's policies and procedures
- ⦿ Participate in conferences with the members of the SLT to discuss progress, problems, and reflect on learning
- ⦿ Identify and design individual learning objectives that are connected to the overall course learning outcomes, special learning interests, and integration of classroom theory
- ⦿ Assume increasing responsibility while working collaboratively under the supervision of the Internship Preceptor.
- ⦿ Arrange a mutually agreeable work schedule
- ⦿ Notify the Internship Preceptor of illness or absence and arrange to make up the missed time
- ⦿ Confer with the Internship Preceptor to be informed about one's progress



Types of PBL Placements

Individual Placements

The individual placement is the traditional form of PBL. Individual placements are also called internships, practica and capstone projects. In this type of placement, the student works directly under the mentorship of an expert practitioner in a one-on-one relationship.

Team Placements

In some PBL environments or under certain conditions, students may have the opportunity to complete a team-based placement. Some PBL sites will prefer to place students in teams to work on a project or complete a large-scale task. Opportunities also exist for a hybrid placement, where a portion of the PBL experience is accomplished in a team setting. Team Placements are encouraged for BSPH and MPH students conducting capstone projects.

There is no specific requirement for team size, but it is expected that students will work in teams of five students or less.



The Placement Process


To be approved for placement in a PBL site, students must complete the steps outlined below.

Three Months Prior to Placement

- ⦿ Students will attend an PBL orientation meeting with the internship coordinator
- ⦿ Students will review the PBL Student Handbook and sign the agreement form indicating their understanding of the student responsibilities in the PBL placement (**Form PBL-1**)
- ⦿ Students will complete and submit a student perception of preparation (**Form PBL-2 specific to the academic program**) that will facilitate their placement
- ⦿ Students will review the list of approved PBL sites. Non-approved sites may also be considered based on individuals needs and circumstances.
- ⦿ Students will submit request for placement (**Form PBL-3 specific to the academic program**) to request placement in two organizations
- ⦿ Students will make contact with the internship coordinator to confirm availability of placement site(s)
- ⦿ Internship Coordinator will notify students when requested placement sites have approved an interview

Two Months Prior to Placement

- ⦿ Students are required to schedule and complete an interview at each requested PBL site
- ⦿ Internship coordinator will solicit feedback from the student (**Form PBL-4**) and PBL internship preceptor (**Form PBL-5**)

- 
- ⦿ Internship coordinator will make placement decision and communicate with the student and PBL internship preceptor
 - ⦿ The final placement is communicated to the student and the PBL site

One Month Prior to Placement

- ⦿ Students must complete a preliminary meeting with their PBL internship preceptor to specify anticipated projects/activities during the PBL placement
- ⦿ The SLT must complete the ISLP
- ⦿ Students must contact the internship preceptor to make any necessary arrangements to begin placement (e.g., parking, identification, etc.)

Final Placement

- ⦿ Students will attend the first day of the PBL experience

Completion of the Placement

- ⦿ Students will complete Journal of PBL Activity (**PBL- 07**) and submit it to the internship coordinator
- ⦿ Students will complete Summative Self-Reflection (**PBL- 08**) and submit it to the internship coordinator
- ⦿ Internship preceptor will complete Internship Preceptor Evaluation (**PBL-09**) and send it to the internship coordinator
- ⦿ Internship coordinator will complete Internship Coordinator Evaluation and submit grades for the course
- ⦿ Students who are part of a team placement will complete Team Member Evaluation (PBL-10) and submit it to the internship coordinator



The Placement Experience

Goals of the Placement Experience

The general goals of practice-based learning are to provide opportunities for the student to:

- ① Apply theoretical knowledge and skills to professional practice in a healthcare organization
- ① Develop effective written and oral communication skills within an authentic professional culture
- ① Acquire experience interacting within a diverse professional culture
- ① Experience the application of ethical principles in authentic professional decision-making
- ① Develop teamwork and leadership skills in a diverse professional culture
- ① Develop problem-solving skills in authentic professional practice
- ① Socialize to the professional practice



The Individual Student Learning Plan (ISLP)

The Student Learning Team is responsible for developing a written Individualized Student Learning Plan for the student enrolled in the PBL experience. The ISLP defines the specific student learning outcomes expected during the PBL experience, a description of planned student activities to achieve the learning outcomes, and a description of evidence that will be assessed to determine outcome achievement.

Selecting Individual Student Learning Outcomes

Creating the ISLP begins with an assessment of the student's current level of professional competency and experience as well as future professional goals. From this assessment, the student and internship coordinator will identify specific learning objectives that would capitalize on the student's interests and competencies as well as provide experiences to improve those competencies requiring continued development. Individual student learning outcomes must correspond with the Program Learning Outcomes for the particular program in which the student is enrolled.

Once the SLT has selected student learning outcomes for inclusion in the ISPL, the SLT must next select appropriate PBL activities to facilitate achievement of the learning outcomes.



Best Practices for PBL

- ⦿ For effective practice-based learning, internship preceptors must have the knowledge and skills to mentor learners by triggering reflective learning periods on-the-job where there is shared knowledge of context and events.
 - ⦿ In order to integrate theory and practice, internship preceptors need to develop knowledge and skills for promoting reflective learning; have the ability and authority to facilitate time and place for the learner to record their learning experience; and have insight into the knowledge provided within the didactic curriculum.
 - ⦿ Internship preceptors, who are in an obvious position of power vis-à-vis the learner, must be aware not only of their performance as role models, but should also be sensitive to their influence on the professional socialization of the learner.
 - ⦿ The collaborative partnership between the internship coordinator and the Internship Preceptors should be retained and continuously evaluated for effectiveness.
 - ⦿ Opportunities for inter-professional learning in the practice setting should be offered. Internship preceptors should play the key role in the organization and facilitation of inter-professional practice-based learning.
 - ⦿ Intercultural working should be featured in healthcare PBL.
 - ⦿ Intercultural competence should be part of the skill set of all health practitioners and therefore evident in the placement environment.
 - ⦿ An effective internship preceptor needs good communication and interpersonal skills as well as practice proficiency and the ability to facilitate student learning opportunities.
-



Summary

Again, thank you for agreeing to serve as an internship preceptor. We recognize and appreciate your commitment to providing a meaningful practice-based learning experience for National University students. We hope that you find mentoring students to be a rewarding experience, both personally and professionally. If you have questions or concerns, please contact

GinaMarie Piane, MPH, DrPH, CHES
Chair
Department of Community Health

National University
School of Health and Human Services
3678 Aero Court
San Diego, CA 92123
(858) 309-3474



AFFILIATION AGREEMENT

This Agreement is entered into on the ___ day of _____, 20__ (“Effective Date”), by and between _____ (“Facility”) and National University, a California nonprofit, public benefit corporation (“University”), with reference to the following facts.


RECITALS

- A. University. University is a private institution of higher education accredited by the Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (“WASC”). University is authorized pursuant to California law to offer a Bachelor of Science, Major in Public Health, a Bachelor of Science, Major in Healthcare Administration, a Master of Healthcare Administration, a Master of Public Health and a Master of Science in Health Informatics (the “Program”). The Program includes a practice-based learning component (“Internship”) where students are placed for practice-based learning at health care facilities such as Facility.
- B. Facility. Facility is an acute or community care health facility licensed by the State of California accredited by the Joint Commission on Accreditation of Health Care Organizations, a governmental health agency or a non-governmental health agency.
- C. Intent. Facility operates programs or operations which are suitable for University’s practice-based learning component. Both Facility and University desire to have Program students placed with Facility for their Internship. The purpose of this Agreement is to set forth the terms and conditions pursuant to which Internship students will receive practice-based learning at Facility.

NOW, THEREFORE, it is agreed between the parties as follows.

1. RESPONSIBILITIES OF UNIVERSITY

1.1 Academic Responsibility. University shall have exclusive control over all academic issues concerning the Program, which shall include, without limitation: selection of course content and required textbooks; delivery of instruction; selection and approval of faculty; admission, registration, and retention of Students; evaluation of Students’ prior education; evaluation of Students’ progress; scheduling courses; awarding academic credit; and conferring degrees.



1.2 Supervision. University will provide an adequate number of faculty members to supervise students at Facility and assure an acceptable student-teacher ratio for a safe and valuable learning experience. University will also insure that instructors assigned to supervise students at the internship site have received proper orientation to internship supervision.


1.3 Number of Students. University shall designate and notify Facility of the students who are enrolled and in good standing in the Program to be assigned for practice-based learning at Facility in such numbers as are mutually agreed upon between Facility and University. University and Facility will also mutually agree to the dates and length of the Practicum. The type(s) of training under the Practicum at Facility shall include, without limitation, training in basic nursing skills and clinical training appropriate for students in a registered nursing program.

1.4 Orientation. University shall provide orientation to all students and ensure that all students receive practice-based learning and necessary skills prior to the Internship at Facility.

1.5 Health Clearance. Facility shall provide written notice to University as to any requirements for student/faculty proof of health clearance. University shall use its best efforts to assure that each student complies with Facility's requirements for immunizations and health screening tests

1.6 Facility Policies and Procedures. University shall ensure that each student has been given a copy of Facility's applicable rules, regulations, policies and procedures prior to commencing practice-based learning at Facility.

1.7 Confidentiality of Patient Records. University shall instruct its students and supervisors regarding the confidentiality of all communications with patients and between patients, their physicians, and Facility staff, prior to the commencement of the student's Internship with Facility. In addition, students shall be instructed that it is a breach of ethics and contrary to state and federal law to divulge to any individual not directly connected with the Internship the names of persons being treated at Facility and the nature of their illness. University and Students may receive or acquire from Facility "protected health information" ("PHI") as that term is defined under the Health Insurance Portability and Accountability Act of 1996 and implementing regulations, including 45 CFR Section 160 and 164 (collectively, "HIPAA"). University agrees that all PHI acquired as a result of Students' training at Internship Site is confidential and that both University and Students are prohibited from disclosing that information to any person or persons not involved in the care or treatment of the patients, in the instruction of Students, or in the performance of administrative responsibilities at Internship Site.



1.8 Insurance. University will provide a certificate of general liability insurance to Facility upon execution of this Agreement and, annually, every year thereafter throughout the term of this Agreement. University will provide proof of Workers' Compensation coverage for its instructors if the instructors will be at Facility conducting official University business, upon request.

1.9 Accreditation. University shall at all times during the term of this Agreement be licensed or qualified to offer the Program to students.


2. RESPONSIBILITIES OF FACILITY

2.1 Access. Facility shall permit nonexclusive access to Facility's premises for practice-based learning to instructors and students designated by University as participating in the Program, provided such access does not unreasonably interfere with the regular activities at Facility. Facility agrees to provide qualified Students with access to clinical areas and opportunities for patient care as appropriate to the level of understanding and education of such students and as appropriate to the provision of quality care to and privacy of Facility patients. Facility's Program Administrator, designated from time-to-time by Facility, shall coordinate with University's Internship Coordinator, designated from time-to-time by University, for access to Facility's facilities. In the event of any deficiencies, incidents, or concerns about any University Student or instructor, the Facility Program administration shall bring such deficiencies, incidents, or concerns to the University Program administration as soon as reasonably possible.

2.2 Oversight Obligations. Facility retains professional and administrative responsibility for services rendered to its patients as a condition of licensure required by Title 22, California Code of Regulations §70713, and any other applicable regulations or statutes.

2.3 Confidentiality of School Records. No agent, employee, or representative of Facility shall have access to or have the right to review any Student records, except where necessary in the regular course of the Internship. Facility shall instruct its agents, employees, and representatives to maintain the confidentiality of any and all Student records and other information received about Students, which includes not discussing, disclosing or transmitting any such information, in accordance with the requirements of the federal Family Educational Rights and Privacy Act ("FERPA"), 20 U.S.C. § 1232g, and comparable California statutes.

2.4 Licensure and Accreditation. Facility shall maintain its facilities to conform to the requirements of the California Department of Health Services and, in addition, for acute care facilities, the Joint Commission on Accreditation of Health Care Organizations.



2.5 Space and Storage. Facility agrees to provide Students with working space within Facility and an amount of storage reasonably necessary for University's instructional materials for use in the Program.

2.6 Removal of Students. Facility shall have the absolute right to determine who will administer care to its patients. In the event that any Student or University instructor, in the sole discretion of Facility, fails to perform satisfactorily, fails to follow Facility policies, procedures and regulations, or fails to meet Facility standards for health, safety, security, cooperation or ethical behavior, Facility shall have the right to request that University withdraw such Student or instructor from Facility. University shall comply with Facility's request within five (5) days of receipt of notice from Facility. Notwithstanding the foregoing, in the event of any emergency or if any Student or instructor represents a threat to patient safety or personnel, Facility may immediately exclude such Student or instructor from Facility until final resolution of the matter with University.

2.7 Policies and Procedures. Facility shall make available to Students and University instructors copies of the policies, procedures, rules and regulations of the Facility to which the Students and instructors must adhere.


2.8 Insurance. Facility shall maintain professional and general liability insurance coverage at a minimum of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in aggregate throughout the term of this Agreement. Facility will provide a Certificate of Insurance to University upon execution of this Agreement and, annually, every year thereafter throughout the term of this Agreement.

2.9 First Aid. Within its capacity, Facility shall provide any necessary emergency health care or first aid for a Student or instructor in the event that an accident occurs at Facility. Any emergency health care or first aid provided by Facility shall be billed to the Student or, for instructors, to the University, at Facility's normal billing rate for private-pay patients. Except as provided in this Section, Facility shall have no obligation to furnish medical or surgical care to any Student or instructor.

3. RELATIONSHIP OF THE PARTIES

3.1 Term. This Agreement shall commence on the Effective Date stated above and shall remain in full force and effect for three years, unless otherwise terminated as provided in this Section 3.

3.2 Termination. Either party may terminate this Agreement, with or without cause, upon thirty (30) days prior written notice to the other party. However, to the extent reasonably possible, Facility shall schedule its termination to minimize interference with a Student's Practicum training and to allow completion of the Student's training who, as



of the date of any notice of termination by Facility, was satisfactorily participating in the Program at the Facility.

3.3 Relationship of Parties. Nothing in this Agreement is intended nor shall be construed to create between Facility and University an employer/employee relationship, a joint venture relationship, or a lease or landlord/tenant relationship. Also, Students shall maintain the status of learners, and neither this Agreement nor any acts pursuant to it shall be deemed to create an employment or agency relationship between Facility and any Student or instructor. Therefore, the parties understand and agree that Facility is not responsible in any way, directly or indirectly for any employment-related benefits for Students or instructors. Such benefits not covered include, but are not limited to, salaries, vacation time, sick leave, Workers' Compensation, and health benefits. The sole interest of Facility is to use its best efforts to assure that services are performed in a competent and satisfactory manner.

3.4 Role of Students. It is not the intention of University or Facility that any Student occupy the position of third-party beneficiary of any obligations assumed by Facility or University pursuant to this Agreement.


3.5 Publicity. Neither University nor Facility shall cause to be published or disseminated any advertising materials, either printed or electronically transmitted, which identifies the other party or its facilities with respect to the Program, without the prior written consent of the other party.

3.6 Records. It is understood and agreed that all records, other than Student evaluation records and information, shall remain the property of Facility. Student records shall remain the property of University.

3.7 Indemnification. Each party will indemnify, defend, and hold harmless the other party (including officers, employees and agents) against all claims, liabilities, damages and costs (including attorneys' fees) arising from or in any way related to this Agreement caused by that party's breach of this Agreement, inaccuracy of representations, or conduct, whether negligent, reckless or intentional. Neither termination of this Agreement nor completion of the acts to be performed pursuant to it shall release University and/or Facility from their obligations to indemnify as to any claim or cause of action asserted, so long as the event upon which such claim or cause of action is predicated shall have occurred prior to the effective date of any such termination or completion.

4. GENERAL PROVISIONS

4.1 Amendment. This Agreement may be amended only in writing, signed and dated by the parties' authorized representatives.



4.2 Assignment. Neither party shall assign its rights or delegate its duties under this Agreement without the prior written consent of the other party.

4.3 Entire Agreement. This Agreement contains the full and complete agreement between the parties hereto regarding the subject matter hereof and supersedes any and all previous and contemporaneous agreements whether oral or written between the parties hereto.

4.4 Jurisdiction. This Agreement is made and entered into in the state of California and shall in all respects be interpreted, enforced and governed by and under the laws of the state of California.

4.5 Notices. Any and all notices required or permitted by this Agreement shall be deemed to have been duly given if written and mailed by United States registered or certified mail and addressed as follows:

If to Facility:

If to University:

Richard Carter
Vice Chancellor, Business Operations
National University
11355 North Torrey Pines Road
La Jolla, California 92037-1011

4.6 Severability. Any term or provision of this Agreement which is invalid or unenforceable by virtue of any statute, ordinance, court order, final administrative action or otherwise, shall be ineffective to the extent of such invalidity or unenforceability without rendering invalid or unenforceable the remaining terms and provisions of this Agreement.

4.7 Waiver. No assent or waiver, express or implied, of any breach of any one or more of the terms of this Agreement shall be deemed to be taken to be a waiver of any other term or condition or assent to continuation of such breach.



IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto as of the day and year first written above.

Facility:

By: _____

Its _____

University:

NATIONAL UNIVERSITY,
a non-profit, public benefit corporation

By: _____

Richard Carter
Its Vice Chancellor, Business Operations

Last Updated April 23, 2007



PBL- 01
Student Responsibilities Agreement

Date: _____ Degree Program: _____

Student Name: _____ ID Number: _____

To successfully complete the Practice-Based Learning Experience, I am expected to:

Three Months Prior to Placement

1. Attend a PBL orientation meeting with the Internship Coordinator.
2. Review the PBL Student Handbook and sign the Student Responsibilities Form indicating my understanding of the student responsibilities in the PBL placement (**Form PBL-1**).
3. Complete and submit a needs assessment (**Form PBL-2**) that will facilitate my placement.
4. Review the list of approved PBL sites. Non-approved sites may also be considered based on individual needs and circumstances.
5. Submit **Form PBL-3** to request placement in two organizations.
6. Contact the Internship Coordinator to confirm availability of placement site (s).

Two Months Prior to Placement

8. Schedule and complete an interview at each requested PBL site approved by the Internship Coordinator.
9. Provide feedback from each interview to the Internship Coordinator (**Form PBL-4**).
10. Receive my placement decision from the Internship Coordinator.
11. Request reconsideration of my placement if certain requirements for hardship are met.
12. Receive final decision concerning placement in a PBL site.

One Month Prior to Placement

13. Complete a preliminary meeting with their PBL Internship Preceptor to specify anticipated projects/activities during the PBL placement.
14. Communicate with the SLT to complete the ISLP.



15. Student must contact the Internship Preceptor r to make any necessary arrangements to begin placement (e.g., parking, identification, etc).

Final Placement

16. Attend the first day of the PBL experience.

I, _____, have reviewed the steps required to successfully complete the Practice-Based Learning Experience and accept responsibility for completing all related tasks.

(Signature)



Form PBL- 02 A Student Perception of Preparation

Student Name: _____ Date: _____

Degree Program: Master of Healthcare Administration

Most recent GPA: _____

SELF EVALUATION

Please use the following scale to rate your competency on each of the program learning outcomes listed below. Circle the number that best represents your competence to perform the learning outcome.

	1	2	3	4	5
	Not competent	Need improvement	Competent	Above Average	Excellent
<hr/>					
Solve complex problems in a healthcare environment by employing analytical skills	1	2	3	4	5
Establish strategic priorities of a healthcare organization in line with the needs and values of the community it serves	1	2	3	4	5
Conduct financial analysis, explain financial and accounting information, and make long-term investment decisions for a healthcare organization	1	2	3	4	5
Apply healthcare management concepts for healthcare organizations	1	2	3	4	5
Utilize administrative and clinical information technology and decision-support tools in process and performance improvement	1	2	3	4	5
Incorporate the principles of quality management for improving outcomes in healthcare organizations	1	2	3	4	5
Synthesize best practices in healthcare leadership	1	2	3	4	5
Evaluate the ethical, legal, and regulatory requirements of the healthcare industry	1	2	3	4	5

Competencies that I wish to further develop in the PBL experience (provide numbers):



Form PBL- 02 B
Student Perception of Preparation

Student Name: _____ Date: _____

Degree Program: Master of Public Health with Specialization in Health Promotion

Most recent GPA: _____

SELF EVALUATION

Please use the following scale to rate your competency on each of the program learning outcomes listed below. Circle the number that best represents your competence to perform the learning outcome.

1	2	3	4	5
Not competent	Need improvement	Competent	Above Average	Excellent

Analyze and interpret health data
1 2 3 4 5

Describe the distribution and determinants of disease, disabilities and deaths in human populations
1 2 3 4 5

Evaluate the environmental factors that affect the health of a community
1 2 3 4 5

Analyze the planning, organization and policies of healthcare organizations
1 2 3 4 5

Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems
1 2 3 4 5



SELF EVALUATION (CONTINUED)

Please use the following scale to rate your competency on each of the program learning outcomes listed below. Circle the number that best represents your competence to perform the learning outcome.

1	2	3	4	5
Not competent	Need improvement	Competent	Above Average	Excellent
<hr/>				
Assess individual and community needs for health education				
1	2	3	4	5
Plan health education strategies, interventions, and programs				
1	2	3	4	5
Implement health education strategies, interventions, and programs				
1	2	3	4	5
Conduct evaluation related to health education				
1	2	3	4	5
Administer health education strategies and interventions				
1	2	3	4	5
Serve as a health education resource person				
1	2	3	4	5
Communicate and advocate for health and health education				
1	2	3	4	5
Apply appropriate research principles and techniques in health education				
1	2	3	4	5

Competencies that I wish to further develop in the PBL experience (provide numbers):



Form PBL- 02 C
Student Perception of Preparation

Student Name: _____ Date: _____

Degree Program: Master of Public Health with Specialization in Mental Health

Most recent GPA: _____

SELF EVALUATION

Please use the following scale to rate your competency on each of the program learning outcomes listed below. Circle the number that best represents your competence to perform the learning outcome.

1	2	3	4	5
Not competent	Need improvement	Competent	Above Average	Excellent

Analyze and interpret health data

1 2 3 4 5

Describe the distribution and determinants of disease, disabilities and deaths in human populations

1 2 3 4 5

Evaluate the environmental factors that affect the health of a community

1 2 3 4 5

Analyze the planning, organization and policies of healthcare organizations

1 2 3 4 5

Apply the concepts and methods of social justice and social and behavioral sciences relevant to the identification and solution of public health problems

1 2 3 4 5

SELF EVALUATION (CONTINUED)

Please use the following scale to rate your competency on each of the program learning outcomes listed below. Circle the number that best represents your competence to perform the learning outcome.

1	2	3	4	5
Not competent	Need improvement	Competent	Above Average	Excellent

Assess the social, political, and environmental context of mental health in relation to public health practice

1	2	3	4	5
----------	----------	----------	----------	----------

Plan mental health interventions, and programs

1	2	3	4	5
----------	----------	----------	----------	----------

Plan the implementation of mental health programs

1	2	3	4	5
----------	----------	----------	----------	----------

Conduct evaluation related to mental health

1	2	3	4	5
----------	----------	----------	----------	----------

Relate fundamental principles of epidemiology to mental and substance abuse disorders

1	2	3	4	5
----------	----------	----------	----------	----------

Apply appropriate research principles and techniques to mental health

1	2	3	4	5
----------	----------	----------	----------	----------

Advocate for mental health in communities

1	2	3	4	5
----------	----------	----------	----------	----------

Competencies that I wish to further develop in the PBL experience (provide numbers):



**Form PBL- 03 A
Request for Placement**

Name: _____

Date: _____

Degree Program: Master of Healthcare Administration

Proposed internship months (circle 1 or 2): Jan Feb March April May June July

Aug Sept Oct Nov Dec

Proposed Internship Experiences (place checks):

- Plan, develop, implement and evaluate a specific organizational goal or activity
- Implement a new organizational policy or procedure
- Liaison between placement organization and a community agency
- Analyze a specific operating/management problem and recommend solutions
- Formulate or evaluate budgets
- Develop and/or promote a marketing idea/program
- Implement a strategic healthcare-related business plan
- Communicate information about programs and/or services through public forums or media
- Develop a job market analysis for a specific healthcare organization
- Develop a survey, administer, and create report of population needs concerning a specific issue
- Prepare materials to support community activities, education programs, and/or marketing functions
- Plan and implement in-service training for organization employees
- Develop health education programs and implement the program
- Plan, organize, and support a facility's accreditation
- Develop and implement quality assurance measures within a facility
- Plan, organize, and support a facility's risk management plan

Preferred Organization/Department (order of preference):

1. _____

2. _____

3. _____



Form PBL- 03 B
Request for Placement

Name: _____

Date: _____

Degree Program: Master of Public Health

Proposed internship months (circle 1 or 2):

Jan Feb March April May June July Aug Sept Oct Nov Dec

Proposed Internship Experiences (place checks):

- Develop health education programs and implement the program
- Evaluate an existing health education program
- Implement a new health education program
- Liaison between placement organization and a community agency
- Analyze a specific public health problem and recommend solutions
- Develop and/or promote a marketing idea/program
- Communicate information about programs and/or services through public forums or media
- Develop a survey, administer, and create report of population needs concerning a specific public health issue
- Prepare materials to support community activities, education programs, and/or marketing functions
- Analyze and interpret health data for an agency

Preferred Organization/Department (order of preference):

1. _____
2. _____
3. _____



PBL- 04
Placement Interview: The Student

Name: _____ Date: _____

Degree Program: _____

THE INTERVIEW

Name of organization: _____ Date of interview: _____

Name of interviewer: _____ Title: _____

SELF EVALUATION

Please rate your interview performance using the following ratings scale.

1	2	3	4	5
Strongly disagree	disagree	neutral	agree	strongly agree

During the interview, I

- | | | | | | |
|-------------------------------------|---|---|---|---|---|
| 1. Communicated effectively | 1 | 2 | 3 | 4 | 5 |
| 2. Dressed and acted professionally | 1 | 2 | 3 | 4 | 5 |
| 3. Answered questions effectively | 1 | 2 | 3 | 4 | 5 |
| 4. Was adequately prepared | 1 | 2 | 3 | 4 | 5 |
| 5. Made a positive impression | 1 | 2 | 3 | 4 | 5 |

How I could have improved my interview:

Based on the interview, my preference for this placement site is now ranked: 1 2 3
(circle one)



PBL- 05
Placement Interview: The Internship Preceptor

Name: _____ Date: _____

Organization: _____ Title: _____

Number of prior mentees from National University: _____ Other universities: _____

THE INTERVIEW

Name of student _____ Date of interview: _____

EVALUATION OF STUDENT

Please rate the interview performance of the student using the following ratings scale.

1	2	3	4	5
Strongly disagree	disagree	neutral	agree	strongly agree

For the interview, the student

1. Communicated effectively	1	2	3	4	5
2. Dressed and acted professionally	1	2	3	4	5
3. Answered questions effectively	1	2	3	4	5
4. Prepared appropriately	1	2	3	4	5
5. Made a positive impression	1	2	3	4	5

<p>How the student could have improved the interview:</p>



PBL- 06
Individual Student Learning Plan (ISLP)

STUDENT

Name: _____ Date: _____

Degree Program: _____ Placement: _____

MENTOR

Name: _____ Title: _____

Address: _____

Office phone: _____ Cell phone: _____

E-mail: _____

STUDENT PROFILE (from Student Needs Assessment)

Above average competencies

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Competencies needing improvement

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



Statement of Professional Goal(s)

INDIVIDUAL STUDENT LEARNING PLAN

Learning Outcome	PBL Activity	Evidence of success
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



Arrangements

Placement Dates: Start _____ Finish _____

Placement Location: _____

On-site schedule: Days of the week M T W Th F

Variable

Time of the day: Start _____ Finish _____

Variable

To be completed before placement begins:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

None

We, the members of the Student Learning Team for _____, have reviewed his/her Individual Student Learning Plan and agree to implement the conditions established in the Plan.

SIGNATURES

Student: _____ Date: _____

Internship Preceptor: _____ Date: _____

Internship Coordinator: _____ Date: _____



PBL- 07
Journal of PBL Activity

Name: _____

Date	Activity	Reflections



PBL- 08
Summative Self-Reflection

Name: _____ Date: _____

Placement Site: _____ Internship Preceptor: _____

The summative self-reflection is an opportunity to describe and document your growth as a professional during the PBL experience. These reflective essays should summarize your feelings and findings across the myriad of experiences you encountered during the PBL placement. The essay should not be a list of facts and figures. Please provide thoughtful responses to the following questions.

Note: Essays should be attached to this cover sheet. Each essay should include an introduction, body, and conclusion.

Essay 1: Describe how your PBL experience has deepened your ability to communicate and interact with other health professionals.

Essay 2: Reflect on how your competency as a health professional has developed through the PBL experience.

Essay 3: Describe how the PBL experience changed your understanding of the health profession. Provide examples of lessons learned.

Essay 4: Reflect on problems you encountered in the workplace where solutions involved critical analysis and application of professional literature to arrive at a solution.

Essay 5: Reflect on each of the learning outcomes listed in your ISLP. Have you achieved the learning outcome? Describe how specific PBL experiences facilitated your achievement of the learning outcome.

Essay 6: Based on your self-assessed level of professional competency, develop a five-year professional development plan that will advance your competencies as a health leader.



PBL- 09
Internship Preceptor Evaluation

Student(s) Name: _____ Date: _____

Your Name: _____ Organization: _____

Please summarize your assessment of the student's growth and development as a professional.

EVALUATION OF STUDENT

Please rate the performance of the student on each of the learning outcomes listed on the attached Individual Student Learning Plan. Please use the following rating scale.

	1	2	3	4	5		
	Unacceptable	Below Average	Average	Above Average	Excellent		
1.			1	2	3	4	5
2.			1	2	3	4	5
3.			1	2	3	4	5
4.			1	2	3	4	5
5.			1	2	3	4	5
6.			1	2	3	4	5
7.			1	2	3	4	5
8.			1	2	3	4	5

Please summarize your assessment of the student's professional growth and development during the PBL experience:



PBL-10
Internship Coordinator Evaluation

Student(s) Name: _____ Date: _____

Mentor's Name: _____ Organization: _____

Please summarize your assessment of the student's growth and development as a professional.

EVALUATION OF STUDENT

Please rate the performance of the student on each of the learning outcomes listed on the attached Individual Student Learning Plan. Please use the following rating scale.

	1	2	3	4	5		
	Unacceptable	Below Average	Average	Above Average	Excellent		
1.			1	2	3	4	5
2.			1	2	3	4	5
3.			1	2	3	4	5
4.			1	2	3	4	5
5.			1	2	3	4	5
6.			1	2	3	4	5
7.			1	2	3	4	5
8.			1	2	3	4	5

Please summarize your assessment of the student's professional growth and development during the PBL experience:



PBL-11 Team Member Evaluation

Student(s) Name: _____ Date: _____

Your Name: _____ Organization: _____

Please summarize your assessment of the student's growth and development as a professional.

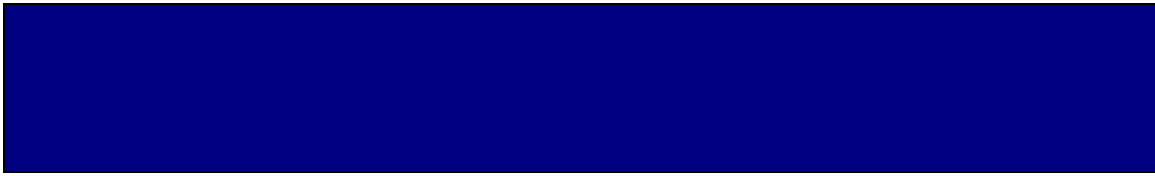
EVALUATION OF STUDENT

Please rate the performance of the student on each of the learning outcomes listed on the attached Individual Student Learning Plan. Please use the following rating scale.

	1	2	3	4	5
	Unacceptable	Below Average	Average	Above Average	Excellent

1.		1	2	3	4	5
2.		1	2	3	4	5
3.		1	2	3	4	5
4.		1	2	3	4	5
5.		1	2	3	4	5
6.		1	2	3	4	5
7.		1	2	3	4	5
8.		1	2	3	4	5

Please summarize your assessment of the student's professional growth and development during the PBL experience:



COH 692: Public Health Capstone Project

Grading Rubric

	OUTSTANDING ACHIEVEMENT	COMMENDABLE ACHIEVEMENT	MARGINAL ACHIEVEMENT	UNSATISFACTORY	FAILING
<p>Abstract</p> <p>ILO#3: Display mastery of knowledge and skills in a discipline.</p>	<p>5%</p> <p>Clearly and concisely summarizes the research questions, methodology, results, discussion and conclusion.</p>	<p>4%</p> <p>Clearly and concisely summarizes the research with some sections excluded.</p>	<p>3%</p> <p>Summarizes the research with many sections excluded.</p>	<p>2%</p> <p>Includes an introductory paragraph without describing the findings.</p>	<p>0%</p> <p>missing</p>
<p>Introduction</p> <p>PLO #2: Describe the distribution and determinants of disease, disabilities and deaths in human populations</p> <p>ILO#3: Display mastery of knowledge and skills in a discipline.</p>	<p>10%</p> <p>Expresses the rationale, significance, and context of the research being conducted.</p>	<p>7.5%</p> <p>Expresses the rationale and significance of the research being conducted without offering contextual statements.</p>	<p>5%</p> <p>Expresses rationale of research being conducted without statements of significance and context.</p>	<p>2.5%</p> <p>Introduces the subject of the research without rationale, significance or context.</p>	<p>0%</p> <p>missing</p>

<p>Literature Review</p> <p>PLO#3: Evaluate the environmental factors that affect the health of a community</p> <p>PLO#4: Analyze the planning, organization, administration and policies of healthcare organizations.</p> <p>ILO#3: Display mastery of knowledge and skills in a discipline.</p>	<p>15%</p> <p>Represents a broad to narrow organization of all relevant professional literature related to the study question. Seamlessly synthesizes the literature findings into a cohesive essay.</p>	<p>10.75%</p> <p>Represents a broad to narrow organization of all relevant professional literature related to the study question. Findings remain independent without adequate synthesis.</p>	<p>7.5%</p> <p>Represents a disorganized presentation of most relevant professional literature related to the study question. Findings remain independent without adequate synthesis.</p>	<p>3.25%</p> <p>Represents a disorganized presentation of limited relevant professional literature related to the study question. Findings remain independent without adequate synthesis.</p>	<p>0%</p> <p>missing</p>
<p>Methodology</p> <p>PLO #1 Analyze and Interpret health data</p> <p>ILO#3: Display mastery of knowledge and</p>	<p>15%</p> <p>Gives enough detail so that the reader has a clear picture of how the research was conducted including step-by-</p>	<p>10.75%</p> <p>Reader has a clear idea of how the research was conducted however, details are missing.</p>	<p>7.5%</p> <p>Reader only gets a general idea of how the research was conducted.</p>	<p>3.25%</p> <p>It is unclear to the reader how the research was conducted.</p>	<p>0%</p> <p>missing</p>

skills in a discipline. ILO#6:Utilize research and critical thinking to solve problems	step directions, instruments, measurements, sampling, and tests of statistical and clinical significance.				
Results PLO #1 Analyze and Interpret health data ILO#3: Display mastery of knowledge and skills in a discipline. ILO#6:Utilize research and critical thinking to solve problems	15% Includes tables or graphs that represent evaluation of the study questions or hypotheses. Applies the proper statistical test and clearly indicates the confidence interval or p-values.	10.75% Describes measurements of the study questions or hypotheses without tables or graphs. Applies the proper statistical test.	7.5% Describes evaluation of study questions or hypotheses in general terms without applying the proper statistical test.	3.25% Does not describe measurements that represent evaluation of the study questions or hypotheses.	0% missing
Discussion PLO# 5: Apply the concepts and methods of social	10% Describes how the research could be improved in future	7.5% Describes how research could be improved in future	5% Describes problems with the research without	2.5% Does not describe problems with the research. Does not	0% missing

<p>justice and social and behavioral sciences relevant to the identification and solution of public health problems.</p> <p>ILO#3: Display mastery of knowledge and skills in a discipline.</p> <p>ILO#4: Demonstrate cultural and global awareness to be responsible citizens in a diverse society.</p> <p>ILO#6: Utilize research and critical thinking to solve problems</p>	<p>based on evidence presented in results. Clearly expresses limitations of study design.</p>	<p>based on opinion only. Mentions some limitations of the study design</p>	<p>offering solutions. Does not clearly express limitations of study design.</p>	<p>clearly express limitations of study design.</p>	
<p>Conclusion</p> <p>ILO#3: Display mastery of knowledge and</p>	<p>5%</p> <p>Provides a clear and concise answer to the</p>	<p>4%</p> <p>Answers the research questions however,</p>	<p>3%</p> <p>Overstates the significance of the findings.</p>	<p>2%</p> <p>Misinterprets the findings of the research and</p>	<p>0%</p> <p>missing</p>

skills in a discipline. ILO#6: Utilize research and critical thinking to solve problems	research questions.	conclusion lacks some clarity.		makes erroneous conclusion.	
Referencing ILO#1: Apply information literacy skills necessary to support continuous, lifelong learning. ILO#5: Demonstrate professional ethics and practice academic integrity.	5% Citations and references are in proper APA format. Ample sources are cited. All claims are supported with a professional reference.	4% Citations and references are in proper APA format. Ample sources are cited. Some claims leave the reader looking for a reference.	3% Citations and references are in proper APA format. Ample sources are cited. Many claims leave the reader looking for a reference.	2% Citations and references are limited, missing or incorrect.	0% Citations and references are missing or incorrect.
Writing organization and style ILO#2: Communicate	20% The paper is well organized both overall and at the paragraph level.	15% The paper is well organized, but the paragraphs structure may	10% The paper is basically well organized, though individual	5% The paper is poorly organized. Some sentences may be so	0% The paper lack clarity. The language or sentence structure

effectively in writing.	Sentences are smooth and carefully crafted. There are virtually no errors in punctuation, spelling, grammar or usage.	sometimes be disjointed. The paper may have a few awkward passages and a few errors in punctuation, spelling, grammar and usage.	paragraphs may be disjointed or misplaced. The writing is competent, but often wordy, overly general, imprecise or trite.	confused that their meaning does not clearly emerge. Words may be imprecise, incorrect, trite or vague.	is so muddled as to be unclear in several spots. Errors in punctuation, spelling, grammar and usage are highly distracting. Paper relies on generalizations.
-------------------------	---	--	---	---	--

NATIONAL UNIVERSITY

rev.10/10/2011

Multi-year assessment Plan

Program Title: MASTER OF PUBLIC HEALTH (ON-LINE DELIVERY)

Assessment Plan							
Note: All PLOs are assessed every year to comply with the Council on Education for Public Health accreditation							
Assessment Plan Date: 2011 Program Start (academic year): 2012				5 Year review (Due or date) 2018 Last MOA implemented: N/A			
Year	PLO	Means		Target	Evidence Collection		
		Direct	Indirect		Items	Process	Location
FY 2013 2014 2015 2016 2017	#1. Analyze and interpret health data.	COH 602 Biostatistics Exam Questions from CPH Exam Program level; Direct - Exam		<p>Acceptable Target: An acceptable target would be for 80% of MPH students to answer 14 of the 20 questions correctly.</p> <p>Ideal Target: An ideal target would be for 90% of MPH students to answer all 20</p>	Twenty validated practice questions that are used for the national 'Certified in Public Health Exam' were selected as a signature assignment. These questions related to p-values, t-tests, degrees of freedom and	Lead Faculty imbeds Quiz onto each eCollege course shell. Answers to those particular questions are compiled using 'test statistics' function. Program Lead faculty enters the results into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.	Findings are recorded in AMS with two backup collections of data in eCollege and Nu-FAST.

				questions correctly.	interpretation of p-values, are given as an on-line quiz.		
		COH 606 Epidemiology Questions from CPH Exam Program level; Direct - Exam		<p>Acceptable Target: An acceptable target is that 80% of MPH students will correctly answer 14 of the 20 questions correctly.</p> <p>Ideal Target: An ideal target is that 90% of the MPH students answer all 20 of the questions correctly.</p>	<p>Twenty validated questions taken from the practice exam for the national 'Certified in Public Health' Exam were selected as a signature assignment. These questions related to randomized control trials, selecting the appropriate approaches to analyzing data according to study design, sensitivity and specificity of screening tests,</p>	<p>Lead Faculty imbeds questions into an online quiz that is uploaded into each eCollege shell. Answers to those particular questions are compiled using the 'test statistics' function. Program Lead faculty enters the results into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.</p>	<p>Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.</p>

					<p>predictive value of a screening test, study designs and their appropriate measures of effect, are embedded as a quiz in COH 606: Epidemiology.</p>		
		<p>COH 692: Public Health Capstone Project: Chapter 4- Results Program level; Direct-Thesis</p>		<p>Acceptable Target: 80% of the MPH students will receive a grade of 10.75% or higher on the results chapter of their project in COH 692. Ideal Target: 90% of MPH students will receive a grade of 10.75% or</p>	<p>All MPH students are required to produce a 5-chapter capstone project that reports on original research or secondary analysis of existing data. Analysis and interpretation of the data is presented in the results</p>	<p>The instructor, 2 additional readers, The Department Chair and the Dean approve of the final draft of the capstone project. The instructor completes the grading rubric and a report is sent to the Program lead Faculty. Program Lead faculty enters the results into the</p>	<p>Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST. Bound capstone projects are on-file in the Department of Community Health office.</p>

				higher on the results chapter of their project in COH 692.	chapter. This requires the student to accurately report descriptive and analytical statistics.	Assessment Findings in AMS. Data will be disaggregated for onsite and online.	
			Student Perception of Preparation Survey Program level; Indirect - Survey	<p>Acceptable Target: An acceptable target is that the average score is greater than 4, indicating a high level of preparation.</p> <p>Ideal Target: The ideal target is that the average score that MPH students self-select is greater than 4.5 indicating</p>	When students are enrolled in the capstone project (usually the final course) they complete a survey that assesses their preparation in all PLOs. For outcome #1, they are asked to rate their preparation to analyze and interpret health data using a scale of 1 to 5 (5= most prepared).	Capstone coordinator distributes the survey to students at the beginning of the course. Results are compiled and sent to the Program Lead Faculty who enters the data into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.

				the highest level of preparation.			
FY 2013 2014 2015 2016 2017	#2. Describe the distribution and determinants of disease, disabilities and death in human populations	COH 601 Data Analysis Assignment: Low, Middle and High Income Nations Program level; Direct - Student Artifact		<p>Acceptable Target: An acceptable target is that 80% of the MPH students will earn a grade of 80% or higher on this assignment.</p> <p>Ideal Target: An ideal target is that 90% of the MPH students earn a grade of 90% or higher on this assignment.</p>	Students enrolled in COH 601: Global Public Health, prepare a comparison of 5 health indicators for three selected nations, one low-income, one middle-income and one-high income nation. This requires them to use the WHO and CIA websites to collect the data and make appropriate comparisons. The grading rubric for this assignment	Instructor includes this assignment in COH 601 and grades the assignment using the standard rubric. Results for each class are compiled and given to the Program Lead Faculty who enters the data into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.

					establishes total percentage grades.		
		COH 692 Public Health Capstone Project Program level; Direct - project		<p>Acceptable Target: 80% of the MPH students will produce a 5-chapter capstone project that receives a grade of Satisfactory or Honors within 6 months of enrollment in COH 692.</p> <p>Ideal Target: 90% of MPH students will produce a 5-chapter capstone project that receives a grade of Satisfactory</p>	All MPH students are required to produce a 5-chapter capstone project that reports on original research or secondary analysis of existing data. An analytical description of the distribution and determinants of disease, disabilities and death in a human population is essential in determining the need for	The instructor, 2 additional readers, The Department Chair and the Dean approve of the final draft of the capstone project. The instructor completes the grading rubric and a report is sent to the Program lead Faculty. Program Lead faculty enters the results into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST. Bound capstone projects are on-file in the Department of Community Health office.

				or Honors within 6 months of enrollment in COH 692.	the project as well as the validity of the research question and findings.		
			Self-perception of preparation survey Program level; Indirect - Survey	<p>Acceptable Target: An acceptable target is that the average self-perception score is greater than 4, indicating a high level of preparation.</p> <p>Ideal Target: An ideal target is that the average self-perception score is greater than 4.5, indicating the highest</p>	Students who are enrolled in COH 692: Public Health Capstone Project (usually the final course) complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to describe the distribution and determinants of disease,	Capstone coordinator distributes the survey to students at the beginning of the course. Results are compiled and sent to the Program Lead Faculty who enters the data into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.

				level of preparation.	disabilities and death in human populations using a scale of 1-5 (5= very confident in their preparation).		
FY 2013 2014 2015 2016 2017	#3. Evaluate the environmental factors that affect the health of a community.	COH 603 Presentation on non-communicable disease Program level; Direct - Presentation		Acceptable Target: An acceptable target is the 80% of the MPH students earn a total grade of 80% or higher. Ideal Target: An ideal target is that 90% of the MPH students earn a total grade of 90% or higher.	Students enrolled in COH 603: Public Health Biology are required to presentation focusing on a non-communicable, chronic disease of great significance in the United States. Students are required to analyze the environmental and occupational	Instructor includes this assignment in COH 603 and grades the assignment using the standard rubric. Results for each class are compiled and given to the Program Lead Faculty who enters the data into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.	Findings are recorded in AMS with two backup collections of data in eCompanion and NU-FAST.

					risk factors that contribute to the incidence and prevalence of the disease. Students are given a grade using a total percentage.		
		COH 608 Public Health and the Environment Presentation Program level; Direct - Presentation		<p>Acceptable Target: An acceptable target is that 80% of the MPH students earn a total percent of 80% or higher.</p> <p>Ideal Target: An ideal target is that 90% of the MPH students earn 90% or higher.</p>	Students enrolled in COH 608: Public Health and the Environment are required to prepare and deliver a presentation (using ClassLive Pro) describing a current environmental health issue (signature assignment). The rubric created for this assignment contains	Instructor includes this assignment in COH 608 and grades the assignment using the standard rubric. Results for each class are compiled and given to the Program Lead Faculty who enters the data into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.

					evaluations of background material, balance of issue positions, professionalism of sources, referencing as well as delivery. A portion of the rubric is evaluated by the other students. The grading results in a total percent grade.		
			Self-perception of preparation survey Program level; Indirect - Survey	<p>Acceptable Target: An acceptable target is that the average score is 4 or higher, indicating a high level of preparation.</p> <p>Ideal Target: An</p>	Students who are enrolled in COH 692: Public Health Capstone Project (usually the final course) complete a survey that assesses their perception of	Capstone coordinator distributes the survey to students at the beginning of the course. Results are compiled and sent to the Program Lead Faculty who enters the data	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.

				ideal target is that the average score is greater than 4.5, indicating the highest level of preparation.	preparation of all PLOs. For this outcome students are asked to rank their own ability to evaluate the environmental factors that affect the health of a community using a scale of 1-5 (5= very confident in their preparation).	into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.	
FY 2013 2014 2015 2016 2017	#4. Analyze the planning, organization, administration and policies of health care organizations.	COH 612 Legislative Initiative Report Program level; Direct - Student Artifact		Acceptable Target: An acceptable target is that 80% of MPH students earn a grade of 80% or higher on this assignment. Ideal	Students in COH 612: Health Policy and Advocacy are required to prepare a political advocacy activity that analyzes a proposed state or national-	Instructor includes this assignment in COH 612 and grades the assignment using the standard rubric. Results for each class are compiled and given to the Program Lead	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.

				<p>Target: An ideal target is that 90% of MPH students earn a grade of 90% or higher on this assignment.</p>	<p>level bill that affects public health. The rubric created for this assignment evaluates the background and history of similar policies as well as the strategic plan for advocating for the enactment of the proposed law. The legislative initiative report is graded using a total percentage.</p>	<p>Faculty who enters the data into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.</p>	
		<p>HCA 600 Sample CPH exam questions related to healthcare organizations Program level;</p>		<p>Acceptable Target: An acceptable target is that 80% of the MPH students correctly</p>	<p>Twenty validated questions taken from the sample 'Certified in Public Health' exam are</p>	<p>Lead Faculty imbeds quiz onto all eCollege shells for HCA 600. Answers to those particular questions are compiled using</p>	<p>Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.</p>

		Direct - Exam		<p>answer 14 of the 20 questions.</p> <p>Ideal Target: An ideal target is that 90% of the MPH students correctly answer all 20 questions.</p>	<p>imbedded HCA 600: US Healthcare System as an on-line quiz. The questions relate to county health departments' strategic plans, leadership theories and functions of health agencies.</p>	<p>the 'test statistics' function. Program Lead faculty enters the results into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.</p>	
			<p>Self-perception of preparation survey Program level; Indirect - Survey</p>	<p>Acceptable Target: An acceptable target is that the average response is 4 or higher, indicating a high level of preparation.</p> <p>Ideal Target: An ideal target is that the average</p>	<p>Students who are enrolled in COH 692: Public Health Capstone Project (usually the final course) complete a survey that assesses their perception of preparation of all PLOs. For this outcome</p>	<p>Capstone coordinator distributes the survey to students at the beginning of the course. Results are compiled and sent to the Program Lead Faculty who enters the data into the Assessment Findings in AMS.</p>	<p>Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.</p>

				response is greater than 4.5, indicating the highest level of preparation.	students are asked to rank their own ability to analyze the planning, organization and policies of healthcare organizations using a scale of 1-5 (5= very confident in their preparation).	Data will be disaggregated for onsite and online.	
FY 2013 2014 2015 2016 2017	#5. Apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.	COH 601 Cultural Health Beliefs Paper Program level; Direct - Student Artifact		Acceptable Target: An acceptable target is that 80% of the MPH students earn a grade of 80% or higher on this paper. Ideal Target: An ideal target is that 90%	Students enrolled in COH 601: Global Public Health are required to prepare a paper that describes a cultural group within the United States or global, and their relevant beliefs, values,	Instructor includes this assignment in COH 601 and grades the assignment using the standard rubric. Results for each class are compiled and given to the Program Lead Faculty who enters the data into the	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.

				of MPH students earn a grade of 90% or higher on this paper.	attitudes and health behaviors. The rubric created for this assignment evaluates the clarity of the writing, referencing and professionalism of sources as well as demonstration of the concepts of social and behavioral science. The paper is graded using a total percent.	Assessment Findings in AMS. Data will be disaggregated for onsite and online.	
		COH 604 Health Behavior Presentation Program level; Direct - Student Artifact		Acceptable Target: An acceptable target is that 80% of MPH students earn a grade of 80% or	Students enrolled in COH 604: Health Behavior are required to prepare and deliver a	Instructor includes this assignment in COH 604 and grades the assignment using the standard rubric. Results	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.

				<p>higher on this presentation.</p> <p>Ideal</p> <p>Target: An ideal target is that 90% of MPH students earn a grade of 90% or higher on this presentation.</p>	<p>presentation describing a particular health behavior. They are required to describe the prevalence of the behavior, risk factors, negative consequences, apply a health behavior theory and describe methods to modify the behavior. The rubric created for this assignment includes the professionalism of the sources used, the clarity of the presentation and visual aids as well as a peer</p>	<p>for each class are compiled and given to the Program Lead Faculty who enters the data into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.</p>	
--	--	--	--	---	--	---	--

					evaluation. A total percentage is assigned to each presentation.		
		Sample CHES exam questions Program level; Direct - Exam		<p>Acceptable Target: An acceptable target is that 80% of the MPH students answer 14 of the 20 questions correctly.</p> <p>Ideal Target: An ideal target is that 90% of the MPH students answer all 20 questions correctly.</p>	Twenty validated, sample questions from the national "Certified Health Education Specialist" exam are imbedded as an on-line quiz in COH 612: Public Health Advocacy. The questions that relate to health behavior theories are presented in multiple choice format.	Lead Faculty imbeds quiz into all eCollege shells for COH 612. Quiz results are tabulated using the 'test statistics' function on eCollege.. Program Lead faculty enters the results into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.	Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.
		COH 692 Public Health		<p>Acceptable Target: 80%</p>	All MPH students are	The instructor, 2 additional	Findings are recorded in

		<p>Capstone Project Program level; Direct - project</p>		<p>of the MPH students will produce a 5-chapter capstone project that receives a grade of Satisfactory or Honors within 6 months of enrollment in COH 692. Ideal Target: 90% of MPH students will produce a 5-chapter capstone project that receives a grade of Satisfactory or Honors within 6 months of enrollment in COH 692.</p>	<p>required to produce a 5-chapter capstone project that reports on original research or secondary analysis of existing data. An application of the concepts of social justice and social and behavioral science relevant to the identification and solution of public health problems is an essential component of the capstone project.</p>	<p>readers, The Department Chair and the Dean approve of the final draft of the capstone project. The instructor completes the grading rubric and a report is sent to the Program lead Faculty. Program Lead faculty enters the results into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.</p>	<p>AMS with two backup collections of data in eCollege and NU-FAST. Bound capstone projects are on-file in the Department of Community Health office.</p>
--	--	---	--	---	---	--	---

			<p>Internship Preceptor Survey Program level; Indirect - Survey</p>	<p>Acceptable Target: An acceptable target is that the average response by the preceptors to this question is 4 or greater, indicating a high level of preparation.</p> <p>Ideal Target: An ideal target is that the average response by the preceptors to this question is greater than 4.5, indicating the highest level of preparation.</p>	<p>Students in COH 691: Public Health Internship work under the supervision of a public health official for the duration of the course. At the end of the course, the preceptors are asked to evaluate the student based on the PLOs of the MPH program. For this outcome, they are asked to rate the student from 1-5 (5=excellent) on his or her ability to apply the concepts and methods of social and behavioral sciences</p>	<p>Capstone coordinator distributes the survey to students at the beginning of the course. Results are compiled and sent to the Program Lead Faculty who enters the data into the Assessment Findings in AMS. Data will be disaggregated for onsite and online.</p>	<p>Findings are recorded in AMS with two backup collections of data in eCollege and NU-FAST.</p>
--	--	--	---	--	--	---	--

					relevant to the identification and solution of public health problems.		
--	--	--	--	--	--	--	--

Program Lead Faculty _____GinaMarie Piane, DrPH_____

Date_____10/10/2011_____

Report: Assessment Plan Details for: Master of Public Health

Report Generated by TaskStream

Workspace: Program Annual Report (PAR)

Assessment Plan: 2011 PAR: Assessment Plan and Assessment Findings

Assessment Plan Template: Program Annual Report (PAR)

Report Generated: Wednesday, January 02, 2013

Measures and Findings

Master of Public Health Outcome Set

Program Learning Outcomes

Outcome 1

Analyze and Interpret health data.

Mapped to:

- **NU Institutional Learning Outcomes:**
1, 3, 6

Measures & Findings

Biostatistics Exam Questions from CPH Exam


Course level; Direct - Exam

Details/Description: Four validated practice questions that are used for the national 'Certified in Public Health Exam' were selected as a signature assignment. These questions related to p-values, t-tests, degrees of freedom and interpretation of p-values, are imbedded into the COH 602: Biostatistics Final Exam.

Acceptable Target: An acceptable target would be for 80% of MPH students to answer 3 of the 4 questions correctly.

Ideal Target: An ideal target would be for 90% of MPH students to answer 3 of the 4 questions correctly.

Supporting Attachments:

 COH 602: Signature Assignment (Word Document (Open XML))
Practice Questions from the CPH Examination related to Biostatistics

Findings for Biostatistics Exam Questions from CPH Exam

Summary of Findings: 25 students who were enrolled in COH 602: Biostatistics, completed the exam that covered the CPH questions. 85% of the students answered 3 or more questions correctly and 10% of the students answers all 4 of the questions correctly.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Continue to monitor.

Reflections (If Applicable): COH 602 is preparing students to take the CPH exam.

Substantiating Evidence:

Epidemiology Questions from CPH Exam


Course level; Direct - Exam

Details/Description: Nine validated questions taken from the practice exam for the national 'Certified in Public Health' Exam were selected as a signature assignment. These questions related to randomized control trials, selecting the appropriate approaches to analyzing data according to study design, sensitivity and specificity of screening tests, predictive value of a screening test, study designs and their appropriate measures of effect, are imbedded into the final exam in COH 606: Epidemiology.

Acceptable Target: An acceptable target is that 80% of MPH students will correctly answer 7 of the 9 questions correctly.

Ideal Target: An ideal target is that 90% of the MPH students answer 7 of the 9 questions correctly.

Supporting Attachments:

 COH 606: Signature Assignment (Word Document (Open XML))
Sample questions from the CPH Examination related to Epidemiology.

Student Perception of Preparation Survey


Program level; Indirect - Survey

Details/Description: When students are enrolled in the capstone project (usually the final course) they complete a survey that assesses their preparation in all PLOs. For outcome #1, they are asked to rate their preparation to analyze and interpret health data using a scale of 1 to 5 (5= most prepared).

Acceptable Target: An acceptable target is that the average score is greater than 4, indicating a high level of preparation.

Ideal Target: The ideal target is that the average score that MPH students self-select is greater than 4.5 indicating the highest level of preparation.

Supporting Attachments:

 Exit survey for MPH core (Word Document (Open XML))
Survey given to students in COH 691: Public Health Internship. Self-evaluation of preparation in five PLOs for MPH core courses.

Findings for Epidemiology Questions from CPH Exam

Summary of Findings: 14 students enrolled in COH 606: Epidemiology in September 2010 and 8 students enrolled in March 2011. 86% of the total students answered 7 or more of the questions correctly.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Approaching

Recommendations : Continue monitoring this assignment.

Reflections (If Applicable): The MPH program is preparing students for the Certified in Public Health Exam.

Substantiating Evidence:

Findings for Student Perception of Preparation Survey

Summary of Findings: Thirteen students enrolled in COH 691: Public Health Internship in May 2011 completed a survey that asked them to assess their preparation to perform the program outcomes. The average score for how prepared they feel to analyze and interpret health data is 3.38. This ranked #3 of the 5 MPH core PLOs which averaged 3.41 in total.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Moving Away

Recommendations : We need to determine how to validate this measure before interpreting the results. This group of students may be displaying modesty or lack of confidence. They rank themselves relatively low compared to their GPAs.

Reflections (If Applicable): Preceptor surveys may serve as a better measure. Compare these results to future cohorts. Build up confidence of students.

Substantiating Evidence:

Outcome 2

Describe the distribution and

Measures & Findings

determinants of disease, disabilities and death in human populations

Mapped to:

- **NU Institutional Learning Outcomes:** 2, 3, 6


Data Analysis Assignment: Low, Middle and High Income Nations
Program level; Direct - Student Artifact

Details/Description: Students enrolled in COH 601: Global Public Health, prepare a comparison of 5 health indicators for three selected nations, one low-income, one middle-income and one-high income nation. This requires them to use the WHO and CIA websites to collect the data and make appropriate comparisons. The grading rubric for this assignment establishes total percentage grades.

Acceptable Target: An acceptable target is that 80% of the MPH students will earn a grade of 80% or higher on this assignment.

Ideal Target: An ideal target is that 90% of the MPH students earn a grade of 80% or higher on this assignment.

Supporting Attachments:

 Grading Rubric for COH 601 Signature Assignment (Word Document (Open XML))
Grading Rubric for Global Public Health Assignment that requires students to analyze data from the WHO website.


Sample Exam CHES Exam Questions related to Evaluation and Research
Program level; Direct - Exam

Details/Description: Thirty questions taken from the validated, national sample Certified Health Education Specialist Exam were designated as the signature assignment. These 30 questions that are identified as "Area of Responsibility IV: Conduct Evaluation and Research Related to Health Education" require the student to create a purpose statement, critique evaluation and research methods and findings found in the related literature and synthesize information found in the literature. The ten questions are imbedded into the final exam in COH 611: Public Health Research Methods.

Acceptable Target: An acceptable target is that 80% of MPH students will correctly answer 24 of the 30 questions.

Ideal Target: An ideal target is that 90% of the MPH students will correctly answer 24 of the 30 questions.

Supporting Attachments:

 CHES Exam questions related to Research and Evaluation (Word Document (Open XML))
Exam questions embedded into final exams in COH 609 and COH 611

Findings for Data Analysis Assignment: Low, Middle and High Income Nations

Summary of Findings: 16 students enrolled in COH 601: Global Public Health in April 2010 and 6 in October. 21 submitted the signature assignment. 95% scored 80% or higher. 68% scored 90% or higher. The acceptable target was met. The ideal target was not met.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Provide students with a more detailed rubric for this assignment.

Reflections (If Applicable): Rubric was developed to be used in COH 601 April 2011.

Substantiating Evidence:

Findings for Sample Exam CHES Exam Questions related to Evaluation and Research

Summary of Findings: 14 students enrolled in COH 611: Public Health Research Methods in February 2011, submitted the final examination. 93% answered 24 or more of the questions correctly.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Exceeded

Recommendations : The MPH program is preparing students to successfully complete the CHES exam.

Reflections (If Applicable):

Substantiating Evidence:


Self-perception of preparation survey
Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 692: Public Health Capstone Project (usually the final course) complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to describe the distribution and determinants of disease, disabilities and death in human populations using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average self-perception score is greater than 4, indicating a high level of preparation.

Ideal Target: An ideal target is that the average self-perception score is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Self-perception of Preparation Survey (Word Document (Open XML))
Survey given when students apply for internship placement COH 691.

Findings for Self-perception of preparation survey

Summary of Findings: Thirteen students enrolled in COH 691: Public Health Internship in May 2011 completed a survey that asked them to assess their preparation to perform the program outcomes. The average score for how prepared they feel to describe the distribution and determinants of disease, disabilities and deaths in human populations was 3.46. This ranked #2 of the 5 MPH core PLOs which averaged 3.41 in total.

Acceptable Target Achievement: Met

Ideal Target Achievement : Moving Away

Recommendations : Validate the measure by comparing preceptor evaluations and GPAs.

Reflections (If Applicable):

Substantiating Evidence:

Outcome 3

Evaluate the environmental factors that affect the health of a community.

Mapped to:

- **NU Institutional Learning Outcomes:** 1, 3, 6

Measures & Findings

Presentation on non-communicable disease


Program level; Direct - Student Artifact

Details/Description: Students enrolled in COH 603: Public Health Biology are required to presentation focussing on a non-communicable, chronic disease of great significance in the United States. Students are required to analyze the environmental and occupational risk factors that contribute to the incidence and prevalence of the disease. Students are given a grade using a total percentage.

Acceptable Target: An acceptable target is the 80% of the MPH students earn a total grade of 80% or higher.

Ideal Target: An ideal target is that 90% of the MPH students earn a total grade of 80% or higher.

Supporting Attachments:

 COH 603 Presentation Rubric (Word Document (Open XML))
Description of assignment and grading criteria

Findings for Presentation on non-communicable disease

Summary of Findings: 9 students were enrolled in COH 603 in November 2010. All students completed the presentation. 100% of the students earned a score of 80% or higher. 66% of the students earned a grade of 90% or higher. The scores on the second presentation in this class were all above 90%. This indicates that the students learned from the feedback received from the signature assignment.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : A more detailed rubric was created for this assignment that will be distributed to students as they prepare the presentation.

Reflections (If Applicable): This is an important measure of achievement for the MPH core.

Substantiating Evidence:

Public Health and the Environment Presentation


Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 608: Public Health and the Environment are required to prepare and deliver a presentation describing a current environmental health issue (signature assignment). The rubric created for this assignment contains evaluations of background material, balance of issue positions, professionalism of sources, referencing as well as delivery. A portion of the rubric is evaluated by the other students. The grading results in a total percent grade.

Acceptable Target: An acceptable target is that 80% of the MPH students earn a total percent of 80% or higher.

Ideal Target: An ideal target is that 90% of the MPH students earn 80% or higher.

Supporting Attachments:

 COH 608: Signature Assignment (Word Document (Open XML))

Grading rubric for Public Health and the Environment presentation

Self-perception of preparation survey


Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 692: Public Health Capstone Project (usually the final course) complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to evaluate the environmental factors that affect the health of a community using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average score is 4 or higher, indicating a high level of preparation.

Ideal Target: An ideal target is that the average score is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Self-perception of Preparation (Word Document (Open XML))

Survey submitted by students when applying for Internship.

Findings for Public Health and the Environment Presentation

Summary of Findings: 15 students gave presentations in COH 608 in November 2010. The average grade was 94% with a range of 83% to 98%. 13 of the 14 students earned a grade of 90% or higher which exceeds both the acceptable and ideal target.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Exceeded

Recommendations : Continue to monitor achievement.

Reflections (If Applicable):

Substantiating Evidence:

Findings for Self-perception of preparation survey

Summary of Findings: Thirteen students enrolled in COH 691: Public Health Internship in May 2011 completed a survey that asked them to assess their preparation to perform the program outcomes. The average score for how prepared they feel to evaluate the environmental factors that affect the health of a community was 3.69. This ranked #1 of the 5 MPH core PLOs which averaged 3.41 in total.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Validate this measure.

Reflections (If Applicable):

Substantiating Evidence:

Outcome 4

Analyze the planning, organization,

Measures & Findings

administration and policies of health care organizations.

Mapped to:

- **NU Institutional Learning Outcomes:** 2, 3, 7

Legislative Initiative Report


Program level; Direct - Student Artifact


Details/Description: Students in COH 612: Health Policy and Advocacy are required to prepare a political advocacy activity that analyzes a proposed state or national-level bill that affects public health. The rubric created for this assignment evaluates the background and history of similar policies as well as the strategic plan for advocating for the enactment of the proposed law. The legislative initiative report is graded using a total percentage.

Acceptable Target: An acceptable target is that 80% of MPH students earn a grade of 80% or higher on this assignment.

Ideal Target: An ideal target is that 90% of MPH students earn a grade of 80% or higher on this assignment.

Supporting Attachments:

 Political advocacy activity (Word Document (Open XML))

 Political Advocacy Activity Rubric (Word Document (Open XML))

Sample CPH exam questions related to healthcare organizations

Program level; Direct - Exam

Details/Description: Six validated questions taken from the sample 'Certified in Public Health' exam are imbedded into the final exam in HCA 600: US Healthcare System. The questions relate to county health departments' strategic plans, leadership theories and functions of health agencies.

Acceptable Target: An acceptable target is that 80% of the MPH students correctly answer 4 of the 6 questions.

Ideal Target: An ideal target is that 90% of the MPH students correctly answer 4 of the 6 questions.

Supporting Attachments:

 HCA 600: MPH Signature Assignment (Word Document (Open XML))
Sample questions from the CPH exam related to management of Healthcare

Findings for Legislative Initiative Report

Summary of Findings: 11 students were enrolled in COH 612: Public Health Policy and Advocacy. All completed the signature assignment. Eight of eleven (73%) earned a grade of 80% or higher. Three of the eight earned a grade of 77.25%.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Moving Away

Recommendations : Assignment requires that students visit a representative's office. This may need modification for the one-course a month format.

Reflections (If Applicable):

Substantiating Evidence:

Findings for Sample CPH exam questions related to healthcare organizations

Summary of Findings: 32 students enrolled in HCA 600: US Healthcare System in September 2010 and 26 students enrolled in March 2011. In September 75% of the students answered 4 or more questions correctly. In March 2011 81% of the students answered 4 or more questions correctly.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Continue emphasizing this content in HCA 600.

Reflections (If Applicable):

Substantiating Evidence:

Self-perception of preparation survey
Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 692: Public Health Capstone Project (usually the final course) complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to analyze the planning, organization and policies of healthcare organizations using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average response is 4 or higher, indicating a high level of preparation.

Ideal Target: An ideal target is that the average response is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

📎 Self-Perception of Preparation (Word Document (Open XML))
Survey submitted by students when applying for internship

Findings for Self-perception of preparation survey

Summary of Findings: Thirteen students enrolled in COH 691: Public Health Internship in May 2011 completed a survey that asked them to assess their preparation to perform the program outcomes. The average score for how prepared they feel to analyze the planning, organization, administration and policies of health care organizations was 3.31. This ranked #4 of the 5 MPH core PLOs which averaged 3.41 in total.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Moving Away

Recommendations : Validate this measure.

Reflections (If Applicable):

Substantiating Evidence:

Outcome 5

Apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Mapped to:

- **NU Institutional Learning Outcomes:**
1, 2, 3, 4, 5, 6, 7

Measures & Findings

Cultural Health Beliefs Paper
Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 601: Global Public Health are required to prepare a paper that describes a cultural group within the United States or global, and their relevant beliefs, values, attitudes and health behaviors. The rubric created for this assignment evaluates the clarity of the writing, referencing and professionalism of sources as well as demonstration of the concepts of social and behavioral science. The paper is graded using a total percent.

Acceptable Target: An acceptable target is that 80% of the MPH students earn a grade of 80% or higher on this paper.

Ideal Target: An ideal target is that 90% of MPH students earn a grade of 80% or higher on this paper.

Supporting Attachments:

📎 COH 601 Rubric for Cultural paper (Word Document (Open XML))
Signature Assignment for Global Public Health

Findings for Cultural Health Beliefs Paper

Summary of Findings: 6 students were enrolled in COH 601 in October 2010. All submitted the signature assignment. None of the students scored 80% or higher. Neither the acceptable target nor the ideal target was met.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Moving Away

Recommendations : Supply the students with a more detailed rubric before they prepare the assignment.

Reflections (If Applicable): Students improved achievement in writing assignments in subsequent assignments. They benefitted from feedback regarding thier writing.

Substantiating Evidence:

Health Behavior Presentation


Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 604: Health Behavior are required to prepare and deliver a presentation describing a particular health behavior. They are required to describe the prevalence of the behavior, risk factors, negative consequences, apply a health behavior theory and describe methods to modify the behavior. The rubric created for this assignment includes the professionalism of the sources used, the clarity of the presentation and visual aids as well as a peer evaluation. A total percentage is assigned to each presentation.

Acceptable Target: An acceptable target is that 80% of MPH students earn a grade of 80% or higher on this presentation.

Ideal Target: An ideal target is that 90% of MPH students earn a grade of 80% or higher on this presentation.

Supporting Attachments:

 Rubric for Health Behavior Presentation (Word Document (Open XML))
Rubric for Health Behavior Presentation

Internship Preceptor Survey


Program level; Indirect - Survey

Details/Description: Students in COH 691: Public Health Internship work under the supervision of a public health official for the duration of the course. At the end of the course, the preceptors are asked to evaluate the student based on the PLOs of the MPH program. For this outcome, they are asked to rate the student from 1-5 (5=excellent) on his or her ability to apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Acceptable Target: An acceptable target is that the average response by the preceptors to this question is 4 or greater, indicating a high level of preparation.

Ideal Target: An ideal target is that the average response by the preceptors to this question is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Internship Preceptor Evaluation Form (Word Document (Open XML))
Form completed by internship preceptor upon completion of COH 691. Form requires students to fill-in individual learning outcomes.

Findings for Health Behavior Presentation

Summary of Findings: 21 students enrolled in COH 604: Health Behavior in July 2010. 8 students were enrolled in COH 604: Health Behavior in January 2011. 97% earned a score of 80% or higher. 76% earned a score of 90% or higher.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Offer an orientation session prior to the first MPH class that prepares students for presentations.

Reflections (If Applicable):

Substantiating Evidence:

Findings for Internship Preceptor Survey

Summary of Findings: Thirteen students enrolled in COH 691: Public Health Internship in May 2011 completed a survey that asked them to assess their preparation to perform the program outcomes. The average score for how prepared they feel to apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health programs was 3.23. This ranked #4 of the 5 MPH core PLOs which averaged 3.41 in total.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Moving Away

Recommendations : Validate this measure.

Reflections (If Applicable):

Substantiating Evidence:

Sample CHES exam questions


Program level; Direct - Exam

Details/Description: Eight validated, sample questions from the national "Certified Health Education Specialist" exam are imbedded into the final exam in COH 604: Health Behavior. The questions that relate to health behavior theories are presented in multiple choice format.

Acceptable Target: An acceptable target is that 80% of the MPH students answer 6 of the questions correctly.

Ideal Target: An ideal target is that 90% of the MPH students answer 6 of the questions correctly.

Supporting Attachments:

 CHES Exam Questions related to Health Behavior Theory (Word Document (Open XML))

CHES Questions embedded into final in COH 604

Findings for Sample CHES exam questions

Summary of Findings: 20 students enrolled in COH 604: Health Behavior in July 2010 completed the final exam with embedded CHES questions. 100% answered 6 or more of the questions correctly and 30% of the students answered all correctly.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Continue monitoring.

Reflections (If Applicable): COH 604: Health Behavior is preparing students to pass the CHES exam.

Substantiating Evidence:

Report: Assessment Plan Details for: Master of Public Health

Report Generated by TaskStream

Workspace: Program Annual Report (PAR)

Assessment Plan: 2012 PAR: Assessment Plan and Assessment Findings

Assessment Plan Template: Program Annual Report (PAR)

Report Generated: Wednesday, January 02, 2013

Measures and Findings

Master of Public Health Outcome Set

Program Learning Outcomes

Outcome 1

Analyze and interpret health data.

Mapped to:

- **NU Institutional Learning Outcomes:** 1, 3, 6

Measures & Findings

COH 602 Biostatistics Exam Questions from CPH Exam

Program level; Direct - Exam

Details/Description: Twenty validated practice questions that are used for the national 'Certified in Public Health Exam' were selected as a signature assignment. These questions related to p-values, t-tests, degrees of freedom and interpretation of p-values, are given as an on-line quiz.

Acceptable Target: An acceptable target would be for 80% of MPH students to answer 14 of the 20 questions correctly.

Ideal Target: An ideal target would be for 90% of MPH students to answer all 20 questions correctly.

Supporting Attachments:

[☰ CPH Quiz \(Word Document \(Open XML\)\)](#)

COH 606 Epidemiology Questions from CPH Exam

Program level; Direct - Exam

Details/Description: Twenty validated questions taken from the practice exam for the national 'Certified in Public Health' Exam were selected as a signature assignment. These questions related to randomized control trials, selecting the appropriate approaches to analyzing data according to study design, sensitivity and specificity of screening tests, predictive value of a screening test, study designs and their appropriate measures of effect, are embedded as a quiz in COH 606: Epidemiology.

Findings for COH 602 Biostatistics Exam Questions from CPH Exam

Summary of Findings: Thirty-one students who were enrolled in COH 602: Biostatistics in November 2011 completed the final exam with embedded CPH exam questions. 6 (19%) students answered all questions correctly. 90% (28 students) answered more than 14 (70%) of the questions correctly.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Approaching

Recommendations : MPH students are being prepared for high achievement on the Certified in Public Health Exam in the area of Biostatistics. We will continue to offer tutoring sessions for students who are not achieving high scores in this course.

Reflections (If Applicable): This is a measure with proven external validity.

Substantiating Evidence:

[☰ Exam Statistics for COH 602 \(MHTML\)](#)

Findings for COH 606 Epidemiology Questions from CPH Exam

Summary of Findings: Twenty-two students who were enrolled in COH 606: Epidemiology in August 2011 completed a final exam with embedded questions from the CPH exam. Two students (9%) answered all of the questions correctly. All of the students answered more than 14 (70%) of the questions correctly.

Acceptable Target Achievement: Exceeded


Ideal Target Achievement : Approaching

Recommendations : Students are

Acceptable Target: An acceptable target is that 80% of MPH students will correctly answer 14 of the 20 questions correctly.

Ideal Target: An ideal target is that 90% of the MPH students answer all 20 of the questions correctly.

Supporting Attachments:

 CPH Epi Quiz (Word Document (Open XML))

COH 692: Public Health Capstone Project: Chapter 4-Results


Program level; Direct - Portfolio

Details/Description: All MPH students are required to produce a 5-chapter capstone project that reports on original research or secondary analysis of existing data. Analysis and interpretation of the data is presented in the results chapter. This requires the student to accurately report descriptive and analytical statistics.

Acceptable Target: 80% of the MPH students will receive a grade of 10.75% or higher on the results chapter of their project in COH 692.

Ideal Target: 90% of MPH students will receive a grade of 10.75% or higher on the results chapter of their project in COH 692.

Supporting Attachments:

 Capstone Rubric (Word Document (Open XML))

Student Perception of Preparation Survey

Program level; Indirect - Survey

Details/Description: When students are enrolled in the capstone project (usually the final course) they complete a survey that assesses their preparation in all PLOs. For outcome #1, they are asked to rate their preparation to analyze and interpret health data using a scale of 1 to 5 (5= most prepared).

Acceptable Target: An acceptable target is that the average score is greater than 4, indicating a high level of preparation.

Ideal Target: The ideal target is that the average score that MPH students self-select is greater than 4.5 indicating the highest level of preparation.

Supporting Attachments:

achieving scores on exams that indicate that they could pass the Epidemiology portion of the CPH exam. We will continue to offer tutoring sessions to students who are struggling.

Reflections (If Applicable): This measure is proven to have external validity.

Substantiating Evidence:

 Exam Statistics COH 606 (MHTML)

Findings for COH 692: Public Health Capstone Project: Chapter 4-Results

Summary of Findings: The first cohort of MPH students were enrolled in COH 692: Public Health Capstone Project in July/August 2011. Twelve students were enrolled. Nine submitted their results sections and 8 of the nine received a grade of 13.5 or higher on a 15 point scale. Nine of the nine received a grade of 10.75% or higher on the results section. Including all registered students, 8/12 (66.6%) completed the results section with a grade of 10.75% or higher within six months of registration. 100% of the students who did submit the capstone project earned a grade of 10.75% or higher on the results section.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : The MPH program needs to evaluate the barriers to student completion by interviewing students who did not submit their capstone on time. We need to develop an enhanced system to encourage students to complete their capstone projects within the allotted time.

Reflections (If Applicable): We have developed 'contact points' within the MPH curriculum in relevant courses that encourage the students to begin their capstone projects early. Perhaps the accelerated pace of the program is the barrier to completion. Most programs allow the students one year to complete a thesis/capstone project.

Substantiating Evidence:

Findings for Student Perception of Preparation Survey

Summary of Findings: In November 2011, 9 students who were enrolled in COH 691: Public Health Internship completed a survey to determine their perception of their own preparation to analyze and interpret data. The average rating was 4.5 on a 5 point scale. Last year the rating was 3.38.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Exceeded

Recommendations : We are please that the confidence level of the students in this core public health competency has increased significantly and has exceeded expectations.

Reflections (If Applicable): As the MPH completes its second year, the faculty have

Substantiating Evidence:

Outcome 2

Describe the distribution and determinants of disease, disabilities and death in human populations

Mapped to:

- **NU Institutional Learning Outcomes:** 2, 3, 6

Measures & Findings

COH 601 Data Analysis Assignment: Low, Middle and High Income Nations
Program level; Direct - Student Artifact

Details/Description: Students enrolled in COH 601: Global Public Health, prepare a comparison of 5 health indicators for three selected nations, one low-income, one middle-income and one-high income nation. This requires them to use the WHO and CIA websites to collect the data and make appropriate comparisons. The grading rubric for this assignment establishes total percentage grades.

Acceptable Target: An acceptable target is that 80% of the MPH students will earn a grade of 80% or higher on this assignment.

Ideal Target: An ideal target is that 90% of the MPH students earn a grade of 90% or higher on this assignment.

Supporting Attachments:

📄 COH 601 Data Analysis Rubric (Word Document (Open XML))

COH 692 Public Health Capstone Project
Program level; Direct - Student Artifact

Details/Description: All MPH students are required to produce a 5-chapter capstone project that reports on original research or secondary analysis of existing data. An analytical description of the distribution and determinants of disease, disabilities and death in a human population is essential in determining the need for the project as well as the validity of the research question and findings.

Acceptable Target: 80% of the MPH students will produce a 5-chapter capstone project that receives a grade of Satisfactory or Honors within 6 months of enrollment in COH 692.

Ideal Target: 90% of MPH students will produce a 5-chapter capstone project that receives a grade of Satisfactory or Honors within 6 months of enrollment in COH 692.

Supporting Attachments:

📄 Capstone Rubric (Word Document (Open XML))

Findings for COH 601 Data Analysis Assignment: Low, Middle and High Income Nations

Summary of Findings: Eighteen students who were enrolled in COH 601: Global Public Health in October 2011 submitted the Data Analysis Assignment. The average score on this assignment was 4.53 on a 5-point scale. 100% of the students earned a grade of 4 (80%) or higher. 88% of the students earned a grade of 4.5 (90%) or higher. Eleven students who were enrolled in COH 601 in April 2012 earned an average of 4.59. 72% earned a grade of 4 (80%) or higher and 54% earned a grade of 4.5 (90%) or higher. Overall 90% earned a grade of 80% or higher and 76% earned a grade of 90% or higher.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Approaching

Recommendations : An analysis of the grading of this assignment demonstrates that the students are successful at meeting the demands of this rigorous assignment.

Reflections (If Applicable): This assignment is essential for the development of data analysis skills.

Substantiating Evidence:

Findings for COH 692 Public Health Capstone Project

Summary of Findings: The first cohort of MPH students were enrolled in COH 692: Public Health Capstone Project in July/August 2011. Twelve students were enrolled. Nine submitted their capstone projects and 8 of the nine received a grade of S. Including all registered students, 9/12 (75%) completed the capstone within six months of registration. 100% of the students who did submit the capstone project earned a grade of S or H. There are currently 7 MPH students from cohort 2 that are in the process of completing their capstone projects. they are making satisfactory progress.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : The MPH program needs to evaluate the barriers to student completion by interviewing students who did not submit their capstone on time. We need to develop an enhanced system to encourage students to complete their capstone projects within the allotted time.


Self-perception of preparation survey
Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 691: Public Health Internship complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to describe the distribution and determinants of disease, disabilities and death in human populations using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average self-perception score is greater than 4, indicating a high level of preparation.

Ideal Target: An ideal target is that the average self-perception score is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Survey (Word Document (Open XML))

Reflections (If Applicable): The quality of the MPH capstone projects is very good. The time to completion is less than the target.

Substantiating Evidence:

Findings for Self-perception of preparation survey

Summary of Findings: In November 2011, 9 students who were enrolled in COH 691: Public Health Internship completed a survey to determine their perception of their own preparation to analyze and interpret data. The average rating was 3.75 on a 5 point scale. Last year the rating was 3.46.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : Students' confidence in their abilities to use descriptive epidemiology has increased since last year. The addition of on-line tutorials from CDC may increase the students' skill level in epidemiology.

Reflections (If Applicable): Public Health students nationwide tend to have less confidence in their abilities to use epidemiology than other core public health competencies.

Substantiating Evidence:

Outcome 3

Evaluate the environmental factors that affect the health of a community.

Mapped to:

- **NU Institutional Learning Outcomes:** 1, 3, 6

Measures & Findings

COH 603 Presentation on non-communicable disease


Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 603: Public Health Biology are required to presentation focusing on a non-communicable, chronic disease of great significance in the United States. Students are required to analyze the environmental and occupational risk factors that contribute to the incidence and prevalence of the disease. Students are given a grade using a total percentage.

Acceptable Target: An acceptable target is the 80% of the MPH students earn a total grade of 80% or higher.

Ideal Target: An ideal target is that 90% of the MPH students earn a total grade of 90% or higher.

Supporting Attachments:

 COH 603 Rubric (Word Document (Open XML))

COH 608 Public Health and the Environment Presentation

Course level; Direct - Student Artifact

Findings for COH 603 Presentation on non-communicable disease

Summary of Findings: 12 students who were enrolled in COH 603: Public Health biology in December 2011 gave presentations to the class regarding the environmental factors that affect the health of a community. The average grade was 17.5 on a 20 point scale (87.5%). 100% of the students earned a grade of 80% or higher and 58% earned a grade of 90% or higher.


Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Approaching

Recommendations : Presenting information regarding community health is essential for public health professionals. We must continue to require students to hone their presentation skills.

Reflections (If Applicable): The program needs to explore options for setting benchmarks (ideal targets) that are valid and do not promote grade inflation.

Substantiating Evidence:

 December 2011 grades (Excel Workbook (Open XML))


Findings for COH 608 Public Health and the Environment Presentation

Details/Description: Students enrolled in COH 608: Public Health and the Environment are required to prepare and deliver a presentation (using ClassLive Pro) describing a current environmental health issue (signature assignment). The rubric created for this assignment contains evaluations of background material, balance of issue positions, professionalism of sources, referencing as well as delivery. A portion of the rubric is evaluated by the other students. The grading results in a total percent grade.

Acceptable Target: An acceptable target is that 80% of the MPH students earn a total percent of 80% or higher.

Ideal Target: An ideal target is that 90% of the MPH students earn 90% or higher.

Supporting Attachments:

 COH 608 Rubric (Word Document (Open XML))

Self-perception of preparation survey
Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 691: Public Health Internship complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to evaluate the environmental factors that affect the health of a community using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average score is 4 or higher, indicating a high level of preparation.

Ideal Target: An ideal target is that the average score is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Survey (Word Document (Open XML))

Summary of Findings: 16 students who were enrolled in COH 608 in November 2011 gave a presentation to the class regarding an Environmental Issue. All students earned a grade of 80% or higher. The average was 94% with a range of 92-96%. 81% earned a grade of 90% or higher. In addition, 13 students who were enrolled in COH 608 in May 2012 gave a presentation to the class. 92% earned a grade of 80% or higher with an average score of 96%. The range was 77-99%. 85% earned a grade of 90% or higher. Combining both classes: 96% earned a grade of 80% or higher and 86% earned a grade of 90% or higher.


Acceptable Target Achievement: Met


Ideal Target Achievement : Approaching

Recommendations : Continue assigning this presentation and monitoring its achievement.

Reflections (If Applicable): Oral presentation skills are essential for Public Health professionals.

Substantiating Evidence:

 May 2012 results (Word Document (Open XML))

 November 2011 results (Word Document (Open XML))

Findings for Self-perception of preparation survey

Summary of Findings: In November 2011, 9 students who were enrolled in COH 691: Public Health Internship completed a survey to determine their perception of their own preparation to evaluate the environmental factors that affect the health of a community. The average rating was 4 on a 5 point scale. Last year the rating was 3.69.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : The Council on Education for Public Health only requires us to offer one course in environmental health. Adding more content regarding the environment in other courses may improve the students' confidence in this area.

Reflections (If Applicable): We are pleased that the students' confidence is increasing as the program matures. Student perceptions need to be analyzed for external validity.

Substantiating Evidence:

Outcome 4

Analyze the planning, organization, administration and policies of health care organizations.

Measures & Findings

COH 612 Legislative Initiative Report
Course level; Direct - Student Artifact

Findings for COH 612 Legislative Initiative Report

Mapped to:

- **NU Institutional Learning Outcomes:** 2, 3, 7

Details/Description: Students in COH 612: Health Policy and Advocacy are required to prepare a political advocacy activity that analyzes a proposed state or national-level bill that affects public health. The rubric created for this assignment evaluates the background and history of similar policies as well as the strategic plan for advocating for the enactment of the proposed law. The legislative initiative report is graded using a total percentage.

Acceptable Target: An acceptable target is that 80% of MPH students earn a grade of 80% or higher on this assignment.

Ideal Target: An ideal target is that 90% of MPH students earn a grade of 90% or higher on this assignment.

Supporting Attachments:

📎 COH 612 Rubric (Word Document (Open XML))

HCA 600 Sample CPH exam questions related to healthcare organizations
Program level; Direct - Exam

Details/Description: Twenty validated questions taken from the sample 'Certified in Public Health' exam are imbedded HCA 600: US Healthcare System as an on-line quiz. The questions relate to county health departments' strategic plans, leadership theories and functions of health agencies.

Acceptable Target: An acceptable target is that 80% of the MPH students correctly answer 14 of the 20 questions.

Ideal Target: An ideal target is that 90% of the MPH students correctly answer all 20 questions.

Supporting Attachments:

📎 CPH Quiz (Word Document (Open XML))

Self-perception of preparation survey
Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 692: Public Health Capstone Project (usually the final course) complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to analyze the planning, organization and policies of healthcare organizations using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average response is 4 or higher, indicating a high level of preparation.

Summary of Findings: Twenty students who were enrolled in COH 612: Public Health Policy and Advocacy completed the Legislative Initiative Report. The average score on this assignment was 14.35 on a 15-point scale. 100% of the students earned a grade of 12 (80%) or higher. 95% of the students earned a grade of 13.5 (90%) or higher.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Exceeded

Recommendations : An analysis of the grading of this assignment is warranted in order to determine if academic rigor is expected.

Reflections (If Applicable): Advocating for legislative change to enhance public health is an essential skill for a public health professional.

Substantiating Evidence:

Findings for HCA 600 Sample CPH exam questions related to healthcare organizations

Summary of Findings: Sixteen MPH students who were enrolled in HCA 600: US Healthcare System in September 2011 completed a quiz that included 20 questions related to healthcare administration from the Certified in Public Health Exam. The average score was 13.81 correct answers. 11 of the 16 (69%) students scored 14 or higher.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : The content of HCA 600 needs to include the material that will be on the CPH exam. A review of the content with the new lead faculty for the MHA will be conducted in the next fiscal year.

Reflections (If Applicable): These questions have proven external validity. The two students with the lowest scores did not continue in the MPH program because they failed the course. This skews the data. Perhaps since the quiz was not part of their grade, the students didn't take it seriously.

Substantiating Evidence:

Findings for Self-perception of preparation survey

Summary of Findings: In November 2011, 9 students who were enrolled in COH 691: Public Health Internship completed a survey to determine their perception of their own preparation to analyze the planning, organization, administration and policies of health care organizations. The average rating was 3.5 on a 5 point scale. Last year the rating was 3.31.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Ideal Target: An ideal target is that the average response is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

📎 Survey (Word Document (Open XML))

Recommendations : The Council on Education for Public Health only requires that we offer one course regarding healthcare administration to MPH students. Additional content needs to be added to other courses to enhance this area.

Reflections (If Applicable): Next year HCA 600: US Healthcare System, will be taught by a full-time faculty member who is the lead for the MHA. This should strengthen the course.

Substantiating Evidence:

Outcome 5

Apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Mapped to:

- **NU Institutional Learning Outcomes:**
1, 2, 3, 4, 5, 6, 7

Measures & Findings

COH 601 Cultural Health Beliefs Paper
Program level; Direct - Student Artifact

Details/Description: Students enrolled in COH 601: Global Public Health are required to prepare a paper that describes a cultural group within the United States or global, and their relevant beliefs, values, attitudes and health behaviors. The rubric created for this assignment evaluates the clarity of the writing, referencing and professionalism of sources as well as demonstration of the concepts of social and behavioral science. The paper is graded using a total percent.

Acceptable Target: An acceptable target is that 80% of the MPH students earn a grade of 80% or higher on this paper.

Ideal Target: An ideal target is that 90% of MPH students earn a grade of 90% or higher on this paper.

Supporting Attachments:

📎 COH 601 Cultural Paper Rubric (Word Document (Open XML))

Findings for COH 601 Cultural Health Beliefs Paper

Summary of Findings: Eighteen students who were enrolled in COH 601: Global Public Health completed the Cultural Health Beliefs paper. The average score on this assignment was 4.92 on a 5-point scale. 100% of the students earned a grade of 4.5 (90%) or higher. Eleven additional students who were enrolled in COH 601 in April 2012 earned an average score of 4.6. 72% earned a grade of 90% or higher and 72% also earned a grade of 80% or higher. Overall, 90% earned a grade of 90% or higher.

Acceptable Target Achievement:
Exceeded

Ideal Target Achievement : Exceeded

Recommendations : An analysis of the grading of this assignment is warranted to determine if academic rigor is expected.

Reflections (If Applicable): This assignment is essential for the development of application of social and behavioral science to public health.

Substantiating Evidence:

COH 604 Health Behavior Presentation

Program level; Direct - Student Artifact

Details/Description: Students enrolled in COH 604: Health Behavior are required to prepare and deliver a presentation describing a particular health behavior. They are required to describe the prevalence of the behavior, risk factors, negative consequences, apply a health behavior theory and describe methods to modify the behavior. The rubric created for this assignment includes the professionalism of the sources used, the clarity of the presentation and visual aids as well as a peer evaluation. A total percentage is assigned to each presentation.

Acceptable Target: An acceptable target is that 80% of MPH students earn a grade of 80% or higher on this presentation.

Ideal Target: An ideal target is that 90% of MPH students earn a grade of 90% or higher on this presentation.

Supporting Attachments:

Findings for COH 604 Health Behavior Presentation

Summary of Findings: Twelve students who were enrolled in COH 604: Health Behavior in January 2012 gave a presentation applying health behavior theories to one particular health behavior. The average score was 46.2 (92%). 100% of the students earned a score of 90% or higher on this assignment.


Acceptable Target Achievement:
Exceeded

Ideal Target Achievement : Exceeded

Recommendations : An analysis of the grading of these presentations is warranted to determine if enough academic rigor is expected.

Reflections (If Applicable): Presentation skills are essential for public health professionals.

Substantiating Evidence:

 COH 604 Rubric (Word Document (Open XML))

COH 692 Public Health Capstone Project


Program level; Direct - Student Artifact

Details/Description: All MPH students are required to produce a 5-chapter capstone project that reports on original research or secondary analysis of existing data. An application of the concepts of social justice and social and behavioral science relevant to the identification and solution of public health problems is an essential component of the capstone project.

Acceptable Target: 80% of the MPH students will produce a 5-chapter capstone project that receives a grade of Satisfactory or Honors within 6 months of enrollment in COH 692.

Ideal Target: 90% of MPH students will produce a 5-chapter capstone project that receives a grade of Satisfactory or Honors within 6 months of enrollment in COH 692.

Supporting Attachments:

 Capstone Rubric (Word Document (Open XML))

Internship Preceptor Survey

Program level; Indirect - Survey

Details/Description: Students in COH 691: Public Health Internship work under the supervision of a public health official for the duration of the course. At the end of the course, the preceptors are asked to evaluate the student based on the PLOs of the MPH program. For this outcome, they are asked to rate the student from 1-5 (5=excellent) on his or her ability to apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Acceptable Target: An acceptable target is that the average response by the preceptors to this question is 4 or greater, indicating a high level of preparation.

Ideal Target: An ideal target is that the average response by the preceptors to this question is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Survey (Word Document (Open XML))

Sample CHES exam questions

Program level; Direct - Exam

Findings for COH 692 Public Health Capstone Project

Summary of Findings: The first cohort of MPH students were enrolled in COH 692: Public Health Capstone Project in July/August 2011. Twelve students were enrolled. Nine submitted their capstone projects and 8 of the nine received a grade of S. Including all registered students, 9/12 (75%) completed the capstone within six months of registration. 100% of the students who did submit the capstone project earned a grade of S or H. There are currently 7 MPH students from cohort 2 that are in the process of completing their capstone projects. they are making satisfactory progress.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : The MPH program needs to evaluate the barriers to student completion by interviewing students who did not submit their capstone on time. We need to develop an enhanced system to encourage students to complete their capstone projects within the allotted time.

Reflections (If Applicable): The quality of the MPH capstone projects is very good. The time to completion is less than the target.

Substantiating Evidence:

Findings for Internship Preceptor Survey

Summary of Findings: In November 2011, 9 students who were enrolled in COH 691: Public Health Internship completed a survey to determine their perception of their own preparation to apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems. The average rating was 3.9 on a 5 point scale. Last year the rating was 3.23.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : Students' confidence in application of social and behavioral sciences has increased since last year. In order to continue toward the target, the courses that cover material on health behavior need to be analyzed to determine areas that warrant enhancement in lectures, discussions, readings and activities.

Reflections (If Applicable): We are pleased that the students' confidence is increasing as the MPH program matures.

Substantiating Evidence:


Findings for Sample CHES exam questions

Details/Description: Twenty validated, sample questions from the national "Certified Health Education Specialist" exam are imbedded as an on-line quiz in COH 604: Health Behavior. The questions that relate to health behavior theories are presented in multiple choice format.

Acceptable Target: An acceptable target is that 80% of the MPH students answer 14 of the 20 questions correctly.

Ideal Target: An ideal target is that 90% of the MPH students answer all 20 questions correctly.

Supporting Attachments:

 CHES Behavior Quiz (Word Document (Open XML))

Summary of Findings: Twelve students who were enrolled in COH 604: Health Behavior in January 2012 completed a quiz that contained questions taken directly from the Certified in Public Health sample questions. 3 students (25%) answered all questions correctly. 82% (13) students answered more than 14 (70%) of the questions correctly.

Acceptable Target Achievement:
Exceeded

Ideal Target Achievement : Approaching

Recommendations : While most students would pass this section of the CPH exam, some have not achieved the required level. Some of the questions on the CPH exam cover material covered in courses other than COH 604: Health Behavior. An adjustment in the signature assignment is warranted.

Reflections (If Applicable): This is a measure with proven external validity.

Substantiating Evidence:

 Exam Statistics COH 604 (MHTML)

Report: Assessment Plan Details for: Master of Public Health Specializing in Health Promotion

Report Generated by TaskStream

Workspace: Program Annual Report (PAR)

Assessment Plan: 2012 PAR: Assessment Plan and Assessment Findings

Assessment Plan Template: Program Annual Report (PAR)

Report Generated: Wednesday, January 02, 2013

Measures and Findings

Master of Public Health Specializing in Health Promotion Outcome Set

Program Learning Outcomes

Outcome 1

Assess individual and community needs for health education.

Mapped to:

- CHES - Certified Health Education Specialist: Area I,
- NU Institutional Learning Outcomes: 3, 4, 6

Measures & Findings

CHES Exam Needs Assessment Questions

Course level; Direct - Student Artifact

Details/Description: 10 questions taken from the CHES practice exam that are designated as related to needs assessment are included in the final exam for COH 609: Public Health Program Evaluation. The exam is graded on a 50 point scale.

Acceptable Target: The average score on the exam will be 40 points or higher.

Ideal Target: The average score on the exam will be 45 points or higher.

Supporting Attachments:

 COH 609 Final Exam (Microsoft Word)

Findings for CHES Exam Needs Assessment Questions

Summary of Findings: 19 students who were enrolled in COH 609: Public Health Program Evaluation, completed a 50 point exam that included questions from the CHES exam. The range of scores was 37-50, with an mean of 43, median of 42 and difficulty rating of .51. The students have met the acceptable target.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : The mean score of 43 indicates that the program is preparing students for the CHES exam in the core competency of Program Evaluation. Only 4 students scored below 40.

Reflections (If Applicable): An item analysis of the exam questions might indicate an area or areas in which the course materials and activities can be strengthened.

Substantiating Evidence:


Needs Assessment: Program Proposal
Course level; Direct - Student Artifact

Details/Description: Students in COH 607: Public Health Program Planning are required to complete a multi-component program proposal. The needs assessment component has been identified as the signature assignment for this outcome. The grading rubric evaluates the needs assessment as 5= outstanding achievement, 4= Commendable, 3= Marginal Achievement, 2= Unsatisfactory and 1= Failing.

Acceptable Target: The average grade for the needs assessment component of the program proposal will be 4 or greater.

Ideal Target: The average grade for the needs assessment component of the program proposal will be 4.5 or greater.

Supporting Attachments:

 COH 607 Proposal Rubric (Microsoft Word)

Self-Assessment of Preparation

Program level; Indirect - Survey

Details/Description: MPH students who have completed all courses are required to complete an internship. When they apply for internship, they complete a survey that asks them to rank their perception of preparation in each of the PLOs on a scale of 5 = highly prepared to 1= not prepared.

Acceptable Target: The average ranking for perception of ability to assess individual and community needs for health education will be 4 or higher.

Ideal Target: The average ranking for perception of ability to assess individual and community needs for health education will be 4.5 or higher.

Supporting Attachments:

 Self Perception of Preparation MPH HP.docx (Word Document (Open XML))

Findings for Needs Assessment:
Program Proposal

Summary of Findings: 16 students enrolled in COH 607: Public Health Program Development, completed the program proposal in February 2012. The mean score on the needs assessment section of this proposal was 4.15 out of 5 points. All students earned a score of 80% or higher on this section.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Further analysis of this signature assignment might indicate concepts that warrant further emphasis in the lectures, discussions, readings and activities.

Reflections (If Applicable): Writing a needs assessment is essential for public health professionals since it is a component of research projects, grant proposals and the development of community-level interventions. The program is preparing students to become public health professionals who can perform a needs assessment.

Substantiating Evidence:

Findings for Self-Assessment of Preparation

Summary of Findings: Nine students who were enrolled in COH 691: Public Health Internship completed a survey regarding their perception of preparation in the area of assessing the individual and community needs for health education. The average ranking was 3.6. This is the same rating as last year. The students ranked this area lower than the other competencies.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : The curriculum needs to prepare students for needs assessments since this is a vital function of a public health professional. The direct measures indicate achievement while student perception is low. Further analysis into the validity of this measure is required.

Reflections (If Applicable): Perhaps the targets are too high. An analysis of student perception norms is warranted.

Substantiating Evidence:

Outcome 2

Plan health education strategies,

Measures & Findings

interventions, and programs.

Mapped to:

- CHES - Certified Health Education Specialist: Area II,
- NU Institutional Learning Outcomes: 4, 6, 7

Presentation of Evaluation Plan


Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 609: Public Health Program Evaluation are required to present a program to be evaluated. The description of the program component is graded on a 30 point scale.

Acceptable Target: The average score for the program description will be 25 or greater.

Ideal Target: The average score for the program description will be 27.5 or greater.

Supporting Attachments:

 COH 609 Proposal Rubric (Microsoft Word)

Findings for Presentation of Evaluation Plan

Summary of Findings: 19 students enrolled in COH 609: Public Health Program Evaluation in December 2011 completed an evaluation plan. The mean score on the program description was 25.5 out of 30 points. Two students earned a grade of lower than 80%.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Public Health professionals are required to write clear and concise descriptions of programs and interventions. An analysis of the weakest components of students' program descriptions might be used to strengthen the course lectures, discussions, readings and activities.

Reflections (If Applicable): The MPH program is adequately preparing students to become public health professionals.

Substantiating Evidence:

Program Plan

Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 607: Public Health Program are required to complete a multicomponent program proposal. The planning component is graded as 5 = Outstanding achievement, 4=commendable achievement, 3 = marginal achievement, 2= unsatisfactory and 1 = failing.

Acceptable Target: The average score earned on the program plan component will be 4 or greater.

Ideal Target: The average score earned on the program plan component will be 4.5 or greater.

Supporting Attachments:

 COH 607 Grant Proposal Rubric (Microsoft Word)

Findings for Program Plan

Summary of Findings: 16 students enrolled in COH 607: Public Health Program Development, completed the grant proposal in February 2012. The mean score on the program plan section of this proposal was 4.15 out of 5 points. All students earned a score of 80% or higher on this section.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : An analysis of the weaker grant proposals might indicate areas in which greater emphasis should be included in the lectures, readings, activities and discussions.

Reflections (If Applicable): Writing a strong grant proposal is a highly marketable skill for a public health educator.

Substantiating Evidence:

Self-perception of preparation

Program level; Indirect - Survey

Details/Description: MPH students who have completed all courses are required to complete an internship. When they apply for internship, they complete a survey that asks them to rank their perception of preparation in each of the PLOs on a scale of 5 = highly prepared to 1= not prepared.

Acceptable Target: The average ranking on preparation to plan health education strategies, interventions, and programs will be 4 or greater.

Ideal Target: The average ranking on preparation to plan health education strategies, interventions, and programs will be 4.5 or greater.

Supporting Attachments:

📎 Self Perception of Preparation MPH HP.docx (Word Document (Open XML))

Findings for Self-perception of preparation

Summary of Findings: Nine students who were enrolled in COH 691: Public Health Internship completed a survey regarding their perception of their own preparation in the area of planning health education strategies, interventions and programs. The average rating was 3.9 on a 5-point scale. Last year the rating was 3.38.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : The validity of self-reflection needs to be determined. The direct measures indicate achievement.

Reflections (If Applicable): Students' perception of their own preparation are improving since last year. Perhaps the targets are not realistic given that many students are modest and that confidence increases when students complete an internship and enter the workforce.

Substantiating Evidence:

Outcome 3

Implement health education strategies, interventions, and programs.

Mapped to:

- CHES - Certified Health Education Specialist: Area III,
- NU Institutional Learning Outcomes: 2, 5, 6, 7

Measures & Findings

Health Education Strategies Case Study

Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 618: Health Promotion Strategies and Tactics are required to complete a case study analysis. The responses are graded on a 4 point scale.

Acceptable Target: 80% of the students enrolled in COH 618 will submit answers to the case studies and earn a grade of 80% (B) or better.

Ideal Target: 90% of the students enrolled in COH 618 will submit answers to the case studies and earn a grade of 80% (B) or better.

Supporting Attachments:

📎 COH 618 Case Studies (Word Document (Open XML))

📎 COH 618 Case Study Rubric (Word Document (Open XML))

Findings for Health Education Strategies Case Study

Summary of Findings: Seventeen students completed COH 618: Health Promotion Strategies and Tactics in January 2012. All students submitted answers to the case studies on the Ecological Model, Social Marketing and Community Organization. 85.5% earned a grade of B or better on the assignment. Based on these results, the acceptable target was achieved.

Acceptable Target Achievement: Met

Ideal Target Achievement : Exceeded

Recommendations : Case studies are a measure of the students' ability to apply theories to situations. The case study is a valuable assessment tool.

Reflections (If Applicable): The case studies in COH 618, clearly address the desired outcome since application of models is essential for implementation of health promotion programs.

Substantiating Evidence:

Program Evaluation Proposal:**Description of the Program**


Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 609: Public Health Program Evaluation are required to complete a Program Evaluation Proposal that includes a Description of Program Implementation. This component is graded as 4=outstanding, 3=commendable, 2=acceptable and 1=marginal.

Acceptable Target: The average scored earned on the Description of Program Implementation will be 3 or greater.

Ideal Target: The average scored earned on the Description of Program Implementation will be 3.5 or greater.

Supporting Attachments:

 COH 609 Evaluation Proposal Rubric (Microsoft Word)

Student Perception of Preparation Survey

Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 691: Public Health Internship Project complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to implement health education strategies, interventions and program using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average score is greater than 4, indicating a high level of preparation.

Ideal Target: The ideal target is that the average score that MPH students self-select is greater than 4.5 indicating the highest level of preparation.

Supporting Attachments:

 Self Perception of Preparation MPH HP.docx (Word Document (Open XML))

Findings for Program Evaluation Proposal: Description of the Program

Summary of Findings: 19 students who enrolled in COH 609: Public Health Program Evaluation completed an Evaluation Plan that included a description of program implementation. The average score earned was 88% or 3.5 out of 4 points. 18 (90%) of the students scored 80% or higher.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Exceeded

Recommendations : The MPH program is preparing students to describe programs and interventions.

Reflections (If Applicable): It is essential for public health professionals in the health promotion field to concisely and accurately describe a program or intervention.

Substantiating Evidence:**Findings for Student Perception of Preparation Survey**

Summary of Findings: Nine students who enrolled in COH 691: Public Health Internship completed the survey that measures their perception of preparation in the competency to implement health education strategies, interventions and programs. The average rating was 3.9 on a 5-point scale. Last year this rating was 3.38.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : Students' confidence in their preparation to implement public health promotion programs has increased. The MPH program should continue to offer opportunities for students to participate in programs in the classroom and in the community.

Reflections (If Applicable): As the MPH program matures, the expectations of the faculty and the confidence of the students increases.

Substantiating Evidence:**Outcome 4**

Conduct evaluation related to health

Measures & Findings

education.

Mapped to:

- **CHES - Certified Health Education Specialist:** Area IV,
- **NU Institutional Learning Outcomes:** 3, 6

CHES Exam questions related to evaluation


Course level; Direct - Exam

Details/Description: Ten validated questions taken from the practice exam for the national 'Certified in Public Health' Exam were selected as a signature assignment. These questions related to conducting evaluations are imbedded into the final exam in COH 609: Public Health Program Evaluation. The exam is graded on a 50 point scale.

Acceptable Target: The average score on the exam will be 40 points or higher.

Ideal Target: The average score on the exam will be 45 points or higher.

Supporting Attachments:

 COH 609 Final Exam (Microsoft Word)

Findings for CHES Exam questions related to evaluation

Summary of Findings: 19 students who were enrolled in COH 609: Public Health Program Evaluation, completed a 50 point exam that included questions from the CHES exam. The range of scores was 37-50, with an mean of 43, median of 42 and difficulty rating of .51. The students have met the acceptable target.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : The mean score of 43 indicates that the program is preparing students for the CHES exam in the core competency of Program Evaluation. Only 4 students scored below 40.

Reflections (If Applicable): An item analysis of the exam questions might indicate an area or areas in which the course materials and activities can be strengthened.

Substantiating Evidence:

Evaluation Plan in COH 609

Program level; Direct - Student Artifact

Details/Description: Students enrolled in COH 609: Public Health Program Evaluation are required to submit a plan for evaluating the program that they planned in COH 607: Public Health Program Planning. This assignment is graded using a standard rubric and the completed assignment is scored on a 60 point scale.

Acceptable Target: The average score on the evaluation plan will be 45 points or higher.

Ideal Target: The average score on the evaluation plan will be 55 points or higher.

Supporting Attachments:

 COH 609 Evaluation Plan Rubric (Microsoft Word)

Findings for Evaluation Plan in COH 609

Summary of Findings: Nineteen students who were enrolled in COH 609: Public Health Program Evaluation completed an Evaluation Plan. The average score was 52.5 on a 60-point scale (88%). Only one student earned a score of less than 80% on this assignment.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Approaching

Recommendations : The MPH program is preparing students to conduct program evaluations. An analysis of the weaker components in the evaluation plans might indicate an area that greater emphasis in the lectures, readings, discussions and activities is warranted.

Reflections (If Applicable): Program Evaluation is an essential skill for public health educators.

Substantiating Evidence:

Self-perception of preparation survey

Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 691 Public Health Internship complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to conduct evaluation related to health education using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average response is 4 or higher, indicating a high level of preparation.

Ideal Target: An ideal target is that the average response is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Self Perception of Preparation MPH HP.docx (Word Document (Open XML))

Findings for Self-perception of preparation survey

Summary of Findings: Nine students who enrolled in COH 691: Public Health Internship completed the survey that measures their perception of preparation in the competency to evaluate public health interventions and programs. The average rating was 4 on a 5-point scale. Last year this rating was 3.15.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : The perception of MPH students is that they are prepared to conduct public health program evaluations. The program should continue to offer students the opportunities to read published evaluations and to create their own evaluation plans.

Reflections (If Applicable): The MPH program is maturing. Students have greater confidence in the program and their own competencies.

Substantiating Evidence:

Outcome 5

Administer health education strategies and interventions.

Mapped to:

- CHES - Certified Health Education Specialist: Area V,
- NU Institutional Learning Outcomes: 1, 2

Measures & Findings

Research Paper in COH 618: Health Promotion Strategies and Tactics


Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 618: Health Promotion Strategies and Tactics are required to write a research paper that evaluates the utility and efficacy of various strategies employed to promote a particular health behavior change. The research paper is graded using a standard rubric that evaluates content and writing mechanics.

Acceptable Target: 80% of the MPH students will earn a grade of 80% or higher on this research paper.

Ideal Target: 90% of MPH students will earn a grade of 80% or higher on this research paper.

Supporting Attachments:

 COH 618 Research Paper Rubric (Word Document (Open XML))

Findings for Research Paper in COH 618: Health Promotion Strategies and Tactics

Summary of Findings: Seventeen students who were enrolled in COH 618: Health Promotion Strategies and Tactics submitted a 10-paged research paper on a successful project that has demonstrated the efficacy of the use of various strategies employed to promote one particular health behavior change. 82% earned a grade of 80% or higher on this assignment.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : This research paper is beneficial to the MPH students since academic writing as well as application of strategies and tactics in health education are essential skills for a public health educator.

Reflections (If Applicable): The MPH program is implementing a writing mentorship project that should enhance the writing skills of the students. Assignments like this one with a strong emphasis on writing skills will be monitored further.

Substantiating Evidence:

Secondary Analysis: Research Questions


Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 613: Public Health Informatics are required to submit a multi component secondary analysis. In this component they are required to present their research questions and strategies for gathering the necessary information. This component is graded on a scale of 0-5 points.

Acceptable Target: 80% of the MPH students will earn 5 points on this component of their secondary analysis.

Ideal Target: 90% of the MPH students will earn 5 points on this component of their secondary analysis.

Supporting Attachments:

 COH 613_Rubric Secondary Data Analysis.docx (Word Document (Open XML))

Self-perception of preparation survey


Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 691 Public Health Internship complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to administer health education strategies and interventions using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average response is 4 or higher, indicating a high level of preparation.

Ideal Target: An ideal target is that the average response is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Self Perception of Preparation MPH HP.docx (Word Document (Open XML))

No Findings Added to Secondary Analysis: Research Questions

Findings for Self-perception of preparation survey

Summary of Findings: Nine students who enrolled in COH 691: Public Health Internship completed the survey that measures their perception of preparation in the competency to administer health education strategies, interventions and programs. The average rating was 3.9 on a 5-point scale. Last year this rating was 3.23.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : Measures of perceptions of preparation should be analyzed for validity. Perhaps we should repeat the measurement at the end of the internship.

Reflections (If Applicable): The MPH program is preparing students with the necessary skills to enter the workforce as public health educators.

Substantiating Evidence:

Outcome 6

Serve as a health education resource

Measures & Findings

person.

Mapped to:

- **CHES - Certified Health Education Specialist:** Area VI,
- **NU Institutional Learning Outcomes:** 1, 2

Group project in COH 618

Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 618: Health Promotion Strategies and Tactics are required to create a project using Photo Voice. This assignment is graded using a standard rubric that evaluates content as well as delivery methods.

Acceptable Target: 80% of the groups will earn a grade of 80% or higher on this assignment.

Ideal Target: 80% of the groups will earn a grade of 90% or higher on this assignment.

Supporting Attachments:

 COH 618 Group Project Rubric (Microsoft Word)

Secondary analysis in COH 613: presentation of results

Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 613: Public Health Informatics are required to submit a multi component secondary analysis. In this component they are required to present the results as a resource for advocacy or decision making. This component is graded on a scale of 0-5

Acceptable Target: 80% of MPH students will earn a grade of 5 points on this component.

Ideal Target: 90% of MPH students will earn a grade of 5 points on this component.

Supporting Attachments:

 COH 613_Rubric Secondary Data Analysis.docx (Word Document (Open XML))

Findings for Group project in COH 618

Summary of Findings: Seventeen students enrolled in COH 618: Health Promotion Strategies and Tactics in January 2012 submitted a group project as part of the experience of mastering the course content 'regaining or strengthening one's voice and to increase group solidarity'. 94% of the group earned a grade of 80% (B) or higher on this assignment.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Exceeded

Recommendations : An analysis of the students' project is needed to determine if enough rigor is employed in grading.

Reflections (If Applicable): A public health educator needs to embrace the culture of the community in order to serve as an acceptable resource person.

Substantiating Evidence:

Findings for Secondary analysis in COH 613: presentation of results

Summary of Findings: 17 Students enrolled in COH 613 in April 2012 and completed the Assignment. The instructor reported that 15/17 (88.2%) students received a 80% or better and 8/17 (47.0%) received 90% or better for the assignment Results: Acceptable Target Achievement: Met; Ideal Target Achievement: Not Met

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Continue to require this assignment.

Reflections (If Applicable): Secondary Analysis is an important skill for a Public Health Educator. This assignment will also prepare the students for the capstone project.

Substantiating Evidence:

 COH 613 Signature Assignment Findings April2012.docx (Word Document (Open XML))

Self-perception of preparation survey
Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 691 Public Health Internship complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to serve as a health education resources person using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average response is 4 or higher, indicating a high level of preparation.

Ideal Target: An ideal target is that the average response is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

📎 Self Perception of Preparation MPH HP.docx (Word Document (Open XML))

Findings for Self-perception of preparation survey

Summary of Findings: Nine students who enrolled in COH 691: Public Health Internship completed the survey that measures their perception of preparation in the competency to serve as a health education resource person. The average rating was 3.75 on a 5-point scale. Last year this rating was 3.69.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : The average ratings are higher than last year. However, since the students are not meeting the target, either the program needs to seek methods to increase the students' confidence or to re-establish the targets based on external validity.

Reflections (If Applicable): Students' confidence may increase after the internship and capstone project. Perhaps we should employ an additional measurement of the same metric.

Substantiating Evidence:

Outcome 7

Communicate and advocate for health and health education.

Mapped to:

- CHES - Certified Health Education Specialist: Area VII,
- NU Institutional Learning Outcomes: 1, 2, 4

Measures & Findings

Presentation of lesson plan in COH 618: Health Promotion Strategies and Tactics

Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 618: Health Promotion Strategies and Tactics are required to prepare a lesson plan targeting a specific audience and health behavior. In this assignment, the students role-play implementing the lesson in class.

Acceptable Target: 80% of MPH students will earn a grade of 80% or higher on this lesson plan and presentation.

Ideal Target: 80% of MPH students will earn a grade of 90% or higher on this lesson plan and presentation.

Supporting Attachments:

📎 COH 618 Lesson Plan Rubric (Word Document (Open XML))

Findings for Presentation of lesson plan in COH 618: Health Promotion Strategies and Tactics

Summary of Findings: All seventeen students who were enrolled in COH 618: Health Promotion Strategies and Tactics prepared a presentation on a particular health issue using a comprehensive lesson plan and lead a dynamic class discussion and activity. 100% of the students earned a grade of 80% (B) or higher on this assignment.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Exceeded

Recommendations : A rubric with a greater emphasis on academic rigor should be employed for this assignment.

Reflections (If Applicable): This assignment is important since it allows the students to practice their teaching and facilitating skills in a safe environment. This is essential for public health educators.

Substantiating Evidence:

CHES Exam questions related to advocacy and communication


Program level; Direct - Exam

Details/Description: Ten validated questions taken from the practice exam for the national 'Certified in Public Health' Exam were selected as a signature assignment. These questions related to advocacy are imbedded into the final exam in COH 609: Public Health Program Evaluation. The exam is graded using a 50 point scale.

Acceptable Target: The average score on the exam will be 40 points or higher.

Ideal Target: The average score on the exam will be 45 points or higher.

Supporting Attachments:

 COH 609 Final Exam (Microsoft Word)

Findings for CHES Exam questions related to advocacy and communication

Summary of Findings: 19 students who were enrolled in COH 609: Public Health Program Evaluation, completed a 50 point exam that included questions from the CHES exam. The range of scores was 37-50, with an mean of 43, median of 42 and difficulty rating of .51. The students have met the acceptable target.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Approaching

Recommendations : The mean score of 43 indicates that the program is preparing students for the CHES exam in the core competency of Advocacy and Communication. Only 4 students scored below 40.

Reflections (If Applicable): An item analysis of the exam questions might indicate an area or areas in which the course materials and activities can be strengthened.

Substantiating Evidence:

Self-perception of preparation survey

Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 691 Public Health Internship complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to communicate and advocate for health and health education using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average response is 4 or higher, indicating a high level of preparation.

Ideal Target: An ideal target is that the average response is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Self Perception of Preparation MPH HP.docx (Word Document (Open XML))

Findings for Self-perception of preparation survey

Summary of Findings: Nine students who enrolled in COH 691: Public Health Internship completed the survey that measures their perception of preparation in the competency to communicate and advocate for health and health education. The average rating was 3.9 on a 5-point scale. Last year this rating was 3.17.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : Students' confidence in their own ability to advocate has increased since last year. Students should be given more opportunities to interact with the community through volunteer experiences.

Reflections (If Applicable): The MPH program is implementing a requirement for students to demonstrate at least 20 hours of public health volunteer work in the community throughout the MPH program.

Substantiating Evidence:

Outcome 8

Apply appropriate research principles

Measures & Findings

and techniques in health education.

Mapped to:

- **CHES - Certified Health Education Specialist:** Area I, Area II, Area III, Area IV, Area V, Area VI, Area VII,
- **NU Institutional Learning Outcomes:** 1, 2, 3, 6

Logic Model in COH 609

Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 609: Public Health Program Evaluation are required to complete an evaluation plan that includes the development of a logic model. This component is graded on a scale of 1-8.

Acceptable Target: 80% of MPH students will earn a grade of 6.4 or greater on their logic model.

Ideal Target: 90% of MPH students will earn a grade of 6.4 or greater on their logic model.

Supporting Attachments:

 COH 609 Logic Model (Microsoft Word)

Findings for Logic Model in COH 609

Summary of Findings: Nineteen students who were enrolled in COH 609: Public Health Program Evaluation submitted logic models that demonstrate appropriate research principles and techniques in health education. The average score was 6.56 (82%) on an 8 point scale. 13 students (76%) earned a score of 6.4 or greater.

Acceptable Target Achievement: Not Met

Ideal Target Achievement : Approaching

Recommendations : The lecture, discussion, reading and activities related to developing a logic model should be enhanced.

Reflections (If Applicable): Logic models are often required for the submission of a grant proposal. This is an essential skill for a public health educator.

Substantiating Evidence:

Secondary Analysis : Conclusions in COH 613: Public Health Informatics

Course level; Direct - Student Artifact

Details/Description: Students enrolled in COH 613: Public Health Informatics are required to submit a multi component secondary analysis. In this component they are required to present valid conclusions based on the analysis of the data. The secondary analysis is graded on a scale of 0-50 points.

Acceptable Target: The average score on the secondary analysis will be 40 points or higher.

Ideal Target: The average score on the secondary analysis will be 45 points or higher.

Supporting Attachments:

 COH 613_Rubric Secondary Data Analysis.docx (Word Document (Open XML))

Findings for Secondary Analysis : Conclusions in COH 613: Public Health Informatics

Summary of Findings: Seven students enrolled in COH 613: Public Health Informatics conducted a secondary analysis of public health data. The average for this assignment was 46.86 (93.7%) on a 50 point scale. Only one student earned a grade below 90%. 17 Students enrolled in COH 613 in April 2012 and completed the Assignment. The instructor reported that 13/17 (76.4%) students received a 80% or better and 11/17 (64.7%) received 90% or better for this component. Overall combing the results from two classes 85% earned a grade of 40 points or higher.

Acceptable Target Achievement: Exceeded

Ideal Target Achievement : Approaching

Recommendations : An analysis of the submitted work demonstrates that academic rigor is employed in grading this assignment.

Reflections (If Applicable): Data analysis is an essential skill for a public health professional.

Substantiating Evidence:

Self-perception of preparation survey


Program level; Indirect - Survey

Details/Description: Students who are enrolled in COH 691 Public Health Internship complete a survey that assesses their perception of preparation of all PLOs. For this outcome students are asked to rank their own ability to apply appropriate research principles and techniques in health education using a scale of 1-5 (5= very confident in their preparation).

Acceptable Target: An acceptable target is that the average response is 4 or higher, indicating a high level of preparation.

Ideal Target: An ideal target is that the average response is greater than 4.5, indicating the highest level of preparation.

Supporting Attachments:

 Self Perception of Preparation MPH HP.docx (Word Document (Open XML))

Findings for Self-perception of preparation survey

Summary of Findings: Nine students who enrolled in COH 691: Public Health Internship completed the survey that measures their perception of preparation in the competency to apply appropriate research principles and techniques in health education. The average rating was 4 on a 5-point scale. Last year this rating was 3.38.

Acceptable Target Achievement: Met

Ideal Target Achievement : Approaching

Recommendations : Students' perceptions of their own preparation to apply research methods in health education has improved since last year. This measure needs to be analyzed for external validity.

Reflections (If Applicable): Students' confidence in performing research is likely to increase after completion of the capstone project.

Substantiating Evidence:

DAVID O. ADESANYA, MD MPH
2152 Silverado St • San Marcos, California 92078
Cell 951.454.1310
dadesanya@yahoo.com , dadesanya@llu.edu , dadesanya@nu.edu

GLOBAL EPIDEMIOLOGIST

A global epidemiologist and a community health practitioner with expansive knowledge, education, and experience spanning full range of infectious disease prevention & control; public health; clinical/scientific research and preventive care. Global track record of success in research project management, qualitative and quantitative data analysis. Decisive and articulate strategic planner with highly developed methodological, analytical, and technical skills. Proven ability to compile, analyze, interpret, and effectively communicate highly complex medical and scientific data for key stakeholders and thought leaders within cross-functional academic, public, research and hospital settings.

PROFESSIONAL SYNOPSIS

NATIONAL UNIVERSITY, San Diego, California • 2010-Present

Global Epidemiologist/Assistant Professor, School of Health & Human Services:

Perform course instruction, programming and curriculum content development for Health and Human Services courses including Public Health, Biology, Global Health Promotion, Introduction to Public Health, Introduction to Epidemiology, Communicable Diseases, and Program Planning and Development. Design, analyze, and interpret scientific studies.

NATIONAL UNIVERSITY, San Diego, California • 2010-Present

Program Director Bachelors in Public Health:

As program director, I manage, coordinate, and conduct continuous assessment of the bachelors in public health program. Manage and coordinate the hiring of faculty. Serve on university and school committees for school initiatives. I actively supervise practicum and internships for students. Manage grants/cooperative agreements and comparable funding sources for contracts

NATIONAL UNIVERSITY, San Diego, California • 2009-2010

Adjunct Professor, School of Health & Human Services:

Perform course instruction, programming and curriculum content development for Health and Human Services courses including Public Health, Biology, Global Health Promotion, Introduction to Public Health, Introduction to Epidemiology, Communicable Diseases, and Program Planning and Development. Design, analyze, and interpret scientific studies.

Courses Taught:

COH 607: Program Planning and Development
COH 603: Public Health Biology
COH 601: Global Health
COH 300: Introduction to Public Health
COH 315: Introduction to Epidemiology
COH 321: Communicable and Non Communicable Diseases

LOMA LINDA UNIVERSITY, Loma Linda, California • 2008-2009

Research Assistant, School of Public Health: Performed and expedited highly complex scientific research projects focusing on ‘Barriers to Participation in Breast Cancer Clinical Trials’. Assisted in grant writing and conducted focus groups for breast cancer clinical trials. Performed in-depth analysis and quantitative/qualitative research of critical subject matter data and processes.

RIVERSIDE DEPARTMENT OF PUBLIC HEALTH, Riverside, California • 2008

Intern, Disease Control Branch: Compiled comprehensive syphilis profile for entire Riverside County. Developed accurate and in-depth statistical report utilizing Excel and SPSS software. Skillfully executed study design, benchmarks, and protocols. Monitored, evaluated and assessed trends in existing and emerging STDs, delivering research-based recommendations for disease prevention and control.

LOMA LINDA UNIVERSITY SPH, Loma Linda, California • 2007

Student: Participated in Integrated Community Development (ICD) project in Peru. Provided high level project support and assistance for completion of detailed Community Benefits data analysis report. Compiled and analyzed highly complex field data concerning major public health issues. Conducted free eye screening and participated in large-scale distribution of protective eye wear and reading glasses.

3RD CENTRAL CLINICAL HOSPITAL, Moscow, Russia • 2003-2004

Physician, Moscow Infectious Disease Department: Planned, delivered, and documented diagnostic, therapeutic and preventive healthcare services. Combined professionalism, capability, and compassion to ensure and maintain the highest healthcare standards while skillfully delivering critical patient care and support. Maintained health and safety compliance and infection control.

DEPARTMENT OF PUBLIC HEALTH / PEOPLE’S FRIENDSHIP UNIVERSITY, Moscow, Russia • 2001-2002

Case Assistant / Information Analyst: Served as key contributor to organizational research projects focusing on college student healthcare issues. Conducted statistical analyses related of student health data, and developed health activities and metrics to improve general student health and welfare. Maintained compliance with data collection and project protocols.

EDUCATION

Dr.PH Global Epidemiology, Loma Linda University, Loma Linda, California • 2008-2015

M.P.H. Global Health, Loma Linda University, Loma Linda, California • 2006-2008

M.D General Medicine, Russian People's Friendship University, Moscow, Russia • 1996-2003

FELLOWSHIPS

Fellow University of Maryland School of Medicine National Bioethics Research Center. Bioethics, Health Disparities and clinical Trials Fellowship • 2010-2011

SUMMER COURSES

2010 Summer Intensive Course: University of Maryland School of Medicine National Bioethics Research Center Bioethics Research, Health Disparities and Clinical Trials

AWARDS

Loma Linda University Selma Andrews Scholarship

PUBLICATION

Padma P. Tadi-Uppala, Ashwini S. Erande, David Adesanya, Jilliane Cabansag, Larry Beeson, Naomi Modeste, Susanne Montgomery, Arvind K. Mathur, Forbes Ricardo, Wong Jan, Sharon Lum, Carlos Garberoglio(2008). Barriers to participation in breast cancer clinical trials for African American Women in the Inland Empire, CA. American Association of Cancer Research, Control/Tracking Number: 09-AB-7803-AACR

PRESENTATIONS

David O Adesanya, Modupe E. AinaAkinpelu. Case Study of H1N1 cases in the United States Virgin Islands State Schools 2009-2010 academic year. Association of Prevention Teaching and Research. Teaching Research 2011

Piane, GM, Smith, TC, Adesanya DO. Associations among mental health needs and co-morbid chronic conditions in California. 140th American Public Health Association annual meeting

SPECIAL SKILLS/KNOWLEDGE/LANGUAGES

Microsoft Office (Excel, Power point, Word), SPSS, Familiar with SAS coding

LANGUAGES

, Fluent in English, Russian, Yoruba

MEMBERSHIPS/AFFILIATIONS:

Member: American Public Health Association

Member: Association for Prevention Teaching and Research

Member: American College of Preventive Medicine

Member: American College of Epidemiology

Member: Community Campus Partnership for Health

Member: American Diabetes Association

Member: International AIDS Society

CURRICULUM VITAE

Stephen M. Bowman, PhD, MHA

PERSONAL DATA

Home address:

PO Box 4204
Carlsbad, California 92018
(253) 389-5769

Business address:

Department of Community Health
School of Health and Human Services
National University Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123
Office Phone: 858.309.3484
Fax: 858.309.3480
Email: sbowman@nu.edu

EDUCATION AND TRAINING

BA	1986	University of Washington Philosophy
MHA	1988	University of Washington Health Administration
PhD	2006	University of Washington Health Services

PROFESSIONAL EXPERIENCE

Associate Professor, June 2012 –
Lead Faculty, MHA Program
Department of Community Health
School of Health and Human Services
National University

Principal Responsibilities:

- Lead and direct the Master's program in Healthcare Administration
- Teach, advise and mentor graduate students
- Conduct health services and policy research

Assistant Professor, April 2010 – May 2012
Department of Health Policy and Management,
Johns Hopkins Bloomberg School of Public Health

Principal Responsibilities:

- Tenure track appointment
- Develop independent injury and trauma research program
- Teach, advise and mentor graduate students, medical students, residents and fellows

Assistant Professor, April 2007 – March 2010
Department of Pediatrics, University of Arkansas for Medical Sciences
(primary appointment)

Principal Responsibilities:

- Tenure track appointment
- Develop independent injury and trauma research program
- Teach, advise and mentor medical students, residents and fellows

Assistant Professor, April 2007 – March 2010
Department of Health Policy and Management, Fay W. Boozman College of Public Health
(secondary appointment)

Principal Responsibilities:

- Teach in the classroom (guest lecturer) as requested
- Collaborate with department faculty to develop joint research studies
- Advise and mentor graduate students

Assistant Professor, September 2007 - March 2010
Department of Epidemiology, Fay W. Boozman College of Public Health
(secondary appointment)

Principal Responsibilities:

- Develop and teach an injury epidemiology course
- Perform classroom teaching (guest lecturer) as requested
- Participate in faculty meetings and planning events

Epidemiologist 3, 2000-2007
Office of Emergency Medical and Trauma Systems
Washington State Department of Health

Principal Responsibilities:

- Evaluate and monitor the state trauma system and state EMS system
- Direct and manage the statewide regional trauma quality improvement program
- Identify opportunities for performance improvement and disseminate results to key stakeholders

Section Manager, Trauma Designation, Registry & Quality Improvement, 1998-2000
Washington State Department of Health

Principal Responsibilities:

- Manage all aspects of the state trauma designation program, including peer and administrative review of designation applications, awarding of designation and administration of contracts, and provision of trauma participation grants to hospitals and EMS agencies
- Manage and oversee all aspects of the state trauma registry, including data completeness and hospital compliance, reporting of registry data for provider and public use, and performance measurement
- Manage and oversee the state regional quality improvement program, comprised of eight confidentially-protected regional quality improvement committees.

Director, Chronic Disease Prevention and Risk Reduction Programs, 1997-98
Washington State Department of Health, Community and Family Health Division

Principal Responsibilities:

- Direction and oversight for the chronic disease prevention programs, including: Tobacco Prevention and Control; Physical Activity; Breast and Cervical Health; Diabetes; and Cancer Registry
- Responsibility for fiscal management (grants and contracts) and program effectiveness
- Liaison with federal funding agencies (e.g., CDC, National Cancer Institute, etc.)

Director, Tobacco Prevention Program, 1996-98
Washington State Department of Health, Community and Family Health Division

Principal Responsibilities:

- Directed all aspects of the statewide Tobacco Prevention and Control program
- Directed policy and legislation initiatives
- Oversight and direction of the Youth Tobacco Prevention Program, Project ASSIST (American Stop Smoking Intervention for Tobacco), and compliance with the youth access laws and federal mandates

Manager, Tobacco Prevention Program, 1993-96
Washington State Department of Health, Community and Family Health Division

Principal Responsibilities:

- Managed the tobacco prevention programs, including contracting with local public health departments and community organizations
- Managed statewide tobacco counter-advertising campaigns, including media purchasing, creative material development, focus groups, and evaluation
- Coordinated the statewide Tobacco Free Washington Coalition

Manager, Disabilities Prevention Program, 1992-93
Washington State Department of Health, Community and Family Health Division

Principal Responsibilities:

- Developed a statewide Disability Prevention Advisory Council and coordinated activities
- Developed the Washington State Disability Prevention Plan
- Contracted with state and local organizations to address targeted disability prevention interventions

Deputy Director for Planning & Evaluation 1990-1992
Planning and Evaluation Analyst 1988-1990
California State Council on Developmental Disabilities

Principal Responsibilities:

- Responsible for planning and evaluation activities
- Conducted special studies and developed reports for the state legislature, funding agencies and the general public
- Conducted analyses of proposed legislation and testified to legislative committees

Assistant to the Administrator (part-time), 1985-1988
Clinical Training Unit, Child Development and Mental Retardation Center
University of Washington, Seattle, Washington

Principal Responsibilities:

- Assisted with grant submissions, including budget development, preparation of forms and

- attachments, and coordination of internal review and approval
- Assisted with budget monitoring and oversight of federal grants and state contracts
- Conducted special projects

Program Assistant (part-time), 1984-1985

Regional Epilepsy Center, Harborview Medical Center, Seattle

Principal Responsibilities:

- Assisted with grant proposal development and internal review and approval
- Assisted patients with access to clinic services and resources
- Conducted special projects

PROFESSIONAL ACTIVITIES

Society Membership and Leadership

AcademyHealth

American Public Health Association

Society for Advancement of Violence and Injury Research (SAVIR)

SAVIR Science and Research Committee (2007 – present, Co-Chair 2011-present)

SAVIR Nominations Committee (2010, 2011)

International Society for Child and Adolescent Injury Prevention

Society for Pediatric Research

Participation on Advisory Panels

National Highway Traffic Safety Administration's EMS Outcomes Expert Panel, 2010

Maryland Distracted Driving Task Force, 2010 -

Centers for Disease Control and Prevention's Automatic Crash Notification National Study Design Advisory Panel, 2010 -

Consultations

Expert consultant to the Surgeon General of Arkansas and the Secretary of the Arkansas Department of Health on trauma systems development and injury prevention, 2007 to 2010

Testimony

Testified to state legislative committees on issues pertaining to people with developmental disabilities (California), tobacco prevention and control (Washington), and injury and trauma systems (Arkansas).
Testified to the Chairman of the Consumer Product Safety Commission on ATV safety and children.

Interviews on various newscasts as an injury prevention and control expert and a tobacco prevention and control expert. These include segments on the ABC Nightline, ABC Brian Ross Investigates, Jim Lehr News Hour, National Public Radio (via local affiliate), and KOMO television and KIRO news radio (Seattle).

EDITORIAL ACTIVITIES

Peer Review Activities

JAMA

Journal of the American College of Surgeons

Journal of Trauma

Journal of Rural Health
Pediatrics
Medical Care
CMAJ
Injury Prevention
Injury
American Journal of Public Health
Annals of Emergency Medicine
Academic Emergency Medicine

Ad Hoc Review of Proposals

Ad Hoc Grant Reviewer for the Health Resources and Services Administration, Department of Health and Human Services, 2007 - present

Ad Hoc Grant Reviewer for the National Medical Research Council, Singapore Ministry of Health, 2005-present

Ad Hoc Grant Reviewer, Washington Traffic Safety Commission, 1998

Ad Hoc Grant Reviewer, Administration on Developmental Disabilities, Department of Health and Human Services, 1992-1994

HONORS AND AWARDS

Exceptional Teaching Award, Johns Hopkins Bloomberg School of Public Health, Term 2, 2011-2012.

Faculty Innovation Award, Johns Hopkins Bloomberg School of Public Health, 2011-2012.

Leon S. Robertson Career Development Chair in Injury Prevention, Johns Hopkins Bloomberg School of Public Health, 2010-2013.

Department of Health Service's finalist for the 2006 Gilbert S. Omenn Award for Academic Excellence, University of Washington, School of Public Health and Community Medicine.

Quentin-Burdick Interdisciplinary Health Award, University of Washington, School of Nursing, 2004.

Official Resolution: California Council on Developmental Disabilities, August, 1992.

Special Recognition Award 1992: Epilepsy Society of Los Angeles and Orange Counties, 1992.

Exceptional Service Award: Epilepsy Society of San Diego County, 1992.

PUBLICATIONS

Journal Articles

1. Sears JM, **Bowman SM**, Silverstein BA. Trends in the Disproportionate Burden of Work-Related Traumatic Injuries Sustained by Latinos. *J Occup Environ Med*, 2012, in press.
2. Obirieze AC, Gaskin DJ, Villegas CV, **Bowman SM**, Schneider EB, Oyetunji TA, Haut ER, Efron DT, Cornwell III EE, Haider AH. Regional Variations in Cost of Trauma Care in the United States: Who is Paying More? *J Trauma*, 2012, in press.
3. Galvagno SM, Haut ER, Zafar SN, Millin MG, Efron DT, Koenig GJ, Baker SP, **Bowman SM**, Pronovost PJ, Haider AH. Association between helicopter vs. ground emergency medical services and survival for adults with major trauma. *JAMA* 18 April 2012; 307(15):1602-1610.

4. Sears JM, **Bowman SM**, Silverstein BA, Adams D. Identification of Work-Related Injuries in a State Trauma Registry. *J Occup Environ Med* 2011;54(3):356-362.
5. **Bowman SM**, Aitken ME, Robbins J, Baker SP. Trends in US Pediatric Drowning Hospitalizations, 1993-2008. *Pediatrics* 2012;129(2):275-281.
6. **Bowman SM**, Aitken ME. Assessing External Cause of Injury Accuracy for Transport Injury Hospitalizations. *Perspect Health Inf Manag* 2011;8:1-10.
7. Sears JM, **Bowman SM**, Adams D, Silverstein BA. Occupational Injury Surveillance Using the Washington State Trauma Registry. *J Occup Environ Med* 2011;53(11):1243-1250.
8. Smith KC, Girasek D, Baker S, Manganello J, **Bowman SM**, Samuels A, Gielen A. 'It was a freak accident': an analysis of the labeling of injury events in the US press. *Inj Prev* 2011 Jun 9 (Epub ahead of print).
9. Holmberg TJ, **Bowman SM**, Warner KJ, Vavilala MS, Bulger EM, Copass MK, Sharar SR. The Association between Obesity and Difficult Prehospital Tracheal Intubation. *Anesth Analg* 2011;112:1132-1138.
10. **Bowman SM**, Aitken ME, Maham SA, Sharar SR. Trends in hospitalisations associated with paediatric burns. *Inj Prev* 2011;17(3):166-70.
11. **Bowman SM** and Aitken ME. Still unsafe, still in use: The ongoing epidemic of all-terrain vehicle injury hospitalizations among children. *J Trauma* 2010;69(6):1344-49.
12. **Bowman SM**, Bulger E, Sharar SR, Maham SA, Smith SD. A national survey of general surgeons regarding clinical practice guidelines for pediatric spleen injury management. *Arch Surg* 2010;145(11):1048-53.
13. Dorsey DP, **Bowman SM**, Klein MB, Archer D, Sharar SR. Perioperative use of cuffed endotracheal tubes is advantageous in young pediatric burn patients. *Burns* 2010;36:856-860.
14. **Bowman SM**, Aitken ME, Sharp GB. Disparities in Injury Death Location for People with Epilepsy/Seizures. *Epilepsy & Behavior* 2010;17:369-372.
15. **Bowman SM**, Aitken ME, Sharp GB. Disparities in Hospital Outcomes for Injured People with Epilepsy and Seizures. *Epilepsia* 2010;51(5):862-867.
16. Williamson H, **Bowman SM**, Aitken ME, Wheeler JG. "Unintentional injuries: strategies to decrease the risk to Arkansas' children." *J Ark Med Soc* 2009;106:60-61.
17. **Bowman SM**, Aitken ME, Helmkamp JC, Maham SA, Graham CJ. Impact of Helmets on Injuries to Riders of All-Terrain Vehicles. *Injury Prevention* 2009;15:3-7.
18. **Bowman SM**, Bird TM, Aitken ME, Tilford JM. Trends in hospitalizations associated with pediatric traumatic brain injuries. *Pediatrics* 2008;122(5):988-93.
19. **Bowman SM**, Zimmerman FJ, Sharar SR, Baker MW, Martin DP. Rural trauma: Is trauma designation associated with better hospital outcomes? *J Rural Health* 2008;24(3):263-268.
20. **Bowman SM**, Sharar SR, Quan L. Impact of a statewide quality improvement initiative to improve the management of pediatric splenic injuries in Washington State. *J Trauma* 2008;64:1478-1483.
21. **Bowman SM**, Zimmerman FJ, Christakis DA, Sharar SR. The role of hospital profit status in pediatric spleen injury management. *Med Care* 2008;46(3):331-338.
22. Aitken ME, **Bowman SM**, Card-Higginson P, Carson JE, Lin TM, Thompson JW, Zhao Y. Arkansas safety restraint use linked to hospital use and charges. *J Ark Med Soc*. 2007;104(7):161-164.
23. **Bowman SM**, Martin DP, Sharar SR, Zimmerman FJ. Racial disparities in outcomes of persons with moderate to severe traumatic brain injury. *Med Care* 2007;45:686-690.
24. **Bowman SM**, Zimmerman FJ, Christakis DA, Sharar SR, Martin DP. Hospital characteristics associated with the management of pediatric splenic injuries. *JAMA*. 2005;294:2611-2617.

Book Chapters

1. Lenora Olson and Stephen Bowman. "EMS and Trauma Systems." In Injury Research: Theories, Methods and Approaches. Edited by Gouhua Li and Susan Baker. 1st Edition, Available December 2011, Springer Publishing, New York, NY.

Articles and Editorials not peer reviewed

1. Bowman SM and Aitken ME. "It's Preventable! Injury in Arkansas." *Pediatric Commentary: A Journal for Physicians from Arkansas Children's Hospital* 2008;16(1):7-7.
2. Bowman S: Survey reveals variability of emergency care for heart disease and stroke in Washington State. In *EpiTrends, A Monthly Bulletin of Epidemiology and Public Health in Washington State*, November 2001.

Other Publications

3. Bowman SM. Trauma in Arkansas: An assessment of resources and capabilities. Arkansas Injury Research Center, September, 2008.
4. Bowman SM. Hospital Characteristics Associated with Trauma Outcome. University of Washington, June 2006 (Dissertation). Committee Chair: Diane P. Martin, PhD.
5. Bowman SM. Trauma in Washington State: A report of the first 10 years, 1995-2004. Health Systems and Quality Assurance Division, Department of Health, March 2006.
6. Bowman SM: Emergency Cardiovascular Disease in Washington State, A State of the State, Health Systems and Quality Assurance Division, Department of Health, November 15, 2002.
7. Bowman SM: Epinephrine and Anaphylaxis: Report to the Legislature, Health Systems and Quality Assurance Division, Department of Health, December, 1999.
8. Bowman, SM: California Epilepsy/Seizure Disorders Needs Assessment Report, California State Government Publication, Sacramento, California: August, 1992.
9. Bowman SM & Evans MS: Prader-Willi Syndrome: Report to the Legislature, California State Government Publication (Legislatively Mandated Report), Sacramento, California, April, 1990.
10. Bowman SM.: Minors' Access to Tobacco: Report to the Legislature, Community and Family Health Division, Department of Health, Olympia, Washington: February, 1995.
11. Bowman SM: A Plan for the Prevention of Disabilities in Washington State, Disability Prevention Program, Department of Health, Olympia, Washington: December, 1993.
12. Bowman SM.: 1991 Annual Report, California State Council on Developmental Disabilities, Sacramento, California: January, 1992.
13. Bowman SM.: 1992-1994 Developmental Disabilities State Plan, California State Government Publication, Sacramento, California: August, 1991.
14. Bowman SM: 1990 Annual Report, California State Council on Developmental Disabilities, Sacramento, California: January, 1991.
15. Evans MS, Bowman SM.: Update 1990: Innovations in Family Support, California State Government Publication, Sacramento, California: June, 1990.
16. Evans MS, Bowman SM: Destination 2000: California's 1990 Report on Services to People with Developmental Disabilities, a federally mandated report to Congress, California State Government Publication, Sacramento, California: January, 1990.
17. Evans MS, Bowman SM.: 1990-1991 Developmental Disabilities State Plan, California State Government Publication, Sacramento, California: August, 1989.
18. Bowman SM, Evans MS: White papers developed on Dual Diagnosis (mental illness and developmental disabilities), Aging and Developmental Disabilities, Criminal Justice System and Developmental Disabilities, Sterilization and Developmental Disabilities, HIV Infection/AIDS and Developmental Disabilities, Involuntary Commitment and Admission to State Hospitals, Substance-Exposed Infants and Developmental Disabilities. California State Council on Developmental Disabilities, Sacramento, CA, 1988-1992.

CURRICULUM VITAE
Stephen M. Bowman
PART II

Teaching

Advisees

Zach Bechtle (MHA)
Gregory Hansen, MD (MPH capstone advisor)
Ashraful Haque (MPH student advisor)
Grace Ho (Dissertation Committee)
Cassandra Kercher (Doctoral student advisor)
Erik Larson (MPH capstone advisor)
Diana Mantell (MPH capstone advisor)
Philip Moran (MPH student advisor)
Rosemary Nabaweesi (Dissertation Committee)
Frederick Stamp (MPH student advisor and capstone advisor)
David Swedler (PhD Dissertation Committee)
Lauren Waltersdorf (MPH capstone advisor)
Shu-Yi Wang (Doctoral student advisor)
Karyn Warsow (DrPH Dissertation Committee)

Preliminary Oral Exam Participation

Gregory Tung, September 9, 2010
Rosemary Nabaweesi (alternate), October 6, 2010
Michael Kim (alternate), December 14, 2010
Li Chien Chien, September 1, 2011
David Swedler, January 20, 2012

Final Oral Exam Participation

Rosemary Nabaweesi, October 12, 2010
Michael Kim, January 2011
David Swedler, February 23, 2012

Dissertation Committee (Final Defense)

Samuel Galvagno, January 19, 2012

Classroom Instruction

Course: Epidemiologic Methods in Injury and Violence Control (305.612), 2nd term 2011-2012.
Course: Injury Surveillance Systems and Indicators to Assess, Monitor and Evaluate the Burden of Injury (300.874), Health Policy and Management Fall Institute, Barcelona, November 2011.
Course: Graduate Seminar in Injury Research and Policy (305.861), 1st term, 2011-2012.
Course: EMS and Trauma Systems (309.639) - Co-instructor with Dr. Ellen MacKenzie, Johns Hopkins Bloomberg School of Public Health, 4th term, 2010-2011.
Lecture: "Motorcycle Helmet Policy and ATV Policy." Transportation Safety: Policy and Politics (305.630), Johns Hopkins Bloomberg School of Public Health, February 2, 2012.

Lecture: "Mixed Methods Research for Injury." Epidemiologic Methods in Injury and Violence Control (305.612), Johns Hopkins Bloomberg School of Public Health, December 8, 2010.

Lecture: Health and Public Policy Doctoral Seminar, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, October 13, 2010.

Lecture: "Epidemiology of Injury." The 18th Annual Summer Institute: Principles and Practice of Injury Prevention. Johns Hopkins Bloomberg School of Public Health, Center for Injury Research and Policy, June 6, 2010.

Lecture: Health and Public Policy Doctoral Seminar, Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, April 6, 2010.

Lecture: "Using large datasets for emergency medicine research." Pediatric Emergency Medicine Research Forum, October 27, 2009. Students: Faculty, staff, fellows, residents and medical students.

Course: PBHL 5893 Epidemiology of Injury. Developed 3 credit, graduate course for students in the College of Public Health. Course scheduled for Summer 2010.

Lecture: HSRE 9103 Health Systems Theory and Research Seminar, April 14, 2009. Students: Doctoral students in the health systems leadership program and other masters students in pharmacy and public health.

Lecture: "Trauma in Arkansas." Surgery Grand Rounds, November 18, 2008. Students: Faculty, staff, residents, medical students, public health workers.

Lecture: "Trauma in Arkansas." Pediatric Grand Rounds, September 16, 2008. Students: Faculty, staff, residents, medical students, public health workers.

Lecture: HSRE 9103 Health Systems Theory and Research Seminar, April 22, 2008. Students: Doctoral students in the health systems leadership program.

Lecture: HSRE 9103 Health Systems Theory and Research Seminar, March 4, 2008. Students: Doctoral students in the health systems leadership program.

Lecture: "Trauma Systems: Implementation and Effectiveness." Public Health Grand Rounds, Arkansas Department of Health, November 15, 2007. Students: Public health professionals at the state health department and 16 remote sites via videoconferencing.

Lecture: "Trauma Systems Development: Lessons from Washington State." Pediatric Surgery Rounds, University of Arkansas for Medical Sciences, November 8, 2007. Students: Pediatric surgeons, nurses, residents and medical students

Lecture: "Cross-border health care issues: implications for health policy and health systems reform." HAS 7311 Health Economics, College of Public Health, April 20, 2007. Students: Graduate students in the Master in Health Administration program.

Lecture: "Public health in Washington State: career paths and opportunities." HSERV 592, School of Public Health and Community Medicine, University of Washington, February 14, 2007. Students: Doctoral and masters students.

Lecture: "Using trauma registry data for quality improvement." International Trauma Development Course, Harborview Injury Prevention and Research Center, University of Washington, December 8, 2006. Students: Physicians, nurses and administrators from 21 countries (Asia, Africa, Latin and South America)

Course coordinator: School of Public Health and Community Medicine, University of Washington, Health Services 592H, Doctoral Seminar, (16 registered students, independently responsible for course coordination and teaching, Spring quarter, 2006)

Other Significant Teaching

Special Studies and Research in Health Policy and Management (PH 300.840), Student: David Swedler, 4 credits, 2nd term 2010-11.

Course director, Hospital Trauma Quality and Performance Improvement Course. 1998 to 2006. Eight hour course taught 6 times per year in locations across Washington State. The audience consisted of physicians, physician assistants, nurse practitioners, trauma nurse coordinators and registrars.

RESEARCH GRANT PARTICIPATION

1. "Rural Prehospital Emergency Medical Services for Children", \$28,030, Johns Hopkins Bloomberg School of Public Health, Faculty Innovation Award, May 1, 2011 – June 30, 2012. Main grant objective: Conduct focus groups of rural EMS providers and key informant interviews of medical program directors to assess pediatric prehospital education and training needs in rural communities of Maryland, Arkansas and Washington State.
2. "ATV Research Program", \$12,521, June 1, 2010 – May 31, 2011, Arkansas Children's Hospital Research Institute, 10% effort. Main grant objective: Examine hospital discharge data classification and coding accuracy for all-terrain vehicle crash hospitalizations and related off-road vehicle crash hospitalizations.
3. "Child Health Data Center", \$90,844, July 1, 2009 - June 30, 2010, Arkansas Biosciences Initiative. Principal investigator, 10% effort. Main grant objective: To create the Arkansas Child Health Data Center with linked data from vital statistics (birth and death), hospital discharge, prehospital EMS, state police crash data and Medicaid. Protocols and procedures will be developed to allow independent researchers to access the linked data for secondary data analyses.
4. "Injury patterns, outcomes and disparities in people with epilepsy." \$48,944, July 1, 2008 - June 30, 2009, Epilepsy Foundation of America, Targeted Research Initiative on Health Outcomes. Principal investigator, 30% effort. Main grant objectives: To describe trends and compare in-hospital outcomes of injured patients with epilepsy with similarly injured patients without epilepsy; to identify variation in place of death for injured people with epilepsy.
5. "Injury Research Development Program," \$500,000, April 1, 2007 – March 31, 2010, Arkansas Children's Hospital Research Institute, Arkansas Biosciences Institute. Principal investigator. Main grant objective: To develop an independent injury research program.
6. "Injury Surveillance Program", August 1, 2007 – July 31, 2010, Arkansas Children's Hospital, Center for Applied Research and Evaluation, Pediatric Injury Prevention Center. Co-investigator, 10% effort. Main grant objective: To develop an Arkansas injury surveillance capacity to be used for injury prevention planning and prioritization. Principal responsibilities include design of data analysis and reporting plan and assuring scientific integrity of the surveillance system.
7. "Building consensus for safe teen driving," August 1, 2007 – July 31, 2008, Allstate Foundation. Collaborator, 10% effort. Main grant objective: To develop and pilot innovative approaches to reducing injuries due to teen driving. Principal responsibilities included consultation and technical assistance in the study design and evaluation plan.
8. "An Assessment of Trauma in Arkansas: Resources, Capabilities, and Quality of Care," \$27,350, December

1, 2007 - November 30, 2008, Arkansas Children's University Medical Group. Principal investigator. Main grant objective: To assess trauma resources and capabilities in Arkansas; to identify variability of care; and to develop a report to guide policy development for a statewide trauma system. Principal responsibilities included survey development, survey protocol, analysis of linked survey/hospital discharge data, and development of the report.

Other Funded Support/Professional Consultation

1. Arkansas Department of Health, Professional Consultant Contract to provide consultation in trauma system development to the Director and State Health Officer, October 9, 2009 - June 30, 2010, \$11,820.

ACADEMIC SERVICE

School

- | | |
|------|---|
| 2009 | College of Medicine, Admissions Interviews, October 31, 2009
University of Arkansas for Medical Sciences |
| 2008 | College of Medicine, Admissions Interviews, November 15, 2008
University of Arkansas for Medical Sciences |
| 2008 | Reviewer, Arkansas Children's Hospital Research Institute Student and
Clinical Staff Intramural Grant Program, October, 2008 |
| 2007 | College of Medicine, Admissions Interviews, September 29, 2007
University of Arkansas for Medical Sciences |
| 2007 | College of Medicine, Admissions Interviews, October 20, 2007
University of Arkansas for Medical Sciences |

Other Service

- | | |
|--------|---|
| 2012 | Reviewer, Disparities and Health Equity Section, AcademyHealth Annual
Research Meeting, Scientific Abstracts |
| 2011 | Nominations Committee Member, Society for the Advancement of Violence and
Injury Research |
| 2011 - | Co-Chair, Science and Research Committee, Society for the Advancement of
Violence and Injury Research |
| 2010 | Nominations Committee Member, Society for the Advancement of Violence and
Injury Research |
| 2010 | Reviewer, Society for the Advancement of Violence and Injury Research,
Scientific Abstracts |
| 2010 | Reviewer, Association of Schools in Public Health, Public Health
Fellowship and Internship Program |
| 2009 | Reviewer, Association of Schools in Public Health, Public Health |

Fellowship and Internship Program

- 2008 Reviewer, Arkansas Children's Hospital Research Institute Student and Clinical Staff Intramural Grant Program, October, 2008
- 2008 Reviewer, Association of Schools in Public Health, Public Health Fellowship and Internship Program
- 1998-2009 Youth ice hockey coach, USA Hockey Level 4 Certification
- 2007-2008 Member, Evaluation Committee for ACT 13 (prohibiting smoking in vehicles with young children), Arkansas Department of Health
- 2002-2007 Washington State Institutional Review Board Member
- 1996-2000 Board member, Manzanita Water Association, Olympia, WA
- 1995-1998 Expert Advisor, Governor's Council on Substance Abuse
- 1993-1998 Member, Tobacco Free Washington Coalition
- 1989-1992 Board Member, California Coalition for the Prevention of Child Abuse

PRESENTATIONS

Scientific Meetings

"Newspaper Reporting of Off-Road Motor Vehicle Crashes". American Public Health Association Annual Meeting, Washington, DC, October 31, 2011.

"Trends in child pedestrian hospitalizations". AcademyHealth Annual Research Meeting, Seattle, WA, June 2011.

"Disparities in injury death location for people with epilepsy/seizures". AcademyHealth Annual Research Meeting, Boston, MA, June 2010.

"Still unsafe, still in use: The ongoing epidemic of all-terrain vehicle injury hospitalizations among children". Pediatric Academic Societies, Vancouver, BC, May 2010.

"Injury hospitalization trends for pediatric burns and drowning". Arkansas Biosciences Initiative, Fall Research Symposium, Jonesboro, AR, September 2009.

"Disparities in injury outcomes for people with epilepsy and seizure disorders". Poster presentation, International Epilepsy Congress, Budapest, Hungary, June 2009.

"Trends in hospitalizations associated with pediatric burns" Pediatric Academic Societies, Baltimore, MD, May 2009.

"Trends in hospitalizations associated with pediatric drowning" Pediatric Academic Societies, Baltimore, MD, May 2009.

"Impact of helmets on injuries to riders of all-terrain vehicles. American Public Health Association Annual Meeting, San Diego, CA, October 2008.

"Trends in hospitalizations associated with pediatric traumatic brain injuries." AcademyHealth Annual Research Meeting, Washington, DC, June 2008.

"Trends in hospitalizations associated with pediatric traumatic brain injuries." Pediatric Academic Societies and Asian Society for Pediatric Research, Honolulu, HI, May 2008.

"The role of hospital profit status in pediatric spleen injury management." Safety 2008 (9th World Injury Conference), National Institute of Public Health of Mexico, Merida, Mexico, March 2008.

"Threats to Child Health: Injury and Trauma." Invited presentation at the Academy Health Annual Research Meeting, Orlando, FL June 2007.

"The impact of a statewide quality improvement initiative in improving the management of pediatric splenic injuries in Washington State." Poster presentation, Annual Research meeting, Academy Health, Orlando, FL, June 2007.

"Racial and ethnic difference in hospital outcomes for persons with moderate to severe traumatic brain injury." Poster presentation, Annual Research Meeting, Academy Health, Seattle, WA, June 2006.

"Hospital characteristics associated with current best practices in the management of pediatric splenic injuries." Poster presentation, Annual Research Meeting, Academy Health, Boston, MA, June 2005.

"23rd Annual Educational Conference: Washington State Environmental Health Association." Presentation: Local Health Departments take on the Tobacco Giants. Vancouver, Washington, April 27, 1995.

"The Second Annual Washington State Joint Conference on Health." Presentation: Tobacco Use: A Pediatric Epidemic. Yakima, Washington, September 19, 1995.

"Sixth Annual Conference on Abuse and Persons with Disabilities." Presentation: Abuse as a Cause of Disability: Surveillance and Assessment. Burbank, California, June, 1993.

Invited Seminars

"Media reporting of injuries: Implications for policy." Invited lecture, Injury Research Seminar, June 17, 2011. Harborview Injury Prevention and Research Center, Seattle, WA.

"Still unsafe, still in use: The ongoing epidemic of ATV injuries among children". Injury Seminar, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, October 2009.

"Pediatric spleen management and the role of clinical practice guidelines." Special Health Policy Seminar, August 25, 2008, Cincinnati Children's Hospital Research Institute, Cincinnati, OH.

"Impact of helmet use on injuries to riders of all-terrain vehicles." Invited lecture, Injury Research Seminar, August 18, 2008. Harborview Injury Prevention and Research Center, Seattle, WA.

"Trauma Systems." Invited presentation to the Arkansas Governor's Roundtable on Health Care, Little Rock, AR, April 2008.

"Using trauma registry data to support quality improvement: Experiences from Washington State." Invited presentation, Annual Trauma Users Conference, Digital Innovations, Orlando, FL, October 2006.

"Epidemiology of Traumatic Brain Injury." Invited presentation at the North Region continuing medical education conference, Bellingham, WA, December 1, 2005.

"Epidemiology of Traumatic Death." Invited presentation at the Airlift Northwest Annual Conference, October 14, 2005.

"North Central Region Trauma Conference: The State of Affairs for Trauma." Invited presentation on trauma system utilization, transfers, diversions and outcomes. Wenatchee, Washington, June 2005.

"2005 Northwest Region Trauma QI Conference." Invited speaker, Port Orchard, Washington, May 2005.

"The Changing Practice of Stroke Care." Invited presentation on the burden of stroke care and the state of emergency stroke care in Washington State, American Heart Association, Seattle, Washington, May 2005.

"Washington State Health Information Management Association Annual Conference." Invited presentation on trauma system effectiveness and the use of Washington Trauma Registry data for quality improvement, Wenatchee, Washington, April 2005.

"Northwest Region Quality Improvement Conference." Invited speaker, Port Orchard, Washington, June 2004.

"25th Annual EMS Conference" Invited presentation on using trauma registry data to assess injury outcomes, Spokane, Washington August 1999.

"4th Annual Tobacco Use Prevention Summer Institute." Invited presentation on community-based approaches to tobacco prevention, Albuquerque, New Mexico, July, 1998.

"Make Tobacco History: Power Through Community Action." Invited presentation to the Oregon State Tobacco Conference, December 1, 1995.

"Community Capacity Building: Maximizing Access to Community." The 1991 Annual Planner's Conference, National Association of Developmental Disabilities Councils. Atlantic City, New Jersey: September 11-15, 1991.

"California Sharing: Serving Older Persons with Developmental Disabilities." Presentation: Future trends and policy issues. San Diego, California: June 11, 1991.

"Serving the Developmentally Disabled Elderly: A Training Conference for Case Managers and Program Directors." Los Angeles, California: October 24, 1990.

"The Fourteenth Annual Symposium of the Committee on Sexuality Advocating for People with Developmental Disabilities." Presentations: 1) Opening keynote panel on legal and administrative

issues surrounding privacy in group homes; and 2) Primary consumer satisfaction: Concerns on Life, Relationships and Health. Napa, California: March 1-2, 1990.

ADDITIONAL INFORMATION

Personal statement of research

My research interests are in health services research, developing and evaluating effective injury prevention interventions, identifying organizational factors associated with optimal trauma outcomes, eliminating racial and ethnic disparities in injury care outcomes and improving emergency and trauma care in rural communities through systems research and evaluation.

Current research focuses on determining racial and ethnic disparities in child injury mortality; the use of protective equipment for riders of all-terrain vehicles; identifying physician factors associated with the adoption and use of clinical practice guidelines for injury care; and determining the impact of transfer delays for critically ill and injured children who are first seen in rural hospitals prior to transfer to tertiary care centers.

Keywords

Health services research, injury prevention, trauma, disparities, recreational injury, health policy, organizational factors, rural health

Lara L. Carver, PhD, RN

9971 Twilight Vista Ave, Las Vegas, NV 89148 – (702) 363-6292

email: LCarver@nu.edu

Summary of Qualifications

Goal-directed, results-oriented professional with a strong background in nursing and education. Committed to life-long learning. Skilled communicator, persuasive and adaptable. Self-motivated with high energy, initiative, and focus. Possess insight into the needs and views of others – able to listen and identify issues or problem areas and form innovative solutions.

Areas of strength include:

Comprehensive Nursing Knowledge	Client and Community Relations
Communication/Negotiation/Facilitation	Flexible/Assertive/Adaptable
Problem Solving/Decision Making	Presentations/Training
Program Management/Assessment	Documentation/Writing

Areas of nursing experience include:

- Adult medical/surgical and intermediate care
- Post-surgical coronary care and critical care
- School/community health for pediatric population ages 3 – 22 providing nursing care and health education
- Traditional Classroom teaching and Online teaching experience
- Nursing education administration

Education

August 2005 – May 2008	University of Nevada, Las Vegas Doctorate of Philosophy in Nursing
August 2004 – May 2005	University of Nevada, Las Vegas Post-Masters Nursing Education Certificate
May 1999 – April 2001	University of Phoenix Master of Science in Nursing Administration/Management
September 1988 – December 1992	University of Nevada, Las Vegas Bachelor of Science in Nursing

Professional Experience

Associate Professor – Program Director (Jan 2006 – present)
National University Nevada – Henderson, Nevada

Establishing a new nursing program in Nevada. Developing community contacts and setting up clinical placements for students. Participating in curriculum revisions and faculty committees (University and School Assessment Committees, School Personnel Committee and Academic Affairs Committee, Presidential Search Committee, WASC Educational Effectiveness Preparation Steering Committee). Interviewing, hiring and mentoring adjunct faculty. Participating in interviews for Full-Time Faculty members. Review and tracking of applications for students applying to the nursing program. Coordination and development of the Nursing Skills Lab. Preparation of the application for a new nursing program in Nevada. Prepared and monitored accreditation compliance for state and national regulating agencies. Supervision and mentoring of junior faculty and staff.

Taught the following courses: Nursing Fundamentals and Assessment, Pediatrics, Med/Surg II, Nursing Research, Nursing Theory, Community Health Nursing, BSN Capstone/Transition to Practice Course.

New Nurse Orientation Coordinator (June 2005 – Jan 2006)
Clark County School District - Las Vegas, Nevada

Developed and implemented a formal orientation program for new school nurses, including a mentor training program to assist the new nurses transitioning to school nursing from acute care. The position was essential to recruiting and retaining school nurses for the fifth largest school district in the United States. The project has involved almost 30 new nurses each year for the last two years.

Part-Time Instructor (August 2003 – Fall 2005)
University of Nevada, Las Vegas

Wellness and Nursing Practice (Health Promotion)
Health Assessment of Diverse Populations

Staff Nurse - RN – Per Diem (June 2001 – 2003)
Cross Country Local Staffing

Worked as a Registered Nurse in Critical Care, per diem

School Nurse (January 1999 – January 2005)
Clark County School District, Las Vegas, Nevada

Managed the school health needs for two elementary schools with a total population of approximately 1700 students. Trained and supervised unlicensed assistive personnel. Provided specialized nursing procedures to students with chronic illnesses, provided health education to students and staff, and participated on a multi-disciplinary committee for assessment and evaluation of students with special education needs. Additional roles: new nurse mentor, team leader, research committee, staff development committee, SASI (computer system) task force member, BLS Instructor Trainer

Staff Nurse – RN – Full-Time (December 1992 – December 1998)
Valley Hospital Medical Center, Las Vegas, Nevada

Staff nurse experience in the following areas: Medical and Surgical ICU, post open heart unit, IMC, Cardiac step-down unit, and general medical/surgical floors.
Additional roles: oriented new employees, team leader, charge nurse experience

Nurse Apprentice and Respiratory Aide (May 1988 – December 1992)
Valley Hospital Medical Center, Las Vegas, Nevada

Performed clerical duties for the respiratory department part-time during college and transitioned into Nurse Apprentice part-time position while completing nursing school.

Presentations

- Leadership Development using Student-as-Faculty Experience (SAFE) in an Online Doctoral Course - Poster Presentation in Florida 1/07
- Effects of Orientation on Role Transition and Retention of School Nurses - Poster Presentation at WIN in Portland, OR 4/07
- Student-as-Faculty Experience (SAFE) in an Online Doctoral Course - Poster Presentation at WIN in Oregon 4/07
- Organizational Commitment and Generational Differences in Nursing Faculty (Dissertation Manuscript)
- Organizational Commitment and Generational Differences in Nursing Faculty – Poster Presentation at UNLV Interdisciplinary Research Scholarship Day 4/10/08
- Organizational Commitment and Generational Differences in Nursing Faculty – Poster Presentation at WIN in Anaheim, CA 4/08
- “Benchmarking” Presentation for National University Assessment Summit – 2008
- Presenter at the Nevada Nurses Association Annual Meeting – “Nursing: Endless Possibilities in an Uncertain Economic Environment” – October 24, 2009
- “Providing Assessment Information to Students” Presentation for National University Assessment Summit – 2009
- Continuous Quality Improvement & Assessment for SHHS Workshop – Jan 20, 2010
- National University Spring Symposium 2010 – Assessment Colloquium – presented on “Signature Assignments” April 27, 2010
- Valley Health System Resident Development Day, “Culturally Sensitive Care and Generational Influence” July 8, 2010
- “Program Improvement” Presentation for National University Assessment Summit, October 28-29, 2010
- Nevada Nurses Association October 23, 2010 Convention, presented on panel discussion “Surviving a Doctoral Program”
- Podium Presentation accepted for Western Institute of Nursing April 15, 2011. “Generational Differences in the Organizational Commitment of Nursing Faculty”

Publications

Carver, L., Candela, L., & Gutierrez, A. (2011). “Survey of generational aspects of nurse faculty organizational commitment”, *Nursing Outlook*, 59(3), 137-148.

Candela, L., Carver, L., Diaz, A., Edmunds, J., Talusan, R., & Tarrant, T. (2009). “An online doctoral education course using problem-based learning”. *Journal of Nursing Education*, 48(2), 1-5.

Carver, L. & Candela, L. (2008). “Attaining organizational commitment across different generations of nurses”. *Journal of Nursing Management*, 16, 984-991.

Professional Organizations

Nevada Nurses Association

2006 - present

-Board of Directors – Secretary (2009 – 2012)	
-Communications Officer (2006-2007)	
American Nurses Association	2006 - present
Phi Kappa Phi Honor Society	2006 - present
Nevada Organization of Nurse Leaders	2006 - present
Sigma Theta Tau International	2001 - present
National Organization for Associate Degree Nursing	2007 - 2009
Program Advisory Committee for Apollo College	2007 - 2009
Western Institute of Nursing	2006 - 2008
National Association of School Nurses	1999 – 2007
Nevada Association of School Nurses	1999 – 2007
National Education Association	1999 – 2006
National Association of Student Nurses	1990 – 1992
-Vice President for 1991-92 academic year	
-Secretary for 1990-91 academic year	

Honors/Certifications

Fellow, American Association of Colleges of Nursing	
Leadership for Academic Nursing Program	2010
Selected as an “Invent the Future” Spokesperson – UNLV	2008
Outstanding Graduate for UNLV Award	2008
National University Presidential Professoriate Award	2008
Yaffa Dahan Nursing Dissertation Award	2007
National Scholars Honor Society	2006
Phi Kappa Phi Member	2006
Dan Mordecai (NONL) Nursing Scholarship	2006
Harry and Rebecca Lahr Foundation Scholarship	2005, 2006, 2007
Chancellor’s List	2005, 2006
Basic Life Support Instructor Trainer (AHA)	2003 – 2007
Basic Life Support Instructor	2001 – 2007
Service Excellence Star Award – Valley Hospital	1998
Advanced Cardiac Life Support Certification	1995 – 2007
Epidural Certified	1993
Who’s Who Among American College Students	1991, 1992
Basic Life Support for Healthcare Providers	1990 - present

Committees

Internal

President’s Faculty Council 2010-2011
Chancellor and National University Faculty Forum 2010-2011
Academic Affairs Committee 2009 – 2011
School Personnel Committee 2010-2012
Co-Chair of School Assessment Committee for SHHS – 2010 - present
Chair of School Assessment Committee for SHHS – 2008 - 2010
University Academic Assessment Committee - 2008 - present
WASC Educational Effectiveness Steering Committee – Member 2008-2009
Search Committee for New National University President – 2009
School Personnel Committee 2006-2008

Department of Nursing Admissions Committee 2006 - present
Search Committee for Director of Health Administration

External

Nevada Alliance for Nursing Excellence (NANE) – Member 2008 – present
-Co-Chair for the Southern Region (2011-2012)
Advisory Committee for Apollo College – Member 2007-2009

Training/Inservices

Completed National Council of State Boards of Nursing Online course “Test Development and Item-Writing” in May, 2011
Attended “Initiative on the Future of Nursing” presented by Southern Nevada Medical Industry Coalition November 30, 2010
Attended “Connect Learning Across Courses with Curriculum Mapping”, November 3, 2010
Attended Nevada Nurses Association Convention “Nurse Heroes: Many Ways Every Day”, October 23, 2010
Attended “Grow Our Own Safe and Competent Nurses Conference, July 29, 2010
Attended “Balancing Work and Family” June 2, 2010
Attended “Using the Genetics/Genomics Competency Center (G2C2) AACN 2010 Webinar Series June 7, 2010.
Attended ATI National Nurse Educator Summit April 2010
Attended Connect Pro Fundamentals Workshop provided by the Faculty Technology Learning Center April 14, 2010
Attended Professional Development faculty training, “Making Every Minute Count” May 18, 2010
Attended “Assigning Grades to Different Types of Writing Assignments” Workshop Dec 4, 2009
Attended NLNAC Fall 2009 Self-Study Forum in Las Vegas, NV on Oct 14-15, 2009
Attended “Using Course Syllabi to Foster Learner-Centeredness” on May 7, 2009
Attended Writing across the Curriculum Inservice Training through NU on Jan 11, 2008
Attended Boot Camp for Nurse Educators in Albuquerque, NM on Jan 31- Feb 4, 2008
Attended NOADN 2007 Convention in Las Vegas, NV on Nov 8-11, 2007
Attended NLNAC Fall 2007 Self-Study Forum in Palm Springs, CA on Oct 15-16, 2007

Review Activities

Scholarship Reviewer for Nevada Organization of Nurse Leaders 2010
HRSA Grant Reviewer in Washington, DC April 2009
Article Reviewer for Journal of Nursing Management 2007 – present
Article Reviewer for Journal of Advanced Nursing 2012 - present

Catie Chung PhD RN

730 Rusty Spur Dr. ♦ Henderson, NV 89014

702-451-7143 (h) ♦ 702-449-2933 (c)

CChung04@cox.net

EDUCATION:

Doctor of Philosophy in Nursing, 2011
Nursing Education concentration
The University of Nevada Las Vegas, Las Vegas, Nevada

Bachelor of Science in Nursing Degree, 2002
The University of Iowa, Iowa City, Iowa
Graduated with Honors.

Master of Arts Degree, Health Promotion, 1999
Concentrations: Nutrition, Aging Studies
The University of Iowa, Iowa City, Iowa

Bachelor of Arts Degree, Psychology, 1996
Concentrations: Aging Studies, Sociology
The University of Iowa, Iowa City, Iowa

EXPERIENCE:

Clinical Assistant Professor (full-time), February 2009—present

Adjunct Clinical Instructor, November 2008—January 2009

School of Health and Human Services, Department of Nursing

National University Nevada, 2850 W. Horizon Ridge Pkwy #301, Henderson, NV 89052, 702-531-7800

Lead site instructor for maternal/child theory and clinical courses. Clinical instructor for fundamental skills/assessment course, pediatrics course. Online instructor for Nursing Research. Responsible for maternal/child course syllabi, creating exams, grading assignments/exams/clinical competencies. Instructed in nursing process, focusing on the areas of labor and delivery, postpartum, and newborn care. Continuous faculty development focused on the National League for Nursing's core competencies for nurse educators. Other responsibilities include: student advisor, obtaining clinical site contracts, and service activities.

Home Health RN, DeLima campus (per diem), May 2010—present

Staff Nurse Labor & Delivery, Siena campus (per diem), March 2009—May 2010

St. Rose Dominican Hospitals, 3001 St. Rose Parkway, Henderson, NV 89052, 702-616-5000

Labor & Delivery: Level 3 unit performing 200-300 deliveries/month. Perform all functions of labor and delivery for vaginal and cesarean section patients. Perform postpartum and newborn care and assessment. Perform high-risk antepartum care. Completed patient's plans of care within scope of practice to ensure best outcomes.

Home Health: Admitted patients to home health, completed OASIS forms and appropriate documentation, communicated with case manager, physician, and other care providers, performed nursing assessments and interventions per the plan of care.

Home Health Clinical Consultant, February 2008—February 2009

Universal Home Health, Las Vegas, Nevada 89169, 702-315-5501

Responsible for organizing and preparing the agency to conduct a successful Medicare-based home health business. Revised

all

required policies and procedures according to state and federal mandates, hired qualified clinicians, oriented clinicians and administration to appropriate documentation per state and federal regulations. Performed patient admissions and visits as needed. Established quality improvement program to be utilized with clinical staff and all healthcare documentation.

Director of Nursing, January 2006 – January 2008

Home Health Case Manager, June 2005 – January 2006

Physician's Choice Home Health Care, 601 Whitney Ranch #D-22, Henderson, Nevada, 89014, 702-326-0882

Responsible for OASIS proofreading and coding, supervising all clinical staff—RNs, LPNs, CNAs, PTs, OTs, STs, MSWs – ensuring they are completing the home health plan of care correctly while abiding by all Medicare/private insurance and state regulations. Designed and performed quality improvement interventions and studies every quarter. Oriented all nursing staff totaling 12-15 staff per year. Created a wound care protocol. Improved HealthInsight care quality measures from 32% ranking to 93% ranking nationwide. Performed patient admissions and visits as needed.

Home Health Case Manager, October 2004 – June 2005, January 2007 – July 2008

Creekside Home Health Care, 3675 Pecos McLeod #500, Las Vegas, Nevada 89121, 702-696-9229

Home Health experience with Medicare patients in a large agency environment. Skilled in OASIS completion and accuracy. Clinical interaction with senior citizens regarding diagnoses of diabetes, CHF, COPD, wound care, foley catheter care, various infectious diseases, medication teaching. Supervised LPNs and CNAs as indicated by Medicare regulations. Extensive teaching experience with patients, and through orienting new RN staff.

Clinical Director, Medical/Surgical Unit, March 2004 - October 2004

Harmon Medical and Rehabilitation Hospital, 2170 E Harmon Ave, Las Vegas, Nevada, 89119, 702-794-0100

Directed all operations and performed RN duties on a 20-bed med/surg acute rehab unit, patients included diagnoses of complex wound care, central line medication infusions, post-op infection treatment. Performed case management of all patients, including ordering home care at time of discharge and arranging patient placement in long term care facilities when indicated. Established quality improvement program for LPN and CNA staff to improve patient care outcomes and satisfaction measures. Quality improvement measures included performing daily rounds with physicians to update them on changes in patient status. Daily multidisciplinary conference to inform administration of patient progress and issues. Became certified in wound debridement and participated in daily wound care rounds to monitor patient progress toward outcomes.

Staff Nurse (full-time), May 2002-February 2004

Nurse Intern Labor & Delivery, June 2001-May 2002

Mercy Medical Center, 701 10th St SE, Cedar Rapids, Iowa, 52403, 319-398-6011

Obstetric nursing experience primarily in labor and delivery, also experience in postpartum (family-centered care) and the normal newborn nursery on this Level 2 unit performing 100-150 deliveries/month. Nursing care for the laboring patient, including monitoring labor progress, reporting changes in labor status to physician, assisting with vaginal deliveries, preparing and assisting patients with cesarean section deliveries, including pre-op patient preparation, intra-op circulating, and post anesthesia care. Completed NRP and PCEP programs to enhance clinical knowledge. Organized, implemented, and maintained a staff recognition program which included an employee of the month program and a “compliment” bulletin board to create a positive work culture on the unit. Also served on the flagship Professional Practice Committee which increased communication between administration, physicians, and nursing. Cross trained to the medical/surgical unit of the hospital and worked at least one shift/week to increase nursing practice experience and skills. Performed home visits with lactation consultant mentor to assess new mothers’ breastfeeding success after hospital discharge.

Inpatient Cardiac Rehabilitation Exercise Assistant,

The University of Iowa Hospitals & Clinics Cardiac Rehabilitation Department, January 1998-May 1999

The University of Iowa Hospitals & Clinics, 200 Hawkins Dr., Iowa City, Iowa, 52242, 319-356-1616

Worked with patients in acute care who had recently experienced a cardiac episode or cardiovascular surgery, exercised patients per cardiac rehab protocols and monitored their cardiac response via telemetry units and vital sign monitoring. Instructed patients in health promotion behaviors appropriate for their condition related to diet, exercise, and stress management.

Graduate Teaching Assistant, The University of Iowa, August 1997-May 1999

The University of Iowa Department of Sport, Health, Leisure & Physical Studies, Iowa City, Iowa, 52242, 319-335-9335

Taught undergraduate level university courses in Health Promotion. Following required curriculum, responsible for attendance tracking, lecturing course material, administering course tests, grading assigned papers and tests, and submitting all grades to supervising professor.

ACADEMIC EXPERIENCE:

- On-ground didactic courses
- On-ground clinical courses
- Online BSN courses
- Curriculum development based on current QSEN principles & IOM recommendations
- NLNAC accreditation process participation

PROFESSIONAL CREDENTIALS:

- Registered Nurse, state of Nevada, license RN 42464
- Registered Nurse, state of California, license RN 810492
- Wound Care Certified by National Alliance of Wound Care, WCEI (expires 2/2016)
- CPR/BLS (expires 07/2012)
- Advanced Fetal Monitoring Certification (AWHONN) (expires 2/2012)

RESEARCH EXPERIENCE:

- Dissertation: Job Stress, Mentoring, Psychological Empowerment, and Job Satisfaction among Nursing Faculty, November 2011. Indexed in ProQuest database.
- Poster Presentation: “Concept Analysis of Clinical Mentor”, National University Spring Symposium, May 2010, San Diego, CA.
- Poster Presentation: “Concept Analysis of Clinical Mentor”, Western Institute of Nursing Annual Communicating Nursing Research Conference, April 2010, Glendale, AZ.

SCHOLARSHIP AWARDS:

- Harry and Rebecca Lahr Foundation Grant, 2009-2010, 2010-2011, 2011-2012
- National University Presidential Scholar Award, 2009-2010, 2010-2011, 2011-2012
- Graduate Nursing Traineeship, 2010-2011
- Sigma Theta Tau Zeta Kappa Chapter Scholarship, May 2010

- Sierra Health Nursing Fellowship, 2009

SERVICE ACTIVITIES:

- Editorial advisory board, Health4Mom.org and Health4Women.org, AWHONN's consumer websites and magazines. Contributed articles monthly, answered "ask the expert" questions, and participated in board planning meetings. October 2009 - present.
- National University School of Health and Human Services Academic Affairs Committee, Chair (2010-2012 term).
- National University School of Health and Human Services "Faculty training and assistance" committee (2009-2010).
- Member of the Nevada Nurses Association, American Nurses Association, and National League for Nursing.
- Sigma Theta Tau International, honor society of nursing, inducted Fall 2001.
- Explore Knowledge Academy School PTA.

RESEARCH INTERESTS:

- Psychological empowerment and nursing faculty, the nursing profession, and healthcare decision making
- Gerontological nursing and care
- Wound care: economic and health care costs

Curriculum Vitae
Alba Lucia Diaz, Ed.D, MPH

Professional Summary

- Educator and Researcher with 10+ years of experience at institutions of higher education.
- Director of Health Programs in the United States and abroad.
- Project Officer L-4 with 10+ years of United Nations (UNICEF) experience, designing, implementing, and managing large, complex community-level projects for excluded and vulnerable groups in Africa, Latin America and South East Asia.

Education

Ed.D. International Multicultural Education. May 17, 2007

School of Education

University of San Francisco

San Francisco, CA

Project: Effectiveness of Indigenous Linguistically and Culturally Competent Community Health Workers. (International perspective)

MPH. Health Education. May 22, 1987

School of Public Health

San Jose State University

San Jose, CA

BA. Sociology. May 17, 1985

University of California Berkeley / Berkeley, CA.

Teaching Experience

2010-present:

Assistant Professor

Department of Community Health

National University

San Diego

Upper Division Courses: Specialization Requirements

Health Promotion (COH: 605 -*Evaluation of determinants of health and community health promotion intervention, cultural sensitivity and appropriateness*)

Health Promotion Strategies & Tactics (COH: 618 -*Analysis and application of social marketing, community organization and ecological approaches within strategic health education framework*)

Global Health (COH: 601- *Investigation of burden of disease, social justice, and equitable health care, with special emphasis on reproductive health, population dynamics, complex humanitarian emergencies, globalization and global cooperation*)

Core Graduate Courses: Degree Requirements

MHA Healthcare Internship (HCA 691A)

Lower Division Courses: Preparation for the Major

Culture and Health (COH: 310-*Identification of the influence of culture on illness, health and rehabilitation*).

Lead Faculty:

Personal Health (COH: 100- *Study of health behaviors for optimal physical and emotional health.*

Textbook Writing

1988-present:

Author of UNICEF/UNESCO manuals, textbooks and teaching materials.

Health Education and Community Mobilization Strategies for Local Program Managers

Child to Child Training manuals for school teachers on School based health education

Field manuals for integrated WES approaches.

Editor for UNICEF Health textbooks.

2011-2012:

Co-author Chapter: "*Working with Diverse Groups*" of the book titled "*Cultural Competence for Health Education Practitioners*" 2nd edition to be published by Jossey-Bass, A Publishing Unit of John Wiley & Sons, Inc. ("Jossey-Bass). In progress.

Teaching and Research Experience

08/03/2004-02/25/2006:

Adjunct Professor and Academic Research Advisor

National University

San Jose, CA

Performed academic advising and instruction in the areas of:

- Language Development Methods (TED 623)
- Cognition, Language and Culture (TED 665)
- Foundations of Education (TED 615)
- Reading/Language Arts Methods (TED 621)
- The Diverse Classroom (TED 605)
- Diversity and Change (TED 667) University, San Jose.
- Children's Literature (Lit 430).

Received outstanding evaluations.

06/01/2003 to 05/27/2006:

Adjunct Professor - Internship Coordinator and Academic Research Advisor

Dual Degree Program, University of San Francisco

San Francisco

Designed, implemented and coordinated new mandatory student field work projects.

Performed individual research advising.

Designed, implemented and taught new curriculum for student teachers in the areas of:

- Curriculum development
- Cultural awareness for teachers
- Peace studies and globalization
- International Internship placements (Austria/Switzerland/Holland/Hungary)

Awarded outstanding Teacher of the year 2004

08/01/2006-07/01/2007:

Education Consultant - (Part Time)

Center for Disease Control (CDC), US-Mexico Border Health Association (CDC/USMBHA)

El Paso, Texas

- Conducted research on HIV/AIDS and provided intensive trainings on Interpretation Protocols & HIV prevention based on PROMOVISION strategies, to staff from the Departments of Education and Health in Louisiana (New Orleans), Puerto Rico, Kentucky, New York, and other states as requested by the Center for Disease Control (CDC).
- Recognized with the assignment of Chair and member of the National HIV/AIDS Advisory Group, in charge of the development of educational activities for Colleges, Universities and High Schools.

06/2007 – 06/2010:

High School Principal, Escuela Popular

San Jose, CA

Escuela Popular (EP) High School is a Charter school in San Jose serving over 1,200 students, with 100% of the students being English Language learners. Of this student population: 95% are of Mexican origin and 92% qualify for the free and reduced lunch program.

The mission of the school is “*Educating to Transform Lives*”.

- The strategic instructional programs implemented and developed during the 2008-2009 academic year, resulted in outcomes of increased high school student achievement from a baseline API of 514 to an API of 640 (120+).
- Successfully conducted grant writing and management to restructure the Child Care Services for teenage mothers completing their high school. The high level of improvement led to State and international recognition, illustrated in the inclusion of the EP Child Care Services in the 2009-2010 category of “*Model Child Care Program*”.
- Designed, implemented, monitored and evaluated the Community-Based *Promotores* Program, (Community Based Health Workers) based on the Cañada College *Promotor* Education & Employment Project (PIEP). The pilot *Promotores* program started as elective and became mandatory for high school students and it celebrated its second year with the graduation of over 50 professional *Promotores*, who serve as leaders and advocates at EP and for their communities. The school-based *Promotores* program received official recognitions at local and regional levels, and EP *Promotores* were assigned as the main organizers of the first annual Community Fair: “*Your Health First*”.
- Established the After School Learning Resource Center for students who were determined to require further instructional assistance. Tutors and selected teachers advice students in small groups or on individual basis.
- Established the College-credit high-school-based program, in close collaboration with the Deans of Health Science of Community Services from Foothill College. The program served as a bridge to pursue higher education on the high school campus, offering students up to 10 college credits courses. The new and promising partnership with Foothill College has brought knowledge of relevant innovations in Community Colleges.
- Initiated the “*Art in Nature*” outdoor education project, which grew to become the foundation for a comprehensive curricular strategy. Activities included: Popular theater, oleo-painting, sculpture, drawing, photo-voice, and the first United Nations Model Club.

01/1999-12/2004:

Director Consultant

Health at Work Program (H@W), Central Labor Council,

San Mateo, CA

- Planned, implemented and evaluated every educational intervention offered by the San Mateo Central Labor Council, to serve bilingual and multiethnic workers of the County.

- Successfully obtained 100% financial support for five years sustainability of the H@W program for families and their children. Strategically channeled obtained resources to support the implementation of the weekly lunch services, monthly rental assistance, and special educational/job preparation programs for displaced workers after Sept 11th.
- According to outcomes of baseline assessment on most felt needs of the community, designed curriculum, implemented, and evaluated trainings programs on: English as a second language (ESL), maternal health, stress management, prevention of chronic diseases: diabetes, cholesterol, high blood pressure, asthma, lupus, and HIV/AIDS.
- Acted as primary liaison between H@W service learning programs, and integrated them with the health prevention program at *Stanford University* Chronic Disease Self Management Research Center, and also with the Labor Occupational Health Program of the *University of California, Berkeley*, School of Public Health.
- Monitored program reviews, and in a timely manner submitted periodic updates and midterm /annual reports to universities, agency administrators, donors, and partners of the program.
- Received special award as Woman of the Year for 2006. ("*Lideres Latinas*").

01/1999-01/2000:

Director of Language Interpretation Program
 San Francisco State University/CCSF
 California Endowment
 San Francisco, CA

The program included Language Coaches during language lab sessions, to train students on skills for interpretation and translation into English from seven different languages: Spanish, Portuguese, Mandarin, Cantonese, Vietnamese, Russian, and Burmese.

- Managed and Coordinated the Interpreter Program, and with support from the California Endowment created new Internship sites for new professional interpreters at the University of California San Francisco, Stanford Hospital, Oakland Children Hospital, and San Mateo Health Services.
- Taught the entire curriculum on the roles and responsibilities of a professionally trained interpreter, code of conduct, types and modes of translation and interpretation, linguistic advocacy, as well as essential topics for medical interpreters, including: weight and health, Epidemiology, family planning, women's health, pregnancy, newborn care, pediatrics, nutrition, HIV/AIDS, hospice, gerontology, immune system, endocrine & exocrine systems, adolescent health, men's health, diabetes, dermatology, and international health issues. (Fistula)
- Participated as speaker in several regional and national conferences, and was invited as Consultant to design, implement, monitor, and evaluate new interpreting services, which over the past five years have demonstrated successful approaches for sustainability and replicability.
- Organized delegation to Sacramento advocating for Interpretation services at major hospitals and clinics for non-English speaking patients: The bill passed in 2005.

01/2000-05/2003:

Coordinator Student Services (Part Time)
 University of California, San Francisco
 San Francisco, CA

- Coordinated initial and periodic student orientation sessions to raise awareness on various services offered by the University.

- Provided reinforcement of strategic promotion of various programs for international students.
- Supported the hiring Committee ensuring that the interviewing and selection process were proactive and sensitive in the hiring and retention of culturally diverse staff for the Student Services

10/1985-12/1987:

Health Educator

Mission Neighborhood Health Center-San Francisco

Alta Bates Hospital-Berkeley,

Highland Hospital- Oakland, CA

- Completed a Resource manual for patient education on high-risk pregnancy condition, to be used on the antenatal unit, to educate monolingual Spanish speaking patients. Topics such as pre-term labor, placenta previa, traditional remedies, and high-risk conditions during pregnancy and postpartum were covered.
 - Developed curriculum and established a comprehensive Prenatal Education package with adequate and culturally relevant materials, such as videos, slides, cassettes, and simple booklets, in order to reinforce behavioral changes for positive practices.
- Researched and compiled funding resources appropriated for strengthening the mid - pregnancy and the New Baby Care Program.
- Planned, implemented and evaluated health education projects for gynecologists and nurses of pre-term units of Alta Bates and Highland Hospitals.
- Developed, printed and distributed a community resource manual listing reproductive health, social and medical services for the target populations.

02/1982-02/1983:

Educator and Counselor

San Mateo County Office of Education

Half Moon Bay and San Mateo, CA

- Designed, implemented vigorous outreach programs into the community.
- Conducted assessment, counseling and job placement services for disadvantaged and handicapped youth.
- Developed strategy to assist youth with a bicultural/bilingual perspective in Health Education, sensitive to the adolescence changes and challenges.
- Received special Award for the quality and quantity of services provided. The numbers of youth served with the secondary school district and social services agencies had never been achieved in the sixteen-year history of the program.

10/1981-10/1982:

Health Educator,

University of California - Berkeley Extension

Berkeley, CA

- Implemented and participated in evaluation of the Health education - Expanded Food and Nutrition Education Program for new mothers.
- Established a vigorous outreach to serve the Mexican and Portuguese communities living in rural areas of Pescadero and Half Moon Bay.
- Received honor award for the high level of professionalism demonstrated.

04/ 1979-04/1980:

Community Health Educator

Department of Public Health - Mental Health – Adolescent Unit- San Mateo County,
San Mateo, CA

- Instituted outreach and educational projects to teenagers to prevent sexual victimization and unintended pregnancy.
- Counseled youth, families and groups facing problems such as child abuse, drug addiction, alcoholism, suicide and other self-destructive behavior.
- Established a clear, systematic and effective approach to run a post-institution program for delinquent youth.
- Provided outpatient care to high-risk severely emotionally disturbed youth of target population within communities of San Mateo County.

Executive Administrative Experience

08/ 1996 – 08/1997:

Interim Academic Dean

Departments of Social Medicine and Rural Education

Valle University,

Cali, Colombia

- Conducted baseline studies, identified priorities for intervention, wrote grant proposals, and strategically allocated resources in the areas of Social Medicine and Rural Education, improving services for students of both Departments.
- Served as Model Professor, teaching three courses to groups of 30 – 40 graduate students, and having professors of both Departments conducting visit-observations, and receiving reciprocal visits.
- Implemented the Performance Evaluation Report (PERs), as a tool to determine concrete benchmarks.
- Facilitated academic partnerships between the various University Departments, and managed the outreach programs to feeder high schools in Valle State.
- Acted as Chair for the selection Committee of new teachers, organized orientation programs, and monitored schedules and new faculty workload.
- Established educational, artistic, and recreational programs, for students attending the Departments of Social Medicine and Rural Education, all aimed to ensure retention and reduction in the drop-out rate.
- Developed and communicated a vision and common understanding of quality student-centered teaching, all geared towards improving curriculum and instructional practice.
- Appointed as UNICEF Consultant for Education Program in South East Asia

UNITED NATIONS EXPERIENCE

07/1995-01/1999:

Consultant Director- Project Officer L-4,

National Health Education Programs,

UNITED NATIONS: UNICEF,

Colombia, South America

- Managed the planning, coordination, and implementation of the Pro-Andes Program in Colombia. Pro-Andes is the Sub-Regional Program for Latin America, sponsored by the Spanish Committee for UNICEF, the International Development Bank (IDB), and USAID.

The interventions are aimed to assist indigenous, black, socio economically disadvantaged communities, and NGOs in area-based projects, with special emphasis on: Literacy, Basic Education, Primary Health Care/Nutrition, as well as micro-credit and micro enterprises for health prevention projects in Bolivia, Ecuador, Peru, Colombia and Venezuela.

- Supervised monitoring and evaluation of five-year strategic plan, to ensure availability of quantitative and qualitative data of community based prevention research. Special emphasis was placed on the impact of culturally relevant interventions.
- Submitted grant funding reports on the implementation of efficient and effective low-cost approaches, following the Pro-Andes-UNICEF framework, according to national and international donor policies.

06/1991-06/1995:

Director Project Officer L-4 ,
National Health Education Program,
UNITED NATIONS: UNICEF, Nigeria, West Africa.

- Managed the UNICEF Country Program on Health Education, and co-facilitated the execution of the five year strategic plan to expand health coverage, and reduce national mortality and morbidity rates.
- Established the Global Health Project in conjunction with Harvard University, USAID and WHO, to develop institutional capacity, by analyzing over hundred proposals for the control of diarrhea disease (CDD) submitted by Nigerian medical professionals, and secured substantial funding for project implementation and sustainability.
- Acted as liaison between several global health programs, UNICEF Country office, and national counterparts, members of the International task force for the reduction of CDD morbidity and mortality.
- Modeled diplomacy at international conferences, forums, special missions, and other related meetings. Also, reported as health technical officer of the taskforce for Africa Region, in several African countries, including: Swaziland, South Africa, Kenya, Tanzania, Ghana, Burkina Faso, Côte D'Ivoire and Benin.
- Directed the professional appointment committee (APC) in charge of recruiting and selecting high-level principal investigators, health project managers, and regional officers for UNICEF Country office. Special attention was paid to ensure gender equity in staffing of senior leadership positions.

08/1988-06/1991:

Director –Project Officer L- 4,
National Social Communication Program ,
UNITED NATIONS: UNICEF, Guinea Bissau, West Africa

- Built partnerships and cooperation with UNESCO, CUSO, WHO, and USAID to expand UNICEF Country Programs in order to attain global perspectives, stronger institutional capacity, and increased opportunities in meeting strategic decade goals for the Portuguese speaking countries: Guinea Bissau, Angola, Mozambique, Sao-Tome and Cape Verde.
- Participated as speaker in international workshops and conferences on worldwide emerging health education and cultural issues.
- Wrote donor reports based on the review and analysis of quantitative/qualitative data, collected from Action Research Projects (ARP).

Summer 1992-1994-1997:Short term Consultancies
Consultant Health & Education Projects,
UNITED NATIONS: UNICEF, South East Asia and Latin America.
2011-2012

- Appointed as member of the Evaluation Team for Health Educational programs developed by the UN National Health Education Task Force.

Research Interests

- Maternal and New Born Health (Global Perspective)
- Community empowerment
- Grassroots interventions in the reduction of health and education disparities.
- Interconnections between politics, power and poverty: Building the essential link between education- advocacy and empowerment.
- Peace processes
- Social Justice

ADDITIONAL ACADEMIC BACKGROUND(in chronological order)

- University of San Diego
Strategies in Curriculum Development
- University of Connecticut
Strategies for Accelerated Schools Plus
- University of California- Berkeley
Occupational Health – Urban Education. (Official transcripts sent to NU).
- UNICEF/WHO/UNESCO
Over fifty (50) International Conferences in Europe, Asia, and Africa
As Participant and also as Presenter
- Stanford University
Two years Graduate Studies for the Doctoral Degree on Tropical Medicine Program
Five (5) of my UN publications are on Tropical Medicine.

Publications

Diaz, A.L, Schoeller-Diaz, D.A., Ringe H.A.Community Health Workers' effectiveness in the prevention of the Ulysses Syndrome. Proceedings Second International Conference of Indigenous and Cultural Psychology, Factors Promoting Happiness, Health, and Quality of Life 2011, 2011 December, 23(061):18

Diaz A, Labarca C, Osorio, L. Ulysses Syndrome. Athena Migration and Health. Int Rev Psychiatry.2011 November.

Diaz A, Schoeller DA. Dead Quetzal Flying: Gang-Based Asylum in Central American Youth. Health and Human Security in Border Communities (publication in progress)

Diaz A. (2007). Indigenous Culturally Connected Health Educators/*Promotoras*: Preventing HIV/AIDS in the Latino community of San Francisco and San Mateo, University of San Francisco, California. Dissertation 285 pages.

- Diaz A. *Women and the new millennium: Scientific contributions in favor of humankind*. Technical Report 90. Vatican Research Center, Italy 1999.
- Osorio JA, Diaz A. *Serving Afro- Colombian- Indigenous and rural communities in extreme levels of poverty: Choco, Narino, Guajira, Amazonas*. Technical Report 07 UNICEF, Bogotá, Colombia, 1997.
- Diaz A. *Community-based Care during the Childbearing years*. Technical Report. 01-22. UNICEF, Bogotá, Colombia, 1996.
- Diaz A. *PROANDES- National strategies on basic education*: Technical Report 02-97. Supervivir Project UNICEF, Bogotá, Colombia, 1996.
- Diaz A. *Training Nurses on Principles of Breastfeeding annual report following the Kangaroo model, January 1, 1995 through December 31, 1996*. Technical Report 08-77. UNICEF,
- Cepeda C, Munoz J, Diaz AL. *Voces de los Niños*. Bogotá, Colombia – Lima, Perú, La Paz, Bolivia, Quito, Ecuador. Technical Report 20-89. Audio-documentaries. UNICEF, Bogotá, Colombia, 1996.
- Diaz AL. Field manual for Program Managers, Nurses and Teachers: Saving Nigerian Children. UNICEF, Lagos, Nigeria. 1993.
- Diaz AL, Braide E. Basic manual on *Health Education strategies for the prevention of Dracunculiasis*. Technical Report 22.001 CUSO/UNICEF. 1992
- Mung KS, Diaz AL. *Child-to-Child Approach - Education Strategies*. Technical Report 09.13.53 UNICEF, Lagos, Nigeria. 1991.
- Diaz AL. *HIV/AIDS and the Vulnerability of Guinean Women*. Technical Report 55.22. 77 World Health Organization/UNICEF, Guinea Bissau. 1990.
- Diaz AL. *The role of women in the prevention of breast cancer – Health Issues*. Paper presented at United Nation Decade goals. UNICEF, New York. 1988.
- Diaz AL. *Dracunculiasis: The Forgotten disease of forgotten people*. Stanford University. 1987
- Diaz AL, Sessia-Lewis P. *Changes in Traditional Midwifery in Oaxaca Region*. Technical Report Ministry of Health, Mexico, Mexico and UC Berkeley Press. 1983.
- Osorio JA, Diaz AL *Los doctores tienen la palabra*: Technical Report Antioquia University, Medellín, Colombia. 1983.
- Diaz AL, Osorio JA. *Supporting Young Mothers with Education Programs. Annual report on low birth rate. School of Nursing, School of Public Health, Medellin, Colombia* 1978.
- Diaz AL. *Traditional birth attendants and basic educators in the remote areas of the Guambiano Community*. Series of articles published in the Newspaper: *Voz Indigena*. Cauca, Colombia. 1977-1976.

Languages

Fluent:
English and Spanish.

Intermediate:
Portuguese and French.

Professional Reference

Mr. Kunio Waki
Representative UNICEF Nigeria (Direct Supervisor)
Former Deputy Director UNFPA
After 36 years of work with UN agencies including UNICEF, UNFPA and UNDP, Mr. Waki retired in Kobe, Japan, and is now teaching at the School of Policy Studies Kwansai Gakuin University - Kobe Japan as Visiting Professor.
kuniow@yahoo.com

Academic Reference

Dr. Linda Walsh, B.S.N., University of Connecticut; M.P.H. and Nurse Midwifery Certificate, John Hopkins University; Ph.D. University of Pennsylvania.
USF Professor (Dissertation Committee)
Dr Walsh is currently the Chair, of the President's Advisory Committee on the Status of Women.
walsh@usfca.edu (415)422-6681

Angela Drake, Ph.D.
Licensed Psychologist CA PSY13616
3023 Fried Ave
San Diego CA 92122
Cell: (858) 531-4587
Email: psychdoc49@yahoo.com

EDUCATION AND LICENSURE:

- Licensed Psychologist
- Clinical Neuropsychology Post-doctoral Fellowship, VAMC, San Diego
- Pre-doctoral Internship, VAMC & University of California, San Diego
- Ph.D., Clinical Psychology, Auburn University
- M.S., Clinical Psychology, Auburn University
- B.A., Psychology/Anthropology, University of Montana

SUMMARY OF SKILLS:

- Experienced in proposal development and preparing statements of work in response to RFPs and government contracting opportunities related to military and VA healthcare
- Skilled in developing multi-year strategic planning for clinical and research

programs, including implementing new clinical care initiatives to address the needs of OIF/OEF service members and veterans

- Knowledgeable about implementation of process improvement and ongoing accountability efforts within a multi-site research and clinical care organizations
- Skilled in all aspects of research related to post-deployment behavioral health and medical concerns, including developing new research programs, establishing collaborative relationships with other researchers and writing research proposals for military and VA funding
- Experienced in devising data collection plans, power analyses and consent forms using military protocols, working with IRB and Human Use Committees at Naval Hospital San Diego and Walter Reed Army Medical Center
- Skilled at implementing research protocols in military and VA settings, analyzing research data using SPSS and writing manuscripts for peer-reviewed journals
- Experienced in reviewing research proposals submitted to VA for funding through the TBI Research Study Section at VA Central Office
- Skilled at developing best practices and new policies related to rehabilitative care for brain injury and behavioral health conditions in OEF/OIF veterans
- Expertise in the evaluation of innovative DoD behavioral healthcare programs, including developing and implementing measures of program impact , analyzing findings and generating recommendations for program improvements
- Knowledge of HR policies and procedures, including personnel recruitment and selection, performance appraisal, termination and EEOC policies
- Seasoned clinician with considerable clinical experience in treating post-deployment health and behavioral health issues and implementing treatment and rehabilitation strategies
- Demonstrated ability to collaborate with and supervise cross-functional teams and diverse work groups, including healthcare providers, program analysts and administrative support personnel
- Expertise in development of continuing education courses (CME) for medical and behavioral health providers, including development of quality curriculum focused on post-deployment health (e.g., mild TBI, chronic pain, sleep disorders, endocrine disorders, polytrauma) and behavioral health concerns
- Experienced working with healthcare and military stakeholders at all levels, including senior military and VA leaders to service members and their families

PROFESSIONAL EXPERIENCE:

8/2011 – Present

Clinical Professor, National University, Department of Community Health, School of Health and Human Services. San Diego CA

Clinical Consultant, Veteran's Village of San Diego, San Diego CA.

11/2009 to 8/2011

Senior Program Manager, Program Evaluation Team, Contract to the Defense Center of Excellence for Psychological Health and TBI (DCoE), Silver Spring, MD .

5/2009 to 11/2009

National Liaison, Division of Clinical and Educational Affairs, Defense and Veterans Brain Injury Center, Walter Reed Army Medical Center.

6/1998 to 11/2009

Senior Scientific Director, Defense and Veteran's Brain Injury Center, Naval Medical Center, San Diego, CA.

2/1994 to 5/1998

Clinical Neuropsychologist, Department of Neurosciences, Naval Medical Center, San Diego, CA

5/1991 to 2/1994

Post-doctoral Neuropsychological Fellow, Psychology Service, Department of Veterans Affairs Medical center, La Jolla, CA.

7/1990 to 4/1991

Clinical Research Associate, UCSD, Psychiatry Department.

7/1989 to 7/1990

Pre-doctoral Clinical Psychology Intern, Psychology Service, DVAMC , La Jolla, & Psychiatry, UCSD

FACULTY APPOINTMENTS

2006 Adjunct Professor, Department of Psychology, San Diego State University, San Diego CA (non-salaried)

2006 Clinical Professor, Department of Psychiatry, University of California at San Diego (non-salaried)

HONORS

Ad Hoc Reviewer, VHA, Research and Development Service, Scientific Merit review Board Meeting, Brain Injury: TBI and Stroke (RRD1), Arlington VA, Feb 23-25, 2011.

Invited Member, Committee on the Development of VA and DoD Clinical Practice Guidelines for the Management of Concussion, MTBI, sponsored by MEDCOM, U.S. Army Medical Command, Fort Sam Houston, TX, October 2007- June 2008
http://www.healthquality.va.gov/management_of_concussion_mtbi.asp)

Invited Participant, Symposium on Severe and Minimally Conscious Wounded Warriors. Sponsored by Defense and Veterans Brain Injury Centers and Dr. George Zitnay March, 2008, Johnstown PA

Invited Participant, "Approaches to brain injury screening, treatment, management and rehabilitation: A State of the Art Conference, Sponsored by the Department of Veterans Affairs Office of Research and Development, Arlington VA, Apr 30 to May 2, 2008 (<http://www.hsrd.research.va.gov/meetings/sota>)

Invited Member, Committee on the Neurobehavioral Sequelae following Traumatic Brain Injury: Development of Evidence-based guidelines, Sponsored by the Centers for Disease Control and Prevention, 2001.

Invited Member, Committee on evidence-based of treatment guidelines for Mild Traumatic Brain Injuries, Sponsored by the Brain Injury Association, 1999.

Invited Member, Scientific and Research Advisory Committee, Brain Injury Association of America (BIA) May 1996 to September 1998.

Invited Participant, Aspen TBI Neurobehavioral Conference, Aspen CO, January, 1997.

National Research Service Award Winner, National Institute of Drug Abuse (NIDA) Sponsored by VA San Diego Healthcare System (VASDHS), April 1991-May 1993.

SELECTED RESEARCH PROJECTS:

2003- present, Associate Investigator and Consultant, Diagnosing and Monitoring Combat-related TBI Utilizing MEG and Advanced MRI Techniques, VA Merit Review awarded to Dr. M. Huang, Department of Radiology, VAMC, La Jolla and University of California, San Diego. Developed a research project using novel neuroimaging techniques with Dr. Huang and Dr. Lee to document blast injury effects on the brain of active duty service members. Protocol includes comprehensive neuropsychological assessments and measures of psychological and functional outcome, in addition to measures of diffuse tensor imaging and MEG. Currently funded through a

VA Merit Review to the PI.

1998 – 2001, Principal Investigator, Surveillance of Concussive Injury in the Field Camp Pendleton, CA. Developed and implemented a study of concussive injury in an operational setting, including implementation of a comprehensive surveillance program and initial evaluation of mental status and balance functioning. An integral part of this program was to develop and implement a CME program for medical providers at Camp Pendleton. Several hundred general medical officers and medical corpsman were trained on assessment and management of concussion. This program was funded internally through the Defense and Veterans Head Injury Program

1995-1998, Principal Investigator, Mild Traumatic Brain Injury and the Effects on Everyday Functioning, Naval Medical Center, San Diego, CA. Supported by the Defense and Veterans Head Injury Program. Developed and completed a longitudinal cohort study of MTBI with 160 patients and controls. The study assessed everyday functioning, including cognitive, vocational, psychosocial and marital functioning. This study was funding internally through the Defense and Veteran's Head Injury Program.

1991-1993, NIDA Post-doctoral Research Fellow, Psychology Service, Department of Veterans Affairs Medical Center, La Jolla, CA. Sponsor: Nelson Butters, Ph.D. Designed and conducted a study of the effects of substance abuse on cognitive functioning in women. This study was funded through the National Institute of Drug Abuse, #F32 DA05539-01 DACB.

PUBLICATIONS:

Kennedy, JE, Jaffee, MS, Drake, AI, Ryan, LM, and Warden, D. Post-traumatic Stress Disorder Symptoms following TBI in a military population. [Journal Article], in preparation for submission, 2012.

Huang, M., Nichols, S., Robb, A., Angeles, A, Drake, A., Holland, M. An Automatic MEG Low-Frequency Source Imaging Approach for Detecting Injuries in Mild and Moderate TBI Patients with Blast and Non-Blast Causes. Manuscript accepted for publication in *Neuroimage*, APR 2012

Schiehser, D, Delis, D, Filoteo, V, Delano-Wood, L, Han, D, Jak, A, Drake, A., Bondi, M. (2011) Are Self-Reported Symptoms of Executive Dysfunction Associated with Objective Executive Function Performance Following Mild-to-Moderate Traumatic Brain Injury? *Journal of Clinical and Experimental Neuropsychology*, 33(6), 704-714.

Drake, AI, Meyers, KS, Cessante, L, Cullen, M, McDonald, E, Holland, M. (2009). Routine screening for TBI following Combat Deployments. *Neurorehabilitation*. [Journal Article], 26(3): 183-9.

Han, D., Drake, A., Bondi, M. (2009). Integrated imaging approach with MEG and DTI to detect mild traumatic brain injury in military and civilian patients. [Journal Article] *Journal of Neurology, Neurosurgery and Psychiatry*. 78(10):1103-8.

Huang, M, Theilmann, R, Robb, A., Angeles, A., Nichols, S, Drake A. Integrated imaging approach with MEG and DIT to detect mild traumatic brain injury in military and civilian patients. [Journal Article], *Journal of Neurotrauma*, 26(8): 1213-26.

Han, D., Suzuki, H., Drake AI, Jak, AJ, Houston WS, Bondi, MW. (2009). Clinical, cognitive and genetic predictors of change in job status following traumatic brain injury in a military population. [Journal Article]. *Journal of Head Trauma Rehabilitation*, 24(1):57-64.

Han, D., Drake, A, Cessante, L (2008). APoE and TBI in a military population: Evidence of a neuropsychological compensatory mechanism? [Journal Article] *Journal of Research and Rehabilitation*, 24(1): 57-64.,

Han, S.D., Drake, A.I., Cessante, L.M., Houston, W.S, Delis, D.C., Filoteo, J.V., Bondi, M.W. (2007).. Apolipoprotein E. and traumatic brain injury in a military population: Evidence of a neuropsychological compensatory mechanism. [Journal Article] *Journal of Neurology, Neurosurgery & Psychiatry*. 78(10): 1103:8.

Warden, DL, Gordon, B, McAllister, TW, Silver JM, Barth JT, Bruns J, Drake A et al. (2006). Guidelines for the pharmacologic treatment of neurobehavioral sequelae of traumatic brain injury, [Journal Article]. *Journal of Neurotrauma*: 23(10): 1468-501.

Drake, AI, McDonald, EC, Magnus, NE, Gray, N, Gottshall, K (2006). Utility of Glasgow Coma Scale-Extended in symptom prediction following mild traumatic brain injury. [Journal Article] *Brain Injury*, 2006; 20(5): 469-475.

Gottshall K. Gray N. and Drake AI. (2005). A unique collaboration of female medical providers within the United States Armed Forces: rehabilitation of a marine with post-concussive vestibulopathy. [Case Reports. Journal Article] *Work*. 24(4):381-6

Gottshall K, Drake AI, Gray N, McDonald E, and Hoffer ME.(2003) Objective vestibular tests as outcome measures in head injury patients. [Journal Article] *Laryngoscope*. 113(10):1746-50.

McLay, RN, Drake, A., Rayner T. (2005). Persisting dementia after isoniazid overdoses. [Case Report. Journal Article], *Journal of Neuropsychiatry and Clinical Neurosciences*. 17(2): 256-7.

McLay, RN, Drake, A., Santiago, PN, Kim CH. (2004). Major depressive disorder with psychotic features in an aviator after head trauma.[Case Report. Journal Article] *Aviation Space and Environmental Medicine*. 75(2): 175-9.

Sylvia, FR, Drake, AI, and Wester, D. (2001). Transient Vestibular Balance Dysfunction after primary blast injury. [Case Reports. Journal Article], *Military Medicine*, 166(10):918.

Bierley, RA., Drake, AI., Ahmed, S., Date, E., Rosner, M., Wader, DL., Salazar, AM., and the Defense and Veteran's Head Injury Program Study Group. (2001). Biased responding: A case series demonstrating a relationship between somatic symptoms and impaired recognition memory

performance for traumatic brain injured individuals. [Journal Article] *Brain Injury*, 15(8): 697-714.

Drake, AI, Gray, N., Yoder, S, & Llewellyn, M. (2000). Predictors of return to work following mild traumatic brain injury: A discriminant analysis. [Journal Article] *Journal of Head Trauma Rehabilitation*, March, 15(5):103-12,.

Drake, AI and Bradshaw, DA. (1999). Sleep disturbances following traumatic brain injury. *The Brain Injury Source*, 3(4): 24-25.

Drake, AI (1998) Mild traumatic brain injury: A multidisciplinary study. *The Brain Injury Source*, 2(1): 38-39.

Wester, D, Drake, AI, and Gray, N. (1997) Vestibular functioning following traumatic brain injury. *Vestibular Update*.

Bondi, M, Drake, AI, & Grant, I. (1998). Verbal learning and memory in alcohol abuse subjects and poly-substance abuse subjects with concurrent alcohol abuse. [Journal Article] *Journal of the International Neuropsychological Society*, 4(4): 319-28.

Drake, AI, Butters, N., Shear, PK, Smith, T., Bondi, MW, Irwin, M, and Schuckit, M. (1995). Cognitive recovery with abstinence: The role of family history for alcoholism. [Journal Article] *Journal of Studies on Alcohol*, 56: 104-109.

Drake, A.I., Bondi, M.W., Butters, N., Kirson, D., & Griffith, T. (1993). Information processing deficits in alcoholics and polysubstance abusers with concurrent alcohol abuse. [Journal Article] *Journal of Clinical and Experimental Neuropsychology*, 15, pp. 94, abstract.

Drake, A.I., Hannay, H.J., & Burkhart, B. (1993). The construct validity of the Continuous Visual Recognition Memory Test. [Abstract] *Journal of Clinical and Experimental Neuropsychology*, 15: 62..

Drake, A.I., Butters, N., Shear, P.K. (1993). Cognitive recovery with abstinence and its effects on family history for alcoholism. [Journal Article] *Journal of Clinical and Experimental Neuropsychology*, 15 93.

Bondi, MW, Drake, AI, Butters, N., Griffith, T.(1993). Verbal memory impairments in alcoholics and polysubstance abusers with concurrent alcohol abuse. [Journal Article] *Journal of Clinical and Experimental Neuropsychology*, 15: 94-99.

Drake, AI. & Hannay, HJ. (1992). Continuous recognition memory tests: Are the assumption of the Theory of Signal Detection met? [Journal Article] *Journal of Clinical and Experimental Neuropsychology*, 14:539-44.

Drake, AI., Hannay, HJ., & Gam, J. (1990). The effects of chronic alcoholism on lateralized cerebral functioning: An examination of gender differences. [Journal Article] *Journal of Clinical and Experimental Neuropsychology*, 12: 781-797.

PROFESSIONAL PRESENTATIONS:

Drake, AI. (2008). A comparison of mild TBI and PTSD: Some symptoms are distinct. Presented at the USMC Combat Operational Stress Conference, San Diego CA. (<http://www.usmc-mccs.org/cosc/conference>).

Drake, AI. (2008).

Huang, M, Nichols, S, Robb, A., Angeles, R., Drake, A. (2008). Detecting subtle neuronal injury in mid traumatic brain injury using integrated imaging approach with magnetoencephalography and diffusion tensor imaging. Paper presented at the Society for Neurosciences Annual Conference, Washington D.C.

(http://www.signonsandiego.com/uniontrib/20080509/news_1n9brain.html)

Boyd, C., Drake A. Cognitive and Mood Sequelae Associated with Electrical Injury and Lightning Strike; Poster accepted to the National Academy of Neuropsychology 2006 Conference.

Boyd, C., Holland, M., Drake, A. Baseline Neuropsychological Evaluation of a Patient with a Dermoid Cyst Bifrontal Craniotomy Resection; Poster accepted to the National Academy of Neuropsychology 2006 Conference.

Gottshall, K, Hoffer, M, Drake, A. Vestibular disorders after head trauma: Cutting edge diagnosis and management. Presented at the American Physical Therapy Association Annual Meeting, FEB, 2006, San Diego.

Han, S.D., Drake, A.I., Cessante, L.M., Jak, A.J., Delis, D.C., Huynh, D.V., Filoteo, J.V., & Bondi, M.W. (2005). The Role of APOE Genotype on Cognition Following Mild to Moderate Traumatic Brain Injury in a Military Population. Presented at the 35th Annual Meeting of the Society for Neuroscience in Washington, D.C. Program No. 471.9. 2005 . Washington, D.C: Society for Neuroscience.

Gottshall, K, Hoffer, M, Drake, A & Gray, N. Objective measures of vestibular functioning following head injury. Paper presented at the Annual Meeting of the American Neurotology Society, May, 2002.

Bradshaw, D., Drake, AI, Magnus, N., & Gray, N., McDonald, EC. Pre-injury sleep complaints in patients with mild traumatic brain injury. Poster presented at the Annual American Academy of Sleep Medicine Meeting, 2002.

Wester, DC., Sylvia, F, Drake, AI, & Hoffer, ME. Transient Vestibular-Balance Dysfunction following Primary Blast Injury. Poster presented at the 24th Annual Association for Research in Otolaryngology Meeting, St. Petersburg, FL, Feb, 2001.

Eastvold, A, Drake, AI, Gramling, L. Executive functions and processing speed following mild traumatic brain injury. Poster presented at the 3rd World Congress on Brain Injury, Quebec City, Canada, June, 1999.

Drake, AI, Gray, N, Yoder, S., Llewellyn, D. Ratings of vocational function and their relationship to executive dysfunction, apathy, and disinhibition. Poster presented at the 3rd World Congress on Brain Injury, Quebec City, Canada, June, 1999.

Eastvold, Angela, Drake, AI, Gramling, L. Information processing and Mild Traumatic Brain Injury. Poster presented at the 3rd World Congress on Brain Injury, Quebec City, Canada, June, 1999.

Johnson, T, Klingler, E, Drake, AI. Limitations in the predictive validity of prognostic variables following MTBI, Poster presented at the 3rd World Congress on Brain Injury, Quebec City, Canada, June, 1999.

Drake, A., Wester, D., & Gray, N. Vestibular dysfunction and cognitive impairment following traumatic brain injury: Implications for outcome. Poster presented at the Annual International Neuropsychological Society Meeting, Honolulu, HI, February, 1998.

Drake, AI, Yoder, S., Gramling, LJ, & Bloom, J. Patient versus Family Ratings of Behavioral and Emotional Changes Associated with Frontal Lobe Damage following Mild Traumatic Brain Injury. Poster presented at the Ninth Annual Meeting of the American of Neuropsychiatric Association, Honolulu, HI, February, 1998.

Gramling, LJ, Drake, AI, Stout, J & Bloom, J. The Relationship Between Ratings of Frontal Dysfunction and Performance on Neuropsychological Testing. Poster presented at the Ninth Annual Meeting of the American Neuropsychiatric Association, Honolulu, HI, February, 1998.

Gray, N, Drake, A.I., Wester, D., Bloom, J. Qualitative Aspects of Evaluations Increases the Accuracy of Identification of Questionable Effort. Poster presented at the Ninth Annual Meeting of the American Neuropsychiatric Association, Honolulu, HI, February, 1998.

Thatcher, R, Bierley, R. & Drake, A. The relationship between EEG and Sternberg Information Processing Task. Poster presented at the Ninth Annual Meeting of the American Neuropsychiatry Association, Honolulu, HI, and February 1998.

Connors, D., Drake, AI, Bondi, MW, Delis, DC. Detection of feigned cognitive impairments in patients with a history of mild to severe close head injury. Poster presented at the American Academy of Neurology Meeting, Boston MA, 1997.

Western, D. & Drake, A. Dizziness and balance problems following mild traumatic brain injury. Seminar presented at the 9th Annual Interdisciplinary Seminar: Diagnostic and Rehabilitative Aspects of Dizziness and Balance Disorders, Denver, CO, December 1997.

Drake, AI, Yoder, S, & Kinglier, EJ. Marital adjustment following mild traumatic brain injury. Poster presented at the 16th Annual Brain Injury Association Meeting, Philadelphia, PA, November, 1997.

Gray, N, Drake, AI, & Wester, D. Difficulties of daily living associated with vestibular dysfunction

and their impact on outcome following TBI. Paper presented at the 16th Annual Brain Injury Association Meeting, Philadelphia, PA, November, 1997.

Connors, D., Drake, A.I., & Bond, M. The detection of feigned cognitive impairments in patients with a history of mild to severe closed head injury. Poster presented at the Annual American Academy of Neurology Meeting, Boston, MA, April, 1997.

Drake, A., Wester, D., Gray, N., Bloom, J., Hoffer, M. and O'Leary, M. Improvement in the quality of life following treatment of dizziness, vertigo, and poor balance in TBI patients. Paper presented at the 15th Annual Brain Injury Association Meeting, Dallas, TX, November, 1996.

Bierley, R., Ahmed, S., Date, E., Drake, A., Bloom, J., & Salazar, A. Response bias for two measures of recognition memory: Clinical and theoretical implications. Paper presented at the 15th Annual Brain Injury Association Meeting, Dallas, TX, November, 1996.

Bierley, R., Drake, A., Ahmed, S., Date, E., Bloom, J., Sparrow, J., & Salazar, A., Case report of an interaction between cognitive and social factors in disruption of recognition memory. Poster presented at the 8th Annual Meeting of the American Neuropsychiatric Association, Orlando, FL, February, 1997.

Drake, A., Bierley, R., Bloom, J., Date, E., Salazar, A. The effects of alcohol consumption at time of injury on verbal memory performance following traumatic brain injury. Poster presented at the International Neuropsychological Society's Annual Conference, Chicago, IL, 1995.

Bloom, J., Gray, N., Limjoco, J., & Drake, A.I. Unique return to work strategies utilized for TBI patients within the U.S. Navy. Poster presented at the National Head Injury Foundation's 14th Annual National Symposium, San Diego, CA, 1995.

Drake, A.I., Jernigan, T.L., Butters, N., Shear, P.K., & Archibald, S.L. Volumetric changes on Magnetic Resonance Imaging in chronic alcoholics: A one-year follow-up. Paper presented to the International Neuropsychological Society's Annual Conference, Cincinnati, Ohio, 1994.

Drake, A.I., Bondi, M.W., Butters, N., Kirson, D., & Griffith, T. (1993) Information processing deficits in alcoholics and polysubstance abusers with concurrent alcohol abuse. Paper presented to the International Neuropsychological Society's Annual Conference, Galveston, Texas, 1993.

Drake, A.I., Hannay, H.J., & Burkhart, B. (1993) The construct validity of the Continuous Visual Recognition Memory Test. Paper presented to the International Neuropsychological Society's Annual Conference, Galveston, Texas, 1993.

Drake, A.I., Butters, N., Shear, P.K. (1993) Cognitive recovery with abstinence and its effects on family history for alcoholism. Paper presented to the International Neuropsychological Society's Annual Conference, Galveston, Texas, 1993.

Bondi, M.W., Drake, A.I., Butters, N., Griffith, T. (1993). Verbal memory impairments in alcoholics and polysubstance abusers with concurrent alcohol abuse. Paper presented to the

International Neuropsychological Society's Annual Conference, Galveston, Texas, 1993.

Drake, A.I., & Hannay, H.J. Continuous recognition memory tests: Are the assumptions of the Theory of Signal Detection met? Poster presented at the International Neuropsychological Society's Annual Conference, San Antonio, 1991.

Drake, A.I. & Hannay, H.J. Lateralized cerebral functioning in chronic alcoholics. Paper presented to the Southeastern Psychological Association Convention, 1989.

References Available on Request

BROOKS ENSIGN, MBA
San Diego, CA 92129
(858) 722-9012
bensign@san.rr.com

NATIONAL UNIVERSITY, SCHOOL OF HEALTH AND HUMAN SERVICES
2010-2012

Instructor: Health Care Administration (Clinical Research, Finance, Accounting, Marketing & Statistics)

- Promoted by National University to Associate Faculty role (salaried, part-time)
- Clinical Research: Recruited by the Chair of Health Sciences to help develop new master's degree program in Clinical Research. Courses taught have included: Biostatistics, Clinical Documentation, FDA Regulations, & Clinical Trial Design
- Selected by the Chair of Community Health to teach several courses: Health Care Marketing, Health Care Policy, Health Care Strategic Management, Health Care Finance and Accounting, Health Care Leadership

JDRF BOARD OF DIRECTORS, SAN DIEGO CHAPTER (volunteer role)
2010-2012

- Recruited by local board to lead government relations, advocacy and communications
- Two trips to Capitol Hill in 2011, resulting in successful advocacy with FDA (FDA's publication of clinical research guidelines for the Artificial Pancreas Program / closed-loop insulin pump with CGM)
- JDRF Government Relations also helped achieve the Congressional renewal of the \$300 million Special Diabetes Program research funding in 2010

2010-2012 INTERIM INDUSTRY ROLES

Responsibilities have included sales force optimization, accounting, financial planning and analysis, SEC reporting, investor relations, accounting monthly close, business development, strategic planning, etc. Clients / interim employers have included: HUYA Biosciences, Volcano Corporation, Amylin Pharmaceuticals, ISTA Pharmaceuticals, and other companies.

HALOZYME THERAPEUTICS, INC. (Nasdaq: HALO) 2008
– 2009

Director of Financial Planning and Analysis

Strategic planning, portfolio valuation and review, corporate development analysis, and budgeting

VALEANT PHARMACEUTICALS INTERNATIONAL (NYSE: VRX) 1998 – 2000 and 2002
– 2008

Director of SEC Reporting

2006

– 2008

Selected by CFO and Controller to become Director of SEC Reporting

Responsible for SEC reporting, corporate financial reporting, accounting policy updates and interpretations, Sarbanes-Oxley compliance, investor relations support, quarterly close process, variance analysis, bond covenant compliance reporting, SFAS 123(R) reporting and external auditor relationship. Completed restatements of historical financial statements in 2007 and 2008, ahead of critical deadlines. Provided accounting guidance during strategic initiatives, including two strategic restructuring programs, the sale of European and Asian subsidiaries for \$420M and an \$820M worldwide collaboration with GlaxoSmithKline for the development and marketing of Valeant's new epilepsy drug, retigabine.

Director of Finance, Global Commercial Operations

2002 –

2006

- Managed FP&A function for \$15M in corporate operating expenses: monthly close, monthly forecasting, variance analysis, accruals, year-end close and annual budgeting.
- Responsible for M&A financial planning and due diligence, financial planning for global marketing, future product commercialization and business development activities. Integral contributor to commercial development program which grew revenues in the U.S.A. by more than \$200M in three years; led financial due diligence, valuations, and financial integration for: Infergen® (\$120M), Xcel Pharmaceuticals (\$280M), Amarin Pharmaceuticals (\$44M), Tasmart®, Cesamet®, and Zeatin®.

Brooks Ensign, p. 2

VALEANT PHARMACEUTICALS INTERNATIONAL (NYSE: VRX) 1998 – 2000 and 2002 – 2008

Director of Corporate Development
– 2000

1998

Led due diligence and acquisition negotiations. Integral member of international corporate acquisitions team. Developed strategic five-year financial plans. Spearheaded congressional lobbying program.

- Conceived, championed and negotiated the licensing of Kinerase®. Kinerase was the most successful new dermatology product launched in 1999 and remains a strategic global brand for Valeant.

CEREGENE, INC.
– 2002

2001

Director of Business Development

Drafted business and financial plan for Series B venture capital financing. Negotiated licensing transactions. Managed public relations and intellectual property (75 patents). Transactions included the license for Neurturin from Washington University Saint Louis as a gene therapy for Parkinson's disease and licensing two neurotrophic factors (NGF and NT-4/5) from Genentech for Alzheimer's disease and other neurodegenerative diseases. Ceregene's Series B financing raised \$32M.

AVIVA BIOSCIENCES CORPORATION
– 2001

2000

Director of Business Development

Drafted initial business plan for functional genomics / biochip company, identifying two lead applications in ion channel CNS pharmaceutical screening and prenatal testing; this business plan led to an \$11M Series B financing. Negotiated in Beijing with AVIVA's founder at Tsinghua University. Initiated critical partnership discussions with Axon Instruments which enabled AVIVA to generate revenue within two years of the initiation of its first commercial project. Coauthored a published review article analyzing ion channel screening technologies. Identified and recruited new scientific advisory board members.

**ADVANCED TISSUE SCIENCES
1996-1998**

Senior Manager of Marketing Research

Led primary and secondary marketing research programs in support of two product launches.

**UNITED STATES NAVY (lived in Japan)
1988-1993**

HARVARD BUSINESS SCHOOL / HARVARD COLLEGE

M.B.A and B.A. degrees. Coursework included "Financing the Biotech Firm," a course focused on venture capital financing. Full Navy ROTC scholarship. Harvard College scholarship.

UNIVERSITY OF CALIFORNIA, SAN DIEGO (Extension)

- Professional Certificate in Drug Discovery and Development (completed, 1999)
- Biostatistics Certificate Program (in progress)

Curriculum Vitae
September 2011
GinaMarie Piane, DrPH, CHES
2675 Vuelta Grande Avenue
Long Beach, California 90815
562-477-0057
gpiane@nu.edu

EDUCATION

Doctor of Public Health University of Illinois at Chicago,
School of Public Health
January 1986 - June 1989
Major, Community Health Sciences

Master of Public Health University of Illinois at Chicago,
School of Public Health
June 1982 – June 1984
Major, Community Health
Sciences

Bachelor of Arts University of Illinois at
Chicago, Circle Campus
September 1977 – June
1981
Major, Chemistry

Other Education Purdue University
January 1977 – June
1977

Northern Illinois University, DeKalb, IL.
Intermediate Spanish Conversation, FLSP 211, Spring, 1990;
Intermediate Spanish Grammar, FLSP 202, Fall, 1990;
Molecular and Cellular Biology, BIOS 300, Summer 1994. PSYC
544, Clinical Psychology V: Behavior Modification, Spring
1998. PSYC 543 Clinical Psychology IV: Theories of
Psychotherapy, Fall 1998. PSYC 511 Cognitive Psychology,
Spring 1999.

Certified Health Education Specialist (CHES), National Commission for Health
Education Credentialing, Inc., October 1996, #5231.

PROFESSIONAL EXPERIENCE

<i>Institutions</i>	<i>Rank or Title</i>	<i>Dates</i>
National University Department of Community Health	Professor and Chair	2009-present
California State University, Long Beach	Professor	2009
Department of Health Science	Associate Professor	2001-2009
Department of Health Administration	Associate Professor	2005-2009
Long Beach Community College Life Sciences	Adjunct Professor	2004-2009
Northern Illinois University Program in Community Health School of Allied Health Professions	Associate Professor	1996-2001
	Assistant Professor	1989 –1996
Northern Illinois University Program in Community Health School of Allied Health Professions	Program Coordinator	1992- 1994
DuPage County Public Health Department	Environmental Health Educator	1990-1992
Cook County Department of Public Health	Patient Education	1987- 1989
Cook County Department of Public Health	Coordinator Health Educator	1984- 1987
University of Illinois at Chicago School of Public Health	Research Assistant	1983- 1984
University of Illinois at Chicago School of Public Health	Teaching Assistant	1982 - 1984
Imperial Tutoring	Teacher Consultant	1983- 1984
University of Illinois at Chicago Chemistry Department	Group Tutor	1980 - 1981
Illinois Department of Transportation Highways	Assistant Chemist	1980 Division of

PUBLICATIONS

* Piane, GM: (2011) "Psychological Distress in California: Identifying those at Greatest Risk." *Community Mental Health* (in press, 2011).

*Piane, GM: (2001) "Jane Addams as a Public Health Advocate." Taylor Street Archives.

*Piane, G. & Singh-Carlson, S. (2010) "Short-term Study Abroad Courses in International Health: Lessons from the Field." *The International Journal of Environmental, Cultural, Economic & Social Sustainability*. 6, 13-11.

*Piane, GM: (2009) "Public Health Ethics" *Long Beach Business Journal*, June 30, 2009.

* Piane, GM: (2008) "Evidence-based practices to reduce maternal mortality: A systematic review" *Journal of Public Health* August 2008; doi: 10.1093/pubmed/fdn074).

*Piane, GM and Clinton, EA: (2008) "Maternal mortality interventions: A systematic review" submitted to the *Journal of Healthcare for the Poor and Underserved*, February 12, 2009.

*Piane, GM: (2008) "Maternal Mortality Correlates by Nation" submitted to the *Journal of Healthcare for the Poor and Underserved*, February 12, 2009.

*Piane, GM and Safer AM: (2008) "Drinking behaviors, expectancies and social norms among college women" *Journal of Alcohol and Drug Education*, volume 52 #1, p 67-79.

*Safer AM and Piane GM: (2007) "An analysis of acculturation, sex and heavy alcohol use in Latino college students" *Psychological Reports*, 101, 565-573.

*Friis, R.H., Piane, G.M., Safer, A.M. "Public Opinion regarding the Use of Master Settlement Agreement (MSA) Funds". *Public Health*. Doi:10.1016/j.puhe.2003.09.008. January 23, 2004.

Friis, R.H. Piane, G.M., Safer, A.M., Pervez, M.M., Lee, J., Muecklich, A. "Public Opinion regarding the uses of Master Settlement Agreement (MSA) Funds". *Southern California Public Health Association Bulletin*, Fall 2002.

*Piane, G.M., "Comparison of Contingency Contracting and Systematic Sensitization for Heroin Addicts in Methadone Maintenance Programs: A Literature Review" *Journal of Psychoactive Drugs*. 2000. volume 32 (3), July-September, pages 311-319.

*Ciesla, J.R., Piane, G.M., and A.J. Rubens, "Hypertension in Community-Dwelling African American Elders From a State-Wide Study: Implications for Nonpharmacologic Therapy," *Journal of Health Care for the Poor and Underserved*, 1998, Volume 9, No. 1, pages 62-75.

*Piane, G.M., "Oh Beans!" *Journal of Health Education*, May/June, 1997, Volume 28, No. 3; pages 180-181.

*Piane, G.M., Rydman, R.J., and A.J. Rubens, "Learning Style Preferences of Public Health Students," *Journal of Medical Systems*, January, 1997, Volume 20, No. 6; pages 377-384.

*Rubens, A. J., Stoy, W. and G.M. Piane, "Using Interactive Videodisc to Test Advanced Airway Management Skills," *Prehospital and Disaster Medicine*, October/December 1995, Volume 10, No. 4; pages 251-258.

Piane, G.M., "Universal Access: Nine Illinois Leaders in Public Health Give Their Views," *I.P.H.A. Viewpoint*, summer, 1992. Volume 24, pages 1-17.

*Piane, G.M., "Undetected Breast Cancer in Black Women," *Journal of Health Care for the Poor and Underserved*. December, 1991, Volume 2, No. 2; pages 352-354.

Piane, G.M., "Breast Cancer and Mammography in Illinois," *I.P.H.A. Viewpoint*, May, 1991, Volume 23; pages 8-9.

*Piane, G.M., "A Comparison of Effect of a Hypertension Program among Black and White Participants," *Journal of Health Care for the Poor and Underserved*, December, 1990, Volume 1, No. 2; pages 243-253.

DISSERTATION

Piane, GM: "Evaluation of a Hypertension Education Program", accepted for partial fulfillment of the Doctor of Public Health degree, University of Illinois School of Public Health, March 1989.

REVIEWS

2010-present. Reviewer for the International Journal of Environmental, Cultural, Economic & Social Sustainability.

2009-present. Reviewer for *BMC Public Health*.

2008. Reviewer *Human Sexuality: A Psychosocial Perspective* by Ruth Westheimer and Sanford Lopater, Lippincott, Williams and Wilkins Publishers.

2007-present. Reviewer for *Preventing Chronic Disease*, Centers for Disease Control and Prevention.

2007. Reviewer *Human Sexuality* by Roger Hock, Prentice Hall Publishers.

1995-present. Reviewer for *Journal of Health Care for the Poor and Underserved*, Meharry Medical School.

PEER-REVIEWED PRESENTATIONS AND ABSTRACTS 2000-present

Piane, GM: (2011) "Psychological Distress in California: A secondary analysis of CHIS data" presented at the San Diego Epi Exchange, March 2011.

Piane, GM and Singh-Carlson, S: (2010) "Short-term Study Abroad: Lessons from the Field" The 6th International Conference on Environmental, Cultural, Economic and Social Sustainability January 5-7, 2010, Cuenca, Ecuador.

Piane, GM: (2009) "International Health" presented at Centers for Disease Control and Prevention, January 16, 2009, Dar Es Salaam, Tanzania.

Piane GM: "Short-term Study Abroad Courses in International Health: Lessons from the Field" presented at the ConnectEd conference, January 22-24, 2008 in Monterrey, California. (Abstract published)

Guilliam MG and Piane GM: "Diferencias en condiciones de salud entre paises en el Hemisferio Occidental segun su nivel de ingresos" presented at the annual meeting of Pan American Health Care Exchanges, February 16, 2007, Long Beach, California.

Piane, GM: "International Health" presented at Centers for Disease Control and Prevention, January 9, 2007, Bangkok, Thailand.

Guilliam MG, Friis, RH and Piane GM "The Hispanic Paradox" presented at the 134th annual meeting of the American Public Health Association, Latino Caucus, November 6, 2006, Boston. (Abstract published)

Piane GM and Safer AM: "Alcohol use and acculturation of Latino college students" presented at the 133rd annual meeting of the American Public Health Association, Alcohol and Other Drugs section, November 7, 2005, Philadelphia. (Abstract published in *Evidence-Based Policy and Practice*)

Piane GM, Guilliam MG and Safer AM: "Students as bridges to the community, Type 2 Diabetes" presented at the 133rd annual meeting of the American Public Health Association, Public Health Education and Health Promotion Section, December 12, 2005, Philadelphia. (Abstract published in *Evidence-Based Policy and Practice*)

Piane GM and Safer AM: "Alcohol and acculturation of Asian and Latino college

students” presented at the 132nd annual meeting of the American Public Health Association, Alcohol and Other Drugs section, November 8, 2004, Washington, DC. (Abstract published in *Public Health and the Environment*)

Piane, G.M., Guillaum, M. G., Safer, A.M. “Students as Bridges to the Community: Preventing Type II Diabetes on Campus” presented to the 15th annual Long Beach Research Symposium, October 29, 2004.

Piane, G.M., Safer, A.M. “Diversity Town Meeting” Invited for presentation to the U.S. Department of Education’s 18th Annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education, October 16-19 2004, Arlington, VA. (abstract published)

Piane, G.M., Safer, A.M. “Effect of Acculturation of Asian and Latino College Students” presented at the U.S. Department of Education’s 18th Annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education, October 16-19 2004, Arlington, VA. (abstract published)

Piane, G.M., Safer, A.M. “An Analysis of Asian and Latino College Students Attitudes and Subjective Norms Regarding Alcohol Use”. Presented to the 14th annual Long Beach Research Symposium, February 27, 2004.

Piane, G.M., Safer, A.M. “A Multivariate Statistical Analysis of Acculturation on Attitudes and Subjective Norms of Asian and Latino College Students regarding Alcohol Use” Presented at The U.S. Department of Education’s 17th Annual National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education, “Deep in the Heart of Prevention: Collaboration for Accountability and Effectiveness”, October 16-19, 2003, Austin, Texas. (abstract published)

Piane, GM: (2003) “International Health” presented at Fundacion FIOCRUZ, Rio de Janeiro, Brazil.

Friis, R. H., Piane, G.M., Safer, A.M., Pervez, M.M., Lee, J. “Public Opinion Analysis Regarding the Uses of Master Settlement Agreement (MSA) Funds in Long Beach, California” Presented at the XVI IEA World Congress of Epidemiology, International Epidemiological Association, August 19, 2002, Montreal, Quebec, Canada. (abstract published)

Piane, G.M. “Multicultural Issues in Disease Transmission and Control” Presented at the Joint Biannual Conference of the Northern and Southern Chapters of the American Public Health Association, April 25, 2002, Los Angeles, California.

Piane, G. M. “How Do African-American Moms Keep Their Daughters Tobacco Free?” Presented at the 129th annual meeting and exposition of the American Public Health Association, Alcohol, Tobacco, and Other Drugs Section, October 24, 2001, Atlanta, Georgia. (abstract published)

Piane, G. M. "How Do African-American Moms Keep Their Daughters Tobacco Free?"
A poster presentation at the 12th annual Long Beach Research Symposium, CSULB,
November 2001.

Piane, GM: (2002 and 2001) "International Health" presented at Kenyatta National
Hospital, Nairobi, Kenya.

Piane, G.M." Motivations for Smoking and Quitting among College Students"
presentation at the 128th annual meeting and exposition of the American Public Health
Association, Alcohol, Tobacco, and Other Drugs Section, November 12-16, 2000.
(abstract published)

39 Presentations 1980-2000

TEACHING EXPERIENCE

National University

Undergraduate

Epidemiology
Health Behavior

Graduate

Global Public Health
Health Behavior
Public Health Advocacy
Internship in Healthcare Administration
Healthcare Capstone

California State University, Long Beach

Undergraduate

International Health on campus and in Brazil, Thailand, Tanzania and Ecuador
Health Behavior
Health Promotion and Risk Reduction
Human Sexuality and Sex Education
Applied Concepts in Health Science

Graduate

Health Promotion and Risk Reduction
Theoretical Issues and Concepts
Independent Study in Brazil, Thailand, Tanzania and Ecuador

Northern Illinois University

Undergraduate

Social and Individual Patterns of Drug Use
Ecology of Health
Public Health Studies in India

Public Health Studies in Kenya
Community Health Promotion
Practicum in Community Health
Public Health Epidemiology
Applied Health Promotion Programming
Assessment, Treatment and Prevention of Drug Addiction AHPH 495: Funding
for Programs in Public Health

Graduate

Primary Prevention and Health Promotion
Public Health Issues in Reproduction
Maternal and Child Health
Health Behavior
Health Promotion Needs of Deaf Adults
Public Health Leadership
Diabetes Education for Cherokee Tribesmen
HIV Education for African-American Adults
Internship in Public Health
Hypertension Education in a Community Setting
Health Care Delivery
Primary Prevention
Masters Research Paper
Nursing Epidemiology

CURRICULUM DEVELOPMENT

National University

Master of Public Health with Specialization in Health Promotion
Master of Public Health with Specialization in Mental Health
Master of Science in Nursing/Master of Public Health
Master of Science in Nursing/Master of Healthcare Administration

California State University, Long Beach

Coordinated all sections of HSC 425I: Human Sexuality and Sex Education
Coordinated all sections of HSC 420I: International Health

Northern Illinois University

Bachelor of Science Degree Program in Community Health
Master of Public Health Degree Program
Master of Science / Master of Public Health Degree Program

AWARDS

California State University, Long Beach, Senior Favorite, 2009.

California State University, Long Beach, Incentive Award for Internationalizing the Curriculum, March 2008. (\$500)

California State University, Long Beach, Incentive Award for Internationalizing the Curriculum, March 2003. (\$750)

California State University, Long Beach, Incentive Award for Internationalizing the Curriculum, March 2002. (\$1000)

California State University, Long Beach, Health Science Student Association, Certificate of Appreciation, May 30, 2002.

Northern Illinois University, School of Allied Health Professions Nominee, Dean's Award for Outstanding Teaching, College of Health and Human Sciences, 2001.

Northern Illinois University, John Henrik Clarke African-American Honor Society, Honorary Member, April 29, 2000.

Northern Illinois University, College of Health and Human Sciences, School of Allied Health Professions, Dean's Award for Outstanding Teaching, 1999.

Northern Illinois University, Delta Omega honor society in Public Health, Chapter Founder and Faculty Member, May 15, 1997.

Northern Illinois University, Graduate School, Senior Member of the Graduate Faculty, November 20, 1996.

Illinois Public Health Association, President's Award, September 28, 1993. *One of three recipients statewide for exceptional service to the association.*

Illinois Public Health Association, Certificate of Appreciation, September 28, 1993. *One of five recipients statewide for recruiting members for the association.*

Illinois Public Health Association, President's Award, May 13, 1992. *One of three recipients statewide for exceptional service to the association.*

Illinois Public Health Association, Certificate of Appreciation, May 13, 1992. *One of two recipients statewide for recruiting members for the association.*

Included in the Platinum Edition of Who's Who Worldwide, April 3, 1992.

Northern Illinois University, Graduate School, Full Member of the Graduate Faculty, September 12, 1991.

Illinois Public Health Association, President's Award, May 8, 1991. *One of three recipients statewide for exceptional service to the association.*

Alpha Eta Honor Society in Allied Health, Elected Faculty Member, May 12, 1990.

United States Department of Health and Human Services, Centers for Disease Control, Program Evaluation Award in Community Health, August 23, 1988. *One of three recipients nationally for program evaluation of a community health project.*

United States Department of Health and Human Services, Outstanding Achievement in Health Promotion, August 23, 1988. *One of seven recipients nationally for a health promotion project.*

Illinois Department of Public Health, Illinois Health Promotion Award, May 20, 1988. *One of three recipients statewide for a health promotion project.*

Illinois Society for Public Health Education, Significant Contribution to Health Education Award, May 19, 1988. *Sole recipient statewide for Public Service in the area of health education.*

University of Illinois School of Public Health, Public Health Trainee Scholarship. 1987, 1988, 1989. *Received full tuition scholarship for work toward the DrPH degree.*

COMMUNITY SERVICE 2000-present

Evaluator, Birthing Center in Otavalo, Ecuador, 2010-present.

Collaborator, Technology Institute of Latacunga, Ecuador, 2010-present.

Research collaborator, Engineers without Borders, Dar Es Salaam, Tanzania, 2009.

Volunteer, Vulnerable Children of Zanzibar, 2009.

External Reviewer, University of Delaware, College of Human Services, Education and Public Policy, RTP Committee, September 2008.

Consultant, City of Long Beach, Department of Health and Human Services, Preventive Health/Youth Health Education, The Cable Positive Tony Cox Community Fund project, May 2007-present.

Consultant, PROERD (DARE) Program, Captain Rodrigo Mohr Picon Brigada Militar - Estado do Rio Grande do Sul Brasil, June 2003- present.

HSC 4201: International Health class raised funds and donations for the Miseracordia Orphanage, Rio de Janeiro, Brazil, June 2003.

Health Science Student Association raised funds for: Kangundo Junior Academy, Tala, Kenya, Kenya Breast Health Program, Nakuru, Kenya, Nyumbani Orphanage, Karen, and Kenya and Mama na Dada, Lwak, Kenya, June 2003.

Piane, G.M., Career Day Speaker, Emerson Parkside Academy Charter School, Long Beach Unified School District, May 21, 2002, May 22, 2003.

Organized fund raising and donations of medical supplies for public hospitals and agencies throughout Kenya in 2000 and 2001.

Piane, G.M., "Sex and Drugs and Rock 'n Roll", presented to the Geneva High School seniors, Geneva, IL, April 13, 2001.

Piane, G.M. Seirra, M, Kabat, N., Burch M. "A Celebration of Non-Smokers" Clinton Rosette Middle School, DeKalb, IL, November 15, 2000.

Piane, G.M., Guest presenter" Kenya," School District 101, Forest Hills School, Kindergarten, Western Springs, IL, November 22, 2000.

Served as an external reviewer for the tenure and promotion review of Dr. Suzanne Christopher of Montana State University, Bozeman.

Piane, G.M., "Effective Marketing Strategies for Worksite Health Promotion" Worksite Wellness Council of Illinois, February 16, 2000.

COMMUNITY ACTION GROUPS 2000-present

California Health Improvement Partners, San Diego, CA, 2010 to present.

Long Beach Global Health Coalition, member Fall 2002 to present.

CONSULTANTSHIPS 2000- present

Curricular consultant, Breast and Cervical Cancer curriculum tailored to Latina women. William Baldyga, MA, DrPH, Associate Director, Institute for Health Research and Policy, 1747 W. Roosevelt Rd., Chicago, Illinois. *Critiqued draft of curriculum and gave detailed suggestions for application of Health Education theory.*

OFFICES AND MEMBERSHIPS

American Public Health Association - Member, 1984-present.

Society for Public Health Education - Member, 1990-present.

Delta Omega, Founder and President of the Alpha Zeta Chapter at NIU, November 1997- August 2001.

Southern California Public Health Association — Member, 2001-present.

Illinois Public Health Association - Member, 1982-1994, Faculty Consultant to Northern Illinois University Student Chapter, 1990-1992, 1995-present; Chair, Viewpoint Committee, 1991-1993; Chair, Continuing Education Committee, 1993-1995.

Illinois Society for Public Health Education - Member, Trustee 1990-1991, President-elect 1992-1993, President 1993-1994, Past-President 1994-1995; Representative to Society for Public Health Education, 1991.

Task Force on Adolescent Fertility, School of Public Health, University of Illinois Coordinator 1983-1984.

Student Council, School of Public Health, University of Illinois- elected member, 1982-1984.

11 January 2013

Curriculum Vitae

Personal:

Name: Tyler Clain Smith
Position: Associate Professor
Address: National University
Department of Community Health
School of Health and Human Services
National University Technology and Health Sciences Center
3678 Aero Court
San Diego, CA 92123
Phone: Tel (858) 309-3487

Education:

Doctoral: University of California, San Diego
Ph.D. 2007
Epidemiology

Graduate: University of Kentucky
M.S. 1996
Statistics

Undergraduate: California State University Chico B.S. 1994 Mathematics/
Statistics

Professional Experience:

2011- Associate Professor, National University
2010- Adjunct Assistant Professor (non-salaried), University of California San Diego, Department of Family and Preventive Medicine
2007-2011 Department Head, Deployment Health Research, Naval Health Research Center, San Diego
Principal Investigator, Millennium Cohort Study (www.millenniumcohort.org)
Principal Investigator, DoD Birth and Infant Health Registry
1996-07 Statistician/Epidemiologist, Naval Health Research Center, San Diego
2000 Secret Clearance (NAC) Granted

Professional Committees and Advisory Panels:

2011- Institute of Medicine Committee on Readjustment Needs of Military Personnel, Veterans, their Families, and Impacted Communities.
2011- Editorial Board, Journal of Anxiety Disorders
2009- International Advisory Committee, Journal of Military and Veterans' Health

Teaching Experience:

2011- **Associate Professor**, School of Health and Human Services, Department of Community Health, National University, San Diego

2011 **Lecturer**, Epidemiology in the Military, School of Medicine, University of California, San Diego

2010 **Lecturer and small group facilitator**, Cohort Design, Epidemiology/Biostatistics Core Course, School of Medicine, University of California, San Diego

2010 **Lecturer**, Epidemiology and Military Databases, School of Medicine, University of California, San Diego

2009 **Lecturer and small group facilitator**, Cohort Design, Epidemiology/Biostatistics Core Course, School of Medicine, University of California, San Diego

2009 **Lecturer**, Epidemiology and Military Databases, School of Medicine, University of California, San Diego

2008 **Lecturer**, Epidemiology and Military Databases, School of Medicine, University of California, San Diego

2007-09 **Committee Member**, 5 Master's theses, Graduate School of Public Health, San Diego State University

2008 **Instructor**, Applied Data Analysis, Graduate School of Public Health, San Diego State University

2007 **Lecturer**, Epidemiology and Military Databases, School of Medicine, University of California, San Diego

2004-07 **Instructor**, Statistical Analysis using SAS, Graduate School of Public Health, San Diego State University

1994-96 **Instructor**, Introductory Statistics, University of Kentucky

Leadership and High Level Briefs Experience

- 2012 **Co-Chair** Statistics and Data Analysis: SAS Global Forum
- 2011 **Chair** Data Mining and Text Analytics: SAS Global Forum
- 2011 **Chair** Operations Research: SAS Global Forum
- 2010 July2010, **invited to brief the UK Surgeon General** regarding the Millennium Cohort Study
- 2010 June2010, **invited to brief Institute of Medicine, Committee on A National Surveillance System for Cardiovascular and Select Chronic Diseases** regarding the Millennium Cohort Study, deployment health related studies, and military databases leveraged to conduct those studies
- 2010 **Co-Chair** Statistics and Data Analysis: SAS User's Group International
- 2009 **Co-Chair** Hands on Workshops: Western User's of SAS Software
- 2009 June2009, **Briefed Institute of Medicine, Committee Evaluating Readjustment Needs of OEF/OIF Service Members, Veterans, and Their Families** regarding the Millennium Cohort Study and other deployment health related studies
- 2009 **Co-Chair** Statistics and Data Analysis: SAS User's Group International
- 2009 **Invited speaker** National Institute of Drug Abuse; Addressing Substance Abuse and Comorbidities Among Military Personnel, Veterans, and Their Families. January 2009; the Millennium Cohort Study
- 2008 **Co-Chair** Tutorials: Western User's of SAS Software
- 2008 **Keynote Address** 2008 Australian Military Medicine Association Conference, 17-19 October, Hobart, Tasmania, Australia.
- 2008 Sep08, Invited to Brief Shores Conference on Military Medicine, **regarding the Millennium Cohort Study and other deployment health related studies**
- 2008 Aug08, Briefed Defense Health Board, **Dr. Gregory Poland and sub-committee regarding the Millennium Cohort Study and other deployment health related studies**
- 2008 Aug08, Briefed Economic Commission and Assistant Secretary for Labor Charles S. Ciccolella at the 90th American Legion National Convention
- 2008 June08, **Briefed** Assistant Secretary DoD Health Affairs, Dr. S. Ward Casscells **regarding the Millennium Cohort**
- 2008 May08, **Briefed** Defense Health Board **Vaccine Safety, Effectiveness, and Surveillance Working Group to the Infectious Disease Control Subcommittee regarding anthrax and smallpox related health research**
- 2008 May08, **Briefed Assistant Secretary DoD Health Affairs, Dr. S. Ward Casscells** regarding the Millennium Cohort
- 2008 Served as **Committee Member on two Master's Thesis Committees**, Graduate School of Public Health, San Diego State University
- 2008 **Co-Chair** Statistics and Data Analysis: SAS User's Group International
- 2007 **Co-Chair** Data Analysis and Statistics: Western User's of SAS Software

2007 **Chair** Data Presentation: SAS User's Group International
2006 **President**, Western User's of SAS Software
2006 **Co-Chair Statistics and Data Analysis:** SAS User's Group International
2005 **Treasurer**, Western User's of SAS Software
2003-2006 **Executive Committee Member**, Western User's of SAS Software
2003 **Program Chair**, Western User's of SAS Software, November 2003
2003 **Panel Member**, SDSU ASA Statistical Career Day
2002 **Co-Chair Data Analysis and Statistics:** Western User's of SAS Software
2002- **Executive Committee Member**, San Diego SAS User's Group
2001 **Co-Chair Data Analysis and Statistics:** Western User's of SAS Software
2000 **Chair Coder's Corner:** Western User's of SAS Software
1995-96 Elected **graduate student representative** (UK)
1994-96 Intramural **racquetball and flag football champion** (UK)
1993-94 Elected **Math club President** (CSUC)
1993-94 Elected **Math Department student representative** (CSUC)
1988-89 **Associated Student Body President** (Paradise High school)
1988 Chosen to attend **Rotary Youth Leadership Camp**
1987-88 **Junior Class President** (Paradise High school)
1986-89 **Varsity Letter in Football, Snow Ski Racing, Baseball** (Paradise High school)

Awards:

2010 **Wilkins Award Recipient**, Best Scientific Research Manuscript, Naval Health Research Center
2010 **Awarded First Place Poster in the Research Category for Health Promotion Category.** 49th Navy and Marine Corps Public Health Conference.
2010 **Awarded First Place Poster in the Occupational Health Category.** 49th Navy and Marine Corps Public Health Conference.
2009 **Awarded Best Research Poster.** Co-author; The American College of Epidemiology Annual Scientific Sessions. 13-15 Sept, 2009, Silver Spring, MD.
2008 **Awarded Best Research Poster.** Co-author; Annual San Diego Epidemiology Research Exchange, 2 May 2008, San Diego, CA.
2008 **Awarded Best Environmental Programs Research Poster.** Co-author; 47th Navy Occupational Health and Preventive Medicine Conference.
2008 **Awarded Best Health Promotion Research Poster.** Co-author; 47th Navy Occupational Health and Preventive Medicine Conference.
2008 2008 Wilkins Award Finalist
2007 **Awarded Best Occupational Health Informational Poster.** Co-author; 46th Navy Occupational Health and Preventive Medicine Conference.
2007 **Awarded Best Occupational Health Research Poster.** Co-author; 46th Navy Occupational Health and Preventive Medicine Conference.
2007 **Awarded Best Health Promotion Informational Poster.** Co-author; 46th Navy Occupational Health and Preventive Medicine Conference.
2007 **Awarded Best Environmental Programs Research Poster.** Co-author; 46th Navy Occupational Health and Preventive Medicine Conference.
2006 **Awarded Best Research Poster.** Co-author; 9th Annual Force Health

- Protection Conference, Albuquerque, NM.
- 2006 **Awarded Best Occupational Health Research Poster.** Co-author; 45th Navy Occupational Health and Preventive Medicine Workshop, Hampton, VA
- 2006 **Awarded Best Occupational Health Information Poster.** Co-author; 45th Navy Occupational Health and Preventive Medicine Workshop, Hampton, VA
- 2006 **Awarded Best Environmental Program Research Poster.** Co-author; 45th Navy Occupational Health and Preventive Medicine Workshop, Hampton, VA
- 2006 **Awarded Best Occupational Health Research Poster.** Co-author; 45th Navy Occupational Health and Preventive Medicine Workshop, Hampton, VA
- 2006 **Awarded Best Occupational Health Research Poster.** Co-author; 45th Navy Occupational Health and Preventive Medicine Workshop, Hampton, VA
- 2004 **Awarded Best Research and Development Research Poster.** Co-author; 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, Virginia Beach, VA.
- 2004 **Awarded Best Research And Development Information Poster.** Co-author; 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, Virginia Beach, VA.
- 2004 **Awarded Best Occupational Health Information Poster.** Co-author; 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, Virginia Beach, VA.
- 2004 **Awarded Best Occupational Health Research Poster.** Co-author; 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, Virginia Beach, VA.
- 2004 **Awarded Best Environmental Health Research Poster.** Co-author; 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, Virginia Beach, VA.
- 2004 **Awarded Best Research And Development Research Poster.** Co-author; 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, Virginia Beach, VA.
- 2001 **Best Contributed Paper** at the Ninth Annual Western Users of SAS Software Conference titled “What About a Proc Rates for All of Your Rates and Proportions Needs?”
- 1999 **Certificate of Commendation** for analyses on HCV screening in the U.S. Military resulting in potentially saving the DoD \$40 million in costs from inappropriate screening processes which might have otherwise been adopted.
- 1998 **Best Contributed Paper** at the Sixth Annual Western Users of SAS Software Conference titled “The Capabilities of PROC FACTOR to Conduct an Exploratory Factor Analysis.”
- 1998 **1st Place award** for a research or academic command at the 2nd Annual Operational Research Competition 39th Navy Occupational and Preventive Medicine Conference.

Invited/Selected Presentations:

2010 **Invited speaker**, Exposome; environmental and disease biomarkers, National Academy of Sciences, 25-26 Feb.

2010 **Invited brief**, DoD/VA Deployment Health Working Group Meeting

2010 **Invited brief**, Military and Veteran Service Organization

2009 Selected speaker, SER, FHP

2008 **Selected speaker**, American Public Health Association Annual Meeting and Exposition

2008 **Keynote speaker**, Australian Military Medicine Association Conference

2008 **Selected speaker**, 11th Annual Force Health Protection Conference

2007 **Invited speaker**, Western User's of SAS Software 15th Annual

2007 Speaker, The Society of Medical Consultants to the Armed Forces, 62nd meeting

2006 **Invited speaker** Western User's of SAS Software 14th Annual

2005 **Invited speaker** Western User's of SAS Software 13th Annual

2005 **Featured speaker** for San Diego area SAS user's group (January, 2005)

2004 **Invited (2) speaker** to the Western User's of SAS Software 12th Annual

2003 **Invited speaker** for International SAS Software Conference

2001 **Invited speaker** for Western SAS Software User's group, 9th Annual.

2001 **Selected speaker** for Western SAS Software User's group, 9th Annual.

2001 **Invited speaker** for International SAS Software user's group, 26th Annual.

2000 **Featured speaker** for San Diego area SAS user's group October meeting

2000 **Invited speaker** for Western User's of SAS Software, 8th Annual.

2000 **Selected speaker** for Western User's of SAS Software, 8th Annual.

2000 **Invited speaker** for International SAS Software user's group, 26th Annual.

1999 **Invited speaker** for Western User's of SAS Software, 7th Annual.

1999 **Featured speaker** for San Diego area SAS user's group

1999 **Invited speaker** for International Biometric Society Western North American Region Meetings

1998 **Invited colloquia lecturer** for CSUC math department and computer science department

1998 **Selected speaker** for Western User's of SAS Software, 6th Annual.

1998 **Selected speaker** for the 39th Navy Occupational and Preventive Medicine Conference

Invited Peer-Reviewer

Addiction
 American Journal of Psychiatry
 Annals of Epidemiology
 Archives of General Psychiatry
 BMC Public Health
 BMC Medical Research Methodology
 British Journal of Psychiatry
 British Medical Journal
 Canadian Medical Association Journal
 Journal of American Medical Association

Journal of Clinical Epidemiology
Journal of Nervous and Mental Disease
Journal of the International Neuropsychological Society
Journal of Traumatic Stress
Journal of Women's Health
Military Medicine

Thesis committees:

7. Nguyen, Stacie. Is Military Deployment a Risk Factor for Maternal Depression? San Diego State University (MPH), May 2011.
6. Jones, Kelly. A Prospective Study of Lupus and Rheumatoid Arthritis in Relation to Deployment in Support of Iraq and Afghanistan; the Millennium Cohort Study. San Diego State University (MPH), February 2010.
5. Donald A. Sandweiss, MD. A Prospective Analysis of the Effects of Pre-Injury Psychological Status on the Psychological Impact of Injury during Deployment in Support of the Wars in Iraq and Afghanistan. San Diego State University (MPH), December 2009.
4. Selig, Amber. Sleep Patterns Before, During and After Military Combat Deployment in Support of the Wars in Iraq and Afghanistan. San Diego State University (MPH), May 2009.
3. White, Emily. Mental Health Morbidity and Healthcare Utilization. San Diego State University (MPH), December 2008.
2. Zimmermann, Lauren. Lack of Social Support and Unit Cohesion Is a Determinant for Postdeployment Mental Health Morbidity. San Diego State University (MPH), May 2008.
1. Endara, Skye. Does Acute Maternal Stress in Pregnancy Affect Infant Health Outcomes? Examination of a Large Cohort of Infants Born After the Terrorist Attacks of September 11, 2001. San Diego State University (MPH), May 2008.

Grants:

9. Assessment of mental health symptoms, service satisfaction, and mental health care utilization among deployed individual augmentees; Office of Naval Research; budget \$450,000; project period Jun09-Jun10; co-investigator.
8. The Millennium Cohort Study, Family Cohort; \$10M/4years; project period Oct08-Sep12; co-principal investigator.
7. Parental Stress, PTSD, and Infant Health Outcomes in U.S. Military Families; CDMRP/PRMRP 2008 award; budget \$202,990; project period Jul08-Jul10; principal investigator.
6. The Millennium Cohort Study; budget ~\$3.1M/year; project period Oct00-May2011; principal investigator.
5. Department of Defense Birth and Infant Health Registry; budget \$524,000/year; project period Oct99-May11; principal investigator.
4. Smallpox Vaccine and Adverse Reproductive Health Outcomes in Military Service

- Members; CDMRP/PRMRP 2003 award; budget \$487,270; project period Jan04-Dec06; co-investigator.
3. DoD-wide Medical Surveillance for Potential Long-Term Adverse Events Associated with Smallpox Vaccination, Hospitalizations, and Self-Reported Outcomes; CDMRP/PRMRP 2003 award; budget \$811,300; project period Jan04-Dec06; co-investigator
 2. Evaluation of Squalene Antibodies in the Sera of Gulf War Era Veterans with and without Multisymptom Illnesses; budget \$481,375; project period Apr02-Mar03; co-investigator.
 1. Department of Defense Surveillance for Neoplasms of Infancy; budget \$764,800; project period Oct01-Sep06; co-investigator.

Peer Reviewed Journal Publications (>100):

1. Gray GC, Hawksworth AW, Smith TC, Kang HK, Knoke JD, Gackstetter GD. Gulf War veterans health registries. Who is most likely to seek evaluation? *Amer J Epidemiol*, 1998 Aug;148:343-349.
2. Smith TC, Schwertman NC. Can the NCAA basketball seating be used to predict margin of victory? *The American Statistician*, 1999; 53(2): 94-99.
3. Gray GC, Smith TC, Knoke JD, Heller JM. The postwar hospitalization experience of Gulf War veterans possibly exposed to chemical munitions destruction at Khamisiyah, Iraq. *Amer J Epidemiol*, 1999 Sep; 150(5):532-540.
4. Gray GC, Smith TC, Kang HK, Knoke JD. Are Gulf War Veterans suffering war-related illnesses? Federal and civilian hospitalizations examined, June 1991 to December 1994. *Amer J Epidemiol*, 2000 Jan; 151(1):63-71.
5. Knoke JD, Smith TC, Gray GC, Kaiser KS, Hawksworth AW. Factor analysis of self-reported symptoms: Does it identify a Gulf War syndrome? *Amer J Epidemiol*, 2000 Aug; 152(4): 379-388.
6. Smith TC, Gray GC, Knoke JD. Is systemic lupus erythematosus, amyotrophic lateral sclerosis, or fibromyalgia associated with Persian Gulf War service? An examination of Department of Defense hospitalization data. *Amer J Epidemiol*, 2000 Jun; 151(11): 1053-1059.
7. Pershyn-Kisor MA, Smith TC, Honner WK, Gray GC. Summary of Department of Defense Birth Defects Registry report for the period: January 1, 1999, through June 30, 1999. *Frontiers in Fetal Health*, 2000; 2(6): 3-6.
8. Gray GC, Smith TC, Hawksworth AW, Knoke JD. Authors reply: Re: "Factor analysis of self-reported symptoms: Does it identify a Gulf War syndrome?" *Am J Epidemiol* 2000; 152:1205-1206.
9. Bush RA, Smith TC, Honner WK. Active surveillance of birth defects among US Department of Defense beneficiaries: a feasibility study. *Mil Med*, 2001; 166(2): 179-183.
10. Ryan MAK, Pershyn-Kisor MA, Honner WK, Smith TC, Reed RJ, and Gray GC. The Department of Defense Birth Defects Registry: overview of a new surveillance system. *Teratology* 2001; 64(S1):S26-9.
11. Hyams KC, Smith TC, Riddle J, Trump D, Gray GC. Viral Hepatitis in the US Military:

- A study of hospitalization records from 1974 to 1999. *Mil Med* 2001;166:862-865.
12. Gray GC, Witucki PJ, Gould MT, Bell SJ, Hiliopoulos, KM, McKeehan JA, Fuller JM, Barrozo CP, Hudspeth MK, Smith TC, Ledbetter EK, Wallace MR. Randomized, placebo-controlled clinical trial of oral azithromycin prophylaxis against respiratory infections in a high risk, young adult population. *Clin Infect Dis*, 2001 Oct; 33:983-989.
 13. Hudspeth MK, Smith TC, Barrozo CP, Hawksworth AW, Ryan MAK, Gray GC. National Department of Defense surveillance for invasive *Streptococcus pneumoniae*: antibiotic resistance, serotype distribution, and arbitrarily primed polymerase chain reaction analyses. *J Infect Dis*, 2001; 184:591-596.
 14. Chesbrough KB, Ryan MAK, Amoroso P, Boyko EJ, Gackstetter G, Riddle JR, Hooper TI, and Gray GC, for the Millennium Cohort Study Group. Is military service harmful to your health? The Millennium Cohort Study: A 21-Year prospective cohort study of 140,000 military personnel. *Mil Med*, 2002;167(6):483-488.
 15. Gray GC, Reed RJ, Kaiser KS, Smith TS, Gastanaga VM. The Seabee Health Study: Self-reported multi-symptom conditions are common and strongly associated among Gulf War Veterans. *Am J Epidemiol*, 2002 Jun; 155(1):1033-1044.
 16. Smith TC, Heller JM, Hooper TI, Gackstetter GD, Gray GC. Are veterans of the Gulf War experiencing illness from exposure to Kuwaiti oil well fire smoke? Department of Defense hospitalization data examined. *Am J Epidemiol*, 2002 May; 155(10):908-917.
 17. Sato PA, Reed RJ, Smith TC, Wang L. Monitoring anthrax vaccine safety in US military service members on active duty: surveillance of 1998 hospitalizations in temporal association with anthrax immunization. *Vaccine* 2002 May;20(17-18):2369-2374.
 18. Riddle JR, Brown M, Smith TC, Ritchie EC, Brix KA, Romano J. Chemical warfare and the Gulf War: a review of the impact on Gulf Veteran's health. *Mil Med* 2003; 168(8):606-613.
 19. Smith TC, Smith B, Ryan MAK, Gray GC, Hooper TI, Heller JM, Dalager NA, Kang KK, Gackstetter GD. Ten years and 100,000 participants later: Occupational and other factors influencing participation in US Gulf War health registries. *J Occup Environ Med*, 2002 Aug; 44(8):758-768.
 20. Ryan MAK, Smith TC, Honner WK, Gray GC. Varicella susceptibility and vaccine use among young adults enlisting in the United States Navy. *J Med Virol* 2003;70:S15-S19.
 21. Horner RD, Kamins KG, Feussner JR, Grambow SC, Lindquist JH, Harati Y, Mitsumoto H, Pascuzzi R, Spencer PS, Tim R, Howard D, Smith TC, Ryan MAK, Coffman CJ, Kasarskis EJ. Occurrence of amyotrophic lateral sclerosis among Gulf War veterans. *Neurology* 2003 Sep; 61:743-749.
 22. Smith TC, Gray GC, Weir JC, Heller JM, Ryan MAK. Gulf War Veterans and Iraqi nerve agents at Khamisiyah. Postwar hospitalization data revisited. *Am J Epidemiol*, 2003 Sep; 158(5):457-467.
 23. Barrozo CP, Russell KL, Smith TC, Hawksworth TW, Ryan MAK, Gray GC. National Department of Defense surveillance for clinical group A streptococcal isolates, antibiotic resistance, and emm gene types from 8 basic training military sites. *J Clin Microbiol*, 2003; 41(10):4808-4811.
 24. Riddle JR, Brown M, Smith TC, Ritchie EC, Brix KA, Romano J. Authors Reply: Re:Chemical Warfare and the Gulf War: A review of the impact on Gulf Veteran's health [letter]. *Mil Med* 2003;168(10): vi.
 25. Smith TC, Jimenez DL, Smith B, Gray GC, Hooper TI, Gackstetter GD, Heller JM,

- Dalager NA, Kang KK, Hyams KC, Ryan MAK. The postwar hospitalization experience of Gulf War Veterans participating in US health registries. *J Occup Environ Med*, 2004 Apr; 46(4):386-397.
26. Smith TC, Corbeil TE, Ryan MAK, Heller JM, Gray GC. In-theater hospitalizations of US and allied personnel during the 1991 Gulf War. *Am J Epidemiol*, 2004 Jun; 159(11):1064-1076.
 27. Smith TC, Smith B, Corbeil TE, Riddle JR, and Ryan MAK, for the Millennium Cohort Study Team. Self-reported mental health among US military personnel, prior and subsequent to the terrorist attacks of September 11, 2001. *J Occup Environ Med*, 2004 Aug; 46(8):775-782.
 28. Smith TC, Smith B, Corbeil TE, Riddle JR, and Ryan MAK, for the Millennium Cohort Study Team. Impact of terrorism on caffeine and tobacco use [Letter - Response to "Self-reported mental health among US military personnel, prior and subsequent to the terrorist attacks of September 11, 2001"]. *J Occup Environ Med*, 2004; 46(12):1194-1195.
 29. Gackstetter GD, Hooper TI, Al Qahtani MS, Smith TC, Memish ZA, Schlangen KM, Cruess DF, Barrett DH, Ryan MAK, Gray GC. Assessing the potential health impact of the 1991 Gulf War on Saudi Arabian National Guard soldiers. *Int J Epidemiol*, 2005 Aug; 34(4): 801-808.
 30. Hooper TI, Smith TC, Gray GC, Al Qahtani MS, Memish ZA, Barrett DH, Schlangen KM, Cruess DF, Ryan MAK, Gackstetter GD. Saudi Arabia—United States collaboration in health research: A formula for success. *Am J Infect Control*, 2005 Apr;33:192-6.31.
 31. Lindstrom KE, Smith TC, Wells TS, Wang LZ, Smith B, Reed RJ, Goldfinger WE, and Ryan MAK. The mental health of US military women in combat support occupations. *J Womens Health*, 2006 Mar; 15(2): 162-172.32.
 32. Wells TS, Smith TC, Smith B, Wang LZ, Hansen CJ, Reed RJ, Goldfinger WE, Corbeil TE, Spooner CN, Ryan MAK. Mefloquine use and hospitalizations among US service members, 2002-2003. *Am J Trop Med Hyg* 2006;74 744-749.
 33. Wells TS, Sato PA, Smith TC, Wang LZ, Reed RJ, Ryan MAK; Military hospitalizations among deployed US service members following anthrax vaccination, 1998–2001. *Hum Vaccin*, 2006 Mar-Apr; 2:54-9.
 34. Wells TS, Wang LZ, Spooner CN, Smith TC, Hiliopoulos KM, Kamens DR, Gray GC, Sato PA. Reproductive outcomes among male and female 1991 Gulf War era US military veterans. *Matern Child Health J* 2006;10(6):501-10.
 35. Smith B, Smith TC, Ryan MAK, Gray GC. A comparison of the postdeployment hospitalization experience of US military personnel following service in the 1991 Gulf War, Southwest Asia after the Gulf War, and Bosnia. *J Occup Environ Hyg*, 2006;3(12):660-70.
 36. Smith B, Wingard DL, Smith TC, Kritz-Silverstein D, Barrett-Connor EL. Does coffee consumption reduce the risk of type 2 diabetes? *Diabetes Care*, 2006 Nov; 29: 2385-2390.
 37. Hansen CJ, Russell KL, Smith TC, Neville JS, Krauss MR, Ryan MAK. Asthma hospitalizations among US military personnel, 1994–2004. *Ann Allergy Asthma Immunol* 2007 Jan;98(1):36-43.

38. Riddle JR , Smith TC, Smith B, Corbeil TE, Engel CC, Wells T, Hoge CW, Adkins J, Zamorski M, Blazer, D, for the Millennium Cohort Study Team. Millennium Cohort: The 2001-2003 baseline prevalence of mental disorders in the US military. *J Clin Epidemiol*. Feb 2007; (60) 191-202.
39. Ryan MAK , Smith TC, Smith B, Amoroso PJ, Boyko E, Gray GC, Gackstetter G, Riddle JR, Wells T, Gumbs GR, Corbeil TE, Hooper T, for the Millennium Cohort Study Team. Millennium Cohort: enrollment begins a 21-year contribution to understanding the impact of military service. *J Clin Epidemiol*. Feb 2007; (60) 181-191.
40. Chretien JP, Chu LK, Smith TC, Smith B, Ryan MAK, for the Millennium Cohort Study Team. Demographic and occupational predictors of early response to a mailed invitation to enroll in a longitudinal health study. *BMC Med Res Methodol*, 2007; 7:6.
41. Smith TC, Wingard DL, Smith B, Kritz-Silverstein D, Barrett-Connor EL. Walking decreases risk of cardiovascular disease mortality in older adults with diabetes. *J Clin Epidemiol*, 2007 Mar; (60) 309-317.
42. Smith B, Leard CA, Smith TC, Reed RJ, Ryan MAK, for the Millennium Cohort Study Team. Anthrax vaccination in the Millennium Cohort: validation and measures of health. *Am J Prev Med*, 2007 April;32(4):347-353.
43. Smith TC, Ryan MAK, Smith B, Reed RJ, Riddle JR, Gumbs GR, Gray GC. Complementary and alternative medicine use among US Navy and Marine Corps personnel. *BMC Complement Altern Med*, 2007. 7:16.
44. Smith TC, Smith B, Jacobson IG, Corbeil TE, Ryan MAK, for the Millennium Cohort Study Team. Reliability of standard health assessment instruments in a large, population-based cohort study. *Ann Epidemiol*. 2007 Jul;17(7):525-32.
45. Smith TC, Jacobson IG, Smith B, Hooper TI, Ryan MAK, for the Millennium Cohort Study Team. The occupational role of women in military service: validation of occupation and prevalence of exposures in the Millennium Cohort Study. *Int J Environ Health Res*. 2007 Aug;17(4):271-84.
46. Smith TC, Wingard DL, Smith B, Kritz-Silverstein D, Barrett-Connor EL. Independent of other exercise, walking decreased risk of cardiovascular disease mortality in older adults with diabetes [letter]. *J Clin Epidemiol*, 2007 Oct; 60(10):1090-91.
47. LeardMann CA, Smith B, Smith TC, Wells TS, Ryan MAK, for the Millennium Cohort Study Team. Smallpox vaccination: comparison of self-reported and electronic vaccine records in the Millennium Cohort Study. *Hum Vaccin*, 2007 Nov; 3(6):245-51.
48. Smith B, Smith TC, Ryan MAK, Greg GC, for the Millennium Cohort Study Team. When epidemiology meets the Internet: Web based surveys. *Am J Epidemiol*, 2007 Dec;166(11):1345-54.
49. Wells TS, LeardMann CA, Smith TC, Smith B, Jacobson IG, Reed RJ, Ryan MAK, for the Millennium Cohort Study Team. Self-reported adverse health events following smallpox vaccination in a large prospective study of US military service members. *Hum Vaccine*. 2008 Mar-Apr;4(2):127-33.
50. Smith TC, Zamorski M, Smith B, Riddle JR, LeardMann CA, Wells TS, Engel CC, Hoge CW, Adkins J, Blazer D, for the Millennium Cohort Study Team. The physical and mental health of a large military cohort: baseline functional health status of the Millennium Cohort. *BMC Public Health*, 2007 Nov;7:340.
51. Smith TC, Ryan MAK, Wingard DL, Slymen DJ, Sallis JF, Kritz-Silverstein D, for the Millennium Cohort Study Team. New onset and persistent symptoms of posttraumatic

- stress disorder self-reported after deployment and combat exposures: prospective population-based US military cohort study. *BMJ* 2008 Feb;336(7640):366-71.
52. Wells TS, Jacobson IG, Smith TC, Spooner CN, Smith B, Reed RJ, Amoroso PJ, Ryan MAK, for the Millennium Cohort Study Team. Prior health care utilization as a determinant to enrollment in a 22-year prospective study, the Millennium Cohort Study. *Eur J Epidemiol* 2008;23(2):79-87.
 53. Hooper TI, DeBakey SF, Nagaraj BE, Bellis KS, Smith B, Smith TC, Gackstetter GD. The long-term hospitalization experience following military service in the 1991 Gulf War among veterans remaining on active duty, 1994-2004. *BMC Public Health* 2008, 8:60.
 54. Smith TC, Wingard DL, Ryan MAK, Kritz-Silverstein D, Slymen DJ, Sallis JF, for the Millennium Cohort Study Team. Prior assault increases the likelihood of new-onset PTSD after combat deployment. *Epidemiology*, May 2008; 19(3) 505-512.
 55. Smith TC, Smith B, Ryan MAK. Prospective investigation of complementary and alternative medicine use and subsequent hospitalization. *BMC Complement Altern Med*, 2008 May. 8:19.
 56. Blazer D, Gray GC, Hotopf M, Macfarlane G, Sim M, Smith TC, and Wessely S. Acetyl cholinesterase inhibition and Gulf War illnesses: Conclusions are not supported by independent reviews of the same evidence. [Letter - Response to "Acetylcholinesterase inhibitors and Gulf War illnesses"], *Proc Natl Acad Sci*, 2008;105:E20.
 57. Smith B, Chu LK, Smith TC, Amoroso PJ, Boyko EJ, Hooper TI, Gackstetter GD, Ryan MAK; for the Millennium Cohort Study Team. Challenges of self-reported medical conditions and electronic medical records among members of a large military cohort. *BMC Med Res Method*, June 2008; 8:37.
 58. Jacobson IG, Gumbs GR, Sevick C, Smith TC, Ryan MAK. Smallpox vaccination is not associated with infertility in a healthy young adult population. *Hum Vaccine*. June 2008;4(3):224-8.
 59. Smith TC, Ryan MAK, Smith B, Gackstetter GD, Wells TS, Amoroso PJ, Hooper TI, Boyko EJ, for the Millennium Cohort Study Team. Letter to the editor: Psychiatric diagnoses in historic and contemporary military cohorts: combat deployment and the healthy warrior effect. *Am J Epidemiol*, June 2008; 167(11):1269-76.
 60. Ryan MAK, Gumbs GR, Conlin AM, Sevick CJ, Jacobson IG, Snell KJ, Spooner CN, Smith TC. Evaluation of preterm births and birth defects in liveborn infants of US military women who received smallpox vaccine. *Birth Defects Res A Clin Mol Teratol*, July 2008;82(7):533-9.
 61. Jacobson IG, Smith TC, Smith B, Wells TS, Wang LZ, Reed RJ, Ryan MAK. US military service members vaccinated against smallpox in 2003 and 2004 experience a slightly higher risk of hospitalization post-vaccination. *Vaccine*, July 2008; 29:26(32): 4048-56.
 62. Ryan MAK, Smith TC, Sevick C, Honner WK, Loach RA, Moore CA, Erickson DJ. Birth defects among infants born to women who received anthrax vaccine in pregnancy. *Am J Epidemiol*, August 2008 168: 434-442.
 63. Jacobson IG, Ryan MAK, Hooper TI, Smith TC, Amoroso PJ, Boyko EJ, Gackstetter GD, Wells TS, Bell NS, for the Millennium Cohort Study Team. Alcohol use and alcohol-related problems before and after military combat deployment. *JAMA*, August 2008;13;300(6):663-75.
 64. Bukowinski AT, Ryan MAK, Slymen DJ, CJ Sevick, JE Alcaraz, Smith TC.

- Hemangiomas and associated congenital malformation in infants born to a large population-based sample. *Paediatr Perinat Epidemiol*, October 2008;22:520-529.
65. Jacobson IG, Smith TC, Bell NS. Author reply: The CAGE questionnaire in alcohol-related problems before and after military combat deployment. *JAMA*, 2008; December 2008;300(22):2607.
 66. Smith TC, Wingard DL, Ryan MAK, Kritz-Silverstein D, Slymen DJ, Sallis JF, for the Millennium Cohort Study Team. PTSD Prevalence, associated exposures, and functional health outcomes in a large, population-based military cohort. *Public Health Rep*, January 2009;124:90-102.
 67. Jacobson IG, Smith TC, Smith B, Keel PK, Amoroso PJ, Wells TS, Bathalon GP, Boyko EJ, Ryan MAK for the Millennium Cohort Study Team. Disordered Eating and Weight Changes after Deployment: Longitudinal Assessment of a Large US Military Cohort. *American Journal of Epidemiology*, February 2009; 169(4):415-427.
 68. Welch KE, LeardMann CA, Jacobson IG, Speigle SJ, Smith B, Smith TC, Ryan MAK, for the Millennium Cohort Study Team. Postcards encourage participant updates. *Epidemiology*, 2009 Mar;20(2):313-4.
 69. LeardMann CA, Smith TC, Smith B, Wells TS, Ryan MAK, for the Millennium Cohort Study Team. Baseline self-reported functional health predicts vulnerability to posttraumatic stress disorder following combat deployment: Prospective US Military Cohort Study. *BMJ* April 2009;338:b1273.
 70. Phillips CJ, Matyas GR, Hansen CJ, Alving CR, Smith TC, Ryan MAK. Antibodies to squalene in U.S. Navy Persian Gulf War Veterans with chronic multisymptom illness. *Vaccine* June 2009; 27: 3921-3926.
 71. Endara SM, Ryan MAK, Seveck CJ, Conlin AM, Macera CA, Smith TC. Does acute maternal stress in pregnancy affect infant health outcomes? Examination of a large cohort of infants born after the terrorist attacks of September 11, 2001. *BMC Public Health*. 2009 Jul 20;9:252.
 72. Jacobson IG, White MR, Smith TC, Smith B, Wells TS, Gackstetter GD, Boyko EJ, for the Millennium Cohort Study Team. Self-Reported Health Symptoms and Conditions Among Complementary and Alternative Medicine Users in a Large Military Cohort. *Ann Epidemiol*, Sep 2009;19(9):6013-22.
 73. Smith TC, LeardMann CA, Smith B, Jacobson IG, Ryan MA. Postdeployment Hospitalizations Among Service Members Deployed in Support of the Deployments in Iraq and Afghanistan. *Ann Epidemiol*, Sep 2009;19(9):603-12.
 74. Smith TC, for the Millennium Cohort Study Team. The US Department of Defense Millennium Cohort Study: Career Span and Beyond Longitudinal Follow-Up. *JOEM*, 2009 Oct; 51(10):1193-1201.
 75. Granado NS, Smith TC, Swanson GM, Harris RB, Shahar E, Smith B, Boyko EJ, Wells TS, Ryan MAK. Newly-Reported Hypertension After Military Combat Deployment in a Large Population-Based Study. *Hypertension*, 2009 Nov; 54(5):966-73.
 76. Smith B, Wong CA, Smith TC, Boyko EJ, Gackstetter GD, Ryan MAK, for the Millennium Cohort Study Team. Newly reported respiratory symptoms and conditions among military personnel deployed to Iraq and Afghanistan: a prospective population-based study. *Am J Epidemiol*, 2009 Dec; 170(11): 1433-42.
 77. Wells TS, LeardMann CA, Fortuna SO, Smith B, Smith TC, Ryan MAK, Boyko EJ Blazer D, for the Millennium Cohort Study Team. A Prospective Study of Depression

- Following Combat Deployment in Support of the Wars in Iraq and Afghanistan. *American Journal of Public Health*, 2010 Jan;100(1):90-9.
78. Cranston MM, Ryan MAK, Smith TC, Sevick CJ, Brodine SK. Hypothyroidism Among Military Infants Born in Countries of Varied Iodine Nutrition Status. *BMC Endocrine Disorders*, 2010 Feb; 10:2.
 79. Wells TS, Bukowinski A, Smith TC, Smith B, Dennis LK, Chu LK, Gray GC, Ryan MAK. Racial differences in prostate cancer risk remain among US Servicemen with equal access to care. *The Prostate*, 2010;70(7):727-34.
 80. Hooper TI, Gackstetter GD, LeardMann C, Boyko EJ, Pearse LA, Smith B, Amoroso PA, Smith TC, for the Millennium Cohort Study Team. Early Mortality Experience in a Large Military Cohort and a Comparison of Data Sources Used for Mortality Ascertainment. *Popul Health Metr*, 2010 May;8(1):15.
 81. Boyko EJ, Jacobson IJ, Smith B, Ryan MAK, Hooper TI, Amoroso PJ, Gackstetter GD, Barrett-Connor E, Smith TC, for the Millennium Cohort Study Team. Risk of diabetes in US military service members in relation to combat deployment and mental health. *Diabetes Care* 2010 August; 33(8):1771–1777.
 82. Molly L. Kelton, Cynthia A. LeardMann, Besa Smith, Edward J. Boyko, Tomoko I. Hooper, Gary D. Gackstetter, Paul D. Bliese, Charles W. Hoge, and Tyler C. Smith, for the Millennium Cohort Study Tea. Exploratory Factor Analysis of Self-Reported Symptoms in a Large, Population-Based Military Cohort. *BMC Medical Research Methodology*, 2010 October;10:94.
 83. Littman AJ, Boyko EJ, Jacobson IG, Horton J, Gackstetter GD, Smith B, Hooper TI, Amoroso PJ, Smith TC. Assessing Nonresponse Bias at Follow-up in a Large Prospective Cohort of Relatively Young and Mobile Military Service Members. *BMC Medical Research Methodology*, 2010; 2010 October;10:99.
 84. Seelig A, Jacobson IG, Smith B, Hooper TI, Boyko EJ, Gackstetter GD, Gehrman P, Macera C, Smith TC. Sleep Patterns Before, During, and After Deployment to Iraq and Afghanistan. *Sleep* 2010; 2010 December: 33(12):1615-1622.
 85. Smith TC, Jacobson IG, Hooper TI, LeardMann CA, Boyko EJ, Smith B, Gackstetter GD, Wells TS, Amoroso PJ, Gray GC, Riddle JR, Ryan MAK, For the Millennium Cohort Study. Health Impact of US Military Service in a Large Population-based Military Cohort: Findings of the Millennium Cohort Study, 2001-2008. *BMC Public Health*. 2011 Jan 31;11(1):69.
 86. Ryan MAK, Jacobson IG, Sevick CJ, Smith TC, Gumbs GR, Conlin, AM. Health Outcomes among Infants Born to Women Deployed to US Military Operations during Pregnancy. *Birth Defects Res A Clin Mol Teratol*. 2011 Feb;91(2):117-124.
 87. Wells TS, Miller SC, Adler AB, Engel CC, Smith TC, Fairbank JA. Mental Health Impact of the Iraq and Afghanistan Conflicts: A Review of US Research, Service Provision, and Programmatic Responses. *Int Rev Psychiatry*. 2011 Apr;23(2):144-52.
 88. White MR, Jacobson IG, Smith B, Wells TS, Gackstetter GD, Boyko EJ, Smith TC for the Millennium Cohort Study Team. Health care utilization among complementary and alternative medicine users in a large military cohort. *BMC Comp Alter Med* 2011 Apr, 11:27
 89. LeardMann CL, Kelton ML, Smith B, Littman AJ, Boyko EJ, Wells TS, Smith TC, for the Millennium Cohort Study Team. Prospectively Assessed Posttraumatic Stress

- Disorder and Associated Physical Activity. *Public Health Reports*, 2011 May;126(3):371-383.
90. Sandweiss DA, Slymen DJ, LeardMann CA, Smith B, White MR, Boyko EJ, Hooper TI, Gackstetter GD, Amoroso PJ, Smith TC, for the Millennium Cohort Study Team. The Effects of Preinjury Psychiatric Status and Injury Severity on Postdeployment Posttraumatic Stress Disorder. *Arch Gen Psychiatry*. 2011 May;68(5):496-504.
 91. Smith TC, for the Millennium Cohort Study Team. Linking Exposures and Health Outcomes to a Large Population-Based Longitudinal Study: The Millennium Cohort Study. *Military Medicine*; 2011 July;176,7:56-63.
 92. Jankosky C, Hooper TI, Granado NS, Scher A, Gackstetter GD, Boyko EJ, Smith TC, for the Millennium Cohort Study Team. Headache Disorders in the Millennium Cohort: Epidemiology and Relations with Combat Deployment. *Headache*, 2011 Jul-Aug;51(7):1098-111.
 93. Pinder RJ, Greenberg N, Boyko EJ, Gackstetter GD, Hooper TI, Murphy D, Ryan MAK, Smith B, Wells TS, Smith TC, Wessely S. Profile of Two Cohorts: UK and US Prospective Studies of Military Health. *Int J Epidemiol*; 2011.
 94. Leleu TD, Jacobson IG, LeardMann C, Smith B, Foltz PW, Amoroso PJ, Derr M, Ryan MAK, Smith TC. Application of latent semantic analysis for open-ended responses in a large, epidemiologic study. *BMC Medical Research Methodology*. 2011 Oct 5;11(1):136.
 95. Jones KA, Granado NS, Smith B, Slymen DJ, Ryan MAK, Boyko EJ, Gackstetter GD, Phillips CJ, Smith TC, for the Millennium Cohort Study Team. A Prospective Study of Lupus and Rheumatoid Arthritis in Relation to Deployment in Support of Iraq and Afghanistan; the Millennium Cohort Study. *Autoimmune Diseases*, 2011 Dec;2011:741267.
 96. Proctor SP, Wells TS, Jones KA, Boyko EJ, Smith TC. Examination of post-service health-related quality of life among rural and urban military members of the Millennium Cohort Study. *Journal of Rural Social Sciences*, 2012 Feb 26(3):32–56.
 97. Wells TS, Ryan MAK, Jones KA, Hooper TI, Boyko EJ, Jacobson IG, Smith TC, Gackstetter GD. A comparison of mental health outcomes in persons entering U.S. Military Service before and after September 11, 2001. *Journal of Traumatic Stress*. 2012 Feb (25):17-24.
 98. Bonanno GA, Mancini AD, Horton, JL, Powell TM, LeardMann CA, Boyko EJ, Wells TS, Hooper TI, Gackstetter GD, Smith TC. Trajectories of Trauma Symptoms and Resilience in Deployed U.S. Military Service Members: A Prospective Cohort Study. *British Journal of Psychiatry*, 2012 Mar (200):317-323.
 99. Hermes ED, Wells TS, Smith B, Boyko EJ, Gackstetter GD, Miller SC, Smith TC. Smokeless tobacco use related to military deployment, cigarettes, and mental health symptoms in a large, prospective cohort study among US service members. *Addiction*, 2012 May; 107(5):983-94.
 - ♦ 100. Granado NS, Zimmermann L, Smith B, Jones KA, Wells TS, Ryan MAK, Slymen D, Koffman RL, Smith TC. Individual Augmentee Deployment and Newly Reported Mental Health Morbidity. *J Occupat Environ Med*, 2011. 2012 May; 54(5):615-20.
 101. Seelig AD, Jacobson IG, Smith B, Hooper TI, Gackstetter GD, Ryan MAK, Wadsworth SM, Smith TC. Prospective Evaluation of Mental Health and Deployment Experience Among Women in the US Military. *Am J Epidemiol*, 2011. In press.
 102. Conlin AS, DeScisciolo C, Sevick CJ, Bukowinski AT, Phillips CJ, Smith TC. Birth

- Outcomes Among Military Personnel Following Exposure to Documented Open-Air Burn Pits Before and During Pregnancy. *J Occupat Environ Med*, 2012. In press.
103. Jones KA, Smith B, Granado NS, Boyko EJ, Gackstetter GD, Ryan MAK, Phillips CJ, Smith TC, for the Millennium Cohort Study Team. Newly reported lupus and rheumatoid arthritis in relation to deployment within proximity to a documented open-air burn pit in Iraq. *J Occup Environ Med* 2012; In press.
 104. Smith B, Wong CA, Boyko EJ, Phillips CJ, Gackstetter GD, Ryan MAK, Smith TC, for the Millennium Cohort Study Team. The effects of exposure to documented open-air burn pits on respiratory health among deployers of the Millennium Cohort Study. *J Occup Environ Med* 2012; In press
 105. Powell TM, Smith TC, Jacobson IG, Boyko EJ, Hooper TI, Gackstetter GD, Phillips CJ, Smith B, for the Millennium Cohort Study Team. Prospective Assessment of Chronic Multisymptom Illness Reporting Possibly Associated with Open-Air Burn Pit Smoke Exposure in Iraq. *Journal of Occupational and Environmental Medicine*; In press.
 106. Jacobson IG, Horton JL, Smith B, Wells TS, Boyko EJ, Lieberman HR, Ryan MAK, Smith TC, for the Millennium Cohort Study Team. Bodybuilding, energy, and weight loss supplements are associated with deployment and physical activity in U.S. military personnel. *Annals of Epidemiology*; In press.

Technical Reports:

1. Bush RA, Smith TC, Gee DA, Honner WK, Lekarev O, Strohl ME, Gray GC. *Active surveillance of birth defects among US Department of Defense Beneficiaries: report of a feasibility study*. Technical Report 98-4D. San Diego: Naval Health Research Center, 1998.
2. Kisor MA, Bush RA, Smith TC, Honner WK, Gray GC. *Department of Defense Birth Defects Registry report for the period: January 1, 1999 through June 30, 1999*. Technical Report 00-08. San Diego: Naval Health Research Center, 1998.
3. Garland CF, Ryan MAK, Gorham ED, Gunderson EK, Smith TC, Miller M, Honner WK, Garland FC. *Incidence rates of lymphoid leukemia in children of active-duty Navy servicemembers*. Technical Report 01-22. San Diego: Naval Health Research Center, 2001.
4. Ryan MAK, Honner WK, Aran R, Alexander B, Kaufman SA, Reed RJ, Smith TC. *Department of Defense Birth and Infant Health Registry: annual report on birth defects among infants born to US military families, January 1, 1998 through December 31, 1998*. Technical Report 05-03. San Diego, CA: Naval Health Research Center; NHRC
5. Ryan MAK, Honner WK, Rudy-Goodness CM, Chow SC, Conlin AMS, Reed RJ, Smith TC, Stiegman VKD. *Department of Defense Birth and Infant Health Registry: annual report on birth defects among infants born to US military families, January 1, 1999 through December 31, 1999*. Technical Report 05-07. San Diego, CA: Naval Health Research Center; NHRC

6. Ryan MAK, Honner WK, Rudy-Goodness CM, Chow SC, Conlin AMS, Reed RJ, Smith TC, Stiegman VKD. *Department of Defense Birth and Infant Health Registry: annual report on birth defects among infants born to US military families, January 1, 2000 through December 31, 2000*. Technical Report 05-08. San Diego, CA: Naval Health Research Center; NHRC

Conference Proceedings Manuscript Publications:

- ◆ 1. Smith, TC. *The capabilities of PROC FACTOR to conduct an exploratory factor analysis*. Proceedings for the Western Users of SAS® Software, 7th Annual Conference, Oakland, CA, October 1998. **(Best Paper Award)**
2. Smith, TC. *Calculating the probability of hospitalization as a function of time using the SAS System's PROC PHREG*. Proceedings for the Western Users of SAS® Software, 7th Annual Conference, Los Angeles, CA, October 20-22, 1999. **(Invited, one-hour)**
3. Smith, TC. *Calculating the probability of hospitalization as a function of time, an Application of Cox's Proportional Hazards Modeling*. SAS® Institute Inc., Proceedings of the Twenty-Fifth Annual SAS Users Group International Conference. **(Invited, one-hour)**
4. Smith, TC. *Using PROC FACTOR to conduct an exploratory factor analysis of self-reported symptom data*. Proceedings for the Western Users of SAS® Software, 8th Annual Conference, Scottsdale, AZ, September 17-19, 2000.
- ◆ 5. Smith, TC. *Graphing the probability of hospitalization as a function of time using survivor function estimates and the SAS® System's PROC PHREG*. Proceedings for the Western Users of SAS® Software, 8th Annual Conference, Scottsdale, AZ, September 17-19, 2000. **(Invited, one-hour)**
6. Smith, TC, Smith, B. *Survival analysis and the application of Cox's proportional hazards modeling using SAS*. Proceedings of the 26th Annual SAS Users Group International Conference. Long Beach, CA, April 22-25, 2001. **(Invited, one-hour)**
7. Smith, TC; Smith, B; Ryan, MAK. *What about a Proc Rates for all of your rates and proportions needs?* Proceedings of the 9th Annual Western User's of SAS Software Conference. San Francisco, CA, September 5-7 2001. **(Best Paper Award)**
8. Smith, TC; Smith, B; Ryan, MAK. *A survival analysis from the ground up, using Cox proportional hazards modeling*. Proceedings of the 9th Annual Western User's of SAS Software. San Francisco, CA, 5-7 September 2001. **(Invited, one-hour)**
9. Smith, TC; Smith, B; Ryan, MAK. *Survival analysis using Cox proportional hazards modeling for single and multiple event time data*. Proceedings of the Twenty-Eighth Annual SAS Users Group International Conference. Seattle, WA, March 30 – April 2 2003. **(Invited, one-hour)**
10. Corbeil, TE; Smith, TC; Smith, B; Ryan, MAK. *Merging large Internet and paper survey datasets for a 22-year longitudinal cohort study*. Proceedings of The 11th Annual Western User's of SAS Software Conference. San Francisco, CA, November 5-7, 2003.
11. Smith, TC; Smith, B; Ji, M; Honner WK. *Proc Genmod for analysis of correlated outcome data using the logit link function*. Proceedings of the 12th Annual Western User's of SAS Software Conference. Pasadena, CA, October 13-15, 2004. **(Invited, one-hour)**

12. Smith, TC; Smith, B. *Survival analysis Kaplan Meier and Cox proportional hazards modeling; hands on survival analysis*. Proceedings of the 12th Annual Western User's of SAS Software Conference. Pasadena, CA, October 13-15, 2004. **(Invited, one-hour)**
13. Smith, TC; Smith, B. *Graphing the probability of event as a function of time using survivor function estimates and the SAS® system's PROC PHREG*. Proceedings of the 13th Annual Western User's of SAS Software Conference. San Jose, CA, September 21-23, 2005. **(Invited, Hands on Workshop 1.5 hour)**.
14. Smith, TC, Smith, B. *Proc Genmod with GEE to analyze correlated outcomes data using SAS*. Proceedings of the 14th Annual Western User's of SAS Software Conference. Irvine, CA, September 27-29, 2006. **Invited Paper**.
15. Smith, TC, Smith, B. *Health outcomes research using time-to-event analytic approaches*. Proceedings of the 15th Annual Western User's of SAS Software Conference. San Francisco, CA, October 17-19, 2007. **Invited Paper**.

Published Abstracts:

250. Bagnell M, LeardMann C, McMaster H, Boyko E, Smith B, Granado N, Smith TC. Wellness among US service members; the Millennium Cohort Study. 140th APHA Annual Meeting San Francisco, October 2012.
249. Piane GM, Smith TC, Adesanya DO. Associations among mental health needs and co-morbid chronic conditions in California. 140th APHA Annual Meeting San Francisco, October 2012.
248. Gehrman P, Seelig A, Jacobson IG, Boyko E, Hooper TI, Gackstetter G, Ulmer C, Smith TC. Predeployment Sleep Duration and Insomnia Symptoms as Risk Factors for New-Onset Mental Health Disorders Following Military Deployment. 30th Annual San Diego Epidemiology Research Exchange, 27 April 2012, San Diego, CA.
247. Smith TC. Prospective Investigation of PTSD and Coping Behaviors in Combat Deployers. 2011 Joint Conference, Council of Applied Master's Programs in Psychology & North American Association of Master's in Psychology, CA, 11 November, 2011.
246. Jones K, Powell T, Smith B, Wong C, Granado N, Jacobson I, Boyko E, Hooper T, Gackstetter G, Ryan M, Phillips C, Smith TC, for the Millennium Cohort Study Team. Burn Pit Smoke Exposure and Health Risks in the Millennium Cohort Study. 2nd Annual Navy Medicine Research Conference in Bethesda, MD, 4-7 June, 2011
245. Conlin AS, Snell KJ, Gumbs GR, Hughes H, Powell D, Garman PM, Gordon DM, Crum NF, Smith TC. DoD ACAM 2000 Smallpox Vaccine Myopericarditis Registry. 2nd Annual Navy Medicine Research Conference in Bethesda, MD, 4-7 June, 2011
244. Owens B, Wolf J, Seelig A, Smith B, Boyko E, Jacobson I, Ryan M, Gackstetter G, Smith T, for the Millennium Cohort Study Team. Risk Factors for the Development of Achilles Tendinitis, Patellar Tendinitis and Plantar Fasciitis in the Military. 29th Annual San Diego Epidemiology Research Exchange, 29 April 2011, San Diego, CA.
243. Conlin A, DeScisciolo C, Sevick C, Bukowinski A, Phillips C, Smith T. Birth Outcomes Among Military Personnel Following Exposure to Documented Open-Air Burn Pits Before and During Pregnancy. 29th Annual San Diego Epidemiology Research Exchange, 29 April 2011, San Diego, CA.

242. Nguyen S, LeardMann C, Smith B, Conlin A, Slymen D, Hooper T, Ryan M, Smith T for the Millennium Cohort Study Team. Is Military Deployment a Risk Factor for Maternal Depression? 29th Annual San Diego Epidemiology Research Exchange, 29 April 2011, San Diego, CA.
241. Bagnell M, Granado N, Boyko E, Smith B, Ulmer C, Smith T, for the Millennium Cohort Study Team. Posttraumatic stress disorder and cardiovascular disease: A prospective US military cohort study. 138th American Public Health Association Annual Meeting & Exposition. 6-10 November 2010, Denver, CO.
240. Horton J, Powell T, Bonanno G, Mancini A, LeardMann C, Boyko E, Wells T, Hooper T, Gackstetter G, Smith T, for the Millennium Cohort Study. Mental health trajectories and their predictors: application of latent growth mixture modeling in the Millennium Cohort Study. The American College of Epidemiology Annual Scientific Sessions, 11-14 September 2010, San Francisco, CA.
239. Powell T, Smith T, Jacobson I, Boyko E, Hooper T, Gackstetter G, Smith B, for The Millennium Cohort Study. Chronic multisymptom illness reporting; a comparison of current Iraq and Afghanistan deployers and past 1991 Gulf War veterans. The American College of Epidemiology Annual Scientific Sessions, 11-14 September 2010, San Francisco, CA.
238. Seelig A, Smith B, Jacobson I, Gackstetter G, Ryan M, Wells T, MacDermid Wadsworth S, Hooper T, Smith T, for the Millennium Cohort Study Team. Women warriors: a longitudinal assessment of mental health among women in the millennium cohort study. The American College of Epidemiology Annual Scientific Sessions, 11-14 September 2010, San Francisco, CA.
237. Smith T, McMaster H, Jacobson I, Smith B for the Millennium Cohort Study Team. Understanding Deployment Related Stressors and Long-term Health in Military Service Members and Veterans: the Millennium Cohort Study. National Child Traumatic Stress Network, 17 August 2010, Webinar.
236. Conlin S, Gumbs G, Sevick C, Bukowinski A, Snell K, DeScisciolo C, Smith T, for the Department of Defense Birth and Infant Health Registry Team. Monitoring the impact of force health protection on military families: Compulsory vaccinations and pregnancy registries. 13th Annual Force Health Protection Conference, 7-13 August 2010, Phoenix, AZ.
235. Barrett JP, Sevick CJ, Conlin AMS, Gumbs GR, Lee S, Smith TC. Validating the Use of ICD-9-CM Codes to Evaluate Gestational Age and Birth Weight. 13th Annual Force Health Protection Conference, 7-13 August 2010, Phoenix, AZ.
234. Jones K, Granado N, Smith B, Slymen D, Ryan M, Boyko E, Gackstetter G, Smith T; for the Millennium Cohort Study Team. Are Newly-Reported Lupus and Rheumatoid Arthritis Associated with US Military Deployment in Support of the Operations in Iraq and Afghanistan? 43rd Annual Meeting of the Society for Epidemiologic Research, 23-26 June 2010, Seattle, WA.
233. Pietrucha A, Granado N, Smith B, Boyko E, Ryan M, Smith T; for the Millennium Cohort Study Team. A Longitudinal Study of Back Pain in US Military Personnel Deployed in Support of Operations in Iraq and Afghanistan; the Millennium Cohort Study. 43rd Annual Meeting of the Society for Epidemiologic Research, 23-26 June 2010, Seattle, WA.

232. Millennium Cohort: Linking Environmental Exposures. **Invited Oral Presentation**, AFHSC USUHS Symposium: Assessing Potentially Hazardous Environmental Exposures among Military Populations, 19-21 May 2010.
231. Understanding Long-Term Tobacco and Alcohol Use and Comorbid Mental Health Symptoms in Military Service Members and Veterans, **Invited Oral Presentation**, American Psychiatric Association 22-26 May 2010.
230. Wong C, Smith B, Jacobson I, Boyko E, Littman A, Wells T, Ryan M, Amoroso P, Smith T, for the Millennium Cohort Study Team. Do deployment experience and mental health status affect reasons for leaving military service? Navy and Marine Corps Combat and Operational Stress Conference. 18-20 May 2010, San Diego, CA
229. Pietrucha A, Granado N, Smith B, Boyko E, Ryan M, Hooper T, Smith T for the Millennium Cohort Study. A Longitudinal Study of Back Pain in US Military Personnel; the Millennium Cohort Study. Annual Epidemiology Research Exchange 7 May 2010, San Diego, CA.
228. Jacobson I, Horton J, Smith B, Ryan M, Boyko E, Wells T, Lieberman H, Smith T for the Millennium Cohort Study Team. Supplement Use in Relation to Deployment and Physical Activity in a Large Military Cohort. Annual Epidemiology Research Exchange 7 May 2010, San Diego, CA.(**oral presentation**)
227. Seelig A, Smith B, Jacobson I, Gackstetter G, Ryan M, Wells T, MacDermid Wadsworth S, Hooper T, Smith T, for the Millennium Cohort Study Team. Women in the Military: A longitudinal examination of mental health symptoms in relation to combat deployment. Annual Epidemiology Research Exchange 7 May 2010, San Diego, CA.(**oral presentation**)
226. Jones K, Granado N, Smith B, Slymen D, Ryan M, Boyko E, Gackstetter G, Phillips C, Smith T for the Millennium Cohort Study Team. Lupus and Rheumatoid Arthritis Risk in Relation to Deployment in Support of Operations in Iraq and Afghanistan. Annual Epidemiology Research Exchange 7 May 2010, San Diego, CA.(**oral presentation**)
225. Horton J, Jacobson I, Smith B, Ryan M, Boyko E, Wells T, Lieberman H, Smith T, for the Millennium Cohort Study Team. Supplement Use in Relation to Deployment and Physical Activity in a Large Military Cohort. 49th Navy and Marine Corps Public Health Conference. 19-26 March 2010, Hampton, VA. **Awarded First Place in the Research Category for Health Promotion**
224. Granado N, Ryan M, Smith B, Boyko E, Jones K, Koffman R, Smith T, for the Millennium Cohort Study Team. Navy Individual Augmentees and Posttraumatic Stress Disorder. 49th Navy and Marine Corps Public Health Conference. 19-26 March 2010, Hampton, VA. **Awarded First Place in the Informational Category, Occupational Health Discipline.**
223. Jones K, Granado N, Smith B, Ryan M, Boyko E, Gackstetter G, Phillips C, Smith T, for the Millennium Cohort Study Team. Newly-Reported Lupus and Rheumatoid Arthritis Among Military Millennium Cohort Participants Deployed in Support of the Operations in Iraq and Afghanistan. 49th Navy and Marine Corps Public Health Conference. 19-26 March 2010, Hampton, VA.
222. Wong C, Smith B, Jacobson I, Ryan M, Wells T, Amoroso P, Boyko E, Littman A, Smith T for the Millennium Cohort Study Team. Do Symptoms of Mental Health and Deployment Affect Decisions to Leave Military Service? 49th Navy and Marine Corps

- Public Health Conference. 19-26 March 2010, Hampton, VA.
221. Jacobson I, Wong C, Smith B, Boyko E, Gackstetter G, Smith T, for the Millennium Cohort Study Team. Association between alternative and complementary health practices and change in body mass index in a large military cohort. 137th American Public Health Association Annual Meeting & Exposition Philadelphia, PA November 7-11, 2009.
 220. Granado N, Smith T, Smith B, Ryan M, Boyko E, Jones K, Koffman R, for the Millennium Cohort Study Team. Assessment of mental health care service utilization among Millennium Cohort Study participants reporting symptoms of posttraumatic stress disorder. 137th American Public Health Association Annual Meeting & Exposition, Philadelphia, PA November 7-11, 2009.
 219. Granado N, Smith T, Swanson M, Harris R, Shahar E, Smith B, Boyko E, Wells T, Ryan M, for the Millennium Cohort Study Team. Role of combat deployment-induced stress and newly-reported hypertension in the Millennium Cohort Study. 137th American Public Health Association Annual Meeting & Exposition, Philadelphia, PA November 7-11, 2009.
 218. Granado N, Hooper T, Gackstetter G, Scher A, Jankosky C, Boyko E, Barrett-Connor E, Smith T, for the Millennium Cohort Study Team. Prevalence of self-reported headache disorders among US military service members in the Millennium Cohort. 137th American Public Health Association Annual Meeting & Exposition Philadelphia, PA November 7-11, 2009.
 217. Seelig A, Jacobson I, Smith B, Hooper T, Boyko E, Gackstetter G, Gehrman P, Macera C, Smith T, for the Millennium Cohort Study Team. Are service members deployed in support of the wars in Iraq and Afghanistan more likely to have sleep problems after deployment? 137th American Public Health Association Annual Meeting & Exposition Philadelphia, PA November 7-11, 2009.
 216. Smith B, Kelton M, LeardMann C, Boyko E, Wells T, Littman A, Smith T, for the Millennium Cohort Study Team. Posttraumatic stress disorder symptoms and associated physical activity levels among US service members. 137th American Public Health Association Annual Meeting & Exposition Philadelphia, PA November 7-11, 2009.
 215. Smith B, Boyko E, Jacobson I, Smith T, Hooper T, Amoroso P, Gackstetter G, Ryan M Barrett-Connor E, for the Millennium Cohort Study Team. Risk factors for incident diabetes in US military participants of the Millennium Cohort Study. 137th American Public Health Association Annual Meeting & Exposition Philadelphia, PA November 7-11, 2009.
 214. Smith T, Wells T, Jacobson I, Smith B, LeardMann C, Hoge C, Blazer D, Boyko E, Ryan M, for the Millennium Cohort Study Team. Prospective investigation of the interrelation of new and persistent mental health symptoms and coping behaviors in a large military cohort. 137th American Public Health Association Annual Meeting & Exposition, Philadelphia, PA November 7-11, 2009.
 213. Boyko E, Jacobson I, Smith T, Smith B, Hooper T, Amoroso P, Gackstetter G, Barrett-Connor E, for the Millennium Cohort Study Team. A prospective study of risk of self-reported diabetes in US military participants of the Millennium Cohort Study in relation to combat deployment and mental health. International Diabetes Federation 20th World Diabetes Congress, 18-22 October 2009, Montreal, Canada.

212. Horton J, Jacobson IG, Smith B, Ryan MAK, Boyko EJ, Smith TC, for the Millennium Cohort Study Team. Occupational, Physical, and Mental Health Characteristics Associated with Supplement Use in a Large Military Cohort. The American College of Epidemiology Annual Scientific Sessions. 13-15 September, 2009, Silver Spring, MD. **First Place Regular Poster Award.**
211. Jacobson IG, Wong CA, Smith B, Boyko EJ, Gackstetter GD, Smith TC, for the Millennium Cohort Study Team. Does complementary and alternative medicine use predict change in body mass index among US military personnel? The American College of Epidemiology Annual Scientific Sessions. 13-15 September, 2009, Silver Spring, MD.
210. Jacobson I, Littman A, Boyko E, Smith T, for the Millennium Cohort Study Team. Physical activity after separation from the military: how much do veterans do and who stays active? 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
209. Smith T, Welch K, Wong C, Farnell L, LeardMann C, Jacobson I, Smith B, for the Millennium Cohort Study Team. Deployment Health Studies: The Millennium Cohort Study. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM. **(oral presentation)**
208. Granado N, Smith T, Smith B, Ryan M, Boyko E, Jones K, Koffman R, for the Millennium Cohort Study Team. Mental health care needs and utilization among US active duty Millennium Cohort Study participants reporting symptoms for posttraumatic stress and other mental health disorders. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM. **(oral presentation)**
207. Sandweiss D, Slymen D, LeardMann C, Smith B, White M, Boyko E, Hooper T, Gackstetter G, Amoroso P, Smith T, for the Millennium Cohort Study Team. A prospective analysis of the effects of preinjury psychological status on the psychological impact of injury during deployment in support of the wars in Iraq and Afghanistan. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM. **(oral presentation)**
206. Jacobson I, Boyko E, Smith B, Smith T, Hooper T, Amoroso P, Gackstetter G, Barrett-Connor E, for the Millennium Cohort Study Team. Is mental health associated with newly self-reported diabetes in US military participants of the Millennium Cohort Study? 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM. **(oral presentation)**
205. Seelig A, Jacobson I, Smith B, Hooper T, Boyko E, Gackstetter G, Gehrman P, Macera C, Smith T, for the Millennium Cohort Study Team. Does deployment in support of the wars in Iraq and Afghanistan affect sleep patterns in military personnel? 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM. **(oral presentation)**
204. Jankosky C, Granado N, Hooper T, Gackstetter G, Scher A, Boyko E, Barrett-Connor E, Smith T, for the Millennium Cohort Study Team. Self-reported new-onset migraine and other headache disorders among US military deployers with reported combat exposures in the Millennium Cohort Study. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM. **(oral presentation)**
203. Smith B, Kelton M, LeardMann C, Boyko E, Wells T, Littman A, Smith T, for the Millennium Cohort Study Team. Posttraumatic stress disorder symptoms and associated physical activity levels among US service members. 12th Annual Force Health Protection

- Conference, 14-21 August 2009, Albuquerque, NM. **(oral presentation)**
202. Wong C, Smith B, Jacobson I, Ryan M, Wells T, Amoroso P, Boyko E, Littman, Smith T, for the Millennium Cohort Study Team. Are mental health symptoms and deployment experience associated with reasons for leaving military service? 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 201. Wells T, Smith B, Hermes E, Gackstetter G, Boyko E, MD, Miller S, Smith T, for the Millennium Cohort Study Team. Prospective analysis of smokeless tobacco use and deployment to the wars in Iraq and Afghanistan. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 200. White M, Jacobson I, Smith T, Smith B, Wells T, Gackstetter G, Boyko E, for the Millennium Cohort Study Team. Healthcare utilization among complementary and alternative medicine users in a large military cohort. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 199. Horton J, Jacobson I, Smith B, Ryan M, Boyko E, Wells T, Smith T, for the Millennium Cohort Study Team. Is supplement use associated with deployment experience and physical activity in a large military cohort? 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 198. LeardMann C, Hooper T, Gackstetter G, Boyko E, Pearse L, Smith B, Amoroso P, Smith T, for the Millennium Cohort Study Team. Early mortality experience and a comparison of data sources used for mortality ascertainment in a large military cohort. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 197. Kelton M, LeardMann C, Bliese P, Boyko E, Hooper T, Gackstetter G, Smith B, Hoge C, Smith T, for the Millennium Cohort Study Team. Factor Analysis of Self-Reported Symptoms in a Large, Population-Based Military Cohort. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 196. Farnell L, Welch K, LeardMann C, Jacobson I, Granado N, Jones K, Smith B, Fairbank J, Marmar C, Schlenger W, Smith T, for the Millennium Cohort Study Team. The Millennium Cohort Family Study: understanding the relationship between military service and family functioning. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 195. Ryan M, Conlin A, Gumbs G, Jacobson I, Sevick C, Smith T. Health outcomes among infants born to women deployed to US military operations during pregnancy. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 194. Conlin A, Sevick C, Gumbs G, Smith T. Birth defects among infants with 1st trimester gestational exposure to Naples, Italy. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 193. Gumbs G, Conlin A, Sevick C, Keenan H, Runyan D, Lloyd D, Ryan M, Smith T for the Department of Defense (DoD) Birth and Infant Health Registry Team. Evaluating the epidemiology of inflicted traumatic brain injury in infants of United States military families. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 192. Conlin A, Gumbs G, Jacobson I, Sevick C, Bukowinski A, Snell K, Smith T. Infant Health in US Military Families: The Department of Defense Birth and Infant Health Registry, 1998–2006. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 191. Snell K, Gumbs G, Conlin A, Granado N, Hughes H, Powell D, Garman P, Gordon D,

- Smith T for the ACAM2000® Registry Team. ACAM2000® Myopericarditis Registry. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
190. Phillips C, Furlong C, Richter R, Smith T, Gumbs G. Analysis of Paraoxonase (PON1) status among U.S. Navy Gulf War Veterans with Gulf War Illness. 12th Annual Force Health Protection Conference, 14-21 August 2009, Albuquerque, NM.
 189. Smith B, Boyko E, Jacobson I, Smith T, Hooper T, Amoroso P, Gackstetter G, Ryan M Barrett-Connor E, for the Millennium Cohort Study Team. Risk Factors for Incident Diabetes in U.S Military Participants of the Millennium Cohort Study. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 188. Granado N, Smith T, Smith B, Koffman R, for the Millennium Cohort Study Team. Meeting the Mental Health Needs of our Deploying Service Members: Assessment Using Self-Reported Symptom Screen and Electronic Medical Encounter Data. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 187. Bukowski A, Rockswold P, Smith B, Smith T. Guillain-Barré Syndrome in US Active-Duty Military Personnel. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 186. Jacobson I, Wong C, Smith B, Boyko E, Gackstetter G, Smith T, for the Millennium Cohort Study Team. Is Complementary and Alternative Medicine Use Associated with Change in Body Mass Index in a Large Military Cohort? 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 185. Smith T, Wells T, Jacobson I, Smith B, LeardMann C, Hoge C, Blazer D, Boyko E, Ryan M, for the Millennium Cohort Study Team. Prospective Investigation of Mental Health Challenges and Coping Behaviors in Deployers Supporting the Wars in Iraq and Afghanistan. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 184. Kelton M, LeardMann C, Smith B, Boyko E, Wells T, Littman A, Smith T, for the Millennium Cohort Study Team. Physical Activity is Associated with Posttraumatic Stress Disorder Symptoms in a Large Military Cohort. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 183. Wells T, LeardMann C, Fortuna S, Smith B, Smith T, Ryan M, Boyko E, Blazer D, for the Millennium Cohort Study Team. Depression is Prospectively Associated with Combat Deployment in Support of the Wars in Iraq and Afghanistan. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 182. LeardMann C, Jacobson I, Smith B, Wells T, Boyko E, Ryan M, Smith T, for the Millennium Cohort Study Team. A Prospective Investigation of Posttraumatic Stress Disorder and Body Weight in a Large Military Cohort. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 181. Sandweiss D, Slymen D, LeardMann C, Smith B, White M, Boyko E, Hooper T, Gackstetter G, Amoroso P, Smith T, for the Millennium Cohort Study Team. A Prospective Analysis of the Effects of Preinjury Psychological Status on the Psychological Impact of Injury During Deployment in Support of the Wars in Iraq and Afghanistan. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 180. Smith B, Hooper T, Gackstetter G, LeardMann C, Boyko E, Pearse L, Amoroso P, Smith T, for the Millennium Cohort Study Team. Early Mortality Experience and a Comparison of Data Sources used for Mortality Ascertainment in a Large Military

- Cohort. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
179. Granado N, Hooper T, Gackstetter G, Scher A, Jankosky C, Boyko E, Barrett-Connor E, Smith T, for the Millennium Cohort Study Team. The Prevalence of Migraine and Other Headache Disorders in Millennium Cohort Active-Duty, Reserve and National Guard Members. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 178. Seelig A, Jacobson I, Smith B, Hooper T, Boyko E, Gackstetter G, Gehrman P, Macera C, Smith T, for the Millennium Cohort Study Team. Sleep Patterns Before, During, and After Military Combat Deployment in Support of the Wars in Iraq and Afghanistan. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 177. Jacobson I, Smith T, Smith B, LeardMann C, Wells T, Ryan M, Boyko E, for the Millennium Cohort Study Team. Prospective Analysis of Posttraumatic Stress Disorder and Depression among Military Professional Caregivers Deployed to the Wars in Iraq and Afghanistan. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 176. Smith T, Smith B, Jacobson I, LeardMann C, Welch K, Farnell L, for the Millennium Cohort Study Team. The Millennium Cohort Study: A 21-year Contribution to the Understanding of Military Health. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 175. Smith B, Wong C, Smith T, Boyko E, Gackstetter G, Ryan M, for the Millennium Cohort Study Team. Newly Reported Respiratory Illness Among Military Personnel Deployed to Iraq and Afghanistan; A Prospective Population-based Study. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 174. Granado N, Smith T, Swanson M, Harris R, Shahar E, Smith B, Boyko E, Wells T, Ryan M, for the Millennium Cohort Study Team. New-Onset Hypertension Associated with Combat Deployment in Millennium Cohort Active-Duty, Reserve and National Guard Members. 42nd Annual Society for Epidemiologic Research Meeting, Anaheim, CA 23-26 June, 2009.
 173. Jacobson I, Smith T, LeardMann C, Smith B, Ryan M. Postdeployment Hospitalization Experience of Service Members Deployed in Support of the Wars in Iraq and Afghanistan. 42nd Annual Society of Epidemiologic Research Meeting, Anaheim, CA, 23-26 June 2009.
 172. Gumbs G, Conlin A, Jacobson I, Sevick C, Bukowinski A, Snell K, Smith T. The Department of Defense Birth and Infant Health Registry, 1998–2006. 22nd Annual Society for Pediatric and Perinatal Epidemiologic Research Meeting 22-23 Jun 2009, Anaheim, CA.
 171. Bukowinski A, Conlin A, Jacobsen I, Gumbs G, Hoge C, Sevick C, Ryan M, and Smith T. Parental Stress, PTSD, and Infant Health Outcomes in US Military Families. 22nd Annual Society for Pediatric and Perinatal Epidemiologic Research Meeting 22-23 June, Anaheim, CA.
 170. Conlin A, Sevick C, Gumbs G, Smith T. Birth Defects among Infants with 1st Trimester Gestational Exposure to Naples, Italy. 22nd Annual Society for Pediatric and Perinatal Epidemiologic Research Meeting 22-23 Jun 2009, Anaheim, CA.
 169. Sevick C, Conlin A, Gumbs G, Smith T. Ensuring the Quality of Infant Health Data:

- Why a Simple Data Pull Will Not Work. 22nd Annual Society for Pediatric and Perinatal Epidemiologic Research Meeting 22-23 Jun 2009, Anaheim, CA.
168. Bukowinski A, Conlin A, Smith T, Gumbs G, Chu L, Sevick C, Heller J, Ryan M. Birth defects in infants born in 1998-2004 to men and women serving in the US military during the 1990-1991 Gulf War era: a population-based retrospective cohort study. 22nd Annual Society for Pediatric and Perinatal Epidemiologic Research Meeting 22-23 Jun 2009, Anaheim, CA.
 167. Littman AJ, Jacobson IG, Boyko EJ, Smith TC. Physical activity after Separation from the Military: Who maintains physical activity after military service? (American College of Sports Medicine, Seattle, May 2009).
 166. Kelton M, LeardMann C, Bliese P, Boyko E, Hooper T, Gackstetter G, Smith B, Hoge C, Smith T, for the Millennium Cohort Study Team. Factor Analysis of Self-Reported Symptoms in a Large, Population-Based Military Cohort. 27th Annual San Diego Epidemiology Research Exchange, 8 May 2009, San Diego, CA. **(oral presentation)**
 165. Kelton M, LeardMann C, Smith B, Boyko E, Littman A, Wells T, Smith T, for the Millennium Cohort Study Team. Posttraumatic Stress Disorder Symptoms and Associated Physical Activity Levels among US Service Members. 27th Annual San Diego Epidemiology Research Exchange, 8 May 2009, San Diego, CA.
 164. Seelig A, Jacobson I, Smith B, Hooper T, Boyko E, Gackstetter G, Gehrman P, Macera C, Smith T, for the Millennium Cohort Study Team. Are Sleep Patterns in Military Personnel Affected by Combat Deployment? 27th Annual San Diego Epidemiology Research Exchange, 8 May 2009, San Diego, CA. **(oral presentation)**
 163. Sandweiss D, Slymen D, LeardMann C, Smith B, White M, Boyko E, Hooper T, Gackstetter G, Amoroso P, Smith T, for the Millennium Cohort Study Team. A prospective analysis of the effects of preinjury psychological status on the psychological impact of injury during deployment in support of the wars in Iraq and Afghanistan. 27th Annual San Diego Epidemiology Research Exchange, 8 May 2009, San Diego, CA.
 162. Gumbs GR, Conlin AS, Jacobson IG, Sevick CJ, Bukowinski AT, Snell KJ, Smith TC. The Department of Defense Birth and Infant Health Registry, 1998-2006. 48th Navy and Marine Corps Public Health Conference, Hampton, VA, 20-26 Mar 2009.
 161. Granado N, Smith TC, Swanson M, Harris R, Shahar E, Smith B, Boyko E, Wells T, for the Millennium Cohort Study Team. Newly-reported hypertension among US military Millennium Cohort members deployed with combat exposures in support of OIF/OEF. 48th Navy and Marine Corps Public Health Conference, 20-26 Mar 2009, Hampton, VA.
 160. Jacobson I, Welch K, Farnell L, LeardMann C, Wong C, Smith B, Smith TC, for the Millennium Cohort Study Team. The Millennium Cohort Study: a 21-year longitudinal contribution to the understanding of military health. 48th Navy and Marine Corps Public Health Conference, 20-26 Mar 2009, Hampton, VA.
 159. Kelton M, LeardMann C, Smith B, Boyko E, Wells T, Littman A, Smith TC, for the Millennium Cohort Study Team. Posttraumatic stress disorder symptoms and associated physical activity. 48th Navy and Marine Corps Public Health Conference, 20-26 Mar 2009, Hampton, VA. **Awarded 1st Place in Oral Competition.**
 158. Rockswold PD, Bukowinski AT, Smith B, and Smith TC. Guillain-Barré Syndrome in US Active-duty Military Personnel. 48th Navy and Marine Corps Public Health Conference, 20-26 March 2009, Hampton, VA.

157. Smith TC, for the Millennium Cohort Study Team. The Millennium Cohort Study. National Institute of Drug Abuse; Addressing Substance Abuse and Comorbidities Among Military Personnel, Veterans, and Their Families Conference, 6-7 January 2009, Bethesda, MD. **Invited Speaker.**
156. Boyko E, LeardMann C, Kelton M, Smith B, Wells T, Littman A, Smith TC, for the Millennium Cohort Study Team. Prospectively assessed posttraumatic stress disorder symptoms and associated physical activity levels. The Association of Military Surgeons of the United States 114th Annual Meeting, 9-14 November 2008, San Antonio, TX.
155. Wells T, LeardMann C, Fortuna S, Smith B, Smith TC, Ryan M, Boyko E, Blazer D, for the Millennium Cohort Study Team. Depression is prospectively associated with combat deployment in support of the wars in Iraq and Afghanistan. The Association of Military Surgeons of the United States 114th Annual Meeting, 9-14 November 2008, San Antonio, TX.
154. Ryan M, Smith B, Wong C, Smith TC, Boyko E, Gackstetter G, for the Millennium Cohort Study Team. Newly reported respiratory symptoms and conditions in military service members deployed to Iraq and Afghanistan. The Association of Military Surgeons of the United States 114th Annual Meeting, 9-14 November 2008, San Antonio, TX.
153. Ryan M, Welch K, Farnell L, LeardMann C, Jacobson I, Wong C, Smith B, Smith TC, for the Millennium Cohort Study Team. The Millennium Cohort Study: a 21-year contribution to the understanding of military and veteran health. The Association of Military Surgeons of the United States 114th Annual Meeting, 9-14 November 2008, San Antonio, TX.
152. Granado N, Smith B, Smith TC, Ryan M, Swanson M, Harris R, Shahar E, Skrepnek G, Coons S. Determining the prevalence of hypertension in a large cohort using self-report, electronic medical encounters, and records of prescription antihypertensive medications. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA.
151. Jacobson I, Smith TC, Smith B, Keel P, Amoroso P, Wells T, Bathalon G, Boyko E, Ryan M, for the Millennium Cohort Study Team. Prospective analyses of disordered eating and weight changes after military deployment to the wars in Iraq and Afghanistan. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA.
150. Jacobson I, Smith TC, Smith B, LeardMann C, Wells T, Ryan M, Boyko E, for the Millennium Cohort Study Team. Posttraumatic stress disorder and depression among caregivers after deployment to the wars in Iraq and Afghanistan: a prospective analysis. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA.
149. LeardMann C, Jacobson I, Smith B, Smith TC, for the Millennium Cohort Study Team. Posttraumatic stress disorder and obesity: does one suggest vulnerability to the other? American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA. **(oral presentation)**
148. LeardMann C, Smith TC, Smith B, Wells T, Ryan M, for the Millennium Cohort Study Team. Baseline functional health predicts vulnerability to posttraumatic stress disorder following combat deployment. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA. **(oral presentation)**
147. LeardMann C, Wells T, Fortuna S, Smith B, Smith TC, Ryan M, Boyko E, Blazer D, for

- the Millennium Cohort Study Team. Prospective analysis of depression and deployment in support of the wars in Iraq and Afghanistan. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA. **(oral presentation)**
146. Leleu T, Jacobson I, LeardMann C, Smith B, Smith TC, Amoroso P, Ryan M, for the Millennium Cohort Study Team. Evaluating responses to open-ended questionnaire fields using Latent Semantic Analysis. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA.
 145. Smith TC, for the Millennium Cohort Study Team. Millennium Cohort; the largest population-based US military cohort; 2001 to 2022. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA. **(oral presentation)**
 144. Welch K, LeardMann C, Jacobson I, Speigle S, Smith B, Ryan M, Smith TC, for the Millennium Cohort Study Team. The value of semiannual postcard contact in a longitudinal cohort study. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA.
 143. Wong C, Smith B, Smith TC, Boyko E, Gackstetter G, Ryan M, for the Millennium Cohort Study Team. A prospective investigation of newly reported respiratory illness among military personnel deployed to Iraq and Afghanistan. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA.
 142. Wong C, Smith B, Smith TC, Wells T, Engel C, for the Millennium Cohort Study Team. Use of alternative health practices and new-onset posttraumatic stress disorder in a large prospective cohort study. American Public Health Association 136th Annual Meeting and Exposition, 25-29 Oct 2008, San Diego, CA. **(oral presentation)**
 141. Smith TC, for the Millennium Cohort Study Team. Understanding the long-term health challenges of military service; the US Millennium Cohort Study. **Keynote Address** 2008 Australian Military Medicine Association Conference, 17-19 October, Hobart, Tasmania, Australia.
 140. Smith TC, for the Millennium Cohort Study Team. Determinants of new-onset and persistent symptoms of PTSD after deployment and reported combat exposures in the US Millennium Cohort. 2008 Australian Military Medicine Association Conference, 17-19 October, Hobart, Tasmania, Australia. **(oral presentation)**
 139. Granado N, Smith T, Swanson M, Harris R, Shahar E, Smith B, Boyko E, Wells T, Ryan M, for the Millennium Cohort Study Team. Relationship of Incident Hypertension and Military Deployment in a Large Cohort. 2008 American College of Epidemiology Meeting, 14-16 Sep 2008, Tucson, AZ.
 138. Welch K, Farnell L, LeardMann C, Jacobson I, Wong C, Smith B, Smith T, for the Millennium Cohort Study Team. The Millennium Cohort Study: A 21-year Contribution to the Understanding of Military Health. 11th Annual Force Health Protection Conference, 11-15 Aug 2008, Albuquerque, NM.
 137. Kelton M, LeardMann C, Smith B, Boyko E, Wells T, Littman A, Smith T, for the Millennium Cohort Study Team. Prospectively Assessed Posttraumatic Stress Disorder Symptoms and Associated Physical Activity Levels. 11th Annual Force Health Protection Conference, 11-15 Aug 2008, Albuquerque, NM.
 136. Smith TC, LeardMann CA, Wells TS, Jacobson IG, Boyko EB, Ryan MAK, Smith B. Prospective investigation of mental health challenges and coping behaviors in deployers

- supporting the wars in Iraq and Afghanistan. 11th Annual Force Health Protection Conference, 11-15 Aug 2008, Albuquerque, NM. **(oral presentation)**
135. Smith B, Wong CA, Smith TC, Boyko EJ, Gackstetter GD, Ryan MAK, for the Millennium Cohort Study Team. Prospective Examination of New-onset Respiratory Illness in Military Service Members Deployed to Iraq and Afghanistan. 11th Annual Force Health Protection Conference, 11-15 Aug 2008, Albuquerque, NM. **(oral presentation)**
134. Smith B, Wong CA, Smith TC, for the Millennium Cohort Study Team. Evaluation of Alternative Health Practice Use and Posttraumatic Stress Disorder in a Large Prospective Cohort Study. 11th Annual Force Health Protection Conference, 11-15 Aug 2008, Albuquerque, NM. **(oral presentation)**
133. Sevick CJ, Phillips CJ, Conlin AS, Gumbs GR, Smith TC, for the DoD Birth and Infant Health Registry Team. Ensuring the Quality of Infant Health Data: Why a Simple Data Pull Will Not Work. 11th Annual Force Health Protection Conference, 12-15 August 2008, Albuquerque, NM.
132. Margaret Ryan, MD, MPH; Ava Conlin, DO, MPH; Isabel Jacobson, MPH; Gia Gumbs, MPH; Carter Sevick, MS; Ania Bukowinski, MPH; Skye Endara; Tyler Smith, MS, PhD; for the Millennium Cohort Study Team. Parental Stress, PTSD, and Infant Health Outcomes in US Military Families. 11th Annual Force Health Protection Conference, 12-15 August 2008, Albuquerque, NM. **(oral presentation)**
131. Cranston MM, Ryan MAK, Smith TC, Sevick CJ. Comparison of Congenital Hypothyroidism Among Military Infants Born to Countries of Varied Iodine Intake and Nutrition Status. 11th Annual Force Health Protection Conference, 12-15 August 2008, Albuquerque, NM.
130. **Awarded Best Research Poster.**
Lauren Zimmermann, B Smith, D Slymen, MAK Ryan, TS Wells, TC Smith, for the Millennium Cohort Study Team. Individual assignment in military deployment and self-reported mental health morbidity: a longitudinal analysis of a large population-based cohort. 26th Annual San Diego Epidemiology Research Exchange, 2 May 2008, San Diego, CA.
129. Smith B, Wong C, Smith TC, Ryan MAK, Boyko E, Gray G, Gackstetter G, for the Millennium Cohort Study Team. New-onset of chronic respiratory illnesses among military personnel deployed to Iraq and Afghanistan. 26th Annual San Diego Epidemiology Research Exchange, 2 May 2008, San Diego, CA.
128. Cranston MM, Ryan MAK, Smith TC, Sevick CJ. Comparison of congenital hypothyroidism among military infants born to countries of varied iodine intake and nutrition status. 26th Annual San Diego Epidemiology Research Exchange, 2 May 2008, San Diego, CA.
127. Endara S, Ryan MAK, Sevick CJ, Conlin AM, Macera C, Smith TC, for the Department of Defense Birth and Infant Health Registry. Infant health outcomes after maternal stress related to the terrorist attacks of September 11, 2001. 26th Annual San Diego Epidemiology Research Exchange, 2 May 2008, San Diego, CA.
126. Welch KE, Farnell LE, LeardMann CA, Jacobson IG, Wong CA, Smith B, Smith TC, for the Millennium Cohort Study Team. The Millennium Cohort Study: a 21-year contribution to the understanding of military health. 26th Annual San Diego Epidemiology Research Exchange, 2 May 2008, San Diego, CA.

125. Welch KE, LeardMann CA, Jacobson IG, Speigle SJ, Smith B, Ryan MAK, Smith TC, for the Millennium Cohort Study Team. Do semiannual Ppstcards have value in a long-term study? Analysis of address updates after postcard contact. 26th Annual San Diego Epidemiology Research Exchange, 2 May 2008, San Diego, CA.
124. **Finalist in Operational Research Competition and 2nd Place Award for Research Commands.** Wong CA, Smith B, Smith TC, Ryan MAK, Boyko EJ, Gray GC, Gackstetter GD, for the Millennium Cohort Study Team. New-onset respiratory illness among military personnel deployed to Iraq and Afghanistan. 47th Navy Occupational Health and Preventive Medicine Conference, 14-20 Mar 2008, Hampton, VA.
123. **Awarded Best Environmental Programs Research Poster.** Jacobson IG, Sevick CJ, Smith TC, Gumbs GR, Conlin AMS, Ryan MAK, for the DoD Birth and Infant Health Registry Team. Health outcomes among infants born to women deployed in support of the wars in Iraq and Afghanistan. 47th Navy Occupational Health and Preventive Medicine Conference, 14-20 Mar 2008, Hampton, VA.
122. Welch KE, LeardMann CA, Jacobson IG, Speigle SJ, Smith B, Smith TC, Ryan MAK, for the Millennium Cohort Study Team. Do semiannual postcards have value in a long-term study? Analysis of address updates after postcard contact. 47th Navy Occupational Health and Preventive Medicine Conference, 14-20 Mar 2008, Hampton, VA.
121. **Awarded Best Health Promotion Research Poster.** Bukowinski AT, Ryan MAK, Sylmen DJ, Sevick CJ, Smith TC. Hemangiomas and associated birth defects among infants born to US military families. 47th Navy Occupational Health and Preventive Medicine Conference, 14-20 Mar 2008, Hampton, VA.
120. Jacobson IG, Sevick CJ, Smith TC, Gumbs GR, Conlin AMS, Ryan MAK. Health outcomes among infants born to women deployed in support of the wars in Iraq and Afghanistan. National Birth Defects Prevention Network Annual Meeting, 10-14 Feb 2008, Washington, D.C.
119. Gumbs GR, Conlin AM, Jacobson I, Sevick C, Snell KJ, Smith TC, Ryan MAK. Does smallpox vaccine impact the reproductive health of service members? Evaluations of infertility, adverse pregnancy outcomes, and birth defects. National Birth Defects Prevention Network Annual Meeting, 10-14 Feb 2008, Washington, D.C.
118. Bukowinski AT, Ryan MAK, Slymen DJ, Sevick C, Smith TC, for the DoD Birth and Infant Health Registry Team. Hemangiomas and their association with birth defects among infants born to US military families. National Birth Defects Prevention Network Annual Meeting, 10-14 Feb 2008, Washington, D.C.
117. Welch KE, Webb D, Leard CA, Jacobson IG, Smith B, Smith TC, Ryan MAK. Do semi-annual postcards have value in a long-term study? Analysis of address updates after postcard contact in the Millennium Cohort Study. 10th Annual Force Health Protection Conference, 7-10 Aug 2007, Louisville, KY.
116. Leleu T, Jacobson IG, Leard CA, Smith B, Smith TC, Amoroso PJ, Ryan MAK, for the Millennium Cohort Study Team. Evaluating responses to open-ended questionnaire fields using latent semantic analysis. 10th Annual Force Health Protection Conference, 4-10 Aug 2007, Louisville, KY.
115. Wells TS, Jacobson IG, Leard CA, Smith B, Reed RJ, Smith TC, Ryan MAK, for the Millennium Cohort Study Team. Hospitalizations and self-reported health following smallpox vaccination. 10th Annual Force Health Protection Conference, 4-10 Aug 2007,

- Louisville, KY.
114. Smith TC, for the Millennium Cohort Study Team. Prior assault increases the likelihood of new-onset PTSD after combat deployment. 10th Annual Force Health Protection Conference, 7-10 Aug 2007, Louisville, KY.
 113. Smith TC, for the Millennium Cohort Study Team. PTSD: New onset and persistent symptoms after deployment and combat exposures in the Millennium Cohort. 10th Annual Force Health Protection Conference, 7-10 Aug 2007, Louisville, KY.
 112. Bukowinski AT, Ryan MAK, Slymen DJ, Sevick, C, Smith TC. Hemangiomas and their association with birth defects among infants born to US military families. 10th Annual Force Health Protection Conference, 7-10 Aug 2007, Louisville, KY.
 111. Gumbs GR, Conlin AMS, Jacobson I, Sevick C, Snell KJ, Smith TC, Ryan MAK, for the DoD Birth and Infant Health Registry Team. Does smallpox vaccine impact the reproductive health of service members? Evaluations of infertility, adverse pregnancy outcomes, and birth defects. 10th Annual Force Health Protection Conference, 7-10 Aug 2007, Louisville, KY.
 110. Leard CA, Smith B, Smith TC, Wells TS, Ryan MAK, for the Millennium Cohort Study Team. Smallpox vaccination among Millennium Cohort participants: comparison of self-reported and electronic vaccine records. 46th Navy Occupational Health and Preventive Medicine Conference, 17-22 Mar 2007, Hampton, VA.
***Awarded Best Occupational Health Informational Poster**
 109. Jacobson IG, Leard CA, Smith B, Smith TC, Ryan MAK, for the Millennium Cohort Study Team. Hospitalizations among service members returning from deployment in support of the Global War on Terrorism. 46th Navy Occupational Health and Preventive Medicine Conference, 17-22 Mar 2007, Hampton, VA.
***Awarded Best Occupational Health Research Poster**
***First Place, Operational Research Competition**
 108. Jacobson IG, Smith TC, Smith B, Amoroso PJ, Wells TS, Bathalon GP, Keel, PK, Ryan MAK, for the Millennium Cohort Study Team. Disordered eating and weight changes after deployment in support of the Global War on Terrorism. 46th Navy Occupational Health and Preventive Medicine Conference, 17-22 Mar 2007, Hampton, VA.
 107. Jacobson IG, Ryan MAK, Smith TC, Bell NS, Amoroso PJ, Hooper TI, Wells TS, Boyko EJ, Gackstetter GD, Blazer DG, for the Millennium Cohort Study Team. How did deployment in support of the Global War on Terrorism impact alcohol use and alcohol-related problems in a large military cohort? 46th Navy Occupational Health and Preventive Medicine Conference, 17-22 Mar 2007, Hampton, VA.
***Awarded Best Health Promotion Informational Poster**
 106. Ryan MAK, Smith TC, Honner WK, Sevick C, Chu LK, Gumbs G, Heller JM. Birth defects among infants born 1998-2003 to men and women serving in the US Military during the 1990-1991 Gulf War era. 46th Navy Occupational Health and Preventive Medicine Conference, 17-22 Mar 2007, Hampton, VA.
***Awarded Best Environmental Programs Research Poster**
***Second Place, Operational Research Competition**
 105. Ryan MAK, Smith TC, Smith B, Amoroso PJ, Boyko EJ, Gray GC, Gackstetter GD, Riddle JR, Wells TS, Chu LK, Gumbs G, Jacobson IG, Leard CA, Hooper TI. Workshop Session 1, Enrollment in the Millennium Cohort: the beginning of a 21-year contribution to the understanding of military health. 9th Annual Force Health Protection Conference,

- August 8-11 2006, Albuquerque, NM.
104. Ryan MAK, Smith TC, Smith B, Amoroso PJ, Boyko EJ, Gray GC, Gackstetter GD, Riddle JR, Wells TS, Chu LK, Gumbs G, Jacobson IG, Leard CA, Hooper TI. Workshop Session 2, Investigations of data validation and potential response bias in the Millennium Cohort. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
 103. Ryan MAK, Smith TC, Smith B, Amoroso PJ, Boyko EJ, Gray GC, Gackstetter GD, Riddle JR, Wells TS, Chu LK, Gumbs G, Jacobson IG, Leard CA, Hooper TI. Workshop Session 3, Mental health studies within the Millennium Cohort. 9th Annual Force Health Protection Conference, 6-11 Aug 2006, Albuquerque, NM.
 102. Ryan MAK, Smith TC, Smith B, Amoroso PJ, Boyko EJ, Gray GC, Gackstetter GD, Riddle JR, Wells TS, Chu LK, Gumbs G, Jacobson IG, Leard CA, Hooper TI. Workshop Session 4, Longitudinal investigation of the health of Millennium Cohort participants supporting OIF/OEF. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
 101. Ryan MAK, Smith TC, Smith B, Amoroso PJ, Boyko EJ, Gray GC, Gackstetter GD, Riddle JR, Wells TS, Chu LK, Gumbs G, Jacobson IG, Leard CA, Hooper TI. Workshop Session 5, Panel discussion of the Millennium Cohort Study. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
 100. Jacobson IG, Smith TC, Smith B, Amoroso PJ, Wells TS, Bathalon GP, Keel PK, Ryan MAK, for the Millennium Cohort Study Team. Disordered eating and weight changes after deployment in support of the Global War on Terror. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
***Awarded Best Research Poster.**
 102. Chu LK, Smith B, Smith TC, Boyko EJ, Gackstetter GD, Gray GC, Heller JM, Weese CB, Ryan MAK, for the Millennium Cohort Study Team. Respiratory illness in OIF/OEF deployers of the Millennium Cohort Study. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
 99. Jacobson IG, Smith TC, Smith B, Hooper TI, Ryan MAK, for the Millennium Cohort Study Team. The occupational role of women in military service: validation of occupation and prevalence of exposures in the Millennium Cohort Study. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
 98. Chu LK, Smith B, Smith TC, Amoroso PJ, Boyko EJ, Gackstetter GD, Hooper TI, Ryan MAK, for the Millennium Cohort Study Team. Comparison of self-reported medical conditions and electronic medical records among members of the Millennium Cohort. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
 97. Leard CA, Smith B, Smith TC, Reed RJ, Ryan MAK, for the Millennium Cohort Study Team. Anthrax vaccination among Millennium Cohort participants: validation and measures of health. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
 96. Wells, TS, Jacobsen IG, Spooner CN, Smith TC, Smith B, Reed RJ, Amoroso PJ, Ryan MAK, for the Millennium Cohort Study Team. Prior health as a determinant to enrollment in a twenty-one year prospective study: the Millennium Cohort Study. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
 95. Leleu TD, Chu LK, Jacobsen IG, Leard CA, Smith B, Smith TC, Amoroso PJ, Ryan MAK, for the Millennium Cohort Study Team. Application of latent semantic analysis on

- open-ended responses from the Millennium Cohort Study. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
94. Ryan MAK, Honner WK, Sevick CJ, Spooner CN, Smith TC, Reed RJ, Rubin JK, Chu LK, Snell KL, Conlin AM. Birth defects and other health outcomes among infants born to US military families: The Department of Defense Birth and Infant Health Registry. 9th Annual Force Health Protection Conference, August 8-11 2006, Albuquerque, NM.
 93. Smith TC, Wingard DL, Smith B, Kritz-Silverstein D, Barrett-Connor EL. Walking and all-cause, coronary heart disease, and cardiovascular disease mortality in older adults with and without diabetes. **Am J Epidemiol, 2006;163(11):S180.**
 92. Smith B, Wingard DL, Smith TC, Kritz-Silverstein D, Barrett-Connor EL. Does coffee consumption reduce the risk of developing type 2 diabetes. **Am J Epidemiol, 2006;163(11):S180.**
 91. Leard CA, Smith B, Smith TC, Reed RJ, Ryan MAK, and the Millennium Cohort Study Team. Comparison of self-reported anthrax vaccination and electronic vaccine records. 24th Annual San Diego Epidemiology Research Exchange, April 27, 2006, San Diego, CA. **Selected for oral presentation.**
 90. Jacobson IG, Smith TC, Smith B, Hooper TI, Ryan MAK, and the Millennium Cohort Study Team. Unique occupational exposures among women in a large military cohort. 24th Annual San Diego Epidemiology Research Exchange, April 27, 2006, San Diego, CA. **Selected for oral presentation.**
 89. Chu LK, Smith B, Smith TC, Amoroso PJ, Boyko EJ, Gackstetter GD, Hooper TI, Ryan MAK, and the Millennium Cohort Study Team. Comparison of self-reported medical conditions and electronic medical records among members of the Millennium Cohort. 24th Annual San Diego Epidemiology Research Exchange, April 27, 2006, San Diego, CA.
 88. Leard CA, Smith B, Smith TC, Reed RJ, Ryan MAK, and the Millennium Cohort Study Team. Comparison of self-reported anthrax vaccination and electronic vaccine records. 45th Navy Occupational Health and Preventive Medicine Workshop, 18-24 Mar 2006, Hampton, VA.
***Finalist in Operational Research Competition, and 2nd Place Award for Research Commands.**
 87. Jacobson IG, Smith TC, Smith B, Hooper TI, Ryan MAK, and the Millennium Cohort Study Team. Unique occupational exposures among women in a large military cohort. 45th Navy Occupational Health and Preventive Medicine Workshop, 18-24 Mar 2006, Hampton, VA.
***Awarded Best Occupational Health Research Poster.**
 86. Chu LK, Smith B, Smith TC, Amoroso PJ, Boyko EJ, Gackstetter GD, Hooper TI, Ryan MAK, and the Millennium Cohort Study Team. Comparison of self-reported medical conditions and electronic medical records among members of the Millennium Cohort. 45th Navy Occupational Health and Preventive Medicine Workshop, 18-24 Mar 2006, Hampton, VA.
***Awarded Best Occupational Health Information Poster.**
 85. Conlin AMS, Honner WK, Spooner CN, Hansen CJ, Sevick CJ, Smith TC, Reed RJ, Rubin JK, Stiegman VKD, Strickler JK, Ryan MAK. Maternal SSRI medication use in pregnancy: assessing the risk of birth defects using military pharmacy data. The 9th Annual National Birth Defects Prevention Network Meeting, 30 Jan – 01 Feb 2006,

- Arlington, VA.
84. Honner WK, Sevick CJ, Spooner CN, Conlin AMS, Reed RJ, Smith TC, Rubin JK, Stiegman VKD, Strickler JK, Ryan MAK. Infants with birth defects born to US military families, 1998-2003: the Department of Defense Birth and Infant Health Registry. The 9th Annual National Birth Defects Prevention Network Meeting, 30 Jan – 01 Feb 2006, Arlington, VA.
 83. Sevick CJ, Honner WK, Smith TC, Spooner CN, Conlin AMS, Reed RJ, Rubin JK, Stiegman VKD, Strickler JK, Ryan MAK. Prevalence of birth defects among infants born to military women with late-recognized pregnancies. The 9th Annual National Birth Defects Prevention Network Meeting, 30 Jan – 01 Feb 2006, Arlington, VA.
 82. Spooner CN, Ryan MAK, Smith TC, Honner WK, Reed RJ, Conlin AMS, Rubin JK, Sevick CJ, Stiegman VKD, Jacobson IG, Wells TS, and the Millennium Cohort Team. The influence of birth defects in children on parental response to health surveys: the Millennium Cohort Study. The 9th Annual National Birth Defects Prevention Network Meeting, 30 Jan – 01 Feb 2006, Arlington, VA.
 81. Gackstetter GD, Hooper TI, Al Qahtani MS, Smith TC, Memish ZA, Schlangen KM, Cruess DF, Barrett DH, Ryan MAK, Gray GC. Assessing the potential health impact of the 1991 Gulf War on Saudi Arabian National Guard soldiers. . 8th Force Health Protection Conference, 7-13 Aug 2005, Louisville, KY.
 80. Riddle JR, Smith TC (presenting), Smith B, Corbeil TE, Engel CC, Wells T, Hoge C, Adkins J, Zamorski M, Blazer D, for the Millennium Cohort Study Team. Prevalence of mental health morbidity in the US military: the baseline mental health of the Millennium Cohort. 8th Force Health Protection Conference, 7-13 Aug 2005, Louisville, KY.
 79. Smith B, Smith TC, Corbeil TE, Gray GC, Ryan MAK, for the Millennium Cohort Study Team. When epidemiology meets the Internet: Web-based surveys. 8th Force Health Protection Conference, 7-13 Aug 2005, Louisville, KY.
 78. Gackstetter G, Ryan MAK. Smith TC, Smith B, Amoroso PJ, Boyko E, Gray GC, Hooper T, Riddle JR, for the Millennium Cohort Study Team. The Millennium Cohort Study: enrollment in a 21-year contribution to the understanding of military health. 8th Force Health Protection Conference, 7-13 Aug 2005, Louisville, KY.
 77. Wells T, Smith TC, Smith B, Wang LZ, Goldfinger WE, Hansen CJ, Reed RJ, Corbeil TE, Spooner CN, Ryan MAK. Mefloquine use and hospitalizations among US Service members, 2002-2003. 23rd Annual San Diego Epidemiology Research Exchange, May 6, 2005, San Diego, CA.
 76. Smith B, Smith TC, Corbeil TE, Gray GC, Ryan MAK, for the Millennium Cohort Study Team. When epidemiology meets the Internet: Web-based questionnaires. USUHS Research Day, May 19, 2005, Bethesda, MD.
 75. Riddle JR, Smith TC (presenting), Smith B, Corbeil TE, Engel CC, Wells T, Hoge C, Adkins J, Zamorski M, Blazer D, for the Millennium Cohort Study Team. Health effects of military service: the mental health of the Millennium Cohort. USUHS Research Day, May 19, 2005, Bethesda, MD.
 74. Gackstetter GD, Hooper TI, Al Qahtani MS, Smith TC, Memish ZA, Schlangen KM, Cruess DF, Barrett DH, Ryan MAK, Gray GC. Assessing the potential health impact of the 1991 Gulf War on Saudi Arabian National Guard soldiers. USUHS Research Day, May 19, 2005, Bethesda, MD.
 73. Ryan MAK, Smith TC, Smith B, Corbeil TE, Wells TS, Gumbs G, Riddle JR, Hooper T,

- Gackstetter G, Boyko E, Amoroso P, Gray G. The Millennium Cohort Study: enrollment in a 21-year contribution to the understanding of military health. USUHS Research Day, May 19, 2005, Bethesda, MD.
72. Goldfinger WE, Wells T, Smith TC, Smith B, Wang LZ, Hansen CJ (presenting), Reed RJ, Corbeil TE, Spooner CN, Ryan MAK. Mefloquine use and hospitalizations among US service members, 2002-2003. 23rd Annual San Diego Epidemiology Research Exchange, May 6, 2005, San Diego, CA.
71. Riddle JR, Smith TC, Smith B, Corbeil TE, Engel CC, Wells T, Hoge C, Adkins J, Zamorski M, Blazer D, for the Millennium Cohort Study Team. Health effects of military service: the mental health of the Millennium Cohort. 23rd Annual San Diego Epidemiology Research Exchange, May 6, 2005, San Diego, CA.
70. Spooner CN, Wang LZ, Wells TS, Smith TC, Lindstrom KE, Smith B, Reed RJ, Goldfinger WE, Ryan MAK. The mental health of women in US military combat support occupations. 23rd Annual San Diego Epidemiology Research Exchange, May 6, 2005, San Diego, CA.
69. Hansen CJ, Ryan MAK, Smith TC, Young SYN. Homeschooling, health, and success in military basic training. 23rd Annual San Diego Epidemiology Research Exchange, May 6, 2005, San Diego, CA.
68. Smith B, Smith TC, Corbeil TE, Gray GC, Ryan MAK, for the Millennium Cohort Study Team. When epidemiology meets the Internet: Web-based questionnaires. 23rd Annual San Diego Epidemiology Research Exchange, May 6, 2005, San Diego, CA.
67. Reed RJ, Honner WK, Smith TC, Ryan MAK. Neoplasms among infants born to US military families 1998-2001. 44th Annual Navy Occupational Health and Preventive Medicine Workshop, 12-18 February 2005, Virginia Beach, VA.
***Awarded best environmental program research poster.**
66. Wells TS, Smith TC, Lindstrom KE, Wang LZ, Smith B, Reed RJ, Goldfinger WE, Ryan MAK. The mental health of US military women in combat support occupations. 44th Annual Navy Occupational Health and Preventive Medicine Workshop, 12-18 February 2005, Virginia Beach, VA.
***Awarded best occupational health research poster.**
65. Rudy-Goodness C, Honner WK, Conlin A, Chow S, Reed RJ, Smith TC, Steigman V, Strickler J, Ryan MAK. Seasonal trends in birth rates among US military families 1998-2001. 44th Annual Navy Occupational Health and Preventive Medicine Workshop, 12-18 February 2005, Virginia Beach, VA.
64. Smith TC, Smith B, Corbeil TE, Riddle JR, Ryan MAK. Self-reported mental health among US military personnel, prior and subsequent to the terrorist attacks of September 11, 2001. 7th Annual Force Health Protection, August 9-12, 2004, Albuquerque, NM.
63. Smith B, Smith TC, Ryan MAK, Gray GC. A comparison of the post-deployment hospitalization experience of US military personnel following service in the Gulf War, Southwest Asia after the Gulf War, and Bosnia. 7th Annual Force Health Protection, August 9-12, 2004, Albuquerque, NM.
62. Ryan MAK, Honner WK, Smith TC, Reed RJ. Neoplasms in infants born to active duty military families. 7th Annual Force Health Protection, August 9-12, 2004, Albuquerque, NM.
61. Corbeil TE, Smith TC, Smith B, Ryan MAK. Internal consistency, stability, and concordance-measuring reliability of the Millennium Cohort-Study questionnaire. 7th

- Annual Force Health Protection, August 9-12, 2004, Albuquerque, NM.
60. Wells T, Smith TC, Sato PA, Reed RJ, Wang L, Ryan MAK. DoD-wide medical surveillance for potential long-term adverse events associated with anthrax immunization: hospitalizations. 7th Annual Force Health Protection, August 9-12, 2004, Albuquerque, NM.
 59. Hansen CJ, Ryan MAK, Smith TC, Young S. Homeschooling among young men prior to Marine Corps basic training. 7th Annual Force Health Protection, August 9-12, 2004, Albuquerque, NM.
 58. Smith TC, Smith B, Corbeil TE, Riddle JR, Ryan MAK. Self-reported mental health among US military personnel, prior and subsequent to the terrorist attacks of September 11, 2001. 22nd Annual San Diego Epidemiology Research Exchange, May 7, 2004, San Diego, CA.
 57. Smith TC, Wingard DL, Barrett-Connor EL. Does walking reduce all-cause, coronary heart disease, or cardiovascular disease mortality more strongly in persons with vs. without diabetes? 22nd Annual San Diego Epidemiology Research Exchange, May 7, 2004, San Diego, CA.
 56. Stiegman V, Aran R, Honner WK, Reed RJ, Smith TC, Campbell K, Chow S, Conlin A, Ryan MAK. The Department of Defense Birth and Infant Health Registry. 22nd Annual San Diego Epidemiology Research Exchange, May 7, 2004, San Diego, CA.
 55. Smith TC, Smith B, Corbeil TE, Riddle JR, Ryan MAK. Self-reported mental health among US military personnel, prior and subsequent to the terrorist attacks of September 11, 2001. 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, 18-26 March 2004, Virginia Beach, VA.
 54. Chretien JP, Smith TC, Smith B, Corbeil TE, Young S, Ryan MAK. An evaluation of early response bias in the Millennium Cohort. 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, 18-26 March 2004, Virginia Beach, VA.
***Awarded best research and development research poster.**
 53. Gumbs G, Clark S, Corbeil T, Hume S, Jackson S, Martin N, Reed R, Smith B, Smith TC, Speigle S, Wells T, Whitmer J, Young S, Ryan M. The Millennium Cohort Study. 43rd Annual Navy Occupational and Preventive Medicine Workshop, 20-26 Mar 2004, Chesapeake, VA.
***Awarded best research and development information poster.**
 52. Aran R, Honner WK, Reed RJ, Smith TC, Campbell K, Chow S, Conlin A, Ryan MAK. The Department of Defense Birth and Infant Health Registry. 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, 18-26 March 2004, Virginia Beach, VA.
***Awarded best occupational health information poster.**
 51. Reed RJ, Smith TC, Kaiser KC, Ryan MAK, Gray GC. The Seabee Health Survey post-war hospitalizations among active duty Gulf-War era Seabees. 43rd Annual Navy Occupational Health and Preventive Medicine Workshop, 18-26 March 2004, Virginia Beach, VA.
***Awarded best occupational health research poster.**
 50. Jimenez D, Smith TC, Smith B, Gray GC, Hooper T, Heller J, Dalager N, Kang, H, Gackstetter G, Ryan MAK, MD. The postwar hospitalization experience of Gulf War veterans participating in health registries. 6th Annual Force Health Protection Conference, Aug 11-17, 2003, Albuquerque NM.

49. Corbeil TE, Smith TC, Ryan MAK, Heller JM, Gray GC. In-theater hospitalizations of US personnel during the Gulf War. 6th Annual Force Health Protection Conference, Aug 11-17, 2003, Albuquerque NM.
48. Aran R, Campbell K, Chow S, Conlin A, Honner W, Reed R, Smith T, Strickler J, Ryan M. The DoD Birth and Infant Health Registry. 7th Annual Meeting of the National Birth Defects Prevention Network, January 21-23, 2004, Salt Lake City, UT
47. Russell KL, Hansen CJ, Smith TC, Neville JS, Ryan MAK. Asthma hospitalization among military personnel – US Department of Defense hospitalization data examined, 1990-2000. 2003 Epidemiology Research Exchange Conference, April 25, 2003, San Diego CA.
46. Honner WK, Reed RJ, Aran R, Campbell K, Alexander B, Smith TC, Ryan MAK. Birth defects among women serving in the United States military, 1998-1999. 2003 Epidemiology Research Exchange Conference, April 25, 2003, San Diego CA.
45. Jimenez DL, Smith TC, Smith B, Gray GC, Hooper TI, Heller JM, Dalager NA, Kang HK, Gackstetter GD, Ryan MAK. The postwar hospitalization experience of Gulf War veterans participating in health registries. 2003 Epidemiology Research Exchange Conference, April 25, 2003, San Diego CA.
44. Reed RJ, Kaiser KS, Smith TC, Ryan MAK, Gray GC. The Seabee Health Study: Department of Defense hospitalizations among active duty Gulf War era Seabees. 2003 Epidemiology Research Exchange Conference, April 25, 2003, San Diego CA.
43. Corbeil TE, Smith TC, Ryan MAK, Heller JM, Gray GC. In-theater hospitalizations of US personnel during the Gulf War. 2003 Epidemiology Research Exchange Conference, April 25, 2003, San Diego CA.
42. Russell KL, Hansen CJ, Smith TC, Neville JS, Krauss MR, Ryan MAK. Asthma hospitalization trends in the Department of Defense, 1990-2000. Prevention 2003, February 2003, San Diego, CA.
41. Ryan MAK, Honner WK, Aran R, Reed RJ, Smith TC, Kaufman SA, Hooper TI. Birth defects among children of women serving in the US military. 8th Annual Maternal and Child Health Epidemiology Conference, 11-13 Dec 2002, Clearwater Beach, FL.
40. Hansen CJ, Smith TC, Neville JS, Ryan MAK, Russell KL. Adjusted annual prevalence of hospitalizations for asthma among active duty military personnel, 1990-2000. 2002 Epidemiology Research Exchange Conference, 3 May 2002, San Diego CA.
39. Campbell K, Gumbs G, Smith TC, Smith B, Reed RJ, Ryan MAK. Complementary and alternative medicine use among Navy and Marine Corps service members. 2nd Annual DoD Population Health and Health Promotion Conference, Aug 12-16, 2002, Baltimore, MD.
38. Kaufman SA, Honner WK, Reed RJ, Smith TC, Aran R, King JC, Hooper TI, Ryan MAK. Quality of data in the Department of Defense Birth and Infant Health Registry. 42nd Annual Navy Occupational Health and Preventive Medicine Workshop, 14-22 March 2002, Virginia Beach, VA.
37. Reed RJ, Smith TC, Kaiser KS, Gastañaga VM, Gray GC. The Seabee Health Survey, self-reported symptoms and medical conditions among 11,868 Gulf War era veterans. 42nd Annual Navy Occupational Health and Preventive Medicine Workshop, 14-22 March 2002, Virginia Beach, VA.
***Awarded best environmental health research poster.**
36. Hansen CJ, Smith TC, Neville JS, Ryan MAK, Russell KL. Adjusted annual prevalence

- of hospitalizations for asthma among active duty military personnel, 1990-2000. 42nd Annual Navy Occupational Health and Preventive Medicine Workshop, 14-22 March 2002, Virginia Beach, VA.
35. Whitmer JR, for the Millennium Cohort Study Team. Methods for mail cost control in a mass mailed survey instrument. 42nd Annual Navy Occupational Health and Preventive Medicine Workshop, 14-22 March 2002, Virginia Beach, VA.
 34. Aran R, Honner WK, Reed RJ, Smith TC, Kaufman SA, King JC, Hooper TI, Ryan MAK. Cardiac birth defects evaluated in the Department of Defense Birth and Infant Health Registry. 42nd Annual Navy Occupational Health and Preventive Medicine Workshop, 14-22 March 2002, Virginia Beach, VA.
 33. Gumbs GR, Smith TC, Reed RJ, Whitmer JR, Gray GC. The use of complementary and alternative medicine among active-duty Navy and Marine Corps personnel. 2001 San Diego Epidemiology Research Exchange, May 11, 2001, San Diego, CA.
 32. Smith B, Schlangen K, Smith TC, Ryan MAK, Gray GC for the Millennium Cohort Team. Do survey incentives really encourage participation? A study of incentives within the Millennium Cohort Study. San Diego Epidemiology Exchange, 11 May 2001, San Diego, CA.
 31. Smith B, Gackstetter GD, Hooper TI, and the Millennium Cohort Study Team. When epidemiology meets the Internet: Web based surveys. The USUHS Faculty Senate Research Day and Eighth Annual Graduate Student Colloquium: Emerging Research Technologies, 10-11 April 2001, Bethesda, MD.
 30. Reed RJ, the Millennium Cohort Study Team. The Millennium Cohort Study. Recruit Healthcare Symposium, 17-20 April 2001, San Antonio, TX.
 29. Smith B, Schlangen K, Smith TC, Ryan MAK, Gray GC for the Millennium Cohort Team. Do survey incentives really encourage participation? A study of incentives within the Millennium Cohort Study. San Diego Epidemiology Exchange, 11 May 2001, San Diego, CA.
 28. Schlangen K, Smith B, Smith TC, Ryan MAK, Gray GC for the Millennium Cohort Team. Do survey incentives really encourage participation? A study of incentives within the Millennium Cohort Study. 41st Annual Navy Occupational Health and Preventive Medicine Workshop, 12-17 May 2001, San Diego, CA.
 27. Smith B for the Millennium Cohort Study Team. When epidemiology meets the Internet: Web based surveys. 41st Annual Navy Occupational Health and Preventive Medicine Workshop, 12-17 May 2001, San Diego, CA.
 26. Chesbrough KB, Ryan MAK, Gray GC, and the Millennium Cohort Study Team. The Millennium Cohort Study. 41st Annual Navy Occupational Health and Preventive Medicine Workshop, 12-17 May 2001, San Diego, CA.
 25. Ryan MAK, Smith TC, Honner WK, Gray GC. Varicella susceptibility and vaccine use among young adults enlisting in the United States Navy. Fourth International Conference on Varicella, Herpes Zoster and PHN, March 3, 2001, San Diego, CA.
 24. Smith TC, Heller JM, Hooper TI, Gackstetter GD, Gray GC. The postwar hospitalization experience among Gulf War veterans exposed to Kuwaiti oil well fire smoke. Conference on Illnesses among Gulf War Veterans: A Decade of Scientific Research January 24-26, 2001, Alexandria, Virginia.
 23. Smith B, Smith TC, Gray GC, Ryan MA. Hospitalization experience of personnel deployed to the Gulf War, Southwest Asia after the Gulf War, and Bosnia. Conference on

- Illnesses among Gulf War Veterans: A Decade of Scientific Research January 24-26, 2001, Alexandria, Virginia.
22. Sato PA, Smith TC, Reed RJ, Wang L, Pittman PR. DoD-wide surveillance for ill-health requiring hospitalization potentially associated with anthrax immunization: 1998 data. Conference on Illnesses among Gulf War Veterans: A Decade of Scientific Research, 24-26 January 2001, Alexandria, Virginia.
***Awarded best research and development research poster.**
 21. Ryan MA, Honner WK, Reed RJ, Smith TC, Kaufman SA, King JC, Gray GC. The value of active case validation in the Department of Defense Birth Defects Registry. National Birth Defects Prevention Network: Fourth Annual Meeting: Advances and Opportunities for Birth Defects Surveillance, Research, & Prevention. 29-31 January 2001, San Antonio, Texas.
 20. Ryan MA, Honner WK, Reed R, Smith TC, Kaufman SA, McKeehan J, King J, Gray GC. The value of active case validation in the Department of Defense Birth Defects Registry. Conference on Illnesses among Gulf War Veterans: A Decade of Scientific Research, 24-26 January 2001, Alexandria, Virginia.
 19. Chesbrough KB, Riddle JR, Gackstetter GD, Amoroso PJ, Boyko EJ, Hooper TI, Ryan MA, Gray GC. The Millennium Cohort Study. Conference on Illnesses among Gulf War Veterans: A Decade of Scientific Research, 24-26 January 2001, Alexandria, Virginia.
 18. Honner WK, Smith TC, Reed RJ, Ryan MA, Gray GC. Department of Defense Birth Defects Registry: Methodological considerations. Conference on Illnesses among Gulf War Veterans: A Decade of Scientific Research, 24-26 January 2001, Alexandria, Virginia.
 17. Honner WK, Smith TC, Reed RJ, Ryan MA, Gray GC. Department of Defense Birth Defects Registry: Methodological considerations. National Birth Defects Prevention Network: Fourth Annual Meeting: Advances and Opportunities for Birth Defects Surveillance, Research, & Prevention, 29-31 January 2001, San Antonio, Texas.
 16. Knoke JD, Smith TC, Gray GC, Kaiser KS, Hawksworth AW. Factor analysis of self-reported symptoms: Does it identify a Gulf War syndrome? Conference on Illnesses among Gulf War Veterans: A Decade of Scientific Research, 24-26 January 2001, Alexandria, Virginia.
 15. Kisor MA, Bush RA, Smith TC, Honner WK, Gray GC. Department of Defense Birth Defects Registry Report for the period: January 1, 1999 through June 30, 1999. 2000 San Diego Biostatistics and Epidemiology Research Exchange, La Jolla, CA.
 14. Bush RA, Smith TC; Honner WK, Gray GC. Surveillance of Birth Defects among US Department of Defense families. 3rd Annual Meeting of the Birth Defects Prevention Network, New Orleans, LA, Jan 31-Feb 2, 2000.
 13. Sato PA, Smith TC, Gastanaga V, Reed R, Wang L, Halsey N, Jones K, Murphy B, Pittman P, Gray GC. Anthrax immunization: surveillance studies for potential long-term adverse events. 40th Navy Occupational and Preventive Medicine Workshop, 29 Jan - 04 Feb 2000, Norfolk, VA
 12. Bush R, Smith T, Honner W, Gray GC. Surveillance of birth defects among US DoD beneficiaries: report of a feasibility study. Conference on Federally Sponsored Gulf War Veterans' Illnesses Research, June 23-25, 1999, Crystal City, Virginia.
 11. Gray GC, Smith TC, Knoke JD, Heller JM. Hospitalization risk after possible exposure to Iraqi chemical munitions destruction during the Persian Gulf War. Conference on

- Federally Sponsored Gulf War Veterans' Illnesses Research, June 17-19, 1998, Arlington, Virginia.
10. Knoke JD, Smith TC, Gray GC, Kaiser KS, Hawksworth AW. Factor analysis of self-reported symptoms. Does it identify a Gulf War syndrome? Conference on Federally Sponsored Gulf War Veterans' Illnesses Research, June 17-19, 1998, Arlington, Virginia.
 9. Knoke JD, Smith TC, Gray GC, Kaiser KS, Hawksworth AW. Lack of association between testicular cancer and Persian Gulf war service. Conference on Federally Sponsored Gulf War Veterans' Illnesses Research, June 17-19, 1998, Arlington, Virginia.
 8. Smith TC, Gray GC, Knoke JD. The postwar nonfederal hospitalization experience of U.S. veterans of the Persian Gulf War. Conference on Federally Sponsored Gulf War Veterans' Illnesses Research, June 17-19, 1998, Arlington, Virginia.
 7. Smith TC, Gray GC, Knoke JD. Hospitalization risk of Gulf War veterans for lupus erythematosus, amyotrophic lateral sclerosis, and fibromyalgia. Conference on Federally Sponsored Gulf War Veterans' Illnesses Research, June 17-19, 1998, Arlington, Virginia.
 6. Smith TC, Gray GC, Knoke JD, Heller JM. The postwar hospitalization experience of Gulf War veterans possibly exposed to the chemical munitions destruction at Khamisiyah, Iraq. 39th Annual Navy Occupational and Preventive Medicine Workshop, March 28-April 3, 1998, San Diego, CA.
 5. Gray GC, Smith TC, Hawksworth AW, Knoke JD. Hospitalization risk after possible exposure to Iraqi chemical munitions destruction during the Persian Gulf War. APHA 125th Annual Meeting and Exposition, November 9-13, 1997, Indianapolis, IN.
 4. Gray GC, Hawksworth AW, Smith TC, Knoke JD, Kang H, Gackstetter G. Demographic characteristics associated with participation in Persian Gulf War registries. APHA 125th Annual Meeting and Exposition, November 9-13, 1997, Indianapolis, IN.
 3. Hawksworth AW, Smith TC, Knoke JD, Gray GC. Characteristics associated with participation in Persian Gulf health registries. San Diego Biostatistics and Epidemiology Research Exchange, May 1997, La Jolla, CA.
 2. Hawksworth AW, Smith TC, Knoke JD, Gray GC. Risk factors associated with participation in Persian Gulf health registries. 38th Navy Occupational Health and Preventive Medicine Workshop, March 1997, Virginia Beach, VA.

1. Smith TC, Hawksworth AW, Knoke JD, Gray GC. Does possible exposure to the destruction of Iraqi chemical munitions increase the likelihood of post war hospitalizations? 38th Navy Occupational Health and Preventive Medicine Workshop, March 1997, Virginia Beach, VA.

SCHOOL OF HEALTH AND HUMAN SERVICES

NATIONAL UNIVERSITY

The University of Values

- CONVENIENT LOCATIONS
- ONE COURSE PER MONTH
- EVENING CLASSES
- ON CAMPUS AND ONLINE
- NONPROFIT UNIVERSITY



NOW ENROLLING!

Earn your Master of Public Health degree at National University

WHO SHOULD ENROLL?

You will benefit from this program if you:

- Want to advance to a position of leadership in the public health field
- Are seeking to transition to public health from another profession
- Want to make a difference in your community

MASTER OF PUBLIC HEALTH WITH A SPECIALIZATION IN HEALTH PROMOTION

Be a Leader in Public Health

Are you looking for a competitive edge in employment over other health professionals? Looking to advance your career in public health or transition into public health from another profession? Looking to join the ranks of public health educators who make a difference?

National University's Master of Public Health (MPH) degree with a specialization in Health Promotion prepares you for leadership positions in health promotion and disease prevention. The MPH program emphasizes the application of broad-based, state-of-the-art quantitative and qualitative skills needed for planning, implementing and evaluating community health

programs. Special attention is given to enhancement of communication skills needed to work with diverse populations.

Through carefully planned internships and a multidisciplinary team based capstone experience, the MPH program enhances your opportunities for professional growth and job placement in the public health sector at all levels – local, state, federal and global.

Contact an Admissions Advisor today

Learn more! Call or visit **800.NAT.UNIV**
www.nu.edu

800.NAT.UNIV | www.nu.edu

Accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC); the Commission on Collegiate Nursing Education (CCNE) for the Bachelor of Science in Nursing Program; the International Assembly for Collegiate Business Education (IACBE) for the School of Business and Management; and approved by the Commission on Teacher Credentialing (CTC). National University is nonprofit and does not discriminate in any of its policies or practices on the basis of race, ethnicity, religion, national origin, sex, disability, age, or veteran status.

■ MASTER OF PUBLIC HEALTH

Faculty Advisor: Gina Piane; gpiane@nu.edu; (858) 309-3474

The Master of Public Health (MPH) is a graduate professional degree designed to prepare students for leadership positions in health promotion and disease prevention. Public Health involves multidisciplinary and collaborative strategies for solving health related problems, including programs that serve the public sector at all levels—local, state, federal, and global. Faculty members have expertise and experience in public health promotion.

The MPH program emphasizes the application of broad-based, state-of-the-art quantitative and qualitative skills needed for problem-solving. Special attention is given to enhancement of communication skills needed to work with diverse populations. Ideal candidates for the MPH program are those students looking for career advancement within the public health sector; and those looking for career transition into public health from other health professions. Graduates will enhance their opportunities for professional growth and job placement through carefully planned internships and a multidisciplinary team-based capstone experience. The MPH program is an applicant for accreditation with the Council on Education in Public Health (CEPH).

In accordance with the competency guidelines established by the National Commission for Health Education Credentialing (NCHEC) and the Council on Education in Public Health (CEPH), the Master of Public Health program prepares graduates to master the following program learning outcomes.

Program Learning Outcomes

Upon successful completion of this program, students will be able to:

- Analyze and interpret health data.
- Describe the distribution and determinants of disease, disabilities and death in human populations
- Evaluate the environmental factors that affect the health of a community.
- Analyze the planning, organization, administration and policies of health care organizations.
- Apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Degree Requirements

(16 courses; 72 quarter units)

To receive an MPH degree, students must complete at least 72 quarter units of graduate work including the core MPH requirements and one area of specialization. A total of 13.5 quarter units of graduate credit may be granted for equivalent graduate work completed at another institution, as it applies to this degree and provided the units were not used in earning another advanced degree. Refer to the section on graduate admission requirements for specific information regarding application and evaluation.

Core Requirements

(11 courses, 49.5 quarter units)

HCA 600	U.S. Healthcare System
COH 601	Global Public Health
COH 602	Biostatistics
COH 603	Public Health Biology
COH 604	Theories of Health Behavior
COH 606	Epidemiology Prerequisite: COH 602
COH 608	Public Health and the Environm Prerequisite: COH 603
COH 611	Public Health Research Methods Prerequisite: COH 606
COH 612	Health Policy and Advocacy Prerequisite: COH 609

COH 691	Public Health Internship Prerequisite: HCA 600, COH 601, COH 602, COH 603, COH 604, COH 605, COH 606, COH 607, COH 608, COH 609, COH 610, COH 611, COH 612, COH 613, minimum of 120 hours of structured work experience in a public health organization under the direct supervision of one or more experienced public health educators.
COH 692	Public Health Capstone Prerequisite: COH 691

▲ Area of Specialization in Health Promotion

The specialization in Health Promotion will prepare MPH students for leadership positions in health promotion, health education and health enhancement. The program emphasizes the planning, implementation and evaluation of community-wide prevention programs.

Program Learning Outcomes

Upon successful completion of this program, students will be able to:

- Assess individual and community needs for health education.
- Plan health education strategies, interventions, and programs.
- Implement health education strategies, interventions, and programs.
- Conduct evaluation related to health education.
- Administer health education strategies and interventions.
- Serve as a health education resource person.
- Communicate and advocate for health and health education.
- Apply appropriate research principles and techniques in health education.
- Administer health education programs.
- Advance the profession of health education.

Specialization Requirements

(5 courses; 22.5 quarter units)

COH 605	Public Health Promotion Prerequisite: COH 604
COH 607	Public Health Program Develop Prerequisite: COH 605, COH 606
COH 609	Public Health Program Evaluati Prerequisite: COH 607
COH 618	Health Promotion Strategies
COH 613	Public Health Informatics Prerequisite: COH 606

SCHOOL OF HEALTH AND HUMAN SERVICES

NATIONAL UNIVERSITY

The University of Values

- CONVENIENT LOCATIONS
- ONE COURSE PER MONTH
- EVENING CLASSES
- ON CAMPUS AND ONLINE
- NONPROFIT UNIVERSITY



NOW ENROLLING!

Earn your Master of Public Health degree at National University

WHO SHOULD ENROLL?

You will benefit from this program if you:

- Want to advance to a position of leadership in the public mental health field
- Are seeking to transition to public mental health from another profession
- Want to make a difference in your community

800.NAT.UNIV | www.nu.edu

MASTER OF PUBLIC HEALTH WITH A SPECIALIZATION IN MENTAL HEALTH

Be a Leader in Public Health

Are you looking for a competitive edge in employment over other health professionals? Looking to advance your career in public health or transition into public health from another profession? Looking to join the ranks of public health educators who make a difference?

National University's Master of Public Health (MPH) degree with a specialization in Mental Health prepares you for leadership positions in mental health promotion programs and prevention of the significant behavioral health problems such as violence, addiction, and suicide. The MPH program emphasizes the application of broad-based, state-of-the-art quantitative

and qualitative skills needed for planning, implementing, and evaluating community mental health programs. Special attention is given to enhancement of communication skills needed to work with diverse populations.

Through carefully planned internships and a multidisciplinary team based capstone experience, the MPH program enhances your opportunities for professional growth and job placement in the public mental health sector at all levels – local, state, federal, and global.

Contact an Admissions Advisor today

Learn more! Call or visit **800.NAT.UNIV**
www.nu.edu

Accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC); the Commission on Collegiate Nursing Education (CCNE) for the Bachelor of Science in Nursing Program; the International Assembly for Collegiate Business Education (IACBE) for the School of Business and Management; and approved by the Commission on Teacher Credentialing (CTC). National University is nonprofit and does not discriminate in any of its policies or practices on the basis of race, ethnicity, religion, national origin, sex, disability, age, or veteran status.

■ MASTER OF PUBLIC HEALTH

Faculty Advisor: Gina Piane; gpiane@nu.edu; (858) 309-3474

The Master of Public Health (MPH) is a graduate professional degree designed to prepare students for leadership positions in health promotion and disease prevention. Public Health involves multidisciplinary and collaborative strategies for solving health related problems, including programs that serve the public sector at all levels—local, state, federal, and global. Faculty members have expertise and experience in public health promotion.

The MPH program emphasizes the application of broad-based, state-of-the-art quantitative and qualitative skills needed for problem-solving. Special attention is given to enhancement of communication skills needed to work with diverse populations. Ideal candidates for the MPH program are those students looking for career advancement within the public health sector; and those looking for career transition into public health from other health professions. Graduates will enhance their opportunities for professional growth and job placement through carefully planned internships and a multidisciplinary team-based capstone experience. The MPH program is an applicant for accreditation with the Council on Education in Public Health (CEPH).

In accordance with the competency guidelines established by the National Commission for Health Education Credentialing (NCHEC) and the Council on Education in Public Health (CEPH), the Master of Public Health program prepares graduates to master the following program learning outcomes.

Program Learning Outcomes

Upon successful completion of this program, students will be able to:

- Analyze and interpret health data.
- Describe the distribution and determinants of disease, disabilities and death in human populations
- Evaluate the environmental factors that affect the health of a community.
- Analyze the planning, organization, administration and policies of health care organizations.
- Apply the concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

Degree Requirements

(16 courses; 72 quarter units)

To receive an MPH degree, students must complete at least 72 quarter units of graduate work including the core MPH requirements and one area of specialization. A total of 13.5 quarter units of graduate credit may be granted for equivalent graduate work completed at another institution, as it applies to this degree and provided the units were not used in earning another advanced degree. Refer to the section on graduate admission requirements for specific information regarding application and evaluation.

Core Requirements

(11 courses, 49.5 quarter units)

HCA 600	U.S. Healthcare System
COH 601	Global Public Health
COH 602	Biostatistics
COH 603	Public Health Biology
COH 604	Theories of Health Behavior
COH 606	Epidemiology Prerequisite: COH 602
COH 608	Public Health and the Environm Prerequisite: COH 603
COH 611	Public Health Research Methods Prerequisite: COH 606
COH 612	Health Policy and Advocacy Prerequisite: COH 609

COH 691	Public Health Internship Prerequisite: HCA 600, COH 601, COH 602, COH 603, COH 604, COH 605, COH 606, COH 607, COH 608, COH 609, COH 610, COH 611, COH 612, COH 613, minimum of 120 hours of structured work experience in a public health organization under the direct supervision of one or more experienced public health educators.
COH 692	Public Health Capstone Prerequisite: COH 691

▲ Area of Specialization in Mental Health

Students in the specialization in Mental Health will be prepared for leadership positions in planning, implementing and evaluating community-wide prevention programs to enhance mental health.

Program Learning Outcomes

Upon successful completion of this program, students will be able to:

- Assess the social, political, and environmental context of mental health in relation to public health practice.
- Plan mental health interventions and programs.
- Plan the implementation of mental health programs.
- Conduct evaluations related to mental health.
- Relate fundamental principles of epidemiology to mental and substance abuse disorders.
- Apply appropriate research principles and techniques to mental health.
- Advocate for mental health in communities.

Specialization Requirements

(5 courses; 22.5 quarter units)

COH 614	Psychosocial Epidemiology Prerequisite: COH 606
COH 615	Program Planning
PSY 635	Childhood and Adolescence
HUB 641	Stages of Adult Development
HUB 639	Issues in Sexuality or PSY 642
PSY 642	Relational Violence or CHD 640
CHD 640	Treatment of Addictions



Survey Result Report
Office of Institutional Research and Assessment
January 10, 2013

General Information about the Survey

Title: Master of Public Health Alumni Survey
Purpose: To gather information from alumni related to their perceptions of the program.
Originator: Gina Piane

Data Collection

Population: All program completers in FY2012 and FY2013 to date.
Source: E-mail list provided by SOAR.
Instrument: 13-item survey
Distribution: Qualtrics

Response Rate

Distributed to: 15
Completed: 7
Response Rate: 46.66%

Suggestions for Use

This report is recommended for distribution to the following stakeholders:

- Dean, SHHS
- Department Chair
- Program Faculty

Summary

(PLEASE NOTE: All open-ended responses are reported as is and without corrections.)

Please tell us when you graduated.

Month of graduation	Year of graduation
July	2012
August	2011
July	2012
October	2011
May	2011
July	2011
February	2012

Please tell us which degree you graduated with.

#	Answer	Response	%
1	MPH without Specialization (2010 only)	1	14%
2	MPH with Health Promotion Specialization	5	71%
3	MPH with Mental Health Specialization	1	14%
4	MPH with Healthcare Administration Specialization	0	0%
	Total	7	100%

Did you sit for the CHES exam?

#	Answer	Response	%
1	Yes	1	14%
2	No	6	86%
	Total	7	100%

Are you certified?

#	Answer	Response	%
1	Yes	1	100%
2	No	0	0%
	Total	1	100%

Did you sit for the CPH exam?

#	Answer	Response	%
1	Yes	0	0%
2	No	7	100%
	Total	7	100%

Are you certified?

#	Answer	Response	%
1	Yes	0	0%
2	No	0	0%
	Total	0	0%

Current Employer (circle all that apply)

#	Answer	Response	%
1	Government	0	0%
2	Nonprofit	2	29%
3	Health Care	1	14%
4	Private Practice University/Research	1	14%
5	Proprietary	1	14%
6	Further Education	2	29%
7	Non-Health Related	0	0%
8	Not Employed	0	0%

Current Position Title:

Text Response
• Cytogenetic Technologist
• Research Associate
• Biopharmaceutical Manufacturing
• Graduate Research Assistant
• Community Health Coordinator
• Internship Coordinator - School of Health and Human Services

Have you applied for a doctorate program?

#	Answer		Response	%
1	Yes		2	29%
2	No		5	71%
	Total		7	100%

Were you accepted?

#	Answer		Response	%
1	Yes		2	100%
2	No		0	0%
	Total		2	100%

Did you begin a doctorate program?

#	Answer		Response	%
1	Yes		2	100%
2	No		0	0%
	Total		2	100%



What was the most valuable component of the MPH program?

#	Answer		Response	%
1	Interaction with Professors		2	29%
2	Cohort of Public Health Students		0	0%
3	Internship		2	29%
4	Capstone Project		1	14%
5	Course Assignments		0	0%
6	Other*		2	29%
	Total		7	100%

*Other

- Writing of Papers and Presentations
- Combination of the interaction with professors, course assignments, and capstone project

Would you recommend the National University MPH Program to others?

#	Answer		Response	%
1	Yes		6	86%
2	No		1	14%
	Total		7	100%