Heilbrunn Department of Population & Family Health
Doctoral Program Handbook
This Doctoral Program Handbook provides guidance for enrolled students, and faculty engaged in their advisement or supervision, on policies, processes and procedures for the Leadership in Global Health and Humanitarian Systems program.

The handbook is subject to revision.

*Photos courtesy of Lindsay Stark and Alastair Ager*
1. Program Objectives

The DrPH in Leadership in Global Health and Humanitarian Systems seeks to:

- Provide advanced public health research skills relevant to the specific contexts of developing countries and humanitarian crises;
- Reflect a practice-based focus by enabling deployment of these skills with regard to program measurement and evaluation;
- Emphasize critical, innovative thinking rooted in best practices and rigorous research;
- Equip students for advanced leadership and management roles reflecting a strong understanding of systems approaches;
- Strengthen cross-national connections and networks amongst faculty and a diverse student body; and
- Prepare students to advocate for sustainable public health goals within governments, non-governmental organizations and academic institutions.

The DrPH program is distinctive in both its focus and delivery. With regard to focus, the Heilbrunn Department of Population and Family Health (HDPFH) is home to a number of distinguished initiatives active in global health and humanitarian practice and research. Major programmatic initiatives such as Averting Maternal Death and Disability program (AMDD) and the Reproductive Health Access Information and Services in Emergencies program (RAISE) address women’s health in countries such as Colombia, Democratic Republic of Congo, Southern Sudan, Thailand, and Uganda. The Department also has significant engagement in operations research and demographic analysis supporting health systems development in Tanzania, Ghana, Rwanda and Nigeria through the ARCHES program, the Systems Improvement at District Hospitals and Regional Training of Emergency Care (sidHARTE) project and the Partnership for Reviving Routine Immunization Maternal Newborn and Child Health Initiative (PRRIN/ MNCH) in Northern Nigeria. The program in Forced Migration and Health (PFMH) focuses its work in humanitarian and post-conflict settings. Within the last five years PFMH has supported programs in Liberia, Sierra Leone, Cote D’Ivoire, Sudan (Darfur), South Sudan, Central African Republic, Rwanda, Democratic Republic of Congo and northern Uganda, with focused post-crisis work also in Nigeria and Kenya. Strong research and programmatic engagement has indicated to faculty the significant needs for capacity development in leadership and advanced public health research in these fields. Advanced doctoral training promises to assist significantly in the professionalization of these fields of work, bringing improved rigor and management informed by a systems-perspective to the sector.

In terms of delivery, the program has been designed to both enable opportunities for rich field-based learning and research, and to accommodate mid-career professionals whose study needs to exist side by side with continuing work obligations. During the first year of study students are required to be in residency at Columbia. Online resource materials are utilized throughout the first year of the program for the doctoral seminar, establishing a pattern of the class reviewing and annotating material in advance of group discussion. Students who successfully complete all academic requirements during year one of study are then eligible to work remotely during
their second and third years, enabling deep engagement in field practice and the topic of their dissertation. Online resources will continue as a key basis of learning during the second year of the program, maintaining a strong sense of a cohort across students based in the US and in a range of global locations.

2. Core Competencies

While addressing unique program objectives, the DrPH in Leadership in Global Health and Humanitarian Systems ensures that candidates acquire doctoral competencies reflecting the standards expected by the Association of Schools of Public Health (ASPH). Competencies emphasized by this research-focused program are listed with regard to the ASPH competency domains (Appendix 1).

Students, in completing coursework, practicum, examinations and dissertation requirements, will accumulate evidence regarding attainment of these competences. Appendix 2 provides a template for documentation with respect to specified competences. Such documentation is normally drafted in the second year of study, and finalized before submission of dissertation.

3. Faculty and Staff Roles

The HDPFH’s Associate Director of Academic Programs, Courtney Hooper, serves as the main administrative contacts for the program. They support the Department’s Director of Academic Programs, Dr. Neil Boothby, in his role as Director of the DrPH program. Policies of the DrPH program are determined by the HDPFH Doctoral Committee which comprises Dr. Helen de Pinho, Dr. Lindsay Stark, Dr. Cassie Landers, Dr. Therese McGinn, Dr. Mike Wessells, and Dr. Neil Boothby.

Students are assigned an Academic Advisor upon entry into the program. The Academic Advisor serves as a guide to the student with regards to his/her academic program and supports the development of an approved Personal Learning Plan (see next section).

The Dissertation Sponsor (main supervisor) provides key subject-area and/or methodological guidance to students with regards to their dissertation. The Dissertation Sponsor will normally be identified during the second year of study. The appointment of a Dissertation Sponsor is formalized by the Program Director and Department Chair after discussion with students, their Academic Advisor and other relevant faculty. It is not appropriate for a student his/herself to invite faculty to serve as their dissertation sponsor.

A student’s Academic Advisor may or may not serve in the capacity of Dissertation Sponsor. The roles of Academic Advisor and Dissertation Sponsor are distinctive. However, there is no barrier to an Academic Advisor being nominated as Dissertation Sponsor if he/she is willing and possesses relevant expertise.

Once the Dissertation Sponsor has been approved, other faculty (from HDPFH and beyond) will be identified for nomination as Dissertation Committee Members on the basis of subject-area and methodological expertise relevant to the proposed dissertation focus. These nominations are again presented to the Program Director and Department Chair for approval.
4. Curriculum Overview

Prerequisites
Columbia University’s Mailman School of Public Health, in line with the Council on Education in Public Health (CEPH), requires entering DrPH students to have completed, or to complete, coursework covering the five core areas of public health knowledge. These foundational courses include Biostatistics, Epidemiology, Environmental Health Sciences, Social and Behavioral Sciences, and Health Policy and Management. For students entering the doctoral program without an MPH or completion of these courses through an ASPH-accredited program there are five options to meet these requirements detailed below.

Course Substitution
Students who consider that prior coursework may potentially satisfy one or more of the five foundational courses required should contact the Graduate Assistant to the Director of Academic Programs and provide the 1) name of the course 2)a copy of the syllabus, and 3) documentation of the grade you received in that course. This will enable adjudication of potential substitution.

Waiver Examination of Core Classes
Many mid-career doctoral students enter with extensive knowledge in one or more of the foundational areas of public health study. Students who consider that their prior experience has provided adequate training in one or more of the five subject areas, may request to take a Waiver Examination for exemption from that subject requirement. To do so, please contact the Graduate Assistant to the Director of Academic Programs and provide a brief rationale for your request.

Completion of an ASPH-accredited Course
Core curriculum course requirements may be satisfied prior to matriculation through one of many ASPH-accredited programs. This option may be a cost-effective and flexible way to complete individual courses and can potentially be done through intensive sessions or online.

Components of MPH “Core” Curriculum
Students may enroll in one or more studios within the Columbia MPH “Core.” Studios meet for various lengths of time. Some are thirteen weeks in length and others eight. All Core lectures are recorded and available for review as a supplement to lectures, readings and, in some cases, discussion sections. Contact HDPFH’s Assistant Director of Academic Programs, Courtney Hooper, for more detailed information on the days of classes for various MPH Core studios.

Other MSPH Classes Meeting ASPH Core Requirements
Exceptionally, students may be able to access other MSPH classes that are made available to assist non-standard MPH candidates to meet ASPH core class requirements.

First Year
The first year provides a strong foundation in systems thinking, research methods and substantive areas of global health and humanitarian intervention. Students register for the doctoral seminar classes:

• Semester 1: Principles and Policy for Global Health & Humanitarian Systems 1 (1.5 credits)
Semester 2: Principles and Policy for Global Health & Humanitarian Systems 2 (1.5 credits)

and normally the following required classes:

Semester 1: Public Health and Humanitarian Action (3 credits)

Semester 2: Investigative Methods in Humanitarian Emergencies (3 credits)

Students then study for additional credits from classes available in Semester 1 or 2 (typically to attain 24 DrPH credits by the end of the first year). A Curriculum Worksheet is provided in June in advance of entry to assist in class selection. Students may review and preregister for desired classes classes during the first weeks of July and confirm or amend course schedules in the first of week of term. At the beginning of the academic year, students should also develop a planned program of study in consultation with their Academic Advisor, informed by their agreed Personal Learning Plan (see next section). A student’s final program of study is subject to approval by the Program Director.

Second Year

The second year provides structured opportunities to relate learning to work and other field-related contexts, while allowing students to develop a particular and more concentrated focus of study. Students should normally register for the doctoral DrPH seminar classes:

Semester 1: Global Health & Humanitarian Systems Leadership (1.5 credits)

Semester 2: Research Design and Management in Global Health (1.5 credits)

and the class,

Advanced Research Methods in Global Health (3 credits)

along with at least one other class from the course catalog provided at the start of the academic year.

Classes during the second year are designed to be accessible by students in residence in New York and by those engaging in preliminary research and work assignments in a range of global locations. In addition to listed HDPFH classes, students will, subject to approval, be able to access other classes relevant to their evolving thematic foci.

Tutorials

Students may use tutorials to fulfill up to six credits of their required coursework. Based on agreement between students, their Academic Advisor and the faculty member, a specific plan will be outlined for the specified tutorial. Such tutorials may be in residence or abroad, and will normally involve a structured program of communication, supervised reading and/or practical fieldwork and a writing assignment. (See the Tutorial Form in Appendix 3 of the Resource Annex).

5. Personal Learning Plan and Review

The Personal Learning Plan (see Appendix 4) documents key goals and objectives for the student’s research education during the taught and research elements of the DrPH program. The document is used to structured discussions between the doctoral student, his/her Academic Advisor and the Program Director. The Personal Learning Plan also serves as an on-
ongoing record of achievement through the course of the doctoral program.

Upon matriculation at the start of the program, doctoral students should record on the Personal Learning Plan a preliminary statement of goals and objectives for the first year of doctoral study (specifying thoughts regarding substantive areas of study and methodological/analytical skills to be developed), longer term objectives for leadership within the field of global health and humanitarian systems, and preliminary thinking regarding their potential focus of dissertation fieldwork during year three of the program. None of these statements are binding, but they form a basis for initial discussions with the Program Director and Academic Advisors. The Personal Learning Plan is then used as a tool for ongoing dialogue between a student, their Academic Advisor and the Director of the Academic Program.

Within six weeks of beginning the first academic year a statement of doctoral program goals should be completed and approved by the doctoral student and his/her Academic Advisor. The statement should include:

- Details of the proposed substantive foci of taught classes;
- Specific methodological or analytic skills that are to be targeted;
- Any broader professional and managerial competences regarding research to be developed during the first year of study.

A mid-year review involving the doctoral student and Academic Advisor will be conducted some time during the course of the second semester. The review examines progress toward the attainment of targeted goals and objectives and any adjustments required to the plan. The goal and objectives previously specified should be reviewed, evidence of progress noted, challenges that have arisen acknowledged and adjustments to the plan recorded.

An end-of-year review involving the doctoral student and Academic Advisor should be conducted in early September. The focus is on the extent to which targeted goals and objectives (adjusted, as appropriate, at the mid-year review) have been met and agreeing on objectives for the second and third years of the program.

During the course of the second year of study, preparation of the Dissertation Proposal will normally supersede the Personal Learning Plan as the main basis for planning.

6. Practicum

Students must fulfill a practicum requirement between the end of the first year and the end of the second year of study. The length of the practicum will depend on the student’s professional experience and obligations to his/her employer. The field practicum element may occur at the student’s worksite (with a supervisor other than the student’s regular line manager to be identified and included in the Personal Learning Plan), or one of the numerous field-sites with which departmental faculty are engaged, or with some other governmental agency, or non-governmental organization in the student’s region and interest of work. Practica are expected to provide an opportunity to deploy skills and knowledge acquired through the DrPH program.
The practicum and any resulting deliverables will be approved by the student’s Academic Advisor and the DrPH Academic Director.

Students without a prior MPH degree must complete a practicum that meets ASPH requirements. This involves supervised public health engagement of at least 180 hours. Such students are also required to complete the Non-MPH Practicum Documentation Worksheet (see Appendix 6) to document their experience.

7. Comprehensive Examinations

Written comprehensive examinations will be administered in January and March of the second year of the program. Passing the written comprehensive examinations is a requirement for advancement to the dissertation phase of the DrPH. Examinations will assess integration of key concepts from the overall program curriculum, as well as more specialized knowledge within the thematic focus chosen by the student. Students must be current with their coursework to proceed to the comprehensive exams.

Comprehensive examinations, comprised of written papers and – as appropriate – supporting oral examinations, provide a critical and necessary opportunity to assess attainment of the core doctoral competencies relevant for public health professionals working in the field of global and humanitarian health. The written examinations comprise two papers: a Substantive Exam (one section assessing the integration of key concepts of the overall program curriculum, and a second section assessing knowledge of a personal field of study reading list and related literature) and a Methods Exam (which assess assimilation and application of understanding skills from required methods coursework).

Readings from the first year doctoral seminar classes comprise the core reading list for the first section of the Substantive Paper. A draft individualized reading list for the second section of the examination is a key output of the second year Global Health and Humanitarian Systems Leadership class. A core focus of the Advanced Research Methods in Global Health class is preparation for the Methods Paper.

8. Dissertation

Overview

The topic and scope of the dissertation is proposed by the student. The student must defend his/her proposal prior to approval. The practicum may, but is not required to, inform the selection of a dissertation. As with the practicum requirement, the student’s dissertation is expected to highlight the application of knowledge and skills acquired to policy, programmatic work and/or systems evaluation. It is also expected to represent the culmination of the development of a focused area of expertise by a student, demonstrating potential for practical application within the student’s professional context.

Proposal Defense

The Dissertation Sponsor will inform both the student and the Program Director when the proposal is ready for defense. Proposals are submitted to both the Department Chair and Program Director. The latter receives recommendations for committee membership and roles from the advisor and student. Discussion between the student and potential committee members is useful.
Acting on behalf of the Department, and after consultation with the student’s Academic Advisor, the Program Director makes a formal request to prospective committee members to serve on the Proposal Defense Committee.

The Proposal Defense Committee for the DrPH is composed of a minimum of four faculty members. At least two of the faculty must hold the rank of Associate Professor or higher, and at least one must be from outside the Department of Population & Family Health. A senior faculty member other than the candidate’s Dissertation Sponsor is designated to be the Chair of the Committee. Special justification must be provided for the proposed inclusion of adjunct faculty, or faculty from outside Columbia. Once constituted, the committee chair, with student support, schedules the defense and reports results.

During the proposal defense, the student should outline the project, discuss its methods and substance, and explain the rationales underlying decisions that were made as the proposal developed. The Committee will take a critical look at the research plan with the aim of ensuring the student will execute an adequate and feasible study. The student may be asked to revise the proposal if the committee members agree that there are weaknesses in the plan that are not resolved during the meeting. Another meeting of the Committee may be convened before the proposal is approved.

Progressing the Dissertation

Once the student has obtained proposal and necessary IRB approval, the student may begin dissertation research. The student should maintain regular and on-going contact with his/her Dissertation Sponsor for suggestions and advice.

Students are responsible for establishing ongoing communication between themselves and the Committee members regarding their progress.

Dissertation Format

The student may elect between two alternative formats for the dissertation. A dissertation can be presented as a single, integrated, coherent thesis. Alternatively, a candidate may present their dissertation in the form of three papers prepared for publication, one or more of which may have been submitted for publication (and, indeed published) before the dissertation defense. In either case, the dissertation must be prepared with respect to guidelines regarding content, style and length provided to candidates.

Dissertation Defense

The Dissertation Defense Committee is normally comprised of the same faculty as the Dissertation Proposal Defense Committee. Adjustments of the membership may be approved through discussion of the Dissertation Sponsor and the Program Director. As noted earlier, students do not select their Dissertation Defense Committee.

The Dissertation Defense Committee shall be composed of minimum of four members, all of whom are expected to be present for the dissertation defense. The Chair, who must be a tenured or senior faculty member with a primary appointment in HDPFH, is responsible for ensuring that the Dissertation Defense Committee adheres to the formal requirements for dissertation defense. The Chair convenes the defense and moderates the candidate’s presentation and committee members’ questions and discussions.
The defense will be scheduled when both the dissertation sponsor and a second reader have signified that, in their judgment, the dissertation is acceptable and thus, ready for a formal defense. At this point the Dissertation Sponsor will contact the Program Director and request a time and date for the defense be scheduled.

**Conduct of the Defense**
The dissertation defense will normally be a maximum of two hours in length. The Dissertation Defense Committee will meet in closed session to outline the themes to be covered during the examination. The candidate will then join the committee. The dissertation is defended by the student with respect to sources, findings, interpretations and conclusions. The candidate is expected to show expertise with regard to the research and literature pertinent to his or her subject and the knowledge relevant to the research questions and methods.

Upon culmination of the dissertation defense, the Dissertation Defense Committee will meet in closed session to judge the acceptability of the dissertation. To be judged acceptable, the dissertation must meet current standards in the student’s dissertation topic and must add to the existing knowledge or concepts in the field.

For those candidates whose dissertations are deemed acceptable pending minor revisions, the Chair of the Committee shall, at the conclusion of the defense, call for a closed vote of committee members as to whether the degree should be awarded a distinction. A unanimous vote is required. Candidates are then called back into the examination room and informed of the results.

Three outcomes are possible:

- **Pass** - The dissertation is acceptable subject to minor revision (mainly editorial). Upon satisfactory completion of the required revisions, as judged by the Chair of the Dissertation Committee, the student is recommended for the DrPH degree. The student should deposit the revised dissertation no later than six months after the date of the dissertation defense.

- **Incomplete** - The dissertation is deemed acceptable, subject to major revision. Upon satisfactory completion of the required revisions, as judged by a minimum of three members of the committee, the student is recommended for the DrPH degree. All revisions must be satisfactorily completed and the dissertation deposited no sooner than three months, and no later than one year from the date of the dissertation defense.

- **Fail** - The dissertation is not acceptable, and the student is not recommended for the DrPH degree. The likelihood of this happening should be small if the student has worked closely with the faculty sponsor and has received adequate guidance. In exceptional circumstances—marked by an awareness of significant and substantive factors not known to the committee at the time of the initial examination—may a candidate be offered a second examination to demonstrate that the work has been strengthened to a passing standard.
RESOURCE ANNEX

1. DrPH Core Competencies Framework
2. Documentation of Core Competencies
3. HDPFH Tutorial Form
4. Personal Learning Plan
5. Doctoral Education Program Learning Log
6. Non-MPH Practicum Experience Worksheet
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Doctoral Program Handbook

Resource Annex
Appendix 1: DrPH Competency Framework

I. **Communication and Advocacy:** The ability to assess and use communication strategies across diverse audiences to inform and influence individual, organization, community and policy actions
   - Present positions on global health issues, law, and policy
   - Effectively marshals evidence to create a persuasive policy and practice guidance document
   - Guide an organization in setting goals, objectives, and priorities
   - Integrate culturally competent concepts in all communication initiatives
   - Demonstrate effective oral and written skills for communicating with local, national, and global-level stakeholders

II. **Community and Cultural Orientation:** The ability to communicate and interact with people across diverse communities and cultures for development of programs, policies, and research
   - Develop collaborative partnerships with donors, researchers, communities, policy makers, and other relevant groups
   - Conduct culturally appropriate participatory intervention or research projects
   - Provide recommendations for enhancing community and population-based health
   - Assess cultural influences on the health of communities
   - Demonstrates sensitivity to working across cultures and values

III. **Critical Analysis:** The ability to synthesize and apply evidence-based research and theory from a broad range of disciplines and health-related data sources to advance programs, policies, and systems promoting population health
   - Apply theoretical and evidence-based perspectives from multiple disciplines in the design and evaluation of programs, policies, and systems
   - Interpret quantitative and qualitative data following current scientific standards
   - Analyze data from health surveillance systems that monitor population health
   - Synthesize information from multiple sources for research and practice.
   - Evaluate the performance and impact of health programs, policies, and systems
Analyze the impact of global trends and interdependencies on public health challenges and systems

IV. Leadership and Management: The ability to create and communicate a shared vision for a positive future; inspire trust and motivate others; use evidence-based strategies to enhance essential public health services; provide strategic and operational guidance within public and/or private health organizations.
- Communicate an organization’s mission, shared vision, and values to stakeholders
- Collaborate with diverse groups
- Influence others to achieve high standards of performance and accountability
- Recommend capacity-building strategies at the individual, organizational, and community level
- Demonstrate a commitment to personal and professional values.
- Establish a network of relationships, including internal and external collaborators
- Demonstrate ability to manage program and research budgets

V. Professionalism and Ethics: The ability to identify and analyze an ethical issue; balance the claims of personal liberty with the responsibility to protect and improve the health of the population; and act on the ethical concepts of social justice and human rights in public health research and practice.
- Manage potential conflicts of interest encountered by practitioners, researchers, and/or organizations
- Design strategies for resolving ethical concerns in research, law, and regulations
- Assess ethical considerations in developing research initiatives
- Demonstrate cultural sensitivity in ethical discourse and analysis
- Weigh risks, benefits, and unintended consequences of research and practice
Appendix 2: Documentation of Personal Competences

Date: [Click here to enter a date.]

Doctoral Student Name: [Click here to enter text.]  
Email: [Click here to enter text.]

Academic Advisor: [Click here to enter text.]  
Email: [Click here to enter text.]

Dissertation Sponsor: [Click here to enter text.]  
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## I. COMMUNICATION and ADVOCACY

*The ability to assess and use communication strategies across diverse audiences to inform and influence individual, organization, community and policy actions*

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<th>Present positions on global health issues, law and policy:</th>
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<th>b)</th>
<th>Effectively marshals evidence to create a persuasive policy and practice guidance document:</th>
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<th>c)</th>
<th>Guide an organization in setting goals, objectives, and priorities:</th>
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<th>d)</th>
<th>Integrate culturally competent concepts in all communication initiatives:</th>
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<th>e)</th>
<th>Demonstrate effective oral and written skills for communicating with local, national and global-level stakeholders:</th>
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## II. COMMUNITY/CULTURAL ORIENTATION

*The ability to communicate and interact with people across diverse communities and cultures for development of programs, policies and research*

- a) Develop collaborative partnerships with donors, researchers, communities policy makers and other relevant groups:
  
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- b) Conduct culturally appropriate participatory intervention or research projects:
  
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- c) Provide recommendations for enhancing community and population-based health:
  
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- d) Assess cultural influence on the health of communities:
  
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- e) Demonstrates sensitivity to working across cultures and values:
  
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### III. CRITICAL ANALYSIS

The ability to synthesize and apply evidence-based research and theory from a broad range of disciplines and health-related data sources to advance programs, policies and systems promoting population health

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| a) | Apply theoretical and evidence-based perspectives from multiple disciplines in the design and evaluation of programs, policies and systems  
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| b) | Interpret quantitative and qualitative data following current scientific standards:  
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| c) | Analyze data from health surveillance systems that monitor population health:  
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| d) | Synthesize information from multiple sources for research and practice:  
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| e) | Evaluate the performance and impact of health programs, policies, and systems:  
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| f) | Analyze the impact of global trends and interdependencies on public health challenges and systems:  
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IV. LEADERSHIP and MANAGEMENT

The ability to create and communicate a shared vision for a positive future; inspire trust and motivate others; use evidence-based strategies to enhance essential public health services; provide strategic and operational guidance within public and/OR private health organizations.

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<th>a)</th>
<th>Communicate an organization’s mission, shared vision, and values to stakeholders:</th>
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<th>b)</th>
<th>Collaborate with diverse groups:</th>
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<th>c)</th>
<th>Influence others to achieve high standards of performance and accountability:</th>
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<th>d)</th>
<th>Recommend capacity-building strategies at the individual, organizational, and community level:</th>
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<th>Demonstrate a commitment to personal and professional values:</th>
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<th>f)</th>
<th>Establish a network of relationships, including internal and external collaborators:</th>
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<th>g)</th>
<th>Demonstrate ability to manage program and research budgets:</th>
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IV. PROFESSIONALISM and ETHICS

*The ability to identify and analyze an ethical issue; balance the claims of personal liberty with the responsibility to protect and improve the health of the population; and act on the ethical concepts of social justice and human rights in public health research and practice*

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| b) | Design strategies for resolving ethical concerns in research, law, and regulations:  
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| c) | Assess ethical considerations in developing RESEARCH initiatives:  
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| d) | Demonstrate cultural sensitivity in ethical discourse and analysis:  
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| e) | Weigh risks, benefits, and unintended consequences of research and practice:  
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Appendix 3: HDPFH Tutorial Form

*This form must be completed and returned to Courtney Hooper prior to the Start Date of the Tutorial.*

**Course Information**

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**Grading Option** *(Please select the appropriate grading option when you register.)*

- [ ] Pass/Fail    
- [ ] Letter Grade

*See Courtney Hooper for the course number, section, and call number.

** A 3-credit tutorial should on average involve 9 hours of work per week, a 2-credit tutorial should involve about 6 hours per week, and a one-credit tutorial should involve about 3 hours per week. *Tutorials over 3 credits must be approved by the Director of Academic Programs.*

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**Course Title:**

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**Overview:**

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**Objectives:**

- Click here to enter text.
Methods:

Click here to enter text.

Work to be Submitted:

Click here to enter text.

Evaluation Criteria:

Click here to enter text.

Student Name:  

Signature:  

Date:  

Faculty Name:  

Signature:  

Date:  

If the tutorial is for more than 3 credits, approval of the academic program director is required:

Faculty Name:  

Signature:  

Date:  

Click here to enter text.
Appendix 4: Personal Learning Plan: Year 1

This reporting template is used to document key goals and objectives for an individual’s research education through the taught and research elements of the DrPH program. It is a key document for structuring discussions between doctoral students, their advisors and the DrPH program director. It also serves as an on-going record of achievement through the course of the doctoral program.

Doctoral Student Name: E-mail:

Academic Advisor: E-mail:

Dissertation Sponsor: E-mail:
(to be assigned during second year of program)

Preliminary Doctoral Education Program Goals and Objectives

Doctoral students should record below a preliminary statement of goals and objectives for the first year of doctoral study (specifying thoughts regarding substantive areas of study and methodological/analytical skills to be developed), longer term objectives for leadership contribution within the field of global health and humanitarian systems, and any early ideas regarding potential focus of dissertation field-work in year three of the program. None of these statements are binding, but they form a basis for initial discussions with the Program Director and Academic Advisors.

(a) Preliminary statement of goals and objectives for the first year of doctoral study
(b) Longer term objectives for leadership contribution within the field of global health and humanitarian systems

(c) Early ideas regarding potential focus of dissertation field-work
**Confirmed Doctoral Education Program Goals and Objectives**

*WITHIN FOUR WEEKS OF BEGINNING THE FIRST ACADEMIC YEAR* the following section should be completed and approved by both the doctoral student and his/her Academic Advisor. The statement should include details of the proposed *substantive foci* of taught classes, specific *methodological or analytic skills* that are to be targeted, and broader *professional and managerial competences* regarding research that are to be developed in the first year of study.

| The above represents the agreed goals of the first year of the planned doctoral program. |
| Doctoral Student:       | Date: |
| Academic Advisor:      | Date: |

The above objectives are agreed to be coherent with the overall objectives and requirements of the DrPH in Leadership in Global Health & Humanitarian Systems.

| Program Director: | Date: |
Doctoral Education Program: Mid-Year Review

A Mid-Year review involving the doctoral student and Academic Advisor should be conducted by the END OF THE SECOND SEMESTER of study. The focus is on progress toward the attainment of targeted goals and objectives and any adjustments required in the Doctoral Education Plan.

Review the goal and objectives specified above, noting evidence of progress, and any challenges that have arisen. Adjustments to the Doctoral Education Plan should also be noted. Note proposals for fulfilling the DrPH practicum requirement (of special relevance for students without a prior MPH).

Summary of Overall Progress

Progress on Specific Goals and Objectives
Proposal for Fulfillment of Practicum Requirement

Specifying proposed work or field study relevant to the overall learning plan OR (in the case of students without a prior MPH) in fulfillment of specified CEPH Practicum requirements.

Required Adjustments to the Agreed Doctoral Education Plan

The above represents an agreed statement on progress regarding the Doctoral Education Program, and appropriate adjustments to the program that are required in order to complete a satisfactory outcome regarding overall goals of the DrPH in Leadership in Global Health and Humanitarian Systems.

Doctoral Student: Date:

Academic Advisor: Date:

The above report documents satisfactory progress – and appropriate revision to initial objectives - for attainment of required goals for the DrPH in Leadership in Global Health & Humanitarian Systems.

Program Director: Date:
**Doctoral Education Program: End of First Year Review**

An End-of-Year review involving the doctoral student and Academic Advisor should be conducted in EARLY SEPTEMBER of the second year of study. The focus is on the extent to which targeted goals and objectives (adjusted, as appropriate at the mid-year review) have been met and agreeing objectives for the second and third years of the program.

**Summary of Overall Achievement**

**Attainment of Specific Goals and Objectives**
Proposals for Development on the Second and Third Year of the Program

The above represents an agreed statement on achievement with respect to the specified Doctoral Education Program, and proposals for later years of study.

Doctoral Student: Date:

Academic Advisor: Date:

The above documents satisfactory progress towards the attainment of the objectives and requirements of the DrPH in Leadership in Global Health & Humanitarian Systems.

Program Director: Date:
Appendix 5: Doctoral Education Program Learning Log

Doctoral students should use this space to log all educational, training and field activities completed of relevance to the attainment of agreed learning objectives. This should include – but not be restricted to – all classes completed.

<table>
<thead>
<tr>
<th>Date</th>
<th>Class/Course/Training/Field</th>
<th>Experience</th>
</tr>
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<tbody>
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Appendix 6: Documentation of Public Health Practice Experience Required for DrPH Candidates Without a Prior MPH

CEPH requirements for accreditation of public health programs notes: “Practical knowledge and skills are essential to successful practice. A planned, supervised and evaluated practice experience is an essential component of a professional public health degree program”.

This template provides a format for documenting professional activity providing such practical experience for those DrPH candidates without a prior MPH.

Date: Click here to enter a date.
Doctoral Student Name: Click here to enter text. Email: Click here to enter text.
Academic Advisor: Click here to enter text. Email: Click here to enter text.
Dissertation Sponsor: Click here to enter text. Email: Click here to enter text.

Details of Practicum Experience

Please provide information on the setting of the work, its duration, and the focus of activities. Please note that Mailman requires minimum practicum duration of 180 hours, or 8-12 weeks [200 words max]

Click here to enter text.

Key Competences Strengthened Through the Practicum Experience

Please check all competencies that apply to your summer practicum experience (please see Appendix for definitions of each):

- [ ] Analytic / Assessment Skills
- [ ] Policy Development / Program Planning
- [ ] Communication Skills
- [ ] Cultural Competency Skills
- [ ] Community Dimensions of Practice Skills
- [ ] Basic Public Health Sciences Skills
- [ ] Financial Planning and Management Skills
- [ ] Leadership and Systems Thinking Skills
For each competency selected, please describe how your work will help you achieve it (200 words max for each):

<table>
<thead>
<tr>
<th>Competency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analytic / Assessment Skills</td>
<td>N/A</td>
</tr>
<tr>
<td>Policy Development / Program Planning</td>
<td>N/A</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>N/A</td>
</tr>
<tr>
<td>Cultural Competency Skills</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Dimensions of Practice Skills</td>
<td>N/A</td>
</tr>
<tr>
<td>Basic Public Health Sciences Skills</td>
<td>N/A</td>
</tr>
</tbody>
</table>
Financial Planning and Management Skills:  
☐ N/A

Leadership and Systems Thinking Skills:  
☐ N/A

Reflection on Professional Development Achieved Through the Practicum Experience
Reflect on the key learning of the practicum experience and the anticipated application of this learning in future practice as a public health professional [500 words max]

Review of Outputs Associated with the Practicum Experience
Append to this form written documentation or any other form of output resulting from the practicum experience. Provide a commentary here on the purpose and, where appropriate, impact of these outputs [200 words max]
The Council on Linkages Between Academia and Public Health Practice: Core Competencies for Public Health Professionals

1. Analytic/Assessment Skills
   - Defines a problem
   - Determines appropriate uses and limitations of both quantitative and qualitative data
   - Selects and defines variables relevant to defined public health problems
   - Identifies relevant and appropriate data and information sources
   - Evaluates the integrity and comparability of data and identifies gaps in data sources
   - Applies ethical principles to the collection, maintenance, use, and dissemination of data and information
   - Partners with communities to attach meaning to collected quantitative and qualitative data
   - Makes relevant inferences from quantitative and qualitative data
   - Obtains and interprets information regarding risks and benefits to the community
   - Applies data collection processes, information technology applications, and computer systems storage/retrieval strategies
   - Recognizes how the data illuminates ethical, political, scientific, economic, and overall public health issues

2. Policy Development/Program Planning Skills
   - Collects, summarizes, and interprets information relevant to an issue
   - States policy options and writes clear and concise policy statements
   - Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs
   - Articulates the health, fiscal, administrative, legal, social, and political implications of each policy option
   - States the feasibility and expected outcomes of each policy option
   - Utilizes current techniques in decision analysis and health planning
   - Decides on the appropriate course of action
   - Develops a plan to implement policy, including goals, outcome and process objectives, and implementation steps
   - Translates policy into organizational plans, structures, and programs
   - Prepares and implements emergency response plans
   - Develops mechanisms to monitor and evaluate programs for their effectiveness and quality

3. Communication Skills
   - Communicates effectively both in writing and orally, or in other ways
   - Solicits input from individuals and organizations
   - Advocates for public health programs and resources
   - Leads and participates in groups to address specific issues
Uses the media, advanced technologies, and community networks to communicate information
Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences
Attitudes
Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives

4. Cultural Competency Skills
Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences
Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services
Develops and adapts approaches to problems that take into account cultural differences
Attitudes
Understands the dynamic forces contributing to cultural diversity
Understands the importance of a diverse public health workforce

5. Community Dimensions of Practice Skills
Establishes and maintains linkages with key stakeholders
Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships
Collaborates with community partners to promote the health of the population
Identifies how public and private organizations operate within a community
Accomplishes effective community engagements
Identifies community assets and available resources
Develops, implements, and evaluates a community public health assessment
Describes the role of government in the delivery of community health services

6. Basic Public Health Sciences Skills
Identifies the individual's and organization's responsibilities within the context of the Essential Public Health Services and core functions
Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services
Understands the historical development, structure, and interaction of public health and health care systems
Identifies and applies basic research methods used in public health
Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries
Identifies and retrieves current relevant scientific evidence
Identifies the limitations of research and the importance of observations and interrelationships
Develops a lifelong commitment to rigorous critical thinking

7. Financial Planning and Management Skills

- Develops and presents a budget
- Manages programs within budget constraints
- Applies budget processes
- Develops strategies for determining budget priorities
- Monitors program performance
- Prepares proposals for funding from external sources
- Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts
- Manages information systems for collection, retrieval, and use of data for decision-making
- Negotiates and develops contracts and other documents for the provision of population-based services
- Conducts cost-effectiveness, cost-benefit, and cost-utility analyses

8. Leadership and Systems Thinking Skills

- Creates a culture of ethical standards within organizations and communities
- Helps create key values and shared vision and uses these principles to guide action
- Identifies internal and external issues that may impact delivery of essential public health services (i.e., strategic planning)
- Facilitates collaboration with internal and external groups to ensure participation of key stakeholders
- Promotes team and organizational learning
- Contributes to development, implementation, and monitoring of organizational performance standards
- Uses the legal and political system to effect change
- Applies theory of organizational structures to professional practice