



Faculty of Medicine

**Response to Academic Program Review**

of

Division of Community Health and Humanities and Clinical Epidemiology Unit

Memorial University of Newfoundland

By the Office of Research and Graduate Studies

Submitted to Dr. Noreen Golfman,

Dean, School of Graduate Studies

Memorial University of Newfoundland

October 21, 2013

## **Response to Recommendations by the Academic Program External Review Panel Medical Graduate Programs**

### **Preamble**

The Academic Program Review (APR) was carried out in (March - October) 2012 for graduate programs in Community Health and Humanities (CHH) and Clinical Epidemiology (CE) as outlined in guidelines set by the Centre for Institutional Analysis and Planning (CIAP), Memorial University. Each program carried out a self-study in consultation with faculty members associated with the group as well as the administrative head/director of the Unit (i.e. Associate Dean, Community Health and Humanities and Director of Clinical Epidemiology Unit). Following the completion of the self-studies, a compilation of each study plus an executive summary were submitted (November 2012) to the Dean of the School of Graduate Studies (SGS), Memorial University, as the designate Dean of Records for the APR. Preparations were made by CIAP for the site visit to the Faculty of Medicine by the external panel following the acceptance of the reports for the APR by Dr. Noreen Golfman, the Dean of the School of Graduate Studies, Memorial University. The composition of the external panel was two faculty members from Memorial University, Dr. Lan Gien (Panel Chair; School of Nursing) and Dr. Stephen Tomblin (Department of Political Sciences), and two from outside Memorial, Dr. Jacqueline Gahagan (Dalhousie University) and Dr. Brenda Wilson (University of Ottawa). The panel visited the Faculty of Medicine on April 13<sup>th</sup> – 16<sup>th</sup>, 2013 and met with the faculty, students, staff and administrators. Following the site visit by the APR review panel, a report including recommendations to the Unit was provided to the Associate Dean of Research & Graduate Studies (RGS) in Faculty of Medicine, by Dr. Noreen Golfman. The following is a response from Faculty of Medicine to the recommendation made by the APR panel.

### **Division of Community Health and Humanities Division**

The Academic Program Review Report was distributed to Faculty Members of the Division of CHH prior to the divisional meeting on May 3<sup>rd</sup>, 2013. The exit summary notes had been shared at the previous meeting on April 2013. The context of each recommendation was discussed systematically, and a response was discussed which is summarized below.

We would like to thank the review panel for their hard work and their recommendations. The Review Report was comprehensive, detailed and helpful to the division in asking some critical questions about sustainability of the programs and its alignment with Faculty of Medicine's and Memorial University's strategic plan. Overall, members of the faculty were pleased by the positive comments about our programs, the growth witnessed in the past five years, and recognition of innovative programs within the division. They also agreed with most of the recommendations. However, many faculty members felt that some of the recommendations did not specifically apply to CHH. We will address all the recommendations sequentially; indicate our response and what actions have been taken to address the concerns raised. We

will also indicate recommendation(s) which are perhaps based on incomplete information provided by CHH or where the recommendation either does not apply to CHH or we do not concur with the review panel.

**Recommendation 1: *Given the recent growth in programs and foci in both the CHH division and the CE unit, it may be important and timely to reassess the growth to take into account limited resources, to take stock of how these various innovations may or may not 'fit' together as a coherent whole and to determine if the introduction of new programs are being driven by a shared, collective vision and demonstrated need (and capacity) rather than being driven by individual faculty members and their interests. It is necessary to do a need assessment, find ways to work together and avoid costly duplication.***

**Our Response:** The programs developed in CHH were undertaken after considerable consultations. In May 2009 a one-day strategic planning meeting was held, facilitated by an outside consultant. A report was prepared and circulated; working groups were formed, and each working group met several times to bring forward specific proposals after studying offerings at other universities. These proposals were discussed at divisional meetings. A second half-day retreat was held in November 2009 again facilitated by the same consultant hired the first time. The division followed the Faculty of Medicine and Memorial University procedures to approve programs and courses. In short, considerable thought went into developing the newer graduate programs, and it was not driven by individual faculty members with a vested interest in a particular program.

Many of the observations made by the Panel are accurate in that our resources have not kept pace with the growth seen by the division in student enrolment and research space. The leadership in the Faculty of Medicine recognizes the impact of lack of space on any future growth in graduate training and research. The most recent Strategic Plan (2013) of the Faculty of Medicine on page 19 states *“Graduate students have outgrown the space available for them especially in Community Health and Humanities and must be expanded. Wet lab and study space for graduate students and new faculty in BioMedical Sciences. Increased office and work space is needed for Clinical Epidemiology to meet their growing needs. Increased clinical and office space for Family Medicine faculty and support staff and other disciplines. Repair and renovation will provide for much needed space for more graduate students in Community Health and Humanities, Bio-Medical Sciences and Clinical Epidemiology, and improved wet lab research space. Family medicine program capacity, including clinical space, will need to be increased.”*

We are not in agreement, at this time, with the suggestion by the Review Panel that we create streams in the Master’s program similar to the PhD program. We do not believe that creating such streams in the Master’s program in Community Health would be beneficial to the students for whom the general overarching program would give a sound foundation for future PhD.

However, this suggestion will be placed on the agenda for discussion at the Strategic Planning Meeting in 2014.

**Action proposed by CHH:** Given the growth and constraints, we think it is time to hold another strategic planning meeting in February 2014 to assess and prioritize programs. Firm commitment is needed by SGS/RGS/University and the Dean of Medicine if we are to grow the graduate programs in keeping with the University's Strategic Plan. This discussion would include an assessment of the sustainability of the ARTC program.

**Recommendation 2:** *The University should work together with the Faculty of Medicine to alleviate the space problem as soon as possible to accommodate the growth that the university is trying to achieve and to facilitate good teaching and research.*

**Our response:** We whole heartedly agree with this recommendation and feel that Faculty of Medicine is attempting to address this once the new Medical School building opens in January 2014. Please see comments included above.

**Recommendation 3:** *The Dean of the School of Graduate studies and the Associate Dean Research and Graduate Studies of the Faculty of Medicine should develop an alternate model of funding graduate students in CHH and CE, which takes account of differences in disciplinary norms, so that highly qualified students are supported.*

**Our response:** We whole heartedly agree with this recommendation. It is closely tied to the funding requirements for being a full-time student. Discussions between SGS, RGS and CHH have been ongoing for the past 3 years. To reiterate, the model that is considered to be most appropriate in Faculty of Medicine is based on the graduate training programs in Bio medical Sciences (BMS) division. While we agree that every effort must be made to secure funding for graduate students, there needs to be an acknowledgement of the differences in the nature of the programs. CHH programs have greater similarity with humanities programs. For example, for the thesis-based Master's program and PhD programs, students when applying and soliciting a research supervisor are expected to suggest a research project and provide an abstract. This may be modified when further conversation occurs with the potential supervisor. However, the research project is expected to be different from that of the supervisor. Occasionally, a faculty member may wish to assign a student to work on a research project that is the focus of their funded research, and this includes funding for a graduate student. In this instance, the student receives greater direction from the research supervisor in the choice of research project and does not have as much say in how the work will be done, although there is an expectation that their intellectual contribution for the execution of the project would be substantial. The disadvantage of tying full-time student status to having full funding disadvantages those students who would like to be full-time students but their potential

supervisors do not have funding for them. The table below outlines the differences for full-time and part-time students.

Parameters	Part- time students	Full-time students
Health Insurance	No student coverage	Student coverage
Student loans	Must pay back	Delayed pay back
Government funding to University	None for part-time students	Funding for master's (2 years) and PhD students (4 years)
Travel awards	Not eligible	Eligible
Other awards	Not eligible	Eligible
Time for completion	Same as full-time students	6 semesters for master's students 12 semesters for PhD students (maximum permitted 21 semesters)

**Action taken in 2010:** In 2010 two awards were created within the division, valued at \$6,000 each to permit part-time students who wish to be full-time students to qualify for leveraged funding from the RGS. Since then two more awards have been created through fund-raising, one of these is designated for international students. There are four conditions that have to be met to be eligible for the one-year award. (1) The student must be academically good, (2) the student must want full-time status, (3) the supervisor does not have funds for leveraged funding from RGS, and (4) both the supervisor and the student make a commitment to apply for external funding. Associate Dean of Community Health and Humanities and Associate Dean of Research & Graduate Studies (Medicine) met (May 2013) with Dean of School of Graduate Studies, Dr. Noreen Golfman, and agreed to allow a limited number (five) of full-time students without a stipend to be enrolled in CHH graduate programs on a trial basis.

**Recommendation 4:** *Students should be required to apply for external fellowships/awards for which they are eligible, including those offered by federal funding agencies (e.g., CIHR, SSHRC) or any other initiatives as they arise.*

**Our response:** We agree that students must apply for funding from other agencies. In order to be eligible for the divisional awards they have to apply to external funding agencies. Students have shown considerable success because at the 2013 RGS Awards ceremony, CHH students garnered 33/47 awards in all.

**Recommendation 5:** *Pre-admission requirements of supervisory commitment for international students should be modified, so that they have equal chance for admission, hence achieving the units' goal of inclusiveness, diversity and MUN's institutional goal of larger intake of international students.*

**Our response:** The Graduate Committee of the Division has had some discussions. We receive a large number of international applicants. We have considered the qualifying year stream that the university approved in 2012. We feel that we need to resolve a few other issues before we admit students through that stream. Perhaps, for CHH the better option is to admit a student into the diploma program, which has become a full-time program starting fall 2013; it does not have funding requirements. If the student performs well, they can be rolled over into a Master's or a PhD program and they would have had an opportunity to get to know faculty members, their research interests. On the other hand, if their performance is mediocre, they would complete their diploma and have a certificate for the year they spent doing courses at Memorial University. This is a win-win situation for the division and for the student.

**Recommendation 6:** *A database should be developed and implemented for annual monitoring of the quality of the programs including admission, enrolment, attrition rate, student composition according to sex, visible minority, educational background, students' changes of program and enrolment status, length of program completion, success rate in student competition for external awards and employment rate following graduation.*

**Our response:** We agree a data base of students in the programs, as suggested by the review panel, would be very helpful. RGS already has a database which is populated with information on our graduate students and is able to share that information with individual units. A follow-up of graduated students would be very useful but challenging in certain cases.

**Recommendation 7:** *There is a need to identify ways in which the practicum component of the MPH can be made sustainable and insulated from changes in the circumstances in the hosting agencies/organizations.*

**Our response:** The review panel has correctly identified the Achilles' heels of our MPH program. This year, with the provincial budget cuts, we have experienced difficulty in securing practicums for our students. Therefore we had to subsidize the practicums by using tuition fees collected for the MPH program. However, this will not be sustainable over a period of time and other mechanisms have to be put in place to support organizations in the practicum experience they provide to our student. We are exploring ways to address this problem

**Recommendation 8:** *A plan should be implemented for regular course and program evaluation by students and/or their employer with the findings being fed back into course and program revision and redevelopment.*

A very robust five-year evaluation and assessment program has been in place for the MPH program. This involves (1) evaluation of individual courses using a template developed by the

teaching and learning committee of the division, (2) debriefing session with all students with the program coordinators, (3) review of the report of the practicum supervisors on the training program and student performance, (4) interviews conducted by the Health Research Unit at arms-length from the faculty at 1, 3 and 5 years, and (5) follow-up with employers regarding the knowledge base of the students hired by them. At present we do not have funding to support (4) and (5) beyond the five years since the implementation of the program, but we will seek support to continue with the evaluation because the iterative process has been extremely useful in improving the MPH program. A summary of these reports was included in the self-study document provided by CHH.

***Recommendation 9: More SPSS and/or SAS programs should be available for practice and a course in applied data analysis using the above softwares should be developed and included in the CHH and CE curriculum.***

**Our response:** We recognize that the epidemiology course instructors cannot train students to use statistical packages or for that matter train students to use nvivo for qualitative research. We have discussed this issue with the SAS Company and have arrived at a solution which we plan to implement in January 2014 when SAS is used for the Epidemiology II course. This will entail a graduate student being trained by SAS in Toronto at no cost to the division in teaching SAS to new users; she will provide training on weekends initially and be available to troubleshoot problems that students encounter during the course of their work. This will be done on a trial basis this coming year. If successful, we will incorporate this feature in the regular curriculum for the epidemiology students. For nvivo, we hope to make a similar arrangement with the providers of the software. Developing a separate course for SAS training would not be useful without having concrete case studies for data analysis

***Recommendation 10: Annual databases should be kept in the units to disaggregate research funding in a manner that makes this information more readily accessible for the purposes of determining trends in funding over time.***

**Our response:** We are supportive of the idea that we should track trends in funding over time. However, individual divisions cannot access all the information for privacy reasons. This information is available in the Office of Research Services (ORS). Research and Graduate Studies (Medicine) now has access to this information and we will have access to it through them and be able to communicate the trends to faculty members. Perhaps appropriate performance indicators need to be used to map performance rather than just funding.

***Recommendation 11: Both qualitative and quantitative research methods should be considered of equal importance and should be equally covered in course content, research***

***workshops and used as appropriate in conducting research, theses and dissertations to foster the collaboration between two groups.***

**Our response:** We are very cognizant of the divide between quantitative and qualitative researchers. However, most of our faculty members do not support this divide; that is why the introduction to research methods was jointly taught by a quantitative and a qualitative researcher. Despite that, there is a perception amongst students that one approach is superior over others.

**Action Taken:** This year (fall 2013) we have decided to take a different approach; one instructor who uses both qualitative and quantitative research methods will teach “Introduction to Research Methods”, a course required for all incoming graduate students. Hopefully, this will address the dichotomy by emphasizing research design and research methods rather than considering research tools only.

***Recommendation 12: A work load measurement should be developed and used to avoid uneven distribution of workload. Where this is feasible, and the desire to do so is expressed, each faculty member should have the opportunity to teach a stand-alone course so that his or her teaching effectiveness can be evaluated. Alternatively, methods to evaluate teaching effectiveness in team-taught course should be developed.***

**Our response:** In CHH, we have developed a measure for distribution of work-load in team-taught courses. Moreover, most, if not all faculty teach stand-alone courses as well. The work-load according to the MUNFA agreement is 4 courses, 13 weeks in length per year. Faculty members track contact hours with students in team-taught courses at the undergraduate (medical students) and graduate level. Every effort is made to ensure that the teaching load is distributed evenly. A review of teaching responsibility occurs each year when the teaching is assigned by the Associate Dean. Teaching and Learning Committee of the division, consisting of three faculty members, is working on developing a tool to evaluate effectiveness for team-taught courses.



## **Clinical Epidemiology Unit**

We would like to thank the panel for visiting our Unit and providing us with a perspective on our graduate programs. Below we have listed our response and actions to the recommendations made by the external panel.

***1/ Given the recent growth in programs and foci in both the CHH division and the CE unit, it may be important and timely to reassess the growth to take into account limited resources, to take stock of how these various innovations may or may not 'fit' together as a coherent whole and to determine if the introduction of new programs are being driven by a shared, collective vision and demonstrated need (and capacity) rather than being driven by individual faculty members and their interests. It is necessary to do a need assessment, find ways to work together and avoid costly duplication.***

### **Response to Recommendation #1**

This is an issue that both CE and CHH understand and recognise. Certainly many faculty members in both divisions encourage their students to take courses offered by the other programs if that is appropriate for their needs. Our plan is to encourage meetings between CE and CHH to maximise the connection between the programs and to drive the creation of new courses by a 'shared collective vision'.

***2/ The University should work together with the faculty of Medicine to alleviate the space problem as soon as possible to accommodate the growth that the university is trying to achieve and to facilitate good teaching and research.***

### **Response to Recommendation #2**

Space is a perennial problem in the Faculty of Medicine. Space is a problem for faculty members and it becomes even greater when there is limited space for students, research assistants, administration staff and storage. Certainly the opening of the new Genetics building which is destined to house both Discipline of Genetics and CE Unit will help in some ways mitigate this problem in the near future. However, space issues should not be a rate limiting factor in the provision of good research experiences for students and to this end CE will be re assessing the situation once the new building has opened.

***3/ The Dean of the School of Graduate studies and the Associate Dean Research and Graduate Studies of the Faculty of Medicine should discuss and use an alternate model of funding graduate students in CHH and CE, so that highly qualified students are supported.***

### **Response to Recommendation #3**

This issue is not a concern for the programs in CE.

***4/ Students should be required to apply for external fellowships/awards for which they are eligible, including those offered by federal funding agencies (e.g., CIHR, SSHRC) or any other initiatives as they arise.***

### **Response to Recommendation #4**

Many CE students already apply for external funding. However, our plan is working towards a more coherent approach to this issue. To this end we have arranged for a centralised system through the main CE office, to alert all CE faculty to the deadlines for external student funding opportunities. This centralisation will also keep track of the applications and the rate of success of such endeavours within the CE Unit dataset that is now in operation (please see #6 below).

***5/ Pre admission requirements of supervisory commitment for international students should be modified, so that they have equal chance for admission, hence achieving the units' goal of inclusiveness, diversity and MUN's institutional goal of larger intake of international students.***

### **Response to Recommendation #5**

We achieve this in CE by offering a diploma program. This program offers the same basic courses as required for the M.Sc. and Ph.D. programs in CE, such that a student (International or not) may transfer programs from the diploma to a thesis based course during the diploma. This allows International students in particular the opportunity to apply to and gain admittance to Memorial University and allows potential supervisors to assess the student in a North American setting. Taking graduate students into a research based program demands much of the student and the supervisor, requires funding and is often part of a larger research endeavour such that the results obtained build upon a large body of research. It is thus important for both student and supervisor to grasp the commitments needed to complete a thesis based graduate degree. The Diploma program allows for this type of interaction to occur before a formal transfer is facilitated.

***6/ A database should be developed and implemented for annual monitoring of the quality of the programs including admission, enrolment, attrition rate, student composition according to sex, visible minority, educational background, students' changes of program and enrolment status, length of program completion, success rate in student competition for external awards and employment rate following graduation.***

### **Response to Recommendation #6**

The programs in CE have already such a database which is populated prospectively (since 2010) and is being populated retrospectively (to the early 90's) as the information is retrieved from our files. This will prove invaluable in determining information important to understand the trends within the CE program.

***7/ There is a need for alternative way to provide the practicum component of the MPH program so that it is sustainable and insulated from changes in the circumstances in the hosting agencies/organizations.***

### **Response to Recommendation #7**

This is not applicable for graduate programs offered in CE

***8/ A plan should be implemented for regular course and program evaluation by students and/or their employer and the findings are used in course and program revision.***

### **Response to Recommendation #8**

It has been commonplace for feedback to be collected from students throughout the last decade from CE students. CE has recently undergone a strategic plan for teaching (CE Strategic Planning; Phase I Curriculum Focus, June 22<sup>nd</sup>, 2012 ) and has utilised already the comments from students and faculty for assessment and revision of core curriculum courses. So all the basic courses have undergone revision within the last year.

***9/ More SPSS and/or SAS programs should be available for practice and a course in applied hand-on data analysis using the above soft-wares should be developed and included in the CHH and CE curriculum.***

### **Response to Recommendation #9**

CE Unit already provides a hands on data analysis program using the SPSS program (MED 6260). All students have the opportunity to use SPSS during their core courses. All students who have supervisors and a thesis based program also have SPSS on the computers provided to them for their research, the licences for which are paid for by the research supervisor. A SAS program course would be a welcome edition. It would be a good opportunity to work with CHH towards a combined course offered by both divisions.

***10/ Annual database should be kept in the units to dis aggregate research funding in a manner that makes this information more readily accessible for the purposes of determining trends in funding over time.***

#### **Response to Recommendation #10**

This information is available in the Office of Research Services (ORS). Research and Graduate Studies (Medicine) now has access to this information and we are able to communicate the trends to Units and faculty members.

***11/ Both qualitative and quantitative research methods should be considered of equal importance and should be equally covered in course content, research workshops and used as appropriate in conducting research, theses and dissertations to foster the collaboration between two groups.***

#### **Response to Recommendation #11**

CE recognises the value in both types of research and during the recent strategic curriculum planning, qualitative methodology was added to the core course offerings. It is likely that funding for a new full-time CE faculty member with expertise in qualitative methodology and ethics research will be available in the near future so the ability of CE Unit to offer qualitative research guidance would be enhanced significantly. Again this is an instance where CHH and CE can share courses and resources towards a 'shared collective vision'.

***12/ A work load measurement should be developed and used to avoid uneven distribution of workload. Where this is feasible, and the desire to do so is expressed, each faculty member should have the opportunity to teach a stand-alone course so that his or her teaching effectiveness can be evaluated. Alternatively, methods to evaluate teaching effectiveness in team-taught course should be developed.***

#### **Response to Recommendation #12**

The Director of CE is aiming to speak with all faculty members within CE to discuss work load and expectations before the end of 2013. This will help to develop a CE workload tool to facilitate this endeavour. CE is a different type of unit where many of the faculty are part-time and where most have a clinical workload. However, the CE program has always endeavoured to be equitable in work load distribution. Any faculty member who wishes to teach their own course would be given the opportunity to discuss this with the Director and CE faculty. Certainly students' feedback on each lecturer is collected in all team based teaching courses

within CE and is available to that teacher. Also, CE faculty are encouraged to attend the 'teaching effectiveness' courses run by the University.