



July 10, 2013

Council on Education for Public Health  
c/o President Stephen W. Wyatt, DMD, MPH  
1010 Wayne Avenue, Suite 220  
Silver Spring, MD 20910

Dear Dr. Wyatt:

The Public Health Graduate Programs of the Department of Preventive Medicine and Biometrics (PMB) of the Uniformed Services University (USU) appreciate the efforts of the CEPH Site Visit Team in reviewing our graduate programs in public health. We would like to take this opportunity to respond to Site Visit Team's Draft Report on their April, 2013 visit to our program.

First, there were a few minor corrections that we would like to make in the language of the Report.

- No specific doctoral level courses (2.10: Doctoral Degrees)

The Report stated that "Site visitors could not identify any courses required of DrPH students that are specifically developed at a doctoral level." The following courses are considered by the PMB Department as doctoral-level, and were developed specifically for the DrPH students. However, with the exception of PMO608 and PMO691, Masters level students are not restricted from taking these courses contingent on the Course Director's approval.

PMO508 Biostatistics III  
PMO513 Advanced Epidemiologic Methods  
PMO516 Design and Analysis of Epidemiologic Studies  
PMO608 Doctoral Data Club  
PMO971 PMB Doctoral Student Journal Club  
PMO972 Seminar in Critical Thinking  
PMO1011 Quantitative Analysis & Methods for Health Leaders & Executives  
PMO691 Teaching Practicum

- Appointment level of faculty practicum coordinator

The report states that "A full-time, non-tenure track faculty member coordinates the practicum and independent project requirements." That individual is a full-time, tenured faculty member.

- Duplication of one of the Generalist competencies with one of the core competencies and no course mapping

The report states that "The self-study lists two competencies; however, one is also included in the list of core competencies for all MPH students. The one unique competency is to "employ systems

thinking to assess and evaluate public health issues.” This competency is not mapped to any coursework, and generalist students do not have any required courses beyond the core...”

One of two competencies for the generalist MPH is very similar to, but not the same as, a core competency for all MPH students (“demonstrate effective written and oral communication skills *tailored to specific audiences*”). It was in fact mapped to courses in the Self-Study (see page 2-34); the one course that is not listed for all MPH students is PMO670, and that course (MPH practicum) actually should have been listed for all MPH students. That has been corrected.

- Other minor factual corrections are as follows:
  - On page 14 (criterion 2.4), second paragraph should read “Residents in general preventive medicine or occupational environmental use their regularly scheduled rotations to meet the MPH practicum requirement in the post-graduate year 2 or 3 of their residency.”
  - On page 24 (criterion 4.2), paragraph at bottom of page should read “Instruction 1100 is clear, complete, and comprehensive; it is currently being revised.” It has not yet been revised.
  - On page 18 (criterion 2.7), third paragraph should read “ Students’ *oral presentations* are assessed by a panel of five faculty members who use a scoring sheet to assign a numeric score out of 35 possible points.
  - On page 22 (criterion 3.1), in the second paragraph, Armed Forces Disease Surveillance Center should be Armed Forces *Health* Surveillance Center and in the fourth paragraph, the last sentence should read “The program also expects at least 50% of faculty members to achieve two *or* more research dissemination points each year.”
  - On page 23 (criterion 3.3), in the third paragraph, the Federal Occupational Health” should be “the Federal Occupational Health *specialty leaders*.”
  - On page 25 (criterion 4.2), the second paragraph, last sentence should read “Military faculty may be appointed in the *clinician-educator pathway*, an *educator pathway*, or a research *pathway*.”

We would also like to respond to the three areas which were judged as “partially met” in the Report. Two of these areas were related to the Doctor of Public Health (DrPH) program, and the third area was the competencies for the Generalist area of specialization for the MPH degree program.

- DrPH Practicum (2.4: Practical Skills)

It was during the preliminary review of the Self Study prior to the April 2013 Site Visit by CEPH that we were informed that we needed a more formal description and implementation of an appropriate practicum for DrPH students. Based upon this input, the program approved a course modification in March 2013 to ensure that all future DrPH students will complete a practical

experience of 240 hours for six academic quarter credits. The Site Visit Team was provided with the new DrPH practicum course description, practicum proposal forms, practicum site evaluation forms, and student practicum evaluation forms. However, the Team was concerned that present students have not yet had the opportunity to complete the experience under the new, more formalized guidelines, and that student records validating the application and use of these changes were not available at the time of the site visit. As of May 17, 2013, the DrPH practicum is fully implemented. Since the Site Visit, one of our four current DrPH students has completed the practicum, one is currently enrolled in the practicum course, and the remaining two are scheduled to complete the practicum in the upcoming academic year. All future DrPH students will be required to complete the practicum, and the PMB Graduate Student Handbook now reflects this change in degree requirements.

- **DrPH Coursework (2.10: Doctoral Degrees)**

The Site Visit Team voiced concern of a lack of appropriate doctoral-level coursework for DrPH students, and the need for an action plan that assures comprehensive improvements. The PMB Department previously recognized the paucity of required courses designed to provide the appropriate scope and depth of instruction for DrPH students and candidates. Over the past two years, the efforts of the graduate program directors, the Doctoral Programs Subcommittee and an ad hoc workgroup of DrPH program graduates from USUHS and other universities culminated in the revamping of DrPH core course requirements. Unfortunately, the final approved redesign of the DrPH curriculum was not available in time for the April 2013 Site Visit. A summary of this DrPH curriculum redesign is in the attached Appendix. Complete course descriptions and the change in course requirements for the DrPH program appear in the current PMB Graduate Student Handbook.

- **MPH Generalist Area Competencies (2.6: Required Competencies)**

The Site Visit Report expressed concern about the competencies for the Generalist area of specialization for the MPH degree program. This was an area of concern that we recognized from early on in the Self-Study process. The PMB Graduate Program Director and the MPH Program Director visited CEPH headquarters three years ago to meet with accreditation specialists for specific guidance on this issue. We did not have a MPH Generalist area at the time of the last Self Study, but we were informed that the generalist area of concentration was required, given other areas of specialization for the MPH degree. After reviewing other CEPH-accredited programs' self-study reports and with the guidance of CEPH staff, we established two generalist competencies and believed that there was general agreement on the acceptability of what we had written.

Following the Site Visit in April, we were made aware of three possible options to address the issue of Generalist area competencies by CEPH staff. The first is to drop the MPH Generalist area entirely, but we are reluctant to do so since it is becoming an increasingly popular area for our MPH students. The other two options are either the creation of one set of competencies for all Generalists or a separate set of individually-tailored competencies for each Generalist student. After discussions and meetings with faculty and students, we decided to opt for a separate set of competencies for each Generalist student. This is essentially what we have been doing on an

informal basis with our Generalist students over the past few years. We will now formalize the process. MPH students declare their area of specialization at the end of the Fall Quarter. Those who intend to be in the Generalist area will meet with their academic advisors and the MPH Program Director to select their upcoming Winter Quarter courses. Generalist MPH students will be required to meet the MPH core competencies expected of all MPH students plus an additional set of competencies based upon the additional coursework selected with the approval of their advisors. For example, if courses primarily from the Health Services Administration and/or Global Health areas are selected, a unique set of additional competencies will be added to core competencies based on specialty area competencies that have already been mapped to specific courses. Again, this process is expected to be completed for each Generalist MPH student by the end of the Fall Quarter. At the conclusion of their MPH program, an assessment will be made as to the level of achievement in their complete set of core and area competencies.



David F. Cruess, Ph.D., CPH  
Professor of Preventive Medicine and Biometrics  
Vice Chair and Director, PMB Graduate Programs



Tomoko Hooper, MD, MPH  
Professor of Preventive Medicine and Biometric  
Director, MPH Program  
Deputy Director, Graduate Programs



Roger Gibson, DVM, MPH, PhD  
Assistant Professor of Preventive Medicine and Biometrics  
Director, PMB Doctoral Programs

## Appendix:

### DrPH Core Courses Prior to Candidacy

PMO502	Introduction to SAS
PMO503	Biostatistics I
PMO504	Biostatistics II
PMO508	Biostatistics III
PMO511	Introduction to Epidemiology
PMO512	Epidemiologic Methods
PMO513	Advanced Epidemiologic Methods
PMO523	Fundamentals of U.S. Healthcare Policy
PMO528	Global Health I
PMO530	Behavioral and Social Sciences Applied to Public Health
PMO531	Program Planning and Development <b>or</b> PMO533 Decision Making in Health Services
PMO535	The Law of Health Care
PMO540	Introduction to Environmental Health
PMO541	Advanced Environmental Health
PMO608	Doctoral Data Club
PMO671	Introduction to the MPH Project and Practicum
PMO672	MPH Project/Practicum Design and Development
PMO971	PMB Doctoral Student Journal Club
PMO972	Seminar in Critical Thinking
PMO998	Foundations of Leadership <b>or</b> PMO1010 Diversity and Leadership
PMO691	Teaching Practicum

Per USUHS School of Medicine and the PMB department requirements, DrPH students must take at least 65 credits before candidacy.

### Courses Prior to Graduation

In addition to the DrPH core courses required for candidacy DrPH students are required to take the following courses prior to graduation.

PMO670	Public Health Practicum - <b>Post Candidacy</b>
PMO701	Advanced Biometrics Tutorial <b>or</b> equivalent course in data management
PMO529	Health Care Financial Management <b>or</b> PMO598 Health Economics
PMO599	Introduction to Health Risk Communication
PMO991	Ethics in Public Health
PMO1005	Strategic Planning and Marketing for Healthcare Systems
PMO1006	Policy and Program Evaluation
IDO511	Educational Methods
PMO577	Introduction to GIS Methods in PH