Criterion 2
Instructional Programs
2.6 Required Competencies

CEPH Criterion

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

CEPH Required Documentation

a. Identification of schoolwide core public health competencies that all MPH or equivalent professional degree students are expected to achieve through their courses of study.

b. A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the school, a single matrix will suffice. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

c. Identification of a set of competencies for each program of study, major or specialization, depending on the terminology used by the school, identified in the instructional matrix, including professional and academic degree curricula.

d. A description of the manner in which competencies are developed, used and made available to students.

e. A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

f. Assessment of the extent to which this criterion is met.
2.6.a. Expected Core Public Health Competencies Identification

**Required Documentation:** Identification of schoolwide core public health competencies that all MPH or equivalent professional degree students are expected to achieve through their courses of study.

During the fall 2006 semester, the school’s five required core courses were deemed to be the appropriate mechanisms to meet the five Association of Schools of Public Health (ASPH) discipline-specific competencies, and the school’s Academic Programs Committee (APC) then engaged in a consensus-building process that resulted in the school also adopting an adapted version of six of the seven ASPH cross-cutting competencies (excluding public health biology) for all of the school’s master’s programs. Degree program directors followed suit and adapted these same competencies for all of the school’s BSPH and doctoral programs. Thus, the school has developed three sets of schoolwide core public health competencies, for its BSPH programs, its MPH and equivalent professional master’s degree programs, and its DrPH program. See Appendix 2.6.a. for the specific schoolwide competencies defined for each program level.

2.6.b. Core Public Health Learning Experiences Matrix

**Required Documentation:** A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the school, a single matrix will suffice. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

Subsequent to the identification of competencies above, in spring 2007 the APC surveyed all school faculty members to ascertain the extent to which their courses addressed each of the eleven competencies. Based on that survey, the ASPH core and cross-cutting competencies were mapped to these courses (Appendix 2.6.b.). The response rate to this survey was poor, however, and so the competency coverage to which our students are exposed may have been underestimated. In addition to classroom-based courses, competencies are addressed during the required practicum experience, and, beginning in the summer of 2008, students were required to provide information regarding their exposure to competencies during the practicum.

2.6.c. Major Program Competencies

**Required Documentation:** Identification of a set of competencies for each program of study, major or specialization, depending on the terminology used by the school, identified in the instructional matrix, including professional and academic degree curricula.

Appendix 2.6.c. lists additional competencies that have been identified for the various degree programs in the instructional matrix, including professional and academic degree curricula.
2.6.d. Implementation of Competencies

**Required Documentation:** A description of the manner in which competencies are developed, used and made available to students.

Competencies to be addressed through courses are communicated in course syllabi. Students work toward achieving competencies in a variety of other ways, including relationships with mentors, service on committees, participation in conferences, and paper or poster presentations. In addition to the ASPH cross-cutting competencies, individual departments introduce profession-specific competencies in their courses. All competencies provide a context for advising, including providing a learning objectives framework for the required practicum.

2.6.e. Competency Relevance

**Required Documentation:** A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the competencies for its educational programs.

A variety of professional activities has brought school faculty members together with public health practitioners to define the most appropriate competencies for each discipline. In 2006-2007, faculty members from the school were active participants in the process of defining ASPH competencies. Peggy Leatt, associate dean for academic affairs, cochaired the ASPH subcommittee on health policy and management competencies, and Jim Porto (HPM) chaired the committee on systems thinking competencies. Health Policy and Management also has participated in a National Center for Healthcare Leadership pilot project to develop and implement competency-based learning in that discipline. Peggy Leatt is also serving as a member of an ASPH committee to define competencies of undergraduate study in public health.

A number of faculty serve on national public health and discipline-specific committees dedicated to identifying strategies and trends for training practitioners. For example, Anita Farel (MCH), is a consultant to the national MCH Training Resource Center (Health Resources and Services Administration), which guides performance measure monitoring and development among all MCH training programs, including training programs at schools of public health. Tom Ricketts (HPM and the Cecil G. Sheps Center for Health Services Research) contributed to a 2008 AcademyHealth conference and working paper on effectively training the next generation of policymakers and health services researchers in health services research.

School faculty members meet regularly with alumni and attend professional meetings of organizations, such as the American Public Health Association and the North Carolina Hospital Association, that provide broad environmental scans of the practice terrain. In the
last year, EPID faculty and staff hosted an open house for the NC Division of Public Health to discuss how they could work together more closely. NCIPH also regularly assesses North Carolina’s workforce needs through its continuing education programs. At this time, these activities have not been woven into a system of regular activities, but rather reflect an opportunistic strategy, with new information prompting change through informal mechanisms. (See Criterion 3.3 for discussion of how the NCIPH assesses current learning needs of public health practitioners.)

The new capstone experience in HBHE followed an intensive period of self-evaluation, which included surveys of, and interviews with, employers. There also is anecdotal evidence that faculty regularly incorporate competency-based lessons learned from their own experiences in research and/or practice into their curricular content. Curriculum updates also derive from the experiences of other researchers and practitioners, as disseminated through professional organizations, public health conferences and meetings, technical assistance, and scholarly publications.
2.6.f. Assessment of Required Competencies

**Required Documentation:** Assessment of the extent to which this criterion is met.

**Strengths**

- ASPH core and cross-cutting competencies adopted by all departments
- Specialized competencies in place in some departments
- Learning experiences now are more closely linked to specific competencies
- Several departments have revised competencies in their curricula on the basis of feedback from employers and public health practitioners.

**Challenges**

- Monitoring student achievement of competencies
- Developing valid and reliable metrics for evaluating achievement of competencies
- Improving formal protocol for using feedback from the workforce to inform competencies
- Refining metrics by which to assess impact of our students on communities and other settings

**Future Directions**

- Evaluate achievement of competencies
- Communicate effectively with alumni, employers, and practicum preceptors about the competencies
- Commit to regular course and programmatic changes based on feedback
- Communicate to North Carolina and beyond the impact of our students’ and faculty members’ efforts

**This Criterion is met**