

**Council on Education for Public Health
Adopted on October 24, 2015**

REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT
ST. GEORGE'S UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

April 9-10, 2015

SITE VISIT TEAM:

Patricia A. Nolan, MD, MPH, Chair
Kristine Tollestrup, PhD, MPH

SITE VISIT COORDINATOR:

Brittney D. Lilly, MPH

Table of Contents

Introduction.....	1
Characteristics of a Public Health Program	3
1.0 THE PUBLIC HEALTH PROGRAM.....	4
1.1 Mission.....	4
1.2 Evaluation and Planning.....	5
1.3 Institutional Environment	6
1.4 Organization and Administration	8
1.5 Governance	10
1.6 Fiscal Resources	11
1.7 Faculty and Other Resources.....	13
1.8 Diversity	14
2.0 INSTRUCTIONAL PROGRAMS.....	15
2.1 Degree Offerings	15
2.2 Program Length.....	17
2.3 Public Health Core Knowledge.....	17
2.4 Practical Skills	18
2.5 Culminating Experience	19
2.6 Required Competencies.....	20
2.7 Assessment Procedures.....	21
2.8 Bachelor's Degrees in Public Health.....	23
2.9 Academic Degrees	24
2.10 Doctoral Degrees.....	24
2.11 Joint Degrees	24
2.12 Distance Education or Executive Degree Programs.....	27
3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.....	27
3.1 Research.....	27
3.2 Service.....	29
3.3 Workforce Development.....	30
4.0 FACULTY, STAFF AND STUDENTS.....	31
4.1 Faculty Qualifications	31
4.2 Faculty Policies and Procedures	32
4.3 Student Recruitment and Admissions	34
4.4 Advising and Career Counseling.....	36
Agenda.....	38

Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Master of Public Health (MPH) Program at St. George's University (SGU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in April 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

SGU was founded in 1976 as an independent, private medical school: the St. George's University School of Medicine. The first students enrolled in January 1977. More than three decades after its inception, the institution began offering undergraduate, master's and doctoral programs and expanded to include two additional degree granting units: the School of Veterinary Medicine and the School of Arts and Sciences. SGU has attracted students and faculty from over 140 countries around the world, making it a hub for international training and education. The institution employs over 400 faculty and enrolls over 6,000 students in its 48 academic degree programs. SGU has over 14,000 graduates, which include physicians, veterinarians, scientists and public health and business professionals.

SGU's campus in Grenada, West Indies is called the True Blue Campus, as it overlooks the True Blue peninsula on the southwest corner of the island. Through its medical school, the institution has an expansive array of hospital affiliates and educational partners. In addition to the St. George's General Hospital, SGU medical students may complete rotations through SGU's affiliate hospitals in New York, Maryland, Michigan, California, Florida and the United Kingdom, among others. Through SGU's partnerships with schools of veterinary medicine in the United States, the United Kingdom, the Republic of Ireland, Canada and Australia, SGU's veterinary medicine students are able to complete their fourth year of the program at an external site.

All graduate programs at SGU have dual reporting to their respective academic schools and the Graduate Studies Program, which is overseen by the dean of graduate studies. SGU offers 14 Doctor of Philosophy (PhD) degrees through its three schools, with most offered through the School of Veterinary Medicine such as PhDs in anatomy, bacteriology, clinical pathology and marine medicine. The School of Veterinary Medicine also offers the Doctor of Veterinary Medicine (DVM) and Master of Science (MSc) degrees. Eight bachelor's degrees are offered through the School of Arts and Sciences, including degrees in areas such as biology, accounting and finance, international business and sociology, among others. SGU's

Graduate Studies Program offers a Master of Business Administration (MBA) degree. The School of Medicine offers four PhD degrees in addition to a Doctor of Medicine (MD) degree, MSc degree and MPH degree.

The Department of Public Health and Preventive Medicine (DPHPM) was established in 1999 to provide public health training to SGU's medical students and to provide a home for the MPH program, which was initially offered solely as a joint degree. Seven years after the MPH program's inception, the department began offering an MSPH degree but discontinued it three years later in 2009. The department's sole degree is now the MPH, which is offered in three concentration areas: epidemiology, health policy and administration and environmental and occupational health. Two joint degree tracks are also offered for clinical students: veterinary public health and the MD/MPH. To date, the department has graduated nearly 700 students from its public health program.

The MPH program was initially accredited by CEPH in July 2010 for a five-year term, with interim reporting in 2011 and 2012. All interim reports were accepted by the CEPH Board of Councilors as evidence for demonstrating compliance. This current accreditation review constitutes the program's first reaccreditation review.

Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.**
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.**
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.**
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.**
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.**
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.**

These characteristics are evident in the MPH program at SGU. The MPH program is an integral part of SGU. The university, located in Grenada, West Indies, does not hold regional accreditation through a US-based accrediting organization. The DVM program in SGU's School of Veterinary Medicine holds accreditation with the American Veterinary Medical Association Council on Education (AVMA COE). The DVM program was granted a seven-year accreditation term in 2011. The MD program holds accreditation with the Caribbean Accreditation Authority for Education in Medicine and Health Professions (CAAM-HP), which is the legally constituted body established in 2003 to determine and prescribe standards and to accredit programs of medical, dental, veterinary and other health professions on behalf of the contracting parties in Caribbean countries. SGU's School of Medicine became accredited by CAAM-HP in 2009, with provisional accreditation granted from 2007-2009. SGU's next accreditation review is scheduled for April 2015. The school's previous accreditation review occurred in 2011 and resulted in a four-year accreditation term with conditions.

SGU is also accredited by the Government of Grenada, which accredits the institution's MD, DVM and MPH programs, among others. The last accreditation conferral by the Government of Grenada was granted in 2008. Additionally, as of 2014 the Grenada National Accreditation Board (GNAB) recognizes and accredits the institution. GNAB is the body that accredits all institutions and programs of higher education in Grenada.

The MPH program and its faculty and students have the same rights, privileges and status as other professional programs of the institution. The program functions as a collaboration of disciplines, addressing the health of populations and communities through its instruction and research in the areas of epidemiology, health policy and administration, environmental and occupational health, veterinary public health and public health medicine. Through cross-disciplinary instruction across its concentrations, the program provides a learning environment that supports interdisciplinary communication and promotes an organizational culture that embraces the vision, goals and values common to public health. As evidenced in curricula and outcome measures, the program aims to develop and evaluate its programmatic activities in ways that assure sensitivity to the perceptions of its students and community stakeholders.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

The program shall have a clearly formulated and publicly stated mission with supporting goals, objectives and values.

This criterion is met. As the sole program of the DPHPM, the MPH program subscribes to the department's mission, which is "to cultivate, produce and disseminate public health knowledge, to train practitioners and collaborate with partners and communities to promote public health regionally and internationally through an integration of education, service, research and scholarly activities." This revised mission statement was adopted in September 2013.

The MPH program initiated the review of its mission statement in fall 2012, setting up two committees: one examining the vision and mission and one to review the goals and objectives. The committees included faculty members, students, leaders from the Public Health Student Association (PHSA) and members of the Community Advisory Board (CAB). Committee work was submitted to a wider group of stakeholders in three iterations for review and comment.

The mission is prominently displayed on the MPH program's website. While the program's website and other publications display the revised mission statement adopted in September 2013, the self-study document contains a slightly modified version of the mission statement: to cultivate, produce and disseminate public health knowledge through an integration of education, service, research, and scholarly activities in the Caribbean region and the world in collaboration with partners and communities.

The program's vision is "to be a dynamic regional and international centre of excellence in public health education, service, research, and scholarly activities; attracting students, faculty and partners of diverse background who contribute to the strengthening and empowerment of communities, in an ever-changing environment."

The program intends to accomplish its mission and vision through community empowerment, collaboration and team work and continuing professional education, and by translating research and knowledge through research-to-practice applications, producing graduates of high quality and aligning the program with community needs.

The program's core value statements emphasize the interdependence of humans and animals in medicine and health, ethical practice and public service, particularly in the Caribbean region. During the site visit, university and department administrators, faculty, students and CAB members articulated the program's mission and values. Constituents strongly endorsed the One Health One Medicine concept as a value that unifies the School of Medicine, School of Veterinary Medicine and the MPH program. The vision and value statements comport with the accreditation criteria and express the unique nature of this Caribbean university.

In addition to programmatic goals relating to education, service and research/scholarly activity, the program has two additional goals, which are as follows: 1) to function as a regional and international centre in public health, integrating education, service, research and scholarly activity and 2) to advocate for and attract diverse students, faculty and partners from the region and international community. Overall, the objectives associated with each goal statement are specific, measurable, attainable, relevant and time-bound. The program's values are reflected in the objectives selected, particularly those defining diversity, regional and international partnerships and service participation by faculty and students. The program plans to regularly review and evaluate its mission, goals and objectives at its biennial retreats or as part of the university's internal auditing process.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met. The MPH program's Evaluation and Planning Committee (EPC) is charged with designing, implementing, analyzing and reporting on the program's assessment activities. The program has identified data sources for each of its objectives, which include faculty research, service and scholarly

activities forms, faculty CVs, Certificate in Public Health (CPH) exam results, competency assessments and exit interviews, to name a few. Data are monitored on a semester or annual basis, depending upon the nature of the data and the objective. The EPC secretary manages the collection and organization of the data. Analysis of the data is overseen by the EPC chairperson and the accreditation coordinator, who present information for committee discussion. The EPC discusses the program's outcomes and reviews possible actions to be taken to maintain or improve performance. The EPC shares its findings with program administrators, the CAB and the faculty and students involved in the program's ad hoc accreditation committees.

The DPHPM is also reviewed by the university on a three-to-five year schedule. The most recent review in July 2014 focused on the MPH program's goals and objectives.

In addition to serving on various committees, students, either individually or through the PHSA, make suggestions for program development and student services. During the site visit, students and faculty cited examples of how student feedback has been used to make program improvements, such as the initiation of an entry interview to complement the existing exit interview process. Both processes allow students to provide specific feedback on a variety of programmatic elements. An example provided was one student's desire for a more robust capstone experience that would allow for production of a publishable quality product. The program has since strengthened its capstone experience.

The self-study process and the evaluation of performance on objectives are intertwined. Involvement of all DPHPM personnel in the process has been largely accomplished through status reports and sharing of completed documents via email. The program convened accreditation self-study sub-committees, which were led by senior faculty members. Committees included university administrators, CAB members, students, alumni and faculty internal and external to the DPHPM. At the site visit, the level of involvement by students and the CAB were confirmed. Senior university administrators, including individuals from the School of Veterinary Medicine and the School of Arts and Sciences, were very engaged with the MPH program and supportive of its role in the university.

1.3 Institutional Environment.

The program shall be an integral part of an accredited institution of higher education.

This criterion is met. SGU is a for-profit institution chartered in 1976 by the Grenadian House of Parliament. The institution has been recognized for the past 30 years by the Government of Grenada to award accredited degrees in medicine, veterinary medicine, public health and other fields.

SGU is governed by a Board of Trustees, with the university's chancellor serving as the board's chairperson. The university transitioned to new ownership and investors in 2014, with the chancellor

remaining part owner of the university. The institution's new ownership is the result of a 12-year search by university administrators for a group of investors who would recognize SGU's potential as an international center of education. University administrators noted on site that SGU's new owners and investors are seeking to capitalize on international markets and propel the university forward as a recognized center for international education.

The chancellor is the institution's chief executive officer and is responsible for managing the university's affairs, as directed by the Board of Trustees. The provost directs the academic and administrative affairs of the university and reports directly to the chancellor. A dean leads each of the three schools (medicine, veterinary medicine and arts and sciences), and all report directly to the provost. There is also a dean of graduate studies who reports to the provost and oversees all graduate degrees across the three schools. Each school has an associate dean of graduate studies who reports to the dean of graduate studies.

The provost and the institution's chief financial officer review and approve all budgetary submissions from programs across the university. The DPHPM chair, deputy chair and administrative assistant prepare the MPH program's budget, which is included in the annual departmental budget. The department's budget request is submitted to and reviewed by the provost and officers from the Office of Finance.

Personnel recruitment follows a standardized procedure throughout the university, as does faculty evaluation and advancement. Formal requests for new faculty and staff positions are made to the Office of the Provost, and a recruitment officer oversees the process. A university-wide faculty search committee conducts interviews and makes recommendations to department chairs and the Office of the Provost.

Oversight of academic standards and policies occur at the department level. The MPH program's Graduate Affairs Committee develops policies and procedures and makes recommendations to the department chair. The department chair reviews and forwards recommendations to the Graduate Review Committee, which is overseen by the dean of graduate studies.

From on-site discussions, site visitors gathered that university administrators are invested in the MPH program and regard the program as a well-respected presence on campus. Faculty who met with site visitors noted that the DPHPM has been a trailblazer at the institution in regards to advocating for a more formalized and robust research program. Faculty believe that university stakeholders appreciate the MPH program for its ongoing role in fostering research on campus.

Site visitors furthermore observed that, though the program functions in a setting with multiple reporting lines, the dean of graduate studies functions as the program's primary liaison to university administration.

The dean of graduate studies evidences an investment in and familiarity with the MPH program, including the self-study process.

1.4 Organization and Administration.

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The university is led by a chancellor who has five direct reports: the provost, chief financial officer, general counsel, dean of enrolment planning and the dean of students. The provost oversees all academic programs and has the following reports: the School of Medicine dean, School of Veterinary Medicine dean, School of Arts and Sciences dean and the Graduate Studies Program dean. Three vice provosts, who have oversight of the following areas, also report to the provost: institutional advancement, international program development and the global scholars program.

In the School of Medicine, the dean is supported by a number of associate and assistant deans who oversee areas such as basic and allied health sciences, clinical studies, graduate studies and academic affairs. The School of Medicine has seven clinical departments: internal medicine; surgery; obstetrics/gynecology; psychiatry; emergency medicine; family medicine and general practice; and pediatrics. Additionally, the school has 11 basic science departments: anatomical sciences; behavioral sciences; biochemistry and genetics; bioethics; pathology; microbiology; pathophysiology; pharmacology; physiology and neuroscience; clinical skills; and public health and preventive medicine.

Although housed in the DPHPM within the School of Medicine, the MPH program has dual reporting to the Graduate Studies Program. In the School of Medicine, the program reports to the dean of basic and allied sciences. The program's joint degrees have reporting relationships to multiple entities. For example, the DVM/MPH program is under the leadership of the veterinary public health track director in the DPHPM but also has a reporting line through the pathobiology academic program to the associate dean of the School of Veterinary Medicine, as well as to the Graduate Studies Program dean. Likewise, the MD/MPH program is under the leadership of a track director in the DPHPM and also has reporting to the dean of basic and allied sciences, as well as to the Graduate Studies Program dean.

The DPHPM is led by a department chair with the support of a deputy chair, accreditation coordinator, executive secretary and an administrative assistant, with two supporting secretaries. The department has five track directors, overseeing the program's three standalone MPH tracks and two joint degree tracks. The DPHPM has 18 faculty members, two adjunct professors and nine visiting professors. Courses in the program are taught by primary and secondary faculty members, including visiting professors.

A number of faculty members have dual roles within the department. For example, the accreditation coordinator is also a course instructor for the required Concepts, Practice and Leadership in Public Health course. Further, the department's structure appears to effectively facilitate interdisciplinary communication and collaboration within the School of Medicine and across campus, as it is common for faculty to teach in courses across tracks. As an example, in the Infectious Disease Epidemiology course, the health policy and administration track director led a course topic on influenza and other respiratory diseases, and a veterinary public health faculty member led a course topic on water and food borne infections. Faculty on site also mentioned how easy it is to approach and collaborate with faculty across tracks and disciplines in the department. Faculty collaborations related to research and service have occurred but are not as common as instructional collaborations. Faculty on site did mention collaborations with faculty external to public health, such as a project involving faculty in the School of Veterinary Medicine.

Two collaborating centers are housed in the DPHPM: the World Health Organization (WHO) Collaborating Center for Environmental and Occupational Health and the Regional Collaborating Centers, which include the United Nations Framework Convention on Climate Change (UNFCCC) and the Windward Islands Research and Education Foundation (WINDREF). WINDREF is a non-profit organization in Grenada, with locations also in London and New York. These collaborating centers have served to foster interdisciplinary collaboration among the department, the institution and external constituents.

Interdisciplinary communication, coordination and collaboration are most notably demonstrated by the student body, especially in the areas of research and service. Students have demonstrated an adherence to the university's One Health One Medicine vision, as students work in interdisciplinary teams at the community's one health clinic, where public health, medical and veterinary students work side-by-side to provide medical care and health education to humans and animals. Students also gain an interdisciplinary experience through the integrated public health project (IPHP) completed in the Health Policy and Management course, in which they are placed in teams of five to six students to develop a policy brief for a country. These teams are sometimes inclusive of students from the MD and/or DVM programs. Students on site highlighted that they appreciated having courses with both clinical and public health students because it enriched classroom discussions and provided different perspectives on public health issues. DVM, MD and MPH students have also joined together this year for the Global One Challenge addressing rabies. In on-site meetings with university administrators, the assistant dean of graduate studies mentioned her interest in facilitating interdisciplinary collaborations for students. The university has just approved a new student organization called the One Health One Medicine Association, which is expected to have student representatives from the DVM, MD and MPH programs.

1.5 Governance.

The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

This criterion is met. Program administrators and faculty have clearly defined rights and responsibilities concerning program governance and academic policies. From on-site meetings, the site team gathered that committees are robust and empowered to exercise governance over programmatic functions.

The program has seven committees: the EPC; the Faculty Recruitment Review Committee; the Graduate Affairs Committee; the Research, Service and Scholarly Activities Committee; the Practicum and Capstone Committee; the Admissions and Graduation Committee; and the Panel on Admissions for Public Health. The department's governance structure demonstrates broad faculty, staff, student and community representation. Students are involved on all committees except the Faculty Recruitment Review Committee, Graduate Affairs Committee and the Panel on Admissions for Public Health. The student-led PHSA is also an active group that engages in community service projects in the local community. The association also serves as a liaison between students and administrators, though students noted on site that program administrators are always directly accessible.

Committees that appear to be the most active are the EPC; the Research, Service and Scholarly Activities Committee; the Practicum and Capstone Committee; and the program's community stakeholder committee: the CAB. The EPC serves as the program's curriculum committee, providing curricular oversight and ensuring competency coverage throughout the curriculum. This type of oversight also occurs at the track level as well. Each track holds meetings among its faculty, where track-specific courses and competencies are frequently reviewed. Faculty in the epidemiology track indicated that they constantly review curricula and update competencies through an ongoing iterative process. Changing of track-specific competencies must be approved by the EPC.

The CAB is a cohesive and active group that is well engaged by the program. CAB members include employees with the Pan-American Health Organization, the Drug Control Unit for the Government of Grenada and former Grenadian government officials, among others. On site, board members expressed an invested ownership in the program, supporting site visitors' impressions of the group's high level of activity and involvement. The group serves to provide general oversight and strategic direction for the program. It is also the program-level authority for all substantive programmatic decisions. For example, the board has recently been in conversation with the program regarding strategies to expand research programs and activities to other Caribbean countries. The CAB's regularly scheduled meetings are held twice per year, but the board is continuously engaged in program business throughout the year.

The program convened a number of ad hoc committees in preparation for the accreditation review, with widespread constituent involvement. An accreditation review committee was convened for each of the four CEPH criteria components.

Four program faculty have been involved on School of Medicine and institutional-level committees, such as the School of Medicine Admissions Committee, the Committee for the Academic Performance and Professional Standing (CAPPS), the Graduate Review Committee, the Curriculum Review Committee, the Institutional Animal Care and Use Committee (IACUC) and the IRB Committee.

1.6 Fiscal Resources.

The program shall have financial resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is met with commentary. The budgetary and resource allocation process is standardized in the School of Medicine, with department chairs submitting annual budget requests to the provost and chief financial officer for approval. As the DPHPM chair is leading the annual budget preparation process, faculty members provide input and requests on budgetary needs. Once the budget is approved and resources are allocated, the DPHPM chair manages the flow of resources within the department. Additional funds can be requested throughout the year from the Office of the Provost.

The DPHPM is funded by tuition and fees, as well as grants and contracts from regional and international organizations, donor foundations and governmental agencies. No funds are available from legislative appropriations, gifts, indirect cost recovery, taxes or levies.

In fiscal year (FY) 2010 and 2011, the program's expenditures exceeded income. In the past three years (2012-2014), however, the program's income has exceeded expenditures. In the past three fiscal years, the program has overall had a significant increase in its source of funds from tuition/fees and grants/contracts. In 2014, there was a large increase in the amount of funding from grants/contracts, which was due to one faculty member receiving a large grant. The provost and other institutional administrators stated that the university will support the program if expenditures again exceed income, as they did in 2010 and 2011.

The department's largest expenditure is faculty salaries and benefits. The second largest expenditure is student scholarships. Program administrators explained that these scholarships are used for non-North American students who usually do not have access to loans. In 2014, the department experienced a significant increase in operations expenditures due to an increase in fees paid to professional organizations such as the Association of Schools and Programs of Public Health (ASPPH).

Table 1 presents the program's funds and expenditures from FY 2010 through 2014.

Table 1. Sources of Funds and Expenditures by Major Category, FY 2010 to 2014					
	2010	2011	2012	2013	2014
Source of Funds					
Tuition & Fees	\$1,504,745	\$1,935,196	\$2,318,640	\$2,136,304	\$2,113,580
Grants/Contracts	\$203,800	\$324,185	\$627,739	\$450,677	\$1,418,631
Total	\$1,708,545	\$2,259,381	\$2,946,379	\$2,586,981	\$3,532,211
Expenditures					
Faculty Salaries & Benefits	\$2,077,150	\$1,880,767	\$1,774,082	\$1,662,473	\$1,873,585
Staff Salaries & Benefits	\$59,709	\$57,331	\$58,598	\$67,812	\$70,521
Operations	\$15,964	\$26,031	\$97,952	\$43,356	\$184,616
Travel	\$64,102	\$54,868	\$49,288	\$44,794	\$66,337
Student Support (through scholarship)	\$414,917	\$459,205	\$463,938	\$401,601	\$398,669
Total	\$2,631,842	\$2,478,202	\$1,930,632	\$2,220,036	\$2,593,728

The first commentary relates to the program's dependence on funding streams that may vary considerably from year to year. The program's two major sources of funds, tuition/fees and grants/contracts, are solely dependent on external factors, namely, student interest in enrollment and the availability of appropriate funding opportunities from the types of organizations and entities with which the university is eligible to work. Enrollment in the standalone MPH degree has decreased over the last four years. If enrollment continues on this trajectory, tuition and fee revenue may not be sufficient to support the program's expenditures. While enrollment in the standalone degree is decreasing, the university has formulated strategies to increase enrollment in the joint MPH degree programs. During the site visit, the associate dean of enrolment planning described new efforts to increase enrollment, which include mandatory training for admissions interviewers on the MPH program and the benefits of a joint MD/MPH and DVM/MPH. Further, incoming students will be made privy to the MPH program at both the summer and winter student welcome sessions. Students seeking to pursue the joint degree will be permitted to begin MPH coursework one to two semesters prior to entering medical school.

The second commentary relates to the inevitable uncertainty that attends the 2014 change in investors. In July 2014, the university received a substantial equity investment from a large international investment group. University administrators indicated that new funds will be used to focus on supporting institutional research and undergraduate programs, expanding student resources and international capabilities and enhancing relationships with hospital and university partners. At the time of the site visit, it was not clear how the investors' priorities will impact the MPH program. During the site visit, faculty did not express concern about the change in ownership and were, in fact, optimistic that the change would lead to increased support for research development. Program constituents also expressed confidence that the

investors were strongly supportive of developing new educational opportunities for international, regional and local students and maintaining the university's existing high standards.

1.7 Faculty and Other Resources.

The program shall have personnel and other resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

This criterion is partially met. The program demonstrates adequate faculty resources for its three standalone tracks, as each track has the requisite quantitative minimum of three distinct faculty members dedicated to instruction, advising and research and service that benefit the public health program. Primary faculty numbers for three standalone tracks as of academic year (AY) 2014-2015 are as follows: Six in epidemiology, six faculty in health policy and administration and four for environmental and occupational health. These tracks are also supported by a contingent of secondary faculty.

The program's joint degrees have distinct tracks, with each having one primary faculty member dedicating at least 50% of his/her time to the track. Additionally, there are five to six non-primary faculty members supporting each track.

The concern is that the two joint degree tracks do not have the requisite minimum of three separate primary faculty per track dedicating at least 50% or more of their institutional time and responsibilities to the public health program. During the site visit, reviewers met with a number of faculty with teaching and advising responsibility in the veterinary public health track, including the track director, whom the site team would have assumed to be a primary faculty member. However, the self-study listed the veterinary track director as a secondary faculty member, indicating that his responsibilities to the program are less than 50%. Site visitors also met with two secondary faculty members who teach track-specific courses in the MD/MPH program in the School of Medicine. These faculty do not have regular advising responsibility for students in the program.

Although the joint degree tracks have not achieved the quantitative faculty minimums, site visitors note that essentially all track-specific coursework is taught external to the DPHPM, and thus the joint degree tracks require no additional instructional effort from the program's primary faculty. The only potential additional burden on the program's primary faculty from the joint degree program is the advising load or core course sizes. However, the student-faculty ratio for all tracks (except the MD/MPH) is well below 10:1. Further, on site, faculty affirmed that the advising load is manageable. Faculty indicated that they generally set their own limits on the number of students they can advise (the typical average is around five students). Regarding faculty course load, faculty on average lead three courses per year and may guest lecture on topics in other courses.

An additional important piece of context relates to the self-study's methods for reporting faculty members' full-time equivalence (FTE) to the program and definitions of primary faculty. Faculty and staff informed site visitors that the university has not had a uniform system for tracking or defining faculty FTEs. In fact, at the time of the site visit the dean of basic and allied sciences had recently sent out the university's first ever FTE form, which asked all faculty to report how they allocate their time. These FTE forms are intended to help department chairs better understand how faculty are using their time so that they can allocate resources more effectively.

The program is well resourced in regards to staff personnel, as the department has a full-time administrative assistant and secretary. Faculty members may also share in the department's administrative responsibilities.

The DPHPM is located in the lower level of the Caribbean House building on SGU's \$250 million (U.S. dollars) True Blue Campus. Public health students have access to laboratories, classrooms, a student center, health services center, climate-controlled student housing and the university library. The university's library still has print material but has moved to providing most journals and other resources electronically. All campus buildings have wifi access, as well as most outdoor areas on campus.

1.8 Diversity.

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

This criterion is met. The MPH program demonstrates a commitment to diversity and evidences an ongoing practice of cultural competence in learning and service. As learned on site, the institution's former vice chancellor was instrumental in moving the university from a more homogenous student population composed of primarily North American students to a diverse student population representing countries around the world. SGU has attracted students and faculty from over 140 countries, and the MPH student complement is composed of students representing five continents.

The program employs a thoughtful approach to identifying and recruiting individuals from under-represented groups. The program aims to maintain and increase its diversity in faculty and students of Caribbean ethnicity, staff members of Grenadian descent, male students, international students and public health practitioners. The program has met and exceeded five of its six diversity goals. Its student body is composed of 31% Caribbean students (exceeding its target by 16%), and public health practitioners make up 16% of the student population (6% higher than the program's target). Consistent with commonly observed trends in the public health discipline as a whole, the program was not able to achieve its diversity goal of 40% male representation in the student population, though the program's complement currently consists of 28% male students. The program has not yet identified strategies to

particularly increase male students, as it is focused on increasing overall student enrollment. The faculty complement is composed of 60% Caribbean-born faculty members.

The program also identifies a focus on diversity and cultural competence in areas other than faculty, staff and student recruitment. Several courses in the program require service learning with local communities, including the Health Policy and Management course and the Concepts, Practice and Leadership in Public Health course.

In addition to the program’s success with recruiting a diverse faculty, staff and student body, the self-study describes retention methods, including mentorship and professional development opportunities for faculty and staff.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree. The program may offer a generalist MPH degree and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is met. SGU’s public health program offers three tracks available to standalone MPH students, which include epidemiology, environmental and occupational health and health policy and administration. The program also offers two joint degree tracks: an MD/MPH track and a veterinary public health track for DVM/MPH students.

Table 2 presents the program’s degree offerings.

Table 2. Instructional Matrix		
	Academic	Professional
Master’s Degrees		
Epidemiology		MPH
Health Policy and Administration		MPH
Environmental and Occupational Health		MPH
Joint Degrees		
Medicine		MD/MPH
Veterinary Public Health		DVM/MPH

The program’s degree offerings reflect its mission and goals, as curricula demonstrate an orientation toward regional and international public health activity. Required and suggested textbooks/readings and course lessons are relevant to the respective discipline/course topic and appear to have a public health, population-focused orientation. A number of courses have a global emphasis, which is consistent with the

program's mission, vision and goals. It is apparent that faculty are engaged in keeping curricula current and make minor updates to courses from year-to-year.

Prospective and current students, as well as external stakeholders, may review SGU's public health offerings through the program's website, which is thoroughly comprehensive and user-friendly. Through the website, constituents can readily find the curricular requirements for each MPH track, as well as the track-specific competencies for most tracks, a recommended program outline for joint degree students, the academic calendar, a listing of program faculty, links to career development resources and a description of the capstone and practicum—including a listing of frequently used practicum sites.

All students, regardless of concentration, take courses in the five core public health knowledge areas, in addition to track-specific courses, one elective course and DPHPM required courses—which include a course in public health research methods and ethics; a course on the concepts, practice and leadership in public health; a public health practicum; and a culminating experience. Students can choose one of the following three-credit hour elective courses: Maternal and Child Health; Nutrition and Public Health; Preventing Mental Illness; Family Violence; Public Health Surveillance; Women and Health: A Sociolegal Perspective; Veterinary Application to Public Health; or Independent Study. In addition to those listed, students can take any other out of track course as an elective. A review of elective course syllabi demonstrates that the course options provide a good supplement to public health education while providing students the opportunity to gain an introduction to public health topics beyond their chosen concentration. Students may also use the track-specific courses from the three standalone MPH tracks as electives.

Each standalone MPH track requires students to take four three-credit hour track-specific courses. In the epidemiology track, students take courses in chronic and infectious disease and intermediate epidemiology, as well as data management and analysis. Epidemiology courses incorporate the use of statistical software such as SPSS, EpiInfo and EpiData.

In the health policy and administration track, students take courses in decision making, leadership, health economics and health policy analysis.

In the environmental and occupational health track, students take four defined concentration courses in environmental toxicology, health management and sustainability, occupational and environmental epidemiology and industrial hygiene. The Occupational and Environmental Epidemiology course includes field trips to locations such as Texaco's Tank Farm in Grand Mal or to Grenadian breweries. This course also covers global environmental hazards.

Since the MD/MPH and DVM/MPH function both as tracks and as joint degrees, their track requirements are addressed specifically in Criterion 2.11.

Overall the program of study is well structured, as courses taken in the recommended sequence will build upon and reinforce the competencies gained in previous courses. Many track-specific courses require prerequisite courses for enrollment. For example, before epidemiology students can enroll in the Intermediate Epidemiology course, they must have completed the core Principles of Epidemiology and Principles of Biostatistics courses.

2.2 Program Length.

An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.

This criterion is met. SGU's MPH program requires 42 semester-credit hours for degree completion. Curricula consist of an appropriate amount of didactic and non-didactic coursework, with six credit hours allocated to the capstone and practicum, and 36 credit hours devoted to didactic coursework. A credit hour is defined as 16 hours of classroom time.

The spring and fall semesters are 12 weeks, and syllabi indicate that classes are held two days a week for two hours each meeting. The summer semester is eight weeks, and classes meet twice per week for three hours each meeting. Classes are typically held on Monday and Wednesday or Tuesday and Thursday.

2.3 Public Health Core Knowledge.

All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

This criterion is met. To attain depth and breadth in the five core areas of public health knowledge, all MPH students take five three-credit hour core courses. A review of core course syllabi reveals a perceptive mapping process of competencies to core courses.

In AY 2014-2015, the following core courses were offered in the fall semester: Biostatistics, Environmental Health and Health Policy and Management. The Social and Behavioral Aspects of Public Health course was offered in the spring semester.

In the joint degree program, no waivers are allowed for core courses. The DPHPM will accept transfer credits for core courses taken at other CEPH-accredited programs or schools of public health.

Table 3 presents the required core courses for MPH students.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	PUBH 804: Principles of Biostatistics	3
Epidemiology	PUBH 803: Principles of Epidemiology	3
Environmental Health Sciences	PUBH 807: Principles of Environmental Health	3
Social & Behavioral Sciences	PUBH 806: Social and Behavioral Aspects of Public Health	3
Health Services Administration	PUBH 805: Health Policy and Management	3

2.4 Practical Skills.

All graduate professional public health degree students must develop skills in basic public health concepts and demonstrate the application of these concepts through a practice experience that is relevant to students’ areas of specialization.

This criterion is met. The practicum is designed to help students integrate their academic studies with public health practice. The minimum contact time required for the practicum is 240 hours. Practicum sites are required to provide direction through an on-site supervisor/preceptor who meets specific academic and experience criteria. Qualifications of site preceptors include the following: 1) a master’s degree, terminal professional degree or at least an apparent academic/professional association with the multidisciplinary facets of public health; 2) active engagement in work that utilizes public health principles, theory and skills in one or more of the five core areas of public health; 3) availability to meet in person with and guide the student; and 4) a commitment to complete required evaluations.

The Practicum and Capstone Committee reviews and approves potential practicum sites for suitability. The minimum requirements for a practicum site include the following: 1) identification as a bona fide public health agency or a community site; 2) providing planning or services relevant to public health; 3) providing a qualified preceptor who is accessible to the student; 3) the capacity to increase responsibilities and independence as a student gains necessary skills; 4) the ability to provide an experience that matches the student’s academic needs; and 5) providing institutional support as needed.

The practicum coordinator maintains a list of pre-approved sites in a database that is accessible to students. The practicum coordinator assists students in identifying a site and contacts the site to negotiate the work agreement to fulfill each student’s practicum. During negotiations with the practicum site, the coordinator informs the site of the specific skills and competencies the student expects to gain and the educational objectives to be achieved, as well as the program’s reporting requirements. The practicum coordinator also determines the availability and commitment of the agency and the qualifications of the proposed preceptor. During the site visit, both students and preceptors spoke highly of the negotiation process, stating that it provides clear expectations on the practicum deliverables and competencies to be addressed during the experience.

The practicum coordinator has primary responsibility for supervising the student during the experience, in conjunction with the site supervisor. The coordinator holds several information sessions throughout the year, and students are also required to meet with their faculty advisors to develop their practicum plan. As an additional resource, the program has a practicum manual, which spells out the evaluation responsibilities of the student, the site supervisor and the practicum coordinator. Students have the following responsibilities: 1) keep a daily log to be reviewed by the site supervisor and file it weekly with the practicum coordinator; 2) submit the site supervisor's mid-term and final evaluations to the practicum coordinator; and 3) complete and submit a portfolio that includes a description of the practicum site, a three to five page analysis and assessment of the project or work assignment, any materials produced during the practicum and three abstracts of relevant research consulted during the experience. The student's portfolio is intended to provide an assessment of the learning experience and its relevance to the student's track and intended professional role. The portfolios and evaluations reviewed by site visitors reflected these expectations.

The practicum coordinator arranges for students to give presents on their practicum experience. Students are strongly encouraged to participate, but it is not required or graded. Faculty feedback on presentations may be provided. The description of this process implies that selected students are invited to present, and that it is intended to inform students who have not yet begun the practicum.

2.5 Culminating Experience.

All graduate professional degree programs identified in the instructional matrix shall assure that each student demonstrates skills and integration of knowledge through a culminating experience.

This criterion is met. The culminating experience is the Capstone Seminar, which is completed in the student's final semester. The seminar builds on two courses completed earlier in the curriculum: Concepts, Practice and Leadership of Public Health (taken in the first semester) and Public Health Research Methods and Ethics (taken in the second semester). The Concepts, Practice and Leadership in Public Health course requires students to prepare a one-page document outlining the public health issue they wish to explore in their capstone paper and oral presentation. In the subsequent Public Health Research Methods and Ethics course, students prepare a proposal on methods to explore their identified public health issue. This proposal is refined in the Capstone Seminar and guides the development of the capstone deliverables, which include a paper and oral presentation.

The capstone paper may take the form of a grant proposal, policy analysis, critical review of literature, program evaluation, training manual, research report or an article of publishable quality. The capstone requires students to utilize epidemiologic applications to critically define the public health problem. Students must also interpret literature findings on interventions related to social and behavioral health,

environmental health and health policy and management. Capstone requirements are further described in the capstone manual.

With guidance from their faculty capstone advisor, students select specific competencies applicable to their capstone experience. The selected competencies must be relevant to both core and track-specific areas. Students are required to demonstrate mastery of these selected competencies in their papers and oral presentations. The faculty capstone advisor guides the student's research and ensures completion of the requirements. The Practicum and Capstone Committee plays a similar role in guiding the student's work. Students complete a self-assessment of the selected competencies upon completion of the capstone. Students are also evaluated based on the quality of the paper and oral presentation. The capstone coordinator ensures that guidelines are maintained and finalizes the student evaluations.

2.6 Required Competencies.

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 degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).

This criterion is met. The program maintains 26 core and five cross-cutting competencies that all MPH students must attain through core coursework and other experiences. The set of 26 core competencies relate to the five core areas of public health and were selected and adapted from those defined by ASPPH. Program administrators review course syllabi on an annual basis to ensure competency coverage.

The program defines three to six additional competencies specific to each track. Each track's competencies require students to move to a higher level of understanding and skill, and site visitors' confirmed the competencies' appropriateness for each track. The program's joint degrees have distinct track-specific competencies which do not substantively overlap with the competencies of any of the standalone tracks. The directors of the MD/MPH and DVM/MPH programs discussed the competencies for these tracks with faculty in the schools of medicine and veterinary medicine and made the necessary modifications to ensure that the courses and competencies were aligned. Track directors in the standalone tracks also ensure that competencies and course learning objectives are aligned.

The program provided a mapping of competencies to required courses and indicated whether the competency is introduced, emphasized or reinforced in a specific course. During the site visit, reviewers noted that the list of competencies is not consistent among various documents and webpages. Faculty members explained that the competencies were recently reviewed and revised, and that an update of documents and webpages was not yet complete. Faculty indicated that syllabi and the self-study

document reflect the most current competences, and students have up-to-date lists as well. Both students and faculty who met with site visitors were familiar with the core and track-specific competencies.

The program reviews the competencies on a regular basis through the EPC. It also considers feedback from current students, alumni and the CAB—who provides important suggestions on changing practice and research needs. The competencies are also subject to change based upon the faculty members' expertise, particularly for the track-specific competencies. If a faculty member with specific expertise resigns, then the curriculum and track-specific competencies may be modified. Competencies for the two joint degrees may also change depending upon curricular changes in the schools of medicine and veterinary medicine.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

This criterion is met with commentary. The program has several mechanisms in place to formally assess and document the extent to which each student has demonstrated attainment of the program's core and track-specific competencies. Students are expected to demonstrate competencies through the IPHP, the practicum and the capstone.

The IPHP is completed in the students' first semester. Upon completion of the project, an interdisciplinary team of MPH faculty evaluates students' ability to integrate concepts acquired in their first semester core courses (includes courses in all five core areas except social and behavioral sciences which is taken in the second semester). The program supplements the project with a self-assessment on social and behavioral sciences concepts at the conclusion of the second semester.

For the practicum, each student's practicum portfolio must discuss how they have demonstrated the agreed-upon competencies through the experience. In the capstone evaluation, described in Criterion 2.5, faculty and students specifically evaluate the students' demonstration of core and track-specific competencies.

The program identifies outcome measures related to the practicum and capstone. The practicum is graded using a pass/fail system, and the program aims for 90% of students to pass the practicum each year. The program has had 100% performance for this measure over the last three years. The program also aims for 80% of students enrolled in the Capstone Seminar to receive a grade of "B" or higher on their capstone paper. The program has had 100% performance on this measure over the last three years.

The program also utilizes course assignments and activities, as well as exams and quizzes to determine student competency attainment. Students are required to earn a grade of “C” or higher in order to pass a course.

Students also take the CPH exam. The exam was offered on SGU’s campus for the first time in 2013. Thirty-three students and alumni have taken the exam, and 28 have passed. On site, an individual who had taken the CPH exam felt that it covered some areas that the program had not addressed in the curriculum; some individuals perceive that a great deal of intense studying is necessary to prepare for the exam.

Students complete competency self-assessments at the conclusion of the program through the E*VALUE web-based system. In the competency self-assessments, students rank themselves as either being aware, knowledgeable, proficient or above proficient (the assessment provides a definition for each ranking). The program defines an outcome measure for 90% of all graduating students to be evaluated in the core and track competencies as at least proficient, and at least knowledgeable in the cross-cutting competencies. Over the past three years, 78%, 71% and 70% of students evaluated themselves as proficient or above proficient in the core competencies. For the track-specific competencies, 84%, 74% and 84% of students evaluated themselves as proficient on the track competencies. For the cross-cutting competencies, 73%, 87% and 87% of students evaluated themselves as knowledgeable in cross-cutting competencies.

The program has an outcome measure to maintain a 90% graduation rate for each cohort. The program allots five years for degree completion. For the cohort entering in AY 2009-2010, there is a 79.5% graduation rate. This cohort began with 54 students; nine students withdrew, and two remain in the program as of December 2014, having received permission to extend their enrollment period. The cohort entering in AY 2010-2011 began with 73 students; 10 students withdrew, and as of December 2014 the cohort has an 83% graduation rate.

The cohort entering in AY 2011-2012 is on target to potentially meet or exceed this criterion’s requirement of a 70% graduation rate. This cohort started with 86 students and has a 64% graduation rate to date. Thirteen students have withdrawn from this cohort to date. Subsequent cohorts show similar patterns, though rates of withdrawal may be decreasing.

The program did not provide job placement rates for each individual cohort but instead provided cumulative placement rates for each year. Despite the fact that the data are not presented in the required format (tracking each cohort’s placement rate within one year of graduation), reviewers could infer that the program is in compliance with this criterion’s expectation. By AY 2013-2014, the program had

employment information on 321 graduates. Of these, 96 were employed, 221 were continuing their education/training and four were unemployed but actively seeking employment. Most of the students who continued their education/training did so immediately following completion of the MPH program.

For employer and alumni surveys, the DPHPM deputy chair administers the surveys electronically. The employer survey asks employers to rate graduates' performance in the work place setting on each of the program's core competencies. The employer ranks the student as excellent, good, very good, poor or very poor for each competency. On the alumni survey, the program asks for a non-SGU email address; a cell phone number; the student's employment status; employer information; perceived preparedness for their public health career; and the program's strengths and weaknesses. If the student is not working in public health, the survey asks him/her to provide a reason why. The program acknowledges that alumni and employer surveys are not administered consistently and results are not regularly reviewed by the EPC. The self-study did not present meaningful data from either instrument.

The commentary is that, while the program has established alumni and employer surveys, the distribution and completion of these surveys has clearly been limited. Alumni who met with site visitors said that they had not received an alumni survey but indicated that they did feel proficient in the program's competencies. Other alumni expressed a wish for more training in identifying grant funding sources and how to apply for grants. Some alumni on site expressed a desire to be better connected with the program after graduation and indicated that they would appreciate regular correspondence or updates from the program. Site visitors noted evidence of ongoing contact, however, even among some of the alumni who expressed this feeling. One alumna is a biostatistics teaching assistant for the program, and another has maintained involvement with ongoing faculty projects. The university does have an alumni association in which public health graduates are invited to participate, and an MPH graduate served as the past president.

2.8 Bachelor's Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

If the program also offers curricula for graduate academic degrees, students pursuing them shall obtain a broad introduction to public health, as well as an understanding about how their discipline-based specialization contributes to achieving the goals of public health.

This criterion is not applicable.

2.10 Doctoral Degrees.

The program may offer doctoral degree programs, if consistent with its mission and resources.

This criterion is not applicable.

2.11 Joint Degrees.

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

This criterion is met with commentary. The SGU MPH program offers two joint degree programs: a DVM/MPH and an MD/MPH. The joint degree programs have unique tracks that do not share concentration courses or concentration-course faculty with the standalone MPH tracks. For example, the DVM/MPH program's track is veterinary public health and can only be taken by students in the joint degree program. Similarly, the MD/MPH track is focused on public health medicine and can only be taken by joint MD/MPH students. As SGU's flagship public health program, the MD/MPH is the highest enrolling program in the DPHPM.

Each joint program is led by a director within the DPHPM, with dual reporting in the School of Medicine (for the MD/MPH) and the School of Veterinary Medicine (for the DVM/MPH).

Like the standalone MPH degree, the curriculum for both joint degrees requires that students complete each of the five core public health courses, in addition to the capstone and practicum experience. Joint degree students are also required to take the following three-credit hour courses, just as standalone MPH students: Concepts, Practice, and Leadership in Public Health and Public Health Research Methods and

Ethics. Finally, joint degree students are required to take one three-credit hour public health elective course from the same list of eight preapproved courses that standalone MPH students choose from. These standard requirements comprise 30 credits of the joint degree curriculum.

Unique to the joint degree curricula is a required one-credit hour Seminar Series in Community Health offered by the DPHPM. The self-study indicates that the seminar series' purpose is "to contribute to the development of holistic medical professionals who demonstrate knowledge and competence in dealing with primary health care, desire for lifelong learning, evidence-based practice, interdisciplinary team work and professional and ethical behavior in practice in order to improve and sustain the health of the human population."

The program of study for the DVM/MPH joint degree is designed to allow students to complete both degrees in nine semesters. The program's recommended course sequence consists of students taking five MPH courses in their first semester, and they may complete DVM or MPH courses in their second semester. In students' third and fourth semesters, DVM and MPH courses can be taken. The MPH capstone may be completed in the fourth or fifth semester. The fifth and sixth semesters are used to complete DVM courses. In students' seventh and/or eighth semester, the practicum and remaining DVM courses are completed. In the students' ninth semester, the remaining DVM courses are completed.

Beyond the 31 credits of program requirements in the DPHPM (30 of which mirror the standalone MPH curriculum), the DVM/MPH track consists of the following School of Veterinary Medicine courses, which also fulfill requirements of the DVM degree: Bacteriology/Mycology (four credits), Parasitology (four credits), Animal Welfare and Behavior (one credit) and Veterinary Public Health (one credit). Each course has been mapped to a DVM/MPH track-specific competency.

The DVM/MPH program has six track-specific competencies which articulate student skill development in identifying, evaluating and investigating prevention/control strategies, community/governmental resources and the microbial and non-microbial hazards of animal-related human health issues. These track-specific competencies are mapped to one or more of the track-specific courses, in which the competency is either introduced, emphasized or reinforced through the course. The DPHPM's Seminar Series in Community Health, taken by all joint degree students, also serves to reinforce three of the six the DVM/MPH track-specific competencies.

The program of study for the MD/MPH joint degree is designed to allow students to complete both degrees in eight semesters. The program's recommended course sequence consists of students taking five MPH courses in their first semester, and they may complete MD or MPH courses in their second semester. In the students' third and fourth semesters, both MD and MPH courses can be taken, and the

capstone is completed in the fourth semester. By the end of the students' fourth semester, all general MPH requirements will have been completed, with the exception of the practicum. In the students' sixth and seventh semester, they complete the MD/MPH track-specific courses and their remaining MD courses. MD/MPH students complete the practicum in the eighth semester. MD/MPH students' practica are often conducted in clinical settings that also provide public health and preventive medicine services.

Beyond the 31 credits of program requirements in the DPHPM, MD/MPH students complete the remainder of the MPH program with 13 credits of concentration courses, all of which are taken in the School of Medicine and fulfill requirements for the MD degree. The courses are as follow: Medical Microbiology (six credits), Medical Immunology and Medical Genetics (four credits), Bioethics and the Professional (one credit), Medical Nutrition (one credit) and Topics in Community and Preventive Medicine (one credit)—which is designed and taught by a DPHPM faculty member. Each course has been mapped to a MD/MPH track-specific competency.

The MD/MPH program has four track-specific competencies which articulate student skill development in identifying, applying and integrating public health biological concepts and principles in the development and implementation of disease prevention and public health research and practice.

Site visitors initially expressed concern that the joint degree students take the capstone prior to completing all of their DVM and MD courses. On site, faculty explained to site visitors that students complete all required and track-specific courses prior to the capstone.

In general, site visitors' review of syllabi and their relationship to the defined competencies for the joint degrees indicated sufficient depth and rigor, as well as a public health focus, though this focus is on very specific, narrowly defined components of public health. The pre-selected School of Medicine and School of Veterinary Medicine courses that count toward the MPH degree were thoughtfully selected.

Senior university administrators indicated to site visitors that they recognize the important contribution of MPH students in the two joint degree programs. They spoke specifically about the increased critical thinking surrounding community health that has been engendered by the presence of public health students and public health elements in the medicine and veterinary medicine curriculum.

The commentary relates to the Medical Immunology and Medical Genetics course, which is one of the concentration-specific courses that is based in the MD curriculum. Site visitors had difficulty discerning public health content in their review of the syllabus, though faculty indicated that they had consciously selected this course to count for MPH credit due to its relevant content. Topics in this particular course that might be applicable to public health could include, for example, population genetics or immunization

strategies, but the syllabus provided to site visitors did not highlight such topics. Faculty indicated that this course would be particularly relevant for an MPH student who chooses to pursue doctoral studies, even though this content is typically not associated with MPH study.

2.12 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication and student services. The program must have an ongoing program to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

This criterion is met with commentary. SGU has historically been a teaching institution, but there is now an evolving focus on expanding the institution's research program and developing multidisciplinary research collaborations with regional and international partners. WINDREF, the university's non-profit organization, is the entity that drives and facilitates the institution's research program. As a non-profit, WINDREF aids SGU's faculty in obtaining external funding that is not available to the for-profit university. WINDREF has recently hired a grants coordinator who is currently working on submitting grant applications and assisting faculty with developing funded projects.

An MPH faculty member was recognized by SGU in 2014 for his research mounting a successful intervention to decrease mercury levels among expecting mothers in 10 Caribbean countries including Bermuda. This study is one of several studies funded by a \$1.6 million grant (Canadian dollars) provided by the Canadian International Development Research Centre (IDRC) to fund the Caribbean EcoHealth Program. In 2014, a secondary MPH faculty member (who also serves as the director of WINDREF and SGU's director of research) also received a \$1.1 million NIH/Fogarty grant to focus on building research capacity in Caribbean and Latin American nations.

Program constituents are optimistic that the new investment structure may encourage research activities. Faculty indicated on site that since the university is moving away from 100% teaching, university administrators are beginning to implement policies to support a shift, but efforts are still in the early stages. During the site visit, university administrators mentioned that small grants were available to fund research and provide travel funds for faculty to attend professional conferences. One faculty member said that the DPHPM has led the way in the effort to diversify faculty effort. On site, MPH faculty and program administrators described a new system of using FTEs to define faculty responsibilities, which will allow faculty to designate a percentage of time devoted to research.

The DPHPM has a research strategic plan to assist in ongoing research development. The Research, Service and Scholarly Activities committee was created to identify methods to increase research productivity. The committee has implemented methods to collect information on departmental research activities and has created lunchtime seminars to highlight research/scholarly interests. Notably, this committee has created a mentoring program for junior faculty that has facilitated collaboration on several research projects with senior faculty. The MPH capstone has also been modified to become more scholarly and research focused and students are now encouraged to publish their work. The provost perceives that as faculty guide students through the capstone, the faculty members may themselves begin to translate this mentored research into projects of their own.

The program's self-defined research outcome measures include the following: 1) increase the number of public health research projects, 2) increase the number of new grants submitted, 3) increase the number of annual publications and 4) increase the number of student-faculty research projects. The program has consistently exceeded its targets for these objectives over the last four years, with the exception that in 2013 it fell just below its target for faculty grant submissions, and in 2014 the program fell just below its target for student-faculty research collaborations.

The commentary relates to the low number of currently funded research/scholarly projects. Site visitors perceive that it is challenging for program faculty to provide effective mentoring to students and junior faculty if more senior faculty are not consistently successful at obtaining funding. The low amount of funding may relate to the fact that a significant number of primary faculty are trained at the master's, rather than the doctoral level (8/17). Further, during the site visit faculty described their involvement in many community-based projects that were not externally funded, and faculty mentioned that much of their research/scholarly work consists of pro bono activities. In general, research by SGU faculty is defined as being hypothesis-driven with dissemination in a peer-reviewed journal. Using a broader definition of scholarship may help the program more easily define both research and service projects. One faculty member said that it may be helpful for the program to measure research activities in a manner that

recognizes pro bono activities instead of focusing on traditional measures of research involvement, such as publications in peer-reviewed journals.

An on-site discussion with program administrators found that the university supports a model where faculty may select a mix of teaching, research and service activities that best meets their professional goals. This allows for a faculty member who is passionate about teaching to devote most of his or her time to this activity without jeopardizing promotion potential. The provost felt strongly that an excellent teacher should not be penalized if he/she chooses to dedicated 100% time to teaching. On the other hand, during the site visit, faculty members said that teaching obligations can be a barrier to meeting the program's defined research benchmarks. Program faculty at the site visit described their beginning discussions with university administrators to modify contracts for MPH faculty to more explicitly allow for research/scholarly activities.

3.2 Service.

The program shall pursue active service activities, consistent with its mission, through which faculty and students contribute to the advancement of public health practice.

This criterion is met with commentary. The program describes its service activities as a combination of community-based public health activities and working relationships with organizations through which faculty and students can provide service. Faculty are encouraged to provide service to populations in Grenada and internationally. The self-study reports activities for 25 primary and secondary faculty members during the previous four years. The activities reported by faculty include advising and consulting with a variety of Grenadian government programs and participating in international programs in Turkey, South Africa and other Caribbean countries. Faculty provided service in areas such as environmental health, health administration and policy development, disease surveillance and health promotion. The program's CAB serves an important role in guiding the program into initiatives with the community.

The provost stated on site that he is proud of the accomplishments of the public health program and that its constituents were instrumental in getting the Grenada Public Health Association restarted. The association had broken away from the university, but in recent years, public health faculty and students have been instrumental in rebuilding community relationships through this organization. Faculty on site indicated that SGU is becoming an active and valued partner in the Grenadian community.

During the site visit, the team learned that the university has not routinely assessed service as a part of faculty efforts and has not collected data on time spent on service. The DPHPM chair indicated that the faculty had recently completed its first formal report of the proportion of contractual time spent on service to the community and globally. The department chair noted that this new emphasis supports a more robust approach to accounting for service time and recognizes faculty members' longstanding commitments to service.

Student service activities are primarily organized by the PHSA, often in concert with student organizations in the schools of medicine and veterinary medicine. The primary service activities reported by the PHSA are fund-raising and volunteering for the Mt. Gay Mental Hospital; community waste removal projects; and health fairs for humans and animals in Grenada and other Caribbean islands. One recent health fair on a neighboring island involved 175 students from medicine, public health, veterinary medicine and social work. The WHO Collaborating Center for Environmental and Occupational Health also provides students with service opportunities, which have including providing training/education to Grenadian nutmeg workers. Students have been particularly interested in the leadership and organizational skills that they can bring to community service projects.

The program's service outcome measures include targets for PHSA community service activities, workforce development activities and faculty involvement in regional and international service activities. In 2014, the program met each of its objectives, with the exception of increasing continuing education offerings and faculty/student service collaborations.

The commentary relates to the weak documentation of performance on service achievements. It appears that streamlining data collection can contribute to meeting the program's goals and objectives for service to its community by both students and faculty. Improved documentation of faculty and student service efforts may serve to enhance the culture of service in the program.

3.3 Workforce Development.

The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

This criterion is met. The MPH program provides continuing education for the workforce of the Ministry of Health and the Ministry of Agriculture. Several short courses have been developed based on the ministries' expressed needs. The self-study lists three courses presented in the past three years, two for the Ministry of Health, St. Lucia, and one through for the Ministry of Health, Grenada. Workforce development courses have been offered in occupational health and safety in conjunction with the Grenada Cooperative Nutmeg Association and SGU's School of Veterinary Medicine. SGU offers an online course called One Health One Medicine, presented by one of the primary public health faculty members. In two years, 2013 and 2014, the course has attracted over 1,600 enrollees. At the site visit, reviewers heard about extensive training for Grenadian health care workers in needle stick prevention and similar training provided to drug control programs and law enforcement personnel with whom they work. Much of this workforce training has been developed in response to needs jointly identified by the ministries and by faculty in environmental and occupational health and safety.

A second method used to determine workforce training needs is the CAB, whose members inform the MPH program of their organization's workforce needs. A third method is through requests from interested organizations. Such requests are shared with program constituents to develop an acceptable workforce development activity that meets the needs of the organization.

Program constituents stated that they have begun using feedback from alumni and workforce development surveys, as well as agency job vacancies, to identify current workforce development needs.

The program offers a Public Health Institute certificate program, which requires 16 credit hours and includes the five core MPH courses and the Seminary Series in Community Health. Since fall 2013, the certificate program has received three applications.

The MPH program rated its performance on workforce development as met with commentary. However, at the site visit, particularly during discussion with the CAB members and preceptors, reviewers learned that a significant amount of workforce development work is being done. The program has also committed to enhanced use of employer and alumni surveys to ascertain workforce development needs. Continuation on this path will assist the faculty in identifying and responding to specific workforce training needs in the future.

The public health workforce development activities of the MPH program have been somewhat ad hoc and reflect particular interests of the faculty members involved. However, the result has been to foster significant safety improvements for health services workers, agricultural workers and law enforcement officials in Grenada and other Caribbean nations. Standardizing data collection from employers, alumni and preceptors offers avenues to build on the expertise of faculty and the interests of students in order to enhance the skills and safety of the workforce in health and other areas.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

The program shall have a clearly defined faculty which, by virtue of its distribution, multidisciplinary nature, educational preparation, practice experience and research and instructional competence, is able to fully support the program's mission, goals and objectives.

This criterion is met. MPH faculty members have earned degrees at a variety of academic institutions that are nationally and internationally recognized.

A number of MPH courses have both a course director and a course instructor. Course directors typically have doctoral training and are responsible for the content and approve all readings and assignments, as well as assessment methods.

The epidemiology concentration has six primary faculty members. One received doctoral training in epidemiology and one in biostatistics. An additional faculty member holds a master's degree in epidemiology, with an MD as his terminal degree. The fourth faculty member has an MD and a PhD in public health, with years of research, teaching and professional experience in the field of epidemiology. The terminal degree for the two other primary faculty members is a generalist MPH.

The health policy and management concentration has six primary faculty members. None of the primary faculty members have doctoral training in the field, but three of the primary faculty members have master's degrees in related fields, such as health care economics and human resource development and management. Two of the six faculty have MD degrees, one of whom also holds an MPH in health behavior. For the remaining four faculty, an MS or MPH is the terminal degree.

In the environmental and occupational health concentration, two of the four primary faculty have doctoral degrees in the field, one has a master's degree in the field and the final faculty member has an industrial hygiene credential and over 25 years of professional experience. This individual holds a bachelor's degree and a post-graduate diploma from a Canadian university, similar to a graduate-level certificate in the US system.

The primary faculty member allocated to the veterinary public health track holds DVM and MSPH degrees.

The secondary faculty members have training in areas such as bacteriology/epidemiology, biomedical sciences and veterinary parasitology, veterinary medicine and medicine. The visiting faculty are from a variety of off-island institutions and teach specific courses in a concentration area; in general, they are experts in their fields and provide a resource for students. During the site visit, reviewers gathered that these faculty members were enthusiastic about their participation in the training of public health students.

4.2 Faculty Policies and Procedures.

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

This criterion is met. All faculty policies and procedures are outlined in the university's faculty handbook, which includes explicit policies, procedures and operational guidelines for faculty recruitment, appointment, retention and promotion. It is available on the university's controlled access network and as a hard copy in the department's resource center.

The university does not have tenured faculty tracks. Faculty may receive contracts up to three years.

Support for faculty development is available from the university and the department. The university provides scholarships for faculty to pursue advanced doctoral/post-doctoral training at SGU and other academic institutions. There are small research initiation grants to support research projects and annual sponsored attendance at professional conferences. The maximum allowed for faculty development is \$3,000 (U.S. dollars), while small grant awards can be up to \$5,000 (U.S. dollars). The department provides mentorship to new and junior faculty, as well as in-house seminars and workshops on grant development, writing and presentations. The university also supports faculty in professional portfolio development.

All faculty members are evaluated on an annual basis following university-wide procedures. The provost and Faculty Senate adopted a standardized faculty evaluation procedure (using the Faculty Benefit Evaluation form) for the School of Medicine and its departments in 2009. Annual reviews are led by the department chair based on individual faculty members' evaluation forms covering teaching, scholarly activities, community/outreach activities and departmental involvement. Faculty performance is rated on a criteria scale of exceptional, above expectations, meets expectations, below expectations and unacceptable. The Faculty Benefit Evaluation forms are forwarded to the provost and chancellor for review and decision. Faculty may appeal their evaluations using a standardized procedure.

Faculty promotion begins when faculty members submit applications for promotion to the Faculty Affairs Committee of the School of Medicine Faculty Senate. The application includes course and instructor evaluations and comments from student exit interviews. The Faculty Senate reviews the application and forwards it to the Faculty Promotions Committee for further evaluation. The recommendation is then forwarded to the chancellor.

All courses have course and instructor evaluations, which are administered at the end of the term. It is mandatory that students complete these evaluations. The department chair discusses the evaluations with each faculty member. The faculty member must propose methods for improving performance at the beginning of the subsequent term. At the site visit, students commented on the fact that faculty seem to take evaluation feedback seriously. They were confident that their feedback was being used to improve the courses. The department also conducts a mid-semester and end-of-semester grade review as an indication of teaching effectiveness. Core and joint faculty members with poor evaluations are provided assistance to improve teaching performance; evaluations for adjunct and visiting faculty members are used to determine continuation of engagement with the program.

4.3 Student Recruitment and Admissions.

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

This criterion is met. It was apparent to reviewers that the program selects highly motivated students with the capability of undertaking careers in public health. Prior to the program's accreditation, student recruitment was entirely managed by SGU's Office of Enrolment Planning, which is located in New York State. After the program's accreditation, the program began to take more local ownership of its student recruitment processes and now works collaboratively with the Office of Enrolment Planning. The program is also now a part of the SOPHAS application system.

The university is rigorously engaged in planning strategies to increase enrollment in the MPH program. The program and university both have a vested interest in increasing enrollment in the MPH program, as the program is sustained primarily by student tuition and fees. The program and university have strategized to increase enrollment in the MPH program through the joint degree programs, particularly the MD/MPH program, which has historically been the department's largest revenue producer.

Admissions requirements to the MPH program consists of a 3.0 GPA minimum; GRE or MCAT scores for North American graduates; TOEFL scores of 600 on the written portion of the exam and 250 on the computer-based portion of the exam; two letters of reference from academic and professional contacts; and an undergraduate degree from an accredited or approved institution. Applicants who are public health practitioners with no undergraduate degree may enroll through the program's Public Health Institute certificate.

Active recruitment at professional conferences, college fairs and informational sessions are handled by representatives in the university's Office of Enrolment Planning. The program largely enrolls students locally and from North America. One source of local students is SGU's undergraduate programs in the School of Arts and Sciences. According to the program's outcome measures, as of AY 2014-2015, the student body consists of 11 first generation college students, and 11 ethnicities are represented.

In AY 2013-2014, for the veterinary public health, environmental and occupational health and MD/MPH tracks, the program experienced the highest application numbers in the last four years. Epidemiology application rates have remained consistent over the past two years, and health policy and administration saw the highest peak in applications in AY 2014-2015.

The program's highest enrolling track is the MD/MPH. Twenty-nine students applied to the MD/MPH program in AY 2014-2015 (a nearly 41% decrease from the previous academic year), and 100% of those students were accepted into the program. Of the 29 who were accepted into the program, 14 enrolled. Overall, in AY 2014-2015, the program has a nearly 66% decrease in enrollment for the MD/MPH from the previous academic year. Program and university constituents attribute this decrease in enrollment to the stricter medical school admissions requirements put in place by the university's new investors in 2014, which resulted in a decrease in overall acceptances into the medical school.

The university's new investors are placing strategic emphasis on increasing international enrollment in the medical program, and the MPH program is correspondingly anticipating increased enrollment of MD/MPH students in the future, especially as the institution has been exploring mechanisms to better incentivize the MPH degree for medical students. Currently, the joint degree is marketed by selling prospective students on the short length of time in which they can obtain the MPH degree, which program constituents explain can be gained by joint degree students extending their medical studies by only an additional 12-week semester plus an eight-week summer term.

To increase enrollment in the MPH program in AY 2014-2015, School of Medicine and School of Veterinary Medicine interviewers have been informed of the benefits of a joint MPH degree with regard to a student's future employment prospects and the overall benefit of the degree to practicing physicians or veterinarians. Interviewers are now mandated to discuss these benefits with all MD and DVM program interviewees and must document that they have specifically asked the student about their interest in pursuing a joint degree. Students who have expressed an interest are then referred to the assistant dean of enrolment planning for further follow up.

An additional recruitment initiative that will occur in 2015 is the practice of having MPH program representatives attend the initial orientation for accepted MD and DVM students to present on the benefits of enrolling in the joint degree programs and to network with the prospective students. This initial orientation is held in the United States prior to the students' matriculation and relocation to Grenada.

A recruitment tool targeted at currently enrolled MD and DVM students is the use of webinars sharing the benefits of the MPH degree. There are two course sequencing options for completing the MPH degree. Students may complete the MPH and clinical degree simultaneously (taking courses for each degree within the same semesters or alternating semester), or they may complete all of their clinical courses prior to completing their MPH program requirements. Joint degree students are not allowed to complete the MPH program before beginning the MD program.

So far, for AY 2015-2016, 30 students have been accepted into the MPH program (13 standalone and 17 joint degree students), which has already reached 56% of last year's acceptances (53 total were accepted in AY 2014-2015). The program is still anticipating more acceptances for the 2015-2016 academic year, since the admissions cycle has not ended.

One obstacle that the program notes to joint degree enrollment is the additional cost of the MPH degree on top of a student's MD or DVM tuition. The program does have scholarships available to Caribbean students, as it is more difficult for non-North American students to obtain loans. One strategy that is being explored to reduce the financial burden on joint degree students is to offer the MPH degree for 50% reduced tuition. Joint degree students currently receive a 25% tuition reduction because of the MD and DVM courses that can be counted toward the MPH degree. Additionally, the university's new Asian-based investors are aiming to target potential medical students from Asian countries such as Singapore. The investors are considering offering scholarships to the MPH program for these students.

4.4 Advising and Career Counseling.

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

This criterion is met. Academic advising in the program begins at the required orientation, which the DPHPM holds for incoming students in the fall and spring semesters. At the orientation session, students receive the department's policies and procedures manual, which outlines the information needed for successful completion of the MPH program. At the orientation, faculty members present different aspects of the program so that students gain familiarity with faculty members and the field of public health.

Each student is afforded an entry interview with the DPHPM chair or a senior faculty member. The interview is intended to determine the interests, career goals, skills and experiences of the matriculating student. Based on the entry interview findings, each student is then assigned to an academic advisor who helps the student determine his/her academic portfolio.

After the orientation session, there is a faculty/advisee lunch to promote a productive relationship between the advisor and his/her student advisees. The self-study states that the School of Medicine regularly holds faculty advisor/advisee sessions. In the MPH program, faculty hold weekly office hours to discuss academic progress with their advisees. Advisors play important roles in helping students identify suitable practicum sites and capstone projects and in finding additional advisors as interests and needs dictate.

SGU provides career and professional advising to MPH students through academic advisors to assure that the student's academic choices support his/her professional aspirations. Both students and advisors

are expected to document the discussions. In addition, seminars on doctoral programs and visiting faculty presentations provide opportunities for students to meet and learn from many professionals in public health. The advising service keeps students informed about certification examinations, fellowships and research opportunities.

At the site visit, the team discussed the program's advisor/advisee ratios with faculty and students. Faculty stated that the workloads are generally balanced and that there are informal mechanisms for assuring that students' needs are met. Students and alumni praised the tailoring of the advisor assignments and the responsiveness of the faculty. Preceptors find the support for practicum placements excellent. Career planning is viewed by students as helpful and readily available.

Alumni support and career counseling received fewer endorsements. Not all alumni have received post-graduation surveys. Support for career decisions and collegial contact were described as being dependent upon the strength of individual student-faculty relationships. On the other hand, some alumni are very active with the program, act as preceptors for students and look for graduates as potential employees. Additionally, alumni can seek advising services through the Graduate Studies Program Alumni Association.

An alumnus and preceptor who met with site visitors indicated that it can be difficult for graduates who want to remain in Grenada to find employment. One preceptor indicated that he is preparing to hire a graduate who completed a practicum with him. WINDREF has employed two MPH graduates; one works as an IRB administrator and the other is the assistant director of WINDREF. The site team also met with a student who works in environmental health and safety outreach at the Sandals resort on the island. Site visitors also met with a Grenadian health director who enrolled in the MPH program to broaden his knowledge base. He indicated that he wish he had gotten his MPH sooner, as he found the program of great benefit to his professional activities.

On site, students indicated that the procedures for communicating grievances and concerns were not easily accessible or well known; this was one improvement they suggested for the program. Site visitors reviewed the university's student handbook and verified the existence and explanation of grievance procedures, which were located in the disciplinary process section of the handbook. The handbook indicates that the Dean of Students Office handles all complaints and forms appropriate committees to investigate complaints when necessary. No MPH students have submitted grievances or complaints in the last three years, but the program notes that students have raised concerns and issues with individual program faculty members and administrators, and issues have been successfully resolved at the program level.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

St. George's University Master of Public Health Program

April 9-10, 2015

Thursday, April 9, 2015

- 8:30 am Site Visit Team Request for Additional Documents
- 9:00 am Site Visit Team Resource File Review
- 9:30 am Break
- 9:45 am Meeting with Program and Department Administration
Omur Cinar Elci, Ph.D, MD; Professor; Department Chair; Course Director & Course Instructor
Satesh Bidaisee, DVM, MSPH; Associate Professor; Deputy Department Chair; Course Instructor
Tessa St. Cyr, MSc, B.Ed; Instructor; Accreditation Coordinator; Course Instructor
Emmanuel Keku, MD, MSPH, MA; Professor, Track Director & Course Instructor
Hugh Sealy, Ph.D, MSc; Professor; Track Director & Course Instructor
Praveen Durgampudi, MBBS, MPH, MSPH; Associate Professor; Track Director & Course Instructor
Richard Kabuusu, DVM, MPH; Professor; Track Director & Course Instructor
Anne Bartholomew; Administrative Assistant
Elizabeth Calliste, BA; Executive Secretary
- 10:45 am Break
- 11:00 am Meeting with Faculty Related to Curriculum and Degree Programs
Emmanuel Keku, MD, MSPH, MA; Professor; Track Director & Course Instructor
Hugh Sealy, Ph.D, MSc; Professor; Track Director & Course Instructor
Praveen Durgampudi, MBBS, MPH, MSPH; Associate Professor; Track Director & Course Instructor
Richard Kabuusu, DVM; MPH; Professor; Track Director & Course Instructor
Cecilia Hegamin-Younger, Ph.D, MPH; Professor; Course Instructor
Shelly Rodrigo, Ph.D, MPhil, MSc; Associate Professor; Course Instructor
Martin Forde, ScD, MSc, SM; Professor; Course Instructor
Roger Radix, MD, MPH, MIB; Associate Professor; Course Instructor
Carey Williams, MD; Assistant Professor; Course Director
Jacqueline Stanley, PhD; Professor; Course Director
David Lennon, PhD; Professor; Course Director
Cheryl Cox-Macpherson, PhD; Professor; Chair; Course Director
Rhonda Pinckney, DVM, PhD; Professor; Course Director
Zara Ross, PhD; Professor; Course Director
Christine Richards, MPH; Instructor; Course Instructor
Gerard St. Cyr, MPH; Instructor; Course Instructor
Shantel Peters-St. John, MPH; Instructor; Capstone Coordinator
Leselle Pierre, MSc; Instructor Course Instructor
Andrew Cutz, CIH; Instructor Course Instructor
Jerry Enoe, MS; Instructor Practicum Coordinator
Odran Edwards, BS; Demonstrator Centers Coordinator
Rohini Roopnarine, BVSc, MRCVS, MPhil; Associate Professor
- 12:00 pm Break
- 12:15 pm Lunch with Students
Kendra Eginton; DVM/MPH
Devin Myles; MD/MPH
Suravi Thomas; MD/MPH
Clifton Maxwell; Epidemiology
Chris Vandyke Jones; Epidemiology
Priya Debnath; Health Policy & Administration
Juliet Enow; Health Policy & Administration
Etieron Edwards; Environmental & Occupational Health
Melissa Magenta; Environmental & Occupational Health

Brian Fremaux; MD/MPH
Andrea Cadet; Health Policy & Administration
Leaya George; DVM/MPH
Nikita Cudjoe; Epidemiology
Tashi Creft; Epidemiology

1:15 pm

Break

1:25 pm

Meeting with Faculty Related to Research, Service, Faculty Issues

Emmanuel Keku, MD, MSPH, MA; Professor; Track Director & Course Instructor
Hugh Sealy, Ph.D, MSc; Professor; Track Director & Course Instructor
Praveen Durgampudi, MBBS, MPH, MSPH; Associate Professor; Track Director & Course Instructor
Cecilia Hegamin-Younger, Ph.D, MPH; Professor; Course Instructor
Shelly Rodrigo, Ph.D, MPhil, MSc; Associate Professor; Course Instructor
Martin Forde, ScD, MSc, MAsc; Professor; Course Instructor
Christine Richards, MPH; Instructor; Course Instructor
Gerard St. Cyr, MPH; Instructor; Course Instructor
Shantel Peters-St. John, MPH; Instructor; Capstone Coordinator
Dianne Roberts, MES; Instructor; Course Instructor
Leselle Pierre, MSc; Instructor Course Instructor
Andrew Cutz, CIH; Instructor Course Instructor
Jerry Enoe, MS; Instructor Practicum Coordinator
Odran Edwards, BS; Demonstrator Centers Coordinator

2:25 pm

Break

2:35 pm

Meeting with Alumni

Francis Martin; 2011; Director, Primary Health Care Ministry of Health/ Private Practice
Kareem Coomansingh; 2012; IRB Administrator, WINDREF, St. George's University
Jonnel Benjamin; 2013; PhD Student, Walden University
Trevor Noel; 2003; Assistant Director, WINDREF, St. George's University
Larissa Mark; 2013; Environmental Health & Safety Office, Sandals La Source, Grenada
Terrence Walters; 2010; National Coordinator, National Disaster Management Agency
Abdul Seckham; 2009; Lung Research Wales Research Development Fellow, Cardiff Metropolitan University

3:35 pm

Break

3:45 pm

Meeting with Community Representatives and Preceptors

Eunice Sandy David, RN, BA; Community Advisory Board (CAB); Office of the Integrity Commission ,
Government of Grenada
Ernest Pate, PhD; CAB; Former PAHO Regional Director, PAHO
Eldonna Boisson, PhD; CAB; Advisor, Disease Surveillance and Epidemiology, PAHO
Agnes Banfield, RN ; CAB; Retired Surveillance Officer, Ministry of Health (Grenada)
Ronnie Marryshow, MA, BA; CAB; Counselor, HIV/AIDS National Infectious Disease Control Unit, Ministry of
Health (Grenada)
Carol Vasquez, SRN; CAB; President of Grenada Association of Retired Persons (GARP)
Lennox Thomas; CAB; Supervisor, Health & Safety Officer, Grenada Cooperative Nutmeg Association (GCNA)
Martin Barribeau; Preceptor; Project Coordinator, Integrated Climate Change Adaptation Strategies, United
Nation Development Programme, Ministry of Agriculture, Grenada
Dave Alexander; Preceptor; Drug Control Officer, Drug Control Secretariat, Grenada
Randall Waechter, PhD, BBA; Preceptor; Research Grants Coordinator, Windward Island Research &
Education Foundation
Tar-Ching Aw, MBBS, PhD; Visiting Professor; Interim Dean, College of Medicine and Health Sciences, United
Arab Emirates University
David Egilman, MD, MPH; Visiting Professor; Clinical Instructor/Clinical Associate Professor, Bouve College of
Pharmacy & Health Sciences, Northeastern University; Department of Community Health, Brown University
Roger Radix, MD, MPH, MIB; Associate Professor; Course Instructor

4:45 pm

Resource File Review and Executive Session

5:30 pm

Adjourn

Friday, April 10, 2015

8:30 am

Meeting with Institutional Academic Leadership/University Officials

Allen Pensick, PhD; Provost
Calum Macpherson, PhD, DIC, FRSPH; Vice Provost for International Program Development; Dean, Graduate
Studies Program; Director of Research
Bob Ryan; Associate Dean of Enrolment Planning
Theodore Hollis, PhD; Dean, School of Arts and Sciences

Eduardo Durante, MMedVet, DVSc; Senior Associate Dean, School of Veterinary Medicine
Duncan Kirkby, PhD; Assistant Dean of Students for the Graduate Studies Program
Sara Rabie, PhD; Associate Dean of Students
Antonia MacDonald, PhD; Associate Dean of Graduate Studies

9:30 am Break

9:45 am Executive Session and Report Preparation

11:45 am Working Lunch, Executive Session and Report Preparation

1:00 pm Exit Interview

2:00 pm Campus Tour