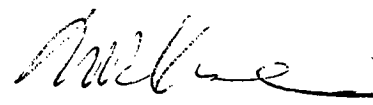


# SIMON FRASER UNIVERSITY

## Senate Committee on University Priorities Memorandum



**TO:** Senate

**FROM:** William Krane  
Acting Chair, SCUP  
Acting VP, Academic

**RE:** Proposal for a Cohort Special  
Arrangements Masters in the Faculty  
of Health Sciences (SCUP 06-02)

**DATE:** January 19, 2006

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At its January 11, 2006 meeting SCUP received for information the proposal from the Faculty of Health Sciences for a Cohort Special Arrangements Masters of Global Health. This proposal was previously approved by the Senate Graduate Studies Committee, and forwarded to Senate from that committee.

c: D. MacLean  
A. Davison



**APPLICATION TO OFFER A  
MASTERS DEGREE IN GLOBAL HEALTH  
BY COHORT SPECIAL ARRANGEMENT**

by

Arun Chockalingam, David Maclean, Iraj Poureslami, and Allan Davison

**EXECUTIVE SUMMARY**

This proposal for a new degree, a professional MA degree in Global Health (MAGH) in the Faculty of Health Sciences, is a logical follow-up to the recently initiated MSc in Population and Public Health and the Diploma in Global Health. In accordance with SFU's cohort special arrangement regulations, the intention is "to prototype a program that is being considered for development". The NOI for the full MAGH proposal has recently passed SGSC and is moving through the approval process for preparation of a full MAGH degree.

The MAGH is designed to prepare current and intended health professionals and others for positions as practitioners and decision makers in the global health context. The initiative responds to a new urgency regarding health issues that cross national boundaries. There is a growing need for experts as both developed and resource constrained nations gear up to meet new challenges. The requisite skills and tool set will be imparted in an intensive three-semester 45-credit degree.

The course series will explore the processes that influence health, health systems, and disease patterns worldwide. Students will focus on the mechanisms whereby globalization influences health, and the implications for health and health systems and human security. The program will emphasize health policy and cover major diseases and the underlying influence of technologies, politics, economics, legal structures, and culture, all in the context of social and physical determinants of health and other transnational and global factors. The degree provides the skill-set for practitioners who can serve as agents of change in helping mitigate health inequities. It will be interdisciplinary, participatory, and problem-centered, including ethical aspects, issues of cultural sensitivity, fund raising, advocacy and communication, and local participation in capacity building.

There is substantial demand from students for such a program. Our surveys indicate that many applicants will be health care professionals or newer graduates with relevant backgrounds and an interest in global health. The resources needed for successful implementation of the program are available. Demand from employers for personnel trained in this area is increasing. Outside North America, international knowledge and skill is at a premium. Most graduates return to higher skill positions in governmental health departments and agencies, where they may move toward international relations with respect to health policy. Within Canada and the US, graduates are likely to work with relief agencies, non-governmental organizations, and federal government agencies that deal with LMICs.\*

Students will normally complete the degree within three semesters of full admission, proceeding through the MAGH program as a cohort. They will take five courses in each of two semesters, the initial (spring) and final (fall) semester. In the intervening summer semester students will undertake a study-abroad practicum on a global health issue in a setting where health inequities exist, with a preceptor from an international organization or NGO.

\*Low and Middle Income Countries

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## **I CURRICULUM**

### **1. What the student will gain**

The program will prepare professionals and graduates to become agents of change who can help mitigate health disparities. Addressing health disparities among countries and sub-populations of the globe effectively requires an analytical understanding of causes and mechanisms. Political, economic, sociocultural, and environmental factors, as well as social status, poverty, gender, culture, and ethnicity, are crucial to community and individual health status, bearing consequences that are particularly acute in the global context<sup>2</sup>. The proposed program will provide students with skills, experiences, sensitivity, ethical principles, and insights to respond creatively to health challenges in an interconnected and globalized world. (Further information is available at [www.ccghr.ca/tg01.html#championkit](http://www.ccghr.ca/tg01.html#championkit)). There is no similar program at SFU and indeed no Masters program in Western Canada that addresses similar specific needs and skills.

## 2 Course structure and other curricular requirements

Students will take two semesters of intensive course-work, separated by an intervening practicum semester spent in a location where health inequities are prominent. Some students will meet almost all the entrance requirements but require conditioning to the requirements of the Canadian university system or the program itself. They may choose, or be required to participate in, an optional foundation semester, consisting largely of courses from the proposed Diploma in Global Health.

### ***Semester 1 of Global Health Courses – spring (January through April)***

- GLOH 610-3 Organization and reform of health systems
- GLOH 620-3 Determinants of global health
- GLOH 630-3 Health promotion and disease prevention – from theory to practice
- GLOH 640-3 Human security, ethics, and vulnerable populations
- GLOH 650-3 Globalization and health

### ***Semester 2: Practicum Semester – summer (May through August)***

GLOH 698-14 Practicum in Global Health, to include an on-location review of the project proposal, followed by supervised study of applications to a global health problem in a country or location where health inequities exist. All aspects of the practicum course will be supervised and evaluated.

### ***Semester 3 of Global Health Courses – fall (September through December)***

- GLOH 660-3 Occupational and environmental health
- GLOH 670-3 Global approaches to disease prevention and control – current challenges
- GLOH 680-3 Advocacy and communication in global health
- GLOH 690-3 Health and the economy
- GLOH 699-1 Practicum defence. Capstone requirement
- One elective course possibly GLOH 697-3 Special topics in global health

### ***Diploma foundation courses for qualifying or conditionally admitted students fall (Sept)***

- GLOH 501-4 Seminar – Selected research applications in global health
- GLOH 510-4 Numerical, analytical, and computational foundations for global health studies
- GLOH 520-4 Research methods for evidence-based inference in global health
- GLOH 530-4 Foundations of epidemiology in global context
- GLOH 540-4 A global perspective on the organization and delivery of health services

## Other curricular requirements in sequence

	Fall 2006	Spring 2007	Summer 2007	Fall 2007
Foundation semester: For students awarded or with potential for conditional entry		First MAGH Semester: Five graduate courses	Second MAGH Semester: Practicum course	Third MAGH Semester: Five graduate courses plus capstone experience

### ***Learning objectives represented in the curriculum***

The scientific and methodological skill set for agents of change in global health is listed in rows of the left column in the following table. The specific courses in which each skill will be taught are in the columns. The curriculum will stress the integration of research and health practice. Thus, "We see the problem and we know enough to help, and at the same time we need to know more to do even better". FHS believes in and will emphasize this unity of approach in global health problem solving.

# Linkages between learning outcomes and curriculum design including practicum

Course	Possible foundation semester for applicants lacking exposure to health										Semester 1					Semester 3					Other
	510-4	520-4	530-4	540-4	510-3	610-3	620-3	630-3	640-3	650-3	699-14	660-3	670-3	680-3	690-3	Elective					
Topic	510-4	520-4	530-4	540-4	610-3	620-3	630-3	640-3	650-3	699-14	660-3	670-3	680-3	690-3	Elective	Other					
<b>Skill gained</b>																					
Review / compile current state of knowledge																					
Evidence based health determinants disease control/prevention																					
Cost-effective decision-making																					
Policy, numeracy, economics																					
Reality-grounded policy analysis																					
Program implementation: analysis, evaluation & assessment																					
Human rights, gender, aboriginal health, equity, ethics, cultural sensitivity																					
Globalization impact on working conditions, & health services																					
Environmental health & safety of air, water, & food																					
Report writing, audio and web conferencing																					
Community empowerment support, advocacy																					
Administration & management																					
Media web, radio, TV, PowerPoint																					
Resources - international organizations																					

### **3. Individual course descriptions**

Core courses and most of the designated electives have been specifically tailored to the educational objectives of the program. As is characteristic of professional programs, the curriculum is tightly defined and specific to the instructional goals with few optional courses. To the extent possible, the program has been integrated with the existing MSc in Population and Public Health. It includes the two GLOH courses (revision proposals attached) already in that degree and the one elective could well be filled by an MSc PPH course. At the same time, the new GLOH courses will provide useful electives for the more flexible MSc PPH. The relevant full course proposals are attached – see appendix.

### **4. Research expectations – Practicum and capstone project**

#### ***Capstone – Final presentation of practicum project work***

As part of their admission package, students will outline a potential global health problem, often local to their country of residence, along with a proposed program to solve or mitigate the problem. During the first month following commencement in the MAGH program, students will have an opportunity to choose possible locations for practica, and to change their projects, if necessary. From this point on this project will be a touchstone for their studies. More than this, in class discussions it will inform other students of the practical implications of theoretical knowledge to this point of application.

In consultation with their interim advisor, students will identify both a faculty supervisor and a supervisor local to the project. In the semester following the practicum, students will have a more concrete context for the remaining five courses. In accordance with SFU Graduate General Regulations 1.9.1 and 1.10.6, they will defend their practicum project by giving an oral presentation on the problem, the work done, and the practical implications and consequences of their practicum.

### **5. Consultation process**

In developing this proposal, advice was incorporated from a wide range of experts. Extensive preliminary discussions and planning with local experts, were followed by an external report comprising a needs assessment, recommendations from many universities, and budget. This "Simces" report was based on interviews with experts across and beyond Canada. It is available upon request. An internationally renowned expert on Global Health, Dr. Arun Chockalingam, was recruited as the FHS Director of Global Health.

The program content and structure were then the subject of an International Forum held at the Wosk Centre for Dialog to discuss SFU's proposal for an MAGH degree. The forum was attended by many Canadian and international experts in global health, representatives of stakeholders, resource providers, and NGOs. Those attending unanimously expressed support, while offering a myriad of useful suggestions. As a result of their suggestions, we defined the client population as currently employed professionals from both inside and outside Canada; we defined the vision for graduates as being agents of change for the improvement of global health; we defined a niche for the program as a focus on policy (cost-effective delivery of positive change) and globalization (the health impact of international exchange of commodities, finance, commerce, ideas, persons, and agents of disease).

Finally, we have tapped global health expertise of most if not all of the new FHS faculty members.

## II LEARNING METHODOLOGIES

### 1. How learning methodologies achieve intended outcomes

Each student's application will include a problem that provides a potential focus for their studies and the mid-program practicum. Traditional classroom teaching will be supplemented with seminars, case study laboratories, and practica. Courses will increasingly incorporate web-based resources, learning objects, and possibilities for substantial off-campus completion.

During the teaching semesters, each afternoon will be spent in a three-hour open format guided discussion in a "laboratory" for one of the five courses of the semester. These will be facilitated by specialists and practitioners with hand-on experience as decision makers in global health selected from a wide range of locations and expertise. In addressing a specific problem, an agent of change needs the ability to establish a personal connection with resource providers when building and financing a project team. Part of the competence gained in these laboratories will be that students become individually acquainted with a selection of decision makers in NGOs and national and international sources. Even a remote contact or a personal recommendation can make a decisive difference. Sessions will take place in a computer and media laboratory in which the state-of-the-art information technology can be applied to the problems under discussion, and where remote teleconferencing can be scheduled.

Eventually most, if not all, courses will be partly or completely available off-campus by web delivery, starting with the "foundation" courses that could lead to a certificate program for those who do not finish the full MAGH program. Courses will provide a common foundation of core methodological skills and an elective to accommodate the specialized needs of students.

### 2. Features

#### *Distance education and independent study*

Our survey indicated that a significant number of prospective students want a web component to their courses, including the possibility of taking some courses solely by web delivery. We have agreed in principle with LIDC SFU to progressively incorporate these components into the courses. FHS will take responsibility for providing content and LIDC will provide web design and course delivery resources. Web/classroom integration will complement the integration of classroom exposition with workplace implementation.

#### *Employability skills*

Cooperative Education SFU has agreed to make their instructional modules on employability and job-search skills available to our students. The skills most desired by the employers they surveyed are: team-problem solving, good oral and written communication, and mathematical and computational skills, [Zumbo et al. [http://www.ecps.educ.ubc.ca/grad\\_programs/merm/plan.html](http://www.ecps.educ.ubc.ca/grad_programs/merm/plan.html) Appendix B:] most, if not all, courses will incorporate a mix of all three of these.

#### *Workplace-integrated learning*

Theoretical skills are best conceptualized in the context of applications in which they will be used. For this reason, we will use practica, case studies, workshops, and seminars to stress applications. Students from academic and professional backgrounds will learn from each other in an interdisciplinary, participatory learning community of scholars. The involvement of health professionals as associates in the teaching program and as guest lecturers will enrich the classroom experience. In their final semester, practicum students will take a mandatory course in which those coming from or moving to professional careers will draw from each other's experience. Here they will reinforce the skills and applications they encountered in the investigative aspects of their practica, by explaining and discussing specific examples of workplace problem solving.

### ***Case studies***

Wherever possible, courses will incorporate case studies to ensure grounding in current real-world problems. Learning will be active, rather than a passive memorization of facts. Diverse viewpoints will be explored in an inclusive way, while inferences will be strictly evidence-based.

### ***Shorter than normal degree completion time***

This means that the studies will be compressed and the workload strenuous. Rather than being a deterrent, however, this will prove attractive to students on leave from work who cannot afford financially to be out of the workplace long, particularly to international students who have limited-time grant support or whose employers can release them only for a year.

## **III FACULTY REQUIRED TO MOUNT THIS PROGRAM**

### **Number of faculty and staff required to mount this program and their qualifications.**

In addition to the faculty members currently in place, an anticipated four additional faculty members will be added as the program evolves to its steady-state enrolment. A total course load of ten courses annually plus supervisory and administrative responsibilities, normal study leave, etc would require incremental staffing to the extent of a total of four new faculty members. Secretarial and administrative staff would be required in excess of most conventional programs because of the need to administer the practica placements, practica supervision, and the participation of clinical associates, preceptors, and a large number of practicum defenses in the fall semester. In addition, experts and practitioners in relevant aspects of global health from strategic locations worldwide will be recruited as part time or temporary instructors in team-taught courses. Up to 20 associates will be recruited on stipend as local supervisors/preceptors in the summer practica. Several other programs at SFU have faculty with expertise relevant to this program.

In developing the full proposal, every effort will be made to take advantage of opportunities for sharing course materials and modules across all FHS programs, and of cross-appointments of faculty from other administrative units as mutually desirable.

### **Existing faculty members contributing to program development**

Arun Chockalingam (MD, PhD)  
Stephen Corber (MD, FRCPC)  
Kitty Corbett (PhD)  
Allan Davison (PhD)  
Craig Janes (PhD)  
Michel Joffres (MD, PhD)  
David MacLean (MD, PhD)  
Marina Morrow (PhD)  
Timothy Takaro (MD, PhD)  
Rochelle Tucker (PhD)  
Leilei Zeng (PhD)



## Courses individual faculty members could or would teach or contribute to

GLOH 610-3 Organization and reform of health systems	Vertesi, Janes, Corbett
GLOH 620-3 Determinants of global health	Corber, Janes,
GLOH 630-3 Health promotion and disease prevention - from theory to practice	Janes, MacLean, future hire
GLOH 640-3 Human security, ethics, and vulnerable populations	Janes, Corbett, Morrow, Takaro
GLOH 650-3 Globalization and health	MacLean, Morrow, Takaro, Tucker, Corber
GLOH 660-3 Occupational and environmental health	Takaro, Davison, future hire
GLOH 670-3 Global approaches to disease prevention and control: Current challenges	Corber, future hire
GLOH 680-3 Advocacy and communication in global health	Corbett, Corber
GLOH 690-3 Health and the economy	Tucker, Morrow, Corbett

## 2. Curriculum vitae for faculty members

See Appendix V

## IV NEED FOR THE PROGRAM

### *Justification for development of the program in terms of demand from students*

We predict that demand for the program will be overwhelming. This expectation is based on three lines of evidence. First, a survey of health professionals and SFU students predictably indicated a substantial demand for the program from students and professionals from inside Canada. It was, however, from beyond Canada that a surprising level of interest emerged. With no indication that a program was imminent or any request for applicants, we received hundreds of letters or emails of enquiry. Second, within the ranks of the current MSc in Population and Public Health students, the Global Health courses have been in demand, and a substantial number of students have volunteered an interest in the MAGH program were it available now. Each week a couple of dozen enquiries are received. Finally, our itinerant ambassadors at international conferences overseas have had an overwhelming level of response from every university they visited and from governmental representatives across three continents.

We expect to admit some 20 of well over 100 applicants in the initial cohort intake for 2007-1. This is of course no reason for complacency. Rather, to ensure a high quality of students from the start, we would like a sufficient applicant pool to be extremely selective. Consequently, we are hoping that the cohort special arrangement will allow for intense and effective advertising sufficiently in advance for students to arrange financial support, visas, and leave of absence from employment for the initial year.

## V ADMISSION REQUIREMENTS

Admission requirements will conform to the University minimum standards for admission to a masters program. They are outlined in the calendar entry (Appendix II).

## VI LIBRARY COSTS

The library indicates that the cost of supporting the courses for this program will amount to about \$7800 per year. The commitment of the Faculty of Health Sciences to meeting these costs is confirmed in the course proposal forms. In addition, should the program be offered at SFU Harbour Centre, the library has identified specific additional costs. We confirm that any budget for downtown delivery will include a line item for these additional library costs.

## APPENDICES

### Appendix I: Course proposals

See attached course proposal package.

## APPENDIX II PROPOSED CALENDAR ENTRY

### Masters in Global Health

Faculty of Health Science, Simon Fraser University  
West Mall Centre 2812  
8888 University Drive  
Burnaby, B.C. V5A 1S6

Office: 604-291-4821 Fax: 604-291-5927

Email: fhs@sfu.ca

### Faculty associated with the MAGH program

#### *Dean:*

*Dr. David MacLean*

#### *Director of Global Health:*

*Dr. Arun Chockalingam*

#### *Assistant Professors*

Marina Morrow (PhD)

Rochelle Tucker (PhD)

Leilei Zeng (PhD)

#### *Associate Professors*

Michel Joffres (MD, PhD)

Timothy Takaro (MD, MPH)

Stephen Corber (MD, FRCPC)

#### *Professors*

David MacLean (MD, PhD)

Arun Chockalingam (PhD)

Kitty Corbett (PhD)

Craig Janes (PhD)

### General Aspects

Incoming students will likely be health care professionals or newer graduates with relevant backgrounds and a demonstrated interest in international health. There is substantial demand from students for such a program. Demand from employers for personnel trained in this area is increasing, and the resources needed for successful implementation of the program are available.

In the interests of predictable and rapid completion, the program is an intensive one. Students will take five courses in the initial (spring) semester and again in the final (fall) semester. In the summer semester students will undertake a study-abroad practicum on a global health issue in a setting where health inequities exist, with a local supervisor (preceptor) from an international organization or NGO. The course load is the equivalent of five courses per semester, plus other required activities. Day and evening courses include web-integrated components that provide flexibility.

Applicants to the MAGH program will have a variety of educational backgrounds. In recognition of this, the admissions process is flexible. It provides an opportunity for students with strengths in one area to remedy deficiencies in another, with admission contingent upon specific remedial work or qualifying and make-up courses at the graduate and undergraduate levels.

Applicants can qualify for admission by several routes. Thus, applicants with backgrounds as health professionals or practitioners (nursing, nutrition, kinesiology, physicians, health administrators, etc.) may, at the discretion of the Graduate Studies Committee, qualify for direct admission. For others, admission may be contingent upon knowledge updates or foundation courses in the fall semester. The foundation areas are stated in detail in the admissions section of the calendar.

After completing any requirements set for conditional admission in a preliminary semester, students will proceed through the 12-month MAGH program as a cohort starting each September.

## **Learning Objectives**

The MAGH is a professional degree, designed to prepare current and future health professionals to be practitioners and decision makers specifically in the *global* health context. Those completing the program will have well-developed skills to serve as "agents of change" in global health. Their mission will be to contribute to the reduction of health inequities that affect young and old around the world. The program emphasizes strong research, methodological, communication, and computational skills, including the use of large health databases. Skills will be learned in the context in which they are applicable, through emphasis on workplace-integrated study, problem-based learning, team-approaches to case studies, and seminars. The practica provide a workplace experience to apply theoretical concepts in advancement of health, social policy and health problem solving.

The requisite skills and tool set will be gained in a tightly packed three-semester 45-credit degree. Courses will analyze the processes that influence health, health systems, and disease patterns worldwide. Students will focus on the mechanisms whereby globalization influences health and the implementation of health systems that promote health security. The program will cover major diseases, health issues and the underlying influence of technologies, politics, economics, legal structures, culture, social and physical environments, and other trans-national factors. It will be interdisciplinary, participatory, and problem-centered, including ethical aspects, issues of cultural sensitivity, and participatory capacity building.

## **Admission**

### ***Deadlines***

For this initial cohort, applications should be received by March 31<sup>st</sup> 2006 for admission in the January (spring) semester of 2007. Persons applying by this date will receive the fullest possible consideration, including timely recommendation of any additional "qualifying" courses that might need to be taken. Applications by this date may receive priority consideration for financial support. Later applications may be considered, but this could pose difficulties for students who need to apply for governmental or NGO sources of financial support, for whom foundation courses are required, or who require visas to study in Canada.

### ***Requirements***

1. To be considered by the admissions committee, applicants who are recent graduates should have completed a baccalaureate degree in a discipline related to health, social studies, policy analysis, epidemiology, or information technology. Undergraduate grades should be equivalent to a Grade Point Average of at least 3.0 at Simon Fraser University. It is recognized that grading standards at other universities can vary. Students should submit evidence of any differential in grading standards that they wish the admissions committee to consider.

2. Applicants with substantial experience as practitioners in health or a related field may be admitted based in part on academic credentials and in part on their career accomplishments.
3. An applicant may receive conditional admission to the program, subject to the satisfactory completion of specified courses in one or more of four foundation areas:
  - Numerical, computational, and statistical problem-solving strategies
  - Research methods for health studies
  - Epidemiological applications
  - Organization and delivery of health services
4. Students are required to demonstrate experience and interest in international health. This is best demonstrated by submitting, as part of the admissions package, a credible approach to solving or mitigating a significant problem in global health. For international students this problem will often be local to their home country.
5. Students whose primary language is English *or* who received their bachelor's education in English will normally be exempted, but others are required to demonstrate competence in the English language as indicated in the SFU Graduate Regulations. Submit test scores as required.

### ***Checklist for application to admission to the MAGH program***

Graduate program staff and faculty are available to help answer questions. Contact [fhsg@sfu.ca](mailto:fhsg@sfu.ca) for additional information.

- Graduate application form and the application fee
- Official education transcripts showing all grades (mailed directly from the granting institution)
- Any relevant career information to be considered. If you had a note from a current employer that they support your undertaking this program of study and expect to hire you in a relevant position upon completion, it would be useful to include it.
- Evidence of understanding or experience in the four foundation areas
- Description of a problem in health in some setting the student has made herself or himself familiar with, and an approach to its solution. In most cases, this problem or approach will become a focus for your learning while progressing through the degree.
- Three confidential letters of reference mailed directly from referees, at least two of whom are university faculty members. This requirement may be waived for mid-career applicants with professional experience, where one or more letters from employers may be used to confirm the applicant's readiness for advanced studies.
- Submit evidence of competence in English as indicated above.

### ***Outcome of the application for admission***

Not all students who meet standards can be admitted. Availability of a faculty supervisor, availability of expertise in the desired area of study, enrolment space in the program, and specific preparation of the student for the proposed studies are factors.

If admitted, the admission letter will identify a temporary faculty advisor qualified and willing to supervise the student's degree program, including practicum. Early in the first semester the student should identify the temporary advisor as their permanent supervisor or, if not, the temporary advisor will guide them to a suitable permanent supervisor.

A student may be awarded conditional admission. This means the student is admitted contingent upon completing additional courses to a specified standard, normally during the first semester. Some examples of additional courses are listed in the Diploma in Global Health program. See Graduate General Regulations in the SFU Calendar for further information.

## **Degree requirements**

### ***1. Courses***

A minimum of twelve courses are required

- Nine courses listed hereunder as requirements for the MAGH degree
- Two additional practicum-related courses
- The remaining course may be selected from Global Health (GLOH) graduate course electives with the approval of the student's supervisor

### ***2. Practicum***

In their second (summer) semester students will carry out a practicum on a global health issue, normally in an intercultural or international setting where health inequities exist. The practicum (GLOH 698-14) will ensure that the skills are learned and reinforced in the practical context of real-world health problems. Participants will learn: (1) *research methodologies* to generate, disseminate, and apply new knowledge related to health and its determinants globally, and (2) *knowledge translation* in evidence-based policies and programs and for the evaluation of health outcomes.

- Students will make a preliminary choice of practicum project title and location by the end of the first month in the MAGH program proper.
- Each student will have two supervisors selected with the approval of the MAGH Program Director:
  - (1) an FHS supervisor - usually SFU faculty, adjunct, associate, or visiting faculty members associated with the MAGH program, and
  - (2) the preceptor – a local (on-site) supervisor
- The practicum project will be a specific ethics-approved problem amenable to solution within 3-4 months, usually forming part of an ongoing international program conducted by an NGO or government authority.
- The student will maintain a daily work diary, which will form the basis of monthly status reports and a comprehensive final report in a style appropriate for publication and suited to the project.
- Students with extensive experience as health professionals will have the option of using their work experience as the basis for their practicum report and capstone experience. Under exceptional circumstances, a student may substitute, at the discretion of the MAGH Graduate Chair, two extended essays for the practicum semester.

### ***3. Practicum capstone requirement***

The practicum capstone requirement (GLOH 699-1) takes the form of a public seminar presentation of the practicum experience along with questions. The student is expected to perform adequately to receive a grade of satisfactory.

## Support for graduate students

It is anticipated that all graduate students accepted for admission will have financial resources adequate for completion of the degree. Many will have support from an employer, from their country of origin, or from a granting agency or NGO. We will try to help find funding for meritorious students who could not undertake the program without additional support. The program expects to be able to help some, but not all, students with travel costs associated with the practicum. We expect the fellowship resources to be above the median at SFU, but we are unable to guarantee support to all deserving applicants.

You are urged to explore the web and any funding agencies you may be aware of, and additional information will be available to applicants during the admissions process. Financial support for graduate students can come from a variety of sources such as:

- **Scholarships, career support, and traineeships local to international students** may be available independently of SFU or the Faculty of Health Sciences: Many visa students will have applied for and received support from their employer or their own local, regional or national health agencies. Some may be on paid or unpaid study-leave from careers in health, or have scholarships from universities or granting agencies as a result of excellent performance in their undergraduate studies. Students are urged to be resourceful and take the initiative in seeking out and applying to sources close to home. These will likely turn out to be the most frequent sources of support.
- **SFU Special Entrance Scholarships** and **SFU University Fellowships** may be available through the Dean of Graduate Studies office. On your request, the Graduate Admissions Committee may apply on your behalf.
- **Canadian National and Regional sources of support.** Traineeships are available from national and provincial agencies, for example MSHRF, BC Cancer Agency, etc. The faculty has also been contacted by health foundations such as AIDS Vancouver with regard to eligibility for fellowships specifically available for students in health programs. These could include Heart Health agencies, CARS, and the BC Cancer Foundation.
- **Faculty Fellowships.** The Faculty of Health Sciences is finding resources to support MAGH students who may not be able to support themselves. These may take the form of full fellowships or half-fellowships to match other sources of funding, and they may include summer fellowships for practicum/project semesters that may be especially costly.

## Supervisory committees and procedures

### *Practicum supervisory committee*

A practicum supervisory committee will be identified no later than the first month of the first semester. The committee will consist of the senior supervisor, a faculty associate closely associated with the workplace, and an additional faculty member. Students will select, in consultation with their supervisor, an appropriate practicum topic. The student's progress through inception, planning, progress, and conceptualization is monitored and graded by the student's practicum supervisory committee.

### *Practicum policies and procedures*

The practicum is available to give qualified students workplace experience so that they can link concepts with practice and advance their career opportunities. The practicum is a learning environment for the student, and a proposal to that effect must be approved by FHS prior to commencement.

A grade is assigned for the practicum course by practicum supervisor on the basis of recommendations from the preceptor. The grade is based on an evaluation of a work term report and assessment of the student's work by the practicum coordinator and approved by the supervisor. A presentation of the report will be later graded in the capstone experience.

### ***Professional associates and workplace supervisors for practica***

Oversight of the practicum program will be by a Community Partnership Advisory Board, consisting of members of the graduate faculty, recognized adjunct faculty who function as workplace mentors, and one or more graduate student representatives. Workplace mentors will be recognized by the Faculty of Health Sciences as leaders in the field of health willing to provide workplace-integrated learning experience. They will be found primarily in the public sector or non-governmental organizations.

### ***Time to completion***

The degree can normally be completed in three semesters including the one-semester practicum.

## **Courses available for the MAGH program**

### ***GLOH 610-3 Organization and reform of health systems***

Concepts of health, illness, sickness, and disease. History and development of health systems, and comparison of the social ethics, organization, and financing of different national health systems. The design of health systems – strengths and weaknesses of alternative systems for health care and delivery. Current strategies for health system reform in resource-rich and resource-constrained nations. In this course, students will explore practical implications of the subject matter by simultaneously developing a proposal for their practicum.

### ***GLOH 620-3 Determinants of global health***

International public health focusing on social and biological determinants of health problems that cross national barriers. Relating health problems to current processes of economic and cultural globalization. Understanding and addressing health inequalities, within and between countries. A case studies approach.

### ***GLOH 630-3 Health promotion and disease prevention – from theory to practice***

Strategies for health promotion and the techniques required in planning, implementing, and evaluating health promotion programs in lower- and middle-income countries. Building collaborations and participatory community-based approaches. Addressing change at the individual, organizational, community, population, and global level. A case studies approach.

### ***GLOH 640-3 Human security, ethics, and vulnerable populations***

Global health issues which are fundamental to human security, but outside the scope of international security studies. Equity and non-medical determinants of health, conflict and weapons of mass destruction, genocide, war, and public health. Peace through health initiatives. A case studies approach.

### ***GLOH 650-3 Globalization and health***

The mechanisms by which globalization impacts health. Roles of technologies, politics, economics, legal structures, culture, and social environments. The positive and negative impacts of global trends in trade, ideology, governance, community building, conflict, poverty, and the environment. A case studies approach.

### ***GLOH 660-3 Occupational and environmental health***

Globalization and industrialization – impacts on the health of the environment, populations, and workers. Environmental hazards in consumables (food, air, and water) and waste (liquid, solid, and gaseous) with special reference to hazardous waste. Risk assessment in community, workplace, and residential settings. A case studies approach.

### ***GLOH 670-3 Global approaches to disease prevention and control – current challenges***

Implementing programs for disease prevention and control in low- and middle- income countries. Strategies for the prevention and control of disease, and characteristics of specific diseases that make them susceptible to control. A case studies approach.

### ***GLOH 680-3 Advocacy and communication in global health***

Health advocacy, the policy framework within which it operates, its key principles, skills, and practice issues. Role, theories, and methods of health communication and advocacy in global health from the community to global level. Useful means: media advocacy, community mobilization, and trans-national collaboration. Use of information technology to promote population health and pro-health policy change. A case studies approach.

### ***GLOH 690-3 Health and the economy***

Health and economic development. Health systems and economic outcomes. Practical application of economic theories to health financing, resource allocation policy problems in resource-constrained nations, and cost analyses in the reforming of health policies. A case studies approach.

### ***GLOH 696-3 Directed studies***

An opportunity to develop, in a series of in depth seminars under the direction of a faculty supervisor, a topic of special interest.

### ***GLOH 697-3 Special topics in global health***

Special topics on areas not covered within the graduate program offerings. The course may be offered as a lecture or seminar course.

### ***GLOH 698-14 Practicum/project in global health***

This course is open only to those students in the MAGH program in their practicum semester who have developed a practicum proposal satisfactory to their practicum supervisory committee. The practicum study will result in the preparation of a scholarly report on the work experience in the structure of a formal paper. The report will include an analysis of the strategic objectives, confounding variables, recommendations, and discussion of practical strategies for implementation. Students with extensive experience as health professionals will have the option of using their work experience as the basis for their project, report and subsequent capstone experience. Under exceptional circumstances, students may, at the discretion of the MAGH Practicum Committee, substitute two extended essays as the basis for their practicum report, and subsequent capstone experience.

### ***GLOH 699-1 Capstone experience***

This course is intended for MAGH students in the semester following completion of the practicum/project report. In this capstone experience, students present their reports for peer-critique in a seminar. Discussion, questions, and by the class supervisors and guests follow. Grading will be satisfactory/unsatisfactory. Prerequisite: GLOH 698.

## **Appendix III Financial report developed in collaboration with the Dean**

The budget is under discussion at the level of the Senior Administration, starting from the assumptions of the Simces Report. The Simces report is available upon request.

The Simces report included a financial business case for SFU's Master of Global Health program that identified a number of possible scenarios, including the provision that it be financially self-sufficient. The results are summarized here. Details in the Appendix: Business Case and Pricing Options.

*Several assumptions around expenses and potential revenue were made to establish a potential pricing structure for the program. The analysis shows a total program cost of \$588,500 in year 1, with a breakeven price per student of \$19,617 and a total program cost of \$540,000 in subsequent years with a breakeven price per student of \$13,500.*

*Three program fee levels were examined in detail to determine their profit potential.*

- The first scenario was student fees of \$10,000. This price results in a loss in every year of operation.*
- The second scenario was student fees of \$15,000. While this price yields a loss in the first year, it has profits in subsequent years that would cover the first year's loss by year four. After year four, there would be annual profits of \$60,000.*



- *The third scenario was student fees of \$20,000. At this rate, the program would break even in the first year with profits of \$11,500 and profits of \$260,000 in subsequent years.*

Prepared by Simces Associates 2004

The fees are significantly above fees for non-professional degrees at SFU. However, considering that the degree time will be shorter than most at SFU, total cost will be less to the student than many MSc programs. In comparison with similar programs at other universities, the fees are modest. Harvard offers a very popular MPH with Focus on GH with fees of \$US75k, An equivalent program at Yale costs \$US40-45k; UBC charges \$25k for Master's in Health Administration. It is anticipated that many students will be supported by their own governments. In addition, we have been given reason to believe that we can find substantial charitable, governmental, and NGO support for the education of students who otherwise would not be able to attend. We hope to accomplish savings in some areas, and to lower the break-even fee by ramping up steady-state enrolment beyond 40. Some of the enhanced fees will be devoted to scholarship support for students with limited funds, and the fraction will increase as enrolment continues to increase beyond the break-even point.

At this point, it seems that fees will have to be no less than \$6,500 per semester. Lower fees might not permit the project to break even, while higher fees would be a deterrent to students in the Canadian academic marketplace.

Note: The Simces report, including full budgetary analysis is available upon request to [fhs-grads@sfu.ca](mailto:fhs-grads@sfu.ca).

### ***Comments on the fee structure***

1. It seems likely that the fee level will be set at, or close to, \$20,000 for the full program. These fees are high in comparison with most (but not all) SFU Masters programs. They are, however, moderate to low by international standards.
2. Some students may be supported by their employers, and others may have significant private funding. Nevertheless, fees are high and will be prohibitive for some students. It is the firm intention of FHS and those administering the program that a substantial proportion of deserving students who would not otherwise be able to afford the program will receive support or scholarships. Significant funds have been received for student support, and further promising lines of support are being investigated. Once the break-even point is reached, increased enrolment will allow an increasing share of income to be committed to student subsidies. It is expected that by the time the full proposal is developed, it will be possible to be more explicit about support for students who cannot afford the fee structure.
3. It is recognized that it is a source of discontent if students occupying adjacent seats are paying widely different fees. On the other hand, students who have been accepted into the program contingent on taking specified courses will be paying MAGH fees. For students supported by their employers or national/international scholarships, their support is likely to be contingent on pre-admission to the program, and the higher fees will be mitigated by their ability to hold such support. On the other hand, students intending to apply for admission without any guarantee of eventual acceptance will be paying the (lower) regular fees for the same courses.
4. Despite the resulting workload, degree completion time will appeal to students and diminish the impact of the fee structure in two ways. First, a shorter time for which support will be required and second, a shorter time out of the work-force.

## **APPENDIX IV FACULTY ASSOCIATED WITH THE MAGH PROGRAM**

### **Regular faculty members**

#### ***Dean:***

*Dr. David MacLean (MD, PhD)*

#### ***Director of Global Health:***

*Dr. Arun Chockalingam (MD, PhD)*

#### ***Assistant Professors***

Marina Morrow (PhD)

Rochelle Tucker (PhD)

Leilei Zeng (PhD)

#### ***Associate Professors***

Michel Joffres (MD, PhD)

Timothy Takaro (MD, MPH)

Stephen Corber (MD, FRCPC)

#### ***Professors***

David MacLean (PhD,MD)

Arun Chockalingam (PhD)

Kitty Corbett (PhD)

Craig Janes (PhD)

### **Members of the steering committee**

Dr. Arun Chockalingam (PhD) Dir Global Health (ex officio)

David MacLean (PhD,MD) Dean of FHS (ex officio)

Craig Janes (PhD)

Michel Joffres (PhD)

Allan Davison (PhD)

Members to be appointed by the Dean of FHS

### **Associated faculty and international associates**

Dr Darwin Labarthe (CDC Atlanta GA USA)

Dr K Srinath Reddy (University of New Delhi, India)

Dr Salim Yusuf (Hamilton Ontario)

Dr Ruth Bonita (Geneva Switzerland)

Dr Kelly Lee (London School of Hygiene and Tropical Medicine, England)

Dr Jefferey Sachs (Honorary Doctorate from SFU)

Dr Sylvie Stachenko (Public Health Agency of Canada)

Dr Clarence Clotey (Public Health Agency of Canada)

Catherine Coleman MA Adjunct Clinical Instructor of Public Health & Family Medicine Tufts

University, Editor in Chief ProCOR, Lown Cardiovascular Research Foundation Boston, USA)

### **Appendix V Faculty CVs**

Faculty profiles including a general description are available on the web at: <http://fhs.sfu.ca/faculty.php>  
Curriculum vitae are appended.