



**IUPUI**

**RICHARD M. FAIRBANKS  
SCHOOL OF PUBLIC HEALTH**

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**INDIANA UNIVERSITY**

Indianapolis

**DOCTORAL PROGRAM  
IN  
GLOBAL HEALTH LEADERSHIP (DrPH)**

**Academic Policies, Guidelines, and Procedures\***

**INDIANA UNIVERSITY RICHARD M. FAIRBANKS SCHOOL OF PUBLIC HEALTH  
DEPARTMENT OF GLOBAL HEALTH**

**2022 - 2023 Academic Year**

**Revised August 2022**

These *Policies, Guidelines, and Procedures* describe rules, regulations, policies, and procedures for the Doctoral Program in Global Health Leadership (DrPH), as established by the Department of Global Health at the IU Richard M. Fairbanks School of Public Health. Each Student should become thoroughly familiar with the material and, with their academic advisor or the program director, ensure that their selected plan of study complies with the pertinent requirements.

\*Adapted from Doctoral Program in Health Leadership (DrPH), Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina at Chapel Hill  
(Babich 2014)

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## GENERAL INFORMATION

### **Program Goal and Background**

The goal of the program is to produce graduates with the motivation, knowledge, and skills to become top leaders committed to improving the public's health.

This goal responds to the urgent need to develop better leaders to improve the health of the public, both domestically and internationally. The Institute of Medicine's landmark 1988 report, *The Future of Public Health*, brought this need into sharp focus. The report concluded, "... public health will serve society effectively only if a more efficient, scientifically sound system of practitioner and leadership development is established." Since 1988, the Bureau of Health Professions, the Joint Council of Governmental Public Health Agencies, the Centers for Disease Control and Prevention, the World Health Organization and others have called for improved training of top health leaders. The need persists, underscored by global leadership failures associated with the COVID-19 pandemic.

The Institute of Medicine, in 2003 in two major reports, renewed and strengthened its call for improved training of future health leaders. One of these reports, *The Future of the Public's Health in the 21<sup>st</sup> Century*, recommended that "leadership training, support, and development should be a high priority." The other report, *Who Will Keep the Public Healthy*, focused on "Educating Public Health Professionals for the 21<sup>st</sup> Century", as its subtitle states. The report notes that much has changed since the original 1988 IOM report was issued, and these changes require modification and improvement of the education of top health leaders and other professionals. The Doctoral Program in Global Health Leadership pedagogy and curriculum respond to this need.

The curriculum is inspired by and builds on lessons learned and insights gained from the Doctoral Program in Health Leadership (DrPH), launched in 2005 in the Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina at Chapel Hill under the direction of Ned Brooks and Suzanne Babich. The first distance doctoral program of its kind, it pioneered the use of Internet video for doctoral-level coursework and a highly interactive, experiential, and multidisciplinary pedagogical approach to educating working health practitioners. Originally designed as a domestic-only program, the UNC program was expanded in 2007 to include international students.

The FSPH program builds on the success of the original UNC model by increasing curricular content in practice-oriented research methodology, particularly in the areas of qualitative methods and implementation science and configuring program operations to accommodate substantial collaboration with international institutional partners. We expect our global partner network to enhance the diversity of opportunities for students, faculty, and staff to learn from each other, leading to improved teaching and learning outcomes, broadening participants' personal and professional networks, and increasing institutional capacities to provide high-quality, urgently needed doctoral-level education in global health leadership.

Close collaboration with global partners, including diverse, globally based faculty, helps to ensure a global perspective is brought to bear on the curriculum, better preparing graduates to practice effectively across varied global settings and cultures. Our school and program are accredited by the Council on Education for Public Health (CEPH) and the Agency for Public Health Education Accreditation (APHEA), the latter including a process of continuous improvement via international peer review.

## **Our Scholars**

The program targets mid- to senior-level professionals working full time in Indiana, across the U.S. and around the world with the potential and ambition to become top health leaders. Examples include health directors, program officers, ministers of health, mid- to senior-level managers and leaders in government agencies, foundations, nonprofit and non-governmental organizations, nonprofit and for-profit hospitals, and businesses, as well as others working within the health field, which may include entrepreneurs and individuals working in nontraditional settings where they directly impact the health of the public.

The focus of the Doctoral Program in Global Health Leadership (DrPH) is on developing leaders who will improve the public's health in the United States and globally. Therefore, (a) the curriculum is relevant and can be applied in both domestic and global work settings and (b) students come from the United States as well as from around the world. Because the mission of the program is to produce graduates who will lead applied efforts to improve the public's health around the world, *cohorts do not include individuals who intend to focus predominantly on research or academic teaching positions*. While we acknowledge that graduates may at times choose to engage in research and/or academic endeavors, this particular DrPH program is designed to meet the needs of individuals working in field settings who intend to remain working in field settings, domestically or internationally.

## **DrPH Global Health Leadership Program Governance**

All responsibility for the academic conduct, standards, and requirements of the doctoral program rests with the faculty of the Department of Global Health through its duly appointed representatives, in accordance with other school and university policies.

The Director of the Doctoral Program in Global Health Leadership is responsible for all administrative affairs of the Program, including administration of academic conduct, standards, and requirements. In addition, the Director is responsible for recommending admissions and potential financial support, helping to match dissertation and doctoral project advisors with students, approving DrPH Global Health Leadership dissertation and doctoral project committee chairs and members, advising these committees and panels on interpretation of policies and requirements, ruling on all petitions in accordance with the School of Public Health program guidelines, and fulfilling any other administrative duties or responsibilities delegated by the Department Chair or Dean.

*Director:* Suzanne (Sue) Babich, DrPH, MS, RDN  
Associate Dean of Global Health and Acting Chair, Department of Global Health  
Professor of Global Health and Health Policy and Management

*Committee Oversight:* The DrPH Global Health Leadership Program Director is a member of the FSPH Doctoral Program Committee, which meets monthly. At that meeting, all FSPH doctoral program directors discuss, debate, and decide on recommendations for program policies and procedures and opportunities for improvement. In addition, the DrPH Program Director leads the DrPH Program Committee comprised of several full-time faculty members from across the school who teach in the program. This committee meets periodically to discuss program matters. Members serve as the annual DrPH Admissions Committee as well as the DrPH Academic Progress Committee, convened as necessary.

## **Class Size**

Up to 15 students will be admitted annually in the advanced leadership stream or cohort; up to 15 are admitted annually in the emerging leader's cohort.

## **Program Costs**

Please check with the [Office of the Bursar](#), for the most recent tuition rates and fees. Students take 18 credit hours in each of years 1 and 2, and in the third year, they take nine credit hours for a total of 45 credit hours. (Note: We do accept transfer credits from other doctoral programs. Any supplementary coursework that a student may need to fulfill prerequisites, specialized training, or extra desired coursework will incur credit hours that are in addition to the 45 program credit hours.)

In addition to tuition, students must provide their own computers and video camera per program specifications (information is provided to students separately and updated as necessary as the technology changes). Students will also be responsible for travel expenses related to two annual visits to campus (or an alternate location) in each of the first two years and any desired campus visits in the third year. At least once every other year, the program may meet in an international location or domestic location outside of Indianapolis.

## **Financial Aid**

General University information regarding financial assistance is available on the [Office of Student Financial Aid](#) website. If you are in the military, the University's military tuition benefit is outlined on the [Office for Veterans and Military Personnel](#) website.

## **Admission Requirements**

- A prior master's degree or doctoral degree (not necessarily in public health).
- Several years of significant post-graduate experience in the health field, including a minimum of five years in a mid-level or higher leadership position with substantial management responsibility for the advanced cohort; up to three years for those entering the emerging leader's cohort.

- Demonstrated leadership potential.
- Motivation to obtain top-level positions in practice settings and to improve the public's health.
- Grade Point Average (GPA) of 3.0 or better in prior graduate study.
- English language proficiency.

We interview all applicant finalists. We seek individuals who are emotionally mature and able to get along well with others, working effectively as part of a team. Individuals must be capable of working under pressure in a demanding doctoral program and completing the curriculum in about three years, with a maximum limit of five years from matriculation in exceptional cases.

While all students are expected to be academically qualified for doctoral level study, special emphasis is placed on work history, demonstrated leadership and a practice-oriented career commitment.

***Again, we expect admitted students to have personality characteristics that enable them to get along well with others.*** A high level of emotional intelligence, including the ability to contribute to – and not distract from – congenial relationships among cohort members and all Program faculty and staff is required. Individuals who demonstrate disruptive behaviors that challenge the harmony of Program faculty, staff and students may be asked to leave the program.

***Also note that strong writing skills are critical to success in this program.*** While we do not require GRE scores for consideration for admission, applicants are advised that they will be expected to be able to demonstrate competent, advanced-level writing skills in assignments and their doctoral dissertations. The University has some resources available to assist those who may find they need additional writing support, however, ultimately, the responsibility will rest on the student to find and use appropriate resources for writing support as may be necessary for success in the program.

English language fluency - If English is not your first language, you must submit TOEFL or IELTS scores.

Preferred Minimum Requirements	
TOEFL (paper-based) <i>school code: 1325</i>	620
TOEFL (iBT) <i>school code: 1325</i>	92
TOEFL (computer version) <i>school code: 1325</i>	263
IELTS	7.0

***Also note:*** Students without a master's or other advanced degree from an accredited school of public health must successfully complete the online section of core course P510: Introduction to Public. This course is not required to be completed before matriculating but must be completed concurrently with the Doctoral Program in Global Health Leadership in order for students to graduate. *Completion of P510 core course prior to program matriculation is strongly*



*encouraged, as most students find it extremely challenging to complete the course at the same time that they are managing doctoral work.*

## **Program Advising**

The DrPH Program Director serves as the faculty advisor for the program, guiding the student in interpreting course and program requirements and helping to identify potential dissertation committee or doctoral project panel chairs. Dissertation committee or doctoral project panel chairs are typically identified toward the end of the first year of study based on mutual scholarly interests. Chairs help the student identify additional committee or panel members and advise the student on their doctoral research from the point of proposal development through the research process and until final defense of the dissertation or project. The School's Student Services department is also available to help students with course registration and other administrative questions throughout their time in the program.

## **Program Design**

In each of the first two program years, students come to Indianapolis for three to five days in late August and in mid-May. As of January 2023, early January "residential" sessions will be held virtually. At times, an alternate site may be chosen which may require travel outside the U.S. or Indiana. Students are given ample time to make travel arrangements in these cases. Otherwise, learning takes place at homes and offices, away from the IUPUI campus. Students connect to faculty and peers mainly via computer. Students do not need to go to distance education sites such as videoconference centers to participate in the program.

We make substantial use of technologies (Internet Video, Canvas, Zoom) that allow students and faculty to interact productively and that support live video, audio, and data sharing. The technologies can also be used to connect guest speakers with students without having to bring everyone together in the same room. **NOTE: Students must have a high-speed Internet connection.**

The executive format functions as follows: During their first visit in August, students begin their studies with several days on campus during which they are oriented to the program, the Department and School, and the University. They also participate in-group discussions with top health care and public health leaders. They are introduced to the remainder of the first semester curriculum and are trained in using the program software. The students then return home for the balance of the semester.

Students receive material (narrative case studies, datasets, readings, etc.) via email or their course Canvas sites each week. They study these materials on their own but must have completed required tasks before a regularly scheduled class session when they will convene live via Zoom. These three-hour, synchronous learning sessions are divided into the components of the curriculum and led by faculty members responsible for each component, sometimes including guest speakers.

First-year students meet for class on Tuesdays; second-year students meet for class on Wednesdays. Class times vary from cohort to cohort, depending upon the locations of students. However, typical connection times are 4-7pm EST or 5-8pm EST. Third-year students registered for dissertation or doctoral project credit hours attend an optional monthly synchronous online group meeting until they have successfully defended their doctoral dissertations or projects.

Students return to Indianapolis between semesters to conclude work on the preceding semester and begin work on the next semester's curriculum. This process is repeated throughout the first two years of the curriculum (with the exception that, beginning in January 2023, the early January residential session will be held virtually). All students move through the curriculum together at the same pace. Every course in the first two years is required of every student. (Note: We do not accept transfer credits from other doctoral programs.) Some students are expert at some elements of the curriculum, but every individual must nevertheless complete those elements. We want students to share their expertise with others in the cohort.

We believe that active interaction among students is an important part of good adult learning. This is also a critical element of the experiential aspect of learning that takes place in our leadership program. The focus in the third year is on writing the dissertation or completing the doctoral project. We expect students to try their best to proceed through the program with their cohort and to defend their dissertations or projects within three years of matriculation. At the discretion of the Program Director and dissertation or project chair, that time frame may be extended, and we will in rare cases permit extensions up to five years from matriculation.

## **Attendance**

**We place the utmost importance on attendance at on-campus and online class sessions.**

Participation in the doctoral program requires attendance at four on-campus sessions and two virtual "residential" during years 1 and 2 of the program. (It is possible that not more than once each year, the on-campus visit will take place in a location outside Indianapolis, including elsewhere in the U.S. or abroad.) Exceptions will be made only in the case of 1) illness or death in the immediate family, 2) mandatory organizational obligation (one time only), acknowledged in writing by employer. (In the latter case, the student is responsible for obtaining any notes, instructions, etc. from cohort mates.) All incoming first-year students must attend the orientation session in August in its entirety, with no exceptions. Anyone unable to attend will be considered for deferral of their program start to the following year.

We understand that important professional and personal opportunities may conflict with scheduled on-campus sessions. However, priority must be given to attendance at on-campus sessions. Only in rare cases will other extraordinary circumstances be considered by the Program Director.

Similarly, on-time attendance is required at all weekly class sessions throughout years 1 and 2 of the program. Students are expected to arrange vacation and work-related travel plans to accommodate class session times. ***Failure to attend class sessions and/or on-campus (or***

***scheduled off-site, in-person sessions held at alternative sites, and virtual “residential” sessions) in their entirety, or chronic tardiness for class sessions, will disqualify a student from continuation in the program.***

## **Program Interruptions**

Classes are set up in a tightly choreographed sequence, and each class is offered only once a year. Therefore, if a student does not complete a class on schedule (if a student does not complete the course or fails the course), he or she will be unable to proceed through the program with the same cohort.

If space is available in the next year’s incoming cohort, and if the student is in good academic standing, it may be possible for that student to rejoin the program the next year at the point where they left off. Such situations will be managed on a case-by-case basis between the student and the Program Director, at times in consultation with the DrPH Program Academic Progress Committee, and decisions of the Program Director or DrPH Program Academic Progress Committee will be final.

Generally, to preserve the integrity of our program pedagogy, students are required to complete all classes together with the cohort in which they were admitted. Any student experiencing difficulties completing coursework in sequence with their cohort should consult the Program Director for guidance.

## **Citizenship, Collegiality and Engagement**

We believe that effective leaders must be able to work well in teams and get along with others. Our program functions best for all when cohort members demonstrate a high level of consideration for each other, program faculty and staff.

**We expect every program scholar to contribute to the cohesiveness of the cohort and to the quality of the group’s education by being on time for class sessions and being fully engaged on camera for the duration of the class period. We expect every cohort member to arrive for on-campus sessions on time and to remain until the end of the last session of that week. Flights must be arranged so that scholars can remain through the end of on-campus sessions before leaving for the airport.**

**We expect cohort members to treat each other and program faculty with respect and professionalism. Individuals who disturb cohort dynamics will be counseled by the Program Director and given an opportunity to change their behavior. If disruptive behaviors persist, the individual may be dismissed from the program. In that case, decisions by the Program Director or DrPH Academic Progress Committee will be final.**

## ACADEMIC REQUIREMENTS

### Program Competencies

The curriculum is displayed by category below as well as in the dissertation conceptual model on page 17. The curriculum competencies are aligned with the CEPH DrPH Foundational Competencies and adapted for this program, which emphasizes a global perspective. A mapping of the competency model and curriculum is available in Appendix C.

### Course Requirements

The program curriculum is summarized in this table and in Appendix A.

The program is rigorous. It requires strong writing and analytical skills. All of our students have to manage demanding, full-time jobs while simultaneously progressing in a year-round doctoral program. At times, it may be necessary for some students to independently take additional coursework (with or without credit) or to otherwise supplement their education (via textbooks or other supplemental readings or lessons) if remedial or additional knowledge or skills are required to help them master program courses or support their unique doctoral dissertations or projects. This is common in doctoral programs, and everyone is regardless expected to complete their program within a reasonable timeframe, up to a maximum of five years from matriculation into the program in exceptional cases.

### DOCTORAL PROGRAM IN GLOBAL HEALTH LEADERSHIP (DrPH) CURRICULUM

Course sequence, title, and credit hours

	LEADERSHIP	PUBLIC HEALTH	RESEARCH*
<b>Year 1</b>			
<b>Fall</b>	PBHL-A 755: Org Leadership Theory and Practice (2)	PBHL-A 757: A Population Perspective for Global Health (1)	PBHL-A 758: Initiating the Research Process (1)
	PBHL-A 756: Leadership in Global Health Law & Ethics(2)**		
<b>Spring</b>	PBHL-A 759: Leadership in Global Health Systems (2)	PBHL-A 760: Essentials of Practice-based Research (2) ***	PBHL-A 761: Literature Review & Appraisal (2)
<b>Summer</b>	PBHL-A 762: The Science of Global Health Implementation (2)	PBHL-A 763: Leadership Challenges in Global Health Informatics (2)	PBHL-A 777: Dissertation Preparation and Planning I (2)
<b>Year 2</b>			
<b>Fall</b>	PBHL-A 765: Financing Global Health (3)		PBHL-A 766: Fundamentals of Research Analysis (3)
	PBHL-A 767: Executive Communication for Global Health Leaders(2)	PBHL-A 768: Global Health Policy Analysis and Advocacy (2)	PBHL-A 769: Strategic Theory & Practice in

<b>Spring</b>			Global Health Leadership (2)
			PBHL-A 778: Dissertation Preparation and Planning II (1)
<b>Summer</b>	PBHL-A 604: Timely Topics in Global Health Leadership (2)  (This course is in transition, replacing the former PBHL-A 770: Leadership for Global Marketing, Public Relations and Fund-raising)		PBHL-A 771: Program Evaluation for Global Health Leaders (2)
			PBHL-A 778: Dissertation Preparation and Planning II (1)
<b>Year 3</b>			
<b>Fall</b>			A805: Doctoral Dissertation (3)
<b>Spring</b>			A805: Doctoral Dissertation (3)
<b>Summer</b>			A805: Doctoral Dissertation (3)

\* First year research courses help with dissertation proposal preparation. Second year courses focus on conducting the dissertation.

\*\* Also, under "Public Health."

\*\*\* Also, under "Research."

## **Grades and Academic Progress**

DrPH Grade Policies:

- Only courses with a grade of "B-" or better will count toward graduation. If a C+ or lower is earned, the course must be repeated until a grade of B- or better is earned.
- A C grade (C+, C, or C-) results in a student being deemed on "academic probation."
- If two C grades (C+, C, or C-) are received, it will trigger dismissal from the program. The student is dismissed from the program unless the program director or Academic Progress Review Committee recommend an alternative remedy. To be considered for continuation in the program, the student must petition for reinstatement and comply with any recommendations made by the program director or Academic Progress Review Committee.

- A grade of D or below is earned, it will trigger dismissal from the program. The student is dismissed from the program unless the program director or Academic Progress Review Committee recommend an alternative remedy. To be considered for continuation in the program, the student must petition for reinstatement and comply with any recommendations made by the program director or Academic Progress Review Committee.
- “Incompletes” in courses will only be permitted, with the instructor’s approval, for students who have completed at least 75% of the course and are passing the course at that time. If an “Incomplete” is given, the instructor and student must agree on a timeline for course completion, not to exceed three months.
- A 3.0 grade point average is required to graduate from the DrPH program.
- Students must be in good academic standing, with at least a 3.0 grade point average, to be eligible to take the comprehensive written examination at the end of Year 2 of the program.
- Students who do not pass all sections of the comprehensive written exam may be dismissed from the program. Failure of any section of the exam triggers academic review by the program director and Academic Progress Committee. In cases where the student’s performance on the exam is close to a low pass, that student may be permitted, at the Program Director’s discretion, the opportunity (up to one week) to strengthen their exam responses for regrading. In other cases, students who do not pass all sections of the exam may be given the opportunity to retake the exam once, the next time it is offered the following year.
- Students must pass the written comprehensive examination before they can enroll in dissertation or doctoral project credit hours. (Note that it may be possible to defend a dissertation or project proposal slightly ahead of having taken the written comprehensive exams. In this case, even if the student passes the proposal defense, they must wait until passing the written comprehensive exam before commencing work on dissertation/doctoral project.)

#### Reinstatement Procedures:

When a student becomes academically ineligible to continue in the program, s/he may petition the Department for reinstatement. The student should communicate his/her request to the Program Director in writing, preferably via email, as well as set up a time to speak with the Program Director about next steps. The Program Director will then convene a meeting of the DrPH Academic Progress Committee to review the student’s academic situation and request.

The Committee gathers relevant information from instructors, the student, and others, as appropriate, and after careful consideration makes a recommendation to decline or endorse the student’s request for reinstatement. In addition to academic standing, the Committee may consider subjective factors such as the student’s behavior in the program, including such elements as citizenship, collegiality, and level of engagement in courses.

The Program Director and Committee reserve the right to recommend a course of action that they deem to be in the best interests of the student and that student’s cohort. In some cases,

students may be asked to repeat a year, joining a new cohort and proceeding through the complete curriculum again.

Students are expected to continue in the doctoral program without interruption. If a break from the 3- year sequence occurs for any reason, we cannot guarantee that a return to the program can be accommodated. If a student withdraws from the program, they may be permitted to reapply and be readmitted at a later date at the Program Director's discretion.

### **Written**

<http://www.sph.unc.edu/hpaa/academic/drph.htm>**Comprehensive**

### **Examination**

A written comprehensive examination is administered at the end of the second year of the program. The exam integrates key concepts from the overall program curriculum. Students have two 10-hour sessions in which to take the exam. Specific details about the examination are provided to students at least one week before the exam is scheduled to take place.

Exams are double blind graded by faculty associated with the Program. If graders disagree on exam results, a third faculty grader may be engaged. All portions of the exam must be passed for the exam to be deemed passed. Exams are graded pass/fail, and detailed feedback is not provided. If a student fails any portion of the exam, general feedback about the nature of the deficiency will be provided to the student by the Program Director. At the discretion of the Program Director, in cases where the student has passed most, but not all, of the exam, the Program may opt to permit the student to revise their exam response for regrading. In other cases, students may have the option to retake the exam the next time it is offered. Students must have passed the Written Comprehensive Exam before they can proceed with dissertation work.

Note that this and all other examinations are outlined on the [IUPUI Code of Conduct](#) website. Students are expected to read, understand, and follow all policies outlined in this document.

### **Applied Practice Experience (APE)**

Each student must engage in one or more applied practice experiences for which they complete at least one project that is meaningful for an organization and advanced public health practice. The practicum provides students an opportunity to apply the knowledge and skills being acquired through their coursework and further develop and demonstrate attainment of program competencies. Relevant organizations include governmental, non-governmental, non-profit, industrial, or for-profit settings, and may be the student's own work setting.

The work product may be a single project or a set of related projects that demonstrate depth of competence. It may be a discrete experience or integrated into program coursework. The deliverable must include a reflective component that describes the student's personal or

professional reactions to the applied experience. This can be accomplished via a journal, a professional portfolio, other written product, or by another deliverable approved by the Program Director.

The APE must be approved in advance by the Program Director. It must cover a minimum of five foundational and/or concentration-specific program competencies. At least one must be from the leadership, management, and governance domain or from the global health leadership domain. There is no minimum number of hours for the applied practice experience, but it must involve a substantive, quality experience that address the identified competencies.

## **Teaching and Learning Training**

CEPH education and workforce development competencies are addressed in this program via a series of professional development seminars and trainings, delivered both F2F on campus as well as independently via multimedia resources available electronically through the IU Center for Teaching and Learning. By the end of August in Year 2 of the program, each student is required to have completed the following work, documented participation and reflected on the experience in their reflection journal and/or e-Portfolio:

1. Teaching and learning trainings presented in person during regular on-campus, residential sessions. Through these trainings, students will demonstrate competencies in:
  - a. Assessing an audience's knowledge and learning needs
  - b. Delivering training or educational experiences that promote learning in academic, organizational or community settings
  - c. Using best practice modalities in pedagogical practices.
2. Review the teaching and learning resources available online through [IUPUI Center for Teaching and Learning](https://ctl.iupui.edu/Workshops-Events/Events/Videos) website including the videos available here: <https://ctl.iupui.edu/Workshops-Events/Events/Videos>. Pick 3-4 of the most meaningful of these resources and reflect on them in your journal and/or e-Portfolio.

## **Final Integrative Experience: Doctoral Dissertation or Project**

Beginning in 2022, students have the option of pursuing a traditional doctoral dissertation or, alternatively, choosing to complete a more applied doctoral project. The two options are similar in that either requires identification of a substantial, complex, and important problem requiring change leadership to bring about a solution. Both require students to craft a structured, scholarly approach to collection of evidence, analysis of evidence, and application of leadership principles to create a plan for an effective, sustainable change that, if it were implemented, would improve the public's health.

### **Dissertation**

The DrPH dissertation is the ultimate academic test of a student's competency. It requires the student to apply key aspects of the curriculum to improving the understanding of or resolving



an important public health-related administrative or policy issue. The dissertation should demonstrate the candidate's mastery of the skills and knowledge required to lead an important health-related program, to create a substantial change in policy for the public's health, or to develop new methods that accomplish either of these two goals. The dissertation should be of publishable quality in either the scholarly literature or applied literature in health care delivery or public health. The final product is delivered as a dissertation manuscript, although in rare instances, a student may opt for a multi-paper approach. (In the latter case, the papers are nevertheless delivered as a collection that are tied together with additional text that describes the relationships among those papers, much like the manuscript of a traditional dissertation.)

### *Guidelines for the Dissertation:*

Students have flexibility in designing a dissertation project, but all dissertations will highlight a potential strategy for addressing a current or past health policy or organizational problem. The dissertation will outline a plan to guide implementation of organizational or policy change. The objective of the DrPH dissertation is to combine practice-based research with an understanding of the role of leadership in creating an implementation plan to improve the public's health.

Students have two options for dissertation formatting. One is the traditional, single monograph DrPH dissertation. The second option is to prepare three manuscripts for publication, tying them together with an opening and closing chapter. Those who are interested in the three-paper option should consult with the Program Director, dissertation chair, and their dissertation committee members to determine whether or not the alternative is feasible and desirable in their case. Choosing between the traditional DrPH dissertation format and the three-paper option requires consideration of the number of research questions that merit separate treatment in stand-alone manuscripts. There should be agreement at the end of a successful oral proposal defense as to what the format will be. The three-paper option is not appropriate for all students, and the choice of whether or not to use this option does not reflect the quality of the dissertation.

Note: The School of Public Health's Institutional Review Board on Research Involving Human Subjects (IRB) <https://research.iu.edu/policies/human-subjects-irb/index.html> must review **all** research involving human subjects (including dissertations, doctoral projects, and class research projects). Students must submit to the IRB, even if the planned research may be exempt as defined for certain human subjects research by the Code of Federal Regulations. **Only** the IRB can determine whether research is exempt. It is essential to receive IRB approval prior to beginning research. Approval is not given retroactively for any research.

Also: The University now requires that all faculty, staff, and students who are engaged in the planning, conduct or analysis of research at IUPUI involving human subjects complete an online training module. ***This training must be completed before you can begin work on your dissertation.*** We recommend that you complete this module during your first semester in the Doctoral Program. A link to the online training module and details about the module can be found at [http://researchcompliance.iu.edu/eo/eo\\_sessions.html](http://researchcompliance.iu.edu/eo/eo_sessions.html). The [Collaborative IRB Training Initiative](#) (CITI) at [http://researchcompliance.iu.edu/eo/eo\\_citi.html](http://researchcompliance.iu.edu/eo/eo_citi.html) is a web-based

training package on issues relating to human subjects research. The University of Miami maintains the CITI web site, with content developed by a national consortium. CITI contains modules on topics like informed consent, vulnerable populations, ethical principles, and IRB regulations. Each module has a short quiz at the end to assess understanding. Over 400 institutions are using CITI for their mandatory training.

### Outline of Traditional DrPH Dissertations

**Chapter 1: The Topic.** The topic must be innovative and significant. “Innovative” means the dissertation must either identify new approaches to existing or past problems or apply existing approaches to new problems. “Significant” means that the dissertation’s implementation plan must have the potential to create one or more important improvements in the health of the public, or that the identification and understanding of past failures and successes illuminates principles of organizational change or policy implementation that have application in improving future health policy. It is possible for quality improvement problems, evaluations, or process improvement problems to be viable dissertation topics as long as they include a focus on change leadership.

- Focus: Most dissertations will focus on either:
  - A change at the top level of an organization or a set of organizations that improves the organizations’ ability to improve the public’s health; or
  - Policy development and implementation at the local, regional, state, or national level aimed at improving the public’s health
- Researchable: The topic must be able to be stated as a research question.

**Chapter 2: Literature Review.** The dissertation must produce a scholarly analytical synthesis that demonstrates the student’s ability to critically evaluate the relevant literatures on leadership and organizational or policy change as they relate to understanding the issue or problem and identifying alternative courses of action.

**Chapter 3: Methodology.** This chapter identifies and describes the appropriate tools to study the issue being examined. The methods used in the dissertation fall under the general rubric of “mechanisms for social change” and may include one or more of the following, as is appropriate for the topic: quantitative data analysis, including large data sets; qualitative analysis; or policy analysis. Policy analysis should include an analysis of the problem (needs statement), establishment of goals and evaluation criteria, identification of alternative policies to address the problem, evaluation of the alternative policies using the evaluation criteria, and a description of the implementation and evaluation plans.

**Chapter 4: Results.** This chapter describes what was found as a result of studying the issue using the methods described in Chapter 3.

**Chapter 5: The Implementation Plan (“Plan for Change”).** This section is the centerpiece of the DrPH dissertation and should be comprehensively detailed. This chapter presents an explicit strategy for addressing the issue with a focus on the resources, players, and contextual parameters affecting the change and should include a proposed evaluation methodology.

This section includes an application of the core elements of the DrPH leadership curriculum depicted on the triangle's borders in Figure 1, including:

1. The resources necessary to implement and maintain the organizational change or policy including people, funds and other infrastructure elements.
2. The players affecting the change including key stakeholders (i.e., populations, communities) and key decision-makers.
3. The contextual parameters affecting the change including law and policy, organizational or situational authority, ethics, political and public feasibility, and the prevailing social environment and norms.

Other topics covered in the curriculum (communications, informatics, policy analysis, social forecasting, scheduling, negotiation, assessment, planning, assurance, public relations, marketing, and evaluation) should be incorporated as applicable. (See inner circle, Figure 1). The implementation plan combines the various elements of the curriculum in a coherent and comprehensive strategy for making organizational or policy change.

Chapter 6: Discussion. This chapter explains how the plan will improve the public's health if implemented, incorporating the principles identified in the analysis in Chapter 5. It identifies any drawbacks/limitations and explains why the advantages outweigh the disadvantages. It also describes the plan's potential for further dissemination.

### **Outline of 3-Paper Option DrPH Dissertations**

Chapter 1: The Topic and Literature Review. The topic must be innovative and significant as with the traditional dissertation. The literature review must be an analytical synthesis that demonstrates the student's ability to critically evaluate the relevant literatures on leadership and organizational or policy change as they relate to understanding the issue or problem and identifying alternative courses of action. The literature review should provide the detailed literature critique that is not usually included in empirical journal articles. It is also possible for quality improvement problems, evaluations, or process improvement problems to be viable dissertation topics as long as they include a focus on change leadership.

1. Focus: Most dissertations will focus on either:
  - A change at the top level of an organization or a set of organizations that improves the organizations' ability to improve the public's health; or
  - Policy development and implementation at the local, regional, state, or national level aimed at improving the public's health
2. Researchable: The topic must be able to be stated as a research question.

Chapters 2-4: One manuscript per chapter. Each manuscript should be a journal length paper that is written and formatted according to target journal requirements.

Chapter 5: The Implementation Plan. This section is the centerpiece of the DrPH dissertation and should be comprehensively detailed. This chapter presents an explicit strategy for

addressing the issue with a focus on the resources, players, and contextual parameters affecting the change and should include a proposed evaluation methodology.

This section includes an application of the core elements of the DrPH leadership curriculum depicted on the triangle's borders in Figure 1, including:

1. The resources necessary to implement and maintain the organizational change or policy including people, funds and other infrastructure elements.
2. The players affecting the change including key stakeholders (i.e., populations, communities) and key decision-makers.
3. The contextual parameters affecting the change including law and policy, organizational or situational authority, ethics, political and public feasibility, and the prevailing social environment and norms.

Other topics covered in the curriculum (communications, informatics, policy analysis, social forecasting, scheduling, negotiation, assessment, planning, assurance, public relations, marketing, and evaluation) should be incorporated as applicable. (See inner circle, Figure 1). The implementation plan combines the various elements of the curriculum in a coherent and comprehensive strategy for making organizational or policy change.

Chapter 6: Discussion. This chapter explains would synthesize findings across dissertation papers and discuss their implications for future research, practice, and/or policy. Additional discussion would include how the plan will improve the public's health if implemented, incorporating the principles identified in the analysis in Chapter 5. It identifies any drawbacks/limitations and explains why the advantages outweigh the disadvantages. It also describes the plan's potential for further dissemination.

Appendices: For details not included in the Chapters 2-4 journal articles, but necessary for the detail traditionally included in a dissertation, students should use additional appendices.

## **Oral Comprehensive Exam: Dissertation Proposal Defense and Final Defense**

For all dissertations, a committee of at least 3 persons approved by the Global Health Department evaluates the quality of the dissertation. The committee is usually chaired by an appointed or emeritus faculty member with a doctorate in the Fairbanks School of Public Health\* and consists of at least two other persons. At least one of those two must be an appointed or emeritus faculty member, or an affiliated faculty member, with a doctorate, in the Fairbanks School of Public Health or in a related field in another unit at IU. The third member of the committee may be drawn from outside the University with the approval of the Chair of the Department of Global Health and the Program Director. These persons will be granted adjunct faculty status in GH for the duration of their service on dissertation committees. (\*Note that some affiliated faculty who teach regularly in the program may, with the approval of the Chair of the Department of Global Health and the Program Director, be permitted to chair a dissertation committee.)

The committee reviews and approves the dissertation proposal, provides guidance to the student in conducting the dissertation, and ultimately judges whether the dissertation meets the criteria for a scholarly work as outlined above. Specific areas of concern include the significance and appropriateness of the issue chosen, the appropriateness and execution of the methodology used, whether the results logically follow from the findings, the completeness and feasibility of the proposed implementation strategy and evaluation plan, and the appropriateness and utility any principles identified.

For all dissertations, the committee should be able to answer relevant questions about the dissertation, such as:

1. Overall Dissertation Evaluation Criteria:
  - a. Considered as a whole, are the dissertation, its methods and findings, significant and innovative?
  - b. Is the literature review thorough and applicable, and has it been synthesized effectively?
  - c. Are relevant leadership theories cited and explained?
2. Needs or Problem Statement:
  - a. Is the need for the project clearly identified?
3. Goals and Evaluation Criteria:
  - a. Does the dissertation include a description of policy goals and relevant evaluation measures (e.g., cost, resources needed to implement, feasibility of implementation, political feasibility)?
4. Generating Alternative Options:
  - a. Does the dissertation identify appropriate options that could be used to address the problem?
5. Data or Policy Analysis:
  - a. Have appropriate research and data analysis methods been employed? (For example, has the student used appropriate quantitative, qualitative, or policy analysis methods to evaluate competing options?)
  - b. Does the project describe how populations and communities will be affected by the change? Are the pros and cons in terms of effect on populations thoroughly analyzed?
  - c. Are considerations of the ethical implications of the change adequate and appropriate?

Implementation Plan (“Plan for Change”): Students should address some or all of the following, as appropriate to the dissertation:

1. What resources (financial, human and other) are/were needed to implement and maintain the change?
2. Have the effects of the laws and policies that bear on this issue been adequately addressed?
3. Are/Were the relevant policy makers and stakeholders identified? What are/were their positions? Has the student described a plan to obtain stakeholder support

- and/or reduce stakeholder opposition? For dissertations focusing on past policy, has the student identified the role that stakeholder groups played in the project being evaluated?
4. Is/Was the proposed schedule of implementation realistic? Does/Did it make sense in the context of the project's budget and resources?
  5. Have the appropriate policy analyses, social forecasts, assessments, negotiations, communications, and other applications methods been identified and integrated appropriately into the plan? Are the marketing and public relations plans sound? For projects focusing on historical policies, have these facets been examined?

#### Evaluation Plan:

1. Is the proposed evaluation plan sound?

NOTE: In those cases in which the implementation plan or the principles cannot be applied within the third year, the dissertation committee members must assess of the potential "real world" utility of these "products."

Dissertation chairs have some leeway in the actual format of the final oral dissertation defense. However, the following process is typical:

#### Doctoral Defense Procedures:

1. Convene the defense with introductions (as needed), greetings/welcome, and procedure/plan for defense
2. Hold optional closed Executive Session of Committee to clarify any remaining initial concerns before commencing defense.
3. Candidate's presentation, 25-30 minutes. Questions from Committee/audience should be held to end, unless for clarification only.
4. Committee members should be provided copies of any slides; three-per-page and black and white are generally OK.
5. Questions to Candidate first from Committee, then audience **OR** Questions to Candidate first from audience, then from Committee, either in (a) open or (b) closed session.
6. Candidate excused from room following all questions.
7. Hold closed Executive Session of Committee to discuss the dissertation and the defense; additional requirements, if any; and outcome.
8. Invite Candidate back into the meeting and brief on the outcome
9. If successful defense, obtain signatures on Doctoral Dissertation completion form and dissertation cover sheets.
10. Detailed feedback by Doctoral Committee Chair immediately, or within 1-2 days, regarding any corrections, necessary changes, elaborations, and any additional work required for dissertation.

11. Assure that Committee delegates authority to Chair to determine whether or not the necessary revisions are successfully completed.

Chair responsibilities for the Defense:

1. Assure that all Committee members are on board ahead of the final defense. If a favorable outcome, albeit with minor changes or elaborations, is not a forgone conclusion then do not hold defense.
2. Run defense efficiently, fairly, and comprehensively.
3. Take notes during defense of all Committee member (and audience) questions in order to provide feedback to Candidate. This is particularly important regarding corrections, changes, elaborations, and any additional work required.
4. Celebrate completion and congratulate completion of doctoral studies!

Note: Candidates must be registered during the semester they defend.

(Source: John Paul, PhD, UNC-Chapel Hill)

## **Doctoral Project**

Beginning in Fall 2022, we are piloting a new Doctoral Project option. The intention is to offer an alternative that moves the final, integrative experience from the current dissertation model to an even more applied, field- or practice-oriented experience. **Note that the focus is still on a change leadership challenge.** Students will confer with faculty and the program director to determine which option may best suit their interests and needs.

Our intention is to retain the rigor and complexity of the traditional dissertation while increasing the practical application of the work. Processes associated with the doctoral project will be similar to, but not exactly, like those associated with the dissertation.

For example, while students completing a doctoral project will defend a proposal and final product, approved doctoral panels may be more flexible in composition. **Students will identify an organization to which they will attach themselves for the duration of their work on their doctoral project.** They will assemble a doctoral project panel which will include, at minimum, a chair of the panel, an organizational preceptor, and one additional methods or content expert. The panel will meet to review and approve the project proposal and for the project final defense.

The panel chair will be assigned by the program director unless the student identifies an individual independently. In the latter case, eligibility of panel chairs will follow the same criteria as those for dissertation chairs. (We anticipate, by 2023, putting into place a separate section number for Doctoral Projects, with assigned faculty who each chair a set number of doctoral panels).

The final product of the doctoral project will be one manuscript prepared for publication rather than a traditional dissertation manuscript.

As this option is currently in the pilot stage, the guidelines posted here are subject to change, in a process of continuous improvement as the program team learns from early experiences.

General guidelines for the doctoral project, in comparisons with the guidelines for those completing traditional dissertations, are as follows:

**Chapter 1** remains the same: The topic is innovative and significant, focusing on **change leadership**. The main difference between the project and dissertation is that, in the project option, the student will work on a collaborative project with a defined organization. The student will secure a preceptor within the organization who has the position and responsibility to potentially influence or implement the proposed final recommendations for action. The preceptor will also serve on the review panel.

**Chapter 2** remains the same; Literature Review

**Chapter 3:** Methodology: This chapter identifies and describes the appropriate tools to gather and analyze the evidence needed to support the plan for change. The methods may include such approaches as: qualitative analysis of semi-structured key informant interviews or focus group data; analysis of objective data from literature review, including grey literature. Program evaluation, process improvement, and policy analysis are all potential methodologies that might be applied. In rare instances, quantitative data analysis, including the use of large data sets, may be used in conjunction with additional sources of data that inform the change leadership process.

Program evaluation should include an analysis of the problem the program is addressing, a program goal, SMART Objectives, a logic model, a program theory of change, an implementation plan, evaluation plan for each objective and the overall goal and evaluation criteria for the overall program. Policy analysis should include an analysis of the problem (needs statement), establishment of goals and evaluation criteria, identification of alternative policies to address the problem, evaluation of the alternative policies using the evaluation criteria, and a description of the implementation and evaluation plans.

**Chapter 4:** Results: This chapter describes what was found after studying the issue using the methods described in Chapter 3.

**Chapter 5:** The Implementation Plan (Plan for Change). This section is the centerpiece of the DrPH project and should be comprehensively detailed. This chapter presents **evidence-based** recommendations, **applying sound leadership principles**, to address the problem. The recommendations should address the **resources, players and contextual parameters** affecting the problem and should include a proposed evaluation methodology.

- a. The resources necessary to implement and maintain the organizational change or policy. It should include people, funding and other infrastructure elements.



- b. The players, what key stakeholders must be involved to make the recommended changes.
- c. The contextual parameters will focus on what you need to initiate changes. This may impact the organizational structure, organizational policies, social environment, ethics or norms. You may need to address public relations, marketing, forecasting, scheduling, informatics, communication or other content from the DrPH curriculum.

**Chapter 6:** Discussion. This chapter explains how the plan will improve the public's health. It should identify any limitations and discuss further dissemination.

The final product from the project will be a publishable paper. The paper does not have to be published prior to program completion, but it must be submitted to an appropriate journal and accepted for review before program completion.

Students will write the doctoral project chapters in the format of a specific journal to which they intend to submit, following that journal's Author's Guidelines. Students will provide to the panel members the details of the specific journal and a link to the author guidelines of that journal. Journals chosen for submission must be those generally recognized as reputable and significant in the field, usually with an impact factor. Students are responsible for any fees that may be associated with publication. Students should confer with their panel members and the program director for help, as needed, in identifying an appropriate journal for submission, taking care to avoid predatory or otherwise low-quality publications.

### **Oral Comprehensive Exam: Doctoral Project Proposal Defense and Final Defense**

Same as for Doctoral Dissertations.

### **Progress Report for Students Enrolled in Dissertation Hours (A805) or Doctoral Project Hours**

Students registered for A805 or the doctoral project must complete a bi-annual progress report and submit it to their dissertation or project chair and the Program Director at the end of June and December every year. It is the student's responsibility to keep their dissertation or project chair and Program Director informed of their progress and any situations that cause deviations from their dissertation or project timeline. There is no specialized form on which to submit the report; students are expected to send the information via a detailed email message covering the items noted below.

For students who have not defended their dissertation or project proposal, the annual progress report should include specific progress on their proposal during the past year, timeline for scheduling their proposal defense and an explanation of delays in progress. For students who have defended their proposals, the annual progress report should include the date of the proposal defense, names of dissertation committee or project panel members and progress to date on research, including status of the IRB application, data collection and overall status of work compared to the dissertation or project timeline.

***Students are expected to move in lock step with their cohort and to defend their dissertation or project within three years of matriculation. Extension of the program beyond three years is not guaranteed and is subject to the discretion of the Program Director and dissertation or project chair. When there are extenuating circumstances, it may be possible to extend work in the program to not more than five years from matriculation.***

Should the dissertation or doctoral project panel chair determine that sufficient progress has not been made, a grade of F (fail) for A805 or the doctoral project may be assigned. Failure to provide progress reports to the dissertation or project chair and Program Director or repeated failure to make sufficient progress may result in dismissal from the program. In the event of insufficient progress, the Program Director will work with the student to explore their options.

**Figure 1**  
**DrPH Dissertation**



**ETHICS, DISCRIMINATION, INSTITUTIONAL REVIEW BOARD & HIPAA**

**Ethics and Honor Code**

The Responsibilities section of the Code of Student Rights, Responsibilities, & Conduct ([link here](#)) contains detailed information about illegal drugs, ethics, the Honor Code, non-discrimination, racial and sexual harassment, and the alcohol policy. You can also visit the Registrar's website for information on the Family Educational Rights & Privacy Act [here](#).

### **Harassment and Discrimination**

The University's Policy on Prohibited Harassment and Discrimination prohibits discrimination or harassment on the basis of an individual's race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

Students who want additional information regarding the University's process for investigating allegations of discrimination or harassment should contact the IUPUI Office of Equal Opportunity (OEO).

IUPUI Office of Equal Opportunity  
980 Indiana Avenue Suite 4443  
Indianapolis, IN 46202  
(317) 274-2306 or [oeoiupui@iupui.edu](mailto:oeoiupui@iupui.edu)

### **Institutional Review Board (IRB) and Research Involving Human Subjects**

It is the policy of the Indiana University that all research projects which involve human subjects shall be subject to review and approval by an appropriate Indiana University Institutional Review Board or, as appropriate, an officially appointed, Institutional Review Board (IRB) registered with the Office of Human Research Protections (or other office designated by the United States Department of Health and Human Services) prior to project initiation and without respect to funding or the source of funding.

### **CITI Training**

All key personnel and any researchers directly interacting with subjects are required to complete CITI training every three years.

You must complete one of the following courses based on your main area of research:

- If you are mainly engaged in **biomedical research** complete: Biomedical Researcher, Stage 1
- If you are mainly engaged in **social or behavioral research** complete: Social/Behavioral/Educational Researchers, Stage 1
- VA researchers should complete the VA CITI course and should affiliate their CITI account with Indiana University. The VA CITI course fulfills the Indiana University researcher education requirement for VA researchers.
- For assistance with affiliating your CITI account with Indiana University, please email [irb@iu.edu](mailto:irb@iu.edu).

All Principal Investigators and Co-Principal Investigators conducting interventional clinical trials are required to complete CITI GCP training every three years.

- CITI GCP training is a condition of IRB approval for interventional clinical studies.
- Only the CITI GCP course will be accepted as evidence of GCP training.

The length of the IRB approval process depends on the type of dissertation research. For example, approval of secondary data analysis or a study involving minimal risk to human subjects may be approved relatively quickly (e.g., within a week or two). Approval for collecting sensitive data about human subjects may require several revisions before IRB approval is granted (e.g., 1-2 months). If dissertation research will involve PHI, then a student may also be required to complete HIPAA training.

Therefore, plan ahead so that the research is not delayed. In general, the process is:

1. Complete the proposal—either immediately after successfully defending the proposal, or after it is in relatively final form. If significant modifications are made to the proposal, then IRB approval of the modification is required.
2. Submit completed IRB application online.

The IRB for the School of Public Health is the Non-Biomedical IRB (Committee E). For questions about the IRB process or how to complete particular aspects of the application, please contact the IRB office at 317-274-8289 or by email at [irb@IU.edu](mailto:irb@IU.edu). For technical questions about online submission of IRB applications, contact the IU IRB Help Desk at 812-856-4242.

## FORMS

### Required Forms

A number of forms must be completed and submitted to the school of Public Health during the doctoral program. All required forms are available from the FSPH department of student services and are linked on the DrPH Canvas home page. Students should check with the department of student services to ensure that the appropriate forms are filed on their behalf and at the appropriate times. **Students are responsible for initiating and ensuring follow through for all relevant forms. ALL FORMS SHOULD BE SUBMITTED TO THE Department of Student Services, ([pbhealth@iupui.edu](mailto:pbhealth@iupui.edu) 317-274-2000). Indiana University, Richard M. Fairbanks School of Public Health, Health Sciences Building (RG), 1050 Wishard Blvd. Floor 5, Indianapolis, IN. 46202-2872**

Report	Filed after	Responsible party
1 <i>Curriculum vitae</i>	Each year	Student
2 <i>Preliminary Doctoral Written Examination</i>	Taking written comprehensive exams	Program Director
3 <i>Doctoral Committee or Panel Composition</i>	Assembling a dissertation committee or project panel	Student

*Note: When applicable, students are responsible for submitting forms to have non-IU faculty appointed to FSPH to serve on their committees or panels.*

4	<i>Approved Dissertation or Project</i>	Defending the dissertation or project proposal (first oral examination)	Student
5	<i>Oral Examination</i>	Defending the dissertation proposal (first oral examination)	Committee or Panel Chair
6	<i>IRB Approval</i>	Getting IRB approval	Student
7	<i>Application for Graduation</i>	Completing all requirements (except dissertation or project defense), about 3 months before graduation	Student
8	<i>Final Oral Examination</i>	Defending the final dissertation or project	Committee or Panel Chair

1. *Curriculum Vitae*: **Filed by July 1 of each year**: Students must provide a copy of their current curriculum vitae to their advisor and to the Doctoral Program in Global Health Leadership Director. The curriculum vitae should describe students' research, teaching, and service activities.
2. *Report of Preliminary Doctoral Written Examination (Part I: Doctoral Exam Report Form)*. **Filed after taking written comprehensive exams**: This form reports the results of the written comprehensive exam and is filed regardless of whether the outcome of the examination is a pass or fail. The Director of the Doctoral Program in Global Health Leadership is responsible for filing this form for DrPH students.
3. *Report of Doctoral Committee or Panel Composition (Part I: Report of Doctoral Committee Composition & Report of Approved Dissertation or Project)* **Filed after assembling a dissertation committee or project panel**: The doctoral dissertation committee or project panel must be approved by the Director of the Doctoral Program in Global Health Leadership and the chair of the GH department. Often this form is completed at the same time as the oral defense of the dissertation or project proposal. The student is responsible for filing this form with FSPH Student Services.
4. *Report of Approved Dissertation or Project (Part II: Report of Doctoral Committee or Project Panel Composition & Report of Approved Dissertation or Project)* **Filed after defending the dissertation or project proposal (first oral examination)**: The dissertation committee signs this form indicating approval of the proposed dissertation or project. The student is responsible for filing this form with FSPH Student Services.
5. *Report of Oral Examination (Part II: Doctoral Exam Report Form)* **Filed after defending the dissertation or project proposal (first oral examination)**: This form reports the results of the dissertation or project proposal defense and is filed regardless of whether the student passes or fails the examination. The dissertation committee or doctoral project panel chair is responsible for filing this form.

6. **IRB Approval Filed after defending the dissertation or project proposal:** See section on IRB.
7. **Application for Graduation Filed after completing all requirements (except dissertation or project defense), about 3 months before graduation (please check University calendar for the exact filing date):** Degrees are awarded three times a year; May, August, and December. A student who expects to finish soon must notify the department of her/his intention to graduate by submitting an application for graduation on a specific date. In order to have the degree awarded at the desired time, all degree requirements must be completed (except the dissertation or project defense) no later than the deadline specified in the University Registrar's Calendar (2<sup>nd</sup> Friday in October for December graduation; 2<sup>nd</sup> Friday in February for May graduation; 2<sup>nd</sup> Friday in June for August graduation) for the relevant commencement. The School cannot make exceptions to this rule. If the student submits an application but does not satisfy the degree requirements by the deadline for graduation (*e.g.*, because of a failed final oral examination, outstanding grade of IN, etc.), the application will roll forward to the next commencement. After one year a new graduation application must be submitted. The student is responsible for filing this form.
8. **Report of the Final Oral Examination (Part III: Doctoral Exam Report Form) Filed after defending the final dissertation or project:** The final oral examination takes place at the time of the dissertation or doctoral project defense. The dissertation committee chair or doctoral project panel chair is responsible for filing this form.

## APPENDIX A

### Academic Schedule and Course Sequence: 2021 - 2022

#### **Year 1**

##### **Fall 2021**

PBHL-A 756: Leadership in Global Health Law and Ethics (2 credit hours)

PBHL-A 755: Organizational Leadership Theory and Practice (2 credit hours)

PBHL-A 757: A Population Perspective for Global Health (1 credit hour)

PBHL-A 758: Initiating the Research Process (1 credit hour)

Registration	Registrar will notify
Campus Visit	August 16 - 19, 2021 – 1 <sup>st</sup> Year Students August 17 - 19, 2021 – 2 <sup>nd</sup> Year Students
First Day of Classes	August 23, 2021
Fall Break	Friday, October 8, 2021
Thanksgiving Break	November 22 – 28, 2021
Last Day of Classes	January 10, 2022

##### **Spring 2022**

PBHL-A 759: Leadership in Global Health Systems (2 credit hours)

PBHL-A 760: Essentials of Practice-based Research (2 credit hours)

PBHL-A 761: Literature Review and Appraisal (2 credit hours)

Registration	Registrar will notify
Campus Visit	January 3 - 5, 2022 - 1 <sup>st</sup> & 2 <sup>nd</sup> Year Students
First Day of Classes	January 6, 2022
Spring Break	March 14-20, 2022
Last Day of Classes	May 10, 2022

##### **Summer 2022**

PBHL-A 762: The Science of Global Health Implementation (2 credit hours)

PBHL-A 763: Leadership Challenges in Global Health Informatics (2 credit hours)

PBHL-A 777: Dissertation Preparation and Planning I (2 credit hours)

Registration	Registrar will notify
Campus Visit	May 10 - 12, 2022 - 1 <sup>st</sup> & 2 <sup>nd</sup> Year Students
First Day of Classes	May 10, 2022
Independence Day	Monday, July 4, 2022
Last Day of Classes	August 8, 2022

**APPENDIX A (continued)**

## Academic Schedule and Course Sequence: 2022-2024

**Year 2****Fall 2022**

PBHL-A 765: Financing Global Health (3)

PBHL-A 766: Fundamentals of Research Analysis (3 credit hours)

Registration	Registrar will notify
Campus Visit	August 15 -18, 2022 – 1 <sup>st</sup> Year Students - <i>Tentative</i> August 16 - 18, 2022 – 2 <sup>nd</sup> Year Students - <i>Tentative</i>
First Day of Classes	August 22, 2022
Fall Break	October 17-18, 2022
Thanksgiving Break	November 23-27, 2022
Last Day of Classes	January 5, 2023

**Spring 2023**

PBHL-A 767: Executive Communication for Global Health Leaders (2 credit hours)

PBHL-A 768: Global Health Policy Analysis and Advocacy (2 credit hours)

PBHL-A 769: Strategic Theory and Practice in Global Health Leadership (2 credit hours)

PBHL-A 778: Dissertation Preparation and Planning II (1 credit hour)

Registration	Registrar will notify
Campus Visit	January 3 - 5, 2023 – 1 <sup>st</sup> & 2 <sup>nd</sup> Year Students - <i>Tentative</i>
First Day of Classes	January 9, 2023
Spring Break	March 13-19, 2023
Last Day of Classes	May 4, 2023

**Summer 2023**

PBHL-A 604: Timely Topics in Global Health Leadership (2 credit hours)

(This course is in transition, replacing the former PBHL-A 770: Leadership for Global Marketing, Public Relations and Fund-raising)

PBHL-A 771: Program Evaluation for Global Health Leaders (2 credit hours)

PBHL-A 778: Dissertation Preparation and Planning II (1 credit hour)

Registration	Registrar will notify
Campus Visit	May 2 - 4, 2023 – 1 <sup>st</sup> & 2 <sup>nd</sup> Year Students - <i>Tentative</i>
First Day of Classes	May 9, 2023
Independence Day	Tuesday, July 4, 2023
Last Day of Classes	August 17, 2023

**Year 3**



**Fall 2023 – Summer 2024**

A805: Doctoral Dissertation (3 credit hours each in Fall, Spring, Summer)

## APPENDIX B

### Degree Requirements Checklist

Theme	Course Number, Title and Description	Credit Hours	Date Completed
<b>Prerequisite Coursework (Needed only if no MPH/MHA)</b>			
	PBHL-P 510: Introduction to Public Health	3	
<b>Fall, Year 1</b>			
Leadership	PBHL-A 755: Org Leadership Theory & Practice	2	
Public Health	PBHL-A 757: Population Perspective for Global Health	1	
Leadership / PH	PBHL-A 756: Leadership in Global Health Law and Ethics	2	
Research	PBHL-A 758: Initiating the Research Process	1	
Dissertation	Identification of dissertation topic (general description)		
<b>Spring, Year 1</b>			
Leadership	PBHL-A 759: Leadership in Global Health Systems	2	
Research	PBHL-A 761: Literature Review & Appraisal	2	
Research / PH	PBHL-A 760: Essentials of Practice-based Research	2	
Dissertation	Dissertation topic finalized First draft of literature review completed		
<b>Summer, Year 1</b>			
Leadership	PBHL-A 762: The Science of Global Health Implementation	2	
Public Health	PBHL-A 763: Leadership Challenges in Global Health Info	2	
Research	PBHL-A 777: Dissertation Preparation and Planning	2	
Dissertation	Research Question Draft Chapter 1: The Topic Revised Chapter 2: Literature Review		
<b>Fall, Year 2</b>			
Leadership	PBHL-A 765: Financing Global Health	3	
Research	PBHL-A 766: Fundamentals of Research Analysis	3	
Dissertation	Continued development of dissertation proposal Determination of methods		
<b>Spring, Year 2</b>			
Leadership	PBHL-A 770: Executive Comm for Global Health Leaders	2	
Public Health	PBHL-A 768: Global Health Policy Analysis and Advocacy	2	
Research	PBHL-A 769: Strat Theory & Practice in Global Health Leader	2	
Research	PBHL-A 778: Dissertation Preparation and Planning	1	
Dissertation	Dissertation or doctoral project proposal defense Research Question		

	Background and Significance Literature Review Methods Timeline		
<b>Summer, Year 2</b>			
Leadership	PBHL-A 604: Timely Topics in Global Health Leadership (This course is in transition, replacing the former PBHL-A 770: Leadership for Global Marketing, Public Relations and Fund-raising)	2	
Leadership	PBHL-A 771: Program Evaluation for Global Health Leaders	2	
Research	PBHL-A 778: Dissertation Preparation and Planning	1	
Comprehensive Exam			
<b>Year 3</b>			
Research	Dissertation or Doctoral Project	9	
Elective (optional)		3	
Elective (optional)		3	
<i>Dissertation</i>	Fall: Data collection completed		
	Spring: Type 1 → Draft Chapter 4: Results Draft Chapter 5: Implementation Plan Type 2 → Draft Chapter 4: Results Draft Chapter 5: Analysis		
	Summer: Dissertation defense		
Applied Practice Experience (APE)	(Documented in reflective journal and/or e-Portfolio)		
Education and Workforce Development Training	(Documented in reflective journal and/or e-Portfolio)		
<b>Total credits</b>		<b>45</b>	

## APPENDIX C

### Course Competency Map

Competency	Course Number(s) and Name(s)*
<b>Data &amp; Analysis</b>	
1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels	PBHL-A 760: Essentials of Practice-based Research PBHL-A 768: Global Health Policy Analysis and Advocacy PBHL-A 771: Program Evaluation for Global Health Leaders
2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue	PBHL-A 768: Global Health Policy Analysis and Advocacy PBHL-A 771: Program Evaluation for Global Health Leaders
3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population's health	PBHL-A 763: Leadership Challenges in Global Health Informatics PBHL-A 771: Program Evaluation for Global Health Leaders
<b>Leadership, Management &amp; Governance</b>	
4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners	PBHL-A 755: Organizational Leadership Theory and Practice
5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies	PBHL-A 767: Executive Communication for Global Health Leaders PBHL-A 768: Global Health Policy Analysis and Advocacy
6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems	PBHL-A 756: Leadership in Global Health Law and Ethics
7. Create a strategic plan	PBHL-A 769: Strategic Theory & Practice in Global Health Leadership

8. Facilitate shared decision making through negotiation and consensus-building methods	PBHL-A 767: Executive Communication for Global Health Leaders
9. Create organizational change strategies	PBHL-A 769: Strategic Theory & Practice in Global Health Leadership
10. Propose strategies to promote inclusion and equity within public health programs, policies and systems	PBHL-A 759: Leadership in Global Health Systems
11. Assess one's own strengths and weaknesses in leadership capacities including cultural proficiency	PBHL-A 755: Organizational Leadership Theory and Practice
12. Propose human, fiscal and other resources to achieve a strategic goal	PBHL-A 765: Financing Global Health
13. Cultivate new resources and revenue streams to achieve a strategic goal	PBHL-A 765: Financing Global Health
<b>Policy &amp; Programs</b>	
14. Design a system-level intervention to address a public health issue	PBHL-A 762: The Science of Global Health Implementation
15. Integrate knowledge of cultural values and practices in the design of public health policies and programs	PBHL-A 768: Global Health Policy Analysis and Advocacy
16. Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis	PBHL-A 756: Leadership in Global Health Law and Ethics
17. Propose interprofessional^ team approaches to improving public health	PBHL-A 762: The Science of Global Health Implementation
<b>Education &amp; Workforce Development</b>	
18. Assess an audience's knowledge and learning needs	Seminar provided by IU Center for Teaching and Learning: Activity modeled background knowledge probe.
19. Deliver training or educational experiences that promote learning in academic, organizational or community settings	Seminar provided by IU Center for Teaching and Learning: Activity

20. Use best practice modalities in pedagogical practices	Seminar provided by IU Center for Teaching and Learning: Activity on lesson planning and active learning
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### DrPH Competencies in Global Health Leadership

Competency	Course Number(s) and Name(s)
1. Analyze the roles and relationships of international organizations and other entities influencing global health.	PHBL-A 768: Global Health Policy Analysis and Advocacy
2. Critique the impact of global policies on health equity and social justice across a range of cultural, economic and health contexts.	PBHL-A 759: Leadership in Global Health Systems
3. Apply an understanding of global economic, political, and social conditions on population health worldwide.	PHBL-A 768: Global Health Policy Analysis and Advocacy
4. Apply diplomacy and conflict resolution strategies with global partners.	PHBL-A 767: Executive Communication for Global Health Leaders
5. Exhibit communication skills that demonstrate respect for other perspectives and cultures.	PHBL-A 767: Executive Communication for Global Health Leaders