

Report: External Periodic Programme Evaluation of the Masters of Philosophy in International Community Health

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1. INTRODUCTION

1.1. Basic information on the evaluated programme

The Masters of Philosophy (MPhil) in International Community Health is an international interdisciplinary Masters programme. From 2013-2016 the programme has accepted approximately 20 students per year. About three-quarters are international students from Europe, Asia, Africa and North-America¹.

The programme consists of four semesters. The two first semesters consist of coursework. The first semester students attend introductory courses aiming to give a broad overview of community health issues, as well as introductory courses in research methods. In the second semester, the courses are focused on development of a research protocol including methodology, literature review and research ethics. The students also attend elective courses with a total of 15ETCS in the second semester. In the third semester students conduct fieldwork, and in the fourth semester, they work on analysis and writing of the thesis. The Master's thesis courses amount to 60 ETCS.

The programme's website presents the following formulation on learning outcomes:

“By successfully and actively participating, you will acquire knowledge and skills to develop and expand your capacity to understand and critically assess issues related to international community health from global to local level. We focus both on providing familiarity with essential knowledge, research methods and on placing this into a broader context of how the communities we study are embedded in societies”.

Research competence is emphasized as a primary outcome; it is a goal that, at completion, the students should be capable of conducting an individual research project.

¹ This is an approximate figure only. Whilst the proportion of international students enrolled in recent years appears to be higher, we are aware that a number of students drop out of the course in the early stages due to various issues including funding and visa problems, thus leading us to this approximate figure of $\frac{3}{4}$ or 75%.

1.2. The evaluation mandate

The Faculty of Medicine at the University of Oslo (UiO) appointed the External Evaluation Committee in May 2017. The external periodic programme evaluation takes place every fourth year, and is part of the Faculty of Medicine's and UiO's quality assurance system.

The committee's mandate is as follows (the committee's translation from Norwegian):

- i. To gain an overview of the Master programme's goals as they are written in the iii. programme plan and to determine if they are being met
- ii. To evaluate whether the learning outcomes of the programme are well formulated and suitable
- iii. To evaluate the quality of the study programme and possible recommendations for improvement
- iv. To express an opinion on whether the programme should be continued, revised or cancelled. The assessment should include the following points:
 - a) The programme's coherence
 - b) Learning goals and outcomes
 - c) Achieved results
 - d) Student target group and recruitment
 - e) Lecture and exam formats
 - f) Access for disabled students
 - g) Internationalization
 - h) Learning environment in general, and particularly the possible consequences of the discontinuation of the quota programme
 - i) Student satisfaction
 - j) Resources and infrastructure
 - k) Ongoing improvements
 - l) Proposed improvements

1.3. The evaluation process

The evaluation report is based on a review of documents provided by the Masters programme administration and the programmes website. The material includes the previous external periodic programme evaluation (2012), the programme's self-evaluation for 2012-16, annual reports from 2013-2015, programme supervisor report (*tilsynsrapport*), student evaluations, programme plans, course plans, and statistics. A member of the committee also met with the study officer of the programme at *Frederik Holsts Hus*. In this meeting, questions and issues identified in the evaluation process were further discussed. No current or previous students were interviewed, as the evaluation committee includes a student representative and the committee had access to student evaluations from previous years.

The evaluation committee arranged four Skype meetings, lasting for two hours each. The first meetings were focused on identifying key issues and questions, methods and needed documentation, and how to divide the work among the committee members. The programme administration provided material upon request. In subsequent meetings, the committee discussed findings and recommendations, as well as drafts of the various parts of the report.

In collaboration, the members of the committee wrote the following report which is structured in four main sections. The first section (Chapter 2) evaluates the programme's content, organization and coherence. The second section (Chapter 3) describes the programmes' learning environment. The third (chapter 4) section evaluates resources and infrastructure, and in the fourth section (Chapter 5) presents conclusions and recommendations for improvement.

1.4. The Master's programme learning aims as they are written in the programme plan

The Masters programme in International Community Health has a very good website which is logically structured and gives a very good overview of the programme content and organisation, which we recognise as the programme plan. Here the overall aim of the programme is stated²:

² <http://www.uio.no/english/studies/programmes/ichealth-master/structure>.

“The aim of the programme is to train students in community health research and interventions. The programme will prepare students to participate in community-based health promotion and disease prevention research, and to use the research findings to improve the quality and effectiveness of community health action”.

Whilst the committee recognises that a programme aim is no longer a requisite as part of the NOKUT guidelines, we also find that this aim is somewhat unclear. The committee recommends that the programme clarifies what it means to train students in ‘interventions’, how the programme will ‘prepare the students to use the research findings to improve the quality and effectiveness of community health action’?, and to reflect upon whether these are aligned with what the programme delivers and its learning outcomes. The committee perceives the programme to be aimed at developing research *competence* rather than in applied research.

1.5. Learning outcomes

Learning outcomes are to some extent described in accordance with the Norwegian Qualifications Framework³. One should note that learning outcomes should describe what students are supposed to be capable of at the end of the program/course. There is, however, a tendency to describe the aims in terms of learning processes (e.g., you will learn; get to know; gain insight) rather than the expected learning outcomes. Specifically, this concerns the knowledge outcomes – both at the program- and at the course level. For example, the knowledge outcomes listed in INTHE4113 (Medical Anthropology) appears more like an extension of the description of course content than of what knowing about the listed items implies. Learning outcomes for INTHE4006 (Literature Review Exam & Seminar) and INTHE4007 (Qualitative Methodology) could also be more elaborated.

It is also emphasized in the Framework that the descriptors should describe the expected learning outcomes of "all candidates who have completed an education at the level in question". Thus, learning outcomes should be informative to

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http://www.nokut.no/Documents/NOKUT/Artikkelbibliotek/Norsk_utdanning/NKR/20140606_Norwegian_Qualifications_Framework.pdf

- students – what are expected from them,
- teachers – planning teaching and evaluation, and
- prospective employers – what are students capable of.

Given the international nature of the study programme, and the high degree of international students potentially returning to their country of origin, the description of learning outcomes could be of major importance to potential employers.

1.6. Lecture & Exam Formats

1.6.1. Teaching

The programme has been revised this year, partly in response to feedback from students. Specifically, we note that the INTHE4000 (Theoretical Foundation) course has been divided into two courses and that one full reading day per week has been introduced in the first semester. The division of the Foundation course into two new courses also seems to have reduced the number of teachers involved overall. We consider this an important improvement. Although students enjoy having teachers with specific expertise, the high number of different professors teaching in the course in earlier years might have represented a challenge both in terms of coordination, coherence and overlap. . Thus, we believe the content in the new Foundation courses is less fragmented and more coherent.

Teaching methods include lectures, workshops, different forms of group work, and student presentations. Though we are not familiar with the rationale for choosing these methods, we consider them to be appropriate considering the described learning outcomes (see next section regarding alignment to exam format). We also note that students in general seem to be satisfied with the teaching approaches used in the programme.

Teaching sessions take place from 09:00 to 15:45 four days a week, with Wednesday reserved for individual studies. We believe this is an improvement from previous week plans which included five full teaching days. There were indications in previous student evaluations of INTHE4000 that students wanted more time for individual reading (cohort 19). In the new week plans students' suggestion seems to have been considered. However, we also note that students (cohort 19) in their feedback evaluations express that full day teaching sessions are overwhelming and that there is a need to free time for self-study every day.

Students in higher education should also learn to organize and monitor their own study activities, and, as indicated in the learning outcomes, be able to critically evaluate theoretical concepts and research. Committing students to critically read assigned literature before the lecture and therefore to improve preparedness, is one way to improve the learning process.

A well-organized course with a tight schedule is can be an important scaffold for new students, especially if they are not familiar with Norwegian higher education institutions. However, the changing demography of students and their previous educational experience (as elaborated on in the section on Internationalization) may also warrant a re-examination of this approach in establishing a more effective learning community for students that facilitates the development of their independent studying skills.

To further this point, we have considered guidelines for different study programmes at UiO. Whilst we recognise that teaching hours can vary by methods and subject, turning to the medicine programme for example, the number of study hours per week is an estimated 45 hours, which includes a mean number of 20 teaching hours per week (with no more than 8 of those hours for lectures)⁴. Thus, students are expected to study individually for approximately 25 hours per week. Turning to the Faculty of Humanities, the number of teaching hours should be minimum 28 hours for a 10 ECTS course⁵.

Courses in the Master's Programme in International Community Health seem in general to include a higher number of teaching hours than the above recommendations. For example, the schedule of both INTHE4013 and INTHE4014 indicate 84 teaching hours for a 10 ECTS course, which is approximately 28 hours per week.

We recommend therefore that the programme leadership reconsider the relationship and balance between individual reading and classroom teaching, and the most efficient use of study hours for students to meet their learning goals and outcomes.

⁴ <http://www.med.uio.no/om/prosjekter/oslo-2014/revisjonsdokumenter/revidert-studieplan-profesjonsstudiet-medisin-oslo-2014>

⁵ <http://www.uio.no/for-ansatte/arbeidsstotte/sta/enheter/hf/program-emner/behandling-emner/emnenormer.html>

1.6.2. Exams

The committee has been provided with two examples of exams used in the programme during the fall 2016 (Home exam for INTHE4000 Theoretical Foundation; Home exam for INTHE4004 Research Methodology (Quantitative: Statistics and Epidemiology)⁶) and one from the 2017 spring semester (INTHE4113 Introduction to Medical Anthropology). Thus, the committee has not done a comprehensive evaluation of all exam formats in the study program, but we believe the selected sample could indicate some issues to consider for the program leadership.

The Theoretical Foundation exam is a one week home exam seemingly covering all the main topics in the second part of the course (first part was covered by a 3-hours school exam). The format is approximately 20 essay items with each indicating the number of words expected in the response (between 400 and 1000). Initially it is stated that the exam paper in total should be within the range of 7-10 pages. We note that when one summarizes the words indicated for each item, it could be hard for students to stay within that range. This may indicate that the number of essay items might be too high, whereas the expected range of pages might be too low. When students are asked to *describe, explain, and discuss*, for example two disability models, a limit of maximum 400 words might be tight. Thus, if students should be able to demonstrate knowledge and skills in accordance with the described learning outcomes (such as "in-depth knowledge", "discuss and analyze", "reflect") one might consider reducing the number of essay items and provide more space for some topics considered to be of vital importance. One item has a short case description as a point of departure. Such tasks, and maybe even more elaborated cases, could be an excellent way of assessing whether students have achieved one of the course's main goals: "*The emphasis is on identifying problems, developing strategies and programs in international community health*".

Given the format of the exam – short essay items – one should be aware that students are not only assessed regarding knowledge and their abilities to reflect on and discuss relevant issues, but also their genre familiarity and writing skills. It is, however, unclear whether writing has

⁶ INTHE4004 Research Methodology has been discontinued from 2017, and replacement with two separate obligatory courses: INTHE4016 Qualitative Methodology and INTHE4017 Quantitative Methodology.

been an issue during the course (academic writing seems to be introduced in the second semester). Essay assignments and peer review according to specified criteria could be one possibility to facilitate students' academic writing skills. Considering our comments related to the high number of teaching hours, one could consider some fewer teaching sessions and allocate time to essay assignments on central topics. This could potentially increase a consistent relationship between students' learning processes and assessment.

The Statistics and Epidemiology exam is a home exam including one part on Epidemiology and a second on Statistics. The exam seems to cover the main issues in the course. Items include datasets and require students to both estimate, justify, and design studies, with those requirements being in accordance with the learning outcomes of the course. We also note that a substantial part of the course includes exercises, which aligns with the exam format.

The Introduction to Medical Anthropology is a home exam. Students are instructed to write an essay between 2000-4000 words. They are provided two essay assignments and are asked to choose one of them. The assignments require students to explain, discuss, and provide examples related to more or less broad issues or concepts. The exam format seems to be in line with the learning outcomes - at least skills and general competence. One could maybe also consider adding a couple of simpler knowledge questions, for example asking students to define two or three of the central concepts. The present exam format gives students the opportunity to demonstrate “deep” knowledge and skills about one specific issue/concept, whereas familiarity with or knowledge about a broader sample of central issues/concepts is not necessarily tested. Although the exam does not need to embrace the full syllabus, students should be able to demonstrate that they know about or are familiar with multiple central concepts that are taught.

1.7. Thesis and Supervision

1.7.1. First Semester – Formulating an idea

In the first semester of the programme, students are encouraged to start formulating an idea for their Master’s thesis topic and to begin the process of locating appropriate main and associate supervisors. Where students have independently located potential supervisors, they are asked to apply to the department for approval. If students have a subject of interest but

have not been able to identify potential relevant supervisors, they are asked to submit a form to the department, who will then take it upon themselves to try and locate a relevant supervisor(s) for the student.

1.7.2. Second Semester – Research Planning, Protocol & Ethical Clearance

In the second semester, students begin work on establishing the foundation for their research project, including developing their thesis proposal (with literature review), seeking ethical approval and establishing the necessary contacts and networks to the field of interest. There is a large focus on methodology teaching in relation to the thesis. Students can decide to either take a qualitative or quantitative methodological approach (but not mixed-methods), and will subsequently be channelled into more intensive and specific qualitative or quantitative research methodology teaching during which they work with their subject of interest (INTHE4007 Research Methodology II module). During this same semester, the student is expected to complete a research proposal that is submitted at the end of April, and reviewed by examiners for approval and for consideration of which ethical committee(s) the proposal needs to be submitted to for clearance.

Owing to previous issues with delays in ethical clearance often related to lack of clarity over which ethical body approval should be sought from, the Institute in 2016-7 decided to establish an internal ethical review committee consisting of two professors (including the programme leader). This internal committee makes an initial review of student research proposals and a recommendation about which ethical body in Norway the proposal would need to be submitted to (namely REK or NSD or departmental only). This seems to have produced positive results in students receiving ethical approval earlier than previous years, with the vast majority of students (16 out of 18) having received ethical approval from the relevant body before the start of semester in August.

1.7.3. Third Semester – Fieldwork

In the third semester students are encouraged to do their fieldwork abroad for a period of three to six months, however we recognise that more and more students are doing their fieldwork in Norway (also see section on Internationalization for more discussion of this trend). Whilst we

have little information on why this may be the case, one of the potential issues that we have identified is that of funding.

Whilst the Institute has limited funds for student fieldwork, these are insufficient for most projects. There are some limited external funding opportunities, but international or global health research projects are generally not targeted and prioritised and are overall not the focus of eligibility. In the class of 2016-17, many international- students and Norwegian students have opted to do their research in Norway and to work alongside their fieldwork. To what extent it is therefore perceived to be financially possible for self-funded students to do their fieldwork outside of Norway, requires further exploration by the programme committee

1.7.4. Supervision

Students have both a main supervisor and an associate supervisor. In total the hours of supervision should equal 40 hours, which can be split between the two supervisors.

In the previous external evaluation published in 2012, the issue of limited supervision capacity of the department was raised, including the challenges for students to locate their own supervisor(s). It is difficult to make comment on to what extent this situation has improved, as there has been little consideration of this matter in the self-evaluation and annual reports since 2012. However, it is understood by the student representative and conversations with recent and current students, that locating relevant and sufficiently available supervisors has been problematic for some students, and that institutional links with regards to locating external supervision are limited. The process of identifying supervisors seems to a large extent to be left to the individual students and this may for various reasons create delays.

We welcome the suggestion by the programme leadership to work towards establishing supervision and research groups, which could improve the efficiency of supervision, foster collaboration and peer-learning, and to enable students to situate their projects within a broader context. This may also be a more attractive option for professors that are unable to commit to a full supervision role or are keen to develop their skills as a supervisor.

We have also considered ways to improve the coupling of students and supervisors, and note the 'Project bank' model that has been piloted by the Centre for International Health at the

University of Bergen. The project bank consists of project ideas (including the research topic, background, research methods) suggested by teachers linked to their research project and or interest. The projects may include data collection or it may be analysis of already collected data or it may be a literature review. This was well received by both students and supervisors. By mid-October all students had a topic for their Master's thesis and a supervisor interested in the topic.

Suggestion for Masters projects at the Centre for International Health

Send electronically to x person at the Institute of Health & Society

Provide brief information on the topic items below to enable students to understand the main contents of the Master project.

Topic
Title
Field of research
Research group
Main project aim
Background for the project
Research questions
Methods
Implementation plan
Publications
Has the project got ethics approval?
Whom to contact?
Miscellaneous

FIGURE 1. Form used by professors at UiB to suggest Masters projects.

2. THE PROGRAMME'S LEARNING ENVIRONMENT IN GENERAL

2.1. Target student group and recruiting

The external periodic program evaluation from 2012 described that the program enrolled about 20 students per year, one third of these were funded through scholarships (NOMA, quota, LHL and NFR). The completion rate was 94% and approximately 95% of the international students returned to their home country after completion of the master degree. The internal self-evaluation report 2012-2016 shows that this very high completion rate has been hard to maintain. How many of the students that have returned to their home country is not clear. In the period 2012-2016, 107 students were offered a place in the master programme and 42 students have so far completed and successfully obtained a master degree in International Community Health. Although 23 of these are still in their second year and not expected to complete until June 2018, there is a considerable gap between the number of students offered a place and the number of students who have completed their studies. This may be partly explained by students offered a place not turning up at all, and as such it may be linked to a greater uncertainty in the recruitment of students in wake of the reduction in quotas from 8 to 4 assigned to the programme from 2012, and then later the discontinuation of the quota programme in 2015.

Recruitment over the past 5 years has undergone considerable change. The trend seems to a move away from established institutional collaboration / partnerships with universities and research institutions in low income countries to recruitment of individual self-financed students primarily from middle income countries. This also involves a change from long term collaboration aiming for institution building through education and research training to a situation where the majority of the students does not have an institutional backup or project affiliation. Hence the cohorts after 2015 is more unstable and students discontinue primarily due to failed funding. In addition some struggle with obtaining a visa.

Below we describe changes in nationality, gender and educational background among the students recruited during the last 5 years.

Nationality

While the largest group of students during the last five years are Norwegians (15), the second largest group is from the US (8) followed by Pakistan (7) and Bangladesh and Nepal (6 each). In Africa, the biggest group are Ethiopians (5), followed by Sudanese and Ghanaians (4 each).

When we merge the countries into regions, the biggest number of students are from South Asia (22) followed by sub-Saharan Africa (21), Scandinavia (17) and US/Canada (13). While the number of students from East Asia (7) increased in the last cohort, no students from Sub-Saharan Africa were enrolled.

No recruitment of students at risk needing special protection from war zones, like Syria.

Figure 2 shows trends in the composition of student cohorts during the last five years. A detailed list of the distribution of students across nationality is listed in Appendix 1.

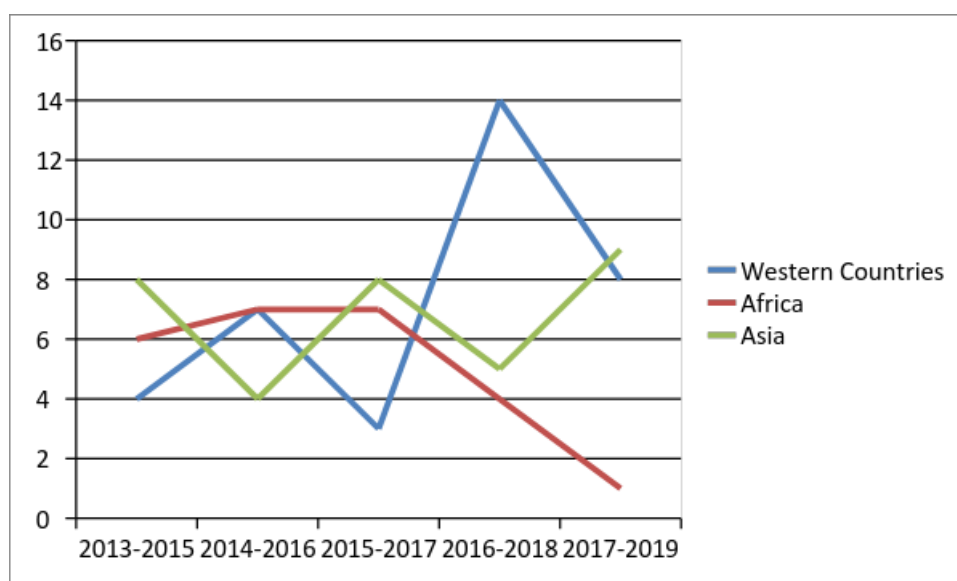


FIGURE 2. Distribution of students according to region from 2013 to 2017.

Quotas

The cohort 2013-2015 had 8 quotas; the cohort 2014-2016 and 2015-2017 had 4 quotas each; while the cohorts 2016-2018 and 2017-2018 had 0 quotas.

The shift in the nationality of the enrolled students is clearly a reflection of the discontinuation of the quota programme. Only 3 of the 21 students from sub-Saharan Africa (between 2012 and 2016) were recruited *after* the discontinuation of the quota programme.

Gender

The gender composition of the cohorts has shifted dramatically from a slight female bias in the cohorts 2013-2015 (10 females and 8 males) and 2014-2016 (10 females and 9 males) to a major female bias in the later cohorts in 2015-2017 (13 females and 5 males) and 2016-2018 (17 females and 6 males) and 2017-2019 (13 females and 4 males).

Educational background

The educational background of the 5 last cohorts is described in detail below and shows that the proportion of MDs has been reduced while recruitment from various social science disciplines has increased:

2013-2015: 8 MDs, 3 nursing, 3 pharmacists, 2 others from health sciences, 1 anthropologist.

2014-2016: 2 MDs, 2 MBBS, 2 nursing, 2 public health, 1 psychology, 1 sociology, 1 biostatistics, other health sciences

2015-2017: 5 MBBS, 1 MD, 2 nursing/midwifery, 1 gender studies, 1 geography, 1 environmental studies, 2 public health, 1 health economics, 1 physiotherapist, 1 pharmacist, other health sciences

2016-2018: 3 MBBS, 5 nursing, 3 anthropology, 1 development studies, political science, 1 social work, 1 science and environment, 2 Bachelor of Arts and Science, other health sciences

2017-2019: 5 nursing, 3 public health, 2 pharmacists, 1 anthropology, 1 political science, 1 psychology, 1 social work, 1 chemical engineering, management and organisation, other health sciences.

Hence we see an increasing number of students from Asia and Europe/North America while the number of students from Africa has decreased. Furthermore the proportion of female students has increased and the proportion of students with a social science background has increased while the number of MDs has decreased. These changes may have repercussions for research interest both in terms of topic and region, and may in the longer term perspective affect the overall orientation of the programme.

2.1.1. The current masters cohort

The 2017-19 cohort was originally 27 students, but 8 discontinued shortly after the semester started and the cohort is now 18 students from 13 different countries including Pakistan (2), Norway (4), Uganda (1), Bangladesh (1), Northern Ireland/GB (1), Russia (1), Nepal (2), South Korea (1), Japan (2), Puerto Rico/USA (1), USA (1), Hong Kong/China (1).

In addition to the enrolled master cohort there are about 5 students that come for elective courses in the spring semester every year. These are recruited from institutions in collaboration countries through projects in research and training. Furthermore there is an Erasmus student from the Palestine who takes the first semester only. Another Erasmus student from Tanzania is expected in the spring semester.

2.1.2. Fieldwork in home country

According to the programme policy, all students are recommended to do a semester abroad. The third semester is set aside for fieldwork and most students recruited from Norway do go abroad while the students recruited from abroad go to their home countries for fieldwork if that is safe and feasible. Of the students that are currently in their fieldwork semester (cohort 19, who are studying from 2016 - 2018), 11 are doing their fieldwork in Norway (of which 5 are international students), 7 are doing their fieldwork abroad (of which 3 are doing it in their home country). In the 2015-17 cohort (cohort 18), 11 out of 18 students went for fieldwork in home country (including Norway), and in the 2014-16 cohort 11 out of 20 students went for fieldwork in home country (including Norway). Hence, along with the changes in the recruitment of students, there seems to be a change in where the students do their fieldwork, and fewer students seem to go for a semester abroad. This is probably primarily linked to limited funding opportunities which needs attention if the programme wants students to do a

semester abroad. Apart from fieldwork the programme could look into other possibilities like coursework or internships.

2.1.3. Return to home country after completion

There are no updated statistics available on how many return to home country after completion of the Masters. While the quota system had a sanction built into the scheme converting stipends to loans if students did not return home after completion, the current system of self-financed masters does not provide a financial incentive to return home. With only two years of experience of running the Masters programme after the discontinuation of the quota it is however not clear how return to home country has been affected by the change in funding.

2.1.4. Recruitment of students with disabilities

According to the documents and oral information from the study officer there seems to be no set quotas for disabled students. There is also no information on whether disability is factored into the admission process, and whether there are measures to ensure fair and equal access to the Masters programme for applicants with disabilities. For a health-related course, this is something that must be addressed and actioned as the programme moves forward. Nevertheless students with learning disabilities or chronic illnesses have been enrolled and the university has made special adaptations in accordance to their needs.

2.2. Internationalization

The self-evaluation 2012-2016 specifies that 75% of the students enrolled in are from European, African or Asian countries or from immigrant Norwegian families. The ‘international classroom’ is a key feature of the programme⁷.

As described above, the composition of student nationalities has changed after the discontinuation of the quota programme. Whilst in the most recent admission process, there were applicants from across the world including African and LIC countries, these are in the minority, and furthermore, the admission committee is required by UiO to select all applicants

⁷ The ‘international classroom’ is a concept that students use to describe a multicultural and academically stimulating learning environment.

based upon *grades* (as translated into the Norwegian system), and their *previous academic studies* (which the committee must find to be relevant and sufficiently preparatory to embark on the Masters programme). Note that there is a separate application process for Norwegian students and for international students.

The programme has no separate agreement with collaborating institutions, but benefit from the global network of partners and collaborating institutions with which The Institute of Health and Society (HELSAM) has written a Memorandums of Understanding. Although most of these are dormant they do facilitate student collaboration and exchange and the master's programme in International Community Health receives students through HELSAM projects for research and training including Erasmus and NORPART collaboration. The number of students recruited through this kind of collaboration is however small and in view of the current policy of educating masters candidates in home country, the ones who come normally stay only for one semester.

2.3. The results obtained.

2.3.1. Completion rates & delays in completion on time

Turning to the programme leader's 2012-16 Self-Evaluation report, of 107 students who have started the Master's course since 2012 (excluding those who have not yet finished their second year of study), 42 have completed their studies, of which just under 60% completed their studies in standardized time (after four semesters).

There are concerns raised by the programme leader however, that the completion rate of the Masters course has been decreasing. Perceived reasons for this decrease include:

- 1) *The removal of the quota stipends* – which have led to an increase in self-funded students, who are often required to work alongside their studies to support their living costs. This is thought to directly impinge upon the time that they can apportion to their studies, thus prolonging the studying period.
- 2) *Insufficient administrative support required by an international student body* - the low administrative resources are seen to reduce the programme's capacity to deal with immigration issues that arise when international students that have been offered a place, and with day to day challenges for international students living in

Norway.

Turning to the 2012-16 Self-Evaluation Report, completion of the Master's programme in standardized time (four semesters) was as follows:

TABLE 1. Completion rate of master programme in standardized time.

Year of completion	Number of students (%)
<i>2012</i>	12 (60)
<i>2013</i>	9 (50)
<i>2014</i>	17 (74)
<i>2015</i>	12 (70)
<i>2016</i>	8 (44)

There are concerns that there are significant delays to completion of the course in standardized time, which can have many implications for both students, staff members and the programme. Reasons cited for possible delays include sickness or maternity leave, problems with obtaining ethical clearance on time, and students needing to work alongside their studies as previously mentioned. There have during the period of 2012 to 2016 also been 17 students that have abandoned studies, for reasons unknown.

2.3.2. Thesis Grades

Of those who have completed their theses, the table below shows the distribution of grades awarded.

Year	Grade A	Grade B	Grade C
<i>2012</i>	37,5%	43,7%	18,7%
<i>2013</i>	18,7%	50%	42,8%
<i>2014</i>	28,5%	28,5%	42,8%
<i>2015</i>	17,6%	47,7%	21%
<i>2016</i>	21%	47,3%	21%

TABLE 2. Distribution of thesis grades 2012 – 2016

2.4. Further academic studies and employment

It has been reported that a substantial proportion of students have gone to study at PhD level, both at UiO and abroad and that there has been a significant level of publications by Master students on the course, however we do not have access to more detailed information than this.

We do not have any information on employment of Master students after their studies from 2012 to 2016. Turning to the programme's website, whilst there is an 'Employment Opportunities' webpage, all but one of the Career Interviews are from 2012, and require updating to reflect more recent graduating students.

2.5. Student welfare

There are various events that are organised by the programme leader and study officer over the first and second years of study to foster community within the programme. In recent years that has included a welcome lunch for new students, and a graduation ceremony to which both first and second years are invited. Each year-group is also provided with funds for self-funded social gatherings, such as Christmas and Summer parties.

2.6. Access for disabled students

In the previous documents that have informed this report, there has been no mention of the programme's strategies for equal access to the learning environment and teaching materials for disabled students with non-physical disabilities, which can include learning disabilities, visual or hearing, chronic health issues and other short or long-term disabilities that can affect a student's learning.

One author of this report discussed this topic with the programme's study officer, who informed them that special needs are addressed on an ad hoc basis, and that the university does offer special needs provisions for students with a variety of additional needs, including special exam arrangements and other forms of daily support during the study calendar. These can be referred to on the University of Oslo website's 'Special needs' page⁸.

⁸ <http://www.uio.no/english/studies/special-needs/>

There are some limitations to the physical premises, as was also pointed to in the previous external evaluation. *Frederik Holsts Hus* does not follow standards for universal design, and is not easily accessible for physically disabled students. Although it would be possible for a wheelchair user to access classes, it would not be easy to move around the building, due to many stairs, thresholds, and narrow corners and doors. The UiO website on buildings and access⁹ describes accessibility for physically disabled persons in *Frederik Holsts Hus*. According to the website the house lacks HC toilets at each floor, and some of the doors in common areas are not in line with standards.

2.7. Student satisfaction

According to the programme's website the programme follows procedures for quality assurance. As for student involvement, these procedures include a meeting with student representatives of all classes in the middle of every term, as well as periodic evaluation of courses every other year, where all students are invited to fill in a questionnaire at the end of the semester. Also, each theoretical and methodology course is evaluated using evaluation forms at the end of the course.

The evaluation committee received student evaluations from two modules of the introductory course, as well as a summary from the evaluation meeting with class 19 (2016-2018).

In the module on Medicines in a Global Society, seven students filled out the form. Ranking their overall satisfaction from 'low' to 'very high', four students answered 'high', and two students answered 'moderate' and one reported low to moderate satisfaction.

In the module on Health Systems, nine students responded. Rating the week (from 'poor' to 'excellent'), six students rated the module as excellent. Three students reported medium to excellent.

In the evaluation of these two courses, the students are happy with the content of the lectures. There are however also suggestions for improvement, especially regarding balance between lectures, group work and reading time. In both courses students find the time for lecture and group work very comprehensive, leaving too little time for self-studies.

⁹ <http://www.uio.no/om/finn-fram/omrader/geitmyrsveien-ulleval/gv05/>

The evaluation meeting summary evaluates the first semester. Students report high level of satisfaction with the content of the programme. Complaints and suggested improvements primarily regard the organization of the course. The students point to lack of coordination between the teachers, which they felt was especially notable in some of the teaching and in the exam. They emphasize again the lack of time to read, and an extensive use of group work which is generally time-demanding.

Based upon the material available, the committee finds that the student satisfaction with the introductory courses is generally high. However, the available material is insufficient to conclude about student satisfaction with the programme as such.

3. RESOURCES AND INFRASTRUCTURE

3.1. Faculty/administrative staff

The previous external periodic programme evaluation from 2012 emphasizes a shortage of staff in the programme's administration and teaching staff.

According to the self-evaluation for 2012-2016 there have been changes in the programme organization since 2012. The programme is now anchored at the department of Social Medicine and Global Health, instead of driven by the section for International Health (as it was before 2012).

The reorganization has increased access to teacher resources, as a higher number of competent teachers are now available. This allows for more stability and less vulnerability in terms of absence.

However, the self-evaluation report and student evaluations suggest that the new organization has influenced the programme negatively in terms of coordination and coherence. Having more teachers with less responsibility for the courses involved increase the need for coordination, something that per now to a large degree is left to the head of programme with support from administrative staff. The committee does, however, note that the number of teachers in the introductory courses seems to have been somewhat reduced this autumn (2017). The theory and methods courses also have a course coordinator with more overall responsibility.

The self-evaluation mentions that the programme's advisory board that was created in 2015 gives some support in terms of providing advice regarding the programme's coherence. According to the board's mandate, it is to give advice especially regarding curriculum and programme's courses overall, and to ensure that these are in line with the programme's goals. The members of the board are to have an active dialogue with the course coordinators within their subject area. The advisory board is thus seen as an important support to the programme leadership in terms of monitoring the quality and coherence of the programme if operating according to mandate. The board should report annually on its activity.

Organization of administrative services has undergone changes since 2012. The administrative services were cut back from 1.5 positions shared by three study officers, to 1 position filled by one study officer. Several previous reports (external and internal) emphasize that the programme suffers from scarce administrative resources, especially given that international students have more extensive needs for administrative services. Lack of administrative services may impinge negatively on the programme's coordination and coherence, student uptake, and student progression, and completion rates. From Autumn 2017, the programme has been expanded from 20 to 27 student places. As previously mentioned, only 19 of these students have continued with their studies, for reasons unknown. To what extent a more strengthened administrative service could have supported those that dropped out, is unknown. However, it can be said that should the programme look to expand its number of students in future, this would require a need for further administrative resources so as not to decrease the support for each individual student.

However, the 2016 self-evaluation emphasizes the benefits of having one study officer, as opposed to a group of specialized officers. It seems that having one study officer places a large amount of responsibility upon this person and demands broad competence. While having one study officer who is familiar to the students reflects a good intention, it should be considered if this does not also create substantial risk of overloading this person, as well as vulnerability in terms of absence and replacement. These considerations are especially important given the many replacements of study officer since 2012 (that was reported in the self-evaluation).

3.2. Physical facilities

The programme is taught in the building *Frederik Holsts Hus*, beside Ullevål Hospital. The first year, teaching takes place in a room that is to be a permanent base for the students. The room has a coffee-maker and refrigerator, and is available to students between sessions. In the basement, there is a rest-room available to students, which has mostly been used by students in need, including for breastfeeding, rest, and for prayers. The building also has a reading room on the ground floor for students, which is equipped with desks and lockers that can be reserved for the year.

A canteen room is located in the basement, and is equipped with a microwave and kettle. Students and staff can consume their own food in the canteen room, however it is not in operation to sell food, despite there being a fully equipped kitchen present. It does however have a vending machine, which offers mostly high-sugar and high-fat content foods. During the summer, there is a garden with benches available. The lack of canteen services has been raised again by student representatives of the new class of 2016, and it appears that whilst a contract was put out for tender for this service (with subsidisation from the Institute), no bids were made. The canteen room is the only social space for students, teachers and administrative staff to gather, however owing to the lack of services, this is seen to be particularly problematic as it restricts social interaction and collaboration between those working in the facility, as would be expected for an academic environment.

The classrooms are rather small, and thus given the aim to expand the programme, this will cause crowded classrooms in the future. The desks are narrow and dip in in the centre, seemingly due to the length of use. There are only sockets on one side of the classroom, which makes it a challenge to increasing laptop use in the classroom.

The data-lab, which is where students receive training in quantitative research methods, has not been improved since the external periodic programme evaluation in 2012. It is located in the basement, is small and there is poor quality of air. Students must share computers during teaching, and this is seen to impact upon the delivery of teaching particularly within the quantitative methods module.

4. CONCLUSIONS AND FURTHER RECOMMENDATIONS

Having reviewed an extensive material which documents the running of the programme, the evaluation committee finds that the Master programme in International Community Health offers an important and unique education. The international character of the programme and the competence on international health issues that it generates seems to be an important contribution to the Master programme portfolio at HELSAM and to the Faculty of Medicine. The committee concludes that the programme should be continued.

However, the evaluation has also identified issues that should be subject to further evaluation and improvement. The discontinuation of the quota programme has led to changes in the recruitment of students. This report points to several possible consequences to the programme in terms of content, organization, learning environment, internationalization, completion rates and student environment. The committee however believes that these issues should be subject to further internal evaluation in order to identify the complexity of the new situation and to decide on adequate measures. We believe that all of these aspects, as well as the reorganization of the programme's belonging (from department to institute level as described above) have influenced the programme in terms of coherence, and should be of particular consideration in further evaluations.

The committee recognizes that the programme leadership has already taken several measures to meet challenges related to changes in student recruitment and organization. We believe that many of the measures that have already been taken are suited to further strengthen the programme. The committee have also some suggestions for further improvement of the programme. In the further conclusion we summarize on-going improvements and our recommendations for further improvement of the programme.

4.1. On-going evaluations and further recommendation

Based on our review and discussion of the issues of the mandate, the committee has the following recommendations for further improving the programme:

4.1.1. Programme organization, content and coherence

a) Balance between hours of teaching and self-study

The programme has been re-organized to grant students more time for self-studies, and to systematize the process of writing project protocols and obtaining ethical approval. Student evaluations have repeatedly pointed to extensive teaching hours and too little time for self-studies. Changes have been made to courses to improve the balance between teaching and student self-study.

However, the external evaluation identifies that the numbers of hours set off for self-study are still low in the first year. A closer look at some of those courses indicates that number of teaching hours is higher than, for example, in the professions study programme in medicine. We will suggest that the balance between teaching hours and self-study is considered. The committee's judgment is that organized teaching takes a lot of time, and that students are left with too little time for preparation and reflection on the course content. We will suggest that more time is dedicated to academic writing. In the first semester students do not seem to practice academic writing before they work on home exams. Some teaching hours could be replaced by writing assignments for students to both practice academic writing and get some more time for self-studies. Standards for academic writing would have to be introduced and feedback should preferably be provided. One option, successfully used by some teachers, is to organize feedback as a peer review process in which students both learn to judge texts according to specified criteria and to also receive feedback on their own work. Academic writing represents an important tool for learning, but also an important skill for researchers. Thus, we recommend that the programme leadership considers replacing some teaching hours by introducing writing assignments.

b) Learning aims and outcomes

The committee recommends that the learning aims formulated at the programme website is reviewed.

Learning outcomes for the programme and the single courses should be reviewed also, and revision should be considered. We note that the learning outcomes are grouped according to

the Norwegian Qualification Framework, and that some descriptors meet the standards of the framework whereas others do not. Specifically, the knowledge outcomes are generally described more as course content or planned learning/teaching processes, and not as what knowing about a certain topic/issue implies. The Framework refers to knowledge outcomes as describing students' expected knowledge according to "types and complexity" (e.g. theoretical or practical knowledge) and to levels of knowledge (e.g. reproduce, familiar with, understand, has advanced knowledge, can apply knowledge, can transfer knowledge to new areas, can analyze on the basis of ...). Our recommendation is that the programme leadership considers to what extent the descriptors in the learning outcomes follow the guidelines presented the National Qualification Framework.

c) Coherence of the programme

The committee applauds the programme leadership's recent efforts to increase coherence and emphasize coordination by reducing the number of different teachers in each single course. We believe this will increase students' possibilities to perceive and constructs links between the different parts of a course.

d) Supervision

The previous external report pointed to challenges in attaining qualified supervisors, as well as the need of standardizing supervision. This is, according to the self-evaluation still a challenge, which is also likely to be enhanced with the expansion of the programme. The self-evaluation describes that the programme leadership is working to establish research groups, and group supervision.

We suggest that the programme leadership considers establishing a 'project bank' of potential master projects as has been tried out at the University of Bergen.

e) Programme administration

Scarce administrative resources are likely to have negative effects on student progress and completion rates. It also represents a large workload on the study officer, often resulting in extensive over time. Some measures have been made to decrease the workload on the study officer. From Autumn 2016, all courses have an appointed course coordinator who is

responsible for the course coordination, and student contact. The changes will however only affect the autumn semester, while the heaviest workload for the study officer is in the spring semester, during which student uptake and thesis completion takes place. The committee finds that this programme has several challenges related to the student group that indicate a need for more administrative resources. We recommend further evaluation of the administrative organization and need for resources.

In order to obtain a comprehensive picture of the new situation of the programme as to the recruitment of students, students' competence and academic interests, topics for master thesis, and employment/studies after completion etc. more information is needed. The committee recommend that a system for obtaining information about students during studies and after completion is established.

f) Advisory board

The committee has had limited insight into the work of the advisory board. We do however believe that the board should serve a key role in further evaluating and improving the programme. The board seems to represent an important arena for continuing the evaluation of the programme, and to follow upon recommendations made in this report. We suggest that the board should report annually on its work.

4.1.2. Learning environment in general

There is need for further examination to identify why the completion rates are dropping.

We also recommend assessing the financial viability for students to conduct research abroad, and to consider improving financial mechanisms to enable this.

We note that there are no quotas for recruiting students with special needs. We recommend a re-examination of the recruitment of students with disabilities and ensure mechanisms for equity of access in place.

FINAL COMMENTS

The evaluation committee would like to thank the faculty for the opportunity to evaluate the Master programme in International Community Health. We thank the programme leadership for supporting us in this work.

Considering limitations in time and method to reach final conclusions and make specific recommendations, we have tried to point out what we believe are key issues to enhance the programme's strengths and further improve it.

If the faculty should require any further clarifications or would like an in-depth discussion regarding our conclusions and recommendations and the rationale for this, we are happy to do so.

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APPENDIX 1. Recruitment 2013-2017

Cohort	2013- 2015	2014- 2016	2015- 2017	2016- 2018	2017 - 2019	Sum
Norway	2	1	2	6	4	15
Ethiopia	2	0	2	1		5
Eritrea		1				1
Somalia			1			1
						4
Sudan	1	1	2			
Uganda					1	1
Tanzania	1	1				2
Malawi		1	1			2
Ghana		1	1	2		4
Gambia	1	1				2
Egypt				1		1
Palestine	1					1
Iran				1		1
India	1	0	1			2
Sri Lanka			1			1
Pakistan	1	1	1	2	2	7
Bangladesh	4	0	1		1	6
Nepal		1	2	1	2	6
Cambodia	1					1
Indonesia			1			1
Hong Kong					1	1
China	1		1	1		3
Japan					2	2

South Korea					1	1
Canada		1		4		5
USA	1	2	1	2	2	8
Great Britain				1	1	2
Bosnia				1		1
Netherlands		1				1
Ukraine	1					1
Russia					1	1
Sweden/No		2				2
India/No		1				1
Pakistan/No		1				1
Congo/No		1				1
Sum	18	18	18	23	18	95