



# **Public Health Education and Training in an Enlarging Europe (The PHETICE Project)**

## **Work Package 4: Professional and Academic Standards/ Pedagogical Strategies**

### **Final Report**

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## **Executive Summary**

### **Background**

Through its public health programme, the European Commission has supported significant investment in a series of European Masters programmes in public health over the last ten years. These programmes have included European Masters in Public Health Nutrition, Health Promotion, Gerontology, Epidemiology and Public Health. During the period from 2005 to 2008 the achievements and experiences of these five European Public Health Training Programmes formed the foundations of the PHETICE Project (see [www.phetice.org.uk](http://www.phetice.org.uk)).

### **Aims and objectives**

The overall aim of the PHETICE Project was to build on the work of the five European Masters initiatives in order to maintain and promote the health of European citizens by building capacity and capability in European public health education and training. The International Health Development Research Centre (IHDRC) at the University of Brighton was responsible for the delivery of Work Package 4 (WP4) of the PHETICE Project. WP4 is divided into two distinct areas: 1) Professional and Academic Standards and 2) Pedagogical Strategies. Both areas aim to facilitate capacity-building among trainers and educators in the field of public health and health promotion in Europe, to promote best practice and to develop innovative capability.

### **Outcomes**

The outcomes from WP4's work have included the development of:

- Professional and academic standards for teachers and trainers involved in training in public health in Europe (D4.1. Guidelines/criteria for academic and professional standards for trainers in public health)
- Pedagogical strategies for training in public health over Europe D4.3. (Training and development manual) (D4.2. 2 x Training the trainers pilot workshops)
- A self-directed learning module for trainers and teachers in public health (D4.4. Self-directed learning module)

- Guidelines on the inclusion of best practice into teaching modules, for inclusion in guidelines for training in public health in Europe D4.5. (D4.6 Guidelines/case studies of best practice).

## **Recommendations for further work**

The major product from WP4 has been the production of guidelines for academic and professional standards for training in public health. These guidelines include an introduction to public health functions and core competencies for public health based on the theoretical foundations depicted in the PHETICE model and a delivery mechanism for these competencies through the training and development manual (based on the PHETICE SDL module).

The PHETICE model has proved useful in defining and classifying a series of core competencies in public health practice based on its core functions. We recommend that further work on the model is carried out to explore and evaluate its use in various public health settings.

The pedagogical strategies adopted by WP4 and tested out in Prague have demonstrated the usefulness of SDL processes in delivering public health training in practice. These processes have in turn formed the basis of the PHETICE training and development manual. We recommend that this manual and its related SDL delivery module be used in a dynamic and progressive way by public health trainers in all parts of Europe. We recommend further that this should be achieved by a dedicated network of public health trainers, formed from interested European organisations, such as ASPHER, EUPHA, ECDC and IUHPE, for example.

Although WP4 has made major contributions to the development of core competencies, as well as how they can be delivered, it was not possible to explore fully and define the particular competencies needed in other specialist areas of public health (for example nutrition, gerontology and epidemiology). Consequently, it is recommended strongly that further work is conducted to explore such specialist competencies using the PHETICE model as a useful developmental tool to produce the required specialist competencies for public health. In addition this work should be coordinated through the above recommended dedicated network of European public health organisations.

## **1.0 Introduction and Background**

The Maastricht Treaty and Bologna Declaration have given priority to the development of the European dimension in higher education and encouraged various cooperative education and training initiatives across the European Union. Building upon this process the European Commission, through its public health programme has supported significant investment in a series of European Masters programmes in public health over the last ten years. These programmes have included European Masters in Public Health Nutrition, Health Promotion, Gerontology, Epidemiology and Public Health. During the period from 2005 to 2008 the achievements and experiences of these five European Public Health Training Programmes have formed the foundations of the PHETICE Project (see [www.phetice.org.uk](http://www.phetice.org.uk)).

The overall aim of the PHETICE Project was to build on the work of these five European Masters initiatives in order to maintain and promote the health of European citizens by building capacity and capability in European public health education and training. This was to be achieved by combining the contributions and experiences of these five different specialist public health education and training initiatives at Pan-European level. As the work of these previous initiatives has focussed on the longer established Member States, specific priority was given to sharing experiences with, and closely involving, colleagues from the new Member States (MS) and Accession Countries (AC).

The development of effective education and training is fundamental in building capacity to implement effective and sustainable public health interventions.

The International Health Development Research Centre (IHDRC) at the University of Brighton is responsible for the delivery of Work Package 4 (WP4) of the PHETICE Project. WP4 is divided into two distinct areas: 1) Professional and Academic Standards and 2) Pedagogical Strategies. Both areas aim to facilitate capacity-building among trainers and educators in the field of public health and health promotion in Europe, to promote best practice and to develop innovative capability.

In terms of the first area a series of key recommendations related to specific learning outcomes has been developed and links have been made to relevant professional networks. A series of guidelines for professional and academic standards have been produced as a result of this work which is currently being disseminated widely.

In terms of pedagogical strategies, educational methods and approaches have been examined from within existing and relevant public-health related education and training programmes and recommendations made for improved programme delivery. The work and deliverables of WP4 have therefore built upon best contemporary European practice and programme experience.

## **2.0 Aims and Objectives (including deliverables)**

WP4's work has been divided into two distinct development areas:

1. Professional and Academic Standards for teachers and trainers - to consolidate the development of standards for academic and professional staff involved in training in public health.
2. Pedagogical Strategies: education and training strategies – to examine educational methods and strategies within public health related programmes; make recommendations for improved programme delivery packages; build on best practice/programme experiences to develop innovative educational training; make use of multidisciplinary approaches; and create sustainable programmes with replicative value across Europe.

Work package 4 is specifically linked to objectives 5a and 7b of the overall PHETICE Project.

The deliverables from WP 4's work have included the development of:

- Professional and academic standards for teachers and trainers involved in training in public health in Europe (D4.1. Guidelines/criteria for academic and professional standards for trainers in public health M 18)
- Pedagogical strategies for training in public health over Europe D4.3. (Training the trainers manuals M 24) (D4.2. 2 x Training the trainers pilot workshops M 21)
- A self-directed learning module for trainers and teachers in public health (D4.4. Self-directed learning module M 33)
- Guidelines on the inclusion of best practice into teaching modules, for inclusion in guidelines for training in public health in Europe D4.5. (Guidelines/case studies of best practice M 24D4.6).

Results from D4.1 and D4.5 will be integrated into Guidelines for public health training M 27.7.

### **3.0 Working Structures and Practices**

The Karolinska Institute (KI) as main beneficiary and co-ordinator established a series of working structures and practices in order to link the work of the PHETICE partners and ensure effective collaboration. WP4 representatives attended bi-annual meetings of the Project Steering Committee (PSC), held normally in Stockholm. During these regular events all partners were able to share their experiences and deal with potential challenges. In addition a project management system called KPM was instituted by the KI which enabled all partners to effectively communicate and share essential documentation between the regular meetings of the PSC.

With regard WP4 itself, a part-time Project Secretariat was established in IHDRC in Brighton. This Secretariat consisted of a part-time project manager, part-time research fellow and part-time senior administrative assistant. They were supported by a small expert group drawn from a range of relevant specialist areas and from various Member States (see Appendix D and E). The advice and guidance of this panel of experts was integral to the achievement of the WP4 deliverables. In addition a dedicated web page on the IHDRC website was created to aid regular communication and the essential contents of this uploaded onto the KPM and PHETICE web-site at KI. To assist with forward planning, WP4 consistently used a Next Steps Planning document in order to set milestones and targets for its work (see Appendix C). Email and related communication media were used regularly. As additional aids to effective communication a formal Glossary of Terms (see Appendix A) and Glossary of Abbreviations (see Appendix B) were produced.

In order to progress its work and deliverables, WP4 met colleagues face to face on a regular basis through meetings of its expert group, training development workshops, and specialist project groups.

WP4's philosophy and approach to public health was based on the PHETICE conception of modern public health and the values and principles established in the WHO Ottawa Charter (WHO, 1986).

Amongst others, this included an emphasis on participatory working, the use of empowering approaches to teaching and learning, and a concern with equity.

## **4.0 Guidelines for academic and professional standards for training in Public Health**

The major product from WP4 has been the formulation of a series of guidelines for academic and professional standards for training in the public health. This includes an introduction to public health functions and competencies based on the theoretical foundation of the PHETICE model. These guidelines identify appropriate ways of delivering public health competencies in practice, a core part of which has been the production of a Training and Development Manual (TDM)<sup>1</sup>. This provides essential guidance on necessary preparatory and follow-up work (including appropriate methods and evaluation materials) as examples for trainers to use in practice. This product constitutes a key deliverable of WP4 and makes a major contribution to the overall PHETICE guidelines.

The structure of the guidelines are as follows:

- Part One** - Public health functions and competencies
- Part Two** - Training the trainers manual: delivering the competencies
- Part Three** - Evaluation and follow-up

### **PART ONE**

#### **4.1 Public health functions and competencies**

Traditionally, training programmes (curricula) are developed in isolation and carried out through experiential learning in the field at local level. The alternative approach, preferred and adopted by

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<sup>1</sup> In discussion with participants at the two consensus workshops, the term 'training development workshop' (TDW) was used in preference to Training The Trainers (TTT) as it was felt to be more appropriate and inline with the working philosophy of PHETICE. Consequently the term Training and Development Workshop (TDW) will be used instead of TTT throughout the rest of this report.

WP4, is based on competencies; it starts with the definition of public health functions and elaborates on the skills and capabilities required to carry out these functions. At the end of this process specific competencies are defined. Only then is the curriculum developed and delivered the basis of these competencies.

The competencies approach adopted by WP4 has been developed from a theoretical perspective, first in the business sphere and then in other professional fields. Initially a detailed and comprehensive literature review was carried out (Kosa and Stock, 2006a; see Appendix I) to determine the core functions for public health practice. The findings of this review helped in the establishment of initial work on the production of the PHETICE competencies. Essential areas of public health practice were defined from the findings of the review and categorised within the following sections: Assessment, Policy Development and Implementation, Assurance, and Intervention. For the purposes of PHETICE competencies were examined within the context of wider public health functions.

In order to identify core competencies in public health for curriculum development the essential areas of public health practice needed to be agreed upon. Therefore a scoping exercise using a dedicated questionnaire (Kósa and Stock, 2006b; see Appendix J) was distributed to a wide section of public health stakeholders throughout Europe to determine an agreed list of public health functions. This questionnaire was based on the earlier literature review (Kósa and Stock, 2006) and consisted of two parts: Part I had questions on demographic information and Part II asked respondents to rate various activities in public health according to their importance. The paper-based questionnaire was completed by 96 individuals between July 2006 and January 2007. Detailed findings can be found in Appendix J, and a brief summary of the agreed public health functions are listed below:

1. To provide data about the health status: to monitor and assess public health needs, to respond to health needs, to determine the most effective interventions, alternatives and preventative programmes
2. To co-ordinate inter-sectoral, interdisciplinary arenas
3. To act as a watchdog for public money and how it is used to improve health
4. To provide input to policies relevant to the health of communities and societies
5. To deal with the most widespread causes of death and most disabling diseases

6. To create awareness about socio-economic determinants of health
7. To use/organise protection and prevention services: food control, environmental control, family planning services, vaccination
8. To empower people to be healthy
9. To develop access to the population at risk or those outside of health systems

Within the speciality of public health a range of initiatives have been reviewed and analysed in order to define its professional competencies. These reflect, endorse and build upon contemporary international consensus: for example, the competencies work carried out in the United Kingdom (UK System on Competencies for Health Professionals, 2007; see [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)), Canada (Core competencies for Public Health in Canada, Public Health Agency of Canada, 2007), and the USA (National Commission for Health Education Credentialing; see [www.nchec.org](http://www.nchec.org)).

Competencies that focus on health promotion as a particular field were included in the review, for example from work carried out in Australia (Review of competencies for Australian health promotion; Shilton, 2003), Italy (Piemonte Region, 2005), UK ([www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)), and New Zealand (Health Promotion Forum of New Zealand, 2004). An attempt was also made to explore these specialist competencies, for example the EUMAHP Consortium produced a list of health promotion competencies through its Professional and Academic Standards Working Group (Colomer, *et al.*, 2003) grouped under the following five headings:

- analytical skills
- social management skills
- communication skills
- policy making skills, and
- operational skills.

Close links have been maintained with ASPHER who are a key partner in PHETICE. They have continued work on the elaboration of both core and specialist competencies in public health. In the 1<sup>st</sup> European Conference on Core Competencies for Public Health held in Aarhus in April 2008 participants endorsed the core competencies proposed by PHETICE. It is strongly recommended that links are maintained with ASPHER, IUHPE and other European networks to explore, develop and agree competencies in other specialist areas of public health.

#### 4.1.1 The PHETICE model

In order to establish a sound theoretical foundation for this work on competencies a dedicated PHETICE model was developed using existing knowledge and was based upon reflective practice that acknowledged the principles and values of modern public health. The PHETICE core competencies were then developed using an active consensus-building process with experts and colleagues who participated from new Member States and Candidate Countries in the PHETICE training workshops held in Malta (Appendix K) and in Prague (Appendix L).

The PHETICE Model (Figure 1) set out the key areas of public health practice; it has been developed from existing models of public health and health promotion. The PHETICE model is intentionally flexible to allow the broadest possible use so that it can link to other areas and can be expanded for use at European, national or local level. It has been refined to allow for further development and the inclusion of discipline specific as well as core competencies. The model is developmental and meant to be a useful 'tool' rather than a means to an end. It should be interpreted as widely as possible within a European context, and it can therefore include both public health and health promotion approaches. The developmental steps in the current visual depiction of the model introduce and explain its rationale in order to meet the needs of different public health practitioners. It is based on a sound theoretical basis adapted from the Donabedian quality assurance framework (Donabedian, 2003) and the internationally well established management cycle. PHETICE has used modern public health as its umbrella, thus avoiding an unproductive debate between traditional public health and health promotion values and perspectives.

The model is meant to be dynamic and is divided into three inter-related areas following the Donabedian systems approach of '*structure, process, outcome*'. In terms of *outcome*, the model is clearly concerned with improving public health development in the European Union and consists of examples of key target groups (from populations to individuals). It also allows the user to define the health model within which they themselves work and/or are familiar with (e.g. from ICD to EUHPID). To improve public health amongst the target group, the public health *process* is soundly based on the core 'Health for All' values (e.g. social justice and equity) which sets the context within which the competencies are utilised and practiced. The core competencies are categorised into the following segments: Assessment and Analysis; Policy and Planning; Implementation and Evaluation; Communication; Information Processing; Teamwork, and; Leadership. This cyclical

process interacts with the existing *structure* of institutions and individual professionals and their constituent core components (e.g. missions, values, and capacities for institutions and values, competencies, and performance for individuals).

### The PHETICE model of public health and health promotion competencies

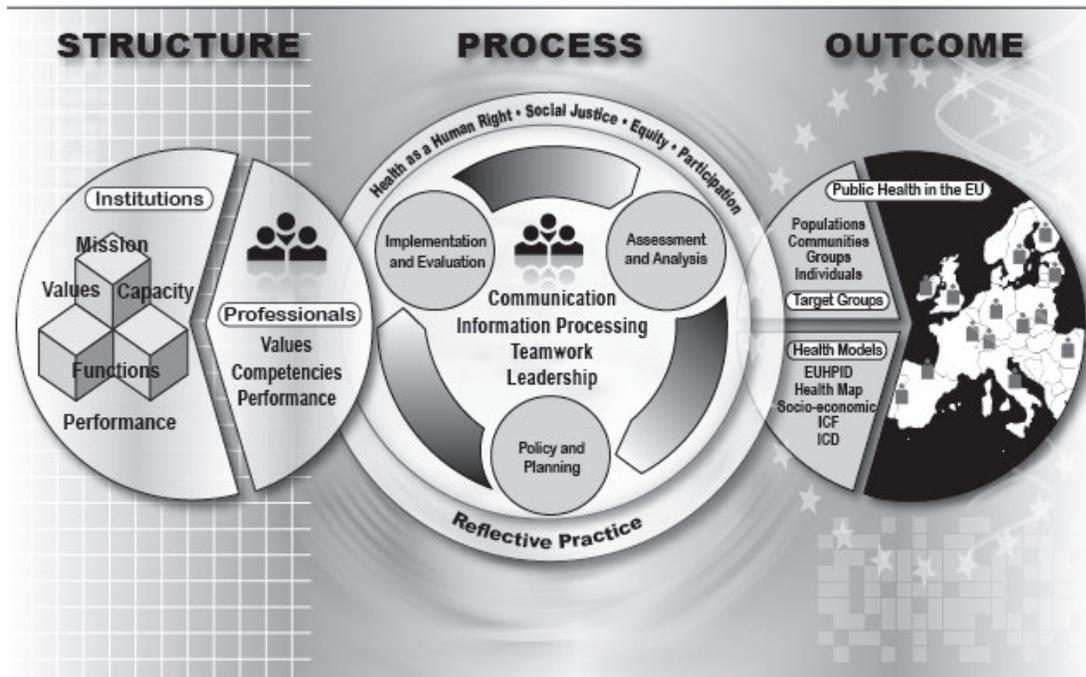


Figure 1. The PHETICE model of public health and health promotion competencies

The model has been disseminated and widely discussed at European meetings and conferences in Valetta, Prague, Helsinki, Aarhus and Turin. It will be discussed further and elaborated in a forthcoming article to be submitted to a peer reviewed international journal.

## PART TWO

### 4.2 Training the trainers manual: delivering the competencies

In terms of pedagogical strategies, relevant educational methods and related approaches were explored and analysed using the actual experiences of public-health trainers. In this way WP4 utilised the contemporary European practice and programme experience of skilled trainers from a range of countries but with a clear focus on the new Member States and Candidate Countries. This

process was facilitated through a consensus building process and the implementation of a Training and Development Workshop (TDW).

#### 4.2.1 Pedagogical strategies: educational methods and approaches

The working philosophy of WP4 reflects the key values of modern public health including empowerment and participation. Such a philosophy fits directly with supportive learning or student-centred learning (SCL) approaches. Barbara Means (Means *et al.*, 1993) for example, identifies seven classroom variables that, when present, indicate a supportive learning environment. These variables are noticeably different from those that are usually present in traditional learning environments, as shown in Table 1.

Supportive Learning Environments	Traditional Learning Environments
<ul style="list-style-type: none"> <li>• Students are engaged in authentic and multidisciplinary tasks.</li> </ul>	<ul style="list-style-type: none"> <li>• Students are "blank slates" onto which teachers impart information.</li> </ul>
<ul style="list-style-type: none"> <li>• Student participation is interactive.</li> </ul>	<ul style="list-style-type: none"> <li>• Students sit passively and absorb information.</li> </ul>
<ul style="list-style-type: none"> <li>• Student work is collaborative.</li> </ul>	<ul style="list-style-type: none"> <li>• Students work alone.</li> </ul>
<ul style="list-style-type: none"> <li>• Students are grouped heterogeneously.</li> </ul>	<ul style="list-style-type: none"> <li>• Students are grouped homogeneously.</li> </ul>
<ul style="list-style-type: none"> <li>• Students learn through exploration.</li> </ul>	<ul style="list-style-type: none"> <li>• Students learn based on strict adherence to a fixed curriculum.</li> </ul>
<ul style="list-style-type: none"> <li>• The teacher is a facilitator.</li> </ul>	<ul style="list-style-type: none"> <li>• The teacher "imparts" specific knowledge to students.</li> </ul>
<ul style="list-style-type: none"> <li>• Assessment is based on students' performances of real tasks.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment means testing which is separate from teaching.</li> </ul>

*Table 1. Supportive vs Traditional Learning Environments (adapted from Means et al., 1993)*

Such supportive or student centred learning (SCL) approaches may cover a range of teaching and learning strategies, based mainly on interactive project work or group work, and can be characterised as follows:

1. The students acquire the knowledge and are at the centre of the learning process.
2. Both the content and the context of learning are important.
3. The students are in control of their own learning process.

One accepted example of SCL is problem based learning (PBL). In PHETICE and WP4, a PBL approach is used as an important vehicle for developing and delivering public health competencies and enabling students to understand and experience the European dimension.

### **Problem-based learning (PBL)**

PBL can be used as a single method or in combination with other methods. Problems or cases are the points of departure for the learning processes. The problems are “solved” in a combination of group discussions, individual studies and lectures. PBL demands active students, who participate in the process and contribute to her/his learning and the learning of other group members. The expected learning outcomes of PBL processes are that students will develop problem solving skills, experimentation, collaboration, and communication and information skills, in the context of reflection and critical thinking. In terms of tutors or facilitators, their role is also active to support the learning process. The primary strategy for PBL facilitators is to ask questions that stimulate the students in their learning. Of course tutors may also share their expert knowledge with the students, but not in such a way that the tutor directs the student with the only correct answer. The basis of PBL logic is that there are several correct answers to a question, and by searching for knowledge and discussing it in an interactive group, students can make reflective decisions about which track to follow (see Figure 2).

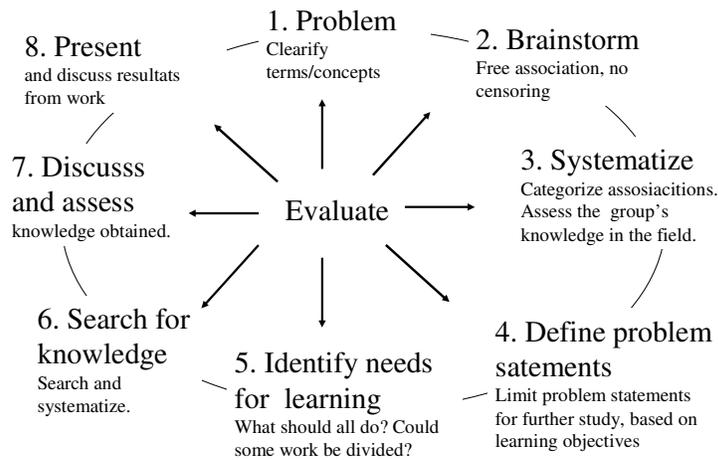


Figure 2. The PBL Cycle (Fosse, 2007)

The challenge of using PBL approaches is to develop the students' understanding of European public health and how their own country/language/culture fits into the European context.

Learning processes should be contextualized, active and cooperative, and relevant to professional functions in order to provide the required competences in public health. Students learn more effectively when they are well motivated and reinforced in their achievements. However the emphasis and structure of current courses is often didactic and mainly knowledge-based.

This is in contrast to student-centred approaches, such as PBL, which offer an experiential learning experience. This SCL/PBL approach was adopted by WP4 in its training and development workshops held in Malta and Prague (detailed below).

#### 4.2.2 Consensus Building Process and Training and Development Workshop

Building on the principles of PBL and as set-out previously, the work of WP4 was based on a fluid linear model, whereby the outcomes of each piece of work helped to inform the process and methodology for the next steps. Two key milestones within this process were the preparation and execution of the consensus building workshop in Malta (March, 2007), and the Training and Development Workshop (TDW) event held in Prague (August, 2007). These key events led to a number of important outcomes including the further development of the PHETICE model, the production of guidelines for the training and development manual (TDM) manual, which included a

self-directed learning module (distance learning element), and useful toolboxes for facilitators (tutors) and participants (students). These toolboxes contained essentially similar material with minor variations (see Appendix L).

The WP4 Secretariat organised the Malta and Prague workshops, defining the programmes for the events in consultation with colleagues. Between the Malta and Prague workshops, a number of European colleagues from WP4's expert group met in Brighton, to reflect upon the key outcomes of the consensus building workshop and to create a detailed programme for the training and development event in Prague. Each member of this group was given a specific area of responsibility and role for their subsequent participation within the Prague workshop.

An overview of the key aims, objectives and outcomes of the Malta and Prague workshops are detailed below:

### **St. George's Bay, Malta – Consensus Building Workshop**

Twenty-four European colleagues were invited to attend the Consensus Building Workshop in Malta, which took place from 13-15<sup>th</sup> March, 2007. Twenty were able to attend (see Appendix K for the list of participants, agenda, and minutes of the workshop). The aims and objectives of the workshop were drawn up by assessing the work already achieved within WP4, notably: production of the literature review (Kosa and Stock, 2006a; Appendix I), and subsequent definition of the public health functions questionnaire (Kosa and Stock, 2006b; Appendix J); execution and analysis of the public health functions questionnaire; creation of an initial framework for the PHETICE model; and initial development of a SCL template, including examples of a set of case studies for SCL (see Appendix K). The workshop built upon and refined the above in developing the key deliverables of WP4 (see 2.0 above).

The philosophy of the workshop was to be inclusive of all participants' experiences and opinions. The participants were selected carefully from public health institutions across EU new Member States and Candidate Countries to include experienced trainers, practitioners, educators, and policy makers in the key areas of public health, as stipulated in the PHETICE Project.

The key aims and objectives of the Malta workshop were set out as follows:

1. To define and agree consensus among participants on a PHETICE theoretical model to underpin the work of the Project.
2. To ensure that each specialist area of public health can produce examples of best practice in their fields by defining specific competencies for public health practice; plus related appropriate curriculum development and capacity building actions as facilitators of process.
3. To reach consensus on a set of core competencies for public health practice based on results of the WP4 questionnaire.
4. To define and produce a best practice template to translate the presented case studies into practical guidelines.
5. To analyse the presented case studies, using the best practice template, to produce a dedicated set of case studies to test out with participants at the Training Development Workshop (TDW,) in Prague from 28-31 August 2007.
6. To produce a scope and purpose outline, a set of learning outcomes, and draft syllabus for the TDW in Prague (based on the outcomes of the above)
7. To produce a draft framework and content for the 'PHETICE Guidelines for Professional and Academic Standards'.

#### *Preparatory Work*

In order to achieve the aims and objectives, each of the representatives from the specialist areas of public health involved in PHETICE were requested to give an overview of the work on competencies carried out in each of their fields. This was to help further develop the framework for the PHETICE model by ensuring that it reflected the broader spectrum of the new public health approach. The remaining participants were asked to prepare a case study which reflected the SCL approach, and would in turn be used to develop a full set of case studies which demonstrated the richness of European SCL experiences. In addition, the case studies could be analysed and their synergy utilised to develop an overall SCL framework for teaching and learning in the field of public health.

#### *Methodologies Used Within the Workshop*

The workshop consisted of presentations from each of the participants, as outlined above, as well as small group and plenary discussions (see Appendix K). In addition, the WP4 Secretariat acted as

rapporteurs during group discussions, produced summaries of each of the days' events, ensured conclusions were drawn from the discussions related to WP4 deliverables and the overall work of PHETICE, and produced action points and minutes from the workshop.

The key outcomes of the workshop were as follows:

1. The PHETICE model of public health competencies was more clearly defined, including achieving consensus on its structure and function. This included agreement on the key core/generic competencies for public health (communication, information processing, teamwork/leadership and management), the key stages for application of the model (i.e. analysis, planning and implementation), and the underpinning principles of the model (including reflective practice, understanding of socio-cultural and Health 21 values and principles).
2. A portfolio of SCL 'best practice' case studies were developed based on the experiences shared by participants (D4.5; see Appendix K). Key ideas for best practice were discussed, and were identified as needing to be developed into a framework for SCL following the course.
3. An initial framework for the TDW was defined, with ideas collated for the distance learning task, the teaching and learning methodology to be used during the Workshop, and for the development of 'toolkits' for facilitators and participants. A draft list of potential TDW participants was also drawn up (the final list can be seen in Appendix L).
4. A series of next steps were defined (see below).

### *Next Steps*

The participants agreed that most of the aims and objectives had been achieved; however, due to the limited time of the Malta workshop, and the linear process methodology for developing the final WP4 deliverables, a number of areas emerged for follow up. It was decided that a planning group would meet in Brighton to define the detail for the forthcoming TDW, to include roles and responsibilities of workshop facilitators, a detailed timetable and programme of events, development of a distance learning task for participating students and a process evaluation methodology for the event. The WP4 Secretariat would be responsible for inviting the suggested participants to the workshop. Additional next steps in progressing towards the final WP4 deliverables included the need to make the PHETICE model more interactive and 'sophisticated',

for example by developing it electronically, and in a way that demonstrates its usability. The WP4 Secretariat took responsibility for this task. In addition, the model would be presented and tested out in Prague in order to continually improve the functionality and adaptability of the model. A template for SCL would be defined, based on the outcomes of the relevant discussions, and adapted for use in Prague.

### **Prague – Training and Development Workshop (TDW)**

In August 2007 WP4 coordinated a 4-day training development workshop (TDW) in Prague (see Appendix L for the agenda and minutes). The overall aim of this workshop was to share best European practice in education and training with the countries of an enlarging Europe.. Representatives from the new Member States (EU 10 last round and EU 2 recent round) as well as Candidate Countries were invited to participate actively in this workshop. The TDW provided an important opportunity to test out some of the competencies for public health practice developed during the project and to then relate these to the stages of development of public health in all countries involved. These competencies were operationalised through the concept of the European dimension of public health and health promotion (see Appendix L facilitators and participants toolbox). The TDW itself was conceptualised as a SDL module (D4.2 and D4.4) whereby participants were asked to engage in a distance learning task prior to the course, to participate fully in the workshop itself, and to be involved in the dissemination of its results. To be selected to participate in the TDW, potential applicants for the workshop were required to meet the following essential criteria:

1. Be actively working in education and training in an area of public health
2. Be actively involved in one or more of the 5 specialist areas of PHETICE (Public Health, Health Promotion, Gerontology, Epidemiology, Public Health Nutrition)
3. Be able to communicate in English which would be the working language for the workshop.

Ideally, participants were also to have experience of working at European level.

The key aims and objectives of the TDW were to build upon the work from Malta and in doing so, bring together representatives from key specialist areas of public health who would work together to:

1. Develop consensus on the competencies element of professional and academic standards
2. Define best practice through recommended delivery methods for public health capacity building
3. As a key outcome – to establish PHETICE framework content and delivery methods for the Guidelines on Professional and Academic Standards.

Specific objectives were to:

1. Define and progress consensus on a theoretical model to underpin PHETICE.
2. Ensure each specialist area of public health can present examples of best practice in their fields by defining competencies for public health practice; plus subsequent curriculum development and capacity building as facilitators of process.
3. Reach consensus on core competencies for public health practice based on results of questionnaire, as well as relevant examples of best practice
4. Define a best practice PHETICE template to translate the case studies into practical guidelines.
5. Analyse case studies using the PHETICE template to produce a set of case studies
6. To produce a draft framework and content for PHETICE Guidelines for Professional and Academic Standards.

#### *Preparatory Work*

In order to achieve the aims and objectives, a distance learning task was developed by the WP4 secretariat in collaboration with other colleagues. This task formed an important part of the SDL module and was to be completed by the invited representatives from the new Member States and Candidate Countries prior to their attendance at the TDW (see Appendix L for full details of the task). In short, participants were asked to prepare a brief written paper and related poster to represent the current status of public health education and training in their respective countries. This work would then be used and reflected upon in the TDW. It would relate to and to further develop the framework for the PHETICE model and ensure it reflected the broader spectrum of modern

public health. Moreover, it would also provide a foundation of ‘case studies’ which would reflect and demonstrate the richness of European experiences in teaching and delivering competencies in public health. These case studies could also be analysed and their synergy utilised to develop a SCL framework for teaching and learning. An important part of this self-directed work included a selection of required reading (on the European Dimension - to include the Bologna Process, Health 21, reflective practice, public health competencies, and PBL for example) to be completed in advance of the workshop.

To assist in this process, these distance learning activities (including required preparatory readings) as well as activities and materials for the duration of the workshop (e.g., agenda, presentations, evaluation materials, list of participants, background reading, and local information concerning the venue for example) were collated to form a participant’s toolkit (Appendix L). Evaluation feedback from participants revealed that this was a valued addition and should be used in future training and development events. A facilitator’s toolkit was also developed to include everything in the participant’s toolkit as well as additional training/teaching materials to be used in the TDW (Appendix L).

#### *Methodologies Used in the Workshop*

The workshop consisted of presentations from each of the participants, as outlined above, as well as small group and plenary discussions. In addition, the WP4 Secretariat acted as rapporteurs during group discussions, produced summaries of each of the days’ events, ensured conclusions were drawn from the discussions and related to WP4 deliverables and the overall work of PHETICE, and produced minutes from the overall workshop.

The key outcomes and learning points of the TDW were as follows:

1. The experiences and perspectives of the group of experts from the new Member States and Candidate Countries were now more integrated into the work of PHETICE. There was an openness that allowed opportunities for participants to ask questions and seek clarification of key terms, concepts and principles – especially relating to the European dimension of public health.
2. The TDW planning group were grateful for feedback from colleagues from the new Member States and Candidate Countries.

3. The PHETICE model had been enriched and developed further as a useful theoretical tool.
4. The European Dimension including cultural awareness emerged as a common theme among participants.
5. PHETICE should not impose its model and recommendations but should adopt a flexible application approach.
6. There was consensus that PBL, as an example of SCL, is an important method to develop competencies among modern public health practitioners.
7. It was hoped that this expert group would continue to work together as much had been achieved, but there was still work to do, especially in defining clear replicable value.
8. The debate around public health and health promotion continued. The challenge for the PHETICE project was to break down some traditional boundaries regarding public health education and training, and to build a network and appropriate communication strategies with the wider public health field in Europe.
9. There had been an excellent atmosphere and a feeling of sharing and joint ownership of the work undertaken.
10. Telephone conferencing and email will be used to follow up and progress the work initiated in Prague.

## **PART THREE**

### **4.3 Evaluation and follow-up**

The salutogenic approach adopted by the consensus building workshop in Malta and the TDW workshop in Prague were intended to encompass core health promotion principles (for example being empowering, participatory, and holistic). In order to maximise learning as much as possible, reflective tasks were designed to explore the progress made during the Malta workshop and to evaluate both content and process in the TDW in Prague. Following Malta, the WP4 planning group met in Brighton in May 2007 to reflect upon and discuss the outcomes of the consensus building workshop, and to develop a detailed programme for Prague. This reflective process was invaluable and undoubtedly contributed to the eventual success of the TDW. For example, at the end of the Prague workshop participants agreed to take part in a qualitative evaluation of their experiences. A series of short video interviews were carried out to assess and evaluate their thoughts and to provide

feedback. Each participant outlined their background (name, country of origin, training etc), reasons for participating in the TDW, experiences (positive and negative), and key learning points that they would take back to their own institutions and incorporate in their work. These video evaluations formed the basis for the PHETICE DVD and formed part of the overall PHETICE project deliverables (see Appendix L for the evaluation tasks developed).

The WP4 planning group originally proposed to conduct a post-TDW follow up evaluation (6 months after the event) in order to explore the impact of the workshop on the participants work in their own countries. Unfortunately, this was not possible to achieve within the time and financial constraints of WP4.

## 5.0 Outputs/Deliverables

<b>Deliverables</b>	<b>Month</b>	<b>Status</b>	<b>Section of report</b>
D4.1. Guidelines/criteria for academic and professional standards for trainers in public health	M 18	Complete	4.0
D4.2. 2 x Training the trainers pilot workshops	M 21	Complete	4.2.2
D4.3. Training the trainers manual	M 24	Complete	4.2
D4.4. Self-directed learning module	M 33	Complete	4.2
D4.5. Guidelines/case studies of best practice	M 24	Complete	4.2.2

*Table 2. WP4 deliverables and status report.*

Although not a specific deliverable, an important outcome of WP4 has been the development of the PHETICE model. This will act as an important catalyst in the future development of specialist competencies for public health. This work was not achieved within the timescale due to lack of resources, in particular to fund the necessary specialist workshop needed for developing consensus.

## 6.0 Dissemination

Recent presentations by the WP4 secretariat include:

- *Building Public Health Capacity in an Enlarging Europe: the Role of the PHETICE Project.* Poster presented at the 5<sup>th</sup> Nordic Health Promotion Conference, Esbjerg, 2006 (see Appendix F for a copy of this poster)
- *Education and Training: Towards an International Curriculum* Invited plenary at the 1<sup>st</sup> National (Turkish) Conference on Health Promotion, Marmaris 2006
- *Education and Training: Towards an International Curriculum* Paper presented at the 7<sup>th</sup> European Conference on Health Promotion, Budapest 2006
- *Public Health Education and Training in an Expanding Europe: the PHETICE Project,* Workshop presented at the 19<sup>th</sup> World Conference on Health Promotion, Vancouver, Canada 2007
- *Education and Training Development in Public Health: the PHETICE Project.* Paper presented at the 15<sup>th</sup> European Public Health Association (EUPHA) Annual Conference, Helsinki, 2007
- *Health Promotion in the European Context* Invited presentation to Masters in European Health Promotion Course, University of Girona, 2008
- *Developing an International Curriculum in Health Promotion* Invited presentation to International Workshop on Doctorate Programmes in Health Promotion & Public Health, Magdeburg, 2008

### **Publications planned:**

Members of the WP4 expert group and secretariat currently have three publications in progress:

- Loureiro, I, Sherriff, N., Davies, J.K. (in preparation) *Public Health Education and Training in the Context of an Enlarging Europe (PHETICE): Building public health competencies using problem-based learning (PBL), to be submitted to the *European Journal of Public Health.**

- Kosa, K., Stock, C., Hall, C., and Davies, J.K. (in preparation) Competencies in Public Health and Health Promotion: An International Review. Paper to be submitted to the *World Health Bulletin*.
- Davies, J.K., Hall, C, and Sherriff, N.S. (in preparation). The development of the PHETICE model as a theoretical foundation for public health and health promotion competencies. Paper to be submitted to *Health Promotion International*.

A representative of WP4 Secretariat attended the 1<sup>st</sup> European Conference on Core Competencies for Public Health Education held at Aarhus University (Denmark) in April, 2008 in order to disseminate the PHETICE project and strengthen links with ASPHER.

WP4 worked closely with WP3 to develop and produce a dedicated dissemination pack featuring the work of PHETICE as a whole. This pack included the PHETICE Guidelines, demonstration CD-ROM and DVD.

WP4's work has also been disseminated on a dedicated webpage on IHDRRC's (University of Brighton) website (see [www.brighton.ac.uk/hss/ihdrcc/PHETICE.htm](http://www.brighton.ac.uk/hss/ihdrcc/PHETICE.htm)) which will be updated on an ongoing basis linked to the main PHETICE website ([www.phetice.org](http://www.phetice.org)).

## **7.0 Recommendations for further work**

The major product from WP4 has been the production of guidelines for academic and professional standards for training in public health. These guidelines include an introduction to public health functions and core competencies for public health based on the theoretical foundations depicted in the PHETICE model and a delivery mechanism for these competencies through the training and development manual (based on the PHETICE SDL module).

The PHETICE model has proved useful in defining and classifying a series of core competencies in public health practice based on its core functions. We recommend that further work on the model is carried out to explore and evaluate its use in various public health settings.

The pedagogical strategies adopted by WP4 and tested out in Prague have demonstrated the usefulness of SDL processes in delivering public health training in practice. These processes have in turn formed the basis of the PHETICE training and development manual. We recommend that this manual and its related SDL delivery module be used in a dynamic and progressive way by public health trainers in all parts of Europe. We recommend further that this should be achieved by a dedicated network of public health trainers, formed from interested European organisations, such as ASPHER, EUPHA, ECDC and IUHPE, for example.

Although WP4 has made major contributions to the development of core competencies, as well as how they can be delivered, it was not possible to explore fully and define the particular competencies needed in other specialist areas of public health (for example nutrition, gerontology and epidemiology). Consequently, it is recommended strongly that further work is conducted to explore such specialist competencies using the PHETICE model as a useful developmental tool to produce the required specialist competencies for public health. In addition this work should be co-ordinated through the above recommended dedicated network of European public health organisations.

## 8.0 References

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