



Case Study: The Western Michigan University Doctorate in Interdisciplinary Health Sciences

by Paul D. Sarvela, vice president for academic affairs, Southern Illinois University

The College of Health and Human Services at Western Michigan University (WMU) offers a unique doctorate program that provides doctoral-level training using a hybrid teaching model for master's-level healthcare professionals who wish to advance their educational credentials and develop skills as researchers in the health sciences disciplines. The program has been specially designed for practicing professionals who want to teach at the college level, conduct research and serve in other leadership positions using interdisciplinary frameworks.

The university and program

WMU, located in Kalamazoo, is a Carnegie Foundation-classified research university and offers 140 undergraduate programs, 67 different courses of master's-level study and 29 doctoral programs. WMU's 2009 fall enrollment was approximately 25,000 students.¹ Data from the National Center for Education Statistics' *IPEDS Data Feedback Report 2009* suggest that WMU compares favorably to its peers for most indicators.

For example, the 2008 tuition rate for undergraduates at WMU was \$7,928 per academic year, compared to \$7,780 per year for a select group of peers. Overall graduation rates of full-time undergraduate students within 150% of the normal time to complete are better than its peers, with the WMU six-year graduation rate at 55% compared to 45% for its peers.²

Every other year, a cohort of approximately 15 students is admitted to the doctorate in interdisciplinary health sciences program. The first two years of study are devoted to academic coursework. During the third year, most students complete their comprehensive examinations and present their dissertation proposals to their doctoral committees. Years four and five are dedicated to completing the dissertation. A student has the option of writing a traditional five-chapter dissertation or preparing three papers (with introductory and discussion chapters) to submit for publication as the basis of his or her dissertation.³ The three-paper option is becoming an increasingly common way to meet the dissertation requirement at research universities. As more students elect the three-paper option, the program expects to be able to document reduced time from graduation to publication of the students' dissertation research, thus contributing to the broader literature in a more timely manner.

Students complete 63 hours of study to meet degree requirements. The curriculum is organized into four areas of study:

1. Interdisciplinary core courses, including ethics in practice and research, policy and politics of health and human services, organizational and delivery systems, and interdisciplinary evidence-based practice.
2. Research and statistics courses, including qualitative research, quantitative research, research design and advanced statistics.



3. Pedagogy, including college instruction and assessment, innovative pedagogy and instructional design.
4. Three courses in individually designed and approved disciplinary cognates, which allows students to explore an area of study related to health and human services that interests them.⁴

The program uses a hybrid approach for the delivery of its courses. Courses are delivered online, via teleconferencing, on select weekends, as well as via a two-week summer session delivered in Kalamazoo. Program flexibility allows for cognate coursework to be taken at other universities, and students may also complete their teaching experiences at other sites.⁵

Evaluation procedures

As a part of its ongoing program planning and evaluation cycle, WMU requires each program to periodically undergo an evaluation process, fulfilling the second of five broad indicators in the university's Framework for Institutional Effectiveness and Academic Program Planning:⁶

1. Strategic planning and academic priorities.
2. Academic program planning and enrollment management.
3. Institutional and program accreditation.
4. Institutional and program assessment.
5. Academic resource effectiveness.

The process begins with extensive self-study. Faculty members identify strengths and weaknesses of the program in relation to 10 required indicators called technical planning factors. They provide a series of recommendations regarding program improvement in each of the 10 areas:

1. Demand for graduates.
2. Application rates.
3. Applicant admission scores.
4. Attrition rates.
5. Completion rates.
6. Student learning outcomes.
7. Prerequisite physical space and facilities.
8. Curriculum changes.
9. Systemwide external program or degree offerings.
10. Specialized program accreditation findings.

Programs also can incorporate evidence of external recognition of program quality and information about a number of other optional technical planning factors. The program is then reviewed by an external evaluator—I've served as the external evaluator for this program review.



During the site visit that took place in December 2009, the external evaluator met with the university president, college dean, program director, program faculty, advisory board members, current students—individually, in groups and via telephone interviews—and program graduates—either individually or via telephone interviews. The WMU president and dean expressed strong support for the program, and financial support has followed the verbal support. The program director noted that faculty numbers in the program have grown during a time of retrenchment. In addition, the budget is more than adequate in terms of office supplies, equipment, conference fees and travel.

The program director is a distinguished speech pathology and audiology professor. She has published frequently, has received external funding for several research projects and has taught a wide variety of courses throughout her career. The two core program faculty members are well qualified, having earned doctorates in their specialty areas from major universities and having both worked at the Centers for Disease Control and Prevention as epidemiologic intelligence officers. As mid-career professionals, they have published and presented papers on a wide variety of topics. They have also received funding to support their research activities.

Student's faculty evaluations are strong. Repeated course evaluations, covering many different classes taught by several different instructors, demonstrate consistently positive student evaluations regarding the formal teaching aspects of the program. During the interviews, students and graduates noted repeatedly that the faculty were supportive of their efforts.

Program delivery

The program's implementation—through a hybrid model of online education, weekends and two-week residential courses run in Kalamazoo—is cutting edge in terms of program delivery. One might be reluctant to implement such a program given the technological difficulties that often are encountered in programs that use distance education. But IT support is so strong. Help implementing a module when there's difficulty is usually available within five minutes. Students, when prompted during the interviews, recalled no major difficulties with the distance education aspects of the program. Students were asked whether it was necessary to reside in Kalamazoo to complete the program. The students uniformly indicated it was not because of the program's hybrid format.

Many students said the cohort approach was one of the strongest elements of the program. The approach allows them to develop a network of colleagues they can work with for the rest of their professional careers. From an organizational perspective, it appears to be the best way to implement this type of a program, given the carefully developed sequence of the curriculum, which bases later course content on the successful completion of earlier work.

A review of several completed dissertations showed that the students focused on important and interesting healthcare problems and often used sophisticated multivariate procedures to analyze their data. Interpretations and recommendations were reasonable



given the data and were presented within the context of previous research. Many graduates indicated they learned a great deal about research through the program. “I walked out of this program a different person,” one graduate said. “I now run all my data myself.”

Practicing professionals

Faculty members are the foundation of any high-quality program, and this program is no exception. The faculty members are well prepared and seasoned professionals. The faculty is assisted by office and IT support personnel, instructional design staff and an upper administration that has provided the necessary resources to implement this unique program, even during these difficult economic times.

The hybrid program delivery model allows the healthcare professional to remain in practice while completing his or her doctoral degree. The program faculty members are responsive to the needs of working professionals. In fact, faculty members recognize it is unlikely that people in the midst of their careers will leave the workforce for four or five years to complete a doctoral degree program, especially because the majority of students are mid-career professionals who already have good jobs, are often married and have started families.

Good faculty members recognize the importance of assessment, and the program’s faculty has been actively involved in assessment since the first cohort completed its first class. The assessment plan centers on the published mission and objectives of the program, as well as expected student learning outcomes. Methods to assess competencies include the successful completion of required coursework, comprehensive examinations, an annual review and successful completion of the dissertation. Data are also gathered from students and employers of program graduates, and an advisory board provides advice and counsel concerning ways to improve the program. Although the program has only been operating for a few years, faculty can already point to several changes that have been made regarding curricular scope and sequence.

Without question, the cohort model is an excellent approach for implementing the program and lends itself to student learning and cohesiveness. Several students remarked that an additional strength of the curriculum is that the case studies and activities used in class focus on addressing practical problems. They appreciate the interdisciplinary nature of the program and enjoy the opportunity to enroll in courses at other universities so they can take advantage of a particular professor’s expertise. This curricular flexibility is an essential aspect of the program because it recognizes that many students will no longer enter a university program and will only enroll in that specific university’s courses. With online and other distance education technologies, it is possible for students living in remote areas of Michigan’s Upper Peninsula, for example, to be sitting in lectures at Western Michigan University and to enroll in cognate courses at Harvard University.



Because there are only 15 program graduates, they can be contacted easily. This is important because fundraising is an increasingly important activity for public universities. Program graduate tracking systems should be developed immediately, and cultivation activities should take place at least yearly. Currently, the program holds a biennial summer research conference in which members of the cohort just completing academic coursework present the results of their research practicum projects (part of one comprehensive exam requirement), while the newly admitted cohort goes through orientation and completes its first course. Alumni are invited to present posters on their ongoing research during the biennial research symposium, and prizes, such as monetary awards, are given for the best presentations and posters.

Other activities could be added to this formal symposium event. For example, the program could host a welcome home event during the fall homecoming football game and an alumni weekend for current students and graduates. Social events, e-newsletters, the formation of an alumni group and other mechanisms can be used to stay in touch with alumni. After proper cultivation, the institutional advancement team can assist in making requests for donations.

In addition, the nature of the program lends itself nicely to other possible donors. Relationships at corporations, philanthropic organizations, hospitals and other healthcare facilities should be cultivated to create a climate of giving to the program. Inviting CEOs of these groups to serve on the advisory board is one way to begin to cultivate these relationships.

The curriculum is truly innovative and is on the cutting edge of how we should implement doctoral programs that meet the needs of practicing professionals. Students report learning a great deal about the health sciences, health policy and health research as they move through the program. Graduates have a sense of pride in the work they have completed to earn their doctorates. Faculty members from other universities looking to develop programs that meet the needs of working professionals should seriously consider the WMU program as a possible model for program delivery.

Author's note: The author thanks WMU faculty members for their helpful comments on drafts of this article.

References

1. Profile of Western Michigan University, Western Michigan University website, www.wmich.edu/about/profile.
2. National Center for Education Statistics, *Executive Peer Tool: Customized IPEDS Data Feedback Report*, 2009, <http://nces.ed.gov/ipeds/pas/expt/>.
3. Ph.D. in Interdisciplinary Health Sciences, program brochure, Western Michigan University, Kalamazoo, 2008.
4. Ibid.
5. Ibid.
6. Framework for Institutional Effectiveness and Academic Program Planning, Western Michigan University website, www.wmich.edu/poapa/strategic/newapp.pdf.



Paul D. Sarvela is the vice president for academic affairs at Southern Illinois University in Carbondale. He is a professor of healthcare management, professor of health education, and clinical professor of family and community medicine. Previously, Sarvela was the dean of the College of Applied Sciences and Arts and chairman of the Department of Health Care Professions. He received his bachelor's and master's degrees and doctorate from the University of Michigan in Ann Arbor.