

MPH/MRes Course Units 2011/12

Semester One
Core Units
Evidence Based Practice medn60041
Fundamentals of Epidemiology medn60991
Research Methods (ACF only) dent61010

Semester Two
Core Units
Biostatistics medn60982

Semester One
Units
Communicable Disease Control medn62051
Cultural Psychiatry medn62121
Emergency Humanitarian Assistance sahc62211 * * NOT Distance Learning
Health Promotion Theory and Methods medn60021
Management 1: Leadership and Teams medn62001
Oral Health & Disease in Populations dent76061
Primary Health Care medn63111
Qualitative Research Methods medn63121

Semester Two
Units
Advanced Epidemiology medn60112
Evidence Based Public Health medn63122
Evidence for Population Health medn60122
Health Economics medn60092
Health Promotion Practice medn60032
Implementing Strategy in Dental Services dent76072
Malaria, HIV/AIDS, TB management, health system challenges medn62212
Understanding Drug Misuse medn64122
Working with Communities medn60072

Administered by mph admin	Administered by dental admin
Administered by HCRI admin	

Full time students register for their dissertation with the rest of their units.
Part time MPH students can register for their dissertation after successfully completing 8 units.
MRes Students can register for their dissertation after successfully completing 6 units.

MPH Dissertation medn63140
M Res Dissertation (Public Health) medn63160
M Res Dissertation (Primary Care) medn63130

The following skills based units can be taken at any time. There is no cost for any of the units.

MHS Essential Research Skills rsch88030
On-Line Skills and Resources medn60240
MPH/MRes Dissertation Skills medn62130
MPH / M Res Personal Development Plan medn63240
Presentation Skills medn64110
Academic Mal Practice fmhs69990
Health and Safety medn66660 (compulsory)

Title	Advanced Epidemiology
Unit code	MEDN60112
Credit rating	15
Study time	150 hours
Pre-requisite units	Fundamentals of Epidemiology
School responsible	School of Community Based Medicine
Course tutor	Selwyn St Leger
E-mail	Selwyn.St.Leger@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

Advanced Epidemiology is a second level course unit that further develops knowledge and skills gained from the *Fundamentals of Epidemiology* unit. It looks more deeply into the principal epidemiological research designs, and gives students an opportunity to reflect on the manner in which epidemiology contributes to knowledge of disease aetiology, population health and the evaluation of therapies and services.

Vocational relevance

Knowledge of epidemiology to this level is essential for those embarking on a career in public health and for those intending to pursue research. Clinicians and managers of clinical services should find a deeper appreciation of epidemiology, particularly as it relates to health services evaluation, useful.

2. AIMS

This unit is intended to equip students with the knowledge and skills required to enable them to undertake epidemiological research, albeit under supervision.

Learning outcomes

On completion of this unit, successful students will be able to:

- Design and interpret epidemiological studies.
- Comment on the advantages and disadvantages of the commonly used epidemiological approaches; the selection of a study design suitable for an issue at hand; the handling of error, bias and confounding; the imputation of causality; and appropriate approaches to data handling.

3. CONTENT STRUCTURE

- The dynamics of human populations – population pyramids – age, period and cohort effects and the basics of their analysis.

- Incidence, prevalence and methods of age standardisation.
- Life-tables
- Risk measures
- Sampling methods
- Measures of health/disease – mortality, quality of life, etc.
- The international classification of disease and its use in epidemiological enquiry.
- Descriptive, ecological, case-referent, observational and intervention study designs.
- The most commonly used variants of the randomised controlled trial
- Evaluation of health service effectiveness
- Issues in imputing causation

Note. Students are required to have prior knowledge of basic biostatistics.

Related course units

Advanced Epidemiology stands alone but complements and is complemented by course units on Evidence Based Practice, Clinical Epidemiology, Evidence for Population Health, Dental Public Health and Communicable Disease Control (UK).

4. LEARNING AND TEACHING PROCESSES

This course involves working through the course notes provided online, reading all references marked "required", looking at additional readings suggested where appropriate, using self-reflection to help you think about the ideas discussed, and participating in weekly discussion boards with fellow students and tutors. Participation in the discussion boards is not formally assessed; however, it is greatly encouraged, and generally those students who do participate get better marks.

5. ASSESSMENT

There are two written assessments, which are summarised in the table below. The first involves one task and the second two tasks. Each task is based on a given scenario which relates to the design and interpretation of a study. Students are required to answer a set of questions relating to each scenario which test the application of knowledge gained from the course unit.

For each scenario, there is also a set of preliminary questions which are not assessed but which have a bearing on how the assessed questions could be tackled. Students are urged to discuss these preliminary questions on a discussion board; however, the assessed questions must be worked on independently.

Assessment task	Length	Weighting within unit (if relevant)
Mid-semester assignment	1300 words	30%
End of semester assignment	2600 words	70%

6. READING LIST

Epidemiological studies, a practical guide, 2nd edition* (Required reading)
 Silman AJ, Macfarlane A, ISBN: 0521009391, 2002, Cambridge

* Now available online at the University Library

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Biostatistics
Unit code	MEDN60982
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	Dr Isla Gemmell
E-mail	Isla.gemmell@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

This course will provide you with a comprehensive overview of methods of data analysis. You will learn basic statistical theory as well as how to conduct statistical tests in the computer package StatsDirect. You will learn when to apply particular tests and how to interpret the results of the tests. The course includes various web-based learning tools to assist in your understanding of the techniques. Data from an international study of coronary heart disease risk factors will be used throughout the course to demonstrate how to conduct statistical analyses using StatsDirect.

Vocational relevance

This course is relevant to current or future professionals whose careers will involve either conducting research or interpreting the findings of research studies. Statistical analysis of data is a key part of research and many research findings and recommendations are based on the results of statistical analysis. An awareness of statistical methods and the ability to interpret data from published studies is invaluable in a career in public health.

2. AIMS

The aim of this course is to introduce you to statistical methods and to enable you to conduct basic statistical analyses within the statistical package StatsDirect.

Learning outcomes

On completion of this unit, successful students will be able to:

- Distinguish between different data types
- Present and summarise data using the appropriate techniques
- Calculate population estimates for means and proportions
- Calculate standard errors and confidence intervals for means and proportions
- Conduct hypothesis tests for the comparison of two groups
- Analyse categorical data
- Conduct simple linear regression and correlation
- Understand multiple linear regression and confounding
- Understand the principles of logistic regression and survival analysis
- Discuss the issues associated with sample size calculation
- Be able to use a statistical software package

3. CONTENT STRUCTURE

- Types of data and summarising data
- Probability distributions
- Principles of statistics and statistical analysis
- Confidence intervals
- Hypothesis tests
- Categorical data analysis
- Correlation and simple linear regression
- ANOVA and multiple linear regression
- Logistic regression
- Survival analysis

4. LEARNING AND TEACHING PROCESSES

The Biostatistics course involves working through the course notes provided online. The course consists of 10 topics and at the end of each topic there is a self-test for you to complete. There is also a discussion topic within the course notes each week, and responses to the discussion topic are posted on the discussion board. The core text is referenced in each topic, and although you should be able to complete the topic adequately without the core text book we recommend that you obtain a copy as it will help you gain a deeper understanding of the subject. The statistical package StatsDirect is used to carry out statistical tests and all students will require a copy of this package to complete the course. This is available through the MPH team at a cost of £20. The course can be seen as a tutorial in StatsDirect and includes demonstrations of how to carry out statistical tests in StatsDirect. We are happy for students who are confident users of another statistical package such as SPSS or STATA to use the package of their choice and can provide some support for students who would prefer to use one of these packages. The course also includes the use of re-usable learning objects to convey some of the more complex statistical concepts.

5. ASSESSMENT

Assessment will occur through two marked assignments. Each assignment will consist of answering questions on a database using a statistical package, e.g. StatsDirect. Students will receive a copy of the assignment questions, a copy of the database and a brief outline of the variables included in the database. The submitted assignment will consist of output from the stats package and written interpretation of the output. Over the two assignments the full range of topics covered in the course will be examined. All students will receive written feedback following the mid and final assignments

Assessment task	Length	Weighting within unit (if relevant)
Mid-semester	N/A	30%
End semester	N/A	70%

Last updated: May 2011

[↑ BACK TO TOP](#)

Title	Communicable Disease Control
Unit code	MEDN62051
Credit rating	15
Study time	150 hours
Pre-requisite units	*
School responsible	School of Community Based Medicine
Course tutor	Prof Aneez Esmail & Dr Katie Reed
E-mail	Katie.reed@manchester.ac.uk

Students need to be able to download a copy of EPI INFO, this is a large file but it is essential that you have it to complete topics 4&5 and the midterm assignment. This is a free piece of software and we advise you to try downloading it **before** you register for the unit. <http://wwwn.cdc.gov/epiinfo/>

1. BRIEF DESCRIPTION OF THE UNIT

Summary

This course will explore the principles of Communicable disease control, and so is applicable for students from both the UK and elsewhere. We will include essential sections on immunisation, disease surveillance, and outbreak and incident management. We will draw on examples of a broad range of important diseases, including TB, Influenza, Diarrhoeal diseases and HIV/AIDS. In addition three themes will run throughout this unit; the importance of context, the importance of understanding evidence and the importance of application in your own context.

Vocational Relevance

This unit has been designed to be relevant, and interesting, to students working clinically, involved in research or health promotion or protection roles in both high and low income countries. We also cover content essential for UK Public health trainees. It will also be a good introduction to the subject of communicable and infectious diseases for intercalating medical students.

2. AIMS

This unit aims for students to gain an understanding of the principles of infectious disease control in a range of contexts.

Learning Outcomes:

Demonstrate an understanding of the determinants, scope and control of infectious disease.

Demonstrate an understanding of the role and importance of national and international regulatory systems

Apply epidemiological principles to interpret communicable disease related evidence.

3. CONTENT STRUCTURE

Weeks 1 – 3 Students will explore the relationship between infectious disease agents, Modes, of transmission and hosts. In particular we will critically analyse the importance of the social, economic and cultural context of where a disease occurs. Lastly there will be an introduction to methods of surveillance and infectious disease control strategies.

Weeks 4-5 Students will investigate the principles of outbreak detection, monitoring and management. Students will be introduced to software 'EPI INFO' and will work through an outbreak example.

Weeks 6 – 7 Students will learn to develop a simple modeling framework for the transmission of infections. The purpose will be to develop an understanding of the dynamics of how infections spread through populations, how they become established and how they might be eradicated by vaccination. You will learn to interpret and develop simple compartmental models, estimate and interpret the reproduction number for infections in susceptible populations and consider issues such as the critical immunization threshold, herd immunity and the impact of mass vaccination programs.

Weeks 8-10 Infectious disease control programmes; here students will look at the steps involved in developing and evaluating programmes. The role of strategy will be assessed, and how this is translated into operation management. We will also explore the role of national and international bodies in monitoring and directing infectious disease control.

Case studies of key conditions will be used throughout including; malaria, influenza, diarrhoeal diseases, cervical cancer, HIV, TB, haemorrhagic fevers.

4. LEARNING AND TEACHING PROCESSES

This unit will be taught entirely through Blackboard. Students will be expected to work through the course materials including accessing reading from a wide range of journals, book chapters and websites. When studying the key conditions students will also be able to listen to podcasts from a relevant specialist. We will encourage students to share their experiences using discussion boards and there will also be a small group activity.

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid semester	1,500	35%
End semester	2,500	55%
Assessed discussion boards	N/A	10%

Last updated: July 2011

Title	Cultural Psychiatry
Unit code	MEDN62121
Credit rating	15
Study time	150 hours
Pre-requisite units	Students must have a clinical or social care background with mental health experience *
School responsible	School of Community Based Medicine
Course tutor	Nusrat Husain & Nasim Chaudhry
E-mail	Nusrat.husain@manchester.ac.uk nasimchaudhry@btopenworld.com

- This unit presumes some prior knowledge of mental health issues. Students taking this unit should have a clinical training (nurse, Dr, medical student) or be working in a mental health capacity within social care (social worker etc). Students without this background would be disadvantaged and not be able to cope with the unit.

1. BRIEF DESCRIPTION OF THE UNIT

Summary

The goal of this unit is to prepare students to care for patients from diverse cultural backgrounds, and to recognize and appropriately address racial and cultural biases in mental health care delivery.

The understanding of cultural dimensions associated with a patient's health beliefs and behaviours is critical to the provision of quality mental health care. Despite the growing diversity of cultures across the world, health professionals are not trained to address the challenges of providing culturally competent mental health care to the black and ethnic minority population.

The knowledge, attitude and skills learned through this course will help promote cross cultural communication and improve the clinical assessment and management. After completing this unit the health professionals will develop a better understanding of individual patient's cultural dimensions rather than only knowing the presumed characteristics of certain ethnic groups.

Vocational relevance

This course will be of interest for anyone whose work in health and social care brings them into contact with ethnic minorities. This will be of particular interest to psychiatrists, psychologists, social workers, general practitioners and primary care mental health workers. It will help them understand cultural factors associate with the aetiology and treatment of different mental disorders.

The course will aim to examine practical as well as conceptual aspects of culture particularly in relation to mental health. The course will provide an overview and case examples on which the students may draw to enhance their understanding of patients coming from diverse cultural backgrounds.

2. AIMS

- 1) To address the current gap in training of health professionals working in multicultural, multiethnic and multilinguistic populations.

- 2) To provide an environment in which different aspects about race, culture and ethnicity and its relationship with the management of mental illness can be explored to advance knowledge in order to enhance the quality of mental health care to black and ethnic minority groups.
- 3) Promote critical thinking about research on mental health issues of black and ethnic minority groups, and to develop new research methodologies for delivery of high quality research outputs in this area.

3. CONTENT STRUCTURE

1. Students will develop an awareness of cultural factors that have an impact on the patients, the clinicians and the delivery of mental health care.
2. An understanding of the clinicians' responsibility to take into account the cultural dimensions of psychiatric illness as an important task in the mental health care of all patients.
3. An understanding of the diversity that exists within and across ethnic groups and the importance of avoiding overgeneralization.
4. Knowledge and understanding of clinicians own personal biases towards individuals from different ethnic and cultural backgrounds.
5. Knowledge of ethnic differences in pathways to mental health care.
6. To define race, ethnicity and culture and explore the advantages and disadvantages of using these concepts in mental healthcare and in research.
7. Understanding of the core concepts that are essential for the provision of culturally competence mental health care.

4. LEARNING AND TEACHING PROCESSES

The unit will be delivered online, through Blackboard. This will include, course notes, readings, discussion boards, small group working, audio and video lectures.

This will enable students to develop skills in cultural state examination, needs assessment, patient focussed interviewing, feedback on responses to verbal and non verbal communication and use of the family and the community to develop a better cultural understanding.

All students will receive written feedback for their mid term and final assignments

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid semester assignment	1,500	40%
End of semester assignment	2,500	50%
Discussion board exercise		10%

6. READING LIST

No Set text book

Last updated: July 2011

[↑ BACK TO TOP](#)

Title	Emergency Humanitarian Assistance
Unit code	TBC
Credit rating	15
Study time	150 hours 13-14 Oct 2011 and 7-8 Dec 2011
Pre-requisite units	
School responsible	School of Arts, Histories and Cultures; Faculty of Humanities
Course tutor	Dr Rubina Jasani
E-mail	rubina.jasani@manchester.ac.uk

NB: This Unit is taught face to face and is NOT available online to students at a distance.

1. BRIEF DESCRIPTION OF THE UNIT

This course will provide you with an understanding of the principles of good practice in emergency humanitarian assistance and its place in health care development. The benefits and drawbacks of EHA will be explored alongside its place in the UN, Government and non government contributions to the delivery of health care to vulnerable populations and the relationship of health to economics and politics.

Throughout the course students will undertake critical analysis of the impact of emergency humanitarian assistance and understand essential emergency needs and how emergency interventions impact upon developmental processes.

Vocational relevance

The course is relevant to applicants with a keen interest in pursuing humanitarian aid work in the future, as well as those with existing experience. We are happy to accept intercalating medical students, doctors, nurses, aid and development workers and people from the military. This course may be taken as a stand alone unit or as part of the MPH – EHA + Global Health pathway.

2. AIMS

- To introduce students to the diversity of political, economic, social and health factors in time of emergencies
- To develop a holistic understanding of complex health issues in times of emergencies
- To understand the limitations and possibilities of emergency humanitarian medical assistance.
- To encourage critical analysis of emergency humanitarian assistance

Learning outcomes

At the end of the course students will understand

- The common causes of disease in displaced populations and their prevention and treatment.
- How to carry out basic health surveillance and health needs assessment
- The food, water and sanitation requirements of populations

- Medicine and Surgery in low resource settings
- The special needs of women and children
- The common consequences of “natural” and man-made disasters
- Complex Emergencies
- Conflict Medicine
- The roles of governments, international organisations, non government organisations and the military in humanitarian crises
- The psychological and social consequences of humanitarian crises

3. CONTENT STRUCTURE

Students will be exposed to teaching from expert practitioners, academics and policy makers/influencers who will deliver presentations in line with the learning objectives detailed above. This content will be contextualised and interrogated via study of the literature and tutorial/discussion group activities.

4. LEARNING AND TEACHING PROCESSES

The face to face element of the course will be delivered via 2 face to face sessions of 2 days each (13-14 Oct 2011 and 7-8 Dec 2011). Each of the 4 days will comprise 2 lectures in the morning followed by tutorial group sessions in the afternoon.

The face to face element will be supported with online materials available through Blackboard throughout the semester. Students will have to contribute to focused discussion board sessions as well as complete their private reading and research.

5. ASSESSMENT

One 3,500 to 4,500 word essay (85% of the marks) plus contribution to the discussion board sessions (15% of the marks)

All students will receive written feedback for their assignments

Assessment task	Length	Weighting within unit (if relevant)
Final assignment	3,500-4,000	85%
Discussion board exercise		15%

6. READING LIST

These are for background reading students are not required to get access to all of these texts.

Redmond, Mahoney and Ryan, ABC of Conflict and Disaster Medicine, BMJ Books, WileyBlackwell (2005) <http://eu.wiley.com/WileyCDA/WileyTitle/productCd-0727917269.html>

Sphere, Humanitarian Charter and Minimum Standards in Disaster <http://www.sphereproject.org/>

Noji EK, *The Public Health Consequences of Disasters*, Oxford, Oxford University Press, 1997

United Nations: Disaster Assessment and Coordination (UNDAC) Field Handbook [http://www.reliefweb.int/rw/lib.nsf/db900sid/PANA-78XGYW/\\$file/unocha-dec2006.pdf](http://www.reliefweb.int/rw/lib.nsf/db900sid/PANA-78XGYW/$file/unocha-dec2006.pdf)

Médecins Sans Frontières (MSF)
<http://www.msf.org/>

Special Issue: Reshaping Humanitarian Assistance in the 21st Century, *Progress in Development Studies*, Volume 9, No 1, 2009 B. Munslow and A. McLennon eds, <http://pdj.sagepub.com/content/vol9/issue1/>

The Politics of Delivery in South Africa, Wits University Press, Johannesburg, 2009 T. O Dempsey and B. Munslow,
<http://witspress.book.co.za/blog/2009/07/23/a-timely-look-at-a-burning-issue-in-south-africa-the-politics-of-service-delivery/>

Special Issue: Health Planning and Management in the Transition from Humanitarian Emergencies to Development, *International Journal of Health Planning and Management*, Volume 24, Issue S1, October 2009

<http://onlinelibrary.wiley.com/doi/10.1002/hpm.1024/pdf>

Fiona Terry, *Condemned to Repeat: The paradox of Humanitarian Action*, Cornell, 2002.

[Researching Humanitarian Intervention: Some Lessons](#)

[Thomas G. Weiss](#), *Journal of Peace Research* > [Vol. 38, No. 4](#) (Jul., 2001), pp. 419-428

Linda Polman *Wargames – The story of aid and war in modern times* Penguin/Viking Books (2010)

Jennifer Hyndman *Managing Displacement: Refugees and the Politics of Humanitarianism* University of Minnesota Press (2000)

Last updated: July 2011

[↑ BACK TO TOP](#)

Title	Evidence Based Practice
Unit code	MEDN60041
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	John Sandars
E-mail	John.sandars@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

This course will provide practical skills and theoretical understanding to help you develop evidence-informed practice. The first part of the course will develop your skills in identifying your requirements for evidence and how and where to find existing sources of evidence to inform your professional practice. The second part of the course aims to expand thinking beyond previous applications of evidence-based practice, including a re-assessment of the hierarchy of evidence and the application of problem-based practice.

Vocational relevance

All of us are responsible for our continuing professional development and trying to improve the quality of care we provide, either directly as healthcare practitioners or as part of health care policy making. Increasingly we are encouraged to use an evidence base to inform our work. All professionals need to be able to confidently and competently access, appraise and apply different types of evidence to inform the decision making process. This unit will provide practical skills and theoretical understanding to help you do this.

2. AIMS

To develop practical skills in searching for and appraising different sources of evidence and a theoretical understanding of perspectives on evidence-based or evidence-informed practice.

Learning outcomes

On completion of this unit, successful students will be able to:

- Find existing sources of evidence relevant to clinical and non-clinical health questions.
- Be able to critically appraise common research designs and assess the published literature.
- Understand how to apply evidence to inform professional practice and decision making.
- Understand the strengths and limitations of traditional concepts of evidence-based practice and how these relate to their own work or profession.

- Understand and apply more contemporary approaches to maximise the potential benefit from scientific enquiry, to improve the way in which health care is provided.

3. CONTENT STRUCTURE

- Introduction to evidence based practice
- Defining the research question
- Finding the evidence
- Appraising the evidence
- Revisiting approaches to evidence based practice
- Critical perspectives on evidence based practice
- Evidence based practice in action
- How to incorporate the ideals of evidence based practice into contemporary ways of working

4. LEARNING AND TEACHING PROCESSES

This course involves working through the course notes provided online, linked references and other online sources of information. You will be encouraged to use self-reflection to help you think about the ideas discussed, and take part in discussion board activities. You will be required to develop skills in searching for published literature using electronic databases as part of the course. You should work through the unit in a logical sequence. The calendar in Blackboard will guide you as to what you should be doing and when. It is essential you follow this guidance so that you are doing the same topic at the same time as your fellow students. Participation in the discussion boards is greatly encouraged, and generally those students who do participate regularly get better marks.

5. ASSESSMENT

There will be two written assignments, which are briefly summarised in the table below. These will test students' practical application of principles taught throughout the course, and their ability to think critically and apply the theoretical concepts covered in this course. The two assignments will assess the full range of topics covered in the course. To pass the course students will need to demonstrate both practical skills and theoretical understanding and an ability to apply these to a healthcare setting.

All students will receive written feedback for their mid term and final assignments

Assessment task	Length	Weighting within unit (if relevant)
Mid-semester assignment	2000 words	50%
End of semester assignment	2000 words	50%

6. READING LIST

There is not set text book

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Evidence Based Public Health
Unit code	MEDN 63122
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	Dr Mike Kelly and colleagues
E-mail	tbc

1. BRIEF DESCRIPTION OF THE UNIT

Summary

The international and national challenges of public health in the twenty first century - tobacco, alcohol, obesity, physical activity, ageing and mental health - will be described drawing on data gathered by the WHO Commission on the Social Determinants of Health. The global responses to the changing epidemiological patterns of disease will be considered along with the associated inequalities between and within societies. The gradient in inequalities in health will be explored including the different shape of the gradient associated with different levels of economic development. The causal pathways to individual disease outcomes and the patterning of disease at population level will be considered. The rise of the evidence based movement in medicine and in public health and social care will be described. The experience of NICE of developing evidence based public health guidance in the UK will be analysed using specific case examples linked to the major challenges outlined at the beginning of the unit. Comparisons to other evidence based public health approaches will be considered including CDC in the USA and WHO. The linkage between evidence and implementation will be explored with reference to the global efforts of WHO, the national efforts of NICE and local activities of civil society internationally and in the UK. The relationship between science and politics in the context of public health will be examined.

Vocational Relevance

This unit will have relevance to both home and international students. It will be relevant to students involved in delivering, commissioning or managing health services.

2. AIMS

Learning Outcomes:

This unit will provide students with an understanding of the major global public health challenges emerging in the twenty first century, knowledge of the social determinants of health equity and health inequality, an appreciation of the ways in which taking an evidence based approach will help confront the challenges of non communicable disease and inequity, a thorough knowledge of the methodological, philosophical and practical challenges associated with applying the principles of evidence based medicine to public health, an understanding of the ways that the National Institute of Health and Clinical Excellence (NICE) has developed evidence based public health

guidance for the National Health Service in England, and an understanding of the political environment in which public health evidence and guidance has to operate at the local, national and international level.

3. CONTENT STRUCTURE

- Public health in the twenty first century
 - The role of non communicable disease in global context
 - Tobacco, alcohol, obesity, physical activity, ageing, mental health
 - The WHO Commission on the Social Determinants of Health
 - The methods and processes of the WHO Commission
 - Science and politics at international level
- Health equity, health inequalities and social justice
 - The gradient, the gap and the policy implications.
 - Absolute and relative health inequalities
 - The problems of measurement and evidence and inequities.
 - The patterning of disease and the causal pathways to the patterns
- Taking an evidence based approach to solutions
 - The rise of the evidence based movement
 - Applying the principles to public health - WHO, CDC
 - The breadth of the public health evidence base
 - Internal and external validity and transferability
 - Causal pathways

The experience of the National Institute for Health and Clinical Excellence (NICE)

- Turning the evidence base into policy and practice- producing guidance, standard setting and advice
- Cost effectiveness and return on investment of public health interventions
- Case studies from the NICE portfolio - smoking, physical activity, cardiovascular disease, obesity, mental well being, alcohol
- Limitations of the evidence based approach
- The politics of the evidence based approach - case examples unit pricing of alcohol, salt, trans fats and smoking and pregnancy
- The implementation gap

4. LEARNING AND TEACHING PROCESSES

This unit involves working through the online course notes, reading all references marked “required”, looking at additional readings where appropriate and making links to a range of online resources. Students will be expected to take an active part in the online discussion boards with fellow students and tutors. It is also expected that students will use self-reflection to help them to think about the ideas discussed which may include one or more activities, such as reading an article, making links to suitable internet sources, posting to the Discussion Board, and commenting on postings from their class mates.

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid term assignment	1,500	30%
Final assignment	2,500	60%
Discussion board exercises	NA	10%

Required reading

Evidence-based Public Health: Effectiveness and efficiency [Paperback]
Amanda Killoran (Editor), Mike P. Kelly (Editor) Oxford University Press 2010

Last updated: August 2011

This unit is still in the approval process so – there may be small changes to the detailed description of this unit before it runs.

[↑ BACK TO TOP](#)

Title	Evidence for Population Health
Unit code	MEDN60122
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	Roger Harrison
E-mail	Roger.harrison@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

Evidence for Population Health extends the principles of evidence based practice for a population focus. This includes topics on what evidence is needed for making decisions at a population level, how to get that evidence and methods of appraisal. It includes seminal work on the high-risk versus population approach to health improvement and methods to assess the impact of interventions at a population or area level. The topic gives attention to what information is needed for decision making at a population level and how this can be used to effectively inform the decision making process..

Vocational relevance

Students completing this topic often comment that it expands their way of thinking and practice, and introduces important ideas that are not covered in other parts of this course, and in other courses in general. Evidence for Population Health is designed for current or future public health professionals who are likely to be involved in making decisions about the need for and the effectiveness of policies and interventions AND has been of value to clinicians and others working at a more individual level.

2. AIMS

To enable participants to develop the skills to use an evidence base in the practice of public health.

Learning outcomes

On completion of this unit, successful students will be able to:

- Explain and critically discuss the principal methods by which the population impact of diseases and interventions can be assessed.
- Compare and contrast the way evidence may be collected and used in clinical and public health practice.
- Identify important data sources that can be used to build an evidence base for public health practice.
- Compare the effect of interventions for a specific population and how that might differ to its effect in other populations.

3. CONTENT STRUCTURE

- Individual versus area level impact of disease and interventions.
- Measuring the population impact of disease and interventions.
- Different approaches to shifting the distribution of disease at a population level.
- Health needs and health impact assessment.
- Evaluating population interventions.
- Understanding perceptions of risk for policy makers and the public.
- Sources of data that can be utilised for building an evidence base.
- Applying evidence to inform public health practice and health policy decision making.
- Using evidence to identify priorities for population health.

4. LEARNING AND TEACHING PROCESSES

Each topic is designed to be taken one week at a time. Each topic will include one or more activities, such as reading an article, posting to the Discussion Board, commenting on postings from your classmates, and reflective learning. To make the most from this course, you are encouraged to complete all of these different tasks and work through topics in the presented sequence. The Discussion Boards are an essential component of on-line learning. Remember that we have students from all over the world studying this course, some of whom are likely to be in your classroom. What a fantastic opportunity this is to broaden thinking and experience for health improvement.

5. ASSESSMENT

This includes two written assignments and discussion boards. The assignments assess your ability to apply and communicate the concepts covered on the course to a given scenario.

Assessment task	Length	Weighting within unit (if relevant)
Mid-semester assignment	Approx. 1500 words	40%
End of semester assignment	Approx. 2500 words	60%

All students will receive written feedback following the mid and final assignments. This will include generic and individual feedback and where possible will be directly presented using Grademark.

6. READING LIST

(Additional reading) Evidence for Population Health, Heller D, ISBN: 0198529740, 2005, Oxford University Press

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Fundamentals of Epidemiology
Unit code	MEDN60991
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	Dr Isla Gemmell
E-mail	Isla.gemmell@manchester.ac.uk

6. BRIEF DESCRIPTION OF THE UNIT

Summary

In this course students will learn about the history of the discipline of epidemiology, as well as its uses in medical research and in informing health policy. Students will be introduced to common types of observational study designs, including descriptive, case-control and cohort study designs, and the appropriate methods of measuring and comparing risk in each type of study. Students will also learn about the limitations of epidemiological studies and how to minimise systematic errors when conducting their own investigations.

Vocational Relevance

Epidemiology is the core scientific skill for the practice of public health, and also been adopted by clinicians as the scientific basis on which evidence-based practice is built. This course is therefore relevant to current or future professionals involved with either conducting health-related research or interpreting the findings of research studies.

7. AIMS

The aim of this course is for students to acquire an understanding of basic epidemiological methods for the purpose of participating in the design of epidemiological studies and critically appraising the medical literature.

Learning Outcomes:

On completion of this unit successful students will be able to:

- Summarise the uses of epidemiology in research and practice
- Know about different measures of risk, how to calculate them and how this relates to understanding disease causation
- Calculate incidence and prevalence rates of diseases within a population
- Outline the advantages and disadvantages of cross-sectional surveys, case-control studies, cohort studies and intervention studies
- Explain the meaning of bias, confounding and effect modification
- Be able to perform age standardisation
- Know about the uses of routine data, screening and epidemiological surveillance

8. CONTENT STRUCTURE

- Uses of epidemiology, including studying causation, historical aspects and use for health policy
- Various measures of morbidity, including incidence and prevalence
- Measures of risk and use for understanding causation
- Study designs, advantages and disadvantages of the different study designs
- Practical issues in conducting epidemiological studies
- Collection of information in epidemiological studies
- Bias, confounding and effect modification in epidemiological studies

9. LEARNING AND TEACHING PROCESSES

The Fundamentals of Epidemiology course involves working through the course notes provided online and related material provided by online links. The course consists of 10 topics which will each take a week to complete. Within some topics in the course there are short self-test exercises, which allow students to check their knowledge and understanding of the material. There are also tasks that require students to participate in group discussions - these discussions will be conducted on the online discussion board. At the end of most topics there is a self test which provides a more in-depth test of students' understanding of the course material and a guide to the type of question that can be expected in the marked assignment.

10. ASSESSMENT

Assessment will be in the form of two marked assignments, which students will have at least two weeks to complete. The full range of subjects covered in the course will be examined in these two assignments, in addition, the first assignment will usually involve answering questions on a published study and the final assignment will involve designing a study to answer a research question. All students will receive written feedback following the mid and final assignments.

Assessment task	Length	Weighting within unit (if relevant)
Mid semester	N/A	30%
End semester	N/A	70%

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Health Economics
Unit code	MEDN60092
Credit rating	15
Study time	150 hours
Pre-requisite units	Evidence Based Practice
School responsible	School of Community Based Medicine
Course tutor	Linda Davies
E-mail	linda.davies@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

The demand for healthcare is rising all the time for many reasons, and generally outstrips supply. This scarcity leads to uncomfortable choices having to be made about how to allocate resources to health care programmes. One response to this scarcity would be to treat patients on a first-come first-served basis until the money runs out. This mechanism is used, but is not planned, and not likely to be the most socially beneficial use of limited healthcare resources. Health economics provides a framework for allocating resources so that efficiency of that health system can be improved and maximal benefit is obtained from the resources available. This unit covers the basic concepts in health economics and provides you with essential information to allow you to understand how and why economic evaluation is conducted in health care. The course unit shows you how to manipulate the different types of information you need to complete an economic analysis and how to evaluate the quality of a piece of published economic analysis.

The first part of the course (Topics 1-5) covers the basic principles and concepts. The second half (Topics 6-9) looks at how these principles and concepts are translated into economic evaluation studies. Topic 10 discusses guidelines for the practice and critical appraisal of economic evaluation.

Vocational Relevance

This unit will benefit anyone with an interest in planning or managing health services or involved in health service research.

2. AIMS

To enable participants to understand the principles of health economics, to structure an economic evaluation and to appraise and apply economic evaluation evidence to decision-making in practice.

Learning Outcomes:

On completion of this unit successful students will be able to:

- Appraise the relevance of health economics to health care and understand issues of scarcity and rationing
- Explain the key principles and components of economic evaluations
- Analyse cost and outcome data to complete an economic analysis
- Apply the use of decision analysis to the design of economic evaluations

- Produce a focused and answerable economic question that can be addressed using primary or secondary data sources
- Apply guidelines to published economic evaluations and appraise the validity and relevance of that research
- Interpret published economic evaluations and assess their role in decision-making, and barriers to their use

3. CONTENT STRUCTURE

- Introduction to health economics and rationing
- The nature and assessment of cost in health care
- Introduction to measuring patient outcomes for use in economic evaluations
- Types of economic evaluation and key principles 1
- Types of economic evaluation and key principles 2
- Collecting economic evidence
- Decision analysis 1
- Decision analysis 2
- Measurement and valuation of preferences
- Using guidelines to assess the quality of economic evidence

4. LEARNING AND TEACHING PROCESSES

This is a very practical unit. Students work independently through each topic. At the end of most topics there are self assessment exercises to check that you have assimilated the core aspects of that topics material. There is also a regular on-line discussion group with your fellow students and which will be e-moderated by the module leader. In weeks 6-9 students work together online in small groups.

5. ASSESSMENT

This unit is assessed through first asking students to design an economic evaluation of an intervention in their own area of practice (1000 words 20%). The students are then allocated to small groups to outline a research programme that includes a prospective economic evaluation and using a decision model to extrapolate the results (600 words 15%). Finally, students are asked to apply what they have learnt to critically assess the quality of a published economic evaluation (2400 words 65%).

Assessment task	Length	Weighting within unit (if relevant)
Mid semester assignment	1000 words	20%
Assessed group work (weeks 6-9)	600 words	15%
End of semester assignment	2400 words	65%

6. READING LIST

Elementary Economic Evaluation in Health Care* (Required reading)
 Jefferson T, Demicheli V, Mugford M, ISBN 0727914782, 2000, BMJ Publishing Group
 * **Now available online at the University Library**

Methods for the Economic Evaluation of Health Care Programmes (Additional reading - more advanced) Drummond M, O'Brien B, Stoddart G, Torrance G, ISBN

0192627732, 1997
Oxford University Press

Last updated: July 2011

[↑ BACK TO TOP](#)

Title	Health Promotion Practice
Unit code	MEDN60032
Credit rating	15
Study time	150 hours
Pre-requisite units	Health Promotion Theory and Methods (Sem 1)
School responsible	School of Community Based Medicine
Course tutor	Judith Clegg
E-mail	judith.clegg@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

The Health Promotion Practice module seeks to develop and extend skills of students who are working or have worked in the field or a closely related field of preventative health, health promotion or health improvement.

It builds on the theoretical and conceptual work undertaken in the course unit Health Promotion Theory and Methods, to enable students to apply their learning in depth and to reflect and improve their own practice using a reflective journal and a range of models and frameworks that are commonly used in the field.

Please note that students have to have some practical experience of working on health promotion/prevention related projects in order to reflect on practice. Although this unit can be taken as CPD, students need to have practical health promotion/prevention experience and be familiar with health promotion theory. If you would like to take this module as CPD, please e-mail the Course Unit Leader, Judith Clegg, to discuss your background and your knowledge base.

Vocational relevance

This module is relevant to a range of jobs within health and social care services, professions allied to medicine and NGO's. Students who work within the voluntary sector will also find the module helpful because of the many transferable elements of skill and knowledge that can be utilised across other subject areas, e.g. working with teams, quality and evaluation. There are a huge variety of public health roles and responsibilities and many of these require students to be able to develop and implement health promotion interventions. This module is appropriate for students who already have experience in health promotion/prevention and wish to improve their practice and deliver evidence based effective interventions.

2. AIMS

- To further develop and apply a critical understanding of theory related to health promotion practice
- To enhance the students skills and experience in being a reflective practitioner

Learning outcomes

On completion of this unit, successful students will be able to:

- Explain and critically discuss the principles and methods used to develop and implement health promotion interventions drawing on commonly used models and frameworks
- Identify and apply relevant theory appropriate to individual student practice. The purpose of the module is for students to gain skills and experience of applying models to the whole range of topics that are relevant to health promotion, but give opportunities to students to look at their own experience.
- Compare and contrast the context and the way in which health promotion interventions are developed and delivered, drawing on their own experience
- Critically reflect on personal health promotion practice and apply learning to their own practice
- Work collaboratively with students from different professional and practice backgrounds to explore, reflect on and improve practice.

3. CONTENT STRUCTURE

This Unit takes the theoretical models and frameworks studied in Health Promotion Theory and Methods and enable the student to apply them to their own practice through personal reflection but also by working with and alongside others with different experiences. The learning in the unit explores and examines:

- What does it mean to be a reflective health promotion practitioner?
- Who can do health promotion?
- What are the drivers of public health and health promotion practice, including theory, evidence, context and policy?
- Strategies in health promotion and the evidence base for what works and why that might be
- Priorities for health promotion practice and justification for action.

4. LEARNING AND TEACHING PROCESSES

This unit has a high degree of self-directed learning including exercises and assignments which involve active reading, appraising and applying evidence to health promotion problems and scenarios. This unit has built in opportunities and a structure, for developing reflective practice and this is an essential part of the module. Throughout the module, all participants are encouraged to link the course materials to their experiences in every day practice and will be expected to use reflection in collaborative on line activities such as when contributing to discussion boards and also in their mid and final graded assignments.

Formative feedback is given in a variety of ways including self assessment activities, peer comments as well as tutor comments via the discussion board and collaborative activities. All students will receive written individual feedback following the mid and final summative assignments.

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid-semester assignment will be a mix of utilising	Approx. 1000 words	30%

individual reflection and collaborative work to inform an individual piece of work. End of semester assignment will be an individual piece of work.	Approx. 3000 words	70%
---	--------------------	-----

6. ESSENTIAL COURSE READER

Naidoo, J. ,Wills J. (2010) Developing Practice for Public Health and Health Promotion. BAILLIERE TINDALL.

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Health Promotion Theory & Methods
Unit code	MEDN60021
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	Judith Clegg
E-mail	judith.clegg@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

This module provides a good grounding in the basic theory and practice of health promotion and is complementary to a number of modules on the MPH and MRes. In particular it is relevant to Working with Communities, Epidemiology, Communicable Disease Control, Leadership and Teams, Health Service Management and is a pre-requisite for the Health Promotion Practice Module in semester 2.

Vocational relevance

This module is relevant to a range of jobs within healthcare services and professions allied to medicine, and in particular staff with a medical background find that the materials have a beneficial effect on their reflection on practice. Students who work within the voluntary sector also find the module helpful, not just because of the health promotion theory, but also because of the many transferable elements of skill and knowledge that can be utilised across other subject areas, e.g. working with teams, quality and evaluation.

2. AIMS

To acquire a critical understanding of the principles, methods and theoretical approaches to the promotion of health and the prevention of ill-health, and the planning and evaluation of health promotion programmes.

To be able to apply learning to developing, planning and evaluating health promotion interventions and programmes in response to health promotion issues in students' professional roles or working lives.

Learning outcomes

On completion of this unit, successful course members will be able to:

- Define health and ill-health, and explain and critically discuss the principal methods and theoretical approaches to the promotion of health and the prevention of ill health.
- Explain and critically discuss the principal methods and theoretical approaches to the evaluation and assessment of evidence for effectiveness of health promotion programmes and interventions.

- Apply their learning about theories and methods of health promotion, programme planning and evaluation to relevant health promotion issues within their professional roles or workplaces.

3. CONTENT STRUCTURE

- Core concepts, principles, approaches and models: concepts of illness and health and their determinants, including the role of the broader environment, and social and economic factors. Values and principles of health promotion approaches. Approaches and theoretical models of health promotion. Historical review of development of health promotion theory and practice.
- Health education: models of the determinants of health-related and risk-taking behaviour and approaches to influencing behaviour (e.g. communication theory, behaviour change psychology, health education and mass media approaches).
- Healthy public policy: role in health promotion, public health advocacy and issues in implementing healthy public policy. The preventive paradox and the high risk and population approaches to prevention.
- Evidence-based health promotion: issues in identifying and appraising evidence and performing evaluations of health promotion interventions and programmes. Sources of evidence.
- Community development and participatory approaches: definition, philosophy and place in health promotion; approaches and examples; levels of participation; community profiling and social capacity; evaluation issues.
- Settings approaches: definition and historical context; appraisal of approach and evidence base for settings approach; specific settings - workplace, schools, hospitals.
- Environmental aspects of health promotion: definitions; environmental principles in health promotion; sustainability and healthy communities; Agenda 21; examples and applications of approach.
- Health promotion strategies and inequalities: attitudes to poverty and inequalities; extent and determinants of health inequalities; health promotion and approaches to reducing health inequalities; national policies and inequalities; effectiveness evidence; partnership working in health strategies - evidence base.
- Integration and health programme planning: importance of planning; planning models; health needs assessment; principles and values; choice of approaches; quality control; evaluation; project management.

4. LEARNING AND TEACHING PROCESSES

This unit has a high degree of self-directed learning including exercises and assignments which involve active reading, appraising and applying information to health promotion problems and scenarios. Throughout the unit, all participants are encouraged to link the course materials to their experiences in every day practice. Formative feedback is given in a variety of ways including self tests, peer comments as well as tutor comments via the discussion board activities. This kind of feedback

is not allocated marks but is an integral and very important part of the learning process.

All students will receive written feedback following the mid and final summative assignments.

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid-semester assignment	Approx. 1000 words	30%
End of semester assignment	Approx. 3000 words	70%

6. READING LIST

Foundations for Health Promotion- Third Edition (Required reading from the start of the module)

Naidoo J, Wills J, ISBN: 978-0-7020-2965-3, 2009, Edinburgh

Health Promotion: Planning and Strategies (Additional reading)

Tones K, Green J, ISBN: 0761974490, 2004, London

Promoting Health: A Practical Guide 5th edition (Additional reading only)

Ewles L, Simnett I, ISBN: 0702026638, 2002, Edinburgh

The Challenge of Promoting Health: Exploration and Action (Additional reading only)

Jones L, Sidell M, ISBN: 0333949315, 2002, Palgrave Macmillan

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Implementing strategy in dental services
Unit code	DENT76072
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Dentistry
Course tutor	Dr Rebecca Craven / Prof Martin Tickle
E-mail	rebecca.c.craven@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

This course unit is for people who want to explore how to get the best from a system for providing oral health care - both treatment and prevention. It is about putting into action our plans for a service. We aim to enable the student to understand the system within which dental services are planned and delivered, to identify the opportunities for improvement and to anticipate and address the barriers to change. Throughout there is an emphasis on preventing oral health problems and on reducing inequalities. It is not assumed that students have taken any other course units prior to starting "Implementing strategy in dental services".

Vocational Relevance

This unit is designed to equip students for planning the delivery of dental services. Students will be encouraged to apply this within their own context and health care system. Past students have included: clinicians; managers and commissioners of services; and researchers. The unit is also aimed at specialty registrars training in Dental Public Health and, it is recognised as preparation for the Diploma in Dental Health of the Royal College of Surgeons.

International students are welcome. No prior detailed knowledge of dentistry, the NHS or service planning is assumed. Additional support will ensure that students without this experience will not be disadvantaged in their ability to undertake and pass the unit.

2. AIMS

To explore the practical implementation of strategy into delivery of appropriate and effective dental services.

Learning Outcomes:

- To understand the potential for preventing oral disease and morbidity at individual and population level
- To understand the potential models for financing, remuneration and workforce for dental care
- To understand the principles of planning dental services at system and local level including care for groups with additional needs

- To understand how quality and value for money may be ensured within a delivery system for dental care

3. CONTENT STRUCTURE

1. Introduction to dental services – aims, methods of addressing oral health problems, models of delivery.
2. Systems for financing & remuneration and impact on delivery of dental care.
3. Quality in dental care systems – how it may be defined, assessed and achieved.
4. Planning services for population needs at system and local level.
5. Planning workforce to match population needs.
6. How dental care systems may be changed with the case study of the new NHS dental contract.
7. How dental care may be delivered for groups with additional needs and those who are hard to reach.
8. How oral health problems may be prevented at practice & population level.
9. The role and impact of regulations and legislation in dental health care systems.
10. Methods to ensure appropriate service delivery with examples in commissioning & contracting in the NHS.

4. LEARNING AND TEACHING PROCESSES

Teaching will be web-based with a high degree of student-led learning through interactive exercises to test understanding built into the web-based teaching materials, and exercises and assignments involving seeking out, retrieving and reflecting upon information from a range of mainly web-based resources.

There will be opportunities for student-student and student-tutor interaction through dedicated discussion groups. Students will be encouraged to share their experiences and examples from their own practice. Material will be made as relevant as possible to the professional and organisational backgrounds of students

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid semester	1,500	25%
End semester	2,500	65%
Assessed discussion boards	N/A	10%

6. READING LIST

There is no set textbook.

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Malaria, HIV/AIDS, TB management, health system challenges
Unit code	MEDN62212
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	Dr Katie Reed
E-mail	Katie.reed@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

Malaria, HIV/AIDS and TB are the cause of immense mortality and morbidity in the world today, though for all of these conditions there are well proven strategies for prevention, treatment and management. This unit will examine some of these strategies and consider what are recognised as being the main challenges or constraints to their implementation. We will focus on the constraints mainly at the level of the health system. Most of these issues are complex, so within this unit we will only be able to examine the main debates and examples of current good practice. Students will be encouraged to draw on examples from their own experience.

Vocational Relevance

It is envisaged that this unit will be of most interest and relevance to students working in health care in low income countries. It will be applicable to clinicians, managers, and researchers. A pre-existing detailed knowledge of MHAT will not be necessary, but an understanding of challenges to health care delivery in low income countries will be helpful. That being said it is recognised that this unit may also be of interest to students planning to work in low income countries. Clearly they will not have the same experiences to draw on, but this should not affect their ability to take and pass the unit.

2. AIMS

To understand and explore the role of health systems and other players in the management and control of Malaria, HIV/AIDS and TB in low income countries

Learning Outcomes:

- To review current prevention, detection, and management strategies for Malaria, HIV/AIDS and TB
- To understand the roles of health systems and other stakeholders in the management of Malaria, HIV/AIDS and TB
- To explore the constraints to effective management of these conditions.

3. CONTENT STRUCTURE

1. Malaria, HIV/AIDS and TB (MHAT); review of these conditions and their impact at an individual, country and global level.
2. Overview of Malaria, HIV/AIDS and TB, prevention, treatment and management strategies. This will lead to a review of the relative effectiveness of these strategies.
3. Introduction to Health Systems and other players in the provision of health care in low income countries.
4. The role and regulation of pharmaceuticals and the management of MHAT.
5. Human resource management, challenges to provision of health care in low income countries
6. The role of regulation of health services in the managements of MHAT. This topic will concentrate on the role of government in the regulation of the private health sector, using examples from MHAT
7. Information and decision making. This topic will look at the challenges of gathering health related data, looking at examples when large scale systems have worked.
8. Review of strategies taken to strengthen health systems in low income countries.

4. LEARNING AND TEACHING PROCESSES

The majority of the course material to be covered is provided through the written course unit, links to journal articles, web sites and digital book chapters. Some weeks the students will work on an exercise individually or in a group towards assessed discussion boards. We anticipate that most students will have experience of one or more of malaria, HIV/AIDS or TB through their work. This unit will encourage students to share their experiences and use examples from their own practice as a basis for their assignments.

All students will receive written feedback for their mid term and final assignments

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid semester	1,500	25%
End semester	2,500	65%
Assessed discussion boards	N/A	10%

Last updated: July 2011

[↑ BACK TO TOP](#)

Title	Management 1: Leadership and Teams
Unit code	MEDN62001
Credit rating	15
Study time	150 hours
Pre-requisite units	None
School responsible	School of Community Based Medicine
Course tutor	Dr David Allen
E-mail	david.allen@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

Through a practical approach, learning from others on the course how they tackled similar problems, the course will help prepare health service and other staff to lead and develop teams. The course examines the roles of managers and leaders and how they can become and continue to be more effective managers. The course also examines how teams work and leaders develop them, delegate work and motivate their staff. Then the course looks at how to develop important leadership skills; how to make decisions, be creative, resolve conflict and negotiate. The course provides a valuable set of skills for developing leadership.

Vocational relevance

Organisations and particularly health services are under increasing pressure to meet targets and deliver high quality services. The pressures on those that lead have never been greater. More is expected of them. Leadership is not for everyone, but there are skills and techniques that can help most of us. The course provides a structure to help understand what leaders have to achieve, the difficulties they face and ways of managing and developing a team and delivering a high quality service. This course aims to give you the confidence that you need to start on the journey to become a leader. *"This is a wonderful course module for those planning to take on leadership both in medical field and non-medical field. It has exposed me to a lot of literature and I count myself fortunate."* Although this was not a unanimous view, these were comments on the unit by a student on the last course and sum up what I intend.

HOW MANAGEMENT 1 AND MANAGEMENT 2 ARE LINKED

Management 1 and Management 2 complement each other and cover most of what management theory has to offer health service staff to assist them with their management tasks and responsibilities.

Management 1: Leadership and Teams helps health service and other staff develop their leadership skills of specifying what they want to achieve, selecting their team, communicating their vision of what they want to achieve to their team, delegating responsibilities and helping and motivating their team to deliver the vision.

Management 2: Quality and Managing processes complements Management 1 by explaining how that vision should be delivered. Management 2 helps you to deliver high quality services by clarifying the quality of what is wanted, monitoring

performance, taking corrective action where performance does not meet standards, and implementing the changes needed.

2. AIMS

- To acquire a critical understanding of a wide range of the principal management theories and skills relevant to leading and developing teams in health services.
- Students should be able to apply their learning to their managerial roles and improve their leadership and the effectiveness of their team development.

Learning outcomes

On completion of this unit, successful students will be able to:

- Explain and critically discuss the principal management theories and techniques relevant to leading and developing teams in health services and public health.
- Understand skills relevant to the leadership and team development component of their work.
- Appreciate the strengths and weaknesses of leadership and team development theories and skills when applied to practical problems.
- Begin to apply effectively their learning to their work, having been provided with a range of managerial interventions to improve their effectiveness as leaders.

These ideas should provide you with a conceptual basis for understanding leadership and help you develop and demonstrate your leadership qualities and prepare you to develop and lead effective teams.

3. CONTENT STRUCTURE

- The unit explores how management theories of leadership and team development can improve the management and provision of the health services by developing the skills necessary to contribute to leading and developing teams.
- What do managers do and what do you do as a manager?
- What does effectiveness mean in managing health services?
- Self-management: the skills and knowledge necessary to develop you to manage effectively and continue to manage effectively.
- This unit examines the roles of leaders and managers in developing quality health services and how your effectiveness as a leader can be developed.
- Values and Vision considers the values and practices that shape and influence organisations and how you can develop a vision for your work based on these values to help you lead teams.
- This unit addresses how groups and teams work, how their performance can be improved, and how you can plan to meet the development needs of yourself and your team members.
- Why is it so difficult to explain to others what you want them to do and then get them to do what you want? In this topic, you will examine and apply the skills necessary to delegate effectively: which tasks to delegate? Who should be selected to be a “delegate”? Finally, task definition: how should tasks be defined, staff monitored and rewarded?
- An examination of different approaches to motivating staff to effectively achieve your personal goals, the goals of your team and of your organisation.

- ‘How to become more successful at getting what you want!’ -In addition to those already covered, what other important “Leadership skills” does a successful leader need? These include negotiation, decision making and creativity.

4. LEARNING AND TEACHING PROCESSES

Besides completing the assignments, where online discussion will aid understanding, we will be using the nominal group technique (where each student presents and defends an idea or paper) to help learning. Students are not required to participate in the discussions, but if they do not they will miss hearing about others’ ideas and questions and getting feedback on their own ideas. In addition, where marks are marginal fails, discussion board participation is considered.

5. ASSESSMENT

Assessment will occur through discussion board assignments during the semester and two written assignments, which are briefly summarised in the table below. These will test students’ ability to think critically and apply theoretical concepts covered in this course to management development related to their own practice and experiences and contexts. Over the assignments the full range of topics covered in the course will be examined.

Assessment task	Length	Weighting within unit (if relevant)
Discussion board and mid-semester assignment	Approx. 2000 words	50%
Discussion board and end-semester assignment	Approx. 2000 words	50%

6. READING LIST

Managing Health and Social Care. 2nd Edition (Required reading), Martin V, Charlesworth J and Henderson E. ISBN: ISBN13: 978-0-415-49389-5 (pbk) and ISBN 13: 978-0-203-85693-2 (ebk), 2010, London

Last updated: September 2011

[↑ BACK TO TOP](#)

Title	Oral Health & Disease in Populations
Unit code	DENT76061
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Dentistry
Course tutor	Dr Rebecca Craven / Prof Martin Tickle
E-mail	rebecca.c.craven@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

Dental problems continue to cause much morbidity and incur large treatment costs despite effective preventive management being possible for most of these problems. In high income economies historical patterns and complex vested interests have constrained change. This course unit aims to give a broad understanding of dental health issues, how they may be prevented or managed at a service and population level. It will enable the student to assess needs for oral health care and plan a service to meet them.

It is not assumed that students have taken any other course units prior to starting "Oral Health & Disease in Populations".

Vocational Relevance

This unit is designed to equip students for a strategic approach to tackling dental health problems for populations. Students will be encouraged to apply this within their own context and health care system. Past students have included: clinicians; managers and commissioners of services; and researchers. The unit is also aimed at specialty registrars training in Dental Public Health and, it is recognised as preparation for the Diploma in Dental Health of the Royal College of Surgeons.

International students are welcome. No prior detailed knowledge of dentistry, the NHS or service planning is assumed. Additional support will ensure that students without this experience will not be disadvantaged in their ability to undertake and pass the unit.

2. AIMS

To develop a strategic approach to dental health problems in populations.

Learning Outcomes:

- To understand the principles of the main dental diseases, how they may be prevented and managed
- To understand how population oral health needs may be assessed
- To understand how policy and strategy are formulated

- To understand the principles of managing performance and evaluating outcomes

3. CONTENT STRUCTURE

- The main dental diseases, prevention and management, and impact on health
- The role of dental public health in the management of health, disease and the workforce engaged in its prevention and treatment
- How to measure dental disease in populations
- How to identify inequalities in dental disease and their determinants
- The impact of dental disease on quality of life
- Assessing demand, supply and utilisation of dental services
- The role of screening, whole population and risk approaches
- Options for how health care policy is formulated and can be influenced
- An ethical framework for deciding priorities
- Theories of rationing in oral health care
- Theoretical background of strategy development and delivery
- The political, organisations, legal and resource constraints to developing strategy
- How to translate the outcomes of oral health needs assessment into a coherent oral health strategy for different populations
- Project planning methods and change management
- Implementation of strategy into action
- Potential approaches to reviewing performance in oral health care systems and supporting improvement
- Principles of evaluation
- Methods for evaluation of health technologies, health care systems, patient experience and health care process data
- Economic appraisal methods

4. LEARNING AND TEACHING PROCESSES

Teaching will be web-based with a high degree of student-led learning through interactive exercises to test understanding built into the web-based teaching materials, and exercises and assignments involving seeking out, retrieving and reflecting upon information from a range of mainly web-based resources.

There will be opportunities for student-student and student-tutor interaction through dedicated discussion groups. Students will be encouraged to share their experiences and examples from their own practice. Material will be made as relevant as possible to the professional and organisational backgrounds of students

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid semester	1,500	25%
End semester	2,500	65%
Assessed discussion boards	N/A	10%

6. READING LIST

There is no set textbook.

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Primary Health Care – Development, Organisation and Evaluation
Unit code	MEDN63111
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	Dr Stephen Campbell
E-mail	stephen.campbell@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

“Health is a basic human right...we have a powerful approach for operationalizing these values, strategies, and policies. This is, of course, primary health care”
Dr Margaret Chan, Director-General of the World Health Organization.(2009)

All people have a right to good quality health care. Most people in the world access health care through primary health care or family/general practice. This course enables students to gain an understanding of the concepts, meaning and importance of primary health care; the ways in which it is organised throughout the world; workforce issues; and methods of assessing the quality of primary health systems and providers. It also emphasises the important tension between textbook definitions of primary care and the day-to-day realities of the practice and delivery of care to patients in primary care settings. Students are asked to share and draw on their own experiences. Students also apply their learning by focusing upon one country’s primary healthcare system throughout the module. As the WHO stated in its 2008 report *primary health Care – now more than ever*: “It is possible not to choose PHC. In the long run, however, that option carries a huge penalty: in forfeited health benefits, impoverishing costs, in loss of trust in the health system as a whole and, ultimately, in loss of political legitimacy”. This unit explores and discusses the theory, practice and evidence base underpinning this assertion (http://www.who.int/whr/2008/08_chap6_en.pdf).

Vocational relevance

Medn63111 is designed for those currently involved in the delivery of primary health care or those with an interest in it. It is also suitable for healthcare administrators, managers, health service researchers and public health specialists who want to find out more about primary health care and why it matters to policy makers, health practitioners and most importantly to patients. Medn63111 is designed to encourage students to learn about the academic principles of primary health care but equally to think about how they can and should be applied in practice in different countries and contexts. The module is an optional component on our MPH or MRes. This module links well with health policy, as both courses encourage students to think about and apply what they are learning in practice.

2. AIMS

To enable participants to understand the concept and importance of primary care, how it integrates into current models of health care delivery, and how it can be evaluated.

Learning outcomes

On completion of this unit, successful students will be able to:

- Explain and critically discuss differing definitions of primary care and whether primary-care-oriented health systems are better than those based on specialty care.
- Compare and contrast differing models of primary care, drawing on international comparisons of healthcare systems.
- Develop a framework for evaluating primary care.

3. CONTENT STRUCTURE

- The historical context for the development of primary care using the USA and UK as exemplars.
- Understanding the differing definitions of primary care and the roles and functions of primary care in relation to the patterns of health and disease in the community.
- Assessing the effectiveness of primary care through the evaluation of first contact care, longitudinality, comprehensiveness and co-ordination.
- International comparisons.
- Organisation and evaluation of primary (health) care

4. LEARNING AND TEACHING PROCESSES

This unit provides students with a number of theoretical frameworks to help them understand aspects of primary care. Students are then encouraged to apply these frameworks to their own settings, in different countries and in different positions within a health service. This formative teaching process is reinforced by marked discussion boards where students are encouraged to apply their learning to a selected country of their choice.

5. ASSESSMENT

All students will receive written feedback following the mid-term and final assignments.

Assessment task	Length	Weighting within unit (if relevant)
Mid-semester assignment	Approx. 1000 words	30%
End of semester assignment	Approx. 3000 words	60%
2 Marked discussion boards	Max 400 words each	10%

6. READING LIST

There is no core book

There is no core book on this course but there are four core introductory texts:

- Greenhalgh T. (2007). Introduction, (pp: 1-22) in Greenhalgh T. *Primary Health Care: Theory and Practice*, Blackwell Publishing, Oxford.
- Starfield B, Shi L, Macinko J. (2005) Contribution of primary care to health systems and health, *Milbank Q.*, vol. 83, no. 3, pp. 457-502.

- Lester H, Roland M. (2009) Performance measurement in primary care (pp. 371-405), in Smith PC, Mossiaslos E, Papanicolas I, Leatherman S (eds). *Performance measurement for health system improvement: experiences, challenges and prospect*. Cambridge University Press, Cambridge.
- World Health Organisation. Chapter 3: Primary Care – putting people first in (pp 41-60) in World Health Organisation: The World Health Report 2008- primary Health Care (Now More Than Ever).

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Qualitative Research Methods
Unit code	MEDN63121
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutors	Caroline Sanders & Anne Rogers
E-mail	Caroline.sanders@manchester.ac.uk Anne.rogers@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

This unit is designed to introduce students to the theory behind qualitative research. It will also introduce students to a number of research methods. On completion, students should be able to understand and appreciate qualitative research and undertake basic research.

Vocational relevance

This unit is suited to anyone working as a health worker or researcher who is interested in learning about qualitative research methods. Some students take this unit to better understand published research. Others who have previously only studied quantitative research methods take this unit to gain an insight into different ways of thinking about research. For students who are planning a career or substantive research using these methods, this unit is an excellent starter, but they will in time probably require further training.

2. AIMS

To enable participants to develop the skills to use qualitative methodology in undertaking public health and primary care research.

Learning outcomes:

On completion of this unit, successful students will be able to:

- Understand the philosophical principles of undertaking qualitative research applied to health settings.
- Explain and critically discuss the principal qualitative methods that can be deployed to undertake research as a means of exploring a range of important public health and primary care issues.
- Compare and contrast the ways in which qualitative data may be collected and used in primary care and public health research.
- Identify, synthesise and conduct secondary analysis of qualitative data on topics relevant to primary care, public health or health services research.

3. CONTENT STRUCTURE

- Concepts and the philosophical basis of qualitative research applied to health settings
- Synthesising and assessing the adequacy of published qualitative research
- Introduction to data collection methods
- Carrying out qualitative interviews with individuals in the arena of public and primary care
- The principles and practice of ethnography
- Conducting focus groups
- Approaching analysis
- Narrative analysis and thematic analysis
- Secondary data analysis of existing data sets
- Ethics, politics and policy: reflecting on the use of qualitative research methods in health care settings
- Introduction to data analysis software
- Introduction to alternative data collection methodologies i.e. video, photographs, diaries

4. LEARNING AND TEACHING PROCESSES

This unit introduces students to the theoretical knowledge that underpins qualitative research, but in addition also introduces students to a number of well used methodologies. As well as online and web based readings students are also encouraged to undertake a number of practical exercises, which will contribute towards the assessment of this unit.

All students will receive written feedback for their mid term and final assignments

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid semester assignment	Approx 1500 words	25%
End of semester assignment	Approx 2500 words	65%
Online assessments		10%

6. READING LIST

Qualitative Methods for Health Research (Required reading)

Green J, Thorgood N, ISBN 978-1-84787-073-5, 2009, SAGE Publications Ltd

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Research Methods
Unit code	DENT60010
Credit rating	15
Study time	150 hours
Pre-requisite units	This unit is only required and accessible to Academic Clinical Fellows (ACF's) registered on an M Res
School responsible	School of Dentistry
Course tutor	Anne-Marie Glenny
E-mail	a.glenny@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

This unit will provide an introduction to research methods, study design and evidence based practice. It includes both practical and theoretical components. Students will go on to study Epidemiology and Biostatistics in more detail in other units

Vocational relevance

This unit is designed as a core unit for post graduate health care professionals from a variety of different disciplines, including Public Health, Primary Care, Dentistry and Medical Education. It has also been designed to meet the specific educational and training needs of Academic Clinical Fellows.

2. AIMS

This unit will produce students who are competent in issues related to the design, execution and interpretation of clinical and clinically-related research. The latter may include medical education, public health and basic-science areas such as genetics, microbiology or biomaterials.

It will also provide students with critical appraisal skills so that on a life-long basis they will be able to apply these skills to assess any research evidence that comes before them

Learning outcomes

- understand basic statistical issues needed for the development of a study protocol
- understand key epidemiological concepts
- understand the structure of, and be able to differentiate between, the common types of epidemiological studies
- identify different types of data

- understand basic statistical issues needed for the development of a study protocol
- understand the key issues to consider when critically appraising different study designs
- understand key ethics and research governance documents and legislation, such as the Helsinki Declaration, and legislation such as the UK Data Protection Act
- understand procedures relating to obtaining ethical approval for your research, using the UK NHS Ethics Committee system as an example
- define evidence based dentistry and recognise the keys steps involved in its practice
- recognise the role of secondary research in EBP (including systematic reviews and clinical guidelines)
- discuss the role of research in a clinical discipline
- explore the development of a research idea from hypothesis through to the drawing of conclusions
- make a judgement on the quality of a research article with consideration of implications for clinical practice/future research
- discuss issues regarding the implementation of research findings

3. CONTENT STRUCTURE

The Research Methods Course is a 15 credit, interactive online course which provides students with an introduction to key material required for the design, execution and interpretation of clinical and clinically-related research and the production of a high quality dissertation.

The course will run over a 10 week period, supplemented with optional timetabled face-to-face sessions which will be used to consolidate the online material and provide the students with an opportunity to discuss the topics in person.

Topics covered include:

- Library skills
- Dissertation skills (time management, academic writing and reference management)
- Designing a study (protocol development, types of data, basic statistics)
- Epidemiology (key concepts and different epidemiological study designs)
- Critical appraisal
- Ethics, research governance and data protection

4. LEARNING AND TEACHING PROCESSES

The course will be delivered predominantly through e-learning over a period of 10 weeks, (with three optional timetabled face-to-face symposiums). A variety of online material will be utilised including web-based reading, audio presentations, online discussions, tutor feedback, interactive exercises, self-assessment through multiple

choice questionnaires and self-reflection. The face-to-face symposiums will be a mix of tutor presentations, group work and student presentations. This is open to all students, however no new material will be covered at the events and students not able to attend will not be penalised in any way.

All students will receive written feedback for their assignments.

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid-semester assignment	1,500	40%
End of semester assignment	2,500	60%

6. READING LIST

Last updated: June 2011

[↑ BACK TO TOP](#)

Title	Understanding Drug Misuse: context, extent and responses
Unit code	MEDN64122
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	Andrew Jones
E-mail	andrew.jones@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

This unit is designed to show students how the principles taught in Evidence Based Practice and Fundamentals of Epidemiology might be applied to the area of drug misuse. The unit focuses on the phenomenon of drug misuse and shows how questions about cause, distribution, treatment and prevention might be addressed.

Vocational relevance

Though much of the data and policy discussed will be UK based, there will be a wider discussion of the main issues which will have relevance to students in other settings. The unit will be relevant to; Drug and alcohol workers, shared care worker, GPs, nurses and intercalating medical students. Managers and directors of treatment services, offender managers working with drug misusing clients, providers of drug treatment, for example, managers or directors of treatment services. Commissioners of drug treatment, for example, professions within Primary Care Trusts; and Drug Action Teams, data analysts working with drug misuse data and strategic leaders of drug treatment, for example, professions within the National Treatment Agency and Regional Government Office. Lastly other professionals from local government, the criminal justice system, and health and social care

2. AIMS

- Demonstrate a knowledge and understanding of drug misuse in terms of what it is and its biological, psychological and sociological effects
- Demonstrate a knowledge and critical understanding of the explanations provided for drug misuse from a multi-disciplinary, global and historical perspective
- Demonstrate their knowledge and understanding of how drug misuse can be measured and how such measures inform the development of policy and practice
- Appreciate the debates surrounding the effectiveness of national and international policies and drug treatment, including abstentionist, harm reduction and coercive approaches

3. CONTENT STRUCTURE

Introduction to definition of drug misuse

- Definitional issues
- Historical perspectives
- Social construction of drug use and moral panics
- Biological, psychological and sociological harms

Understanding drug misuse

- Biological and psychological understandings for drug misuse
- Sociological and criminological understandings of drug misuse

Measuring drug misuse

- Methodological aspects
- Drug indicators and prevalence
- Trends in illegal drug use

Responses to the problems

- Policy approaches in the UK and elsewhere
- Harm reduction and minimisation
- Treatment (including pharmacological, psychosocial and public health approaches)

4. LEARNING AND TEACHING PROCESSES

This unit involves working through the online course notes, reading all references marked “required”, looking at additional readings where appropriate and making links to a range of online resources. Students will be expected to take an active part in the online discussion boards with fellow students and tutors. It is also expected that students will use self-reflection to help them to think about the ideas discussed which may include one or more activities, such as reading an article, making links to suitable internet sources, posting to the Discussion Board, and commenting on postings from their class mates.

All students will receive written feedback for their mid term and final assignments

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid semester assignment	1,500	30%
End of semester assignment	2,500	70%

6. READING LIST

No set text book

Last updated: July 2011

[↑ BACK TO TOP](#)

Title	Working with Communities
Unit code	MEDN60072
Credit rating	15
Study time	150 hours
Pre-requisite units	
School responsible	School of Community Based Medicine
Course tutor	Judith Clegg
E-mail	judith.clegg@manchester.ac.uk

1. BRIEF DESCRIPTION OF THE UNIT

Summary

This module concentrates on the theory and practice of how to work with communities, looking at personal skill development as well as theory. It is most relevant to the Health Promotion Theory and Practice, Epidemiology, Primary Care and Communicable Disease modules. This module uses case studies to examine elements of working with communities, and requires students to find and share cases from their own countries.

Vocational relevance

This module concentrates on developing theory and practice for people who have or may have a health promoting role within communities. Whilst it is helpful to have some experience of working with a community, it is not a pre-requisite, as we can all draw on personal experience of being a member of a group. Students who have a remit to work with a community often work for community health services, NGOs or charity projects, and they find this module useful and stimulating.

2. AIMS

- Students will acquire a critical understanding of the principal methods and theoretical approaches to participatory methods in the delivery of healthcare and health promotion programmes in a range of settings.
- Students will be able to apply their learning to developing, planning and evaluating participatory approaches in response to healthcare and health promotion issues in their professional roles or workplaces.

Learning outcomes

On completion of this unit, successful students will be able to:

- Describe the complex issues of the principles and practice that underlie the ability to work with communities.
- Critically discuss the principal methods for involving the public in decision making about health and health care and the development, implementation and evaluation of participatory approaches to health promotion and health care.

- Apply their understanding of participatory approaches to the development and evaluation of a participatory intervention in health promotion or health care in their professional roles or workplaces.

3. CONTENT STRUCTURE

- Lay perspectives on health and disease and their determinants. Understanding cultural diversity.
- Philosophy of community-orientated and participatory approaches.
- Models of participation - consultation to participation to delegation and empowerment.
- Methods of involving the public to improve health and reduce inequalities.
- Sources of evidence for the effectiveness of participatory approaches, appraising the evidence, and issues in the evaluation of participatory approaches.
- Social capital and sustainability.
- Participatory health needs assessment and community profiling.
- Participatory health promotion approaches, including community development methods.
- Advocacy for health through communities.
- Designing, implementing and evaluating a participatory approach to health strategy development, delivery of health services or a health promotion programme.

4. LEARNING AND TEACHING PROCESSES

The learning process will be largely web-based appraising and applying information to relevant problems and scenarios from a range of mainly web-based resources. You are also encouraged to explore topics from your own settings. Sharing your ideas and thoughts about 'Working with Communities' with your tutors and fellow course members is vital. This is a two-way process - your comments can stimulate further exploration by your fellow course member and their comments can produce further learning and understanding in yourself. This helps you to apply the skills you have learned and you are better able to prepare for the assignments

Formative feedback is given in a variety of ways including peer comments as well as tutor comments via the discussion board activities. This kind of feedback is not allocated marks but is an integral and very important part of the learning process.

All students will receive written feedback following the mid and final summative assignments.

5. ASSESSMENT

Assessment task	Length	Weighting within unit (if relevant)
Mid-semester assignment	Approx. 1000 words	30%
End of semester assignment	Approx. 3000 words	70%

6. READING LIST

No required text

Last updated: June 2011

[↑ BACK TO TOP](#)