

Ma European Public Health

**Fac. Health, Medicine and Life Sciences**

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# Introduction to Epidemiology

Academic year 2014-15

## Date last modified

10-4-2015 1:22

## Period

Period 1 Startdate: 01-Sep-14 Enddate: 05-Sep-14

## Code

EPI4900

## ECTS credits

2.0

## Organisational unit

Fac. Health, Medicine and Life Sciences

## Coordinator

B.A.J. Verhage

## Description

The course Introduction to epidemiology is the first unit in the Master of Epidemiology and the Health Science Research Master (HRSM) and will take place within a 5-day period in which the participants will be acquainted with the basic principles of epidemiological research. These include measures of disease frequency and exposure measurement (clinimetrics), basic health measurement, basic study design (including randomized controlled trials, cohort studies, case control studies, and cross-sectional studies), measures of association, validity and bias in epidemiological research, and introductory systematic literature review/meta-analysis. The main aims of the course are to enable the participants to appreciate the basic concepts of epidemiology, and critically assess epidemiological studies (e.g. research papers or research protocols). For this, use will be made of lectures, group discussions, and small practical individual or group assignments (e.g. questions or calculations related to the topic of the preceding lecture). The course Introduction to epidemiology will be attended by students of the Master of Epidemiology and the HRSM. Besides these students, the course will be available as a stand-alone course for anyone who wants to become acquainted with basic epidemiological methods. The audiences that will be targeted for the course are - PhD students or postdoctoral fellows in the fields of public health, medicine, statistics, and biology; - Medical doctors; and - Health professionals.

## Goals

Knowledge and understanding The course participant -is able to distinguish between various measures of frequency of health outcomes (i.e. cumulative incidence, incidence density, point prevalence, period prevalence, life-time prevalence) -has basic knowledge of and insight into the principles of classifying health and disease outcomes -is able to distinguish between the various types of health measurement scales and the relevant aspects of the quality of a health measurement scale (i.e. validity, reliability, sensitivity-to-change) -is able to distinguish between various measures that quantify the strength of association between determinants and health outcomes (i.e. risk difference, risk ratio, rate

ratio, attributable proportion) -is able to distinguish between various study designs in epidemiology (i.e. ecological studies, cross-sectional studies, cohort studies, case- control studies, and randomized controlled trials) -has knowledge of and insight into relevant aspects of the design/choice of the study population (e.g., inclusion and exclusion criteria, eligibility considerations, source for selection, recruitment procedures). -is able to identify the major advantages and disadvantages of the different epidemiological study designs -knows the difference between internal validity and external validity of epidemiological studies -appreciates the potential threat of bias (confounding, information bias, selection bias) to the internal validity of an epidemiological study. - appreciates the difference between confounding and effect modification (interaction) -appreciates various design measures to prevent bias or to adjust for bias in observational research (restriction, matching, standardization, stratified analysis, blinded measurement, use of independent data sources) -has knowledge and understanding of the principles of causality and causal reasoning, and be able to distinguish between various criteria that can be used to assess a causal relationship between exposure and health outcome. -has basic knowledge of and insight into the main principles and procedures of diagnostic test (strategy) development and evaluation -is able to distinguish between the various types of literature review (e.g., narrative review, systematic review, meta-analysis) and identify the advantages and disadvantages of these types of literature review -is able to identify the subsequent steps of a systematic literature review. Making judgments -The course participant is able to recognize and assess the general quality of an epidemiological study (e.g., a research protocol or research paper)

### **Instruction language**

EN

### **Prerequisites**

### **Recommended literature**

For this introductory course in epidemiology use will be made of the basic epidemiology book Webb P, Bain C. Essential Epidemiology: An Introduction For Students And Health Professionals. Cambridge: Cambridge University Press; 2011. Additional literature will be provided during the course.

### **Teaching methods**

PBL

PRESENTATION(S)

SKILLS

TRAINING(S)

### **Assessment methods**

ATTENDANCE

### **Key words**

epidemiology, disease frequency, Health measurement, Clinimetrics,, epidemiological study designs, Randomized controlled trials, Cohort, studies, Case control studies, Stratified analysis, Validity and bias in, epidemiological research, Diagnostic research, Screening, Prognostic, research, Causality in epidemiology, Systematic literature review, meta-, analyse,

# Diversity Recognised, Explored and Compa

Academic year 2014-15

## **Date last modified**

25-10-2014 1:31

## **Period**

Period 1 Startdate: 11-Sep-14 Enddate: 24-Oct-14

## **Code**

EPH4012

## **ECTS credits**

10.0

## **Organisational unit**

Fac. Health, Medicine and Life Sciences

## **Coordinator**

K.M. Czabanowska

## **Description**

The aim of this module is to enable students to make critical judgments, assess, explore, measure, recognize and compare the striking diversity of populations' health status, health indicators, health inequalities, as well as organisation of healthcare systems in various countries of the European region. Accordingly, different approaches and techniques to assess and measure health, disease and quality of life are discussed in-depth. Definition of indicators, indicator sets and benchmarks are considered and analysed. Furthermore, students get acquainted with the health information systems and the major European public health databases. Once understanding how to deal with quantitative data, this module will acquaint students with the science and art of comparing health and healthcare in the European Region. The students will learn why and how comparisons are made, how difficult it is to compare and what is being compared in cross-national and cross-cultural research. Here it is asked: How are we to choose the areas for comparison? What are the theoretical implications of comparative research and quantitative and qualitative methods used? What are the differences between variable and case-based comparisons? How can we assure that the factor and units of comparison resemble each other? How to cluster the units of comparison? The students will understand what can be the flaws of doing comparative research in the health field. Students will be guided how to make use of the available datasets and databases for assessments and comparative studies such as: ECHIM, EUROSTAT, HFA-DB or EUPHIX. The students will understand the advantages and limitations of secondary data analysis.

## **Goals**

To explore, understand and compare the present health status and national healthcare provisions in the European Region using quantitative and qualitative approaches

## **Instruction language**

## **Prerequisites**

### **Recommended literature**

• Harbers MM, Van der Wilk EA, Kramers PGN et al. (2008). Dare to compare! Benchmarking Dutch Health with the European Community Health Indicators (ECHI). RIVM report number 270051011. Houten, Bohon Stafleu Van Loghum. • Hofstede G, (2001). Culture's Consequences: Comparing Values, Behaviors, Institutions and Organizations Across Nations. Thousand Oaks CA. • Kennet P (2001). Comparative Social Policy. Theory and Research. Buckingham: Open University Press. • Marmot M, Wilkinson R (2006). Social determinants of health. 2nd edition. Oxford University Press. • Rowitz L. Public Health Leadership. Sudsbury, MA: Jones & Bartlett Publisher; 2003. (Chapters 1 & 2). • Van der Wilk EA, Melse JM, Den Broeder JM, Achterberg PA (2008) Learning from our Neighbours: Cross-national inspiration for Dutch public health policies: smoking, alcohol, overweight, depression, health inequalities, youth, screening. RIVM Report 270626001. • Vallagarda S, Koch L (eds) (2008). Research methods in public health, Gyldendal Akademisk, Copenhagen. • Verweij M, Dawson A (2007). The meaning of "public" in "public health". In: Dawson A, Verweij M (Hrsg.) Ethics, prevention and public health. Clarendon Press, Oxford: 13-29. • Viinämäki, O. (2012) Why Leaders Fail in Introducing Values-Based Leadership? An Elaboration of Feasible Steps, Challenges, and Suggestions for Practitioners. International Journal of Business and Management; vol.7:9; 28 - 39. • WHO (2008). Atlas of health in Europe. 2nd edition. Copenhagen, WHO Europe. • WHO (2009). European health for all database (HFA-DB). Copenhagen, WHO Europe. Available at: <http://www.euro.who.int/HFADB>. • WHO (2011) The new European policy for health - Health 2020: Vision, values, main directions and approaches. 2011; EUR/RC61/9, + EUR/RC61/Conf.Doc./2; 1 - 14.

### **Teaching methods**

WORK IN SUBGROUPS

LECTURE(S)

PAPER(S)

PBL

SKILLS

TRAINING(S)

### **Assessment methods**

ASSIGNMENT

ATTENDANCE

WRITTEN EXAM

### **Key words**

Measuring health, comparing health, health care, leadership,

# Diversity and Good and Best Practices

Academic year 2014-15

## **Date last modified**

25-10-2014 1:31

## **Period**

Period 2 Startdate: 24-Oct-14 Enddate: 14-Nov-14

## **Code**

EPH4003

## **ECTS credits**

6.0

## **Organisational unit**

Fac. Health, Medicine and Life Sciences

## **Coordinator**

D.M.R. Townend

## **Description**

In this third module, students are introduced to the evaluation of prevention and care in the European region, and to the identification and selection of best practices. They learn about models for evaluation and selection of best practices based upon criteria of equity, humanity, client satisfaction, efficiency, effectiveness and cost-effectiveness; they familiarise themselves with the methodology to assess the effectiveness and cost-effectiveness of prevention and care; and learn how these models and methods can be applied for cross-national comparison. In addition, they learn how to apply systematic reviews and benchmarking with a view to standardisation and best practices. The methodologies of health impact assessment (HIA) and health technology assessment (HTA) are introduced and applied. The students also study the international comparability of cost of illness. 2. Module Content 2.a. Contents: At the start of the module, students learn about different approaches to the evaluation of prevention and care. They are introduced to the different goals of process versus output and outcome evaluation, and learn about the methods for the assessment of the effectiveness and cost-effectiveness of interventions for prevention and care. Specifically, they are introduced to the hierarchy of evidence for defining best practices, including systematic reviews and meta-analysis, randomised controlled trials, cohort studies, case-control studies, cross-sectional surveys, case reports, and expert opinions. They are also introduced to criteria and protocols that have been specifically designed to address scientific evidence for public health interventions, including the Cochrane Library and review protocols, and are invited to critically reflect on the applicability of these approaches to public health and health promotion. In close connection to the Essentials and Project strands, the students gain a thorough understanding of systematic reviews and economic evaluation (notably cost-effectiveness, cost-benefit and cost-utility analyses). The different steps of a systematic review process and the methodologies of health impact assessment (HIA), health technology assessment including economic evaluation (HTA) are introduced and applied. Next, the students learn how to apply these models and methods for cross-national comparison and they explore methods for benchmarking based on standardisations and best practices. Further emphasis is given to

the question how cross-national and cross-regional research methodology is feasible. Students learn to identify pitfalls in cross-national and regional research and how to improve such research methodologically. This means using techniques to assure comparability and standardisation of the methods employed in each country. As this is the first module to deal explicitly with the concept of 'best practice', students critically reflect on this concept from the perspective of the philosophy of health sciences. A first strand of discussion leaves from a critical appraisal of evidence-based medicine (and Randomised Controlled Trials) and leads to lessons to learn for European Public Health. To consolidate the understanding of evaluation and review, respectively, and to learn how to apply the theoretical knowledge, practice sessions are foreseen to learn to apply the different steps of a systematic review process and of health impact assessment and health technology assessment. In addition, a field trip to Luxembourg will be arranged to sensitise the students to topics for Module 4, including: policymaking and the world of politics, 'lobbying' to the European Institutions and working with civil society. The trip involves visits to a Directorate General of the European Commission, the Executive Agency for Health and Consumers, and possibly the European Parliament.

## Goals

**Objectives Knowledge and understanding** At the end of the module, students have - insight in and knowledge of definitions and concepts of evaluation - insight in and knowledge about models and methods to assess effectiveness, cost-effectiveness, cost-benefit and cost-utility - insight in and knowledge about methods for systematic review and selection of best practices - insight in and knowledge about techniques to ensure cross-national comparability and standardisation - insight in and knowledge about concepts, models and methods of benchmarking - insight in and knowledge about methodologies of health impact assessment (HIA) and health technology assessment (HTA) - insight in basic concepts of sociology of science - insight in meta-analysis, systematic reviews and observational research designs

**Application of knowledge and understanding** At the end of the module, students are able to: - understand the concept and role of evaluation in prevention and care - are able to apply methods to select and define best practices in prevention and care - are able to formulate a design or protocol to assess effectiveness of practices in prevention and care - understand the quantitative aspects of effectiveness, cost-effectiveness and cost-utility analysis and of systematic reviews - understand the difficulties and pitfalls in cross-national and cross-regional research - are able to apply the concepts, models and methods of benchmarking - understand the methods of health impact assessment (HIA) and health technology assessment (HTA)

**Making judgements** At the end of the module, students are able to: - critically reflect on the concepts of context, European culture and (scientific) culture - critically reflect on approaches to evaluation, evaluation studies and best practices - critically reflect on cross-national and cross-regional comparisons of prevention and care - make suggestions for evidence-based improvement of prevention and care practices

**Communication** At the end of the module students are able to: - communicate in a professional way with researchers, health experts, policy makers and other representatives of European organisations about issues of evaluation, effectiveness and best practices in health across the EU - write, discuss and present issues of evaluation, effectiveness and best practices in health across the EU in a professional manner

**Learning skills** At the end of the module, students are able to: - read, understand and comment on published evaluation studies and reviews - select appropriate methods to assess prevention and care practices in a cross-national context - search for, identify, analyse and interpret key information to underpin recommendations for improvement of practices in prevention and care

## Instruction language

EN

## Prerequisites

## Recommended literature



Literature will be recommended and provided during module

### **Teaching methods**

ASSIGNMENT(S)

LECTURE(S)

PBL

PRESENTATION(S)

TRAINING(S)

WORKING VISIT(S)

### **Assessment methods**

ATTENDANCE

FINAL PAPER

### **Key words**

Good practice, best practice, evaluation,

# Europe as One Zone

Academic year 2014-15

## **Date last modified**

25-10-2014 1:31

## **Period**

Period 2 Startdate: 20-Nov-14 Enddate: 19-Dec-14

## **Code**

EPH4004

## **ECTS credits**

6.0

## **Organisational unit**

Fac. Health, Medicine and Life Sciences

## **Coordinator**

T. Krafft

## **Description**

1. Summary of the module In this module the European institutions are discussed from a legal and historical perspective. The first aim is to introduce students to the institutions, their history and tasks. The second aim is to teach students how policy processes and decision-making procedures are organised at the European and National level and what implications this has on the potential transfer of best practices throughout Europe. The third aim is to discuss European policy and law concerning (public) health. The fourth aim is to highlight the translation of evidence into policy. The continuum from evidence to policy making is an overarching component in the module. Students will strengthen their quantitative and qualitative research abilities in order to be equipped for this process. 2. Module Content 2.a. Contents: The EU treaties concentrate on the free movement for people, goods, services, and capital; less attention is paid to health and healthcare so far. These are generally perceived as public rather than private goods under the governance of member states (the subsidiarity principle in Art. 168 EC Treaty). Against such framework conditions, a central question is: how do we transform benchmarks into norms - how do we get from benchmark to reality? The EU and national regulations and agencies perform an important role in the transferability of practices in prevention and care between member states. In this module, students discuss potential opportunities and threats, realistic ambitions, and enabling as well as hindering actors and factors in the health field. This involves the study of EU treaties, the role of regulations and agencies with regard to health, and the transferability of practices in the EU (including the Commission's agencies EMEA, OSHA, EFSA, ECDC) and the European Region. Students will address the development of EU Health Principles and Actions, and in particular the "health in all policies" approach. As the focus is on the whole European Region, not only the EU, also the WHO, OECD, IMF and the World Bank have to be considered. A stakeholder analysis that reflects on the diversity of actors in the political reality is combined with institutional and governance theory. A multilevel analysis shows how different levels of actors are affected and what their impact on best practices is (including EC Health forums etc.). This module strives to provide the most appropriate actual overview of and insight into the position and role of EU, other European

and International bodies, and national regulations and agencies with regard to the transferability of situations and practices in prevention and care. 2.b. Essentials Strand: In the fourth module the following topics are covered: A lecture on European history links the previous history lectures of the Essentials strand with the politics and institutions of the European Region and the EU. This is done in close coordination with the Contents strand, but has added value in that it takes the perspective of history, and thus provides a systematic timeframe. The focus is on European integration and the establishment of an internal market, with the aim of providing a background to their influence on health policy. The lecture also covers the history of the EU treaties. With regard to statistics and economic analysis: Students deepen their understanding of the quantitative aspects of cost-effectiveness analysis (e.g. frequentist versus Bayesian approaches, an introduction to Markov Chain Monte Carlo [MCMC] methods). To contribute to their study of economic evaluations, students learn additional techniques such as ratio statistics and uncertainty analysis. Students further advance their epidemiology skills and integrate their knowledge on statistics by learning criteria to evaluate research quality, such as internal and external validity, measurement precision/accuracy, statistical efficiency, and issues related to the study power. In addition, this strand focuses also on advanced qualitative research. Furthermore, students deepen their understanding and ability to use quantitative questionnaires measuring multidimensional constructs, which are often used in European health surveys; for this very reason, factor analysis is introduced. Students consolidate their knowledge in the Project strand. 2.c. Critical Thinking Strand: The concepts of harmonisation, convergence and subsidiarity are discussed from an epistemological, philosophical, cultural and political perspective in the first lecture. Theories of social constructivism in combination with social technologies are examined to equip students with critical attitudes on how problems and solutions in fields relevant to policymaking are constructed and influence policy agendas. The second lecture discusses neofunctionalistic versus actor-centred institutionalist approaches in social and political theory in relation to the concept of harmonisation. 3. Practicals and Skills 3.a. Practice Strand: The political reality of European health policymaking is once more on the agenda. Following the Brussels excursion, two forums at Maastricht University with guests from Brussels are planned. These forums sensitise students to the 'real world' of public health policymaking - and especially health policymaking. For the first forum three representatives are invited to present their current work: one from a policymaking body, one from an expert EU forum and one from a civil society organisation (NGO). They will discuss with each other and with the students the topics on their agenda and on how policymakers and civil society really work together. Their shared experience and expertise allow students to gain better insight into the reality of health policy work, and train them to engage in discussions with these professional groups. For the second forum a representative from the pharmaceutical or food industry presents the topics s/he is currently prioritising, and engage in critical discussions with students on both content and meta-levels about how to make public-private partnerships. 3.b. Project Strand: Using their knowledge of qualitative research, students are to conduct a stakeholder analysis relating to what has been discussed in this module. The topic is the implementation of a health in all policies initiative. This can relate to the work of the first forum to be organised in the practice strand. Students also prepare for their thesis and placement. They apply for host institutions using a database with over 40 host institutions eager to take students of European health (this database has already been successfully used for the bachelor's programme). This is the students' first step in finding a thesis topic and host institution. Once they have identified the host institution, they narrow down their thesis topic together with their thesis and host supervisors. In the next modules students then prepare and write their thesis proposal.

## Goals

Objectives Knowledge and understanding At the end of the module, students have: - insight in and knowledge about the main political and legal institutions of the EU, their tasks and their competences - insight in and knowledge about the decision procedures and legal and policy instruments - insight in and knowledge about the historical development of European unification and the role and content of the European Treaties - insight in and knowledge about the relation

between EU and the Member States and the principle of subsidiarity - insight in and knowledge about the formal competences and activities of the EU in the field of health (prevention, research, pharmaceuticals, services) - insight in and knowledge about the transformation of principles and evidence into policy - insights in theories of social constructivism related to aspects of transferability Application of knowledge and understanding At the end of the module, students: - understand the impact of the legal and political infrastructure of the EU - are able to assess the role of the EU and other bodies concerning prevention and healthcare on the level of the EU and on the national level. - are able to formulate a design or protocol for a policy oriented, translational research project Making judgements At the end of the module, students are able to - critically reflect on the function of laws, moral principles, and regulations which shape the governance of prevention and healthcare. Communication At the end of the module students are able to: - communicate in a professional way with policy makers and other representatives of European organisations - decipher the language barriers between professions involved in the translation of evidence into policies Learning skills At the end of the module, students are able to: - read a juridical case - have improved their writing skills, especially writing in an argumentative and analytical style - assess the translation process of evidence into policies.

## **Instruction language**

EN

## **Prerequisites**

### **Recommended literature**

Basic Literature • Bevan, G, Heldermaann JK, Wilsford D,(2010), Changing choices in health care: implications for equity, efficiency and cost, 1-17 • Boessen S (2008). The Politics of European Union Health Policy-Making. An actor-centred institutionalist analysis. Maastricht: Universitaire Pers Maastricht. • Field A (2005). Discovering Statistics using SPSS. 2nd edition. SAGE Publications. Chapter 15. • Freedman D, Pisani R, Purves R. Statistics (2006). 3rd edition. Norton Publisher. Chapter 6. • Ginsburg GS (2008). “‘Grand Challenges’ in the Translation of Genomics to Human Health”, European Journal of Human Genetics 16: 873-874. • Gordis L (2004). Epidemiology. 3rd edition. Philadelphia, W.B. Saunders Company. Chapters 5, 18. • Gostin, L.O. (2001). Health Information: Reconciling Personal Privacy with the Public Good of Human Health, Health Care Analysis 9: 321-335. • Hervey, T.K. & McHale, J.V. (2004). Health Law and the European Union. Cambridge University Press. • Khoury, M.J et al (2007). The continuum of translation research in genomic medicine: how can we accelerate the appropriate integration of human genome discoveries into healthcare and disease prevention?, Genetics in Medicine, 9 (10): 665 - 674. • Kickbusch I (2007). Innovation in health policy: responding to the health society, Gac Sanit. 21(4):338-42. • Lomas J (2007). “The in-between World of Knowledge Brokering” BMJ 334: 129-132 • Moore DS, McGabe GP (2006). Introduction to the practice of statistics. 5th edition. New York, Freeman. Chapter 14. • Mur-Veeman I, van Raak A, Paulus A (2008). Comparing integrated care policy in Europe: Does policy matter? Health Policy 85: 172-183. • Neale WC (1987). Institutions. Journal of Economic Issues, 21, 3, 1177-1206. • Neuman WL (2006). Social Research Methods: quantitative and qualitative approaches. 6th edition. Chapters 7-8. • Piattoni S (2009). Multi-level Governance: a Historical and Conceptual Analysis. European Integration Vol. 31, No. 2, 163-180. • Puska P, Stahl T, (2010) Health in All Policies—The Finnish Initiative: Background, Principles, and Current Issues, Annual Review of Public Health, Vol. 31: 315-328 • Schäfer W (2006). Harmonisation and Centralisation versus Subsidiarity: Which Should Apply Where? Intereconomics 41(5) 246-249. • Sieveking, K (2007). ECJ Rulings on Health Care Services and Their Effects on the Freedom of Cross-Border Patient Mobility in the EU, European Journal of Migration and Law 9: 25-51(long paper). • Stahl, T et al. (2006). Health in all Policies - Prospects and Potentials, Publication by the Finnish EU Presidency 2006, Finnish Ministry of Social Affairs and Health. • Strauss A, Corbin J (1998). Basics of qualitative research. 2nd edition. SAGE Publications. Chapters 9-14. • Van Kimmern J, deSavigny D, Sewankambe N (2006). Using Knowledge Brokering to Promote Evidence-based Policy-Making: the Need for Support Structures, Bulletin of World Health Organization 84:

608-612.

**Teaching methods**

LECTURE(S)

PBL

TRAINING(S)

**Assessment methods**

ATTENDANCE

WRITTEN EXAM

**Key words**

# Research Methods

Academic year 2014-15

## **Date last modified**

2-12-2014 1:18

## **Period**

Period 3 Startdate: 05-Jan-15 Enddate: 30-Jan-15

## **Code**

HPI4005

## **ECTS credits**

6.0

## **Organisational unit**

Fac. Health, Medicine and Life Sciences

## **Coordinator**

H. Verbeek

## **Description**

The master program HPIM draws on multiple disciplines in the realm of social sciences. Acquiring scientific knowledge about human society and social behavior is not an easy task. Very different methods of enquiry are available to the researcher, depending on the nature of the problem, the scientific paradigm underpinning the investigation, the unit of analysis, the empirical context. The research methodology constitutes the backbone of any scientific enquiry. It determines the soundness and reliability of the empirical findings, as well as the possibility to generalize them to other social contexts. In order to create knowledge, it is therefore crucial to understand how to collect and elaborate information through a scientifically sound methodology. The unit 'Research Methods' will prepare you to design and develop a research project, and to formulate choices that relate to research questions, data collection, data analysis and reporting. This unit is particularly aimed to provide you with the necessary methodological framework for developing the individual research project at the core of your master thesis. You will acquire knowledge about the qualitative and quantitative research methods most frequently used in social sciences. The knowledge gained during this unit concerns the following steps of preparation and execution of a research project: - formulating a research question; - selecting a theory; - developing a research design; - selecting methods for data collection and for data analysis; - handling issues of research validity and reliability; - valorizing the empirical findings through appropriate reporting techniques. Also, the unit pays attention to research ethics. Skills training. During a skill training, you will apply the theoretical knowledge acquired during the unit by writing the research proposal for your master thesis research project.

## **Goals**

Knowledge and understanding: Students will acquire knowledge of and insight into: 1. Research methodologies and research designs that are common in the fields of the master program. 2. Methods for data collection and data analysis that are key in the fields of the master program. 3. Reporting methods. Applying knowledge and understanding: Students will be able

to:4.Use knowledge of theories and issues from other units to write a research proposal.5.Select or develop a problem statement, a theoretical framework, the research methodology and research methods for their master thesis research project.Making judgments:6.Students develop a scientific attitude.After having completed this unit, the students are able to: 7.Critically assess the applicability, strengths and weaknesses of the research methodologies and methods that are taught and discussed during the unit.8.Form opinions about the proper use of research methods in research articles.Communication:9.Students are able to communicate effectively by discussing research methods, doing presentations, giving feedback to the work of others, and by writing a research proposal.Learning skills:10.The students are trained to draw up a research proposal in a collaborative setting.

### **Instruction language**

EN

### **Prerequisites**

### **Recommended literature**

Literature - Aveyard, H. (2007). Doing a literature review in health & social care. Maidenhead, Berkshire: Open University Press, McGraw-Hill Education. - Cresswell, J.W. (2008) Research Design: Qualitative, Quantitative and Mixed Methods Approaches. 3rd edition. London: Sage. - Polit, D.F. and Beck, C.T. (2008) Nursing Research: Generating and Assessing Evidence for Nursing Practice. 8th Edition. Philadelphia: Lippincott, Williams and Wilkins.

### **Teaching methods**

ASSIGNMENT(S)

WORK IN SUBGROUPS

LECTURE(S)

PBL

RESEARCH

TRAINING(S)

### **Assessment methods**

FINAL PAPER

WRITTEN EXAM

### **Key words**

# Making Innovations in Diverse Settings W

Academic year 2014-15

## Date last modified

1-5-2014 1:27

## Period

Period 4 Startdate: 02-Feb-15 Enddate: 02-Apr-15

## Code

EPH4013

## ECTS credits

12.0

## Organisational unit

Fac. Health, Medicine and Life Sciences

## Coordinator

K.H.A.J. Michelsen

## Description

Once we know what good and best practices are (modules 1, 2 and also 4), once we know what role EU institutions play in bringing this evidence to norms (module 3), we need to know how to really ensure that good and best practices are known, accepted and implemented with a sustainable positive effect. We focus on aspects of diffusion and dissemination by taking (policy) learning and transferability into account. Thus, the aim of this module is to enable students to learn and think critically about the translation, transferability, diffusion, implementation, monitoring and quality assurance of good and best practice. Once a new practice is implemented, however, there is no guarantee that it will be continuously effective. Following the cycle of the Public Health Trias policies and other kinds of interventions need to be re- assessed and, if necessary, modified or replaced. Thus, students also explore the role and influence of monitoring and quality systems and agencies in public health and health care as applied in Europe.

## Goals

To acquire knowledge about the translation, transferability, diffusion, implementation and quality assurance of innovative good practices

## Instruction language

EN

## Prerequisites

### Recommended literature

- Donabedian, Avedis (2003): An Introduction to Quality Assurance in Health Care. Oxford: Oxford University Press •
- Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O (2004) Diffusion of Innovations in Service Organizations:



Systematic Review and Recommendations. Milbank Quarterly, Vol. 82, No. 4, 2004 (pp. 581-629) • Grol, R. et al. Improving Patient Care. The implementation of Change in Clinical Practice. London. (ISBN: 9780 7506 8819 2) Elsevier 2005, reprinted 2009 • MacKay JM, Vincenten J (2009) Why isn't more injury prevention evidence based? International Journal of Injury Control and Safety Promotion 16(2): 89-96. • Northouse P. Leadership theory and Practice. 5th Ed. Thousand Oaks, CA: Sage Publications; 2010. • Rogers EM (2003). Diffusion of innovations (fifth edition). New York: Free Press. SL T 174.7

### **Teaching methods**

ASSIGNMENT(S)

WORK IN SUBGROUPS

LECTURE(S)

PAPER(S)

PBL

PRESENTATION(S)

RESEARCH

SKILLS

TRAINING(S)

### **Assessment methods**

ASSIGNMENT

ATTENDANCE

PRESENTATION

WRITTEN EXAM

### **Key words**

Transferability, diffusion, translation, implementation, quality, assurance,

# The European Union Revisited

Academic year 2014-15

## Date last modified

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## Period

Period 5 Startdate: 07-Apr-15 Enddate: 24-Apr-15

## Code

EPH4008

## ECTS credits

3.0

## Organisational unit

Fac. Health, Medicine and Life Sciences

## Coordinator

P. Schröder

## Description

1. Summary of the module This final module reflects upon the future role and position of the European Union, the individual Member States and their respective agencies in the quest for better quality, equity, transferability, innovativeness and competitiveness in health and healthcare in Europe. This includes an investigation of health implications and health strategies with regard to the EU enlargement, especially Turkey and Southeast Europe. Finally, as a means to fully grasp the European dimensions of health, students are taught to look beyond the European Region, to examine health from a global perspective and to identify and distinguish the role and contribution of Europe in global health. These issues are discussed in the first 2 weeks. In the framework of this module, students will also visit the headquarters of the WHO in Geneva to discuss different aspects and issues related to the role of the (European) health policy and decision-making - also in the global perspective. The second part of this module is the placement of students, where they finalise their master thesis (10 weeks). 2. Module Content 2.a. Contents: This module wraps up the topics of the previous modules and allows students to look beyond the borders of the EU. This is done while focusing different aspects synthesised in futuristic scenario discussions: one aspect is to reflect upon the future role and position of the European Union, the individual Member States and their respective agencies in the quest for better quality, equity, transferability, innovativeness and competitiveness in health and healthcare in Europe and the world. The question remains open how stakeholders can secure the right balance between diversity and unity in practice and governance in Europe. The second aspect widens these scenario discussions focussing on health implications and health strategies with regard to EU enlargement (especially Turkey and Southeastern Europe). Finally, as a means to fully grasp the European dimensions of health, students are taught to look beyond the European Region, to examine health from a global perspective and to identify and distinguish the role and contribution of Europe in the quest for global health. . 2.b. Essentials Strand: The Essentials strand presents general scenarios for Europe's future, including the EU enlargement. This feeds into the perspective of the Contents strand. Response lectures are offered to ask questions and deepen aspects

of research methods. 2.c. Critical Thinking Strand: The last lecture of this strand in the programme will be on global justice and health - to critically reflect on the last aspect of the Contents strand. In other words: What are the moral duties of European citizens for the sick and the poor in other continents and how could European institutions facilitate change to fulfil our moral duties towards health in a global perspective. 3. Practicals and Skills 3.a. Practice Strand: A field trip to Geneva is arranged. Students meet with public health representatives from the national, regional (canton) and local level. In doing so, they learn how a non-EU state surrounded by EU states operates in the health field and what impact the EU has on this independent state. Students will visit the headquarters of the WHO in Geneva to discuss the role of the (European) health policymaking in a global perspective. 3.b. Project Strand: During the academic year students begin preparatory work on the selected topic of their master's research project (see above). They receive guidance during the initial phase of writing their proposal and in planning their project, which they eventually submit as the master's thesis. The training sessions in the first two weeks of this module are Thesis Groups meetings where students present their work to each-other for peer-review. In the last 10 weeks of this module, students finalise their thesis in a placement. They collect data, analyse these data and subsequently write the master thesis. Time is devoted solely to writing and finalising the thesis. Guidance for this process begins at the start of the programme.

## Goals

**Objectives** Knowledge and understanding At the end of the module, students have:

- knowledge of the method of scenario discussions
- knowledge of European enlargement
- knowledge of the position of the European health institutions' perspectives on enlargement and health
- knowledge and understanding of the main problems and challenges related to inclusion and integration into EU of Turkey and SEE countries
- knowledge and understanding of the future role of the European Union in Europe
- knowledge of global health challenges
- knowledge of approaches towards global health
- knowledge of moral reasoning with regard to global justice.

Application of knowledge and understanding At the end of the module, students are able to:

- complement their problem solving abilities through using the method of scenario discussions
- lead scenario discussions
- understand the implications of EU enlargement for health
- understand the implications of the EU in global health
- argue about duties of Europe and the European Union in global health.

Making judgments At the end of the module, students are able to:

- recognize and distinguish challenges of EU enlargement with regard to health
- recognize and distinguish the main challenges related to enlargement of EU
- recognize and distinguish challenges of global health and Europe's and the EU's role in this.

Communication At the end of the module students are able to:

- use scenario discussions in their future career
- communicate in a professional fashion with health experts, advocates, policymakers and decision-makers about issues related the future of the European Union in the light of enlargement
- communicate in a professional fashion with health experts, advocates, policymakers and decision-makers about the role of Europe, European and especially EU institutions on global health
- write and discuss in a professional and expert manner on the topic chosen for the Master thesis.

Learning skills At the end of the module, students are able to:

- give and receive feedback on scenario discussions with regard to EU enlargement and the global perspective
- write a research proposal on a Master level.
- write a larger piece of own work (= Master thesis) in a placement.

## Instruction language

EN

## Prerequisites

### Recommended literature

Basic Literature • European Commission: Health in Candidate Countries

[http://ec.europa.eu/health/ph\\_international/enlargement/enlarg\\_en.htm](http://ec.europa.eu/health/ph_international/enlargement/enlarg_en.htm). • Hollis A, Pogge T (2008). The Health Impact

Fund. Making New Medicines Accessible for All. Yale University: Incentives for Global Health.  
<http://www.yale.edu/macmillan/igh/>. • Legido-Quigley H, McKee M, Nolte E, Glinos IA (2008). Assuring the quality of healthcare in the European Union. A case for action. Copenhagen: World Health Organization. • McKee M, McLehose L, Nolte E (2004). Health Policy and European Union Enlargement. Open University Press. • Neiner JA, Howze EH, ML (2004). Using Scenario Planning in Public Health: Anticipating Alternative Futures. Health Promotion Practice 5 (1): 69-79. • Pogge T (2008). World Poverty and Human Rights: Cosmopolitan Responsibilities and Reforms, second edition. Cambridge, Polity Press 2008. • Tavanxhi N, Burazeri G, Laaser U (2008). Southeastern Europe, Health Systems of. In Heggenhougen C and Quah S (eds.). International Encyclopedia of Public Health. Elsevier. Vol. 6: 137-147.

### **Teaching methods**

LECTURE(S)

PBL

TRAINING(S)

### **Assessment methods**

ASSIGNMENT

WRITTEN EXAM

### **Key words**

# Internship and Thesis

Academic year 2014-15

## **Date last modified**

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## **Period**

Period 5 Startdate: 07-Apr-15 Enddate: 29-May-15

## **Code**

EPH4011

## **ECTS credits**

15.0

## **Organisational unit**

Fac. Health, Medicine and Life Sciences

## **Coordinator**

P. Schröder

## **Description**

### **Goals**

### **Instruction language**

EN

### **Prerequisites**

### **Recommended literature**

### **Teaching methods**

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