

The internationalisation of professional doctorate programmes: challenges and opportunities for networking by students of global health leadership

Stuart Anderson

Division of Education, London School of Hygiene & Tropical Medicine, London, UK

Suzanne Havala Hobbs

Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, USA

Susan Helm-Murtagh

Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, USA

Corresponding author. Email: stuart.anderson@lshtm.ac.uk

Undertaking doctoral studies can be a solitary activity. Professional doctorates in specific fields, particularly those with taught and practice elements, provide students with opportunities for mutual support and encouragement. Related professional doctorates are now offered by several institutions in the same country, and in some cases by institutions in several countries. Many professional doctorates have an international focus, providing additional opportunities for doctoral students to network. One such programme is the doctorate in public health, now offered in Europe, North America and Australia. There is thus an opportunity to promote internationalisation by supporting students on different programmes in different countries to exchange information, experience and insight. The International Network for Doctoral Training in Health Leadership (NETDOC) has been exploring ways in which such networking might be facilitated. This discussion paper reports progress to date and planned developments. Students from the US have joined students in London and Paris in shared activities. Additional mechanisms for networking considered include the use of established social networking services, a pre-existing discussion forum, annual face-to-face symposia and the creation of a bespoke online networking forum for professional doctorate students. The authors would be interested to hear about other professional doctorate programmes where opportunities for international networking by students have been developed.

Keywords: professional doctorates, global health, leadership, internationalisation, students, networking

Introduction

Professional doctorates in public health are now a well-recognised qualification in this field in many countries. In the United States doctoral education in public health has been evolving since 1985 (DeClerq et al, 2008) whilst in the United Kingdom doctoral programmes in public health have been running for more than 15 years (Anderson, Jones and Huttly, 2010). Those involved in developing and delivering such programmes have been discussing issues of mutual interest for a number of years, and indeed an international network for doctoral training in health leadership (NETDOC) is now firmly established (Hobbs and Brooks 2010).

Box 1: Strategies for international collaboration in doctoral training

- Delivering a structured programme that incorporates an interactive course element, a practice-based element, and original research in health leadership practice;
- Applying the most appropriate technology-enhanced learning (TEL);
- Using flexible learning approaches;
- Understanding and meeting students' needs;
- Contributing to developing curricula that anticipate and address vital issues;
- Contributing to original research in health leadership practice;
- Ensuring continuous quality improvement of the network's goals, processes and outcomes;
- Developing collaborations at multiple levels, including faculty; administration and students;
- Sharing evaluation outcomes and methods;
- Sharing best practices in global health leadership education;
- Advocating for the value of doctoral health leadership education programmes; and
- Expanding access to doctoral health leadership education.

The network has a range of aims, centred on mechanisms for increasing capacity and delivering more doctoral graduates in health leadership in what is now widely recognised as a vital pre-requisite for global development (Chen et al, 2004). The network's charter notes that the world's complex, interdependent and ever-changing health environment creates a need for increased health leadership excellence and capacity. The network is an

international, collaborative group of educational institutions that offer, or intend to offer, professional doctoral health leadership programmes. It currently has twelve member institutions committed to sharing objectives, materials and expertise to maximize access to and ensure the quality of doctoral health leadership education worldwide. They have agreed that they will achieve these outcomes by a range of strategies (Box 1).

These are ambitious goals and it will take several years to achieve them all. But progress is being made in a number of these areas with a view to increasing provider capacity. Early initiatives have included actions designed to make best use of learning technologies, developing common curricula (Hobbs, Marstein, Anderson and Cockerill, 2011) and exchanging faculty. The challenges and opportunities of developing leaders in a distance education doctoral programme have previously been described (Hobbs, Brooks, Wang and Skinner, 2007).

Background

Attention has now fallen on student participation in collaborations, and understanding and meeting students' needs. With this in mind steps have been taken to introduce a focus on internationalisation within the programme. Internationalisation refers to the movement of both staff and students to higher education institutions in countries other than their country of birth or secondary education. There have been many definitions of internationalisation; for many years it was considered to relate to the mobility of people in general and of students in particular. However, a widely accepted definition has been that of Knight, who described internationalisation as 'the process of integrating an international dimension into the research, teaching and services function of higher education' (Knight, 1993).

The development of the network has fostered mobility of both staff and students. Meetings of institutional representatives have been arranged to coincide with teaching sessions of cohorts of students within particular countries. Staff from the United Kingdom, Canada, France, and Norway have collectively contributed to teaching doctoral students in the United States. In addition, staff have contributed to the teaching of doctoral candidates in a number of US universities on an individual basis.

To ensure that the student experience remains at the heart of what the network does, it has also established a student experience sub-committee. This body, with representation from NETDOC member institutions, has a broad remit which includes, among other functions, assisting in taking the internationalisation agenda forward, specifically the development, maintenance and promotion of networking opportunities among current and former students, and across cohort, school and national boundaries. The purpose of such networking has been envisaged as the identification and fulfilment of opportunities in the areas of field experience, career development, and fundraising, as well as the exchange of ideas and subject matter expertise.

Several initiatives aimed at facilitating mobility of student cohorts have been taken already. Students from the University of North Carolina at Chapel Hill have travelled to meet with doctoral students in both London and Paris. During these face-to-face, three to five day sessions, students have participated in such activities as poster sessions and oral presentations of doctoral dissertation work, joint lectures and highly interactive discussions of topics of mutual interest, field trips as well as meals and receptions for purposes of student and staff networking.

These sessions have provided rich opportunities for in-depth studies of health systems in other countries, alongside dialogues with students undertaking closely related doctoral programmes. Feedback from all students has highlighted the enormous benefits of this kind of exchange, including opportunities for broadening perspectives beyond national boundaries, allowing students to develop links with colleagues in other countries and enabling them to gain further insights into the challenges and opportunities of health leadership.

Current and future developments

The network is now looking at ways of consolidating and strengthening these links. Plans include databases of faculty able and willing to teach cohorts other than those in their own institution, links to alumni from different programmes, and opportunities for individual students to gain credits at another institution, including development of a common curriculum core. A number of mechanisms are being investigated.

- a) Use of established social networking services

Those students who have already participated in mobility programmes are now seeking ways of staying in touch with each other. One obvious consideration is the exploitation of social networking sites (such as Facebook, MySpace, and LinkedIn), as they are existing services with which many students are already familiar and no investment by the network is required. In fact, given social networking's pervasive use, such sites are generally available in multiple languages, have already established a global presence, and numerous, easily accessible resources exist to assist users with everything from setting up an account to employing advanced techniques to maximize the value of the platform.

A particularly promising social networking mechanism is LinkedIn. As of June 2012, more than twenty million students and recent college graduates worldwide were already members of LinkedIn; furthermore, the company's website indicates that this group is the network's fastest-growing demographic (LinkedIn 2012). In addition, because LinkedIn is positioned as a professional networking service, users can avoid the inherent risks and challenges to management of professional reputations that can sometimes occur in more socially oriented forums such as Facebook and MySpace. Finally, LinkedIn permits the establishment of membership-controlled, moderated affinity groups that enable the exploration of career opportunities and the exchange of ideas and subject matter expertise relevant to the interests of the group. Such groups also permit explicit identification with a brand, programme, university or other type of organisation.

b) Use of an existing discussion forum

The network has also considered developments taking place at a number of member institutions with regard to the development of 'forums' or e-discussion sites, usually with a wide remit. An example recently developed at the University of Minnesota, Minneapolis, USA provides a neutral platform for discussions from professionals involved in issues at the interface of animal, human and ecosystem health (or One Health); all NETDOC members are in fact part of this discussion under the auspices of the *One World, One Health* Initiative (One Health Initiative 2012). The identification of topics for discussion is open to suggestions, and the forum currently has more than 400 registered participants. Again, advantages are that this site is now available and that all members of the Network have access to it. However, a key disadvantage is that it lacks identity as a site for the use of professional doctorate students in health leadership and faculty.

- c) Creation of a bespoke networking forum for professional doctorate students in health leadership

The third option considered by the network has been the creation of a new social networking platform created at Kings College London. Anticipated uses of the platform have been discussed not only with regard to students, but also as a mechanism for handling NETDOC applications and in building infrastructure within developing countries. It has been suggested that NETDOC could develop a global DrPH student forum via such a social networking platform. Indeed, a social networking platform dedicated to NETDOC members could have cross-cutting utility with regards to the Student Experience, Membership and Content subcommittees.

Barriers include budgetary considerations (lack of funding available from NETDOC member schools), intermediate strategic steps that need to be identified as well as a need for market research to verify student need/desire for a social networking platform.

Discussion

As professional doctorate programmes have become increasingly popular and more institutions have started to provide them, networking amongst institutions involved in delivering related professional doctorate programmes has become common. Vocational network development within engineering professional doctorates has been described by Jeffrey (2009), and Plowright has highlighted the potential for collaborative, international research amongst students studying for professional doctorates in education (Plowright, 2012). Barnekow Rasmussen and Rivett have previously described some of the challenges in setting up international networks between higher education institutions (Barnekow Rasmussen and Rivett, 2000).

The challenges of internationalisation in higher education have also received attention from researchers. Taylor has described a strategy for internationalisation based on lessons and practices derived from four universities (Taylor 2004). This was followed by a paper from Luijten-Lub and colleagues giving a comparative analysis of national policies for internationalisation of higher education in seven western European countries, in which the tensions between the need for co-operation on the one hand and the reality of competition on the other were spelled out (Luijten-Lub, Van der Wende and Huisman, 2005). These

benefits and challenges of internationalisation and networking amongst institutions are similar to those experienced by NETDOC members in the realm of the professional doctorate in health leadership.

The need to build communication networks has also been the subject of some research, albeit in fields rather different to public and international health (Richet, Mohammed, Clifford McDonald and Jarvis, 2001). But as these networks develop, as the growth of participation in online networks continues to accelerate, as the technology advances, and as student expectations of what it means to complete a professional doctorate in a field with international applicability rise, so too will students' demands to be in touch with others undertaking similar programmes elsewhere. The challenge for those of us charged with delivering such programmes is to ensure that these expectations are met.

Conclusion

Internationalisation of higher education and increased networking amongst educational institutions provide opportunities to enrich the learning environment and improve the quality of education for students pursuing professional doctorates. The student experience is at the heart of doctoral training in health leadership, and the continuing development of strong international links is crucial to achieving this. Continuing efforts need to be made to strengthen the links between the students themselves.

At the same time, these efforts must mitigate inherent challenges and effectively apply technology and principles of programme design to meet students' expectations. In this paper we have described the experiences of members of an international network of institutions collaborating to advance doctoral health leadership education. As work progresses, lessons learned may be helpful to other institutions striving to promote excellence and innovation in graduate education, and particularly to those seeking to strengthen internationalisation amongst professional doctorate students. The authors would be interested in hearing about other professional doctorate programmes where opportunities for international networking by students have been developed.

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Notes on Contributors

Stuart Anderson is Associate Dean of Studies at the London School of Hygiene and Tropical Medicine. He is a former Taught Course Director in the Faculty of Public Health and Policy at the School and a former Teaching Programme Director. He has supervised PhD and Doctorate in Public Health (DrPH) students for a number of years. He obtained his first degree in pharmacy from the University of Manchester, and later obtained an MA in organizational behaviour and a PhD in organization theory in health care from the University of London. His research interests include the comparative analysis evaluation of health care organizations in the public, private and voluntary sectors and global health leadership. He chairs the NETDOC Membership Sub-Committee.

Suzanne Havalá Hobbs holds a doctorate in health policy and administration from the University of North Carolina at Chapel Hill, where she is a clinical associate professor in the Departments of Health Policy and Management and Nutrition. She is also director of the executive Doctoral Programme in Health Leadership (DrPH). Her professional interests include global health management education, health care leadership, distance education, dietary guidance policy (domestic and international), cultural proficiency in health services delivery, and health policy development and advocacy. She has extensive experience in the application of distance technologies, with much of her classroom teaching employing such technologies. She chairs the NETDOC Steering Committee.

Susan Helm-Murtagh successfully defended her doctoral dissertation at the University of North Carolina Gillings School of Global Public Health at Chapel Hill. She holds an undergraduate degree in psychology and management science from Duke University, and a masters degree in management from the J.L. Kellogg Graduate School of Management at Northwestern University. She now works as Vice President of Information Management and Analytic Services at Blue Cross Blue Shield of North Carolina based in Durham, North Carolina, where she is responsible for the enterprise data warehouse and business intelligence functions, as well as the centre of excellence for analytics. She chairs the NETDOC Student Experience Sub-Committee.