

Florida Board of Governors

Request to Offer a New [Dual MD-MS] Degree Program

FAU COM
University Submitting Proposal

Summer 2013-Spring 2016
Proposed Implementation Date

College of Medicine (COM)
Name of College or School

Integrated Medical Science Dept
Name of Department(s)

Global Health and Bioethics

Doctor of Medicine/Master of Science in
Global Health and Bioethics

Academic Specialty or Field

Complete Name of Degree
(Proposed CIP Code-51)

The submission of this proposal constitutes a commitment by the university that, if the proposal is approved, the necessary financial resources and the criteria for establishing new programs have been met prior to the initiation of the program.

<p>_____ Date Approved by the University Board of Trustees</p>	<p>_____ President</p> <p style="text-align: right;">_____ Date</p>
<p>_____ Signature of Chair, Board of Trustees</p> <p style="text-align: right;">_____ Date</p>	<p>_____ Vice President for Academic Affairs</p> <p style="text-align: right;">_____ Date</p>

Provide headcount (HC) and full-time equivalent (FTE) student estimates of majors for Years 1 through 5. HC and FTE estimates should be identical to those in Table 1. Indicate the program costs for the first and the fifth years of implementation as shown in the appropriate columns in Table 2. Calculate an Educational and General (E&G) cost per FTE for Years 1 and 5 (Total E&G divided by FTE).

Implementation
Timeframe

Projected Student
Enrollment (From Table 1)

	HC	FTE
Year 1	8	8
Year 2	16	16
Year 3	24	24
Year 4	32	32
Year 5	32	32

Projected Program Costs
(From Table 2)

Total E&G Funding	Contract & Grants Funding	E&G Cost per FTE
119,650	0	14,956
119,650	0	3,740

Note: This outline and the questions pertaining to each section must be reproduced within the body of the proposal to ensure that all sections have been satisfactorily addressed.

INTRODUCTION

I. Program Description and Relationship to System-Level Goals

- A. Briefly describe within a few paragraphs the degree program under consideration, including (a) level; (b) emphases, including concentrations, tracks, or specializations; (c) total number of credit hours; and (d) overall purpose, including examples of employment or education opportunities that may be available to program graduates.**

(a-c) Level/Emphases/Total Number of Credit Hours: The MD/MS in Global Health and Bioethics is a combined degree – Doctor of Medicine and Master of Science in Global Health and Bioethics. The MD degree is an existing FAU College of Medicine degree program, accredited by the Liaison Committee on Medical Education in February 2011. The MS in Global Health and Bioethics is an interdisciplinary Master’s level degree program. Its curriculum is comprised of required core courses with dual emphasis on: a) global health; and b) global bioethics and international research ethics. There will no concentration, tracks or specializations. The total number of credit hours is 30.

Although there are two new Global Health MS degree programs in the USA (beginning 2008 forward), and two in the UK (beginning 2005 forward), FAU COM’s dual degree program will be the *first combined MD/MS degree* of its kind to be offered anywhere, and the 1st MD-MS & MS in Global Health and Bioethics in Florida. This is notable because many MS graduates in Global Health from elsewhere go on to do an MD degree afterwards. The FAU COM combined MD/MS will uniquely and efficiently allow completion of both degrees in a single four-year period. This will be a unique draw for “the best and brightest” caliber student, and given the emphasis on service to underserved communities, is also a proven interest and draw for underrepresented minorities. The other innovation of our program is more substantive formal coursework in global bioethics and international research ethics. Such ethics training is crucial for research and clinical service involving vulnerable underserved communities in the USA and overseas.

(d) Overall Purpose: The overall purpose of the MS in Global Health and Bioethics is to prepare graduates of the program to:

- Assume leadership, advocacy, research, education and service roles in the emerging fields of global health and global bioethics/international research ethics.
- Implement and evaluate programs and policies focused on improvement of health for both local and global underserved communities.
- Identify social determinants of health, including behavioral, environmental, cultural, economic and political factors.
- Understand how these determinants of health contribute to local and global inequities in health, and work to remedy them in more culturally competent and effective ways.

- Understand and manage ethical issues involved in research, education, policy and clinical service in a global health setting.

The overall purpose of the dual degree MD-MS in Global Health and Bioethics is to prepare graduates of the program to:

- Utilize the above unique knowledge and skills to deliver culturally competent health care to underserved populations in Florida and the United States.
- With their unique training, FAU COM's MD/MS dual degree graduates in particular will: a) likely pursue a residency in a primary care specialty; and b) be especially well suited to remain in South Florida/Florida and improve health services offered to the local/regional community.
- Through such training, FAU COM's MD/MS dual degree graduates will develop: a) longstanding partnerships with local and global underserved communities; and b) the special knowledge, skills and experience - including cultural competency - to improve the effectiveness of their health services for such ethnic and socioeconomic communities.
- This training program can positively impact the economic development of South Florida and Florida in fundamental ways. For example, because our MD/MS graduates will be uniquely well equipped to provide targeted and culturally competent health services to both local and global underserved communities, this can improve Florida's health economics by: a) better attending to low cost preventive care; b) better ensuring compliance with health & wellness regimens tailored to particular ethnic and socioeconomic communities; thus c) lessening reliance on higher cost acute/ emergency room care; and d) otherwise avoiding unwarranted expenditures often associated with Florida's underserved communities.

(d) Examples of Employment or Education Opportunities Available to Graduates:

There are diverse and impressive employment opportunities for such MS graduates at the local, state, national, and/or international level. Some specific examples drawn from existing programs include working as a: Department of Health Director/Clinician; Global/Public Health Specialist; Global/Public Health Manager; Management Consultant; World Health Organization Officer; CDC Policy Analyst; Grant Advisor (e.g., Wellcome Trust); Managing Director of a Technology Company (e.g., PromoVision Ltd); Researcher; Technology Support Manager (e.g., International HIV/AIDS Alliance); Health Promotion/Health Policy Advisor; Global Health Professor (e.g., at CDC); non-governmental organization (NGO, an organization that pursues some wider social aims that has political aspects, but that are not overtly political organizations); Leader; Country Coordinator for International Development; Public Health Agency Analyst; Founder/Director of a National Research Ethics Committee (e.g., Zambia); and International Business Manager.

For some additional examples:

American graduates of the first Master's program in Global Health Sciences (University of Oxford, established 2005) pursued the following national and international job opportunities after completing their MS (full descriptions of all alumni work can be found at <http://www.publichealth.ox.ac.uk/courses/gradstu/globalhealth/alu>):

- Research Associate at the Rudd Center for Food Policy and Obesity at Yale University
- County Coordinator for Population and Development International, Cambodia
- Case Worker and Field Team Leader with the Joint Voluntary Agency, Nairobi, Kenya

In Fall 2011, UCSF hopes to post online an outline of the professional work their alumni have gone on to do after completing their MS in Global Health Sciences. In the meantime, existing Student Biosketches include: 7 students in 2008-2009; 18 students in 2009-2010; and 29 students in 2010-2011: <http://globalhealthsciences.ucsf.edu/education/graduate/students/index.aspx>)

Based on what MS graduates of existing Global Health Sciences programs have gone on to study, graduates of the FAU COM MD/MS Global Health and Bioethics program will be able, if they choose, to pursue further (e.g., doctoral level) training in a wide variety of fields. These include but are not limited to: Medical Anthropology; Bioethics; International Business Management; Epidemiology; Health Policy/Health Policy Management; International Health; and Public Health.

B. Describe how the proposed program is consistent with the current State University System (SUS) Strategic Planning Goals. Identify which goals the program will directly support and which goals the program will indirectly support. (See the SUS Strategic Plan at <http://www.flbog.org/StrategicResources/>)

SUS Strategic Plan 2005 Goals Directly or Indirectly Supported:

Goal I: Access to and production of degrees

- Master's Degrees

- This program aims to establish the first MD/MS Global Health and Bioethics dual degree program in the state, country, and world.
- On this basis, the program will establish FAU COM as a state, national and international leader in Global Health and Bioethics, enabling it to help define and shape this field as an early pioneer.

- Improving/Enriching URM Access

- The targeted focus of this MD/MS dual degree program, i.e., service to underserved ethnic and socioeconomic communities in Florida, the US and beyond, is a proven interest and draw for underrepresented minorities and international students. Many such students/graduates are also well documented to dedicate their careers to serving these very communities of which they are members, in regions with higher numbers of diverse and underserved patients and families in Florida and the US. Thus, the FAU MD/MS dual degree program will likely attract and graduate higher percentages of underrepresented minorities (e.g., Blacks, Hispanics, and Native Americans) compared to other state or national medical schools not offering this unique program. This positions FAU COM very well to advance Liaison Committee on Medical Education and FAU COM institutional goals of: a) recruiting and retaining more ethnically diverse medical students, residents, and faculty; and b) cultivating improved cultural competency among same.

Goal II: Meeting statewide professional and workforce needs

- Increasing the Number of Medical Doctors in the State of Florida (with unique knowledge and skills tailored to serving local and global underserved communities)

- FAU COM will matriculate its first class of 64 students in Summer 2011. The MD/MS dual degree founding cohorts will begin in 2012 and graduate in 2015. With their unique training, FAU COM's MD/MS dual degree graduates in particular will: a) likely pursue a residency in a primary care specialty; and b) be especially well suited to remain in South Florida/Florida and improve health services offered to the local/regional community. This is due to their Global Health and Bioethics Curricula emphasizing, e.g., Community Based Participatory Research and Education Training; Community Engagement Activities; and the MS Capstone Project. Through such training and service projects, FAU COM's MD/MS dual degree graduates will develop: a) longstanding partnerships with local and global underserved communities; and b) the special knowledge, skills and experience - including cultural competency - to improve the effectiveness of their health services for such ethnic and socioeconomic communities.

- Economic Development: Emerging Technologies and Better Targeted/More Culturally Competent Health Services

- By definition, this academic program can be included as a member of the Advisory Group on Emerging Technologies defined degree programs that support emerging technologies. Such new or developing technologies have been identified in Florida as potential sources of economic competitiveness and development.
- However, this program can positively impact the economic development of South Florida and Florida in more fundamental ways. For example, because our MD/MS graduates will be uniquely well equipped to provide targeted and culturally competent health services to both local and global underserved communities, this can improve Florida's health economics by: a) better attending to low cost preventive care; b) better ensuring compliance with health & wellness regimens tailored to particular ethnic and socioeconomic communities; thus c) lessening reliance on higher cost acute/ emergency room care; and d) otherwise avoiding unwarranted expenditures often associated with Florida's underserved communities.

- High Wage/High-Demand jobs

- As the above list of jobs (see section I. A, pg. 2) secured by graduates of similar programs in the USA and UK already resoundingly suggests, this MD/MS dual degree program will likely increase the economic competitiveness of FAU's MD/MS graduates, thereby also increasing economic development in the region, state and beyond in a number of ways.

Goal III: Building world-class academic programs and research capacity

- Centers of Excellence

- As already stated above, this program aims to establish the first MD/MS Global Health and Bioethics dual degree program in the state, country, and world.
- On this basis alone, the program will establish FAU COM as a national and international leader in Global Health and Bioethics, enabling it to help define and shape this field as an early pioneer.
- The program will internationalize the FAU COM & main University campus, better preparing FAU students, residents, faculty, and community members to understand and manage the realities and forces of globalization.
- It is our explicit goal that this will “brand” FAU’s College of Medicine in a manner both uniquely well suited to its local demographics and planned services, and also bolster institutional, SUS, state, national, and international excellence.
- Core FAU COM faculty are already nationally and internationally recognized and published in the program’s core academic disciplines (please see attached CV’s for Drs. Myser & Servoss) For example, Dr. Myser was employed by University of California San Francisco’s (UCSF) School of Medicine/Institute of Global Health as Health Professions Education Coordinator for Global Health Sciences (focused on developing core international partnerships between six parallel health professional schools at UCSF and MUHAS/Tanzania, funded by an \$8 million Gates Foundation grant) the year UCSF graduated its founding class of MS in Global Health Sciences students (2009). Her book, “Bioethics Around the Globe” was published by Oxford University Press in June 2011. Core faculty are already committed in many ways to continue and increase this trend of national and international productivity in Global Health and Bioethics. For example, Dr. Myser has already been invited/accepted to organize a special issue (in 2013) of *The Journal of Bioethical Inquiry* (an international bioethics journal based in Australia, for which she serves as Associate Editor of Global Bioethics) on “Global Health and Bioethics.” Dr. Myser and Dr. Servoss, who is FAU COM’s Assistant Dean of Diversity, will co-author the opening article, "Addressing Health Disparities in the Context of Globalization: The Emergence of Global Health and Bioethics Masters Programs as a Means to Effect 'Local' and 'Global' Remedies & Achieve Key Social Missions of Medical Education." This article will offer the first professional journal article exploration, comparison, and analysis of Global Health and Bioethics/Global Health Sciences Masters level training programs around the nation and globe, prominently featuring and describing FAU COM’s MD/MS dual degree program.
- All the above will ideally help bring Florida’s research productivity in this and associated fields to a level appropriate to the 4th largest state - and one of the nation’s most ethnically diverse states - while maintaining and enriching the SUS’s and FAU COM’s high level of faculty productivity.

Goal IV: Meeting community needs and fulfilling unique institutional responsibilities

- South Florida Community Needs

- As indicated above, South Florida is notable for its unique and varying mosaic of ethnic communities and cultural groups. The region’s patients, families and students include new immigrants, assimilated immigrants and established Florida residents. Minority and

international students make up more than 40% of the student body at FAU, which consistently ranks in the top 30 universities nationally in student-body diversity. South Florida and FAU's rich ethnic and socioeconomic demographics offer unique opportunities to explore and develop health professional excellence through diversity. These factors challenge and call for FAU COM graduates to be equipped with heightened cultural competency, to better serve and care for patients in our local community, the nation and around the globe.

Accordingly, our goals include developing physicians and researchers with special skills in providing cross-cultural and international health care, and advancing social justice on behalf of underserved communities. The COM can uniquely draw on and partner with "bridge communities" whose members may originate from overseas, but now reside either temporarily or permanently in South Florida.

- **Student Service Partnerships with Local/Regional/State/Global Communities; Social Mission and Public Benefits**

- **Community Service Partnerships:** The MS in Global Health and Bioethics curriculum is horizontally and vertically integrated with the MD curriculum throughout FAU COM's four year medical training program. This MD/MS dual degree will facilitate student immersion in the community and the building of community partnerships over the entire course of their education. Students will be working with community organizations, international organizations, interdisciplinary teams and neighborhood households to identify and address existing healthcare needs and gaps in services. Students in the MD/MS program will thus work together with community partners throughout their training, and especially through their Capstone Project, to address real medical, social and ethical issues experienced by disadvantaged families of South Florida and overseas. We will thereby prepare graduates to assess and address the medical and non-medical factors that affect health outcomes, through a curriculum that integrates the ethical foundations of medicine, social determinants of health, cultural competency, public health principles, and sustained community-based participatory service learning projects. The community engagement effort through community-based participatory research (CBPR) and the Capstone Projects will additionally serve the institution and community by enabling them to collaboratively and democratically construct substantive, rich, and deep insights/knowledge of how FAU can best serve the community.
- **Social Mission and Public Benefits:** The MD/MS in Global Health and Bioethics curriculum will provide students with early clinical experiences in the community (Department of Health, community health centers, etc.) that will help inform research ideas and guide fieldwork project topics and allow students to begin studying community- and site-specific clinical and cultural issues, socio-behavioral determinants of health and how factors like poverty and immigrant/refugee status and other stressors may complicate medical care. The MD/MS will thus highlight the "social mission" and "public benefits" of the University and the COM, to serve the community and to promote socially conscious medicine. Medical schools contribute numerous important public

goods to society beyond training the future physician workforce. These public goods include providing substantial healthcare to underserved communities. One core social mission is to train physicians to care for the population as a whole, taking into account such issues as primary care, underserved areas and workforce diversity. In “The Social Mission of Medical Education: Ranking the Schools” (Annals of Internal Medicine 2010, 152:804-811.), Mullan and colleagues suggest that the social mission of a school of medicine can be measured based on percentage of medical school graduates who practice primary care, work in health professional shortage areas and who are underrepresented minorities. FAU as a public medical school will primarily admit students from within the state. Mullan and colleagues concluded that public schools are indeed more responsive to the population-based and distributional physician workforce needs that concern legislators. Graduates of schools with a strong social mission are likely to be among the most well prepared practitioners for primary care and for the care of underserved minority populations, and our MD/MS dual degree uniquely advances all of these goals.

- Accordingly, the MD/MS dual degree in Global Health and Bioethics will integrate research, community issues and public health in a manner that will transform the way healthcare is practiced and viewed by the South Florida community and its leaders. The curriculum is focused on traditional missions like research and teaching medical students diagnostic skills but also emphasizes social missions and public benefits through community involvement, local medicine, social consciousness and local cultural issues. Such efforts could go far toward making healthcare more affordable and accessible. This combined degree program thus exemplifies one new, innovative curricula that has an explicit social mission aimed at improving the quality of life of local and global families and communities. With students engaged in the local communities, they will help our most vulnerable families, those who often count on the government for medical support. Students are also partnering with families to administer and increase preventive care, reduce emergency room visits and improve health literacy, thus addressing the healthcare crisis in the state and nation at its most foundational level.

INSTITUTIONAL AND STATE LEVEL ACCOUNTABILITY

II. Need and Demand

- A. Need: Describe national, state, and/or local data that support the need for more people to be prepared in this program at this level. Reference national, state, and/or local plans or reports that support the need for this program and requests for the proposed program which have emanated from a perceived need by agencies or industries in your service area. Cite any specific need for research and service that the program would fulfill.**

National Data/Plans/Reports-US Government-Demonstrating Demand/Need for

Such Training: The Department of State and the US Agency for International Development identified global health as one of six development areas where the US government is best placed to deliver meaningful results and advance America's core national security, diplomacy and international development interests around the world. By strategically investing in global health, they wish to spur progress across sectors in economic development, job creation, education, etc. These are goals with both global reach and local significance. For example, a core objective of the President's Global Health Initiative is to improve health outcomes among women and girls because of the centrality of women to the health of their families and communities. Girls and women are particularly vulnerable to ill health because of their reproductive role and patterns of gender discrimination. They suffer disproportionately from the effects of gender-based sexual violence and exploitation, face economic, social, cultural and legal barriers to healthcare, and are comparatively underserved by health services. (<http://www.pepfar.gov/documents/organization/136504.pdf>)

One example from our Global Health and Bioethics program that directly attends to this national and international need and demand, is to incorporate a course on "Women, Maternal and Child Health and Empowerment" that focuses on: a) the challenges in delivering safe and effective women's, maternal and child health; and b) the methodological and ethical challenges in health research and healthcare involving women and children. Our dual degree program will thus enable graduates systematically to understand and assess the specific determinants of health inequities experienced by women and girls, locally and globally. An additional outcome of our targeted programmatic content and methodological emphases is that our graduates will receive the specific training and skills to increase the participation of women and girls *themselves* in the design, implementation and evaluation of health programs through our community-based participatory service learning projects and the MS Capstone project.

National Data/Plans/Reports-Medical and Interdisciplinary Education Emerging "Best Practices"-Demonstrating Demand/Need for Such Training: In a recent review of global health training and international clinical rotations for residents, Drain and colleagues ("Global Health in Medical Education: A Call for More Training and Opportunities" *Academic Medicine* 2007; 82:226-230.) commented that medical students in the US have engaged in international rotations abroad as part of their medical education for over half a century, and their interest and participation has accelerated in recent years. In 1978, 5.9% of graduating of American medical students had completed a clinical education experience abroad as part of their medical education. By 2004, 22.3% of graduating American medical students had participated in an international health experience. Many medical students are now expanding the time they spend in medical school to pursue international clinical rotations *and* research opportunities. Medical students have been leading much of the call for greater emphasis on global health issues as part of medical education. Beginning in 1997 at UCSF and in 2007 at medical schools at Vanderbilt University, Harvard University, Duke University and the University of Washington (with the aid of \$30 million from the Bill and Melinda Gates Foundation) launched or expanded major initiatives in global health. Thus, global health is increasingly being recognized as important by medical schools, and the growing interest

among medical students continues to push global health into the mainstream of medical education. Drain and colleagues concluded with recommended strategies to meet the global health interests of medical students including, but not limited to, the creation of combined degree programs (e.g., MD/PhD, MD/MPH) in global health.

Haupt and colleagues (“Three Domains of Competency in Global Health Education: Recommendations for All Medical Students” *Academic Medicine* 2007;87:222-225.) asserted that regardless of faculty opinion on a global health curriculum, medical students are highly interested in the topic of global health, and we must listen to their views as the consumers and purchasers of medical education. One measure of this increased medical student interest in global health includes the formation of the Global Health Action Committee by the American Medical Students Association. And, in the American Committee on Clinical and Tropical Medicine and Traveler’s Health survey, repeated mention was made that advanced electives for students in global-health related topics were popular and filled to capacity. Finally, participation in international electives has averaged a robust 23.1% among US graduates since 2000, not including those who participated in cultural awareness workshops, multicultural community-based projects, or learned a foreign language for patient care. Haupt and colleagues conclude that schools need to separate the educational needs of the highly interested group of students who participated in global health electives from the core competency in global health needed *by all*.

The call for academic medicine to focus on global health training has also been heralded at the international level. At the World Health Summit 2009, the M8 Alliance of Academic Health Centers and Medical Universities was formed to lead intensified international debate about research and education in global health challenges. (*The Lancet* 2010;376:1197-1198.) During the October 2010 Summit, the M8 Alliance called for global programs and action plans based on science and led by academic institutions stating that academic medicine must take more responsibility for global health. The M8 Alliance concluded that: a) universities have the exclusive role to educate doctors and healthcare workers, and prepare them for changing medical challenges; b) academic medicine must spearhead the process to create academic centers for translational research in low-income and middle-income countries, with resources to train and advance a cadre of interdisciplinary investigators; and c) we need a strong globalization process in medical education that differentiates and supports diverse medical career models.

In 2009, the Center for Strategic and International Studies (CSIS) Global Health Policy published a report on “The Dramatic Expansion of University Engagement in Global Health.” The demand for experiences in global health must be understood within the larger context of internationalization of higher education (MacFarlane et al., 2008). In this report, the authors commented on the unprecedented and palpable surge of attention and growth of global health on universities campuses across the US. Root causes of this growth were attributed to: a) significant changes in American higher education that place greater emphasis on and resources for internationalization in response to students’ greater awareness of the world starting at an early age and facilitated by global media; b) heightened public visibility of the global health agenda, as a matter of US foreign policy

(enlightened national self-interest in protection from looming transnational health threats admittedly contributes to this public health imperative for investing in global health), and as a part of a larger movement for greater global equity; and c) expansion of funding resources, e.g., US government, foundations, corporate and private philanthropy have generated new opportunities for universities, and potential career paths for students. This growth of global health at academic institutions is marked by: a) new demand among undergraduate, graduate and professional students for education and training that will prepare them for a global marketplace; b) new donors that have opened up unprecedented levels of funding for global health; and c) areas of research and discovery that have received greater attention in light of globalization and threats of pandemics and bioterrorism. Although the majority of global health programs are still housed within schools of medicine or public health, free-standing institutes and university-wide centers have expanded the disciplinary framework for global health beyond the health professions to include business, engineering, humanities (e.g., bioethics/research ethics and religious studies), international affairs/political science, journalism, human rights, public policy, law, and the social sciences (e.g., anthropology, cultural studies, and sociology).

In direct response to this growth and the need for academic stewardship, the Consortium of Universities for Global Health (CUGH) was formed in 2008. The CUGH is comprised of representatives from 20 US and Canadian universities, the Bill and Melinda Gates Foundation and the Rockefeller Foundation. The mission of the Consortium is to promote, facilitate and enhance the growth of global health as an academic discipline as well as support the development of global health academic programs at universities. This development illustrates the great expansion and support for global health at American universities and for the new Obama administration.

(http://csis.org/files/media/csis/pubs/090420_merson_dramaticexpansion.pdf)

B. Demand: Describe data that support the assumption that students will enroll in the proposed program. Include descriptions of surveys or other communications with prospective students.

National (USA) & International (UK) Data Documenting Student Enrollment in Masters Level Global Health and Bioethics/International Research Ethics Programs:

There are currently two national (USA) and two international (UK) Masters level training programs in Global Health. University of California San Francisco (UCSF) and Duke University offer more innovative and interdisciplinary (one year) Master of Science degrees in Global Health Sciences and Global Health respectively. These interdisciplinary Masters programs are distinct from the handful of existing MPH programs with a mere global health “emphasis,” e.g., University of Washington, New York University, and University of North Carolina-Chapel Hill, which offer more traditional (two year) MPH in Global Public Health degrees. Oxford University offers a more innovative (one year) Master of Science in Global Health Science with significant emphasis on International Research Ethics; and Edinburgh offers a range of MS options combining Global Health training with, e.g., Anthropology, Public Policy, or Public

USA:

1. **Master of Science:** The first academic institution to incorporate the term “global health” in its name was the University of California San Francisco (UCSF) when it formed its Institute of Global Health in 1999 (MacFarlane et al., 2008). Former UCSF Chancellor and current Executive Director of UCSF Global Health Sciences, reasoned thus: “Global health problems such as those associated with migration, climate change, and emerging pandemics are, in California, local problems that demand solutions. A School of Global Health gives UC a novel framework through which to mobilize and leverage its resources to solve these problems.” Additional evidence supporting the development of both the UCSF School of Global Health and the MS in Global Health Sciences (GHS) degree included: (1) a University of California survey on the Los Angeles and San Diego campuses which found that more than half of undergraduates were “somewhat or very interested” in a major or minor in global health, with 11% interested in pursuing graduate-level study in the field; and (2) a UC Office of the President grant which supported Phase I planning for the School of Global Health, responding to: a) the rising impact of global health challenges in California; and b) demand from the nation’s top post-graduate school applicants for programs addressing global health; and c) a \$4 million Gates Foundation grant for program planning and development.
(UC Newsroom, <http://www.universityofcalifornia.edu/news/article/19077>)

Accordingly, aided by this Gates Foundation program development grant, UCSF started the first US-based Masters of Science in Global Health Sciences in Fall 2008, graduating its founding class of seven students in Spring 2009, its second class of 18 students in 2010, and its third class of 29 students in 2011. UCSF currently limits enrollment to 30 new students per year (which enables it to cover all expenses/resources of its self-sustaining tuition-based Masters level training program). Although UCSF anticipated that its MS in Global Health Sciences would attract primarily health professional students and practitioners, it has consistently attracted a much wider variety of students, from those who recently completed a bachelor degree (BA/BS) to those seeking to add global health expertise to their current career to and/or begin a second interdisciplinary career, all coming from a full range of academic disciplines. This creates a uniquely interdisciplinary cohort of learners for UCSF’s MS in Global Health Sciences. The program has in each cohort also attracted a good mix (approximately 30% each) of in state, out of state, and international students alike, as evidenced in the link below:
(<http://www.globalhealthsciences.ucsf.edu/education/graduate/students/index.aspx>)

2. **Master of Science:** The second US-based Master of Science in Global Health was created at Duke University the following year, admitting its inaugural class in Fall 2009.
(<http://globalhealth.duke.edu/news-events/global-health-news-at-duke/dghis-master-of-science-in-global-health-focuses-on-research>) As at UCSF, this Masters program

has attracted a broad mix of students, researchers, clinicians, and professionals - from multiple disciplines ranging from business, environmental science/ocean science, history, journalism, medicine, law, philosophy, political science and public policy. Duke's MS offers a richer understanding of the causes and solutions for health problems explored through a broadly multidisciplinary lens. It continues to attract national and international students alike, and currently limits its annual intake to 20-25 new students per year. This program has in each cohort attracted a good mix of in state, out of state, and international students alike. In 2009 it received 38 applications: 11 from NC, 17 from other US states, and 10 from overseas. In 2010 it attracted 71 applications: 6 from NC, 51 from other US states, and 14 from overseas. In 2011 it attracted 79 applications: 22 from NC, 32 from other US states, and 25 from overseas. (<http://globalhealth.duke.edu/news-events/global-health-news-at-duke/dghi-announces-second-class-of-master-of-science-in-global-health-students/>) Duke Global Health Institute MS student and possible employer commentary video: (<http://globalhealth.duke.edu/education/MSgh-prospective-students>)

3. **Master of Public Health:** University of Washington's (UW) campus-wide Department of Global Health was launched in January 2007, with generous funding from the Bill and Melinda Gates Foundation. It reports to the Provost through direct reports to the School of Medicine and School of Public Health Deans: (http://globalhealth.washington.edu/about_us/about_org_chart.php) Its mandate is to harness the expertise, energy and creativity of faculty across all 17 UW schools and colleges to create a comprehensive global health program. The Department is housed in the School of Medicine and School of Public Health, but all major health disciplines are represented, including Medicine, Public Health, Nursing, Pharmacy, Dentistry and Social Work, among other academic disciplines. A more traditional MPH in Global Health is offered on four different tracks: General (for those with substantial global health experience or other health-related experience in disadvantaged communities); Leadership, Policy and Management (for mid-career professionals seeking to be leaders, managers, and policy advocates); Health Metrics and Evaluation (for recent college graduates with demonstrated quantitative skills); and Peace Corps Master's International (for those who do not have developing country health work experience). The 2010 graduating class, including relevant tracks, numbered at 20. For students interested in combining an MPH with graduate studies in Medicine, Public Affairs, Social Work, International Studies, Anthropology and other graduate degree programs, MPH concurrent degrees are offered. There are also certificate programs, e.g., the Medical Student Global Health Pathway (for medical students pursuing careers in research or clinical practice with underserved communities either domestically or internationally) or the [15 credit] Graduate Certificate in Global Health (providing training and context for the field of global health for graduate students and professionals). The program has attracted a good mix of in state, out of state, and international students. For example, in 2010, there were 9 in state, 6 out of state, and 9 international students. In 2011, there were 29 in state applicants, 34 out of state applicants, and 14 international applicants. (<http://globalhealth.washington.edu>)

4. Master of Public Health: New York University (NYU) offers a traditional “public health” option emphasizing “core public health competencies” such as (international) health promotion and disease prevention (rather than an MS or MS in a more richly interdisciplinary Global Health Sciences/Global Health program), which is not yet accredited with Council on Education for Public Health (CEPH). In Fall 2006, NYU initiated this two-year MPH in Global Public Health, cutting across five of its professional schools (Dentistry; Nursing; Medicine; Social Work; Culture, Education and Human Development; and Public Service), with emphasis in either Global Health Leadership or Community and International Health. It enrolls about 40 students per year. NYU’s MPH in Global Public Health is also offered in four dual degree options: DDS/MPH (5 years); MD/MPH (5 years); MS/MPH (3 years); and MSW/MPH (3 years): (<http://www.nyu.edu/mph/academics>)
 Student Video: <http://www.youtube.com/watch?v=3tTNarL6z-g>
 Student Feedback: <http://forums.studentdoctor.net/showthread.php?p=10834598>

5. Master of Public Health: The Office of Global Health at the University of North Carolina (UNC)-Chapel Hill is the new organizing unit for global health activities at the Gillings School of Global Public Health. Based in the Dean’s Office, and reporting to an Associate Dean for Global Health, it “coordinates interdisciplinary global health research, teaching and practice across all seven departments in the SPH...and enhances cooperative partnerships with investigators and institutions from around UNC, North Carolina, the US, and other countries around the world.” For the years 2006-2009, it was awarded a 3-year, \$400,000 grant to establish the UNC Partnership in Global Health, which is active both locally (NC) and globally (Malawi). UNC’s Office of Global Health offers a [minimum 10 credit hours] Graduate Certificate in Global Health for currently enrolled graduate students, primarily in public health (although under special circumstances other graduate students may apply), focused on developing core competencies, e.g., cultural competency, leadership, and professionalism & ethics. They also offer a standard, MPH, tailored for Global Public Health emphasis, which draws on core MPH coursework plus student-elected additional courses from departments ranging from anthropology, biology, business, city and regional planning through international studies, journalism, law, nursing, political science, sociology and social work. (<http://www.sph.unc.edu/globalhealth/about/>). Currently, no specific enrollment numbers or data are available.

UK:

- 1. Master of Science:** Oxford University offers a one year MS in Global Health Science - substantively featuring professional training in International Research Ethics - that averages 22 students per year since 2005. (<http://www.publichealth.ox.ac.uk/courses/gradstu/globalhealth/alu>) Its goal is to recruit and train students to assume leadership positions within major international health organizations and ministries of health. Upon completion of the MS, students are expected to be self-directed and original in tackling problems in global health and

equipped to continue to advance their knowledge, understanding and skills further in research or professional practice in the field of global health.

(<http://www.publichealth.ox.ac.uk/courses/gradstu/globalhealth>)

Sir Ka-hing Li donated 5 million pounds to extend and strengthen the University of Oxford's global health research networks with Asia, and, in particular, China.

(http://www.ox.ac.uk/media/news_stories/2010/100513.html)

2. **Master of Science/Master of Public Health:** In Fall 2009, the University of Edinburgh launched a Global Health Academy to facilitate multidisciplinary, university-wide collaborations across three schools and 22 programs to tackle global health issues (<http://www.ed.ac.uk/about/edinburgh-global/news-events/news/global-health-academy>). In doing so, it sought to build on “its extraordinary legacy of attending to neglected tropical diseases,” and “its commitment to human rights and social justice,” since “Manson founded tropical health there as a discipline.” Its Global Health Academy brings together a wide portfolio of postgraduate Masters degrees in global health, including sciences and social sciences, policy and practice, and human and animal health. For example, Edinburgh University newly offers a (1 year full-time or 2-3 year part-time) MS combining Global Health with, e.g.:
Anthropology
(http://www.sps.ed.ac.uk/gradschool/taught_masters/a_g/MS_global_health_and_anthropology);
Public Policy
(http://www.sps.ed.ac.uk/gradschool/taught_masters/a_g/MS_global_health_and_public_policy);
or Public Health Research (now a traditional MPH from 2011 forward)

- C. **If similar programs (either private or public) exist in the state, identify the institution(s) and geographic location(s). Summarize the outcome(s) of any communication with such programs with regard to the potential impact on their enrollment and opportunities for possible collaboration (instruction and research). Provide data that support the need for an additional program.**

Statewide Evidence/Data Documenting Student Enrollment in Global Health and Bioethics/International Research Ethics:

The MD/MS in Global Health and Bioethics degree program will be the first of its kind to be offered anywhere. There are NO institutions in Florida currently offering a Masters or other degree in Global Health and Bioethics. There are only three institutions in Florida that even have a department/center or certificate program in global health, and only one focused on global bioethics/international research ethics, and none offers a self standing or dual degree in Global Health or Global Health and Bioethics. The University of South Florida (Tampa, FL) has a Department of Global Health housed within its College of Public Health: USF Master of Public Health students may elect a *concentration* in global health that allows students to take four related classes, e.g., in Global Communicable Diseases, Global Health Practice, Global Disaster Management and Humanitarian Relief, and Epidemiology of Global Health. At the University of North Florida (Jacksonville,

FL), there is an incipient Center for Global Health and Medical Diplomacy offering minimal community educational events, public forums, seminars and conferences, with the aim of increasing visibility and awareness of local, national and global health issues. The University of Miami (Miami, FL) has established a Global Institute in the Miller School of Medicine that undertakes community-driven health and development programs in the US, Latin America and the Caribbean. The only educational program at the University of Miami is a Global Health Certificate Program. The University of Miami Ethics Programs (which are not housed in the Miller School of Medicine) also feature a small but significant number of global bioethics and international research projects, but offer no formal associated educational training or degrees:

<http://www.miami.edu/index.php/ethics>

Since our program has not yet been approved and additionally has such a distinct, combined emphasis on global health *and* global bioethics/international research ethics, we have not to date communicated with the above Florida institutions about our plans. However, upon approval of the dual degree program, and once we have begun to develop and publicize our program more broadly, we can begin to explore opportunities for possible instructional and research collaborations if and as appropriate.

- D. Use Table 1 (A for undergraduate and B for graduate) to categorize projected student headcount (HC) and Full Time Equivalents (FTE) according to primary sources. Generally undergraduate FTE will be calculated as 40 credit hours per year and graduate FTE will be calculated as 32 credit hours per year. Describe the rationale underlying enrollment projections. If, initially, students within the institution are expected to change majors to enroll in the proposed program, describe the shifts from disciplines that will likely occur.**

Tables 2 and 3 indicate the funding sources that support the proposed program. Support for the program will come from the reallocated time and effort of the faculty and support personnel listed in Table 3 totaling \$119,650. These funds reside in the base budget of the Charles E. Schmidt College of Medicine and carry the reasonable expectation of stability because this joint program will enhance the recruitment of medical students to FAU. Given the fixed allocation, potential offset by extramural grant support, program costs per student are expected to decrease substantially by year 5.

(Please see accompanying excel tables)

- E. Indicate what steps will be taken to achieve a diverse student body in this program, and identify any minority groups that will be favorably or unfavorably impacted. The university's Equal Opportunity Officer should read this section and then sign and date in the area below.**

Achieving diversity in the combined MD/MS Global Health and Bioethics program:
In addition to the specific recruitment measures already underway at the COM-1, the

¹ Achieving diversity in the FAU COM MD program:

targeted focus of this MD/MS dual degree program, i.e., service to underserved ethnic and socioeconomic communities, is a proven interest and draw for underrepresented minorities (See Section IB. SUS Strategic Plan 2005, Goal I: Improving/Enriching URM Access, pg. 3). Previous studies in the literature further support the fact that underrepresented minority physicians provide relatively more care to minority and underserved populations compared with non-minority physicians (Council on Graduate Medical Education. Minorities in Medicine: An Ethnic and Cultural Challenge for Physician Training. An Update. Seventh Report. Rockport, MD: US DHHS; 2005; Komaromy M et al. The role of black and Hispanic physicians in providing health care for underserved populations. NEJM 1996;334:1305-10.)

_____(original signature obtained from Paula Behul)____ 08/15/11_____
Equal Opportunity Officer Date

III. Budget

A. Use Table 2 to display projected costs and associated funding sources for Year 1 and Year 5 of program operation. Use Table 3 to show how existing Education & General funds will be shifted to support the new program in Year 1. In narrative form, summarize the contents of both tables, identifying the source of both current and new resources to be devoted to the proposed program. (Data for Year 1 and Year 5 reflect snapshots in time rather than cumulative costs.)

Tables 2 and 3 indicate the funding sources that support the proposed program. Support for the program will come from the reallocated time and effort of the faculty and support personnel listed in Table 3 totaling \$119,650. These funds reside in the base budget of the Charles E. Schmidt College of Medicine and carry the reasonable expectation of

leadership and membership of MAPS chapters, as well as other cultural organizations such as the Caribbean Students Association, Hispanic Students Association, Asian Students Organizations, and others such as Muslim student associations to identify and promote a culturally diverse group of applicants for the MD program.

2. The Associated Dean for Admissions and Enrollment will attend:

- a. Pre-med forums for prospective medical school applicants that are held annually throughout the state of Florida at major colleges and Universities (e.g., Florida Atlantic University (Boca Raton), University of Florida (Gainesville), the University of North Florida (Jacksonville), Florida State University, the University of West Florida (Pensacola), the University of Central Florida (Orlando), University of South Florida (Tampa), the University of Miami (Coral Gables) and Florida International University (Miami).
- b. Pre-med American Medical Students Association (AMSA) and Alpha Epsilon Delta (pre-med honor society) meetings at smaller, but potentially equally important feeder schools such as Stetson, Rollins, St Thomas, Barry University, Nova Southeastern University, Florida Gulf Coast University, and the Florida Institute of Technology

3. The FAU COM will establish health professions pipeline programs aimed at increasing the number of underrepresented minorities in medicine. The COM has an existing community outreach program for high school students, including underrepresented and underserved minorities in South Florida. The goal of this program is to encourage and develop students' desire to enter healthcare fields. This outreach program will be expanded and implemented at a Palm Beach County medical magnet middle school (Roosevelt Middle School) beginning in 2011.

Lastly, the FAU COM is in the beginning phases of establishing a partnership with Florida Agricultural and Mechanical University (FAMU). FAMU is the oldest historically African-American institution in the State of Florida. The goal of this collaboration would be to provide an enhanced curriculum, mentoring and research opportunities to FAMU undergraduates in hopes that they will apply to the FAU COM.

stability because this joint program will enhance the recruitment of medical students to FAU. Given the fixed allocation, potential offset by extramural grant support, program costs per student are expected to decrease substantially by year 5.

B. If other programs will be impacted by a reallocation of resources for the proposed program, identify the program and provide a justification for reallocating resources. Specifically address the potential negative impacts that implementation of the proposed program will have on related undergraduate programs (i.e., shift in faculty effort, reallocation of instructional resources, reduced enrollment rates, greater use of adjunct faculty and teaching assistants). Explain what steps will be taken to mitigate any such impacts. Also, discuss the potential positive impacts that the proposed program might have on related undergraduate programs (i.e., increased undergraduate research opportunities, improved quality of instruction associated with cutting-edge research, improved labs and library resources).

N/A

C. Describe other potential impacts on related programs or departments (e.g., increased need for general education or common prerequisite courses, or increased need for required or elective courses outside of the proposed major).

N/A

D. Describe what steps have been taken to obtain information regarding resources (financial and in-kind) available outside the institution (businesses, industrial organizations, governmental entities, etc.). Describe the external resources that appear to be available to support the proposed program.

Possible Funding Sources include:

- Public
 - National Institute for Minority Health Disparities (NIMHD) – on 6/9/11, we submitted a \$4.9 million grant to NIH-NIMHD to build FAU COM’s Global Health and Bioethics MD-MS and MS training programs, and to conduct research through our programs to reduce and eliminate health disparities among Caribbean blacks in Florida and the Caribbean. The public health and financial costs of associated health disparities are considerable: health inequalities among African Americans, who have the worst health profile among racial/ethnic groups studied, led to \$135.9 billion in excess direct medical costs and \$782.8 billion in indirect costs (lower worker productivity due to illnesses, and losses from premature deaths) of health inequalities between 2003 and 2006 (LaVeist et al., 2009). Accordingly, the savings to Florida state and the United States of these and other Global Health and Bioethics interventions could also be considerable.
 - NIH-Fogarty (e.g., International Research Ethics Capacity Building-focused on developing countries, e.g., we will apply for a research capacity-building partnership with Turkey in Spring 2012; & Framework Program Development Grants)
 - HRSA Program Development grants (e.g., funded University of Miami Miller School of Medicine’s new MD-MPH dual degree)

- Florida Department of Health (in kind contributions, e.g., clinical rotations & preceptors)
- Private
 - Bill and Melinda Gates Foundation (The Gates Foundation gave program planning grants to both UCSF and their alma mater, University of Washington, to create and build their Global Health Sciences Master of Science and Master of Public Health programs; also the Gates Foundation gave the entire University of California system a grant to create and build a wide-ranging, cross-campus initiative in global health training. We aspire in future to seek the former and/or latter type of Gates' planning grants, especially similar global health initiative across Florida State University System campuses.)
 - Local philanthropists (Confidentially, the FAU COM Development Office is exploring and developing possible, local Global Health and Bioethics philanthropists and funders.)

IV. Projected Benefit of the Program to the University, Local Community, and State

Use information from Table 1, Table 2, and the supporting narrative for “Need and Demand” to prepare a concise statement that describes the projected benefit to the university, local community, and the state if the program is implemented. The projected benefits can be both quantitative and qualitative in nature, but there needs to be a clear distinction made between the two in the narrative.

The projected benefits of the MD/MS in Global Health and Bioethics are to prepare graduates of the program to:

- Assume leadership, advocacy, research, education and service roles in the emerging fields of global health and global bioethics/international research ethics.
- Implement and evaluate programs and policies focused on improvement of health for both local and global underserved communities.
- Identify social determinants of health, including behavioral, environmental, cultural, economic and political factors.
- Understand how these determinants of health contribute to local and global inequities in health, and work to remedy them in more culturally competent and effective ways.
- Understand and manage ethical issues involved in research, education, policy and clinical service in a global health setting.
- Utilize the above unique knowledge and skills to deliver culturally competent health care to underserved populations in Florida and the United States.
- With their unique training, FAU COM's MD/MS dual degree graduates in particular will: a) likely pursue a residency in a primary care specialty; and b) be especially well suited to remain in South Florida/Florida and improve health services offered to the local/regional community.
- Through such training, FAU COM's MD/MS dual degree graduates will develop: a) longstanding partnerships with local and global underserved communities; and b) the special knowledge, skills and experience - including cultural competency - to improve the effectiveness of their health services for such ethnic and socioeconomic communities.

- This training program can thus positively – quantitatively and qualitatively - impact the economic development of South Florida and Florida in fundamental ways. For example, because our MD/MS graduates will be uniquely well equipped to provide targeted and culturally competent health services to both local and global underserved communities, this can improve Florida's health economics by: a) better attending to low cost preventive care; b) better ensuring compliance with health & wellness regimens tailored to particular ethnic and socioeconomic communities; thus c) lessening reliance on higher cost acute/ emergency room care; and d) otherwise avoiding unwarranted expenditures often associated with Florida's underserved communities.

As indicated above, South Florida is notable for its unique and varying mosaic of ethnic communities and cultural groups. The region's patients, families and students include new immigrants, assimilated immigrants and established Florida residents. Minority and international students make up more than 40% of the student body at FAU, which consistently ranks in the top 30 universities nationally in student-body diversity. South Florida and FAU's rich ethnic and socioeconomic demographics offer unique opportunities to explore and develop health professional excellence through diversity. These factors challenge and call for FAU COM graduates to be equipped with heightened cultural competency, to better serve and care for patients in our local community, the nation and around the globe.

The MD/MS students will also be working with community organizations, international organizations, interdisciplinary teams and neighborhood households to identify and address existing healthcare needs and gaps in services. The students will thus work together with local community partners throughout their training, and especially through their Capstone Project, to address real medical, social and ethical issues experienced by disadvantaged families of Florida, the U.S. and beyond. We will thereby prepare graduates to assess and address the medical and non-medical factors that affect local and other health outcomes, through a curriculum that integrates the ethical foundations of medicine, social determinants of health, cultural competency, public health principles, and sustained community-based participatory service learning projects. The local community engagement effort through community-based participatory research (CBPR) and the Capstone Projects will additionally serve the institution and local community by enabling them to collaboratively and democratically construct substantive, rich, and deep insights/knowledge of how FAU can best serve the community.

The MD/MS in Global Health and Bioethics curriculum will provide students with early clinical experiences in the local community (Department of Health, community health centers, etc.) that will help inform research ideas and guide fieldwork project topics and allow students to begin studying community- and site-specific clinical and cultural issues, socio-behavioral determinants of health and how factors like poverty and immigrant/refugee status and other stressors may complicate medical care. The MD/MS will thus highlight the "social mission" and "public benefits" of the University and the COM, to serve the local community and to promote socially conscious medicine. Medical schools contribute numerous important public goods to society beyond training

the future physician workforce. These public goods include providing substantial healthcare to underserved communities. One core social mission is to train physicians to care for the population as a whole, taking into account such issues as primary care, underserved areas and workforce diversity. In “The Social Mission of Medical Education: Ranking the Schools” (Annals of Internal Medicine 2010, 152:804-811.), Mullan and colleagues suggest that the social mission of a school of medicine can be measured based on percentage of medical school graduates who practice primary care, work in health professional shortage areas and who are underrepresented minorities. FAU as a public medical school will primarily admit students from within the state. Mullan and colleagues concluded that public schools are indeed more responsive to the population-based and distributional physician workforce needs that concern legislators. Graduates of schools with a strong social mission are likely to be among the most well prepared practitioners for primary care and for the care of underserved minority populations, and our MD/MS dual degree uniquely advances all of these goals.

Accordingly, the MD/MS dual degree in Global Health and Bioethics will integrate research, community issues and public health in a manner that will transform the way healthcare is practiced and viewed by the South Florida/Florida community and its leaders. The curriculum is focused on traditional missions like research and teaching medical students diagnostic skills but also emphasizes social missions and public benefits through community involvement, local medicine, social consciousness and local cultural issues. Such efforts could go far toward making healthcare more affordable and accessible. This combined degree program thus exemplifies one new, innovative curricula that has an explicit social mission aimed at improving the quality of life of local and global families and communities. With students engaged in the local communities, they will help our most vulnerable families, those who often count on the government for medical support. Students are also partnering with families to administer and increase preventive care, reduce emergency room visits and improve health literacy, thus addressing the healthcare crisis in the state and nation at its most foundational level.

INSTITUTIONAL READINESS

V. Related Institutional Mission and Strength

A. Describe how the goals of the proposed program relate to the institutional mission statement as contained in the SUS Strategic Plan and the University Strategic Plan.

Please see section I. B. (pp. 3-7) above:

For FAU Strategic Goal 1 (Providing Increased Access to Higher Education), please consult the description addressing SUS Strategic Goal I (Access to and Production of Degrees).

For FAU Strategic Goal 2 (Meeting Statewide Professional and Workforce Needs), please consult the description addressing SUS Strategic Goal II (Meeting Statewide Professional and Workforce Needs).

For FAU Strategic Goals 3 (Building World-Class Academic Programs, and Objective 2.1 Build interdisciplinary focused research and scholarly activity programs such as Centers of Excellence that have the greatest potential for success of securing federal grants including earmark dollars, program project grants, training grants, and center grants from federal sources) and 7 (Increasing the University's Visibility), please consult the description addressing SUS Strategic Goal III (Building World-Class Academic Programs and Research Capacity).

Finally, for FAU Strategic Goal 4 (Meeting Community Needs and Fulfilling Unique Institutional Responsibilities), please consult the description addressing SUS Goal IV (Meeting Community Needs and Fulfilling Unique Institutional Responsibilities).

B. Describe how the proposed program specifically relates to existing institutional strengths, such as programs of emphasis, other academic programs, and/or institutes and centers.

In addition to the core faculty & their strengths highlighted above, over time we aim to draw on related institutional strengths including:

- Faculty (e.g., as Lecturers/Specialty Mentors/Research Collaborators)
 - FAU Professional Colleges/Schools (e.g., Business, Nursing, Social Work)
 - FAU Departments (e.g., Anthropology, Caribbean & Latin American Studies, Education, Health Administration/Health Science, Philosophy/Ethics, Political Science/International Affairs, Philosophy/Ethics, Sociology, and the Wilkes Honors College)
 - Office of International Programs

Such wide-ranging collaborations will eventually build stronger interdisciplinary relations across the COM itself, other professional schools, and relevant departments across campus. Strategies to catalyze the development of interdisciplinary Global Health & Bioethics collaborations across FAU include: (1) sending “requests for proposals” (RFPs) to develop interdisciplinary initiatives; (2) providing other opportunities for collaboration through the College of Medicine’s Interprofessional Education Program which is already planning educational curricula involving medical, nursing, and social work faculty and students; and 3) offering joint appointments in the College of Medicine as appropriate. This can help break down “silo” thinking within the COM and across campus, as well as internationalizing the broader campus.

- Local clinical & health policy experiences
 - Florida Department of Health
 - Caridad Clinic
- Local professional members of underserved communities in South Florida who can build two-way bridges of education, research and service to and from South Florida, Latin America, the Caribbean and beyond

- C. Provide a narrative of the planning process leading up to submission of this proposal. Include a chronology (table) of activities, listing both university personnel directly involved and external individuals who participated in planning. Provide a timetable of events necessary for the implementation of the proposed program.

Chronology (Table) of Activities: Planning Process

Date	Participants	Planning Activity
June 2010	Myser (Director of Global Health and Bioethics); Servoss (Asst. Dean of Diversity, Cultural and Student Affairs)	Inception of idea for MS Global Health and Bioethics
August 2010	Friedland (COM Dean and Vice President of Medical Programs); Paull (COM Vice Dean, Research, Graduate Programs and Faculty Affairs); Myser	Conduct FAU Main Campus & Professional Schools “Advance Evaluation” (online research and face-to-face meetings as possible with schools and departments noted above) to explore local interest/talent/support for Global Health MS
October 2010	Friedland; Myser	Finalize job offer and title
March 2011 & June 2011 & August 2011	Myser; Servoss; Rosson (Graduate College Dean); Fulks (Graduate College Asst. Dean)	Consult with Graduate College Dean & Assistant Dean
March 2011 & June 2011 & August 2011	Myser; Servoss; Kaufman (Associate Provost for Academic Budget)	Consult with Associate Provost for Academic Budget
March 2011	Myser; Linda Rackleff Becker (COM Director of Planning and Admin)	Consult with Director of Planning and Administration
Mar-Apr 2011	Myser; Servoss	Drafting New MD-MS Curriculum & New Degree Program proposal
Mid-April	Myser; Servoss; Henson; Paull; Kaufman	Myser and Servoss present MD/MS program to Drs. Paull (Vice Dean, Research, Graduate Programs and Faculty Affairs), Henson (Vice Dean, Medical Education and Student Affairs) & Kaufman

Timetable of Events Leading to Implementation

Date	Implementation Activity
June 28, 2011	Presentation of the MD/MS program to FAU COM Curriculum Committee- Approved
July 11, 2011	Presentation of MS program to the FAU COM Graduate Programs Committee- Approved
August 31, 2011	Presentation of MD/MS & MS programs to the GPC- Approved
October 7, 2011	Presentation of MD/MS & MS programs to the Faculty Senate
December 14, 2011	New Degree Program submission to the BOT Academic Programs Subcommittee
January 12, 2012	New Degree Program submission to BOT, Full Board Meeting
January 2012-Summer 2013	More detailed curriculum development
Fall/Winter 2012	Initiate Admissions process for MD-MS dual degree program
Summer 2013	Matriculate founding MD-MS cohort

Long-Term Program Goals:

- (2012) Create a self-standing, one-year MS in Global Health & Bioethics [a one-year version of the MS Global Health and Bioethics curriculum extracted from the four-year dual degree program version] to engage and train a much broader range of interested students (as described above in section 2 B, pp. 10-14); Gain FAU/BOT Administrative Approval; Commence with Founding MS Cohort in 2013
- Conduct a Florida-wide COM & broader university evaluation, aimed at building a multi-campus, system-wide “Global Health Institute of Florida” headquartered at FAU COM
- Based on University of California’s experiences, such a state-wide arrangement is of greatest interest for Bill and Melinda Gates Foundation funding, and they have not yet funded anything like that in this equally ethnically diverse state on the East/Southeast coast.

VI. Program Quality Indicators - Reviews and Accreditation

Identify program reviews, accreditation visits, or internal reviews for any university degree programs related to the proposed program, especially any within the same academic unit. List all recommendations and summarize the institution's progress in implementing the recommendations.

Global Health & Bioethics MS Program Quality Indicators: As an emerging academic discipline, there is no existing accreditation body at any level. However, the newly created Consortium of Universities for Global Health (formed 2008) eventually plans to standardize competencies and outcomes, and we intend to be a pioneering contributor to these discussions and decisions.

MD Program Quality Indicators: The COM was just approved by the BOG and Florida Legislature in early 2011. The Liaison Committee on Medical Education granted preliminary accreditation status to the COM in February 2011; and SACS approved the COM in March, 2011. Therefore, the MD degree program will not be subject to internal FAU program review or BOG academic program review for several years. The MD program will be subject to a second review and site visit by the LCME during the 2012-13 academic year prior to a determination by the LCME as to whether to grant the COM provisional accreditation status.

VII. Curriculum

A. Describe the specific expected student learning outcomes associated with the proposed program. If a bachelor’s degree program, include a web link to the Academic Learning Compact or include the document itself as an appendix.

The overall purpose of the MS in Global Health and Bioethics is to prepare graduates of the program to:

- Assume leadership, advocacy, research, education and service roles in the emerging fields of global health and global health ethics.

- Implement and evaluate programs and policies focused on improvement of health for both local and global underserved communities.
- Identify social determinants of health, including behavioral, environmental, cultural, economic and political factors.
- Understand how these determinants of health contribute to local and global inequities in health & work to remedy them in more culturally competent/effective ways.
- Understand and manage ethical issues involved in research, education, intervention and clinical service programs in a global health setting.

B. Describe the admission standards and graduation requirements for the program.

All eligible applicants must first be admitted to the FAU MD program. This is a necessary but not sufficient criterion. Additional criteria will be the following:

- Curriculum vitae
- Aptitude for and experience of global health issues
- A personal statement that gives reasons for applying for the MS degree, prior global health experience in underserved populations, expectations from the program, and potential contribution to the class experience
- Three (3) Letters of Recommendation
- Original transcripts from undergraduate and graduate schools (if appropriate)
- GRE scores will not be required for the *combined* MD/MS dual degree (but will be for any later evolving *self-standing* MS in Global Health and Bioethics)

C. Describe the curricular framework for the proposed program, including number of credit hours and composition of required core courses, restricted electives, unrestricted electives, thesis requirements, and dissertation requirements. Identify the total numbers of semester credit hours for the degree.

The total number of credit hours is 30. Curricular framework, composition and sequence of required core courses is:

Foundations of Global Health – New Paradigms in Research, Education, and Service (3.0 credits)

Foundations of Global Bioethics – New Paradigms in Research, Education, and Service (3.0 credits)

New and Resurgent Diseases of Global Importance (1.0 credit)

Women, Maternal and Child Health and Empowerment (1.0 credit)

Qualitative Research Methods for Global Health & Bioethics (2.0 credits)

International/Global Research Ethics (2.0 credits)

Intensive Fieldwork Identification and Planning for the Capstone Project (1.0 credit)

Global Health and Human Rights (1.0 credit)

Medical Anthropology, Health Diplomacy and Global Justice (1.0 credit)

Global Health and Bioethics Policy and Development (2.0 credits)

Global Health and Bioethics Qualifying Exam Preparation and Capstone Planning Seminar (1.0 credit)

No elective courses will be offered at this time.

There is no thesis or dissertation requirement. However, there is a qualifying exam and a capstone project comprehensive exam (based on a 10-week fieldwork experience) as described below.

Qualifying Exam: Final written protocol describing all aspects of forthcoming fieldwork to be undertaken, including: context of the problem, conceptual and theoretical framework guiding the project, and proposed methodology

Fieldwork Experience (10 credits) – These credits may substitute for “research elective” during the 4th year of the MD program.

Capstone Project Comprehensive Exam: The Capstone Project Comprehensive Exam serves as the culminating experience of the program: a formal written and oral presentation of the completed fieldwork project that allows students: a) to synthesize and integrate Global Health and Bioethics concepts, skills, and knowledge acquired throughout the program; and b) to demonstrate the acquisition of fundamental Global Health and Bioethics competencies.

Courses for which MD students will receive “double dipping” credit from the MD program (Foundations of Medicine) – total of 3 credits:

Social and Behavioral Determinants of Health (1.0 credit)

Statistical Concepts for Global Health (1.0 credit)

Global Health Epidemiology (1.0 credit)

D. Provide a sequenced course of study for all majors, concentrations, or areas of emphasis within the proposed program.

As above

E. Provide a one- or two-sentence description of each required or elective course.

Foundations of Global Health – New Paradigms in Research, Education, and Service (3.0 credits) This will offer an introduction to major global health problems, techniques of analysis, critical appraisal and potential solutions featuring regional case studies.

Foundations of Global Bioethics – New Paradigms in Research, Education, and Service (3.0 credits) This course will explore the cultural meanings and social functions of bioethics in various countries according to their unique histories, sociocultural features, politics, economics, etc.

New and Resurgent Diseases of Global Importance (1.0 credit) New and resurgent communicable and non-communicable diseases will be explored with a focus on the

relevant demographics of South Florida and its unique migration patterns.

Women, Maternal and Child Health and Empowerment (1.0 credit) This course will introduce students to the methodological and ethical challenges in health research and healthcare involving women and children aimed at morbidity and mortality prevention.

Qualitative Research Methods for Global Health & Bioethics (2.0 credits) This course will enable students to identify and implement appropriate qualitative research methods to answer specific global health and bioethics questions. Special focus will be given to community-based participatory research for the democratic construction of knowledge and service.

International/Global Research Ethics (2.0 credits) This course will introduce students to the ethical theories and frameworks underpinning international research ethics debates and decision-making. Specific focus will be paid to the ethical conduct of research and good clinical practice around the globe, cross-cultural challenges and evaluating risks, benefits and standards of care in research in the international setting

Intensive Fieldwork Identification and Planning for the Capstone Project (1.0 credit) In this course, the Capstone Project, a 10-week fieldwork project focused on local underserved global “bridge communities” in South Florida or abroad, will be introduced and project planning will begin with the supervision of Global Health faculty members and community partners.

Global Health and Human Rights (1.0 credit) Review relevant human rights codes and guidelines relevant to global health with particular focus on ethical challenges raised when performing research involving vulnerable populations.

Medical Anthropology, Health Diplomacy and Global Justice (1.0 credit) The aims of this course are to: (1) increase students’ awareness and understanding of sociocultural factors involved in health related beliefs and behaviors; (2) introduce health diplomacy methods (a new academic sub-discipline emerging out of medical anthropology) to employ cultural competency and improve health by strategically addressing existing failures in sociocultural “diplomacy,” particularly in resource-poor communities/countries; (3) thereby improve global justice.

Global Health and Bioethics Policy and Development (1.0 credit) This course will introduce students to the policy process and understanding the role policy plays in realizing international development objectives. The evolution and challenges of global governance for global health, global health regulation and trade will also be explored.

Global Health and Bioethics Qualifying Exam Preparation and Capstone Planning Seminar (1.0 credit) During this course, the student will prepare for the qualifying exam, the final written protocol describing all aspects of the Capstone Project fieldwork, including: context of the problem, conceptual and theoretical framework guiding the project and proposed methodology.

Qualifying Exam: Final written protocol describing all aspects of forthcoming fieldwork to be undertaken, including: context of the problem, conceptual and theoretical framework guiding the project, and proposed methodology

Fieldwork Experience (10 credits)

Capstone Project Comprehensive Exam: The Capstone Project Comprehensive Exam serves as the culminating experience of the program: a formal written and oral presentation of the completed fieldwork project that allows students: a) to synthesize and integrate Global Health and Bioethics concepts, skills, and knowledge acquired throughout the program; and b) to demonstrate the acquisition of fundamental Global Health and Bioethics competencies.

Courses for which MD students will receive “double dipping” credit from the MD program (Foundations of Medicine) – total of 3 credits:

Statistical Concepts for Global Health (1.0 credit) This will be an introduction to statistical techniques commonly used in clinical research. Topics include measures of association, sample size calculation and power, parametric and non-parametric analysis, linear and logistic regression.

Global Health Epidemiology (1.0 credit) This course will introduce students to core epidemiologic concepts and study designs commonly used in clinical and community based participatory research. Specifically, the design and analysis of cohort, case-control, cross-sectional studies and randomized controlled trials will be studied using regional case studies focused on global health.

Social and Behavioral Determinants of Health (1.0 credit) This course will introduce students to the social and behavioral determinants of health such as socioeconomic status, ethnicity and gender. Students will explore the relationship between the globalization process and the exacerbation of health inequities within and between countries.

- F. For degree programs in the science and technology disciplines, discuss how industry-driven competencies were identified and incorporated into the curriculum and identify if any industry advisory council exists to provide input for curriculum development and student assessment.**

N/A

- G. For all programs, list the specialized accreditation agencies and learned societies that would be concerned with the proposed program. Will the university seek accreditation for the program if it is available? If not, why? Provide a brief timeline for seeking accreditation, if appropriate.**

As already stated above, the Consortium of Universities for Global Health (CUGH), the planning for which was funded and led by the Bill and Melinda Gates Foundation,

aims to standardize competencies and outcomes, and we intend to be a pioneering contributor to these discussions and decisions: <http://www.cugh.org/about/landing>

The Global Health Education Consortium (GHEC) is another resource, but also does not do accreditation: <http://globalhealtheducation.org/aboutus/SitePages/Home.aspx>

With regards to the implementation of the MD/MS dual degree program, the COM will be required to submit a progress report to the LCME by April 15, 2012, prior to the LCME 2012-13 site visit in which we will include information about the implementation of the of the MD/MS. No further approval is required from SACS to implement the MD/MS degree.

- H. For doctoral programs, list the accreditation agencies and learned societies that would be concerned with corresponding bachelor's or master's programs associated with the proposed program. Are the programs accredited? If not, why?**

N/A

- I. Briefly describe the anticipated delivery system for the proposed program (e.g., traditional delivery on main campus; traditional delivery at branch campuses or centers; or nontraditional delivery such as distance or distributed learning, self-paced instruction, or external degree programs). If the proposed delivery system will require specialized services or greater than normal financial support, include projected costs in Table 2. Provide a narrative describing the feasibility of delivering the proposed program through collaboration with other universities, both public and private. Cite specific queries made of other institutions with respect to shared courses, distance/distributed learning technologies, and joint-use facilities for research or internships.**

The delivery system for the core courses will be traditional delivery at the Charles E. Schmidt Biomedical Science building on the FAU-Boca Raton campus which houses the College of Medicine. For example, didactics, problem-based learning sessions and practica will take place at FAU COM. The 10-week fieldwork experience, the Capstone Project, will take place off-campus in local/regional communities or on supervised overseas sites.

VIII. Faculty Participation

- A. Use Table 4 to identify existing and anticipated ranked (not visiting or adjunct) faculty who will participate in the proposed program through Year 5. Include (a) faculty code associated with the source of funding for the position; (b) name; (c) highest degree held; (d) academic discipline or specialization; (e) contract status (tenure, tenure-earning, or multi-year annual [MYA]); (f) contract length in months; and (g) percent of annual effort that will be directed toward the proposed program (instruction, advising, supervising internships and practica, and supervising thesis or dissertation hours).**

See attached excel spreadsheet

VIII. Faculty Participation

- A. Use Table 4 to identify existing and anticipated ranked (not visiting or adjunct) faculty who will participate in the proposed program through Year 5. Include (a) faculty code associated with the source of funding for the position; (b) name; (c) highest degree held; (d) academic discipline or specialization; (e) contract status (tenure, tenure-earning, or multi-year annual [MYA]); (f) contract length in months; and (g) percent of annual effort that will be directed toward the proposed program (instruction, advising, supervising internships and practica, and supervising thesis or dissertation hours).**

See attached excel spreadsheet

- B. Use Table 2 to display the costs and associated funding resources for existing and anticipated ranked faculty (as identified in Table 2). Costs for visiting and adjunct faculty should be included in the category of Other Personnel Services (OPS). Provide a narrative summarizing projected costs and funding sources.**

See attached excel spreadsheet

- C. Provide the number of master's theses and/or doctoral dissertations directed, and the number and type of professional publications for each existing faculty member (do not include information for visiting or adjunct faculty).**

N/A for this MS, but please see attached core faculty CV's for general such information.

Faculty Name	Theses	Dissertations	Professional Publications

- D. Provide evidence that the academic unit(s) associated with this new degree have been productive in teaching, research, and service. Such evidence may include trends over time for average course load, FTE productivity, student HC in major or service courses, degrees granted, external funding attracted, as well as qualitative indicators of excellence.**

Please see attached core faculty CV's, which describe and document all this in detail.

IX. Non-Faculty Resources

- A. Describe library resources currently available to implement and/or sustain the proposed program through Year 5. Provide the total number of volumes and serials available in this discipline and related fields. List major journals that are available to the university's students. Include a signed statement from the Library Director that this subsection and subsection B have been reviewed and approved for all doctoral level proposals.**

The MD-MS in Global Health and Bioethics is an inter-disciplinary degree that is likely to require resources from multiple disciplines. The following library resource

Medical Economics: 276

Public health related to: ethics, social medicine, global issues, statistics:167

Preventative medicine and public health, community medicine, and public health: 330

Legal aspects of Medicine: 188

Philosophy, Ethics: 2001

There are also approx. 308 electronic resources such as e-books in the global health field and an additional 318 electronic resources that look at various aspects of bioethics. Additionally we have several other electronic collections that incorporate related topics such as health economics and human rights as well as collections of related topics such as legal proceedings as they relate to the ethics of various biomedical topics as well as general text and e-resources that can be utilized for statistical components of the course. As this is an emerging field there are few “major journals”, instead articles are published in related disciplines. Some of the journals available that are related to the field or publish within the field are listed below:

Bioethics

American journal of tropical medicine and hygiene

Global health promotion

Global social policy

Globalization and health

Journal of the National Society of Allied Health

Health policy and planning

Public health ethics

American journal of Public Health

Journal of public health (Oxford, England)

Public health and the environment

Lancet infectious diseases

Epidemiology and community health

Southern African journal of epidemiology & infection

B. Describe additional library resources that are needed to implement and/or sustain the program through Year 5. Include projected costs of additional library resources in Table 3.

No additional library resources are projected at this time.

_____(original signature obtained from William Miller)____ _08/15/11_____
Library Director Date

C. Describe classroom, teaching laboratory, research laboratory, office, and other types of space that are necessary and currently available to implement the proposed program through Year 5.

The space currently available for FAU COM teaching activities in the Schmidt Biomedical Science Center and the FAU Medical Education Research Park Simulation Center facility is summarized in the tables below. Since Lecture Hall 126 is the only

room currently available to accommodate 64 students, plans are underway to remodel Lecture Halls 128 and 130. When renovations are completed during the late spring of 2011, prior to admission of the charter class, each room will be able to accommodate a total of 84 students and a movable wall will have been installed between the two lecture halls, which, when retracted, will create a large lecture hall that can accommodate 168 students.

**Charles E. Schmidt Biomedical Science Center (BC-71)
COM Instructional Space**

Year Constructed: 2002	Year of Last Major Renovation: 2008-09	
Type of Room*	Capacity	Main Educational Use(s)**
Lecture Hall 126	140	Lectures, small group discussions
Lecture Hall 128	84	Lectures, small group discussions
Lecture Hall 130	84	Lectures, small group discussions
Study Rooms 101,107, 109 & 114	20 each	Study, small group discussions
Study Rooms 106 & 108	24 each	Study, small group discussions
Meeting Rooms 122,124, 314	16-18 each	Small group discussions
Gross Anatomy Lab 401	64	Human anatomy instruction
Clinical Skills Examination Rooms (8)	4-5 each	Clinical skills instruction/assessment

*Lecture hall, science lab, conference room, small-group discussion room, etc. If several rooms of similar type and seating capacity are use, simply indicate total number of such rooms in parentheses.

**Lectures, small-group discussion, dissection, wet labs, slide study, etc.

*** Prior to commencement of the charter class in summer, 2011, lecture halls 128 and 130 will have been remodeled to each seat 84 students, with a retractable wall between the two halls that will allow creation of a single larger lecture hall that can seat 168 students.

FAU College of Medicine Research Park Simulation Center Instructional Space

Year Constructed: 2002	Year of Last Major Renovation: 2006	
Type of Room*	Seating Capacity	Main Educational Use(s)**
Conference Room 1 Discussion, distance learning facilities	24	Lectures, small group
Conference Room 2 Discussion, distance learning facilities	12	Small groups
Small Group Study Rooms 1,2,3 & 4 Training, small group discussion	20 each	Study, small groups
Simulations Center	48	Case-based studies and scenario

Two bay emergency simulators and 3 station triage area		simulation
Ambulance	6	Simulation of emergency room treatment in live, real time environment

*Lecture hall, science lab, conference room, small-group discussion room, etc. If several rooms of similar type and seating capacity are use, simply indicate total number of such rooms in parentheses.

**Lectures, small-group discussion, dissection, wet labs, slide study, etc.

D. Describe additional classroom, teaching laboratory, research laboratory, office, and other space needed to implement and/or maintain the proposed program through Year 5. Include any projected Instruction and Research (I&R) costs of additional space in Table 2. Do not include costs for new construction because that information should be provided in response to X (J) below.

No additional such spaces are required.

E. Describe specialized equipment that is currently available to implement the proposed program through Year 5. Focus primarily on instructional and research requirements.

IT-videoconferencing resources for any overseas communications.

F. Describe additional specialized equipment that will be needed to implement and/or sustain the proposed program through Year 5. Include projected costs of additional equipment in Table 2.

N/A

G. Describe any additional special categories of resources needed to implement the program through Year 5 (access to proprietary research facilities, specialized services, extended travel, etc.). Include projected costs of special resources in Table 2.

N/A

H. Describe fellowships, scholarships, and graduate assistantships to be allocated to the proposed program through Year 5. Include the projected costs in Table 2.

The MD-MS dual degree will have their MS offered at no additional tuition cost; it will be included for the cost of their MD tuition. No fellowships, scholarships, or graduate assistantships are planned for future cohorts at this time.

I. Describe currently available sites for internship and practicum experiences, if appropriate to the program. Describe plans to seek additional sites in Years 1 through 5.

For the Founding MD-MS Class (Summer 2013-Spring 2016), all Capstone Projects will be

required to focus on underserved *local* “global bridge communities” resident in or expatriated to South Florida, in part to demonstrate service and public benefits to South Florida’s/Florida’s local/regional/state underserved communities in genuine need. In doing so, FAU COM will continue to build Global Health & Bioethics *Local* Community Partnerships. In the meantime, Global Health & Bioethics *International* Community Partnerships - being created/developed from 2011 forward based on wide-ranging existing international contacts of core faculty on every inhabited continent - will offer later cohorts both local and global fieldwork opportunities for Global Health and Bioethics Capstone Projects. The key is to establish adequate local then global partner supervision and mentoring.

- J. If a new capital expenditure for instructional or research space is required, indicate where this item appears on the university's fixed capital outlay priority list. Table 2 includes only Instruction and Research (I&R) costs. If non-I&R costs, such as indirect costs affecting libraries and student services, are expected to increase as a result of the program, describe and estimate those expenses in narrative form below. It is expected that high enrollment programs in particular would necessitate increased costs in non-I&R activities.**

N/A

TABLE 1-B
PROJECTED HEADCOUNT FROM POTENTIAL SOURCES
(Graduate Degree Program)

Source of Students (Non-duplicated headcount in any given year)*	Year 1		Year 2		Year 3		Year 4		Year 5	
	HC	FTE	HC	FTE	HC	FTE	HC	FTE	HC	FTE
Individuals drawn from agencies/industries in your service area (e.g., older returning students)	1	1	2	2	3	3	4	4	4	4
Students who transfer from other graduate programs within the university**	0	0	0	0	0	0	0	0	0	0
Individuals who have recently graduated from preceding degree programs at this university	2	2	4	4	6	6	8	8	8	8
Individuals who graduated from preceding degree programs at other Florida public universities	3	3	6	6	9	9	12	12	12	12
Individuals who graduated from preceding degree programs at non-public Florida institutions	1	1	2	2	3	3	4	4	4	4
Additional in-state residents***	0	0	0	0	0	0	0	0	0	0
Additional out-of-state residents***	1	1	2	2	3	3	4	4	4	4
Additional foreign residents***	0	0	0	0	0	0	0	0	0	0
Other (Explain)***	0	0	0	0	0	0	0	0	0	0
Totals	8	8	16	16	24	24	32	32	32	32

* List projected yearly cumulative ENROLLMENTS instead of admissions

** If numbers appear in this category, they should go DOWN in later years.

*** Do not include individuals counted in any PRIOR category in a given COLUMN.

TABLE 2
PROJECTED COSTS AND FUNDING SOURCES

Instruction & Research Costs (non-cumulative)	Year 1						Year 5					
	Funding Source					Subtotal E&G and C&G	Funding Source				Subtotal E&G and C&G	
	Reallocated Base* (E&G)	Enrollment Growth (E&G)	Other New Recurring (E&G)	New Non- Recurring (E&G)	Contracts & Grants (C&G)		Continuing Base** (E&G)	New Enrollment Growth (E&G)	Other*** (E&G)	Contracts & Grants (C&G)		
Faculty Salaries and Benefits	115,000	0	0	0	0	\$115,000	115,000	0	0	0	\$115,000	
A & P Salaries and Benefits	0	0	0	0	0	\$0	0	0	0	0	\$0	
USPS Salaries and Benefits	4,650	0	0	0	0	\$4,650	4,650	0	0	0	\$4,650	
Other Personnel Services	0	0	0	0	0	\$0	0	0	0	0	\$0	
Assistantships & Fellowships	0	0	0	0	0	\$0	0	0	0	0	\$0	
Library	0	0	0	0	0	\$0	0	0	0	0	\$0	
Expenses	0	0	0	0	0	\$0	0	0	0	0	\$0	
Operating Capital Outlay	0	0	0	0	0	\$0	0	0	0	0	\$0	
Special Categories	0	0	0	0	0	\$0	0	0	0	0	\$0	
Total Costs	\$119,650	\$0	\$0	\$0	\$0	\$119,650	\$119,650	\$0	\$0	\$0	\$119,650	

*Identify reallocation sources in Table 3.

**Includes recurring E&G funded costs ("reallocated base," "enrollment growth," and "other new recurring") from Years 1-4 that continue into Year 5.

***Identify if non-recurring.

Faculty and Staff Summary

Total Positions (person-years)	Year 1	Year 5
Faculty	TBA ^a	TBA
A & P	0	0
USPS	1	1

Calculated Cost per Student FTE

	Year 1	Year 5
Total E&G Funding	\$119,650	\$119,650
Annual Student FTE	11.5	10.73
E&G Cost per FTE	\$14,956	\$3,740

^aWe will continue to identify campus-wide interdisciplinary faculty (e.g., from Anthropology, Business, Caribbean & Latin American Studies, Health Administration/Health Science,

Nursing, Office of International Programs, Philosophy, Political Science, Social Work, Sociology, and the Wilkes Honors College) to give individual lectures and enrich courses.

TABLE 3
ANTICIPATED REALLOCATION OF EDUCATION & GENERAL FUNDS

Program and/or E&G account from which current funds will be reallocated during Year 1	Base before reallocation	Amount to be reallocated	Base after reallocation
0.5 of Dr. Myser's FTE	150,000	75,000	\$75,000
0.20 of Dr. Servoss's FTE	200,000	40,000	\$160,000
0.15 of Ms. Annie Thomas's FTE	31,000	4,650	\$26,350
Totals	\$381,000	\$119,650	\$261,350

**TABLE 4
ANTICIPATED FACULTY PARTICIPATION**

Faculty Code	Faculty Name or "New Hire" Highest Degree Held Academic Discipline or Speciality	Rank	Contract Status	Initial Date for Participation in Program	Mos. Contract Year 1	FTE Year 1	% Effort for Prg. Year 1	PY Year 1	Mos. Contract Year 5	FTE Year 5	% Effort for Prg. Year 5	PY Year 5
A	Catherine Myser, PhD Global health and bioethics	Assoc. Prof.	Non-tenure	Summer 2013	12	0.50	0.50	0.50	12	0.50	0.50	0.50
A	Julie C. Servoss, M.D., M.P.H. Global and public health	Asst Prof	Non-tenure	Summer 2013	12	0.20	0.20	0.20	12	0.20	0.20	0.20
A	Other FAU faculty multidisciplinary collaboration	Asst/Assoc full Prof		Summer 2013	TBA*							
	Total Person-Years (PY)							0.70				0.70
Faculty Code			Source of Funding	PY Workload by Budget Classification								
				Year 1							Year 5	
A	Exisitng faculty on a regular line	Current Education & General Revenue						0.00				0.00
B	New faculty to be hired on a vacant line	Current Education & General Revenue						0.00				0.00
C	New faculty to be hired on a new line	New Education & General Revenue						0.00				0.00
D	Existing faculty hired on contracts/grants	Contracts/Grants						0.00				0.00
E	New faculty to be hired on contracts/grants	Contracts/Grants						0.00				0.00
Overall Totals for							Year 1	0.00			Year 5	0.00

* We will continue to identify campus-wide interdisciplinary faculty (e.g., from Anthropology, Business, Caribbean & Latin American Studies, Health Administration/Health Science, Nursing, Office of International Programs, Philosophy, Political Science, Social Work, Sociology, and the Wilkes Honors College) to give individual lectures and enrich courses.

MD-MS Global Health and Bioethics

Curriculum & Schedule (Summer 2013-Spring 2016)

- **Prerequisite:** all participating students must first be admitted to FAU's MD program and differing, additional selection criteria will guide admission to the MS
- Global Health and Bioethics is an emerging academic discipline which is interdisciplinary by definition, with integrated competencies drawing on, e.g., bioethics, biological/health sciences, health economics, public/health policy, human rights, intercultural communication/cultural competency, international affairs, international development, medical anthropology and public health, offering a novel framework through which to mobilize and leverage multidisciplinary resources to solve global health and bioethics problems.
- The MS curriculum will begin the summer after Year 1 of the MD program. During Year 2 (1st and 2nd semesters), the Global Health and Bioethics Seminars will occur during Friday afternoons which are dedicated time for "Independent Study" in the MD curriculum. During Year 3, there will be a 1.0 credit seminar reserved for Capstone Project planning. During Year 4, there will be a 12-week Capstone Project.
- 8 MD-MS students = one cohort
- Distribution of credit hours by faculty member(s) over the 4-year MD curriculum:

MS Curriculum	Faculty Instructors	Credit hours
Year 1 Summer	Myser and Servoss	5 credits
	Myser	3 credits
Year 2 Fall	Myser and Servoss	1 credits
	Myser	4 credits
Year 2 Spring	Myser and Servoss	2 credits
	Myser	1 credit
Year 3 Fall & Spring	Myser and Servoss	1 credit
Year 4	Myser and Servoss	10 credit (Students' fieldwork experience)

Year 1 Summer (8 weeks)

Foundations of Global Health – New Paradigms in Research, Education, and Service (3.0 credits)

Myser and Servoss

- Major Global Health Problems and Potential Solutions
- Social and Behavioral Determinants of Global Health
- Techniques of Analysis of Global Health Problems
- Capacity to Evaluate, Synthesize, and Critically Appraise Complex Evidence/Research Articles in Global Health (e.g., for Global Health Policy)
- Regional Case Studies in Global Health (e.g., Africa, Asia, Caribbean, Latin America, Muslim World, Western Europe, No. America, Australia/Pacific)
- Global Health and Anthropology
- International Development & Health: Development in Theory and Practice; Strengths & Weaknesses

- Paradigms and Narratives in Development Studies
- Intended and Unintended Consequences of Development Interventions for Global Health
- Conflict and Natural Disasters

Foundations of Global Bioethics – New Paradigms in Research, Education, and Service (3.0 credits) Myser

- Recognize and Adapt the Cultural Ethos of Bioethics (e.g., White Anglo-Saxon Ethos in USA) for International Applications
- Explore the Cultural Meanings and Social Functions of Bioethics in Various Countries According to their Unique Histories, Sociocultural Features, Politics, Economics, etc.
- Globalization of Bioethics: Balkanization vs. Universalization of Values, Standards and Guidelines

New and Resurgent Diseases of Global Importance (1.0 credit) Myser and Servoss

- Effects of Globalization on Health (with focus on the relevant demographics of South Florida)
- Recognize global health problems associated with migration, climate change and emerging pandemics as local health problems, in Florida, requiring solutions
- Migration, Marginalization and Health
- Overlapping and Special Debriefing with Department of Health rotations will help inform research ideas and guide fieldwork project topics and allow students to begin studying community- and site-specific clinical and cultural issues
- Cross-Cultural Communication and Ethics
- Use of Translators and Ethics of Using Translators

Women, Maternal and Child Health and Empowerment (1.0 credit) – Myser and Servoss

- Clinical and Global Health Context of Prevention and Treatment in Women and Children in Both Developed and Developing Countries
- Women, Maternal and Child Health: Morbidity and Mortality Prevention
- Challenges in Delivering Safe and Effective Women's, Maternal and Child Health
- Methodological and Ethical Challenges in Health Research and Healthcare involving Women and Children
- Social Justice and Power

Year 2, 1st Semester (30 weeks): Global Health and Bioethics Seminars (Friday Afternoons' "Independent Study" 1-5pm)

Qualitative Research Methods for Global Health & Bioethics (2.0 credits) Myser

- Recognize High Quality Qualitative Research Methods
- Evaluate the Validity of Qualitative Research
- Identify Appropriate Qualitative Research Methods to Answer Specific Global Health and Bioethics Questions
- Understand and Implement Core Methods: e.g., Ethnography
- Conduct Community Based Participatory Research for Democratic Construction of Knowledge and Service

International/Global Research Ethics (2.0 credits) – Myser

- Ethical Theories and Frameworks Underpinning International Research Ethics Debates and Decision Making
- Recent and Current Controversies in International Research Ethics
- Core Cases: Identifying and Analyzing Ethical Issues Raised by Research Protocols & Developing Appropriate Responses
- International Guidelines and Regulations for Ethical Conduct of Research and Good Clinical Practice Around the Globe
- Informed Consent Theories and Standards: Providing Information and Facilitating/Supporting Voluntary Decision Making
- Cross-Cultural Challenges: Autonomy vs. Beneficence; Individualism vs. Communitarianism (Individual vs. Communal Leader Informed Consents)
- Evaluating Risks, Benefits, and Standards of Care in Research
- Post Trial Access to Research Interventions and Benefit Sharing
- Ethical Review of Research – Reviewing and Being Reviewed – Systems and Challenges including the Role of Research Ethics Committees
- Foreign Pharmaceutical Goals vs. Local Goals
- Engaging Research Communities: Issues to Address and Strategies for Meaningful Engagement
- Good Research Practice: Identifying Issues to Address When Designing and Conducting Specific Studies (including variables such as Vulnerable Populations, Complex Environments such as Emergency and Refugee Populations, and a Variety of Research Designs including Public Health Studies, Genomic and Operational Research)
- Capacity Building, Policy Development, and Empirical Ethics Research: Developing Responses to Research Ethics Issues on a Case-By-Case and Institutional Basis

Intensive Fieldwork Identification and Planning for the Capstone Project (1.0 credit) - Myser and Servoss

Year 2, 2nd Semester (10 weeks): Global Health and Bioethics Seminars (Friday Afternoons' "Independent Study" 1-5pm)

Global Health and Human Rights (1.0 credit) - Myser and Servoss

- Human Rights Codes and Guidelines Relevant to Global Health
- with Particular Focus on Ethical Challenges Raised when Performing Research involving Vulnerable Populations.

Medical Anthropology, Health Diplomacy and Global Justice (1.0 credit) – Myser

- Sociocultural Factors involved in Health Related Beliefs and Behaviors
- Health Diplomacy Methods (a New Academic Subdiscipline emerging out of Medical Anthropology) to Employ Cultural Competency and Improve Health by Strategically Addressing Existing Failures in Sociocultural "Diplomacy," Particularly in Resource-Poor Communities/Countries
- Health Diplomacy to Improve Global Justice

Global Health and Bioethics Policy and Development (1.0 credit) - Myser and Servoss

- The Policy Process

- Understanding the Role Policy Plays in Realizing International Development Objectives
- International Health Organizations
- Evolution and Challenges of Global Governance for Global Health
- Health Systems Strengthening and Implementation Science
- Global Health Regulation and Trade

Year 3

Global Health and Bioethics Qualifying Exam Preparation and Capstone Planning Seminar: Block 4 (2 first semester + 2 second semester) Friday afternoons, 1-5pm, or other independent study time of MD academic year (1.0 credit) Myser, Servoss

Year 4 (12 weeks MD-MS Capstone Project; cf. “Research Elective” –Ideal Time Slot: March April May/i.e., Post Residency Interviews)

Week 1- Qualifying Exam: Final Written Protocol describing all aspects of forthcoming fieldwork to be undertaken, including: context of the problem, conceptual and theoretical framework guiding the project, and proposed methodology

Weeks 2-11: 10-week Fieldwork Experience (10 credits)

Week 12- Capstone Project Comprehensive Exam: The Capstone Project Comprehensive Exam serves as the culminating experience of the program: a formal written and oral presentation of the completed fieldwork project that allows students: a) to synthesize and integrate Global Health and Bioethics concepts, skills, and knowledge acquired throughout the program; and b) to demonstrate the acquisition of fundamental Global Health and Bioethics competencies

Courses for which MD students will receive “double dipping” credit from the MD program (FOM) – total of 3 credits:

Statistical Concepts for Global Health (1.0 credit) Servoss

- Statistical Techniques commonly used in Clinical Research, including Measures of Association, Sample Size Calculation and Power, Parametric and Non-Parametric Analysis, Linear and Logistic Regression.

Global Health Epidemiology (1.0 credit) Servoss

- Core Epidemiologic Concepts and Study Designs commonly used in Clinical Research. Specifically, the Design and Analysis of Cohort, Case-Control, Cross-Sectional Studies and Randomized Controlled Trials will be studied using Regional Case Studies focused on Global Health.
- Quantitative Methods will be identified and explored that will be applied to students' Capstone Projects.

Social and Behavioral Determinants of Health (1.0 credit) Myser and Servoss

- Recognize the Impact of Ethnicity, Gender and Socioeconomic Status on Health
- Comparative Regional Determinants of Health
- Explore the Relationship between the Globalization Process and the Exacerbation of Health Inequities Within and Between Countries

Future Electives:

Global Health Economics

- Comparative Health Systems
- Health Care in Low-Resource Settings
- Link to Economic Development in South Florida (cf. Commonwealth University's Service Learning Projects and FIU's NeighborhoodHELP)

Global Health Decision Science

- Decision Science Methods – Decision and Cost Effective Analysis.
- Case Studies from the literature will be used to Demonstrate How Decision Science is used to Frame Clinical and Health Policy Decisions in an Economic Context.

Environmental and Occupational Health in a Sustainable World

Climate Change and Global Health (e.g., engage Harbor Branch Oceanography)

n.b. For the Founding MD-MS Class (Summer 2013-Spring 2016), all Capstone Projects will be required to focus on underserved *local* “global bridge communities” resident in or expatriated to South Florida, in part to demonstrate service/benefit to local/regional/state communities. In doing so, FAU COM will continue to build Global Health & Bioethics *Local* Community Partnerships. In the meantime, Global Health & Bioethics *International* Community Partnerships - being created/developed from 2011 forward - will offer later cohorts both local and global fieldwork opportunities for Global Health and Bioethics Capstone Projects, once adequate local then global partner supervision and mentoring is established.

n.b. For all coursework, we will continue to identify campus-wide interdisciplinary faculty (e.g., from Anthropology, Business, Caribbean & Latin American Studies, Health Administration/Health Science, Nursing, Office of International Programs, Philosophy, Political Science, Social Work, Sociology, and the Wilkes Honors College) to give individual lectures and enrich courses, demonstrating benefit to the FAU Campus while helping to globalize the university more. Strategies to catalyze the development of interdisciplinary Global Health & Bioethics collaborations within FAU include: (1) sending “requests for proposals” (RFPs) to develop interdisciplinary initiatives; (2) providing other opportunities for collaboration through the College of Medicine’s Interprofessional Education Program which is already planning IPE modules involving medical, nursing, and social work faculty and students; and 3) offering joint appointments in the College of Medicine as appropriate.



Charles E. Schmidt College of Medicine
777 Glades Road
Boca Raton, FL 33431
(561) 297-4341
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July 7, 2011

Catherine Myser, Ph.D.
Julie Servoss, M.D., M.P.H.
Charles E. Schmidt College of Medicine
Florida Atlantic University
777 Glades Rd, BC 71
Boca Raton, FL 33431

Dear Dr. Myser and Dr. Servoss:

As the Dean and Vice President for Medical Programs at Florida Atlantic University, Charles E. Schmidt College of Medicine, I strongly support the two new proposed graduate degree programs: The MD-MDS dual degree in Medicine and Global Health and Bioethics, and the independent MS degree in Global Health and Bioethics. I believe that these two programs will enrich the graduate educational opportunities at Florida Atlantic University as well as the State of Florida. They will also be invaluable tools in the continued efforts to engage in international education activities.

These proposed degree programs will focus on training future health care and other professionals to use a range of resources to solve several global health and bioethics problems in the U.S. and around the world. Since these programs are very unique, it means that FAU will be a leader in this field and will attract students from around the world. Additionally, it will open more doors for our faculty to apply for extramural grants. You may be aware that health issues, especially when examined in global context, are top targets for support from federal agencies, international agencies and private foundations. These grant funds will provide critical resources to enable us to achieve this objective.

I cannot stress enough how important and necessary it is for FAU to build global partnerships in order to maximize funds for research on a global level. Therefore, I hope you will be granted the approval of the two proposed graduate degrees in Global Health and Bioethics.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael L. Friedland", written over a horizontal line.

Michael L. Friedland, M.D.
Vice President for Medical Program
Dean, Charles E. Schmidt College of Medicine

Cc: Diane Alperin, Interim Provost
Edward Pratt, Dean of Undergraduate Studies
Barry Rosson, Vice President for Research and Dean of Graduate College



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July 21, 2011

Catherine Myser, PhD
Director, Ethics, Social Medicine and Global Health Programs
Schmidt College of Medicine
Florida Atlantic University
777 Glades Road
Boca Raton, FL 33431

Dear Dr. Myser:

I am pleased to support your proposal for a Master of Science degree program in Global Health and Bioethics in the Schmidt College of Medicine at Florida Atlantic University. This innovative interdisciplinary degree program can attract students to the University and foster engagement with diverse and underserved communities in our geographic area.

I found your proposal quite compelling. As only the 5th Master's program in Global Health in the US, the only program combining Global Health and Bioethics, and the burgeoning interest in and need for education in Global Health, there is great potential for attracting students and funding. Offering the program through distance learning modalities would make it more accessible to interested students within and outside the US. South Florida is well-positioned to attract students from Latin America and the Caribbean to the program, and the diversity of our surrounding communities creates a rich laboratory to implement the capstone projects proposed. The MD/MS degree can offer medical students an opportunity to specialize in global health and obtain focused experiences in public health and ethics. Students in the other Florida medical schools may be drawn to the program especially with creative capstone projects that might include study abroad experiences.

Some of these courses could be appealing to our PhD students in nursing who are seeking cognates or electives. The College of Nursing does offer two courses in qualitative research methods which might be useful to students enrolled in this program. I agree that it is important to take advantage of any opportunities to increase interprofessional education among the faculty and students in the health professions programs at FAU.

I enthusiastically support your proposal for the Global Health and Bioethics Master's degree program. I wish you success as you plan your program and look forward to future collaborations.

Sincerely,

A handwritten signature in cursive script that reads 'Marlaine C. Smith'.

Marlaine C. Smith, RN, PhD, AHN-BC, FAAN
Dean and Helen K. Persson Eminent Scholar

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July 6, 2011

Catherine Myser Ph.D.
Julie Servoss M.D., M.P.H.
Dean Michael Friedland M.D.
Charles E. Schmidt College of Medicine
Florida Atlantic University
777 Glades Road BC-71
Boca Raton, FL 33431

Dear Dr. Myser, Dr. Servoss and Dean Friedland:

I write as Director of the Office of International Programs at Florida Atlantic University to enthusiastically support the two new graduate degree programs you have proposed: the MD-MS dual degree in Medicine and Global Health and Bioethics, and the independent MS degree in Global Health and Bioethics. I have reviewed both proposals in detail, and feel they will make extremely valuable contributions to the professional and interdisciplinary graduate educational opportunities at Florida Atlantic University (FAU) as well as the State of Florida. They will also be invaluable tools in FAU's continued efforts to engage in international education activities and the 21st century global higher education system.

The Global Health and Bioethics field is an emerging interdisciplinary academic discipline that will train future health care and other professionals to use a range of resources to solve different global health and bioethics problems in the U.S. and around the world. Global health issues and the interface between culture, society, poverty, access and service delivery of health care within an ethical framework are of critical importance now. We need to train competent professionals for leadership, advocacy, research, education and service roles in these areas, and the proposed degree programs will be unique to Florida (and rare in the U.S.) once launched. The degree content aligns particularly well with the College of Medicine's student-centered and patient-focused approach that features problem based learning and clinical experiences with local physicians, health departments, and hospitals and clinics. Engagement with community clientele from South Florida as well as selected international locations will deepen the cultural awareness of the students and strengthen their professional and international capacities upon graduation from FAU. The uniqueness of these degrees means FAU will be a leader in this field and students from Florida, across the U.S. and from around the world will want to enroll at FAU.

I am further excited that these degrees are being proposed at a time when FAU is embarking on a new phase of internationalization. FAU is meeting the "global imperative" of global engagement by adding new international partnerships in strategic world locations and adding curriculum and study abroad options to help train globally competent graduates. Some of our current world partners will have the

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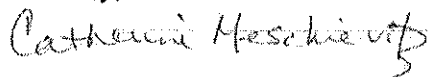
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capacity to host the Global Health and Bioethics students doing their 10 credit fieldwork experience overseas. New partners identified initially for our Global Health and Bioethic connections will also have the potential to offer access to added FAU faculty and students in other academic disciplines, thereby building comprehensive partnerships. Comprehensive partnerships engage multiple constituencies at home and abroad, sparking new synergies that lead to transformative activities and results. All of this activity will link FAU more firmly to the emerging global higher education system and allow faculty and students to contribute to new cutting edge knowledge production.

Last, but certainly not least, these two degrees will directly lead to more extramural grant opportunities for FAU faculty. Health issues, especially when examined in global contexts, are top targets for support from federal agencies, international fundors and private foundations. Dr. Myser's and Dr. Servoss's recent submission to NIH for a multi-year grant for research on minority health and health disparities in Jamaica and South Florida is one example. Moreover, many foundations are now giving internationally focused grants to U.S. universities only in tandem with overseas partners, be they universities, research centers or NGOs. The international ties and partnerships FAU has and will continue to build are necessary building blocks to maximize available funds for research on global health and bioethics; and in turn the latter strength simultaneously will allow FAU to add more fruitful partnerships and global ties. It is truly a "win-win" scenario.

For all these reasons, I urge prompt approval of the two proposed graduate degrees in Global Health and Bioethics. I look forward to working with the College of Medicine, the deans and faculty and others across FAU as they implement the degrees and help FAU engage globally in meaningful ways.

Sincerely,



Dr. Catherine Meschievitz
Director

xc: Diane Alperin, Interim Provost
Edward Pratt, Dean of Undergraduate Studies
Barry Rosson, Vice President for Research and Dean of the Graduate College

CATHERINE MYSER

Address

Catherine Myser, Ph.D.
Director of Ethics, Social Medicine, and Global Health
Associate Professor of Clinical Biomedical Science
Department of Integrated Medical Science
Charles E. Schmidt College of Medicine, BC-71, Office 118
Florida Atlantic University
Boca Raton, Florida, 33431

EDUCATION

Stanford University Medical School/Center for Biomedical Ethics & Department of Anthropology, Palo Alto, California (August 1994-June 1995) Postdoctoral Research Fellow. Completed eight courses in Medical Anthropology and Qualitative Research Methods: Anthropology Pre-Field Research Seminar; Anthropological Research Methods; Medical Anthropology; Seminar in Advanced Medical Anthropology; Language and Culture; Human Diversity: A Linguistic Perspective; Methods for Sociological Research; Qualitative Field Research Methods (UCSF). Supervisor: Dr. Clifford Barnett, Professor of Medical Anthropology.

Georgetown University/Kennedy Institute of Ethics, Washington, D.C. (May 1994) Ph.D. and (May 1988) M.A. in Philosophy/Bioethics. Dissertation: "A Philosophical Critique of the 'Best Interests' Criterion and an (Ethnographic) Exploration of Clinical Ethical Strategies for Balancing the Interests of Infants or Fetuses, Family Members, and Society in the United States, Sweden, and India." Director: Dr. LeRoy Walters; Readers: Dr. Robert Veatch, Dr. Wayne Davis.

Saint Mary's College, Notre Dame, Indiana (May 1982) B.A. in Philosophy, English Literature, and French Language/Literature.

Université Catholique de l'Ouest, Angers, France (1979-1980) Liberal Arts coursework – including a year of Philosophy – conducted in French. University of Notre Dame Exchange Program.

FELLOWSHIPS AND SCHOLARSHIPS

Fulbright Professor & Senior Scholar, Turkey (2004-2005) Grant awarded to bridge gaps in Turkish medical/clinical ethics education & to improve Western understanding of secularist, Islamic bioethics – based in Istanbul Medical and Anthropology Faculties.

Fulbright Professor & Senior Scholar, Turkey (2003-2004) Resigned due to unanticipated surgery and complications.

Georgetown University Graduate Scholarship (August 1991-May 1993)

Georgetown University Dissertation Research Travel Grant (June-December 1989) Grant awarded to conduct bioethics and ethnographic research on maternal-fetal and neonatal ethics in India (2 mos.) following independent study (5 mos.) in Kenya, Tanzania, Botswana, Zimbabwe, and Madagascar, Africa.

Fulbright Scholar, Sweden (1988-1989) Grant awarded to conduct bioethics and ethnographic dissertation research on Swedish approaches to maternal-fetal and neonatal ethics.

Catherine Myser

Georgetown University Philosophy Fellowship (1985-1988)

Georgetown University Writing Center Fellowship (1986-1987)

ACADEMIC EXPERIENCE

Florida Atlantic University, George E. Schmidt College of Medicine, Boca Raton, Florida (January 2011-Present) Director of Ethics, Social Medicine, and Global Health & Associate Professor of Clinical Biomedical Science. Director and Co-Founder of new Global Health and Bioethics MD/MS & MS degree programs and associated research and service. Creating and directing new bioethics and clinical ethics education programs, and clinical consultation service. Co-creating and co-directing new cultural competency and community advocacy education, research, and service learning programs. Travelled to Haiti with Food for the Poor in May 2011 to build learning and service partnerships in the Caribbean for FAU COM students and faculty.

University of California, San Francisco, Global Health Sciences, San Francisco, California & Muhimbili University of Health and Allied Sciences, Dar es Salaam, Tanzania (March-September 2009; Gates Planning Grant funding not renewed) Coordinated UCSF & MUHAS Deans/faculty across their respective professional schools – including Medicine, Nursing, Pharmacy, Dentistry, Allied Health, and Public Health – to develop and implement a clinical ethics/professionalism curriculum; transform education in all 6 schools to “competency-based” curricula; improve IPE/interprofessional education (including designing a Center for Health Professional Education with learning spaces structured to promote IPE); conduct a gap analysis & tracer study; and improve faculty development to advance such initiatives, all addressing the healthcare workforce crisis in Tanzania. Funded by a Bill and Melinda Gates Foundation planning grant of \$7.5 million

Yeditepe University, Department of Anthropology, Istanbul, Turkey (January-August 2005) Fulbright Professor & Senior Scholar. Department Chair: Akile Gursoy, Ph.D. Taught cross-cultural and international bioethics in postgraduate (M.A. and Ph.D. level) “Health Anthropology” courses. Gave university-wide lectures on cross-cultural clinical ethics. Conducted research on secular and Islamic bioethics in Turkey. Served on International Scientific Council for International Forum for Social Sciences and Health 2005 World Congress, co-chaired Bioethics Session, including development of international bioethics and health social science policy declaration. Assisted faculty and student grant writing.

Marmara University Faculty of Medicine, Department of Medical History and Ethics, Istanbul, Turkey (September-December 2004) Fulbright Professor & Senior Scholar. Department Chair: Sefik Gorkey, Ph.D. Developed a five year medical undergraduate medical ethics and clinical ethics curriculum tailored for the Turkish sociocultural context, which was published by the Turkish Society of Bioethics. Conducted capacity-building sessions for junior and senior faculty in research, publishing, and teaching in clinical ethics and international bioethics.

Tuskegee University, National Center for Bioethics in Research and Health Care, & Department of Philosophy, Tuskegee, Alabama (January 2001-December 2002) Research Director & Associate Professor. Supervisor: Marian Secundy, Ph.D. Directed and developed research presentations, publications, grant writing, and faculty/staff

Catherine Myser

capacity-building to advance the Center's unique bioethics and race/diversity work on local, national and international levels.

University of Vermont College of Medicine, Burlington, Vermont

(January 1998-June 2000) Director, Ethics Program and Assistant Professor, Department of Obstetrics and Gynecology. Supervisor: Diane Magrane, M.D. Taught clinical ethics to medical, nursing, and allied health students and practitioners. Assisted with overall medical undergraduate curriculum revision and innovation. Gave ethics lectures and facilitated small group teaching in first year "Physician and Society" course. Taught clinical ethics in core clerkships. Co-developed and directed a new interdisciplinary "Genetics, Ethics, Public Health and Epidemiology" core course for January 2000 and January 2001 (\$300,000 Macy Foundation grant). Developed and taught a fourth year elective on Cross-Cultural Ethical Issues in International Obstetrics and Gynecology. Taught multiple case-based ethics sessions in Internal Medicine, Obstetrics and Gynecology, Pediatrics, and Surgical Grand Rounds. Developed a multidisciplinary ethics research program. Appointed by Deans to serve on College of Medicine admissions committee and curriculum committee. Led campus-wide multiculturalism and diversity initiatives. Gave talks to community and special interest groups, and local and national media, for public education in medical ethics.

Fletcher Allen Health Care, Burlington, Vermont (January 1998-June 2000) Director of Clinical Ethics. Created a comprehensive clinical and organizational ethics infrastructure – including an ethics consultation service, a revised board of trustees ethics committee, and new organizational ethics committee - and advised research ethics committees. In doing so, I successfully engaged administrative colleagues to collaborate in a more sustained way in ethics program work, e.g., a member of the Hospital Board of Directors and the VP of Nursing at FAHC, resulting in their co-presenting at a national ethics conference and co-authoring an ethics publication. Individually conducted 115+ clinical and organizational ethics consultations per year. Developed multidisciplinary faculty and staff to assist in ethics activities throughout Fletcher Allen Health Care. Established an institutional bioethics library. Led a team of administrators, physicians and staff in preparation for Joint Commission for Accreditation of Health Care Organizations survey of FAHC's clinical and organizational ethics standards and practices, for which FAHC received JCAHO commendation.

University of Florida College of Medicine/Shands and Alachua General Hospitals,

Gainesville, Florida (July 1995-December 1997) Assistant Professor of Medical Ethics. Department of Community Health and Family Medicine. Supervisor: Larry Rooks, M.D. Designed curriculum for and taught small groups in "Social and Ethical Issues in Medicine" course for second year medical students. Developed and conducted clinical ethics teaching in third year clerkships: Family Medicine/Ambulatory Care, Internal Medicine, Obstetrics and Gynecology (Director), Pediatrics, Psychiatry, and Surgery (Director). Developed and taught new fourth year electives: Ethical, Legal, and Public Policy Issues in Obstetrics and Reproductive Medicine; Ethical, Legal, and Public Policy Issues in Genetics; Ethical and Legal Issues in Pediatrics; Culture and Medicine. Directed advanced clinical ethics teaching for residents and attendings in Obstetrics and Gynecology. Developed and lectured in continuing medical education course on "Cultural Diversity: Implications for Clinical Practice". Appointed by Dean to serve on the College of Medicine curriculum committee. Conducted clinical ethics consults.

Catherine Myser

University of Cape Town, Faculty of Medicine/Groote Schuur Hospital, South Africa (July 1994) Visiting Fellow in Medical Ethics. Research Partners: Professor Solly Benatar (Chief, Medicine) and Professor Atties Malan (Chief, Neonatology). Conducted clinical ethical research interviews and participant observation on maternal-fetal and neonatal decision-making. Taught clinical ethics in Obstetrics and Pediatrics. Conducted weekly teaching seminars in clinical and theoretical ethics for the university's multidisciplinary ethics discussion group. Broader public bioethics education included an in depth interview broadcast on "Radio South Africa."

University of Newcastle, Faculty of Medicine/Royal Newcastle, John Hunter, and Rankin Park Hospitals, New South Wales, Australia (January 1992-June 1994) Acting Coordinator, Health Law and Ethics Program and NSW Medical Defence Union Senior Lecturer in Ethics [equivalent to North American Associate Professor]. Supervisor: William A. W. Walters, F.R.C.O.G., Ph.D.; (October 1990-December 1991) NSW Medical Defense Union Lecturer in Ethics [equivalent to North American Assistant Professor]. Supervisors: Kenneth Mitchell, Ph.D. and John Hamilton, M.D. Developed and directed an integrated and comprehensive clinical ethics curriculum for a five year medical undergraduate program. Taught clinical ethics to medical students, interns/residents, and senior clinicians, and philosophical ethics/bioethics to M.A. students in philosophy. Taught "Social, Ethical, and Legal Issues in Aboriginal Health" in population medicine course. Appointed by Dean to serve on Faculty of Medicine admissions committee and curriculum committee. Started the first clinical ethics consultation service in Australia. Did clinical ethics consultation in regular weekly ward rounds and multidisciplinary patient care meetings in: Clinical Immunology/AIDS, Geriatrics, Intensive Care Unit, Internal Medicine, Obstetrics/Reproductive Medicine (including antenatal diagnosis clinic), Pediatrics (including Neonatal and Pediatric Intensive Care Units), Renal Unit. On the strength of my collegial relationships, I involved every Clinic Director and two Deans and developed hospital policies and guidelines for clinical ethics practice as founder and secretary of John Hunter Hospital clinical ethics committee. Routinely contributed to local and national print, radio and television media to advance public education in medical ethics.

University of Oklahoma, Health Sciences Center, Oklahoma City, Oklahoma (January-June 1990) Visiting Associate, Biomedical and Health Care Ethics Program. Supervisor: Richard Wright, Ph.D. Daily ward rounds, clinical ethics consultations, and other teaching. Neonatal ethics committee member. Lectured on ethics in other clinical departments at university and regional hospitals. Assisted regional hospitals to set up ethics committees and study groups. Developed bioethics library. Grants awarded: GTE "Genetics and Ethics" National Conference grant of \$7500.

All India Institute of Medical Sciences, New Delhi, India

(November and December 1989) Georgetown University Dissertation Research Travel Scholar, Conducted systematic ethics interviews and full-time participant observation in Obstetric, Neonatal, and Clinical Genetics wards. Research Partners: I.C. Verma, M.D. (Chief, Clinical Genetics) and Meharban Singh, M.D. (Chief, Neonatology).

Karolinska Institute & Major Regional Hospitals in Stockholm, Göteborg, Uppsala, Lund, and Malmö, Sweden (August 1988-May 1989) Fulbright Scholar, Conducted ethics interviews and full-time participant observation in Neonatal Intensive Care Unit, Obstetrics (i.e., high-risk pregnancy management including malformations ultrasound, amniocentesis, & chorionic villus sampling), and Clinical Genetics Clinics. Some clinical

Catherine Myser

ethical consultation and teaching as requested. Helped form new Clinical Ethics Committee. All work conducted in Swedish. Research Partners: Mireille VanPee, M.D., Ph.D. (Neonatology); The-Hung Bui, M.D. (Obstetrics/Clinical Genetics); and Jan Lindsten, M.D. (Clinical Genetics).

Georgetown University, School of Medicine/Hospital, Washington, D.C. (January-June 1988) Clinical Teaching Practicum. Taught clinical ethics to medical students and practitioners in classroom and clinical settings. Neonatal ethics committee participant. Supervisor: Laurence B. McCullough Ph.D.

Calvary Hospital, Bronx, New York (June 1986) Clinical Ethics Intern. Supervisor: Frank Brescia, M.D.

Vanderbilt University Hospital, Nashville, Tennessee (Summer 1984) Medical Ethics Intern. Supervisor: Richard M. Zaner, Ph.D.

CONSULTING EXPERIENCE

Bioethics By and For the People: Cross-Cultural and International Partnerships for Democratic Bioethics, Berkeley, California (June 2000-December 2010) This consulting practice broadened bioethics debates by engaging the public – especially communities marginalized on the basis of ethnicity and socioeconomics – in equal partnerships with health, social science, and bioethics professionals. Key aims included enriching bioethics theory, policy, and public service and increasing social justice through pluralist, democratic bioethics research, education and service.

Projects:

Ethnic Health Institute, Alta Bates Summit Medical Center, Oakland, California (2002-2010) Completed a community-based participatory research (CBPR) project for: “Empowering African Americans in End of Life Decision Making Across the Life Span: Capacity Building for Values Clarification and Communication Aimed at More Culturally Appropriate Advance Directives.” Public education included segment on national public television show, “Ethnic Health America.” Funded by Walter and Elise Haas Fund grant of \$225,000 and Aetna Foundation grant of \$50,000. Most recently advised EHI how they might engage multinational local Muslim communities to address their needs for culturally competent health care. Mentored EHI Summer 2010 Intern.

Santa Clara University/Markkula Center for Ethics, Santa Clara, California (November 2009 & January 2010) Advised Markkula staff how they might best develop a book & possible online course on cross-cultural ethics & culturally competent care, in their partnerships with various local ethnic communities (e.g., Muslim & Latino patients and families).

NIH Working Group (2004-2006) “Community Consultation as a Method in Applied Research Ethics.” Member of 19-member NIH working group studying and evaluating community consultation as a method for researchers, institutions and research sponsors to engage minority and indigenous populations in the USA and abroad. Funded by NIH grant of \$1,000,000.

Kaiser-Permanente, Division of Research, Oakland, California (June 2000-January 2001) Research Associate, Women’s Health.

Catherine Myser

Physicians For Human Rights, Washington, D.C. and University of Cape Town, Cape Town, South Africa (April 2000-December 2002) International Project on “Dual Loyalties” of Health Care Professionals. Wrote background paper including a conceptual ethical analysis of the “dual loyalties” problem and an ethical framework for identifying and managing associated ethics and human rights obligations and violations. Contributed to working group discussions and Durban, South Africa meetings to develop international guidelines, infrastructure, and educational initiatives, and help implement TRC recommendations. Contributions resulted in the publication of Dual Loyalty & Human Rights in Health Professional Practice: Proposed Guidelines & Institutional Mechanisms (PHR & UCT, 2002). Funded by \$157,340 Greenwall Foundation grant.

OTHER EMPLOYMENT

Georgetown University, Department of Philosophy, Washington, D.C.
(January 1985-May 1988) Teaching Assistant in “Introduction to Ethics” and “Ethics and Public Policy” courses.

Georgetown University Hospital, Washington, D.C. (April 1985-July 1986) Clinical Ward Clerk/Unit Secretary in Neurology and Geriatrics departments. Supervisor: Mrs. Rose Piasecki.

Prentice-Hall Publishing Co., College Division, Carbondale, Illinois
(July 1983-December 1984) Field Representative for editorial acquisitions and textbook marketing and sales in Illinois, Indiana, Missouri, and Kentucky. Manager: Mr. Chris Certain.

PUBLICATIONS

Books

Catherine Myser, Editor, Bioethics Around the Globe

This is a comparative anthropology/sociology of globalizing bioethics, exploring the global dissemination, local adaptations, cultural meanings and social functions of bioethics theories, practices and institutions, comparing 6 developed and 10+ developing countries. Topics include state/government agendas (e.g., nationalism & nation-building), agendas of powerful associated professions (e.g., medicine, law), theological/religious agendas (e.g., “culture wars”), political agendas, economic/commercial/corporate agendas, and other sociocultural or ideological agendas consciously or unconsciously advanced or contested in and through bioethics theories, practices and institutions around the globe, for improved cross-cultural service. Regions under consideration include: Africa, Asia, Australia, Central and South America, Europe, Middle East, and North America. (Oxford University Press, June 2011).

Articles and Book Chapters (*= Peer-Reviewed)

Catherine Myser, “The Social Functions of Turkish Bioethics: Nation-Building and Conflicts between Secular, Modern and Islamic Values,” (under preparation for Social Science and Medicine).

Catherine Myser, “Putting the ‘Ethics’ Back Into Ethics Consultation: Applying Ethics and Intercultural Mediation Theory and Practice to Challenge the ‘Mediation’ Method as a Model of Clinical Ethical Consultation,” (under preparation for Journal of Clinical Ethics).

Catherine Myser

Catherine Myser and Julie Servoss, "Addressing Health Disparities in the Context of Globalization: The Emergence of 'Global Health and Bioethics' Programs as a Means to Effect 'Local' and 'Global' Remedies and Achieve Key Social Missions of Medical Education," (under preparation for Journal of Bioethical Inquiry, Special Issue on "Global Health and Bioethics").

Catherine Myser, Susan Rubin, and Lorraine Bonner, "What We Gonna Do About 'Cultural Competence'? A Community Based Participatory Research Project Reconsidering Advance Directives as a Health Disparity Affecting African Americans," (under submission for publication consideration).

Catherine Myser, "A View From the Borderlands of Philosophical Bioethics and Empirical Social Science Research: How the 'Is' Can Inform the 'Ought'," American Journal of Bioethics 9:6-7 (June-July 2009): 88-91. *

Catherine Myser, "Ethnographic Insights Regarding the 'Social Role' and 'Moral Status' of the Fetus as 'Patient': Comparing Developed (USA & Sweden) and Developing (India) Countries," American Journal of Bioethics, 8:7 (July 2008): 50-52. *

Catherine Myser, "Challenges of Amnesia in Assessing Capacity, Assigning a Proxy, and Deciding to Forego Life Prolonging Medical Treatment," Journal of Clinical Ethics 18:3 (Fall 2007): 16-23. *

Catherine Myser, "Personal Journeys: Reflections on Personhood and Dementia Based on Ethnographic Research and Family Experience," American Journal of Bioethics, 7:6 (June 2007): 55-59. *

Catherine Myser, "White Normativity in United States Bioethics: A Call and Method for More Pluralist and Democratic Standards and Policies," The Ethics of Bioethics, eds., Eckenwiler and Cohen, Johns Hopkins University Press (June 2007): 241-259. *

Catherine Myser, "Taking Public Education Seriously: BODY WORLDS, the Science Museum, and Democratizing Bioethics Education," American Journal of Bioethics, 7:4 (April 2007): 34-36. *

Catherine Myser, "Reconsidering the Cultural Ethos and Imperialism of Anglo-American Bioethics and Exploring Cultural Adaptations for Bioethics and Clinical Ethics Teaching in Turkey," Turkish Society of Bioethics – Yaman Ors Festschrift (Fall 2005): 296-321.

Catherine Myser, "Ethics Under Fire at Abu Ghraib: Unresolved Questions," Invited Article, Anthropology News, 45:6 (September 2004): 16, 19.

Catherine Myser, "Community Based Participatory Research in United States Bioethics: Steps Toward More Democratic Theory and Policy," American Journal of Bioethics, 4:2 (Spring 2004): 67-68. *

Catherine Myser, "A Response to Commentators on 'Differences From Somewhere: The Normativity of Whiteness in Bioethics in the United States'," Correspondance, American Journal of Bioethics, 3:3 (Summer 2003): W56-62.

Catherine Myser

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Laurence B. McCullough and Catherine Myser, "Recent Developments in Perinatal and Neonatal Medical Ethics: A U.S. Perspective," Seminars in Perinatology, 11:3 (July 1987): 216-223. *

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Catherine Myser, review of Walking Out on the Boys, by Frances K. Conley (New York, NY: Farrar, Straus & Giroux, 1998); *Civil Rights Journal*, U.S. Commission on Civil Rights, Fall 1998.

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Kenneth Mitchell, Catherine Myser, and Ian Kerridge, "Clinical Ethical Competence: Assessing Performance in a Controlled Clinical Contest," in Ethics in Health Care: Coexistence and Conflict (Proceedings of the Second Annual Australian Bioethics Association Conference), Sydney, Australia, November 1992: 110-119.

Catherine Myser, "'Wantedness' and the Fetal 'Patient': Balancing of Fetal and Maternal Interests in the United States, Sweden and India," in Bioethics and the Wider Community (Proceedings of the First Annual Australian Bioethics Association Conference), Melbourne, Australia, April 1991: 213-221.

Kenneth Mitchell, Catherine Myser, and Terence Lovat, "Teaching Clinical Ethics and Law to Undergraduate Medical Students: An Act of Faith," in Bioethics and the Wider Community (Proceedings of the First Annual Australian Bioethics Association Conference), Melbourne, Australia, April 1991: 159-168.

Journal Issues Edited

Assistant Editor, "The Ethics of Perinatal & Neonatal Care," Seminars in Perinatology 11:3 (July 1987).

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SELECTED PROFESSIONAL PAPERS AND LECTURES

"Emerging Challenges of Globalizing and Transnational Bioethics," Opening Plenary Organizer & Speaker with panelists Andrea Frolic, Bruce Jennings, and Robin Fiore; "Bioethics in the Sunshine" Bioethics Summer Retreat; Host: University of South Florida; Key West, Florida; June 2010.

"On the Ground Challenges of International Research Ethics," Co-Facilitator with Kevin Keith; "Bioethics in the Sunshine" Bioethics Summer Retreat; Host: University of South Florida; Key West, Florida; June 2010.

"Challenges of Globalization & Caveats for 'Transnational' Bioethics;" Keynote Speaker; Colorado Healthcare Ethics Forum Annual Conference; Host: Regis University; Denver, Colorado; April 2010.

"Contemporary Challenges of Globalizing and Transnational Bioethics;" Endowed Speaker; Frederick Womble Speas Colloquium in Medical Ethics; Davidson College; North Carolina; April 2010.

"The Cultural Meanings and Social Functions of Bioethics Around the Globe: A Comparative Anthropology and Sociology of Costa Rican, French, Central European, Canadian, and Iranian Bioethics," (Organizer/Discussant) Bioethics Interest Group Panel with Fred Gifford, Kristina Orfali, Bruce Jennings, Andrea Frolic, and Shirin Garamoudi Naef; Medical Anthropology at the Intersections: Celebrating 50 Years of Interdisciplinarity; Society for Medical Anthropology Conference; Yale University; September 2009.

"The Social Functions of Bioethics in Africa, Asia and Europe/Missionary Bioethics;" (Organizer/Speaker) panel with Raymond De Vries, Joseph Mfutso-Bengo, Anton Van Niekerk & Solomon Benatar, and Anant Bhan; The Challenge of Cross Cultural Bioethics in the 21st Century, 9th World Congress of Bioethics, International Association of Bioethics; Rijeka, Croatia; September 2008.

"How Sociocultural Explorations Can Enrich Bioethics and Clinical Ethics: Reflections From an Accidental Anthropologist," University of Texas Medical Branch, Institute of Medical Humanities; Galveston, Texas; August 2008.

"The Social Functions of Bioethics Around the Globe: Imperative to Explore Sociology and Anthropology of 'Globalizing Bioethics' and a Critical Exploration of 'Missionary Bioethics,'" with Raymond De Vries; Bioethics Summer Retreat; Sonoma, California; June 2008.

"Employing Community Based Participatory Research and Education in Bioethics to Improve the Cultural Competency of Advance Directives for African Americans" with Susan Rubin, Ph.D.; "Engaged Bioethics Scholarship for Health Policy and Health Care Practice" Session; Society for Medical Anthropology and Society for Applied Anthropology joint meetings; Memphis, TN; March 2008.

"Challenges of Amnesia in Assessing Capacity, Assigning a Proxy, and Deciding to Forego Life Prolonging Medical Treatment: Clinical Ethical Tools for Assessing Capacity," University of California, Davis, School of Medicine; January 2008.

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"Illuminating and Addressing Inequalities of Influence Between Secular, Modern and Democratic Values & Islamic Values in Turkish Bioethics;" American Anthropological Association; Washington, DC; November 2007.

"Can Kemalist Bioethics Adequately Serve Islamic Turkey?: Secularizing, Modernizing and Democratizing Initiatives and the Repression of Islamic Bioethics as Social Functions of Turkish Bioethics;" Middle East Studies Association; Montreal, Canada; November 2007.

"Research, Teaching and Service Collaborations to Achieve Racial and Social Justice in Cross-Cultural Bioethics Work," Race Affinity Group Session, American Society for Bioethics and Humanities; Washington, DC; October 2007.

"Employing Multidisciplinary Theories and Methods to Explore the Social Functions of Turkish Bioethics and Ethical Issues Raised By the Repression of Islamic Bioethics in a Majority Muslim Country;" American Society for Bioethics and Humanities; Washington, DC; October 2007.

"Illuminating and Addressing Conflicts between Secular, Modern and Democratic Values and Islamic Values in Turkish Bioethics;" Society for Applied Anthropology; Tampa, FL; March 2007.

"Building Partnerships in Science and Related Disciplines for Fulbright Research, Education, and Community Service in Developing and Developed Countries;" Council for International Exchange of Scholars (CIES) & Fulbright Academy for Science and Technology (FAST) Career Development Workshop; The American Association for the Advancement of Science; San Francisco, CA.; February 2007.

"Engaging Minority Communities as Equal Partners in Pluralist, Democratic Bioethics Research, Education and Policy-Making to Redress Health & Health Policy Disparities;" American Society of Bioethics and Humanities; Washington, D.C.; October 2005.

"Neonatal and Maternal-Fetal Ethics in Sweden, India, and the United States: A Fifteen Year Retrospective and Reconsideration;" Karolinska Institute and Hospitals; Stockholm, Sweden; June 2005.

"Initial Exploration of How Hospital Architecture Might Regulate, Co-Opt or Undermine Bioethics Work;" Eighth International Literature and Humanities Conference; Eastern Mediterranean University; Famagusta, Cyprus; May 2005.

"European Dimensions and Turkey: Bioethics Lessons from a Developing, Secular Islamic Country," Fulbright All-Europe Conference; Berlin, Germany; March 2005.

"Comparative, Qualitative Clinical Ethics Research on Neonatal and Maternal Fetal Ethics Across Five Continents;" Yeditepe University; Anthropology Colloquium & Interdisciplinary University Lecture Series; February 2005.

"Putting the 'Ethics' Back Into Ethics Consultation: A Substantive, Cross-Cultural Critique of the 'Mediation' Method as a Model of Clinical Ethical Consultation;" Clinical Ethics Consultation: First International Assessment Summit; Cleveland Clinic; Cleveland, OH.,

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April 2003.

"Medical Anthropology and Community Based Participatory Research: A Method for Expanding 'Cultural Competency' Regarding Patients, Marginalized Communities, and the Biomedical Subculture;" American Anthropological Association; New Orleans, LA.; November 2002.

"Engaging the Public in Bioethics and Public Health: Methods and Experiences of Eliciting and Incorporating the Values and Priorities of Marginalized Communities;" American Public Health Association; Philadelphia, PA.; November 2002.

"Restructuring 'Majority Space' and 'Minoritized Spaces' in 'the Field' of Bioethics: Why We Need Democracy Through Participatory Research for Improved Bioethics Theorizing and Practice;" American Society of Bioethics and Humanities; Baltimore, MD.; Oct 2002.

"Philosophical and Pedagogical Issues in a Tuskegee University Course using the 'Tuskegee Syphilis Study' Case;" Opening Plenary Session, Society for Ethics Across the Curriculum Conference; Gainesville, FL.; January 2002.

"Community-Based Participatory Research as an Instrument of Public Engagement and Social Justice in Bioethics;" Interdisciplinary "Culture of Life" Conference; University of Notre Dame, Center for Ethics and Culture; Notre Dame, IN; November 2001.

"Democracy Through Research: Political Engagement and Racial Justice in Bioethics;" Association for Politics and the Life Sciences Annual Meeting; Charleston, S.C.; October 2001.

"Evolving Intersections Between Bioethics and Human Rights: The Case of Apartheid;" Public Lecture Series on South Africa, Human Rights, and Ethics; Tuskegee University; Tuskegee, AL; November 2000.

"White Privilege in Bioethics, Medical Education, and Medical Research: Defining and Addressing the Problem;" University of Wisconsin, American Association for the Advancement of Science, and Tuskegee University Short Course on Racial and Ethnic Minorities as Research Subjects; Washington, D.C.; October 2000.

"Creating an Ethics Infrastructure to Bridge the Gap Between Clinical and Organizational Ethics: The Fletcher Allen Experience;" Healthcare Organization Ethics Conference; University of Virginia Center for Biomedical Ethics; Charlottesville, VA; November 1999.

"Languages of Silence: A Multimedia Exploration of Race in America" (with Carla Epps, M.D., M.P.H.); American Society of Bioethics and Humanities; Philadelphia, PA; October 1999.

"Through a Lens Whitely: Problematizing the Concept and Application of 'Race' in Medicine and Bioethics;" Invited Panel Session; American Society of Bioethics and Humanities; Philadelphia, PA; October 1999.

"Qualitative Research Methods for Empirical Research in Bioethics and Medical Humanities: Core Theory, Tools, and Skills;" Pre-Conference Workshop; American Society of Bioethics and Humanities; Philadelphia, PA; October 1999.

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"Ethical and Social Implications of Postponement or Elimination of the Female Menopause;" American College of Obstetrics and Gynecology, District I Annual Meeting; Burlington, VT; September 1999.

"'Differences' from Somewhere: Reflections on the Elite, White, and Able-bodied Panoptic in Bioethics;" Bioethics Summer Retreat; Hot Springs, VA; June 1999.

"Introduction to International Ethics;" Vermont Department of Health; Burlington, VT; May 1999.

"Identifying and Managing Ethical Issues in Healthcare Risk Management;" New England Regional Conference on Healthcare Risk Management; Portland, ME; May 1999.

"Why We Ought to Care About 'White Privilege' and 'White' Theorizing and Practice in Bioethics and Medicine;" American Society for Bioethics and Humanities; Houston, TX; November 1998.

"Spectacular Bodies: On the Subjection of Conjoined Twins;" History of Science Society Annual Meeting; October 1998.

"Instituting an Organizational Ethics Program" (with Patricia Donehower and Cathy Frank); University of Virginia Conference: "A New National Agenda: Organizational Ethics in Health Care;" Charlottesville, VA; September 1998.

"Re-Visioning the White Anglo-Saxon Protestant Ethos of American Bioethics: Decolonizing 'Our' Imaginations, Theories, and Practices;" Bioethics Summer Retreat; Brewster, MA; June 1998.

"White Ethicists, Race and Class Matter: Marking the Dominance and Normativity of 'Whiteness' in the Cultural Construction of American Bioethics;" SHHV Spring Regional Meeting: "Whose Ethics? Which Medicine? The Tacit and Explicit Development of a Medical Ethic;" Youngstown, OH; April 1998.

"Medical Ethics Education Around the Globe: World Health Organization Goals, Current International Practices, and Ongoing Challenges;" St. Leo College-American Jewish Committee National Conference: "Catholic and Jewish Perspectives on Bioethics;" Tampa, FL.; February 1998.

"The Role of Aesthetics and Psychosocial Factors in Assigning 'Personhood' to Newborns and Fetuses Across Cultures: An Ethnographic Exploration and Ethical Analysis;" American Anthropological Association; Washington, D.C.; November 1997.

"'Fixing' Katie and Eilish; Medical Documentaries and the Regulation of Conjoined Twins;" University of Leeds Centre for Cultural Studies; "Considered Unsightly: A Transdisciplinary Conference on the 'Freakish' and 'Monstrous';" Leeds, England: October 1997.

"An Empirical and Cross-Cultural Critique of 'Personhood' Theories in Bioethics;" University of Minnesota Center for Biomedical Ethics; Minneapolis, MN; March 1997.

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“Newborn and Fetal ‘Personhood’ Across Cultures: Results of a Two-Year Empirical Study;” Bioethics Summer Retreat; Colorado; June 1996.

“Being Humaned: Medical Documentaries and the Corporeal Spectacle of Conjoined Twins;” Narrative Conference: The “Culture of Celebrity” Session; Columbus, OH.; April 1996.

“The ‘Wanted’ Fetus: An Empirical and Ethical Analysis of a Cross-Cultural Decision-Making Criterion in Maternal-Fetal Medicine;” Society for Health and Human Values; San Diego, CA; October 1995.

“Empirical Research Methods in Bioethics;” Junior Faculty in Bioethics Conference; Winter Park, CO; August 1995.

“Practicing Medicine in a Multicultural Society;” Bioethics Summer Retreat; Winthrop, WA; June 1995.

“Clinical Ethical Decision-Making in Maternal-Fetal and Neonatal Medicine in Sweden, India, and the United States: Report of a Two Year Empirical Study;” Multi-Center Pediatric Grand Rounds; Red Cross Memorial Children’s Hospital; Cape Town, South Africa; July 1994.

“Teaching Clinical Ethics as a Professional Skill: Bridging the Gap Between Bioethical Theory and Clinical Ethical Practice;” International Seminar on Bioethics; Bioethics Research Centre, Dunedin, New Zealand; November 1993.

“Facilitating Informed Decision-Making in Clinical Practice;” The Art of Anaesthetics Conference; Canberra, Australia; September 1993.

“Deconstructing the ‘Best Interests’ Criterion as a Guide for Maternal-Fetal and Neonatal Decision-Making: A Philosophical and Anthropological Critique;” McGill Centre for Ethics, Medicine, and Law; Montreal, Canada; January 1993.

“Spina Bifida: Empirical ‘Quality of Life’ Studies and the Ethics of Selection for Nontreatment in Maternal-Fetal and Neonatal Medicine in Australia, Sweden, India, and the United States;” Westminster Institute, University of Western Ontario; London, Canada; January 1993.

“The Fetus as a Patient-Within-a-Patient: Balancing Maternal and Fetal Interests in Medical Decision-Making;” Medical Women’s Society of New South Wales (International Women’s Week event); Sydney, Australia; March 1991.

“The Obligations of Hospitals to Patients and Staff in Relation to AIDS and HIV Infection: Ethical Analysis and Policy Guidelines;” Newcastle, Australia; February 1991.

“Recent Trends in American Bioethics: The Importance of Social Science Methodologies for Clinical Ethical Theory and Practice;” Hunter Valley Region Clinical Ethics and Law Meeting; Newcastle, Australia; November 1990.

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"Clinical Ethical Decision-Making for Fetuses and Newborns;" Vanderbilt University Medical Center; Nashville, TN; May 1990.

"Personhood and the Problem of Other Minds: A Challenge to Engelhardt from Feral Children and the Elephant Man;" Pennsylvania State University College of Medicine; Hershey, PA; April 1990.

"Ethical Issues in Clinical Genetics;" Day-Long Symposium; Karolinska Institute; Stockholm, Sweden; March 1989.

"Maternal-Fetal and Neonatal Ethics: Theory and Practice;" East Hospital; Göteborg, Sweden; April 1989.

"Perinatal and Neonatal Ethics in an International Setting;" General Hospital; Malmö, Sweden; February 1989.

"Perinatal and Neonatal Ethics in the Anglo-American Literature;" Karolinska Institute (Huddinge Hospital); Huddinge, Sweden; December 1988.

"Recent Developments in Perinatal and Neonatal Medical Ethics: A U.S. Perspective" (with Laurence B. McCullough); Georgetown University School of Medicine and Kennedy Institute of Ethics, Children to Children Foundation, International Conference; Washington, D.C.; October 1986.

RESEARCH INTERESTS

To briefly summarize, my research interests include four broad categories. One category is bioethics and medical/clinical ethics education, assessment, and educational scholarship, including: a) education of medical students, residents, and senior physicians; and b) public education in collaboration with community organizations, e.g., science museums. A second category is cross-cultural and international/global health ethics, including social science and public health research to explore and address: a) variations in ethics values and concepts across cultures; b) the subculture of medicine; c) cultural construction and ethos of bioethics (e.g., Anglo-American, Swedish, Indian, South African, Australian, and Turkish); d) health and human rights; e) "cultural competency"; and f) health disparities. A third category is clinical and organizational ethics, with special emphasis on clinical ethics consultation. Finally, a fourth category is studying and facilitating interdisciplinary and interprofessional service. This research and associated work has been funded by, e.g., Aetna, CDC, Fulbright/US Department of State, Greenwall Foundation, GTE, Haas Family Fund, Macy Family Fund, NIH, N.S.W. Medical Defense Union (Australia), Yeditepe University (Turkey).

My research interests draw primarily on the theories and methods of the humanities and social sciences, e.g., philosophy, anthropology/sociology, and cultural studies/critical theory, as well as public health methods, e.g., community based participatory research.

I attend equally to theory and method in my research, because I regard moral theory and moral experience as being dialectically related. My goals are to develop theories to illuminate experience and to determine what one ought to do; but also to use experience to test, corroborate and revise theories by conducting substantive and rigorous empirical research. I believe that ethical theories thus honed result in more useful ethical guides for clinical and research practice, ethics education and consultation, and institutional and community service - in the USA and elsewhere. For example, my dissertation research involved ethnographic study

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and philosophical analysis of “personhood,” “best interests” and “quality of life” concepts as ethical decision making guides in maternal-fetal and neonatal clinics compared across three countries. I continue to analyze and apply this data to challenge and improve ethical theory aimed at guiding healthcare decision making, e.g., two *American Journal of Bioethics* publications in 2007 (personhood and dementia) & 2008 (fetus as patient).

A central focus of my research is interrogating relationships between *bioethics and culture*. For example, in addition to the above study, I have explored the *cultural ethos* of bioethics theories and methods themselves (see 2007 book chapter on the “whiteness of USA bioethics”) and am currently exploring the *cultural meanings* and *social functions* (e.g., advancing or contesting varying sociocultural, historical, political, economic, or other agendas and ideologies) of bioethics theories, practices and institutions, based on my own and others’ ethnographic research and theoretical analyses featuring nineteen countries (Myser, *Bioethics Around the Globe*, Oxford University Press, published June 2011). Also key to my research is an emphasis on *public engagement* - with special focus on helping communities affected by racial, ethnic and socioeconomic disparities - for improved service and social justice.

CURRICULUM DESIGN AND TEACHING EXPERIENCE

I can contribute curriculum design and teaching of empirical, normative, clinical, and research aspects of bioethics/health professional ethics/clinical ethics and medical anthropology/cultural competency in undergraduate, graduate, postgraduate, and continuing medical education. My involvement in curriculum design has included the collaborative creation and evolution of all preclinical, clinical, and residency core ethics courses listed below. My involvement in curriculum planning has also included the individual creation of all undergraduate/MA/PhD ethics courses, electives, continuing education courses, and patient care conferences, ward rounds, and grand rounds listed below. For all such curricula, I also developed formative and summative assessment strategies, a crucial component of curriculum planning because students target their learning toward expected assessment.

Range of Courses Taught & Teaching Methods Used:

Medical Undergraduate - Basic Science/Preclinical Core Courses: “*Bioethics Theory, Principles, & Concepts*,” Years 1-3 (Introduction, Intermediate, and Advanced) – Didactic Lectures & Class Discussion & Debates & Analysis of Hypothetical Cases & Interactions With Guest Patients; “*Social, Ethical, and Legal Issues in Aboriginal Health and Population Medicine*” – Didactic Lectures & Analysis of Relevant Cases and Laws; “*Social and Ethical Issues in Medicine*,” – Didactic Lectures & Analysis of Hypothetical Cases & Interactions With Guest Patients & Small Group Discussion; “*Physician and Society*,” Year 1 – Didactic Lectures & Interactions with Guest Patients & Small Group Discussion.

Medical Undergraduate – Clinical Core Courses and Electives: “*Professional Skills in Clinical Ethics*,” Years 4-5 - Application of Bioethics Principles and Concepts to Actual Cases & Written Clinical Ethics Case Reports (Management of Patients from Clinical Clerkship Rotations); “*Ethical, Legal, and Public Policy Issues in Obstetrics and Reproductive Medicine*,” Year 4 Elective - Small Group Discussion & Written Papers; “*Ethical, Legal, and Public Policy Issues in Genetics*,” Year 4 Elective - Small Group Discussion & Written Papers; “*Ethical, Legal, and Public Policy Issues in Pediatrics*,” Year 4 Elective - Small Group Discussion & Written Papers; “*Culture and Medicine*,” Year 4 Elective - Small Group Discussion & Written Papers; “*Clinical Ethics Theory and Skills*,” Clerkship-Length Short Courses in all Core Clerkships (including Family

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Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery), Years 3-5 – Didactic Lectures & Actual Case Analysis; “*Genetics, Ethics, Public Health & Epidemiology*,” Year 4 Interdisciplinary Core Course – Didactic Lectures & Small Group Discussion & Public Health Ethics Project; “*Cross-Cultural Ethical Issues in International Obstetrics and Gynecology*,” Year 4 Elective – Mentored Independent Study & Project.

Residency: “*Bioethics Theory and Clinical Ethics Skills for Residents*,” in all Core Clinical Specialties (including Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery) – Didactic Lectures & Application of Theory/Skills to Manage Actual Cases.

Continuing Education: “*Cultural Diversity: Implications for Clinical Practice*” – Didactic Lectures & Case Discussion; “*Multidisciplinary Theoretical and Clinical Ethics*,” – Didactic Lectures & Class Discussion; *Routine Patient Care Conferences* – Discussion & Collaborative Management of Actual Cases; *Regular Ward Rounds* – Discussion & Collaborative Management of Actual Cases; *Grand Rounds* in all Core Clinical Specialties (including Family Medicine, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery) – Didactic Lectures & Application of Theory/Skills to Analyze Actual Cases.

Graduate Education: M.A. and Ph.D. “*Philosophical Bioethics*” – Class Discussion & Indepth Written Papers; “*Medical Anthropology*” and “*Cross-Cultural and International Bioethics*” – Lectures & Class Discussion.

Undergraduate Education: “*Introduction to Ethics*” and “*Ethics and Public Policy*” – Didactic Lectures & Class Discussion & Short Answer/Essay Exams & Written Papers.

1. *Florida, USA*: (2011-Present)

A. I am currently directing and co-creating two brand new Global Health and Bioethics dual MD/MS degree (1st in the world) & MS degree (3rd in the world and 1st in Florida) programs at Florida Atlantic University College of Medicine. The overall purpose of the MD-MS & MS in Global Health and Bioethics is to prepare graduates of the program to:

- Assume leadership, advocacy, research, education and service roles in the emerging fields of global health and global bioethics/international research ethics.
- Implement and evaluate programs and policies focused on improvement of health for both local and global underserved communities.
- Identify social determinants of health, including behavioral, environmental, cultural, economic and political factors.
- Understand how these determinants of health contribute to local and global inequities in health, and work to remedy them in more culturally competent and effective ways.
- Understand and manage ethical issues involved in research, education, policy and clinical service in a global health setting.

B. I individually developed and piloted an innovative bioethics and clinical ethics teaching and formative assessment module in the first semester of the inaugural medical school class, currently under preparation for publication.

C. Finally, I am co-creating and co-teaching two additional: i. Cultural Competency; and ii. Community Engagement and Advocacy competencies, the latter involving community based participatory research for service learning projects aimed at reducing health disparities in local-global underserved communities.

2. *Dar Es Salaam, Tanzania*: (2009) I advised Muhimbili University Health and Allied Sciences to develop and improve their overall curricula, and clinical ethics/professionalism curricula, specifically improving interprofessional education across their medical, nursing, pharmacy,

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dentistry, allied health, and public health schools. To do so, I helped conduct and analyze a “gap analysis” of 400+ courses and a “tracer study” of how health professional graduates might best serve patients, families, employers and Tanzanian society in the context of a severe healthcare workforce shortage.

3. *Istanbul, Turkey*: I developed (2004-2005) a five year medical undergraduate medical ethics and clinical ethics curriculum tailored for the Turkish sociocultural context. This curriculum was published in Turkey: “Reconsidering the Cultural Ethos and Imperialism of Anglo-American Bioethics and Exploring Cultural Adaptations for Bioethics and Clinical Ethics Teaching in Turkey,” Turkish Society of Bioethics (Fall 2005): 296-321.
4. *Vermont, USA*: I was one of four core faculty funded (\$300,000 Macy Grant) at University of Vermont (1998-2000) to design an experimental interdisciplinary curriculum jointly to introduce ethics, genetics, public health and epidemiology to medical students, an innovation recognized by the American Public Health Association and *Academic Medicine* journal.
5. *Australia*: I served as one of three core faculty at University of Newcastle Faculty of Medicine (1990-1994) developing a comprehensive, wholly integrated, stage-specific, five-year medical undergraduate (problem based learning) ethics program. This is the ideal recommended by medical ethics education professionals, albeit a unique achievement, and our curriculum has been recognized as such in peer reviewed publications.

Specific national and international innovations – offering evidence of excellence in curriculum design and teaching - are documented in my twelve publications on ethics education, including the first and only comprehensive comparison of undergraduate medical ethics education around the globe, aimed at achieving WHO standards and advocating for interprofessional ethics education.

STATEMENT OF TEACHING PHILOSOPHY

Teacher as Servant-Leader: In my teaching, as in my research and service, I see my primary role to be that of a *servant-leader*. Accordingly, I strive to create equal relationships of mutual trust and empowerment, and to facilitate personal and professional growth, serving the needs of students first. I explicitly invite service to our respective professions/disciplines/patients, institutions, and broader regional, national, and international communities. This emphasis on trust, growth, and empowerment is particularly important in bioethics and cultural competency teaching alike, because the professional examination of ethics & culture focuses a uniquely revealing lens on core values, beliefs, worldviews, and fundamental concepts. This can be threatening to students if not considered in a safe space, but can also offer promising avenues for weaving ethics and social justice service activities into teaching. Such engaged learning offers concrete opportunities for meaningful contributions from students, creating and empowering not only life-long learners, but future servant-leaders. For example, UVM College of Medicine colleagues and I wove a service focus into our overall 1998-2000 medical school curriculum reform, by adding a 4th year medical student year-long required research project aimed at direct service to our local community - in areas of each student's choice - in collaboration with our state commission of public health.

How Students Learn: In my experience, learning is *developmental*, *active*, and *contextualized* within and toward specific practices. Also in my experience, learning can be made more conscious - by encouraging “metacognitive” reflections - enabling students to: a) take increasing charge of their own learning over time; and b) consciously develop skills to generalize theories and skills to successfully tackle new topics and contexts throughout their careers. The latter activity is particularly important in bioethics, as medical technologies and associated ethical issues are ever-evolving and knowledge and skills originally learned must be adapted throughout a physician's career to effectively address emerging ethical issues.

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Teaching methods: To facilitate the types of learning described above, I tailor my bioethics/medical ethics/clinical ethics/cultural competency curriculum design and teaching methods to develop stage-specific acquisition of theories and skills contextualized more and more closely with actual practice and service. As one example of specific methods used, I have collaboratively developed a seminar series and stimulus materials to assist medical students to cross the crucial bridge between preclinical and clinical acquisition and application of ethics theories and clinical ethics skills - to identify and manage ethical issues in actual patient care (see Myser et al., "Teaching Clinical Ethics as a Professional Skill: Bridging the Gap Between Knowledge About Ethics and its Use in Clinical Practice," *Journal of Medical Ethics*, 21: 97-103).

Assessment: Recognizing assessment as "the tail that wags the dog," I have learned to develop assessment measures that directly support my stage-specific bioethics/medical ethics/clinical ethics/cultural competency curricula. Accordingly, I regard curriculum design, teaching methods, and assessment measures and tools as core *integrated tools* to facilitate student learning. For one example, I collaboratively developed a formative and summative assessment tool (directly associated with the above seminar series) to guide medical students in acquiring clinical ethics skills to identify and manage ethical issues in their clinical rotations (see "Myser et al., "Ethical Reasoning and Decision-Making in the Clinical Setting: Assessing the Process," *Medical Education*, 29: 29-33).

Evaluation: I regard evaluation as a welcome and necessary means aiding continuous improvement of my teaching, hoping to benefit future students - and through them patients, families, and communities - and the fields of bioethics/medical ethics/clinical ethics/cultural competency education alike. Two key evaluation tools from which I have benefited include student evaluations, which remain a first-line measure of teaching effectiveness, and educational scholarship. Regarding the latter, I believe that sharing educational innovations is an integral part of continuously improving teaching, not only by subjecting ourselves to continuous professional peer review, but also by sharing our ideas in hopes of evolving bioethics/medical ethics/clinical ethics/cultural competency educational service more broadly. As one example, I authored a comprehensive comparison of undergraduate medical ethics education around the globe, aimed at achieving WHO standards (see Myser, "How Bioethics is Being Taught: A Critical Review," in Singer and Kuhse, eds., *A Companion to Medical Ethics*, pp. 485-500), that has stimulated significant discussion in international medical ethics education circles.

PROFESSIONAL SERVICE

Associate Editor, Global Bioethics, *Journal of Bioethical Inquiry* (Australia):

(10/2010-Present) Solicit 2-3 original manuscripts per year for the journal. Solicit 1 manuscript per year from a major international scholar. Bring in 3-4 new reviewers per year. Solicit a review article in the field of global bioethics every 2 years. Will organize and edit a special issue of JBI on "Global Health & Bioethics" for publication in 2014.

Grant Reviewer:

(8/2011-Present) The Wellcome Trust (United Kingdom & International), Ethics and Society Program, Empirical Research and Bioethics

American Society of Bioethics and Humanities:

(6/2008-11/2009) Co-Chair, "Empirical Study of Clinical Ethics Consultation Across Disciplines & Recommendations for Credentialing Clinical Ethicists" Task Force: This planning task force prepared for: a) two core literature reviews - one emphasizing CEC

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theory & one emphasizing CEC practice; b) an empirical, social science study of CEC with special emphasis on exploring varying disciplinary theories, methods, and models currently employed by clinical ethicists trained in different disciplines (e.g., philosophy theology, social sciences & medical humanities Ph.D.s; M.D.s; R.N.s; and J.D.s); c) to determine the best basis on which to professionalize, credential, and/or educate clinical ethicists; d) with the additional goal of facilitating interdisciplinarity in bioethics. (2008-Present) Member of Clinical Ethics Consultation Affinity Group (2008-Present) Member of Literature and Medicine & Visual Arts and Cultural Representations Affinity Groups (2008-Present) Member of Neuroethics Affinity Group (2001-2008) Member, Clinical Ethics Task Force, which produced "Improving Competencies in Clinical Ethics Consultation: An Education Guide" (ASBH 2009) funded by Greenwall Foundation Grant: \$59,125.00 (2000-Present) Reviewer, Cross-Cultural Bioethics Submissions (1998-Present) Member of Race, Culture and Ethnicity Affinity Group (to address health care inequities, increase cultural competency, and mentor minority bioethics and health professionals)

Peer Reviewing for Professional Journals: *Acta Paediatrica*; *American Journal of Bioethics*; *Bioethics*; *Hastings Center Report*; *Journal of Clinical Ethics*; *Journal of Medical Ethics*; and *Journal of Bioethical Inquiry*.

Fulbright Academy of Science and Technology (FAST), Cape Elizabeth, ME.

(July 2006-Present) Serve on Advisory Committee. Develop collaborative national and international bioethics, social science, science and technology projects. Do FAST advocacy work at, e.g., AAAS and Fulbright Alumni events. Help organize and fund relevant conferences (securing community donations, e.g., from Whole Foods), e.g., Sustainability/Global Health conference with 200 national & international Fulbright alumni and associated attendees (San Francisco, CA, March, 2010).

Fulbright Alumni Association Board Member, Northern California Chapter

(October 2005-Present) Contribute to regional and national Fulbright advocacy and outreach initiatives. PI & Project Director, Fall 2009-Fall 2010 U.S. State Department Fulbright Outreach, Mentoring and Enrichment Grant to achieve richer ethnic diversity among Fulbright awardees representing the U.S. and serving overseas (through Stanford University, San Francisco State University & San Jose State University).

PROFESSIONAL MEMBERSHIPS

Society for Applied Anthropology	2006-Present
Turkish Studies Association	2002-Present
Middle East Studies Association	2001-Present
American Society of Bioethics and Humanities	1998-Present
American Association of Bioethics	1997-1998
Society for Medical Anthropology	1994-Present
American Association of Anthropology	1994-Present
International Association of Bioethics	1993-Present
Australasian Bioethics Association	1991-1994
Society for Health and Human Values	1986-1998
American Philosophical Association	1985-Present
Kennedy Institute	1985-Present
Hastings Center	1984-Present

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GRANTS PLANNED

“Improving Research Ethics Capacity in Developing Countries: Turkey/Middle East,” NIH-Fogarty International Center International Research Ethics Education and Curriculum Development Award: Building on professional relationships developed as a Fulbright Professor in Turkey (2004-2005) and during one-month research trips to Turkey in both 2001 and 2002, I will pursue an NIH-Fogarty award to develop and co-teach a much needed research ethics capacity building curriculum in this developing country. I will do so in collaboration with Yeditepe University in Istanbul, Turkey.

“Incorporating Bioethics Teaching in Science Museums for Improved Public Engagement and Policy Making,” NIH-NCRR Science Education Partnership Grant: I believe that bioethics and medicine/science can and should extend their education and service beyond medical schools and into the community, e.g., through innovative partnerships with community organizations such as science museums. This can improve public engagement generally, but can also focus special attention on underserved ethnic communities. Accordingly I am seeking funding to develop a Pilot Science Museum Bioethics Curriculum that can be used in association with permanent and visiting science/medical exhibits locally and even nationally (see AJOB publication of 2007 highlighting the “Body Worlds” public human anatomy exhibits as one example).

Pilot Study: “Empirical Study of Clinical Ethics Consultation Across Disciplines & Recommendations for Credentialing Clinical Ethicists”

CONTINUING EDUCATION

World Affairs Council of Northern California, Pacific Grove, California
(May 2002): W.A.C. 56th Annual Conference, “The Many Facets of Islam”

Summer Institute for Intercultural Communication, Pacific University, Forest Grove, Oregon

(August 2001) “Transforming Intercultural Conflict,” Dr. Michelle LeBaron and Mr. Mark McCrea

(July 2001): “Developing a Multicultural Vision for the New Millennium,” Dr. Carlos Cortes

(July 1999): “Leadership Across Contexts and Cultures,” Dr. Lee Knefelkamp

(July 1998): “Developing Leadership for Campus Diversity,” Dr. Lee Knefelkamp

Independent Travel (60 countries on seven continents)

LANGUAGES: French (speak, read and write); Swedish (speak, read and write); Norwegian and Danish (orally understand and read); minimal Turkish.

REFERENCES

Renee C. Fox, Ph.D., Annenberg Professor Emerita of the Social Sciences, and Senior Fellow Emerita, Center for Bioethics, University of Pennsylvania; The Wellington, #1104, 135 South 19th Street, Philadelphia, Pennsylvania, 19103; Tel: 215-563-4912; Email: rcfox@ssc.upenn.edu

Diane Magrane, M.D., Director, International Center for Executive Leadership in Academics and Director, Executive Leadership in Academic Medicine (ELAM) program for women, Institute of Women's Health and Leadership, Professor of Obstetrics and

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Gynecology, Drexel University College of Medicine, 2900 West Queen Lane, Philadelphia, PA, 19120; Tel: 215-991-8240; Email: Diane.Magrane@Drexelmed.edu; (formerly Associate Dean for Medical Education and Associate Professor of Obstetrics and Gynecology, University of Vermont College of Medicine, E109 Given, Burlington, VT 05401).

LeRoy Walters, Ph.D., Joseph P. Kennedy Sr. Professor of Christian Ethics and Professor of Philosophy (Emeritus as of June 2010), Georgetown University, Kennedy Institute of Ethics, 415 Healy Hall, 37th & O Streets Northwest, Washington, D.C., 20057. Tel: 202/687-7174 (or 8099 main); Email: waltersl@georgetown.edu

Robert T. Watson, M.D., Executive Associate Dean for Administrative Affairs and Professor of Neuroscience, Dept. of Clinical Sciences, Florida State University, 115 West Call St., Suite 2350-J, P.O. Box 3064300, Tallahassee, FL., 32306-4300; Tel: 850-645-8491 (formerly: Senior Associate Dean for Educational Affairs and Professor of Neurology, College of Medicine, University of Florida, Gainesville, FL., 32610); Email: robert.watson@med.fsu.edu

JULIE C. SERVOSS, M.D., M.P.H.

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EDUCATION

Harvard School of Public Health M.P.H.	Boston, MA 2005
Massachusetts General Hospital Gastroenterology Fellowship Internal Medicine Residency	Boston, MA 2001-2005 1999-2001
Harvard Medical School (HMS) M.D.	Boston, MA 1999
Stanford University B.A. Human Biology with Honors	Palo Alto, CA 1994

CERTIFICATION AND LICENSURE

Board Certification: ABIM Gastroenterology	2006
Board Certification: ABIM Internal Medicine	2002
Licensure:	
Florida	2005-current
Massachusetts	1999-current

ACADEMIC EXPERIENCE

Florida Atlantic University, Charles E. Schmidt College of Medicine Assistant Dean for Diversity, Cultural and Student Affairs Assistant Professor of Clinical Biomedical Science	Boca Raton, FL 8/2010-present
University of Miami Miller School of Medicine at Florida Atlantic University (UMMSM@FAU) Voluntary Faculty Assistant Regional Dean for Student Affairs Assistant Professor of Clinical Medicine, Department of Medicine	Boca Raton, FL 8/2010-present 2/2010-9/2010 2007-8/2010
Florida Atlantic University, Charles E. Schmidt College of Biomedical Science Affiliate Clinical Assistant Professor of Biomedical Science	Boca Raton, FL 2006-2010
Massachusetts General Hospital Graduate Assistant in Medicine Clinical and Research Fellow in Medicine	Boston, MA 7/2004-2/2005 7/2001-2/2005

RESEARCH EXPERIENCE

Gastrointestinal Unit, Massachusetts General Hospital <i>Research Fellow</i> Participated in clinical research focused on the hepatotoxicity of antiretroviral therapy in patients	Boston, MA 7/2002-12/2005
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with human immunodeficiency virus (HIV). Aided in design of a retrospective study of over 9,000 subjects with HIV to determine clinical risk factors associated with the hepatotoxicity of antiretroviral agents. Developed studies to examine the histopathologic changes in the liver associated with antiretroviral therapy as well as studies to determine if there are pharmacologic and/or genetic factors associated with antiretroviral-associated hepatotoxicity.

Howard Hughes Medical Institute at Stanford University

Palo Alto, CA

Research Assistant

Summer 1996

Received funding from the Society for Pediatric Research to participate in the ongoing research of Dr. Uta Francke. Developed project, with guidance of Dr. Francke, to perform a mutation screening of 20 individuals with Marfan Syndrome. Applied such techniques as isolation of genomic DNA, PCR amplification of 21 of 65 exons of the fibrillin gene, single-strand conformational analysis (SSCA), MDE gels, and sequencing exons to look for new mutations in the fibrillin gene. Participated in clinically diagnosing individuals with Marfan Syndrome at Stanford Hospital.

Medical Anthropology Program, University of California at San Francisco

San Francisco, CA

Research Assistant

1994-1995

summer 1993

Supervised and conducted data collection, management, and analysis for two projects: "Cultural Pluralism and Ethical Decision-Making in Nursing," (NIH) and "Impact of Diversity on Ethical Decision-Making in AIDS Care." (AmFAR) Actively participated in grant writing activities. Prepared a successful Human Subjects Protocol. Performed in-depth interviews with cancer and AIDS patients, their families, and healthcare providers in both English and Spanish. Participated in data-analysis. Identified and described major ethical decisions faced by patients. Analyzed the processes by which those decisions were made. Devised means to condense and use data. Initiated compilation of data for a pilot study entitled, "Cultural Diversity and Ethical Decision-Making in AIDS Care for Women" to justify and secure funding for a broader project.

Department of Human Biology, Stanford University

Palo Alto, CA

Honors Thesis

1994

Entitled "Ethical Decision-Making Processes: An Analysis of Chinese Cancer Patients and their Families." Used data, specifically interviews conducted by the Cantonese Research Assistants, from the research project in which I was involved at the University of California at San Francisco, Medical Anthropology Program. Analyzed the family's role in each patient's decision-making process, and the ethical issues that result from a cross-cultural, healthcare context. Prepared an original scientific paper that was presented in May 1994 at the Human Biology Department Honors Symposium.

Department of Pathology, University of Southern California Medical School

Los Angeles, CA

Research Assistant

summer 1991

Designed an experiment to determine the cause of specific lesions in the lungs called Centriacinar Disease. Investigated the epidemiology of communicable childhood diseases using Medline. Researched *in situ* hybridization and antibody testing. Performed experiments using the latter techniques and compared the efficiency and accuracy of both.

TEACHING EXPERIENCE

**University of Miami Miller School of Medicine at Florida Atlantic University
(UMMSM@FAU)**

Boca Raton, FL

Course Director: Hematology and Oncology Module

2009-2011

Designed and implemented the course. Ran faculty development sessions for problem-based learning facilitators. Co-authored problem-based learning paper cases.

Course Director and Lecturer: Gastrointestinal, Hepatology and Nutrition Module

2007-2010

Designed and implemented the course. Ran faculty development sessions for problem-based learning facilitators. Co-authored problem-based learning paper cases. Introduced cultural

competency content and objectives to problem-based learning paper cases. Provided 16 hours of lecture.

Course Co-Director: Integrated Patient Care Course

2007-2011

Designed and implemented the course in which 1st – 3rd year medical students learn history, physical exam as well as oral and written presentation skills.

Course Co-Director and Lecturer: Physicianship Skills Course

2007-2011

Designed and implemented the course focused on the following themes: physical exam skills, social determinants of health, chronic disease, evidence-based medicine (EBM), palliative care, patient advocacy, medical error, law and medicine, economics of healthcare and professionalism. Provided lectures on social determinants of health. Re-designed the EBM curriculum, delivered all 5 lectures covering the EBM core competencies and developed journal clubs aligned with the organ system modules to reinforce EBM concepts.

Clinical Preceptor: Integrated Patient Care Course

2007-2010

Instructed and precepted eight 1st year medical students at the Delray Department of Health in history and physical examination skills.

Learning Community Facilitator: Physicianship Skills Course

2007-2010

Led weekly meetings of a group of eight 1st year medical students through the Learning Community curriculum which includes topics such as professionalism and ethics, communication and humanities, evidence-based medicine and case presentations.

Lecturer: Fundamentals of Biomedical Sciences 1, 2 and 3

2007-2010

Provided clinical case correlates for 1st year medical students in the anatomy portion of their courses.

Lecturer: Introduction to the Medical Profession

2007-2009

Provided lectures on the US healthcare system, quality of healthcare, patient safety, multidisciplinary team-work and the importance of continuity of care.

Problem-Based Learning Facilitator

2007-2011

Acted as facilitator for groups of eight 2nd year medical students engaged in problem-based learning.

Harvard Medical School

Boston, MA

Focused Discussion Leader

2005

Lectured and facilitated discussion on the genetics of colon cancer with 20-25 students.

Focused Discussion Leader

2004

Lectured and facilitated discussion on the pathophysiology of secretory diarrhea with 20-25 students.

Tutor, Human Systems Module

2004

Led group of 10-12 students in case-based learning experience and facilitated learning of normal physiology and pathophysiology of gastrointestinal disease.

Teacher, Patient Doctor Course

2001

Taught physical exam techniques to first and second year medical students.

Teacher, PHACE Program (Prevention, Health, and Choice Through Education)

1995

Participated in the revision of one component of the course curriculum entitled “Anxiety, Depression, and Suicide.” Taught freshmen in high school subjects ranging from domestic and gang violence, to suicide, teen pregnancy, and AIDS.

RESEARCH AND OTHER CREATIVE ACTIVITY

Refereed Works (all published)

Journal Publications

Corey KE, **Servoss JC**, Casson DR, Kim AY, Robbins GK, Franzini J, Twitchell K, Loomis SC, Abraczinskas DR, Terella AM, Dienstag JL, Chung RT. Pilot study of postexposure prophylaxis for hepatitis C virus in healthcare workers. *Infection Control and Hospital Epidemiology* 2009 October;30(10):1000-5.

Campos NG, Salomon JA, **Servoss JC**, Nunes DP, Samet J, Freedberg KA, Goldie SJ. Cost-effectiveness of treatment for hepatitis C in an urban cohort co-infected with human immunodeficiency virus. *American Journal of Medicine*. 2007 March;120(3):272-9.

Servoss JC, Kitch DW, Andersen JW, Reisler RB, Chung RT, Robbins GK. Predictors of antiretroviral-related hepatotoxicity in the adult AIDS Clinical Trial Group (1989-1999). *Journal of Acquired Immune Deficiency Syndromes*. 2006 November 1;43(3):320-3.

Basch EM, **Servoss JC**, Tedrow UB. Safety assurances for dietary supplements: policy issues. *Journal of Herbal Pharmacotherapy* 2005; 1(5):3-15.

Presentations

Poster presentation. Agarwal G, Belkowitz J, **Servoss JC** and Wragg S, Fostering new cultures at the Regional Campus: “Integrated Patient Care” and “Physicianship Skills” as 4-year longitudinal courses. Association of American Medical Colleges Southern Group on Educational Affairs Annual Meeting, Nashville, Tennessee, 2008.

Poster presentation. **Servoss JC**, Campos NG, Chung RT, Salomon JA, Samet J, Freedberg KA, Goldie SJ. Cost-effectiveness of treatment for chronic hepatitis C infection in patients coinfecting with human immunodeficiency virus, American Association for the Study of Liver Diseases Annual Meeting, November 2005.

Oral presentation. Predictors of antiretroviral-related hepatotoxicity in the Adult AIDS Clinical Trial Group (AACTG), AASLD Annual Meeting, Hot Topics in Hepatology, October 2003.

Oral presentation. Hepatotoxicity in the U.S. Adult AIDS Clinical Trial Group, Digestive Disease Week (DDW), Presidential Plenary Session, May 2001.

Abstracts

Servoss JC, Campos NG, Chung RT, Salomon JA, Samet J, Freedberg KA, Goldie SJ. Cost-effectiveness of treatment for hepatitis C in an urban cohort co-infected with human immunodeficiency virus. *Hepatology* 2005;42:390A.

Servoss JC, Kitch, D, Andersen J, Robbins GK, Reisler RB, Chung RT. Predictors of antiretroviral-related hepatotoxicity in the Adult AIDS Clinical Trial Group (AACTG). *Hepatology* 2003;38:189A.

Servoss JC, Sherman KE, Robbins GK, Liou SH, Reisler R, Rolsky B, Murphy R, Dickens T, Miskovsky E, Peters MG, Chung RT. Hepatotoxicity in the U.S. Adult AIDS Clinical Trial Group. *Gastroenterology* 2001;120:A54.

Contracts or Grants Received

AASLD/Schering Advanced Hepatology Fellowship, 2004-2005

Bristol-Myers Squibb HIV Fellowship Research Program, Clinical Research Grant, 2002

Non-Refereed Works (all published)

Books and chapters in books

Servoss JC, Friedman LS, Dienstag JL. Diagnostic approach to viral hepatitis. In: Thomas H, Lemon S, Zuckerman A, eds. Viral Hepatitis 3rd Edition. Malden: Blackwell Publishing Ltd; 2005.

Servoss JC, Chung RT, Sherman K. Liver disease in patients with HIV. In: Al Knawy B, Shiffman ML, Wiesner R, eds. Hepatology: a practical approach. Amsterdam: Elsevier Science BV; 2004.

Presentations/invited lectures

Servoss JC. Review Questions in Gastroenterology and Hepatology. American College of Physicians, Florida Maintenance of Certification Preparation Course, Orlando, FL., 2010.

Servoss JC. Review Questions in Gastroenterology and Hepatology. American College of Physicians, Florida Maintenance of Certification Preparation Course, Orlando, FL., 2009.

Servoss JC. Review Questions in Gastroenterology and Hepatology. American College of Physicians, Florida Maintenance of Certification Preparation Course, Orlando, FL., 2008.

Other publications

Servoss JC, Friedman LS. Serologic and molecular diagnosis of hepatitis B virus. Infectious Disease Clinics of North America. 2006 Mar;20(1):47-61. Review.

Servoss JC, Friedman LS. Serologic and molecular diagnosis of hepatitis B virus. Clinics in Liver Disease. 2004 May;8(2):267-81. Review.

Peters PJ, Servoss SJ, **Servoss JC**, et al. Hypertension. Massachusetts General Hospital Ambulatory Care Syllabus. Lippincott Publications, 2002.

AWARDS

Faculty Awards

Faculty Appreciation Award for Outstanding Contribution to the Education of Students Course Director, Emeritus, GI/Hepatology and Hematology/Oncology Modules UMMSM@FAU	2011
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Teaching Awards

Dwight W. Warren Award for Excellence in Teaching UMMSM@FAU	2008-2009
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Dwight W. Warren Award for Excellence in Teaching UMMSM@FAU	2007-2008
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Community Awards

Boca Life Magazine's, Rising Stars, The 40 Under 40 Issue	2010
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PROFESSIONAL AND HONORARY ORGANIZATIONS

Member. Palm Beach County Medical Society	2006-2007
Member. Florida Medical Association	2005-present
Member. American Association for the Study of Liver Diseases	2003-present
Member. American Gastroenterological Association	2001-present

Member. Aesculapian Club, HMS Elected as student member of the Aesculapian Club, an HMS alumni group that works to provide support and funding for student loans, scholarships, and activities, such as the Second Year Show, and the provision of the White Coats to all entering HMS students.	1998-present
Member. Student National Medical Association, HMS Chapter.	1995-1999
Member. Black Health Organization, HMS.	1995-1999

SERVICE AND ACTIVITIES

Florida Atlantic University

Department of Integrated Medical Sciences

Member, Promotion and Tenure Committee	2010-present
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Member, Committee on Appointments and Promotions of Affiliate Faculty	2008-2010
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College of Medicine

Member, Board of Directors, FAU Clinical Practice Organization	2011-present
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Member, FAU College of Medicine Scholarship Committee	2011-present
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Member (<i>ex officio</i>), FAU College of Medicine, Medical Student Promotions and Professional Standards Committee	2011-present
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Member, FAU College of Medicine, Liaison Committee on Medical Education (LCME) Steering Committee	2011-present
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Member, FAU College of Medicine, Education Cornerstone of the FAU COM Strategic Plan	2011-present
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Vice Chair, FAU College of Medicine, Community Engagement Cornerstone of the FAU COM Strategic Plan	2011-present
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Member, FAU College of Medicine, Strategic Planning Committee	2010-present
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Member, FAU College of Medicine, Admissions Committee	2010-present
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Member, FAU College of Medicine, Curriculum Advisory Committee	2010-present
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Member, FAU College of Medicine, M1M2 Curriculum Committee	2010-present
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Member, FAU College of Medicine, Faculty Assembly	2010-present
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Member, FAU College of Medicine, Search and Screening Committee, Vice Dean for Graduate Medical Education and Designated Institutional Officer	2010-present
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Member, FAU College of Medicine, Search and Screening Committee, Director of Community Relations	2010-2011
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Member, FAU College of Medicine, Search and Screening Committee, Director of Development	2010-2011
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Member, FAU College of Medicine, Search and Screening Committee, Vice Dean for Medical Education and Student Affairs	2010
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Member, FAU College of Medicine, Search and Screening Committee, Senior Associate Dean for Medical Education and Faculty Development	2010
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Member, FAU College of Medicine, Search and Screening Committee, Director of Practice Plan Management	2010
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Member, FAU College of Medicine, Search and Screening Committee, Associate Dean for Admissions and Enrollment	2010
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University

Member, Florida Atlantic University, Search Committee for Dean, College of Medicine	2011-present
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Member, Florida Atlantic University President's Diversity Committee	2010-present
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Member, Florida Atlantic University, Division of Student Affairs, Student Conduct Hearing Board	2010-present
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Member, Florida Atlantic University Provost Search Committee	2010-2011
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University of Miami Miller School of Medicine at Florida Atlantic University (UMMSM@FAU)	Boca Raton, FL
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Member, Clinical Promotions Committee	2010
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Member, Year 1-Year 2 Curriculum Advisory Committee: FAU	2010
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Chair, UMMSM@FAU Admissions Sub-Committee	2009-2010
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Member, Basic Science Promotions Committee	2008-2011
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Member, Committee on Appointments and Promotions of Affiliate Faculty	2008-2010
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Chair, LCME Undergraduate Medical Education Self-Study Committee	2008-2009
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Member, LCME Women and Minority Affairs Self-Study Committee	2008-2009
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Chair, Year 1-Year 2 Curriculum Advisory Committee: FAU	2007-2010
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Member, UMMSM@FAU Admissions Sub-Committee	2007-2010
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Community Organizations

Member, American Heart Association Junior Leadership Council	2011-present
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Member, Roosevelt Middle School Magnet Advisory Board, Palm Beach County School District	2010-present
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