

**Review of the MPH Program  
Institute of Community and Public Health  
Birzeit University**

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## Introduction

It has been 20 years since our MPH curricula were developed, and endorsed by a variety of local health care providers, and supported by international and World Health Organization experts. Since that time, ICPH faculty have been reviewing their curricula periodically and accommodating new knowledge, and the changing Palestinian context, so that curricula could continue to relate to communal needs and public health practice as context and systems are also changing. However, such reviews were not conducted systematically, that is, after investigating needs in the field and linking findings to changes in all courses. They were completed course by course based on knowledge obtained from students, alumni and also observations regarding changes in context as well as changes in the 'health system'.

Twenty years on, the ICPH council endorsed the idea of temporarily withholding admission to its MPH program during the 2015-2016 academic year, so that a field assessment could be conducted with results fed into the modification and strengthening of curricula overall, and so that the various changes required could be integrated in all of the courses offered to students.

## Literature review

The literature highlights the importance of changing approaches to public health, where emphasis has evolved from needs to rights(1-3), elaborated as the right to protect, provide and participate(4). Various authors also emphasize that the aim of public health is to improve the health of people in communities and also population (5-7), with a focus on pro-poor, equity based approaches, and related to the social determinants of health as the foundation for public health practice(8). However, the social determinants of health have their roots, or are determined ultimately by the political determinants of health ( global policies, market forces, global power asymmetries, country level policies, bio-politics, bio-power etc.). We need to take this into consideration, especially when analyzing the local Palestinian context. That is in the case of Occupied Palestine, there is a need to include the political determinants of health into curricula as well.

More, it is believed that social justice is central to the mission of public health, focusing on the fair distribution of advantages and burdens. After all, public health is about advancing human well-being by improving health with a special attention to the needs of the most disadvantaged(9). Others argue that

traditional public health goals need to further social justice, where programs need to be implemented fairly while working towards minimizing pre-existing social injustices.(10) Yet others propose that an ethical framework for public health is one which recognizes the importance of the vulnerability of subpopulations which lack social and economic power, taking into consideration issues such as social justice and solidarity, seen as a public health which promotes the public interest and the common good.(18) Thus social justice in public health practice is understood as being part of public health ethics.

In other words, ethics are identified as an important component of public health teaching and practice. The argument is that public health has its specific ethical problems focusing on issues related to population health, that are of a different nature from the ethical dilemmas of bioethics, which focus on issues generated by high-technology medicine.(17) Yet, because of the range of factors affecting the health of populations (and the various contexts, societies and cultures within which health and disease arise) identifying a common ethical code for all is a challenge.(11) Indeed, it has been argued that the standards of research ethics committees in the developed world, for example, are difficult to implement in a developing world setting, and that some of the international rules are not culturally sensitive.(12) Likewise, it has also been argued that, the notion of informed consent is ethically grounded in the western world, as the notion of person in the rest of the world differs from the understanding in Western societies, raising questions as to whether ethical standards should be universally acceptable, or culturally relative.(13)

At Birzeit University, as was experienced elsewhere in the developing world, we have acknowledged that ethical conduct is universal, however, its application must be context and culture specific. For example, informed consent here is obtained orally, given that people hesitate and suspect if you ask them to sign consent papers. Children are defined as under 15 years old, allowing informed consent to be provided by youth 15 years or more without the interference of their parents given that our children grow up quicker than elsewhere in general, considering that the responsibilities they have towards family and community are assumed earlier than in the West. Be it as it may, public health ethics needs to be incorporated into public health curricula, as we already do, but perhaps not sufficiently.

Public health curricula needs to be linked to the program's vision(6), and goals, and includes a fundamental set of attitudes and values including commitment to equity, respect of diversity, self-determination, empowerment and community participation, all understood as being rooted in a broad understanding of the determinants of health.(14) There is also a focus on the need to combine theoretical and analytical thinking into communication, collaboration, as well as strategic planning skills, although it appears that it is still not clear how this can be done.(15)

A very interesting approach is that which the University of Washington uses in defining its International Health Program competencies. The focus there is on identifying, analyzing and challenging power structures which produce poverty, inequality and disease, an approach which directs competencies towards addressing the fundamental problems of injustice, poverty and exclusion.(7) In other words, public health practice is not only about skills and techniques, it is about theoretical and analytical thinking(15) and an assessment of the context in which disease occurs, and this of course requires strong theoretical backgrounds and conceptual skills and analytical abilities linked to systematic thinking, integration, reasoning and ability to conceptualize and write overall, aspects which continue to be a major challenge we are facing at ICPH.

There is also an emphasis on the multi-disciplinarity and multi-sectorial nature of public health(16-19), with calls for ensuring that the process of public health education maintains its holistic nature, instead of the fragmentation of curricula observed.(6, 8) We would certainly agree that a broad understanding of health and its determinants, in society as opposed to only in clinics, requires a multi-disciplinary approach to curricula development and to practice, so that public health practitioners can effectively intervene to solve some of the problems by locating root causes of disease, and not only causes inside the body, and focus on addressing inequity in health and access to health care, and injustice at the same time.

The literature then focuses on public health competencies, many of which are developed and shaped in the West, and many even in the United States. Competencies are defined as 'effective application of available knowledge, skills, attitudes and values in complex situations.'(8) Such competencies need to transcend boundaries of disciplines.(14) Others emphasize that competencies should be inter-related

with mission, goals and objectives, and that they need to be relevant.(20) They must be relevant to the program, and above all, to population health challenges. However, relevant competencies should be identified where they can support the structure and functions of public health systems, and cannot be the same in all times and places.(21) Yet, competency based learning requires the development of a strong mentorship program(22) and entails important costs and time requirements. This includes investments in faculty development and educational program advancement in an ongoing process, where faculty are trained and retrained in pedagogic development(15), that is, how to teach, raising questions as to the degree to which ICPH can in fact turn into competency based teaching. Add to this the problem of constantly changing environment which we face, given the political context of continued Israeli occupation and colonization of Palestinian land, and what we have is a situation where we have to make choices in relation to our capacity and capabilities, in addition to the imperative of the presence of financial resources to complete the task at hand.

Overall, there is agreement that there are common competencies that all would agree on, and others specific to context, and the literature has various competency domains/clusters identified as core, some of which are common to all, and others are specific to specific public health training programs.(7, 8, 14-16, 18) What is clear is that we have to be very careful about developing competencies while always thinking about the relevance of these competencies to population health needs, and also to the way in which the health system is structured and functions, as well as our realistic capabilities in executing a public health teaching program effectively.

## Abdullatif Hussein and Awad Mataria's presentations during our 2015 retreat

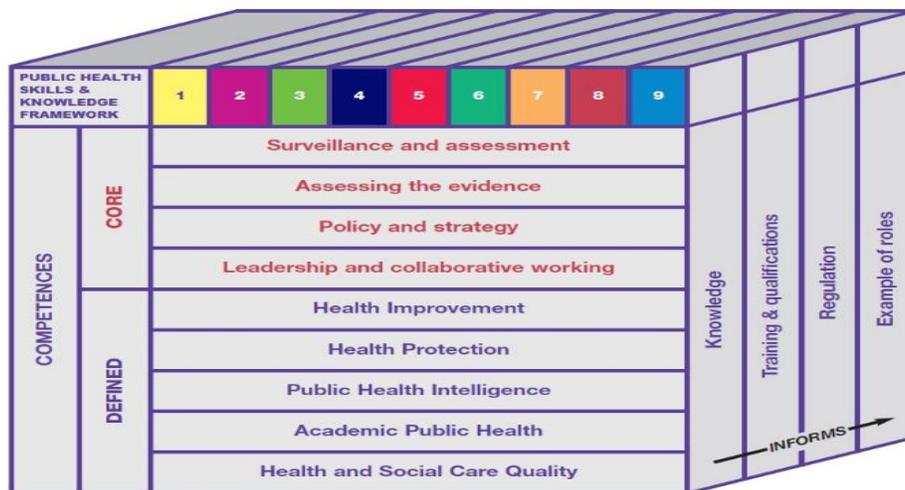
Abdullatif Hussein presented us with his view of the basic knowledge required for public health practice during our 2015 retreat. His focus included:

- “Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;

- Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;
- Environmental health sciences – environmental factors including biological, physical and chemical factors that affect the health of a community;
- Health services administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and
- Social and behavioral sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems”

And this is found in almost all competency based public health programs, although presented a bit differently. In terms of count, ICPH’s curriculum seems to have included all the main domains, but the curriculum requires updating and strengthening, and I think a particular approach to teaching is what needs to be cemented into all courses. However, what may be missing in Abed’s proposition, although it can be seen as implicit, is simple critical thinking, conceptual, analytical and writing skills, absolutely required for our students. These relate to all the clusters Abed outlined, and need to be emphasized as a cluster on their own.

Awad Mataria’s presented a public health skills and knowledge framework and as follows:



And this too complements what Abed did, but again, the critical thinking, conceptual and analytical and linking, integration and reasoning skills which our students really need are also absent. There is also the English language skills, literature searches and SPSS skills which need to be introduced here, perhaps they have been implicitly included. We also need to define a clear goal, out of which these competencies can emanate, where some of which we already know, and others need to be elucidated. The other important issue which is not obvious in Abed's and Awad's propositions is ethics.... Crucial for public health training and practice, and needs to be included.

## Initial implications based on the literature review and our current curricula and discussions so far

Having searched the literature and incorporated Abed and Awad's presentation, I have found the following:

**1. Our core conceptualization of what public health training and practice is all about, and the general flow of our curriculum is spot on. We need to clarify the goals though, especially those which relate to equity (I prefer equality) and justice.** For conceptual and analytical skills, we have the two core and foundation courses: the social epidemiology course and the Primary Health Care course. Both need review and updating, but they offer the required support to our students who come in without having had these skills. **I should think that the PHC course should include a full module on qualitative methods of inquiry.** We have tried this before to some extent and it works. The qualitative investigations portion in our curriculum has either been weak, or missing altogether, depending on academic year and who taught what.

**2. Our main problem is that not all courses are taught in the same way and using the same principles.** All courses should focus on critical thinking, conceptual and methodological issues in order to harmonize teaching. In addition, a main gap in our curriculum, other than qualitative methods of inquiry, which should be included in the PHC course, is the lack of special course on assessment and evaluation of interventions. This is a very serious problem which needs to be addressed, and I am wondering if the advanced epidemiology course could be the course which focuses on evaluations?

**3. We should think of better use of our seminars.** I was told, and I agree, that it would be very useful to standardize those as we did a couple of years ago: seminar 1 in the first semester focusing on using ready data sets, so that students could really learn literature reviews, referencing and above all, data analysis; Seminar 2: an A to Z study, which includes field work done by students. The topic of research does not really matter. What matters is the ability to read and understand and synthesize the literature, conduct field work, and effectively analyze data, and then write coherently scientifically and systematically. Such skills are a requirement of assessments and evaluations of interventions, for using evidence to write concept notes or proposal to set up new projects or programs, and for the periodic monitoring requires by most public health practitioners, and not only for scientific writing.

Overall then, we are at the stage where we can consult to make sure about our priority listing for competencies within courses. We are planning to conduct a small assessment covering about 80-100 persons, a convenience sample of the following:

1. High level policy makers
2. Educators
3. Practitioners: doctors, nurses and other health professionals
4. Alumni

# Assessment of our MPH program and future needs

## Aim

Soliciting the views of health services policy makers and practitioners regarding the current and future public health teaching and training needs especially in relation to the current MPH program ICPH operates. Results were also used to develop a quantitative questionnaire which was administered to public health practitioners soliciting their views on the subject.

## Methods

A qualitative semi structured interview schedule (Appendix 1) was developed based on the literature review of trends in public health and public health teaching, and included: questions assessing current teaching and future needs; assessment of public health graduates, with a focus on ICPH graduates; questions related to public health training needs, and recommendations on how to improve the MPH at ICPH. The interview schedule was piloted with one participant and discussed with ICPH faculty and researchers before initiating data collection. Seven high ranking participants from seven primary health care delivery organizations were included in the qualitative assessment. Data collection took place December and January 2015/2016. Verbal consent was obtained, and interviews were recorded digitally. Interviews took place in the participants' workplaces with the exception of one which was conducted by phone due to geographical distance constraints. Each interview was transcribed on computer and analyzed for themes and subthemes through repetitive reading.

The quantitative questionnaire was developed based on the responses to the semi-structures interview combined with elements derived from the literature review. The tool was then discussed with other researchers working at ICPH, especially those involved in teaching the MPH course, and their comments were incorporated (Appendix 2). The questionnaire was administered either as a Google form which was filled online by participants, following the consent to participation section; or by filling a paper version. Two groups of participants were targeted: holders of MPH degrees, and Bachelor's degree holders working in primary health care or Master degree holders in fields other than PH. Questions relevant to MPH holders were excluded from the forms filled by Bachelor's holders (see Appendix 2 and 3). A convenience sample (those who agreed to participate ) of participants from different sectors, organizations and professions was chosen, and included MPH graduates from ICPH ( the majority of

those who were willing to participate), An-Najah and al-Quds Universities, as well as Bachelor's holders from the Palestinian Ministry of Health, UNRWA and two local non-governmental health organizations. Data collection took place between March and June 2016.

## **Qualitative research**

### **Definitions of people working in PH and their practice**

The majority of the participants discussed public health as a commitment to a humanitarian conceptual frame and with a holistic understanding of health rather than specific positions or tasks participants held. Interviewees were committed to a holistic view linking the social, psychological, economic and political determinants of health. This included promotion of the principles of human rights of groups and especially at risk populations by making quality health services available, reachable and affordable. Public health was understood as focusing on prevention and protection, not treatment; an alternative view to the classical medical model participants stressed.

A variety of institutions could and must be included in public health practice such as primary health care, education, municipalities and agriculture. More generally, public health workers are seen as promoters of real change and development, a step that begins with internal awareness of the holistic aspects of health and translated into practice in order to change behaviors as guided by the increased awareness. Another significant point made with regards to holistic approach is the importance of cooperation across institutions in different sectors including governmental, non-governmental and UNRWA organizations.

### **Challenges to Public Health**

New challenges to public health in the oPt mentioned in interviews varied across participants. There was an agreement that non-communicable diseases such as cancer and hypertension have taken precedence and priority for work over communicable diseases that are now believed to be under control. This requires more focus on life style and behaviors such as exercise and smoking as determinants of health. Environmental issues as related to health were repeatedly mentioned as a major concern for PH in the oPt now and in the future.

Emergency planning and refugee health were also mentioned as a challenge since Palestinian society is in a chronic state of emergency. There is a lack of local experts who know the infrastructure and understand cultural dynamics that would be able to organize and plan during emergency situations whether natural disasters like snow and floods or political events like the siege on Gaza. Disability and Area C were both seen by one participant as an increasingly significant yet largely unexplored issue. Despite the achievements of PH there are many challenges in the health systems.

Two participants mentioned a decline in primary health care signaled by governmental investment in secondary and tertiary health care structures. Another theme was the lack of cooperation and partnership between the different sectors, more specifically expressed as it relates to curriculum planning and women's choice of pre and post health care provider (as there is no unified protocol). Other issues mentioned include the need to create protocols related to professional practice and ethical responsibility in the health fields. Another participant mentioned the difficulties of working within a politically transitional society in which institutional culture has not been realized making it difficult to have long term planning in municipalities since the agenda changes according to each minister's vision. Participants who mentioned emergencies as a growing issues in oPt encouraged including it in the program. More specifically: how to create damage control lines and communication lines, distribute relief kits, accommodate to people's physical and mental health issues such as (reproductive health and PTSD) and organize to follow up with those who have been affected afterwards, after disasters were seen as important.

Political issues were also linked to health, especially in how they reflect on communal and societal relations. The construction of the Separation Wall and other barriers that isolate communities and break up the Palestinian society. The political role played by the PA (Palestinian Authority) has changed people's understanding of resistance and nationalism. The division within the governments in the West Bank and Gaza Strip and the siege placed on Gaza Strip are other significant factors. Whereas how these affect health was not discussed, they were mentioned in accordance with the holistic view of health adopted by this field.

### **Assessment of ICPH graduates in particular**

When asked about how they view ICPH graduates, the majority agreed that they are strong in their conceptual understanding of public health. They are seen as having the right theoretical framework, ideology and commitment to its principles. The ability to link and integrate, as well as construct arguments through scientific thinking was seen amongst their strengths. Many participants mentioned how the graduates are adding to the field of PH in the oPt through taking up high-ranking positions. One participant, a graduate from another program said that the institute is notorious for its strictness and the amount of responsibility placed on students. Given that three of the participants are ICPH alumni, they reflected on their own experience with education to inform their answers. They spoke of it as life changing experience, something that has sharpened their personalities and ability to think. They believed the structure of teaching and of the institute had contributed to this transformation. Another strength of the institute (from those speaking about the past) is that many of the teachers were also working in the field, and that discussions were encouraged within lectures, allowing exchange of views, learning and better reasoning skills. These discussions took place amongst students who come from different backgrounds and have different attitudes to life, fostering open mindedness and acceptance of “others”.

Participants also noted changes in the ICPH MPH program. One participant mentioned that those teaching at the institute now are isolated within academia and have no real experience in the field thus impoverishing their teaching. The institute in general was seen as isolated, and participants suggested that more efforts must be placed into connecting with other departments at Birzeit University, and having institutionalized and real partnership with institutions in other fields, as well as creating opportunities for students to link research with practice. An issue was raised by two participants that old graduates were working in institutions and thus had a goal to create change, whereas now many pursue education in order to “have fun” or get a raise or a job in an NGO, which could be influencing motivation. A big theme that the majority agreed upon is that the lack of thesis places these graduates at a disadvantage, and more generally that ICPH graduates are weak in practical application of concepts.

## **Skills and knowledge in/significant to PH Master Program**

### **Research skills**

It was emphasized that general skills are more important than specific in depth statistical analysis skills. Research in public health is seen as the ability to think systematically, scientifically, link, integrate and see the whole picture. In other words, it is about developing reasoning skills like the ability to see the bigger picture, and the connections between the parts. Whereas it is important for creating interventions and recommendations, the task of highly specialized data analysis can be delegated to experts in this field. Certain skills were seen as especially important such as reading, analysis, health service research, ability to formulate interventions as well as recommendations based on conducted research. Also, it was stressed that it is important to understand the communities' point of view and work based on that. Research can also be used to foster attitude to reading critical thinking. Learning analytical, reasoning and critical skills through research is what is seen as important, important even if people are not going to become researchers. Less focus on methodology and more focus on applied research such as operational applied research, controlled studies, cross sectional studies, descriptive, assessment and evaluation in order to have recommendations that improve services. Not enough research opportunities are provided to students.

Participants believe that all skills are useless without the conceptual framework for public health. The student must graduate with strong foundation and a belief in the principles of public health mentioned earlier which include a humanistic and human rights approach to people, and a holistic view of health.

### **Statistics and epidemiology**

The ability to read and understand statistics is seen as important, especially bio-statistics. The ability to situate statistics within a holistic framework and manipulate statistics is also important. Epidemiology is also important and participants suggested local examples should be used as case studies instead of international ones. Statistics and epidemiology are an important part of planning and assessment which have to be based on accurate information. The ability to use statistics generated by others like for example PCBS or using data collected by management in order to inform planning is also important. It was noted by one participant that not all graduates get the opportunity to use statistics in their work, whereas those in municipalities are unable to do so due to that their work is condensed (not looking for

trends), those in NGOs are more capable of doing this. Statistics can also be a powerful negotiating tool within rigid work environments and helps in making informed decisions.

### **Health prevention and protection**

All participants agreed that this is important as one of the tenets of PH. One participant spoke at length of the necessity to find new ways of tackling health prevention to accommodate new population needs; for example how to use technology such as social media instead of traditional fliers, as well as how to measure the effectiveness of every method of communication, and if this changes behavior. She saw this as an existing gap of applied knowledge in public health in the opt. Others spoke of prevention in terms of how to break the cycle of illness through understanding behaviors and environmental factors that contribute to it.

### **Community**

Community health care and community orientation were believed to be important, since public health is about communities not individuals. Ideas regarding this field included skills, knowledge, and connections with communities. For example, of the required skills is good communication skills (how to speak) and confidence when working with communities, as well as ability to pass on knowledge related to health in ways understandable to them and help them prioritize their needs. Knowledge under this topic includes understanding of local community dynamics, needs and culture. Connections with communities include engaging the community in the process of change, for example by getting individuals trained and act as agents of change. One participant mentioned that having teachers who are themselves active in the community is one way of equipping graduates with this knowledge.

### **Management and leadership**

Both management and leadership were seen as very important components of PH education.

Management is seen as important because many public health graduates will reach managerial positions. In general, the whole cycle of project management is seen as essential for those working in PH. Almost all emphasized that students should learn management as it is beneficial for the field of public health to include managers who are not doctors. Thus management training is important and would open the opportunity for non-doctors to be part of the system.

Participants suggested courses of management to include learning skills and techniques related to working with people, studying management styles compatible with public health principles in being creative, targeting change and getting out of the office into the field. Health care management, planning, human resources supervision, sustainable development, ability to identify priority for work, assessment, systematic thinking, critical thinking and the ability to identify needs and problems as well as the best solutions, something closely linked with prioritizing, and “work smarter not harder” as one participants put it are important. Knowledge of guideline protocols, legislation and governance and the ability to create recommendations based on research, management of health information and environment, protocol for health administration at all of its levels

Another closely linked theme is the graduate program’s role in fostering leadership by giving students the opportunity to exhibit leadership traits directly and indirectly through skill building exercises as well as teaching structure. Leadership is defined as having a vision, passion and inspiring others to work towards a goal. The ability to work with people is an important part of this. Participants however acknowledged that the work environment plays a large part in allowing or inhibiting participants’ expression of leadership abilities. This can be partially overcome by teaching students to question authority and have a strong commitment to their field of work. Part of being a good leader committed to raising awareness and changing reality is having connections with people to gain power. (building the future).

Some participants noted that it is important for students to learn to draw policies and implement them, as well as organizing across different policies. Learning to do this includes an understanding of how policies are made, and why one is chosen over another and to learn how to spot opportunities for change. Making acquaintances and networks is also important to affect health policies.

### **Other determinants of health**

All participants agreed that other determinants of health are core issues to the study of public health. These include, psychology, environmental science, health economics, the particularities of the oPt, sociology, culture, traditions, economics, politics and suppression of freedom, gender issues, right to health. Other determinants of health include poverty social laws, employment, social affairs, finance, education, agriculture, sustainable development and working with limited resources. One participant

suggested including the Sustainable Development Plan for 2030 in the literature review since it could be a useful document in planning the master program. Mental health came up repeatedly. It seen as an important part of public health education. One participant specifically mentioned resilience and the integration of mental health into primary health services, something that has begun in UNRWA.

### **Communication skills**

These are seen as very important for PH graduates. In addition to suggesting that graduates do exercise, and build communication skills in a practical non-conventional learning structure, concepts such as respecting diversity and open mindedness to other points of view are important components of the art of communication. Working on these skills can also increase the self-confidence of graduates. Negotiation skills are also seen as a component of this, as well accepting that there is no absolute truth in order to accept others and to see difference of opinion as opportunity rather than conflict. Teamwork is also an important part of this.

### **English language**

Participants agreed English language was very important, and created better work opportunities. One participant suggested that students should be encouraged to learn English on their own by taking courses unrelated to the Master program. ICPH alumni who had difficulties with English language believed that there is too much emphasis on English and called it “discrimination” against students who are weak in English. These participants suggested that students who struggle with English language must be given extra support by ICPH. In addition, a point was made that perhaps the new generations are better at English than older ones, thus making it less significant.

### **Writing skills**

Writing was seen as important and not specifically. Writing proposals was seen as unnecessary by the majority of the participants. The ability to communicate through writing was more emphasized, and that if students were apt at basic writing skills, they would be able to accommodate to different styles.

### **Opportunities for knowledge application**

A strong emphasis was placed on the importance of applied knowledge and by providing opportunities for students to apply their knowledge. This is seen as a weakness of all graduates in the oPt, especially ICPH graduates. Application of knowledge was discussed within research methods, planning projects, field visits, critical thinking, communication skills, setting priorities and doing real life research. Two

possibilities were suggested for how this can be done either through ICPHs' institutionalization of relations with major health providers and making placements and education within such institutions a part of the program requirements. Secondly, to use the students' workplace experiences as basis of practical experience through doing research within it. The benefits of the first approach is that it builds strong community relations with other institutions while the second one capitalizes on that many graduates are already employed, and makes them understand the value of research and the ability to change within specific environments. Other applied skills are related to reasoning and thinking for example practicing planning and monitoring, priority setting of needs and critical thinking. In general, one participant suggests a 50/50 divide between theories and practice. Creating opportunities for applied research is believed to be an essential component of preparing the graduate for the needs and challenges of the PH field in oPt.

### **Theses**

Although not included in the questionnaire, many participants pointed to the importance of graduates having done a thesis upon graduation. Graduates with a thesis are seen in a more favorable light, as more equipped and ready, both in terms of skills and personality, to work. One participant pointed to that the process of doing a thesis, not only a seminar, is an opportunity to apply that which they have learnt theoretically. And, according to the same participants, because the student goes through this learning opportunity, they will be more likely to engage in research after graduation, because they have broken a psychological barrier that could have otherwise stopped them. One of the participants, a graduate of another university spoke of how the experience of a thesis was enriching to him. This is not the same as doing seminar where one person does all the work, do it even if it takes longer time of the student. In addition, it teaches how to do literature review, opportunity to apply knowledge and fosters critical thinking since there is more curiosity related to working with one's own data, and more motivation.

### **Specializations within Public Health degrees**

Although not part of our interview schedule, several participants stressed the importance of including specializations in the programs. Suggestions included mother and childcare, health economics, mental health, occupational and environmental health, non-communicable diseases, health policy and advocacy, community health care, women's health, health management, nutrition, reproductive health

and disability. These were believed to benefit PH in oPt as there is a need for more specialized knowledge, as well as provide better job opportunities for graduates.

### **Need for MPH graduates**

All participants believed there is a need for more PH graduates. Many of those believed that this need is conditional upon making changes in the program as without changes the ICPH MPH is not useful. One of the most significant needs is that for specialization within the program (see above for more detail).

More so, the fact that new generations of health professionals are emerging, and many of the previous workers in PH are retiring, means that there is still a need for PH.

### **Training**

Different organizations have different preferences and methods of selecting employees for training. For example whereas one organization has a mandatory minimum hours of training and encourages development, in another one the choice is left to the employee alone. Whereas some organizations allow and actively benefit from employees training through getting them to apply it in their work, in another organization, homework must be done outside of the working hours. Employees usually ask to go attend training, or are selected by the administration. They are chosen based on the relevance of the training to the employee's work, extent of need, and for some institutions whether its free or not.

Different participants also reported different preferences for training schedules. For example those who have employees providing health services prefer the days to not be consecutive. In general training in theoretical concepts is better done in one batch of consecutive days, while training that involves developing skills is better done over weeks or months in order to give the trainee the opportunity to apply what they learnt and evaluate it in training. One participant also suggested using technology in the form of online material to assist training.

Many of the topics mentioned as needed for training overlap with those mentioned previously under knowledge and skills required in the MPH program. Training topics include writing scientific reports or writing in general, child and mother care, community, emergency interventions, hospital administration, water health sanitation, waste disposal. Another topics are training in a protocol for child and mother health, planning for policy makers, non-communicable diseases, public health law for organization of health professionals, referrals to Jerusalem hospital, the making of health agendas, community PH and

awareness, project management cycle and qualitative and quantitative analysis, specifically a training just on how to understand data. One participant suggested general “refreshment” courses for those who have been working in the field for a long time and need to briefly learn existing or new theories and research related to different fields in PH. Yet other training topics include ethics, administration of environment through activating a model for health inspectors, leadership training and using SPSS.

## Quantitative research

### General findings

A total of 84 persons participated in completing the survey, with 58% women and the rest men. Ages ranged from 24-64 years with a mean of 39 years. Participants reported holding various posts, including management and professional practice, which includes a range of practitioners (doctors, dentists, nurses, pharmacists, school health practitioners and others). Of the total, 20% were governmental employees, 21% were employed by UNRWA, 20% by local NGOs, 13% by international NGOs, 5% in academic establishments and the rest working with a mix of jobs in various institutions. About 20% reported working with the organization where they were working at the time of the survey for less than 10 years, 30% for 10 years, 26% between 11-20 years, 16% between 21-30 years. The rest did not answer this question.

Of the total 45% held MPH and 55% Bachelor’s degrees. Four persons reported holding MPH and PhD degrees, and 3 reported holding Master degrees in other disciplines. Of the 38 persons reporting having had MPH degrees, the majority (29) were BZU graduates (as they were more willing to fill Google form compared to graduates from other universities). The majority (except 3) reported satisfaction with the MPH program they had enrolled in. The majority reported that the knowledge and skills gained with the MPH were useful for work when they started working (except 2), and in their current work (except one), and that there is a compatibility between what they learned in the MPH and their work (except 4).

The majority reported satisfaction with supervision during their MPH work (except 2); feeling comfortable in communication with staff (except 4); and staff responding to student needs (except 3). Of the 38 MPH graduates, 7 reported having completed a thesis; all reported theses as important or very important. When asked about choice between a thesis and the publication of a paper, 13 preferred

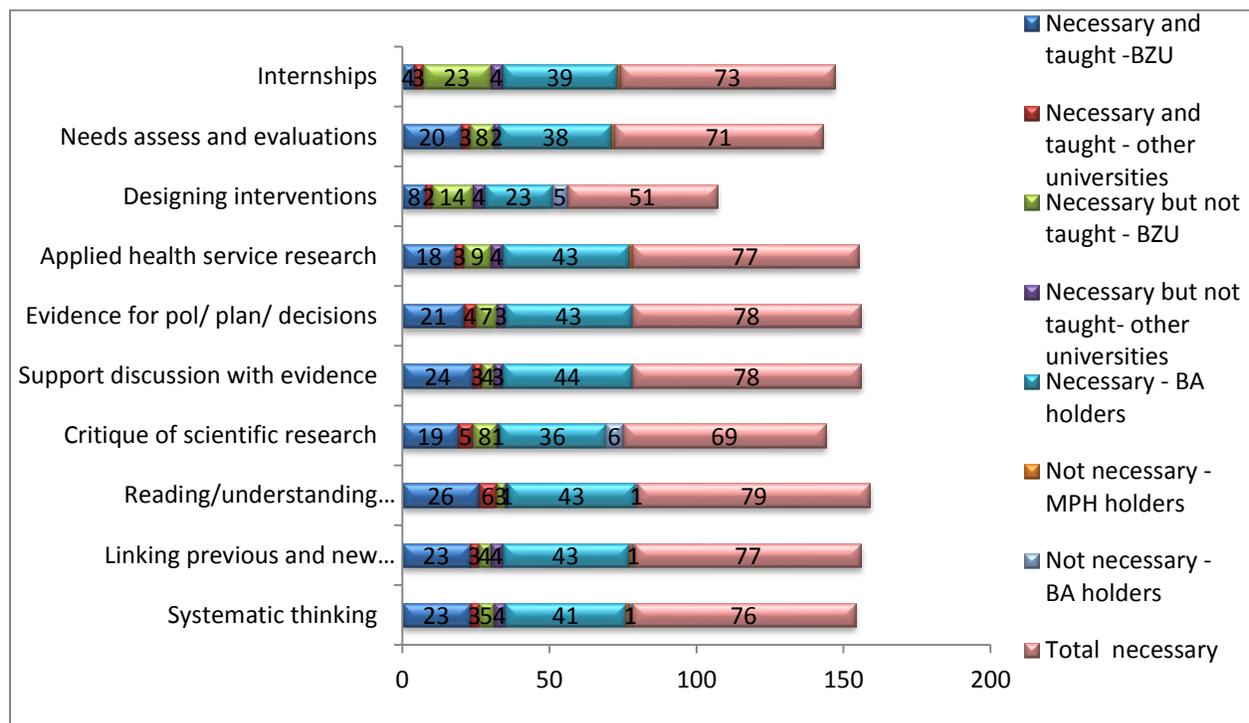
publishing in a scientific journal, 5 preferred completing a thesis, and 19 preferred to have completed both. Of the total 23 BZU (over three quarters) and 2 of 9 other universities graduates reported that they were able to apply the Public Health Principles in their current work, and 12 ( about 40%) BZU and 3 other university graduates reported being able to conduct research and statistical analysis in their current work.

### Importance of topics to include in MPH curricula

#### Research and applied research

The majority reported that research and applied research were important to include in MPH curricula. However, some reported that such topics were not taught, although important (Chart 1).

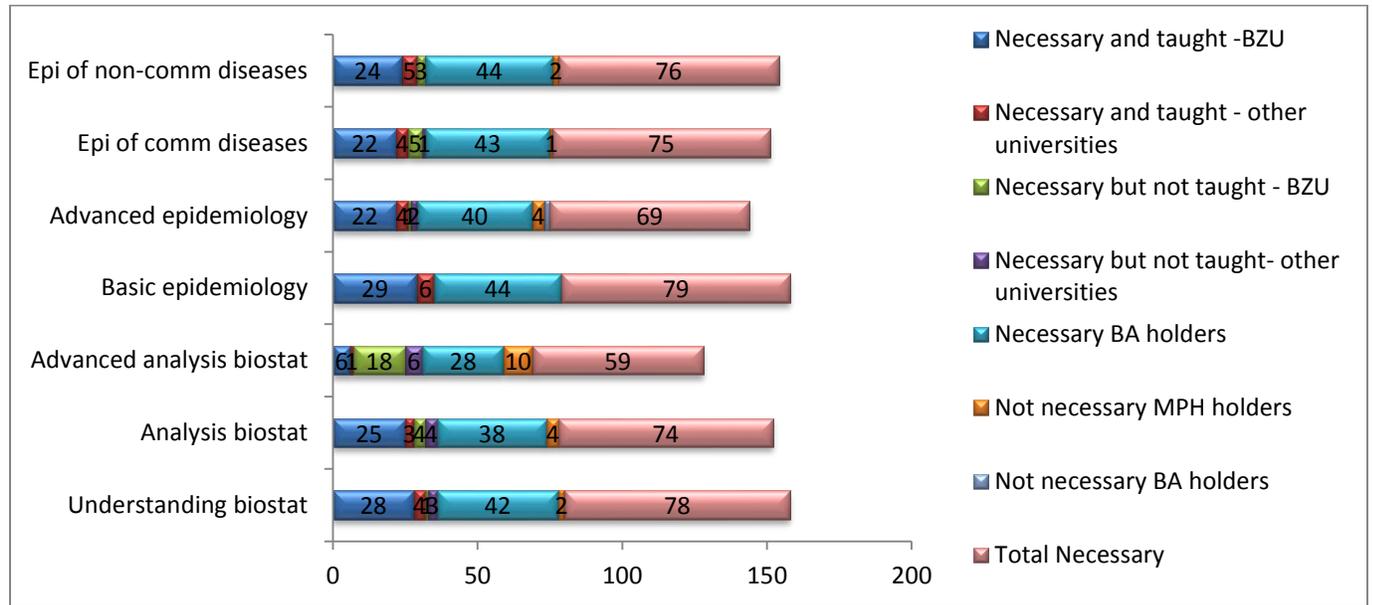
(Chart 1): Research and applied research’s importance in MPH curricula – all respondents



#### Statistics and epidemiology

The majority reported that statistics and epidemiology were necessary to include in MPH curricula, taking into consideration the health ‘system’ needs, with some reporting that they were not included in their MPH program (Chart 2):

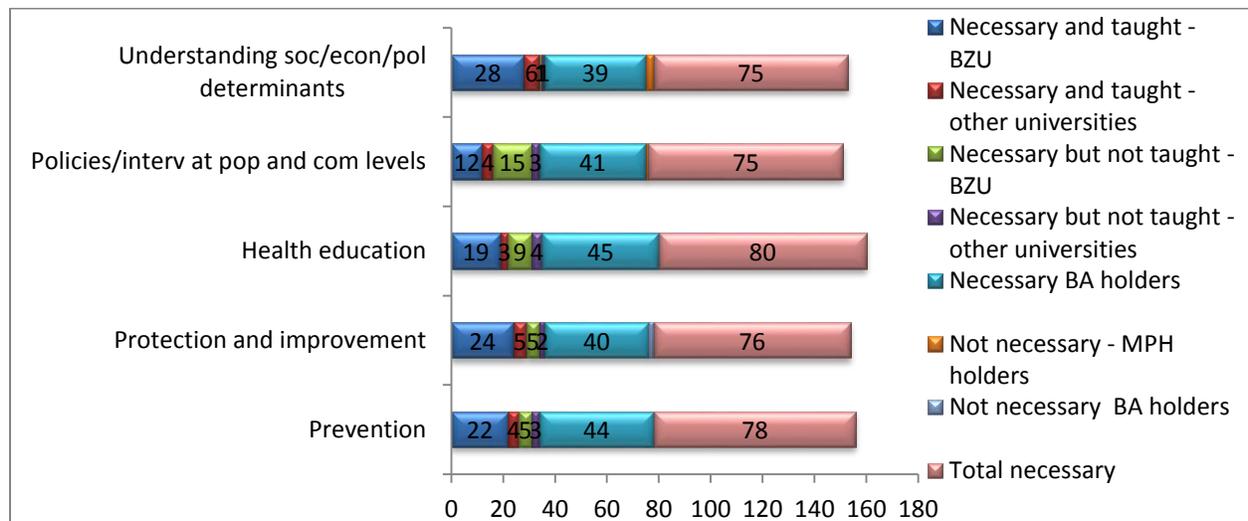
**Chart 2: Statistics and epidemiology's importance in MPH curricula**



**Health protection**

The majority reported the inclusion in MPH curricula different issues related to health protection as necessary, and some reported that this was not taught (Chart 3):

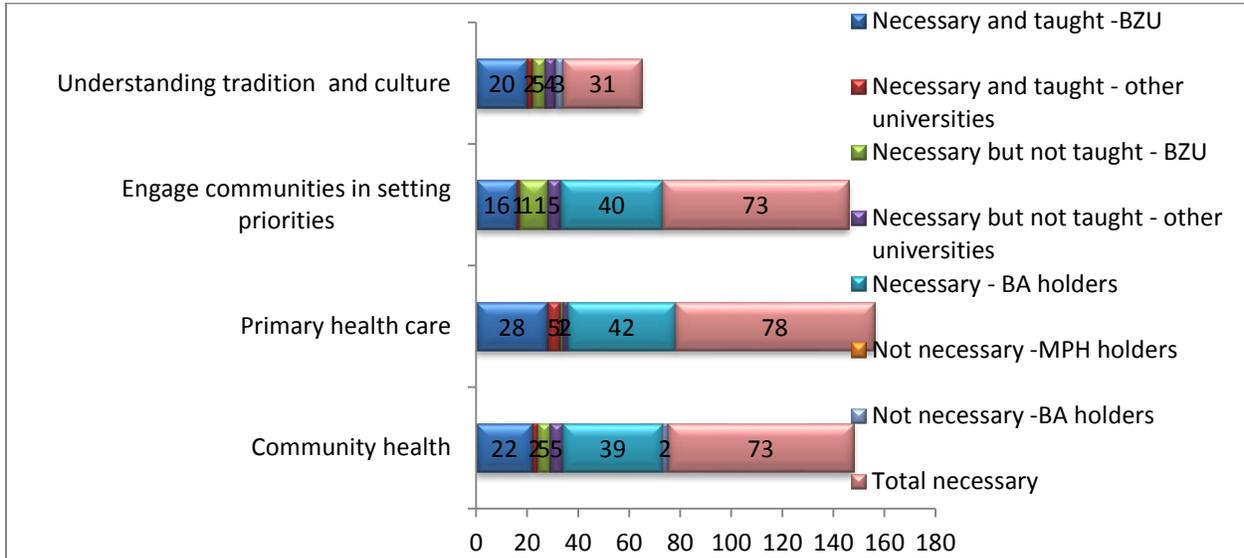
**Chart 3: Health protection's importance in MPH curricula**



### Community work

Likewise with questions related to community work, with the majority reporting importance of their inclusion into MPH curricula, and with some reporting that this was not taught ( Chart 4):

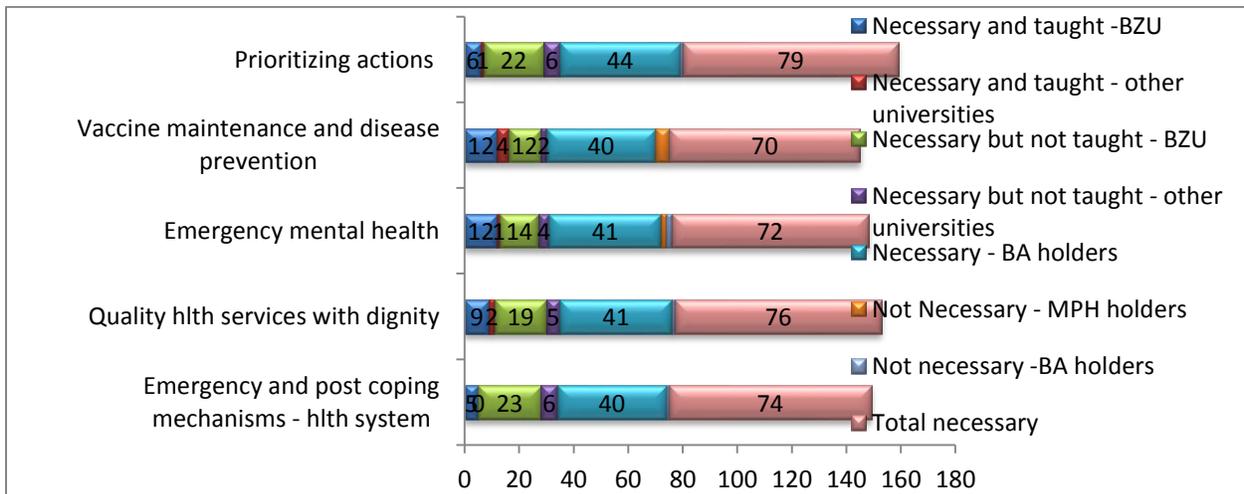
**Chart 4: Community work’s importance in MPH curricula**



### Emergency public health

As above, with the majority reporting the importance of including emergency public health aspects into MPH curricula, with a good proportion of MPH graduates reporting that this was not taught:

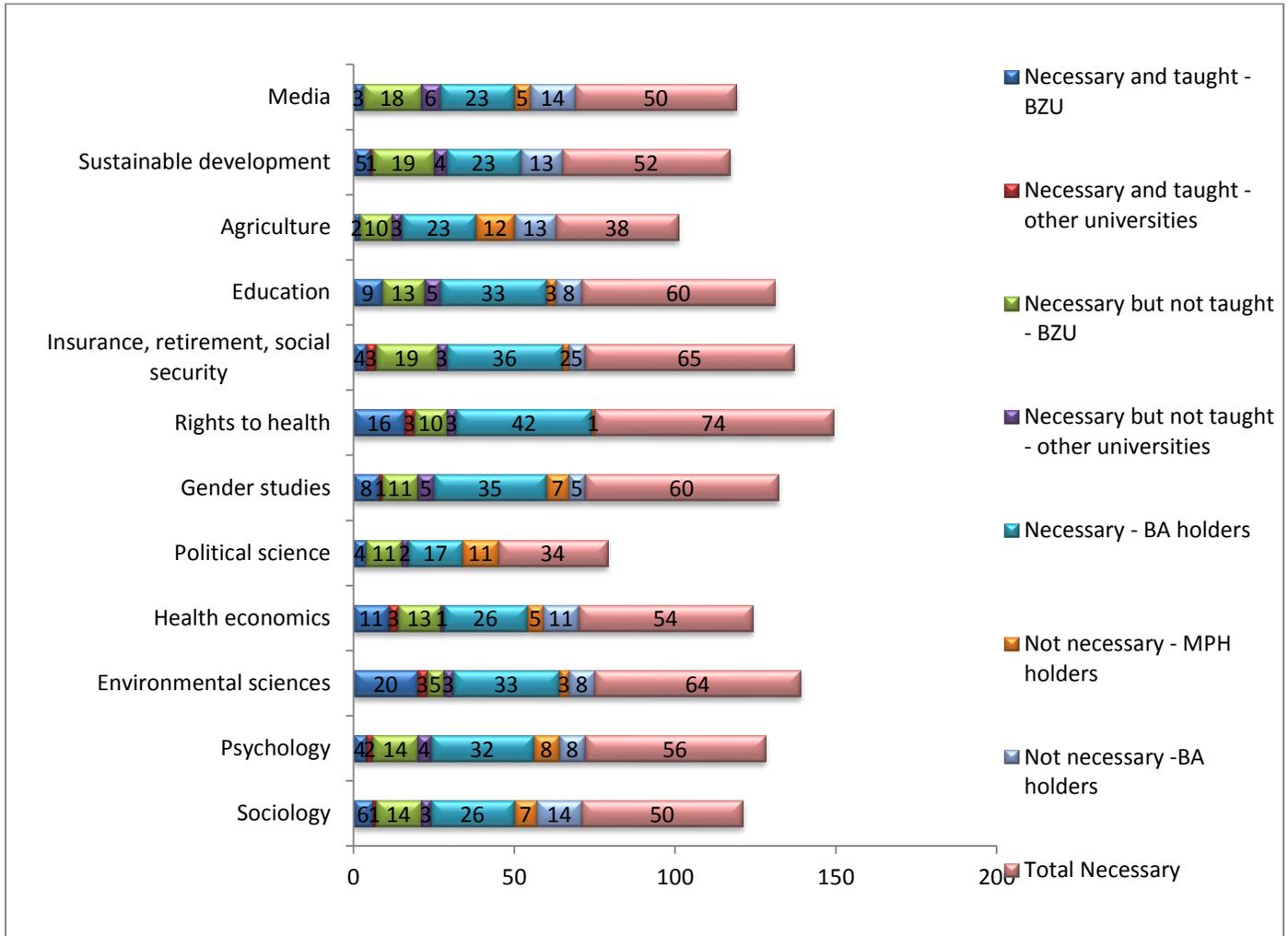
**Chart 5: Emergency public health’s importance in MPH curricula**



### Other topics related to public health

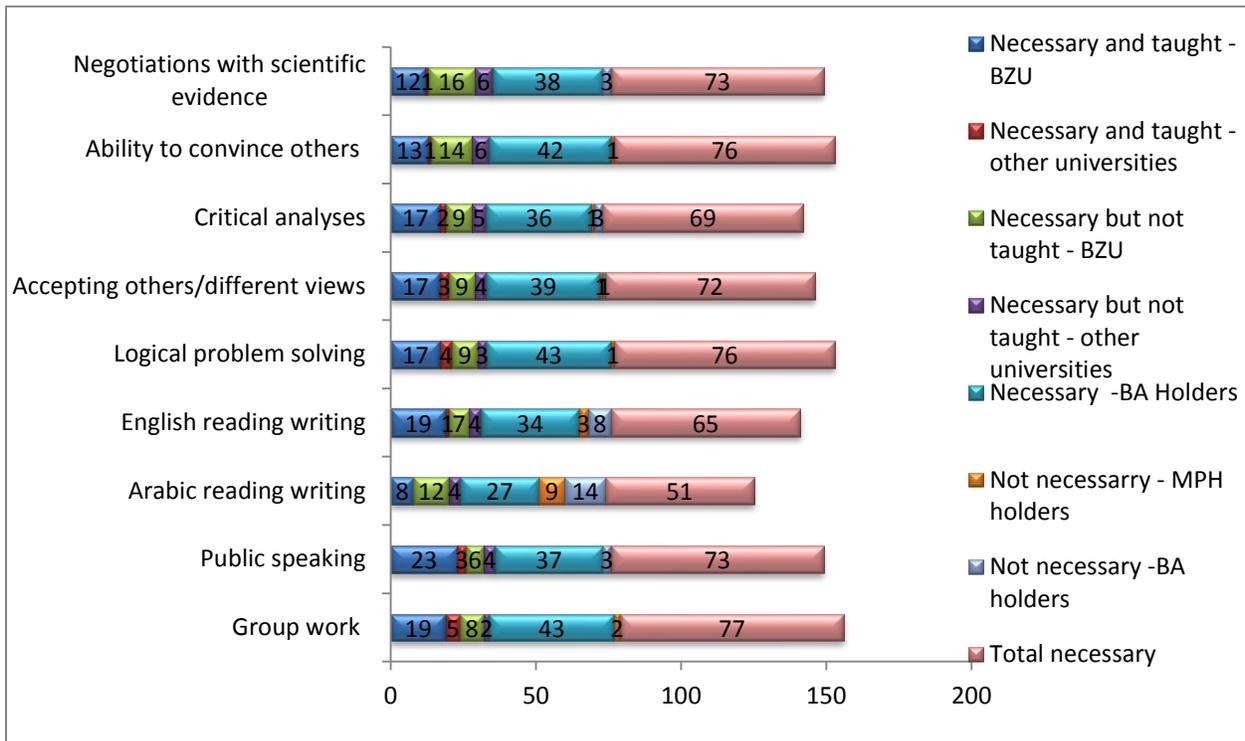
There was some increase in reporting other topics related to public health as being un-necessary or unimportant, still, overall, more than half thought these topics to be necessary to include in an MPH curriculum (Chart 6):

**Chart 6: Other topics related to public health’s importance in MPH curricula**



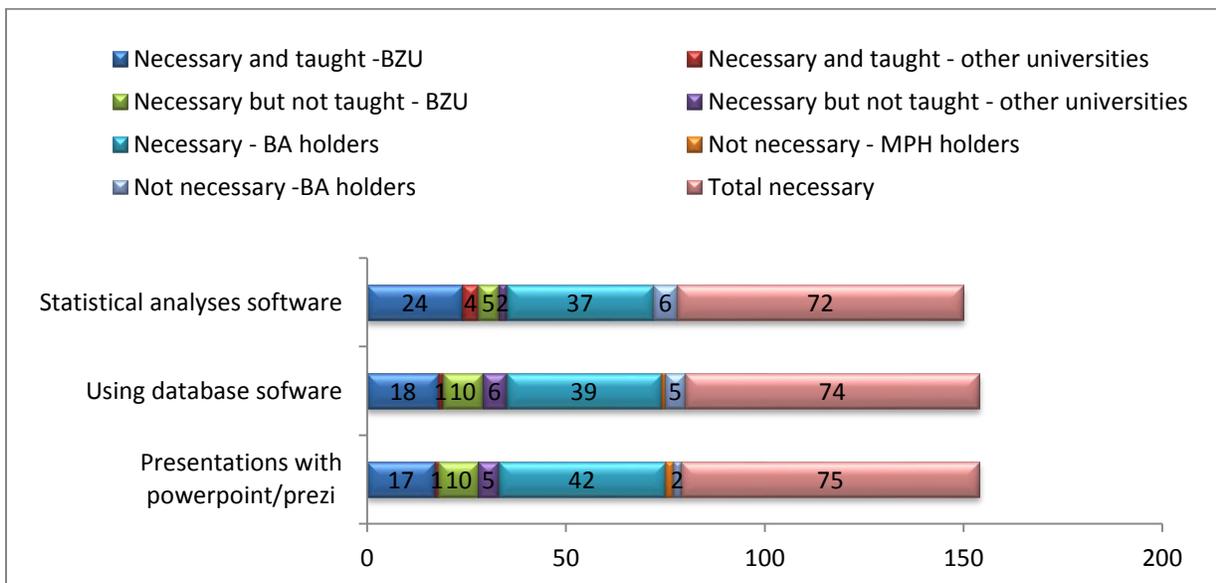
There were other topics related to communication skills noted as important to include in MPH curricula, with some noting them as un-necessary to include (Chart 7):

**Chart 7: Topics related to communication skills' importance in MPH curricula**



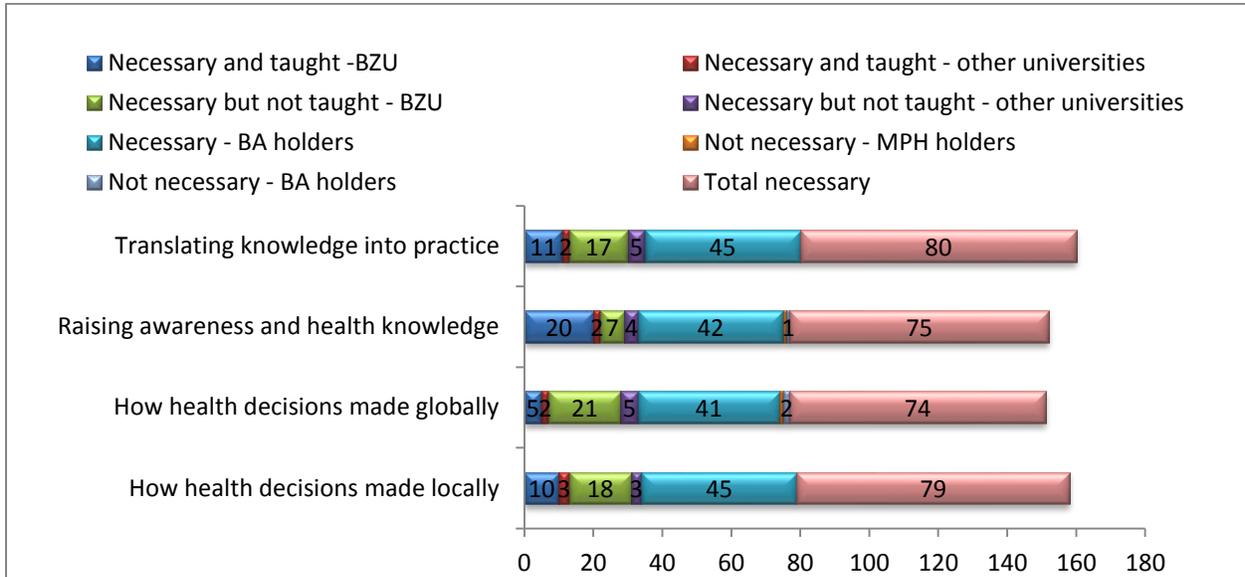
Turning to technical skills, we found again the majority thought those as important, but some also noted them as not important to include into MPH curricula (Chart 8):

**Chart 8: Technical skills' importance in MPH curricula**



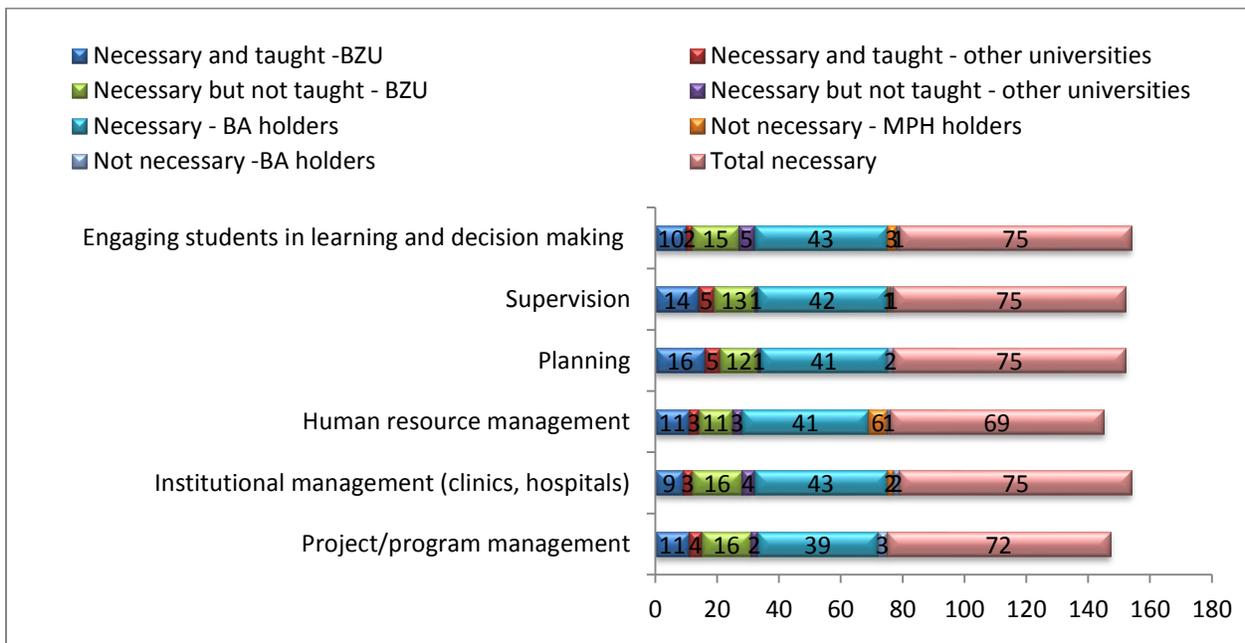
Decision making skills were also found to be important by the majority, with few noting their lack of importance (Chart 9):

**Chart 9: Decision making skills' importance in MPH curricula**



And again, managerial and leadership skills were thought of as mostly important (Chart 10):

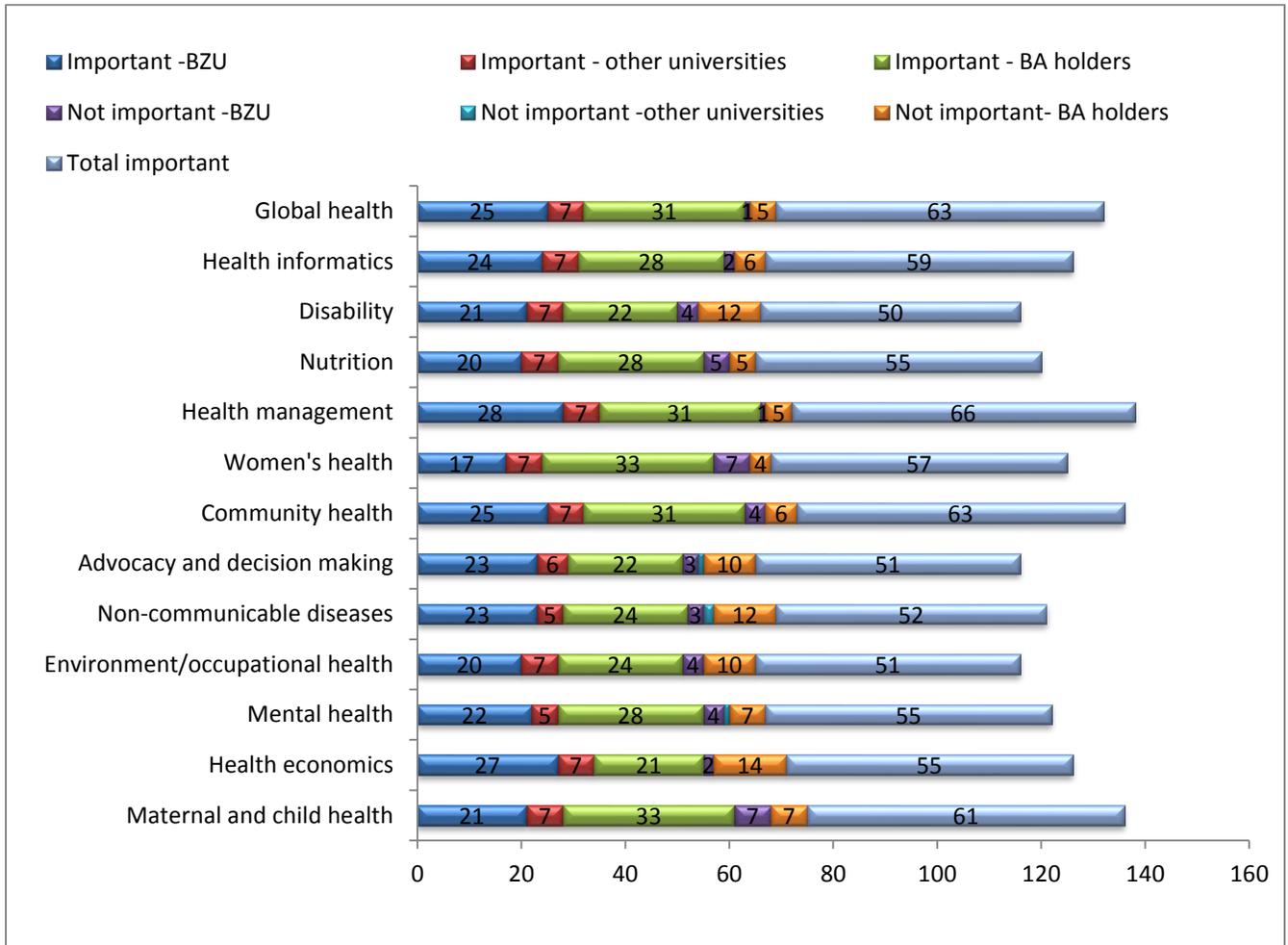
**Chart 10: Managerial skills' importance in MPH curricula**



### Specializations or concentrations important to include in MPH programs

Respondents were asked about the importance of including several types of specializations/ concentrations into MPH programs, taking into consideration the Palestinian health system needs and also the job market. Remarkably, the majority reported importance of all the listed concentrations (Chart 11):

**Chart 11: Specializations or concentrations important to include in MPH program**

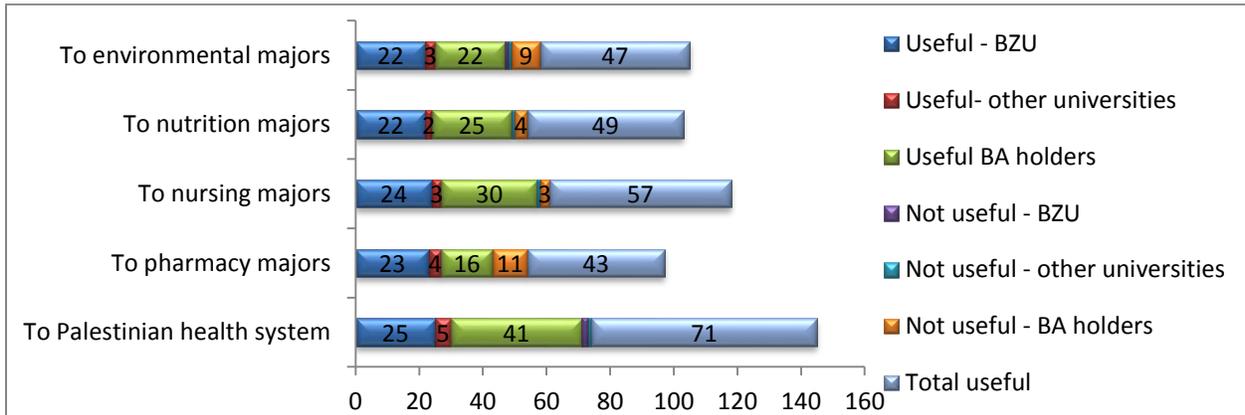


### Usefulness of a Public Health minor for Bachelor's students

Respondents were asked if the introduction of a Public Health minor for Bachelors students would provide better employment opportunities. Thirteen BU MPH graduates said yes, 2 from other Palestinian universities, and 25 Bachelors holders, bringing the total to 40 of the 84 respondents.

Respondents were also asked if the PH minor would be useful for other specific purposes/groups. Over half reported usefulness to a variety of groups and the health system as follows (Chart 12):

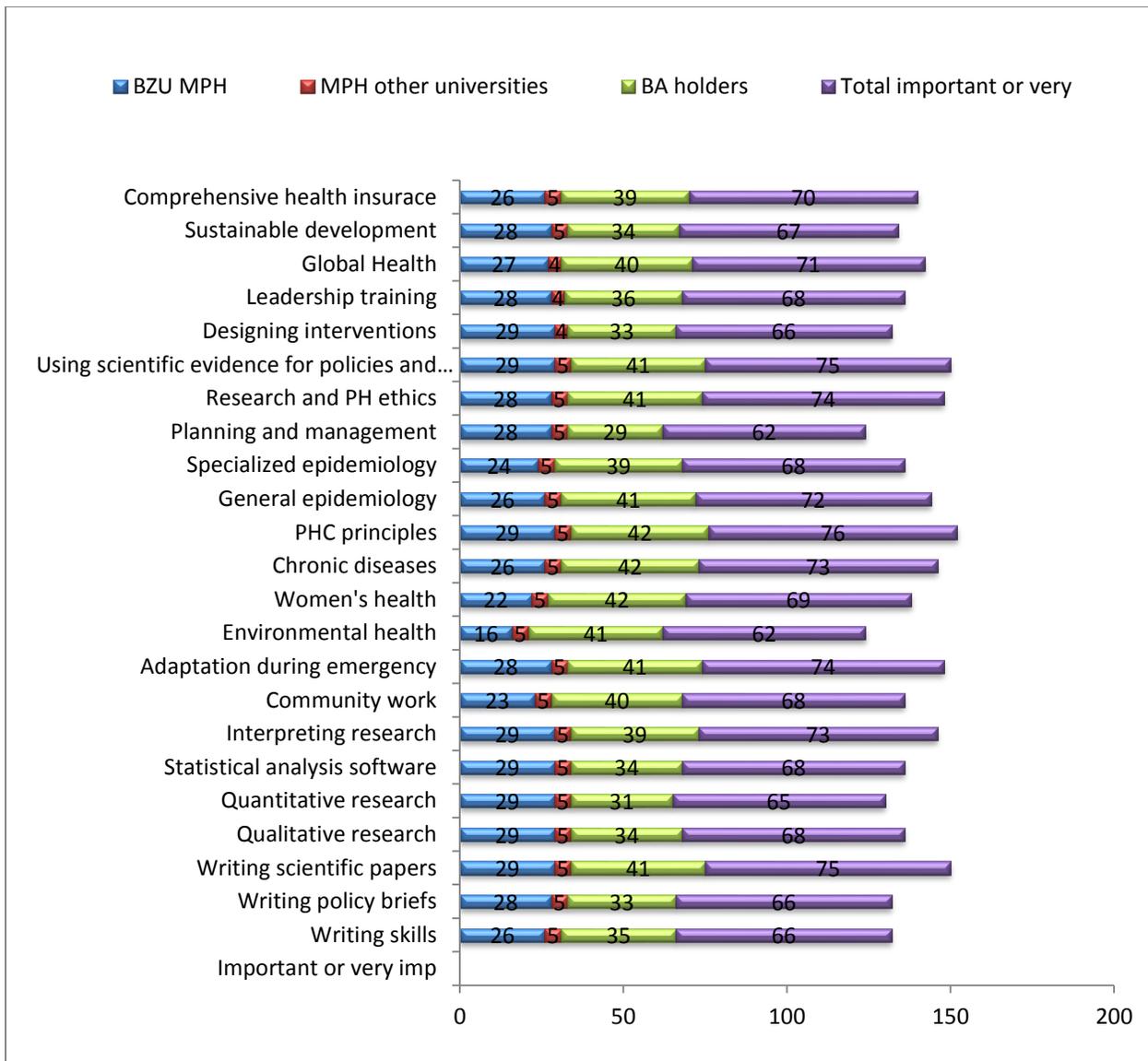
**Chart 12: Usefulness of introducing a Public Health minor for Bachelors students**



### Training needs

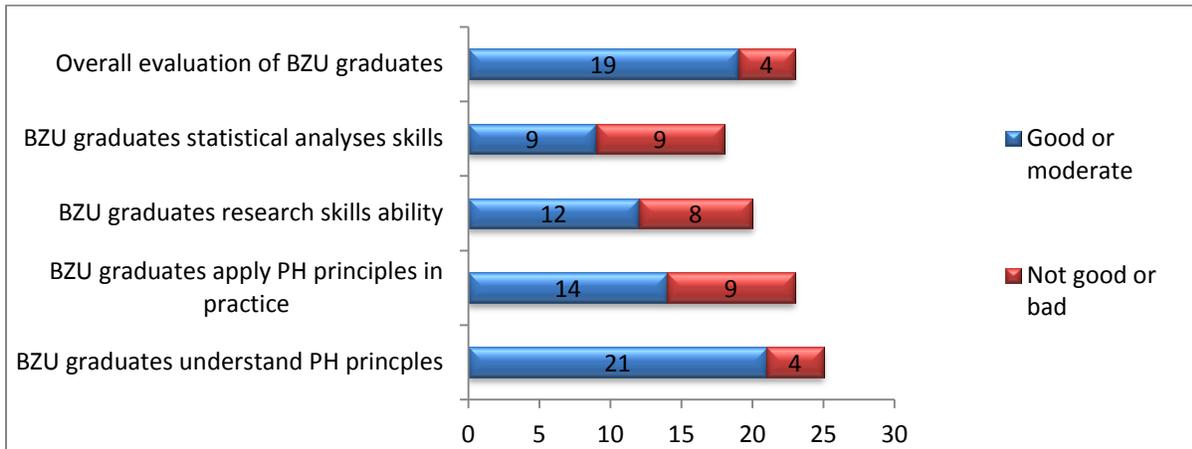
Respondents were asked about what type of training needs they thought would be useful for them. Chart 12 reveals that the majority would want training in all the topics included (Chart 13):

### Chart 12: Training needs



Finally, Respondents who had Bachelors' degrees only were asked about whether they ever dealt or deal (at work) with BZU and other universities' graduates. Of the total 27/43 who responded to the questions (about two thirds) reported that they did. Their evaluation of BZU graduate's knowledge and skills was as follows (Chart 12):

**Chart 12: Evaluation of BZU MPH graduates by colleagues with Bachelor's degrees**



## Discussion

This study entailed reviewing the literature and assessing our curricula in line with the ‘latest in the state of the art’, enriched by our discussions during our 2015 retreat, and included observations and issues we have been noting and discussing for some time. In general, our core conceptualization of what public health training and practice is about is compatible with the ‘progressive public health’ literature, with a focus on equity, equality and justice. **The Social Epidemiology and Primary Health care courses are the conceptual foundation for such an approach. But they need to be updated. However, courses should be integrated whereby all would have similar principles and approach. Qualitative research methods should be included into our curricula (in the PHC course), and a special assessment and evaluation course needs to be included as well.**

What we have always agreed upon is that our MPH should include concepts, methods and practices (with participants focusing on holistic conceptual frameworks and practices). **We have long stopped discussing curricula together, going to each other’s’ classes, working as a team, and evaluating our teaching effectively.** In addition, whether all courses are focused on these three important aims is a question mark, making this issue a priority for our consideration. We can teach better by working in teams, discussing teaching and students more often than what we have done in the past, attending each other’s lectures and discussing curricula with each other. We can also make better use of our seminars, standardizing the approach and content, regardless of who teaches these courses.

Overall, MPH graduates expressed general satisfaction with the MPH program they were enrolled in, reporting that the knowledge and skills gained was useful for work following graduation and currently. However, the qualitative interviews revealed that while our graduates have a good grounding in theoretical frameworks and PH principles, and can construct arguments using scientific thinking, allowing exchange of views and open mindedness and acceptance of others, there were some criticisms. Of importance is the issue of **ICPH's isolation within academia which impoverishes teaching**; and the **insufficient effort in prompting students to link research with practice**. This point requires further discussion amongst us, as on one hand it rings true, on the other hand the dearth of faculty, finances, and university bureaucracy are coming in the way of integrating our academic work with developmental endeavors.

Respondents reported on what they thought were priority topics to include in MPH curricula, based on the emerging needs in the country. **PH managers reported that research skills are important, without specific in depth statistical analyses skills**. They maintained the need is for critical thinking and reasoning, the ability to see the big picture, health services research, developing interventions, and formulating recommendations based on conducted research. So less focus on methodology and more focus on applied research. **A strong emphasis was placed by managers on providing students with what was called applied knowledge and research, and this was seen as a weakness among all graduates, especially ICPH**. Likewise, the majority of MPH and Bachelor's holder reported systematic thinking, critique, designing interventions, needs assessments and evaluation as important to include in MPH curricula (Chart 1).

It was further suggested by managers that we link with various health institutions then **place students there for practical experience**. The quantitative interviews also revealed that almost 90% reported internships as important to include in MPH curricula ( Chart 1). When we first began our MPH course planning, **we wanted to include a practicum into the curriculum**. At the time the University refused because this would have added more financial burdens on the students through contact hours (we estimated 6 hours then). Today, we also have the problem of working students, which can prohibit placement, unless it is at their work. **We need to raise this issue as a matter of priority**.

Managers and the majority of practitioners (Chart 2) agreed that the ability to read and understand and use statistics, and to include epidemiology into curricula are important, as these are important for planning and assessments. **Some managers focused on the need to have case studies from Palestine included in teaching, and we do.** However, **it would be worrisome should we focus exclusively on Palestine.** There is a real need to widen the horizons of our students to include cases and issues related to the world at large, and help students make the link between such cases and our situation. Comparison is of the essence.

All managers and the majority of practitioners (Chart 3) agreed that health prevention and protection are important to include in MPH curricula, as they are the tenets of public health. The issue of how to measure the effectiveness of interventions was raised, and is very important. Indeed, the literature review does reveal a weakness in our program, where we need to **seriously consider including a special course focused on developing interventions (which begins with needs assessments) and assessing them.** Community health care and a 'community orientation' were also identified as important by managers and practitioners (Chart 4) as public health is about communities, not individuals. This includes community health, primary health care, engaging communities in setting priorities and understanding tradition and culture. **The question for us is the degree to which we include and integrate such topics in all of our courses, as such themes may be over-arching themes, and up for discussion.**

**There was an important emphasis on management, protocols, legislation, governance, communications and policy development by managers.** Management and leadership skills (including planning, human resource supervision, prioritization, assessment etc) were noted as very important by managers and practitioners alike (Charts 9 and 10). The entire cycle of project management was seen as essential for public health work. Interestingly, **leadership skills required by manager was seen to include having vision, passion and inspiring others to work towards a goal.** That is, the ability to work with people was seen as an important part of the managerial cycle. The majority of practitioners (Chart 7) reported communication skills (such as negotiations, convincing others, critical analyses, accepting different points of views, public speaking, problem solving, group work and English and Arabic reading

and writing as important. **This raises the issue of closely integrating the management course with the communication courses in order to arrive at the needed mix between technical and human resource management.**

Participants also emphasized helping MPH graduates to learn how to speak. And interestingly, participants **mentioned communication within community, that is, working with students in field work homework to learn how to communicate in the field, not only in class.** In fact, we do this to some extent in our courses (presentations, then qualitative then quantitative field work). What may be a good **recommendation is to integrate such communication skills in all courses.** But the idea of **homework in community is excellent, we have somehow done this before but sporadically, but now, and we need to discuss this as an important aspect of our curricula change which could be done systematically, in all courses if possible.**

Here, **part of our problem is that we have part timers joining us as faculty,** thankfully actually, as the faculty at ICPH is minimal and these specialties have to be sought elsewhere. This means that we do not engage sufficiently with part timers to be able to discuss, work with and integrate their courses with the other courses, let alone engage with ourselves, the full timers. While we do teach 1-2 courses in management and communications each, using part timers, **it would be worthwhile to examine the curricula carefully and see how we can include some of these important aspects into future teaching, and work as much as possible with such part timers to ensure that curricula are integrated in line with need and also the other courses we offer**

Emergency PH was emphasized as of growing importance in public health especially in the oPt, by managers and practitioners (Chart 5), with post emergency coping mechanisms, the provision of quality health services with dignity, emergency mental health, vaccine maintenance and disease prevention, and the prioritization of action. **We have not systematically included emergency public health in our curricula, and this point is also up for discussion.** There were a range of issues which the majority of practitioners reported as important to include in public health curricula (Chart 6), some of which are included in parts of courses and others not. But how much could we push into our program of 36 units, and is this a priority MPH course or not is the issue, or should this be completed as a training scheme?

Who is responsible for emergency preparedness? **Note that the data indicates that practitioners reported almost all items as important to include, raising questions about the realize-ability of including all, and also perhaps a problem of prioritization by respondents,** and setting the stage for a discussion amongst us as to what we can realistically include and what we could include in training schemes. Others (Chart 11) emphasized topics which are already in our courses, such as sociology, culture, tradition, economics, politics, global health, and suppression of freedom, gender issues, mental health and social wellbeing, and right to health and the SDG 2030, **so clearly these are important issues which need to continue to be part of our curricula, and we could think about integrating such issues in several courses.**

While managers did not emphasize the need to include technological software into MPH curricula, practitioners differed ( Chart 8) where **the majority reported the need to include in curricula the use of statistical analyses software, database software and presentation software (PowerPoint and Prezi).** Perhaps this is a reflection of respondents ages, position in the system, and even an inclination among practitioners to report need in relation to their interests rather than in relation to the needs of the 'system' as a whole, or even reflecting practitioners desire to learn new things, whether related to work or not. **It was interesting to note a focus on new technologies and social media for communication by some managers.** This excellent point requires further discussion amongst us especially that increasingly, young people are moving towards social media as a primary means of communication.

Some managers reported that teaching in English is discrimination against those who do not speak the language. One participant emphasized that English in practice is not required. But that is missing the point. **The problem there is how to teach without English if the literature is in English, and as MPH graduates, how to assist them in continuing to refer to the literature once they graduate, so that they would continue to gain knowledge and use it in their practice. In contrast, the majority of practitioners thought it was important to include reading and writing in English into curricula** (Chart 7). As it stands now, we ask students to write their exams and papers in Arabic if they want, but they must read English because there is very little Arabic PH literature, not to mention questions about

quality. In our experience the serious and smart students may have a hard time with English at first, but they pick up the language as they read intensively. So our experience is that those who are weak in English and do not pick up over the first semester tend to be the weak students. It was also suggested that we support student with English Language courses, but the financial situation makes this suggestion impossible. In addition, some responsibility should be taken up by a student before applying by preparing themselves and taking English courses available widely elsewhere. As one person noted, English is no longer such a big block, we seem to admit students who already know the language, and we should keep this as a requirement for entrance.

**While writing is seen as important, several managers did not think it necessary that students write proposals.** This is problematic in **that how needs assessments and other types of operational research which participants thought are important to teach (including theses, see below), could ever be completed without first writing a coherent proposal?** Clearly, this is a misunderstanding as even interventions require proposal writing with aims, objectives, design, sampling, analyses etc., and likewise with assessments of interventions

**An emphasis was placed on theses by managers and practitioners alike, and that students should complete theses requirements, not seminars. This is a real problem in understanding because of various reasons.** First, participants had emphasized team work, and absolutely true, a requirement for PH work; yet they want solo performances. In contrast, with our seminars, we push students to work together, precisely because we want them to appreciate the importance of team work in public health work. Second, we explain to students that if they want theses, they need to submit a good proposal which should be accepted by the ICPH council. And the large majority are not able to do this, or on time. They eventually take the easier route. Third, it was maintained that theses were needed to practice research. But seminars do the same for all the points mentioned, except that this is done collectively. Fourth, often, students are not up to par to complete a thesis on their own, had they been up to par, they would have submitted proposals instead and moved towards the thesis track. We cannot reduce theses to unacceptable work because it has more prestige. In fact, a review of MPH theses around the country conducted a few years ago revealed work which left much to be desired. **Still, perhaps we can discuss some more amongst us, especially that we also lack time to support theses supervision.**

Another significant point raised by managers relates to the type of students we have, more and more of the younger and yet unemployed variety. Contrasted to the previous years, these young ones have less experience and less motivation. And this is indeed our observation as teachers, with the younger generation seeming to not really want to learn but earn a degree instead, ending up frustrating us as well. **But at the same time, our teaching quality has gone down, where we do things more mechanically, and do not seem to invest in education. Little money and insufficient faculty with particular specialties and drive are likely to be the cause, and this point too needs to be addressed.**

**Turning to the specializations/concentrations respondents thought we should consider developing as part of our MPH program in the future, we note that the majority of managers and practitioners reported all the concentrations we had noted as necessary (Chart 11).** Health management, followed by community and global health, maternal and child health, health informatics and women's health were on top of the list of priorities. **But if health management or other specialties are already offered by other universities, do we still consider developing a concentration? Why is it that the majority called for all specialties to be included? How we can address these results is up for discussion given the relative lack of discrimination in responses. Perhaps part of the problem is in our design and not only with respondents, as we asked for responses to specific teaching and training needs. And as we had noted in the past, if you ask about needs, you tend to compile everything. If however you ask about the main health problems, then you are better able to identify teaching and training needs.** This point should be remembered in future assessments.

The usefulness of introducing a PH minor for Bachelors students question revealed that the majority of practitioners (71/84) believed that such a minor would be useful to the Palestinian health 'system', and especially to nursing, nutrition, environment and pharmacy majors (Chart 12) . One would imagine that such a minor would also be useful to psychology, sociology and education students, an aspect which we need to investigate at this stage with the various department at BZU.

A somewhat non-discriminatory pattern of training needs report was also evident among managers and practitioners alike. Interestingly, it was noted by one manager that there is a **need for 'refresher'**

**courses for those who have been working in the field for a long time, and need to learn new concepts, issues and practices. This is something we used to do (through the Alumni Forum) but have stopped doing, mainly because of the lack of funds and personnel,** and needs to be discussed. Otherwise, the majority of respondents (70/84 or more) noted a need for Primary health care principles, writing scientific papers and using scientific evidence for policies and interventions, general epidemiology, adaptation during emergency, chronic diseases, research and public health ethics , interpreting research, global health and comprehensive health insurance as priorities (Chart 12), with all other training schemes listed being chosen as important or very important by the majority. We need to discuss the utility of such data, as clearly, we cannot work on all, and also discuss this seemingly non-discriminatory pattern of perceived needs, which we have noted in previous work, and is part of our dilemma when conducting assessments seeking practitioner responses especially.

**There were other comments made regarding structural impediments to public health work which are important overall, but a public health MPH cannot deal with most of these issues, as there is a need for structural changes to address the issues raised.** For example, creating protocols, although beneficial, is the role of the ministry and other NGOs working in health. We can certainly assist, but not sure we can initiate. More, this is such a complex and long term requirement that the MPH course cannot resolve. There were complaints, rightly so, about the difficulty of long term planning as agendas change with changing ministers and their visions. Again, this is a structural problem, which we could criticize in our courses, as we do, but cannot do much about it as this requires structural and process changes within all ministries, not only the MOH. The political role played by the PA and how this and the division between PA and Hamas have negatively affected people's understanding of resistance and nationalism was also mentioned, and of course this is the woe which afflicts all of us but requires fundamental changes at the political level which we are not part of, except as we mention such problem in class, which we do. Then there was this complaint that those working with NGOs have a better chance of conducting research (needs assessments, evaluations etc.), and that is likely true. But we cannot force the system to have employees do specifics. What we can do is teach all basic research methods, hoping that some will use them and others not. Programs cannot be tailor made to suit individuals; we have to look at the overall need of our community.

Finally, one last point related to ICPH's MPH graduate responses regarding whether they were taught selected issues or not which needs to be emphasized here. For example, some BZU MPH graduates noted that: reading/understanding scientific research, critiquing scientific research, systematic thinking, critical analyses, the epidemiology of communicable and non-communicable diseases, bio-statistical analysis, statistical analysis software (SPSS), health education, prevention, primary health care and community health, the right to health, gender relations, environmental health, sociology etc. were not taught, although some form an entire course, and others are found within courses. It is not clear why this is the case, perhaps some have forgotten, or perhaps respondents did not think of issues covered within courses? This result, in addition to others necessitate caution in interpretation.

## Appendices

### Appendix 1: qualitative interview schedule

#### تقييم برنامج الماجستير في الصحة العامة والمجتمعية في جامعة بيرزيت

#### ودراسة الاحتياجات المستقبلية

#### المرحلة الأولى: مقابلات مع صناعات القرار في مؤسسات حكومية و غير حكومية محلية و دولية

مرحبا أنا .....من جامعة بيرزيت, معهد الصحة العامة و المجتمعية. عم بنعمل تقييم لبرنامج التعليم و التدريب في المعهد ودراسة للاحتياجات المستقبلية في البلد مع صناعات قرار في مؤسسات تعمل في فلسطين. و بدنا نسألك عن هذا الموضوع بحكم وظيفتك و خبرتك في مجال الصحة العامة والمجالات ذات علاقة. كل الأسماء رح تكون سرية و ممكن أن ترفض الاشتراك أو ترفض الإجابة على بعض الأسئلة أو توقف المقابلة في أي وقت. بتحبي/ي تشاركي في البحث؟ (للباحث/ه: اشرح/ي أن احنا ملزمين نطلب الموافقة من المشاركين بحسب قوانين جامعة بيرزيت لأخلاقيات البحث).  
(تعبئة المعلومات التالية قبل البدء بالبحث أي انهم للباحث/ه و ليست أسئلة للمشاركين):

رقم المقابلة:

التاريخ:

اسم الباحث/ة:

اسم المشارك/ة:

اسم المؤسسة:

المكانة الوظيفية:

#### في مجال التعليم في الصحة العامة إجمالاً

1. كيف تُعرّف/ي مهام العاملين في الصحة العامة؟

2. من وجهة نظرك، ما هي أهم التغيرات التي طرأت على الصحة عامة و الأنظمة الصحية في فلسطين، في العشر سنوات الاخيرة التي تعتقد/ي انه يجب ادراجها ضمن برنامج الماجستير في جامعة بيرزيت اذا لم تكن مدرجة؟

3. ما هي أهم المشاكل التي طرأت على الصحة العامة و التي لم تكن موجودة قبل عشر سنوات؟  
(الباحث: (ضمن 2 و 3): يمكن السؤال أكثر عن المواضيع التالية ان لم يأتي المشارك على ذكرها: أمراض تدخلات ,  
سياسات )

4. هل تتعامل مع خريجي ماجستير صحة عامة في عملك؟

5. هل تعاملت بشكل مباشر او غير مباشر مع خريجي جامعة بيرزيت في الصحة العامة؟

#### **المعرفة:**

6. ما هي المعرفة اللي بتفتش/ي عليها في الشخص لما بدك توظف/ي خريج ماجستير في الصحة العامة؟ و لماذا هي  
ضرورية؟

#### **الأبحاث التطبيقية/التدخلات:**

(أسأل بالتفصيل عن التالي ان لم يتم نكره: القدرة على استخدام الأدلة العلمية في صنع القرار و التطبيق العملي  
(translating evidence for policy and strategy), القدرة على تقييم الاحتياجات (needs assessment), القدرة  
على تصميم التدخلات (program design), القدرة على تقييم التدخلات (evaluation of interventions), القدرة  
على متابعة الامراض (surveillance), القدرة على صياغة الافكار من أجل جمع الدعم (conceptualizing and  
writing proposals), الصحة الأولية (primary health care), الصحة و الدعم المجتمعي (health and  
social care in community)).

#### **الصحة الوقائية:**

(أسأل بالتفصيل عن التالي ان لم يتم نكره: منع الأمراض (health prevention), حماية و تحسين الصحة (health  
prevention and protection)).

#### **المجالات الادارية:**

(أسأل بالتفصيل عن التالي ان لم يتم نكره: ادارة المنشآت الصحية (health service administration)).

7. (أن لم يتم الذكر): هل خريجي الصحة العامة في مؤسستكم يستخدموا الاحصاء؟ ما أهمية أنو يتعلمو الإحصاء في برنامج  
الماجستير؟ اسأل أكثر عن علم الوبائيات (epidemiology), الاحصاء الحيوي (biostatistics).

8. عادتنا برامج الصحة العامة بتركز ع الامور المتعلقة بالأمراض و البرامج الصحية. في كمان عوامل اخرى بتأثر ع الصحة, مثل (العلوم الاجتماعية, العدالة الاجتماعية و الفقر, البيئة). في رأيك هل هذه المواضيع بتثري عمل خريجين برامج الصحة العامة؟ و لماذا؟

9. إذا لأ, هل في اولويات أخرى؟

#### المهارات:

10. ما هي المهارات اللي بتفتش/ي عليها في الشخص لما بدك توظف/ي خريج ماجستير في الصحة العامة؟ و لماذا هي ضرورية؟

#### مهارات التواصل:

(أسأل بالتفصيل عن التالي ان لم يتم نكره: العمل الجماعي/عمل الفريق (team work) , القدرة على التقديم/اللقاء (presentation skills), القراءة باللغة العربية و الانجليزية, كتابة التقارير باللغة العربية و الانجليزية, القدرة على التحليل و استخدام التحليل بطريقة عملية من أجل حل المشاكل).

#### المهارات المفاهيمية:

(أسأل بالتفصيل عن التالي ان لم يتم نكره: القدرات التحليلية (analytical skills) , القدرة على تقييم الأدلة الناتجة عن الابحاث العلمية (ability to evaluate scientific evidence) , القدرة على استخدام المنطق, الربط و الدمج (reasoning, linking and integration), القدرة على استخدام النتائج العلمية, القدرة على كتابة نتائج الأبحاث بطريقة علمية (ability to write results of research in scientific ways) ) القدرة على الابحاث العلمية والقدرة على استعمال الأرقام و تحويلها الى معلومات تساهم في تطوير العمل.

#### الريادة/القيادة:

(أسأل بالتفصيل عن التالي ان لم يتم نكره: القدرة على ادارة المشاريع او البرامج ( program/project administration), الأشراف (supervision), كتابة التقارير, العمل الجماعي/عمل الفريق (team work)) والقدرة على حل المشاكل

11. من مجالات المعرفة و المهارات اللي انذكرت, هل لفت انتباهك انو احد هذه المواضيع موجودة/قوية لدى خريجي جامعة بيرزيت بالذات, و مش موجودة/ضعيفة عند خريجين جامعات أخرى؟ (للباحث: يمكن تسهيل هذا السؤال عن طريق تشجيع المشارك على أن يتذكر أفراد تخرجوا من جامعة بيرزيت)

12. اذا نعم, هل تعتقد انو هذا "التفوق في هذا المجال المعرفي" له علاقة بالفرد ام هو نتيجة لبرنامج الماجستير؟
13. و شو في رأيك المعرفة و المهارات اللي ناقصة/ضعيفة عند خريجي جامعة بيرزيت مقارنة بخريجي الجامعات الأخرى؟
14. هل لاحظت انو في نقص/ضعف في مجال معرفي و المهارات لدى الخريجين من جميع الجامعات الفلسطينية؟
15. في رأيك, هل ما زال هنالك حاجة لخريجين ماجستير في الصحة العامة مع الاخذ بعين الاعتبار الوضع الحالي و المستقبلي ايضا؟ و لماذا؟
16. بالإضافة لتطوير برنامج الماجستير, هنالك فكرة لإنشاء تخصص فرعي في الصحة العامة لطلاب البكالوريا في مجالات الصحة (مثلا: ممرضات, صيدلة, مرشدين, اخصائيين تغذية الخ...). في رأيك, هل هذا قد يعود بالنفع على نظام الصحة في فلسطين؟
17. ما هي برامج البكالوريا التي قد تنتفع من هذا التخصص الفرعي؟
18. هل تعتقد ان تخصص صحة عامة كجزء من برنامج ----- (البرنامج الذي ذكره المشارك) قد يعود بالنفع على نظام الصحة في فلسطين؟ و لماذا؟
19. هل يوجد هنالك وظيفة لمثل هذا لأخصائي في مؤسستك؟
20. في المستقبل, هل تعتقد انك قد توظف احد لهذا المجال؟

### في مجال التدريب

شكرا لك على الاجوبة. بالإضافة لبرنامج الماجستير, المعهد بخدم المجتمع عن طريق التدريبات. و حابين نسالك اكم من سؤال عن هذا الموضوع.

21. هل لديك أي تجربة مع برامج التدريب في الصحة في جامعة بيرزيت؟ اذا نعم, كيف تصف تجربتك؟ (او هل لديك أي ملاحظات ايجابية أو سلبية؟)

22. ما هي المواضيع التي تحتاجها مؤسستك من تدريب في مجال الصحة العامة؟

23. من المجالات في المعرفة و المهارات التي تم نقاشها سابقا, ماذا في رأيك هي اهم اولويات (بين 6-8) للتدريب من اجل العمل في مجال الصحة العامة في فلسطين؟ (الباحث: الجدول التالي هو من أجل تذكير المشارك)

<p><b>الابحاث التطبيقية: (معرفة)</b></p> <p><input type="checkbox"/> استخدام الأدلة العلمية في صنع القرار و التطبيق العملي</p> <p><input type="checkbox"/> القدرة على صياغة الافكار من أجل جمع الدعم</p> <p><input type="checkbox"/> القدرة على تقييم الاحتياجات      <input type="checkbox"/> متابعة الامراض</p> <p><input type="checkbox"/> القدرة على تصميم التدخلات      <input type="checkbox"/> الصحة الأولية</p> <p><input type="checkbox"/> القدرة على تقييم التدخلات      <input type="checkbox"/> الاحصاء الحيوي</p> <p><input type="checkbox"/> علم الوبائيات      <input type="checkbox"/> الصحة و الدعم المجتمعي</p>	<p><b>التواصل: (قدرات)</b></p> <p><input type="checkbox"/> العمل الجماعي</p> <p><input type="checkbox"/> التقديم/اللقاء</p> <p><input type="checkbox"/> القراءة و كتابة التقارير في اللغة العربية و الانجليزية</p> <p><input type="checkbox"/> التحليل و استخدام التحليل بطريقة عملية من أجل حل المشاكل</p>
<p><b>الريادة القيادة: (مهارات)</b></p> <p><input type="checkbox"/> القدرة على ادارة المشاريع او البرامج</p> <p><input type="checkbox"/> الأشراف      <input type="checkbox"/> كتابة التقارير</p> <p><input type="checkbox"/> كتابة التقارير      <input type="checkbox"/> العمل الجماعي/عمل الفريق</p>	<p><b>الابحاث العلمية: (قدرات)</b></p> <p><input type="checkbox"/> التحليل      <input type="checkbox"/> استخدام النتائج العلمية</p> <p><input type="checkbox"/> تقييم الأدلة العلمية      <input type="checkbox"/> استخدام المنطق و الربط و الدمج</p> <p><input type="checkbox"/> كتابة نتائج الأبحاث بطريقة علمية</p>
<p><b>مجالات معرفة غير طبية لها علاقة في مجال الصحة: (معرفة)</b></p> <p><input type="checkbox"/> العلوم الاجتماعية و السلوكية</p> <p><input type="checkbox"/> العلوم البيئية      <input type="checkbox"/> العدالة الاجتماعية</p>	<p><b>الصحة الوقائية: (معرفة)</b></p> <p><input type="checkbox"/> منع الأمراض</p> <p><input type="checkbox"/> حماية و تحسين الصحة</p>
<p><b>تدريبات في مجالات اخرى ليست مدرجة في اللائحة:</b></p>	<p><b>الادارة: (معرفة)</b></p> <p><input type="checkbox"/> ادارة المنشآت الصحية</p>

24. ما هي انواع التدريبات التي من اجلها قد تبحث في ارسال احد موظفيك الى خارج فلسطين؟

25. و لماذا قد ترسل احد الموظفين الى خارج فلسطين للتدريب؟

26. في حال كان هنالك تدريب من قبل جامعة بيرزيت, ما مدى قابليتك لأن ترسل أحد موظفيك من أجل التدريب؟

27. ما عدد الأيام التي من أجلها قد تكون مستعد أن ترسل احد الموظفين الى التدريب؟

28. أي ايام في الاسبوع تفضل؟ و هل تفضل ايام متتالية او موزعة على مدى اسابيع؟

29. في حال قد تسمح بذلك, كيف تقرر من الموظف الذي سترسله او تقرر ان كان مناسب للتدريب؟

30. في فترة التدريب, هل ستعطيهم الوقت المناسب من وقت العمل من أجل أن يحلوا الوظائف المعطاة لهم كجزء من التدريب؟

31. كيف يمكن ان تساعد الموظفين على تطبيق المعرفة/المهارات المكتسبة من التدريب؟

32. بالإضافة الى المقابلات مع صناع القرار, نود ان نجمع معلومات من عاملين في الصحة العامة. بالإضافة الى مقابلة خريجي برامج ماجستير في الصحة العامة, يستهدف البحث ايضا العاملين في الصحة العامة و لكن اللذين يم يتخصصوا بطريقة اكايمية في هذا المجال. من فضلك, هل تستطيع تزويدنا بأشخاص تنطبق عليهم هذه المواصفات من معارفك في هذا المجال؟

شكرا للمشاركة في البحث

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ملاحظات الباحث:

انتهت الاستمارة

## Appendix 2: MPH graduates questionnaire

7/21/2016

تقييم برنامج ماجستير الصحة العامة في جامعة بيرزيت ودراسة الاحتياجات المستقبلية

### تقييم برنامج ماجستير الصحة العامة في جامعة بيرزيت ودراسة الاحتياجات المستقبلية

يشرفنا دعوتك للمشاركة في هذه الدراسة و نأمل أن تتكرم/ي باعطائنا البعض من وقتك.

\*مطلوب

#### نموذج الموافقة

يقدم معهد الصحة العامة في جامعة بيرزيت بتقييم لبرنامج الماجستير ودراسة للاحتياجات المستقبلية للبلاد. في هذه الامتارة سيتم التطرق إلى التالي:

- المواضيع التي من المناسب إدراجها في برنامج ماجستير
- تقييم لخريجي ماجستير في الصحة العامة لتجربتهم في التعليم
- تقييم لخريجي جامعة بيرزيت في الصحة العامة
- فحص لمدى أهمية مواضيع أخرى متعلقة بالتحخصصات في البرنامج والتدريبات التي يقدم بها المعهد

تعد مشاركتك في هذه الدراسة طوعية. و لك القرار في التوقف في أي وقت أو عدم الرد على الأسئلة التي لا ترغب/ين بالإجابة عنها. يمكنك أيضا التوقف و العودة إلى تعبئة الامتارة في وقت لاحق. سيتم التعامل مع المعلومات الواردة بسرية تامة لذا نرجو الإجابة بمصادقية و موضوعية ليتم تحقيق الهدف المرجو من هذه الدراسة. و أيضا يمكنك الاستفسار عن هذه الدراسة من خلال التواصل مع جامعة بيرزيت, 298202-02 أو [icph@birzeit.edu](mailto:icph@birzeit.edu)

للموافقة و الاستمرار في البحث، اختر "موافق/ة" أو "غير موافق/ة" لالتهاء

شاكرين لك مشاركتك البناءة للوصول لأفضل النتائج.

1. \*

حدد دائرة واحدة فقط.

موافق/ة

غير موافق/ة

#### معلومات أساسية

2. أعلى مستوى تعليم تم تحصيله: \*

#### تقييم برنامج الماجستير

الرجاء الاستناد إلى تجربتك التعليمية والعملية في الإجابة عن هذه الأسئلة.

3. بشكل عام إلى أي مدى أنت راض/ية عن برنامج الماجستير؟ \*

حدد دائرة واحدة فقط.

غير راض/ية أبداً

راض/ية بشكل قليل

راض/ية بشكل متوسط

راض/ية جداً

أفضل عدم الاجابة عن السؤال

4. إلى أي مدى كانت المعرفة والمهارات التي اكتسبتها/تها مفيدة لعملك أول ما بدأت العمل؟ \*  
حدد دائرة واحدة فقط.

- غير مفيدة أبداً  
 مفيدة بشكل قليل  
 مفيدة بشكل متوسط  
 مفيدة جداً  
 لا ينطبق  
 أفضل عدم الاجابة عن السؤال

5. إلى أي مدى ما زالت المعرفة والمهارات التي اكتسبتها/تها مفيدة في عمالك حالياً؟ \*  
حدد دائرة واحدة فقط.

- غير مفيدة أبداً  
 مفيدة بشكل قليل  
 مفيدة بشكل متوسط  
 مفيدة جداً  
 لا ينطبق  
 أفضل عدم الاجابة عن السؤال

6. إلى أي مدى كان هناك توافق بين مواصفات البرنامج كما عرضته الجامعة والبرنامج التعليمي فعلياً؟ \*  
حدد دائرة واحدة فقط.

- غير متوافق أبداً  
 متوافق بشكل قليل  
 متوافق بشكل متوسط  
 متوافق جداً  
 أفضل عدم الاجابة عن السؤال

7. إلى أي مدى تشعرين بالراحة في التعبير عن مستوى الإشراف الذي تلقينه من الكادر التعليمي؟ \*  
حدد دائرة واحدة فقط.

- غير راضية أبداً  
 راضية بشكل قليل  
 راضية بشكل متوسط  
 راضية جداً  
 أفضل عدم الاجابة عن هذا السؤال

8. إلى أي مدى شعرت/ت بالراحة في التعبير أو في التواصل مع الكادر التعليمي بخصوص حاجاتك الأكاديمية أو المهنية؟ \*  
حدد دائرة واحدة فقط.

- لم أشعر بالراحة أبداً  
 شعرت بالراحة بشكل قليل  
 شعرت بالراحة بشكل متوسط  
 شعرت بالراحة بشكل كبير  
 أفضل عدم الاجابة عن هذا السؤال

9. (تابع للسؤال السابق) إلى أي مدى تجاوب الكادر التعليمي مع هذه الحاجات وحاول تلبيةها؟ \*  
حدد دائرة واحدة فقط.

- لم يتجاوبوا أبداً  
 تجاوبوا بشكل قليل  
 تجاوبوا بشكل متوسط  
 تجاوبوا كثيراً  
 لا ينطبق  
 أفضل عدم الاجابة عن هذا السؤال

10. خلال برنامج الماجستير هل قمت بكتابة رسالة تخرج؟ \*  
السؤال بالتحديد متعلق بورقة بحث أصلية تخصص عمل فردي لا عمل جماعي.  
حدد دائرة واحدة فقط.

- نعم  
 لا  
 أفضل عدم الاجابة عن السؤال

11. إلى أي مدى تعتقد أن كتابة رسالة تخرج هي تجربة مهمة أو مفيدة؟ \*  
هذا السؤال ينطبق على الخريجين/ات الذين كتبوا رسالة وكذلك الذين لم يكتبوها.  
حدد دائرة واحدة فقط.

- غير مهمة أبداً  
 مهمة بشكل قليل  
 مهمة بشكل متوسط  
 مهمة جداً  
 لا أعلم  
 أفضل عدم الاجابة عن السؤال

12. إن تمكنت من الاختيار بين كتابة رسالة تخرج أو ورقة للنشر في مجلة علمية، أي منهما تختار/ين؟ \*  
هذا السؤال ينطبق على الخريجين/ات الذين كتبوا رسالة وكذلك الذين لم يكتبوها.  
حدد دائرة واحدة فقط.

- رسالة تخرج  
 ورقة للنشر في مجلة علمية  
 كلاهما  
 لا أعلم  
 أفضل عدم الاجابة عن هذا السؤال

الأسئلة التالية متعلقة بالمواد التعليمية التي من الضرورة تعليمها ضمن برنامج ماجستير في الصحة العامة. الرجاء الإجابة على أهميتها وإن كانت موجودة في برنامجك أم لا.

### الأبحاث والأبحاث التطبيقية



## 17. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:

الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

لا أعلم	ليس ضروري	ضروري وكان موجود في برنامج الماجستير	ضروري ولم يكن موجوداً في برنامج الماجستير	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الوقاية من الأمراض
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	حماية وتحسين الصحة بشكل علم
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	توعية وتثقيف صحي
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	وضع مبادرات و تدخلات على مستوى السكان والفئات المستهدفة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	فهم محددات الصحة الاجتماعية والاقتصادية والميامية

18. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها

## العمل المجتمعي

## 19. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:

الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

لا أعلم	ليس ضروري	ضروري وكان موجود في برنامج الماجستير	ضروري ولم يكن موجوداً في برنامج الماجستير	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	دراسة الصحة المجتمعية (ليس الطب المجتمعي)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الرعاية الصحية الأولية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	إثراك المجتمع والمؤسسات المجتمعية في تحديد أولويات العمل
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	فهم التقاليد والثقافات المحلية المختلفة للمجتمعات الفلسطينية

20. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها

## الصحة العامة في حالات الطوارئ

21. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

لا أعلم	ليمن ضروري	ضروري وكان موجود في برنامج الماجستير	ضروري ولم يكن موجوداً في برنامج الماجستير	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تطوير آليات تكيف في النظام الصحي للتعامل مع الحالات الطارئة وقرارات ما بعد الطوارئ
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	كيفية تقديم خدمات ذات نوعية جيدة مع المحافظة على كرامة المتتبعين
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	كيفية التعامل مع مسائل الصحة النفسية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	كيفية المحافظة على سلسلة التطعيمات ومنع انتشار الأوبئة الفيروسية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	استخدام آليات تحديد الأولويات في حالات الطوارئ

22. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها

## مواضيع أخرى قد يكون لها علاقة بالصحة

23. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في ماجستير الصحة العامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

لا أعلم	ليمن ضروري	ضروري وكان موجود في برنامج الماجستير	ضروري ولم يكن موجوداً في برنامج الماجستير	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	علم الاجتماع
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	علم النفس
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	العلوم البيئية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الاقتصاد (العمل والبطالة، الفقر الخ)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	العلوم السياسية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	مواضيع متعلقة بالنوع الاجتماعي (gender)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الحق بالصحة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القوانين الاجتماعية (التأمين، التقاعد، الضمان الاجتماعي الخ)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التعليم
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الزراعة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التنمية المستدامة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الإعلام

24. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها

## مهارات التواصل

## 25. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:

الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

لا أعلم	ليس ضروري	ضروري وكان موجود في برنامج الماجستير	ضروري ولم يكن موجوداً في برنامج الماجستير	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	العسل الجماعي
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التقديم والإلقاء
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القراءة والكتابة باللغة العربية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القراءة والكتابة باللغة الإنجليزية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على التحليل واستخدام المنطق من أجل حل المشاكل
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تقبل الآخر والانفتاح على وجهات النظر المختلفة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على التحليل النقدي
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على إقناع المحيطين بمبادئ الصحة العامة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	مهارات التفاوض باستخدام الأدلة العلمية

26. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها

## المهارات التقنية

## 27. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:

الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

لا أعلم	ليس ضروري	ضروري وكان موجود في برنامج الماجستير	ضروري ولم يكن موجوداً في برنامج الماجستير	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تعليم استخدام برامج العرض (مثل PowerPoint و Prezie)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تعليم استخدام برامج قواعد البيانات
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تعليم استخدام برامج التحليل الإحصائي

28. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها

## مهارات صناعة القرار

## 29. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:

الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

لا أعلم	ليمن ضروري	ضروري وكان موجود في برنامج الماجستير	ضروري ولم يكن موجوداً في برنامج الماجستير
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها

## المهارات الإدارية والريادية

## 31. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:

الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

لا أعلم	ليمن ضروري	ضروري وكان موجود في برنامج الماجستير	ضروري ولم يكن موجوداً في برنامج الماجستير
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها

## تركيز أو تخصص في برنامج الماجستير

الأسئلة التالية متعلقة بالتخصص في مواضيع معينة ضمن برنامج الماجستير.

33. في اعتقادك/ك أي من التخصصات التالية قد تنثري برنامج الماجستير في جامعة بيرزيت؟  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	العناية بالأم والطفل
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الاقتصاد الصحي
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الصحة النفسية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الصحة البيئية والمهنية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الأمراض غير المعدية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الضغط والمناصرة وصنع القرارات
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الصحة المجتمعية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	صحة المرأة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الإدارة الصحية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التغذية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الإعاقات
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	المعلوماتية الصحية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الصحة العالمية

34. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

### تخصص ثانوي في الصحة العامة

يدور نقاش حول توفير تخصص ثانوي (minor) في الصحة العامة لبرامج البكالوريوس ذات العلاقة بالصحة. مثلاً يدرسون طالب البكالوريوس في مجال تخصصه وبالإضافة بأخذ عدة مساقات لها علاقة بالصحة العامة. وعلى هذا الأساس يحصل على شهادة في تخصصه بالإضافة لشهادة ثانوية مصغرة في الصحة العامة. الأسئلة التالية متعلقة بهذا الموضوع.

35. هل تعتقد أن مثل هذا التخصص (ضمن برنامج بكالوريوس) يعود بالنفع على الصحة والأنظمة الصحية في فلسطين؟ \*  
حدد دائرة واحدة فقط.

نعم

لا  التخطي إلى السؤال 38.

لا أعلم  التخطي إلى السؤال 38.

أفضل عدم الاجابة عن السؤال  التخطي إلى السؤال 38.

### تخصص ثانوي في الصحة العامة

36. برأيك، أي من برامج البكالوريا الآتية قد تكون ملائمة لمثل هذا التخصص؟  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	صيدلة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تمريض
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تغذية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	بيئة

37. هل تعتقد أنه ستوفر فرص وظيفية أفضل لخريجي بكالوريوس مع تخصص صحة عامة؟  
حدد دائرة واحدة فقط.

نعم

لا

لا أعلم

38. في أي عام تخرجت/ت من برنامج الماجستير؟\*  
الرجاء كتابة 0 إن كنت تفضل/ين عدم الاجابة عن السؤال.

### التدريبات

نود أيضاً أن نفحص الاحتياجات المستقبلية للتدريبات في المعهد.

39. ما مدى الحاجة للتدريبات في المواضيع التالية؟

حدد دائرة واحدة فقط في كل صف.

غير مهم ابدأ	مهم بشكل قليل	مهم بشكل متوسط	مهم جداً	لا أعلم	
<input type="radio"/>	مهارات الكتابة بشكل عام				
<input type="radio"/>	كتابة ورقة سياسات				
<input type="radio"/>	كتابة أوراق علمية				
<input type="radio"/>	البحث الكيفي				
<input type="radio"/>	البحث الكمي				
<input type="radio"/>	استخدام برامج التحليل الإحصائي				
<input type="radio"/>	كيفية تفسير نتائج البحث العلمي				

40. ما مدى الحاجة للتدريبات في المواضيع التالية؟

حدد دائرة واحدة فقط في كل صف.

غير مهم ابدأ	مهم بشكل قليل	مهم بشكل متوسط	مهم جداً	لا أعلم	
<input type="radio"/>	العمل المجتمعي				
<input type="radio"/>	التكيف في حالات الطوارئ				
<input type="radio"/>	مواضيع في الصحة البيئية				
<input type="radio"/>	صحة المرأة				
<input type="radio"/>	تدريب الأمراض المزمنة				
<input type="radio"/>	الرعائية ومبادئ الصحة الأولية				
<input type="radio"/>	تدريبات عامة في علم الأوبئة				
<input type="radio"/>	تدريبات متخصصة في علم الأوبئة				

41. ما مدى الحاجة للتدريبات في المواضيع التالية؟

حدد دائرة واحدة فقط في كل صف.

غير مهم ابدأ	مهم بشكل قليل	مهم بشكل متوسط	مهم جداً	لا أعلم	
<input type="radio"/>	التخطيط والإدارة				
<input type="radio"/>	أخلاقيات البحث وأخلاقيات الصحة العامة				
<input type="radio"/>	ترجمة النتائج العلمية إلى سياسات وتوصيات				
<input type="radio"/>	تصميم تدخلات				
<input type="radio"/>	تدريبات في الريادة				
<input type="radio"/>	الصحة العالمية				
<input type="radio"/>	التنمية المستدامة				
<input type="radio"/>	التأمين الصحي الشامل				

42. هل هنالك أي مواضيع أخرى مهمة للتدريب ولم يتم ذكرها؟

### أسئلة متعلقة ببيئة العمل

الأسئلة التالية متعلقة بمدى إمكانية تطبيق مبادئ و مهارات الصحة العامة في العمل.

43. **المسمى الوظيفي:** \*  
الرجاء كتابة 0 إن كنت تفضل/ين عدم الاجابة عن السؤال.

44. **نوع المؤسسة:** \*  
حدد كل الإجابات الملائمة.

- حكومية  
 حكومية دولية  
 أهلية محلية  
 أهلية دولية  
 عيادة خاصة  
 أكاديمية  
 أفضل عدم الاجابة عن السؤال  
 لا ينطبق  
 أخرى:

45. **عدد سنوات العمل في المؤسسة:** \*  
الرجاء كتابة 1 إذا كنت سنوات العمل أقل من عام واحد أو 0  
إن كنت تفضل/ين عدم الاجابة عن السؤال.

46. **عدد سنوات العمل الكلي في مجالات الصحة:** \*  
الرجاء كتابة 0 إن كنت تفضل/ين عدم الاجابة عن السؤال.

47. **إلى أي مدى استطعت تطبيق مبادئ الصحة العامة في أماكن عمل سابقة؟** \*  
حدد دائرة واحدة فقط.

- لم أتمكن من ذلك أبداً  
 تمكنت من ذلك بشكل قليل  
 تمكنت من ذلك بشكل متوسط  
 تمكنت من ذلك بشكل كبير  
 أفضل عدم الاجابة عن السؤال  
 لا ينطبق

48. **إلى أي مدى استطعت تطبيق مبادئ الصحة العامة في عملك الحالي؟** \*  
حدد دائرة واحدة فقط.

- لم أتمكن من ذلك أبداً  
 تمكنت من ذلك بشكل قليل  
 تمكنت من ذلك بشكل متوسط  
 تمكنت من ذلك بشكل كبير  
 أفضل عدم الاجابة عن السؤال  
 لا ينطبق

49. إلى أي مدى استطعت القيام بأبحاثك وإحصائيات في أماكن عمل سابقة؟\*  
حدد دائرة واحدة فقط.

- لم أتمكن من ذلك أبداً
- تمكنت من ذلك بشكل قليل
- تمكنت من ذلك بشكل متوسط
- تمكنت من ذلك بشكل كبير
- أفضل عدم الاجابة عن السؤال
- لا ينطبق

50. إلى أي مدى استطعت القيام بأبحاثك وإحصائيات ضمن عملك الحالي؟\*  
حدد دائرة واحدة فقط.

- لم أتمكن من ذلك أبداً
- تمكنت من ذلك بشكل قليل
- تمكنت من ذلك بشكل متوسط
- تمكنت من ذلك بشكل كبير
- أفضل عدم الاجابة عن السؤال
- لا ينطبق

الأمثلة التالية هدفها تفكي بحث من أجل مساعدة الباحثين في تحليل المعطيات والتأكد من عدم تكرار الاستمارات.

51. تاريخ الولادة \*

.....

52. الجنس \*

حدد دائرة واحدة فقط.

- ذكر
- انثى

شكراً لك/لكم جزيلاً على المشاركة في البحث. إجاباتك ستساهم بشكل فعال في إثراء عمل المعهد، وفي مجال الصحة العامة بشكل عام.

## Appendix 3: Non-MPH holders' questionnaire

### تقييم برنامج ماجستير الصحة العامة في جامعة بيرزيت ودراسة الاحتياجات المستقبلية

يشرفنا دعوتك للمشاركة في هذه الدراسة و نأمل أن تتكرم/ي باصطافنا البعض من وقتك.

\*مطلوب

#### نموذج الموافقة

يقوم معهد الصحة العامة في جامعة بيرزيت بتقييم لبرنامج الماجستير ودراسة للاحتياجات المستقبلية للبلاد. في هذه الاستمارة سيتم التطرق إلى التالي:

- المواضيع التي من المناسب إدراجها في برنامج ماجستير
- تقييم خريجي ماجستير في الصحة العامة لتجربتهم في التعليم
- تقييم لخريجي جامعة بيرزيت في الصحة العامة
- فحص لمدى أهمية مواضيع أخرى متعلقة بالخصائص في البرنامج والتدريبات التي يقوم بها المعهد

تعد مشاركتك في هذه الدراسة طوعية، و لك القرار في التوقف في أي وقت أو عدم الرد على الأسئلة التي لا ترغب/ين بالإجابة عنها. يمكنك أيضا التوقف و العودة إلى تعبئة الاستمارة في وقت لاحق. سيتم التعامل مع المعلومات الواردة بسرية تامة لذا نرجو الاجابة بمصادقية و موضوعية ليتم تحقيق الهدف المرجو من هذه الدراسة. و ايضا يمكنك الاستفسار عن هذه الدراسة من خلال التواصل مع جامعة بيرزيت، [icph@birzeit.edu](mailto:icph@birzeit.edu) أو 298202-02

للموافقة و الاستمرار في البحث، اختر "موافق/ة" أو "غير موافق/ة" للتوقف.

شاكرين لك مشاركتك البناءة للوصول لأفضل النتائج.

\* 1.

حدد دائرة واحدة فقط.

موافق/ة

غير موافق/ة

#### معلومات أساسية

2. أعلى مستوى تعليم تم تحصيله: \*

باختقادك/ك أي من المواد التالية تود/ين تعلمها في حال قررت/ت الالتحاق ببرنامج ماجستير في الصحة العامة؟

#### الأبحاث والأبحاث التطبيقية

3. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على التفكير المنتظم المبني على أسس علمية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على النصح والربط بين معلومات سابقة ومعلومات جديدة ضمن إطار البحث والعمل
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	قراءة الأبحاث العلمية وفهمها
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	نقد الأبحاث العلمية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	استخدام الأدلة العلمية لدعم النقاش
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	استخدام الأدلة العلمية للتخطيط وصناعة القرارات والسياسات والتوصيات
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	البحث المتعلق بالخدمات الصحية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تصميم التدخلات
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التقييم وتقييم الاحتياجات
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	عمل فترة تدريب عملي في مؤسسات صحية أو بحثية خلال فترة الدراسة

4. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## الإحصاء وعلم الأوبئة

5. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير الصحة العامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على فهم الاحصائيات
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تحليل الإحصاء الحيوي
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تحليل الإحصاء الحيوي المتقدم
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	أساسيات علم الأوبئة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	علم الأوبئة المتقدم
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	علم الوبائيات للأمراض المعدية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	علم الوبائيات للأمراض غير المعدية

6. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## الوقاية الصحية

7. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الوقاية من الأمراض
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	حماية وتحسين الصحة بشكل عام
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	توعية وتثقيف صحي
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	وضع سياسات وتدخلات على مستوى المكان والفئات المستهدفة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	فهم محددات الصحة الاجتماعية والاقتصادية والسياسية

8. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## العمل المجتمعي

9. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة: الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل. حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## الصحة العامة في حالات الطوارئ

11. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة: الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل. حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## مواضيع أخرى قد يكون لها علاقة بالصحة

الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك سوق العمل.

13. أكثر/أختاري ما تعتقد/ين أنه من الضروري تعليمه في ماجستير الصحة العامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك موق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	علم الاجتماع
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	علم النفس
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	العلوم البيئية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الاقتصاد (العمل والبطالة، الفقر، الخ)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	العلوم السيامة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	مواضيع متعلقة بالنوع الاجتماعي (gender)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الحق في الصحة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القوانين الاجتماعية (التأمين، التقاعد، الضمان الاجتماعي الخ)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التعليم
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الزراعة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التنمية المستدامة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الإعلام

14. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## مهارات التواصل

15. أكثر/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير الصحة العامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك موق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	العمل الجماعي
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التقديم والإلقاء
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القراءة والكتابة باللغة العربية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القراءة والكتابة باللغة الإنجليزية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على التحليل واستخدام المنطق من أجل حل المشاكل
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تقبل الآخر والانفتاح على وجهات النظر المختلفة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على التحليل النقدي
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على إقناع المحيطين بمبادئ الصحة العامة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	مهارات التفاوض باستخدام الأدلة العلمية

16. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## المهارات التقنية

17. أكثر/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير الصحة العامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك موق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تعليم استخدام برامج العرض (مثل PowerPoint و Prezie)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تعليم استخدام برامج قواعد البيانات
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تعلم استخدام برامج التحليل الإحصائي

18. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## مهارات صناعة القرار

19. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك موق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	المعرفة بالآليات صنع القرار في النظام الصحي والأنظمة المتعلقة محلياً
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	المعرفة بالآليات صنع القرار في النظام الصحي والأنظمة المتعلقة عالمياً
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على زيادة الوعي والمعرفة المتعلقان بالصحة والصحة العامة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	القدرة على ترجمة القرارات على أرض الواقع

20. هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## المهارات الإدارية والريادية

21. أختار/أختاري ما تعتقد/ين أنه من الضروري تعليمه في برنامج ماجستير صحة عامة:  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك موق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	إدارة المشاريع والبرامج
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	إدارة المنشآت الصحية مثل المستشفيات والعيادات ومنشآت صحية أخرى
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	إدارة الموارد البشرية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التخطيط
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الإشراف
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تنمية الحس الريادي عن طريق إشراك الطلاب بشكل فعال في التعلم وصنع القرار

22. 11\* ب) هل هنالك أي مواضيع أخرى في هذا المجال لم يتم ذكرها؟

## تركيز أو تخصص في برنامج الماجستير

الأسئلة التالية متعلقة بالتخصص في مواضيع معينة ضمن برنامج الماجستير.

23. في اعتقادك، أي في حال قررت/تات الالتحاق ببرنامج ماجستير في الصحة العامة، هل توداين التخصص في أحد المجلات الآتية؟  
الرجاء الأخذ بعين الاعتبار احتياجات الأنظمة الصحية في فلسطين وكذلك موق العمل.  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	العناية بالأم والطفل
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الاقتصاد الصحي
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الصحة النفسية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الصحة البيئية والمهنية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الأمراض غير المعدية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الضغط والمناصرة وصنع القرارات
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الصحة المجتمعية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	صحة المرأة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الإدارة الصحية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	التغذية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الإعاقة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	المعلوماتية الصحية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	الصحة العالمية

24. هل هنالك أي مواضع أخرى في هذا المجال لم يتم ذكرها؟

### تخصص ثانوي في الصحة العامة

يدور نقاش حول توفير تخصص ثانوي (minor) في الصحة العامة لبرامج البكالوريوس ذات العلاقة بالصحة. مثلا يدرس طالب البكالوريوس في مجال تخصصه وبالإضافة يأخذ عدة مساقات لها علاقة بالصحة العامة. وعلى هذا الأساس يحصل على شهادة في تخصصه بالإضافة لشهادة ثانوية مصغرة في الصحة العامة. الأسئلة التالية متعلقة بهذا الموضوع.

25. هل تعتقد أن مثل هذا التخصص (ضمن برنامج بكالوريوس) يعود بالنفع على الصحة والأنظمة الصحية في فلسطين؟ \*

حدد دائرة واحدة فقط.

- نعم
- لا
- لا أعلم
- أفضل عدم الاجابة عن السؤال
- بعد الإجابة عن السؤال الأخير في هذا القسم، انتقل إلى السؤال 28.
- بعد الإجابة عن السؤال الأخير في هذا القسم، انتقل إلى السؤال 28.
- بعد الإجابة عن السؤال الأخير في هذا القسم، انتقل إلى السؤال 28.

26. برأيك، أي من برامج البكالوريا الآتية قد تكون ملائمة لمثل هذا التخصص؟  
حدد دائرة واحدة فقط في كل صف.

نعم	لا	لا أعلم	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	صيدلة
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تمريض
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	تغذية
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	بيئة

27. هل تعتقد أنه ستتوفر فرص وظيفية أفضل لخريجي بكالوريوس مع تخصص صحة عامة؟ \*

حدد دائرة واحدة فقط.

- نعم
- لا
- لا أعلم
- أفضل عدم الاجابة عن السؤال

28. هل تتعامل أو تتعلمت مع خريجي ماجستير في مجال الصحة العامة من جامعة بيرزيت كجزء من عملك؟ \*  
حدد دائرة واحدة فقط.

نعم   
لا  التخطي إلى السؤال 33.

### تقييم لخريجي معهد الصحة العامة والمجتمعية

29. ما هو تقييمك لخريجي الصحة العامة في جامعة بيرزيت؟  
الرجاء الإجابة بحسب المقارنات مع خريجي جامعات أخرى.  
حدد دائرة واحدة فقط في كل صف.

مئة	لا بأش	متوسط	جيد	لا أعلم
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				
<input type="radio"/>				

30. ما هو تقييمك لخريجي الصحة العامة في جامعة بيرزيت بشكل عام؟ \*  
حدد دائرة واحدة فقط.

مئى   
لا بأش   
متوسط   
جيد   
لا أعلم   
أفضل عدم الإجابة عن السؤال

31. (تابع لسؤال السابق) هل تعتقد أن المهارات والمعرفة الموجودة لدى خريجي المعهد (بشكل عام) لها علاقة ب: \*  
حدد كل الإجابات الملائمة.

شخصية الخريج   
برنامج التعليم في المعهد   
قدرات الخريج   
لا أعلم   
أفضل عدم الإجابة عن السؤال

32. (ج) هل لديك أي ملاحظات أخرى على خريجي معهد الصحة العامة والمجتمعية؟

### التدريب

نود أيضاً أن نفحص الاحتياجات المستقبلية للتدريب في المعهد.

33. ما مدى الحاجة للتدريب في المواضيع التالية؟

حدد دائرة واحدة فقط في كل صف .

غير مهم ابدأ	مهم بشكل قليل	مهم بشكل متوسط	مهم جداً	لا أعلم	
<input type="radio"/>	مهارات الكتابة بشكل عام				
<input type="radio"/>	كتابة ورقة مياصات				
<input type="radio"/>	كتابة أوراق علمية				
<input type="radio"/>	البحث الكيفي				
<input type="radio"/>	البحث الكمي				
<input type="radio"/>	استخدم برامج التحليل الإحصائي				
<input type="radio"/>	كيفية تفسير نتائج البحث العملي				

34. ما مدى الحاجة للتدريب في المواضيع التالية؟

حدد دائرة واحدة فقط في كل صف .

غير مهم ابدأ	مهم بشكل قليل	مهم بشكل متوسط	مهم جداً	لا أعلم	
<input type="radio"/>	العمل المجتمعي				
<input type="radio"/>	التكيف في حالات الطوارئ				
<input type="radio"/>	مواضيع في الصحة البيئية				
<input type="radio"/>	صحة المرأة				
<input type="radio"/>	تدريب الأمراض المزمنة				
<input type="radio"/>	الرعاية ومبادئ الصحة الأولية				
<input type="radio"/>	تدريبات عامة في علم الأوبئة				
<input type="radio"/>	تدريبات متخصصة في علم الأوبئة				

35. ما مدى الحاجة للتدريب في المواضيع التالية؟

حدد دائرة واحدة فقط في كل صف .

غير مهم ابدأ	مهم بشكل قليل	مهم بشكل متوسط	مهم جداً	لا أعلم	
<input type="radio"/>	التخطيط والإدارة				
<input type="radio"/>	أخلاقيات البحث وأخلاقيات الصحة العامة				
<input type="radio"/>	ترجمة النتائج العلمية إلى مياصات وتوصيات				
<input type="radio"/>	تصميم تدخلات				
<input type="radio"/>	تدريبات في الريادة				
<input type="radio"/>	الصحة العالمية				
<input type="radio"/>	التنمية المستدامة				
<input type="radio"/>	التأمين الصحي الشامل				

36. هل هنالك أي مواضيع أخرى مهمة للتدريب ولم يتم ذكرها؟

أسئلة متعلقة ببيئة العمل

الأسئلة التالية متعلقة بمدى إمكانية تطبيق مبادئ و مهارات الصحة العامة في العمل.

37. المسمى الوظيفي: \*

الرجاء كتابة 0 إن كنت تفضل/ين عدم الاجابة عن السؤال.

38. نوع المؤسسة: \*

حدد كل الإجابات الملائمة.

- حكومية  
 حكومية دولية  
 أهلية محلية  
 أهلية دولية  
 عيادة خاصة  
 أكاديمية  
 أفضل عدم الإجابة عن السؤال  
 لا ينطبق  
 أخرى:

39. عدد سنوات العمل في المؤسسة: \*

الرجاء كتابة 1 إذا كانت سنوات العمل أقل من عام واحد أو 0 إن كنت تفضل/ين عدم الإجابة عن السؤال.

40. عدد سنوات العمل الكلي في مجالات الصحة: \*

الرجاء كتابة 0 إن كنت تفضل/ين عدم الإجابة عن السؤال.

41. إلى أي مدى استطعت تطبيق مبادئ الصحة العامة في أماكن عمل سابقة؟ \*

حدد دائرة واحدة فقط.

- لم أتمكن من ذلك أبداً  
 تمكنت من ذلك بشكل قليل  
 تمكنت من ذلك بشكل متوسط  
 تمكنت من ذلك بشكل كبير  
 أفضل عدم الإجابة عن السؤال  
 لا ينطبق

42. إلى أي مدى استطعت تطبيق مبادئ الصحة العامة في عملك الحالي؟ \*

حدد دائرة واحدة فقط.

- لم أتمكن من ذلك أبداً  
 تمكنت من ذلك بشكل قليل  
 تمكنت من ذلك بشكل متوسط  
 تمكنت من ذلك بشكل كبير  
 أفضل عدم الإجابة عن السؤال  
 لا ينطبق

43. إلى أي مدى استطعت القيام بأبحاث وإحصائيات في أماكن عمل سابقة؟ \*  
حدد دائرة واحدة فقط.

- لم أتمكن من ذلك أبداً  
 تمكنت من ذلك بشكل قليل  
 تمكنت من ذلك بشكل متوسط  
 تمكنت من ذلك بشكل كبير  
 أفضل عدم الاجابة عن السؤال  
 لا ينطبق

44. إلى أي مدى استطعت القيام بأبحاث وإحصائيات ضمن عملك الحالي؟ \*  
حدد دائرة واحدة فقط.

- لم أتمكن من ذلك أبداً  
 تمكنت من ذلك بشكل قليل  
 تمكنت من ذلك بشكل متوسط  
 تمكنت من ذلك بشكل كبير  
 أفضل عدم الاجابة عن السؤال  
 لا ينطبق

الأسئلة التالية هدفها تقني بحث من أجل مساعدة الباحثين في تحليل المعطيات والتأكد من عدم تكرار الاستمارات.

45. تاريخ الولادة \*

.....

46. الجنس \*

حدد دائرة واحدة فقط.

- ذكر  
 أنثى

شكراً لك/لكم جزيلاً على المشاركة في البحث. إجاباتك ستساهم بشكل فعال في إثراء عمل المعهد، وفي مجال الصحة العامة بشكل عام.

مدعوم من



1. Hunt P. The human right to the highest attainable standard of health: new opportunities and challenges. *Transactions of the Royal Society of Tropical Medicine and Hygiene*. 2006;100(7):603-7.
2. Beauchamp TL, Faden RR. The right to health and the right to health care. *Journal of Medicine and Philosophy*. 1979;4(2):118-31.
3. Backman G, Hunt P, Khosla R, Jaramillo-Strouss C, Fikre BM, Rumble C, et al. Health systems and the right to health: an assessment of 194 countries. *The Lancet*. 2008;372(9655):2047-85.
4. panter-Brick C. Street Children, human rights and public health: A critique and future directions. *Annual Review of Anthropology*. 2002;31:147-1471.
5. Watkins SJ. Public Health 2020. *British Medical Journal*. 1994;309(6962):1147-9.
6. Fried LP, Thibault GE. Reinventing public health education for the 21st century. *American journal of public health*. 2015;105 Suppl 1:S4.
7. Hagopian A, Spigner C, Gorstein J, et al. Developing competencies for a graduate school curriculum in international health. *Public Health Reports*. 2008;123(3):408-14.
8. Zwanikken PA, Alexander L, Huong NT, et al. Validation of public health competencies and impact variables for low- and middle-income countries. *BMC Public Health*. 2014;14(55):1-10.
9. Gostin LO, Powers M. What does social justice require for the public's health? public health ethics and policy imperatives. *Health Affairs*. 2006;25(4):1053-60.
10. Kass NE. An ethics framework for public health. *American journal of public health*. 2001;91(11):1776-82.
11. Thomas JC, Sage M, Dillenberg J, Guillory VJ. A code of ethics for public health. *American journal of public health*. 2002;92(7):1057-9.
12. Oguz NY. Research ethics committees in developing countries and informed consent: with special reference to Turkey. *Journal of Laboratory and Clinical Medicine*. 2003;141(5):292-6.
13. Levine RJ. Informed consent: some challenges to the universal validity of the Western model. *The Journal of Law, Medicine & Ethics*. 1991;19(3-4):207-13.
14. Core Competencies for Public Health in Canada. Public Health Agency of Canada.
15. Calhoun JG, Ramiah K, Weist EM, Shortell SM. Development of a core competency model for the master of public health degree. *American journal of public health*. 2008;98(9):1598-607.
16. Karkee R. Public health education in South Asia: a basis for structuring a master degree course. *Frontiers in public health*. 2014;2:88.

17. Mishra L, Banerjee AT, MacLennan ME, Gorczynski PF, Zinszer KA. Wanted: Interdisciplinary, multidisciplinary, and knowledge translation and exchange training for students of public health. *Revue Canadienne de Sante Publique*. 2011;102(6):424-6.
18. Harmer A, Lee K, Petty N. Global health education in the United Kingdom: a review of university undergraduate and postgraduate programmes and courses. *Public health*. 2015;129(6):797-809.
19. Lawlor EF, Kreuter MW, Sebert-Kuhlmann AK, McBride TD. Methodological Innovations in Public Health Education: Transdisciplinary Problem Solving. *American journal of public health*. 2015;105(S1):S99-S103.
20. Bennett CJ, Walston SL. Improving the use of competencies in public health education. *American journal of public health*. 2015;105 Suppl 1:S65-7.
21. Birt CA, Foldspang A. Developing role of systems of competences in Public Health education and practice. *Public Health Reviews*. 2011;33(1):134-47.
22. Dick VR, Masters AE, McConnon PJ, Engel JP, Underwood VN, Harrison RJ. The CDC/Council of state and territorial epidemiologists applied epidemiology fellowship program: evaluation of the first 9 years. *American journal of preventive medicine*. 2014;47(5 Suppl 3):S376-82.