



The Graduate and Professional Student Senate

Program Review of the Department of Epidemiology

Spring 2016: Catalyst Survey Results Summary

Submitted to the University of Washington Graduate School: May 9th, 2016

The Graduate and Professional Student Senate (GPSS) conducts surveys of academic departments that coincide with the Graduate School's Program Review process. GPSS surveys are a vital component of the final Graduate School Program Report. The data collected and presented by the GPSS serve as one source of graduate and/or professional student feedback in the Graduate School's Program Review process.

GPSS uses an electronically administered Catalyst survey requesting feedback from the graduate and/or professional students within the academic unit being reviewed.

To best interpret the impact of this report, please refer to the survey questions attached. For more information about the GPSS Program Review process or for questions regarding this report, please contact gpsspart@uw.edu.

Department of Epidemiology Program Review

Overview

Since a statistically significant number of graduate students did not respond to the survey, the results in this report do not represent generalized information on the student experience. This program has 168 graduate students and during the period that the survey was available 27 responded which is roughly 16% of the graduate students in the program. Therefore, we recommend that this report be used as another source of anecdotal information and a prompt for further discussions with students.

Executive Summary of Findings

The Graduate and Professional Student Senate (GPSS) sponsored and administered a Catalyst survey to the graduate students in the University of Washington’s Department of Epidemiology, May 4th, 2016 to May 8th, 2016. The purpose of this survey was to ensure that the opinions of graduate students are included in the review process and that any anecdotal data would be captured from the student population.

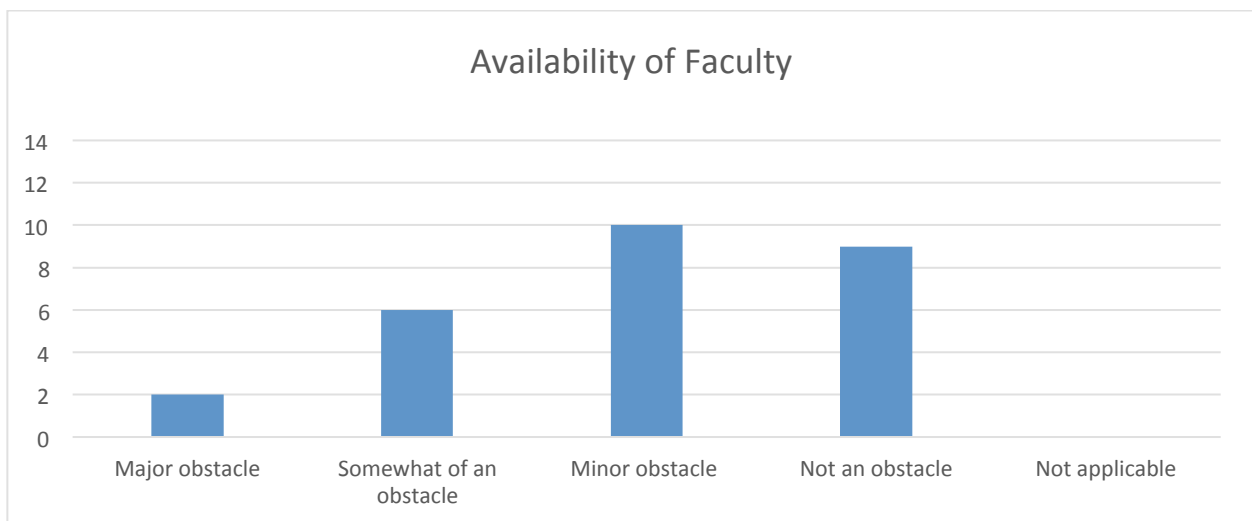
Data Results

Following this review, in Appendix A, you will find a complete list of the survey questions, responses, and corresponding statistics for your reference. The survey attempted to be comprehensive by asking a wide range of questions. Responses to “Do you have any additional comments you would like GPSS to know and/or include in the report?” are also listed in at the end of this report.

Data Findings

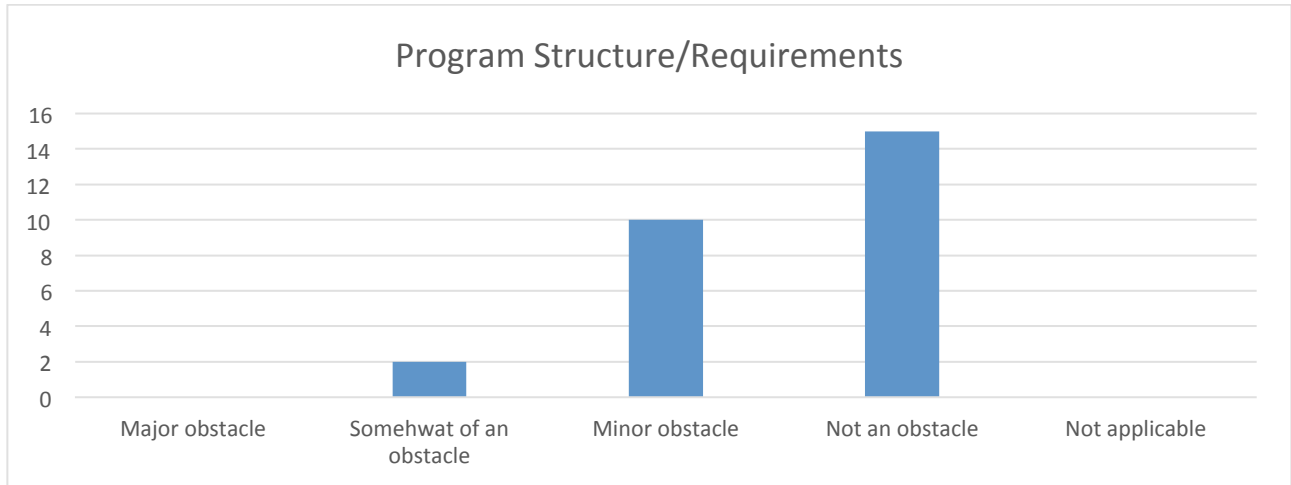
I. Obstacle Areas/Availability of Faculty

When looking at obstacle areas, respondents were mainly in agreement that the Department of Epidemiology helps students meet program challenges adequately. Respondents were asked to evaluate many obstacles in their program. In terms of the availability of faculty and staff, 2 students stated that it was a major obstacle, 6 students stated it was somewhat of an obstacle, 10 students stated it was a minor obstacle, and 9 students stated it was not an obstacle.



II. Program Structure and/or Requirements

In terms of the program structure and/or requirements, students were split in their responses. No students stated it was a major obstacle, 2 stated it was somewhat of an obstacle, 10 students stated it was a minor obstacle and 15 students stated it was not an obstacle. To see the full break down of obstacles including work/financial commitments, research facilities/space/technology and family obligations; please see the raw data attached.

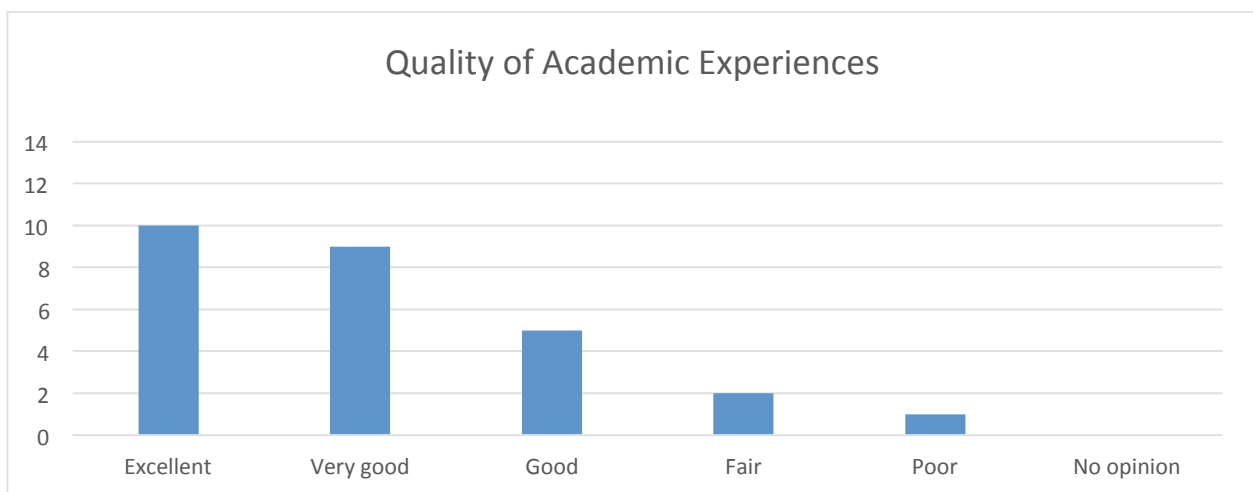


III. Departmental Feedback

When asked if respondents received feedback from the program/department advisors, 2 students responded yes, and 25 students responded no. Conversely, when those that answered no were asked if they would like feedback from their program/department advisors 20 students responded yes and 5 responded no. For those students that did receive feedback, both were very satisfied with it.

IV. Quality of Academic Experience

When asked about the quality of the academic experience provided by the Department of Epidemiology, 10 students stated it is excellent, 9 students stated it is very good, 5 students stated it is good, 2 students stated it was fair and 1 student responded poor.



Free Response Questions

Q: Are there any additional comments regarding *funding issues* that you would like GPSS to know and/or include in the report?

1. We lose good admitted students by not providing organized funding. We especially lose good diverse potential students.
2. I found the information on funding and how to secure it somewhat lacking when I was admitted. It worked out for me, but it was a bit stressful and confusing. Starting my second year I have been on a training grant, but the grant leaves a ~\$1,000 gap in my benefits. The grant administrators I should ask my department for funding to cover that, but I was told there was no such funding in epi. I think small pots of money like this to cover students who have secured most of their funding are needed.
3. Although I have been self-funded, I think the Epidemiology Dept. could do a better job helping incoming students find support once they are accepted. My understanding is that they leave this mostly up to the student to figure out and I have been told by some people who were accepted that this was a deterrent to coming to the UW compared to others graduate schools who make offers with financial aid/support packages included.
4. I've been funded the whole time I've been at UW but it was difficult to track down the funding
5. I said no quarters of personal funding for my PhD program, but when I was in the MPH in Epidemiology here at UW (2013-2015), I did provide some personal funding to supplement the partial traineeship I had through the Maternal and Child Health Bureau.
6. My traineeship is not through the epi department
7. To attract more competitive and quality students, the department must improve its funding opportunities and messaging. It was the messaging about funding that nearly turned me away from this school. With great persistence and determination, I made it work, but the effort to find funding as an incoming PhD student was unreasonable compared to other programs across the country.
8. Funding is a huge issue for this department and I feel an outside body needs to assess the finances of our department in general.
9. The epidemiology department loses great potential students by not providing secure funding for admitted students. It is frustrating to watch great students go to other programs year after year because UNC or U Michigan offered them money.

Q. Are there any additional comments regarding *career counseling and employment assistance* that you would like GPSS to know and/or include in the report?

1. By definition, academics only know how to get jobs in academia. For everything else, you are on your own.
2. Preparation for the job market services within the Epidemiology Dept. would be very helpful.
3. I have not received much career counseling/support from my advisor or other faculty. I imagine I will seek this out more in the second year of my master's program. The majority of the Epi faculty are very academia focused and have limited advice about opportunities outside academia
4. Lack of practicum opportunities and information about available research opportunities.
5. The department does very little for career counseling, it is more based on individual advisor's mentorship. It would be nice to have some workshops/seminars related to career development (e.g. cv writing, interviews, academic job searches).

6. There's no good career support outside of my personal relationships with a few faculty built from my RA. They are great with meeting with me when I ask and have forwarded job positions actively. The SOPH general email seems to be unanswered and departmental staff were unable to answer the question whether there was career support within the school and little personal support has been provided outside of those mentioned faculty.
7. I don't think there is a good career counselor in the department or a clear person to go to with these questions. Most students counsel each other.
8. There is no consistent or useful career services offered for PhD students in the epidemiology department. My networking has come from contacts in the global health department.

Q. Are there any additional comments regarding your *research experience* that you would like GPSS to know and/or include in the report?

1. This may just be me, but since I do not intend to have an academic career track, I often struggle knowing if I should put some effort into papers or presentations. I feel like it's approached as something that should be known or through faculty connections but some of us come from a non-research background. So how to leverage research and academic currency for other professional endeavors is hard to judge and get involved with.
2. I'm not sure that I feel it is the responsibility of the department to place research opportunities into the laps of the students, but most of the opportunities I hear about come from sources like the SPH newsletter, CSDE weekly emails, or announcements from the stat gen program, who all seem to have a lot more opportunities.

Q. Are there any additional comments regarding the quality of your *academic program* that you would like GPSS to know and/or include in the report?

1. I wish there were more classes on advanced methods than just Epi 515. I know this is changing for next year though, which is great, but I still think there could be more. I've had a few classes where I felt like the lectures did not go into enough depth or give me the skills I need to implement the methods or concepts. These classes mainly provided broad overviews of the field. The ones that come to mind are psychiatric epi and research methods in social and contextual determinants of health.
2. We need more social science-focused coursework, on philosophy of science, for example, or epidemiologic history, outside of the core quantitative methods.
3. Core HSERV classes really need to be improved and their poor quality contrasts sharply with very high-quality EPI classes.
4. The reason that "program of study supports my research or professional goals" only gets an "agree" is that reproductive epidemiology is no longer offered. Many other programs have more reproductive/women's/maternal and child health courses that aren't restricted to global health topics
5. The quality of faculty support and mentorship of students is highly variable. The department should do a better job matching incoming students with appropriate and engaged advisers and some more structure would be appreciated for supporting the practicum and thesis process
6. Strong methods, strong academics, good spirit among classmates. However, still feels like wandering through the dark a bit as far as navigating the program and getting what I needed through this degree. There needs to be more support for Master's students. Those who have succeeded the most in this endeavor have tended to be PhD students with the time, connections and motivations to find their niche and those with previous ties to the school.

7. From the beginning, I have been very disappointed with the amount of support given to us by the Epidemiology department. During both the practicum and thesis, I felt that students were left to our own to pull together a lot of disparate information with very little guidance or support from staff and faculty. Beyond departmental emails, support for fellowships and jobs post-graduation has also been largely nonexistent

8. More departmental transparency regarding internal processes, preliminary examination, course development, and other topics would be preferable. Some additional guidance for incoming students about course planning would be helpful. I am impressed with the Chair's efforts to engage students, request feedback on the department, and actually take steps towards implementing changes. This is wonderful.

9. The epidemiology department needs to update its advanced methods coursework, but that work is already underway.

Q. Are there any additional comments regarding *diversity issues* that you would like GPSS to know and/or include in the report?

1. I think everyone here is trying to be better, but it's a very white, very middle class department because diverse students, faculty, and hires do not come here for the lack of funding, lack of tenure, and sense that they must, by default, represent diversity.

2. The epidemiology department just established a diversity committee. Student culture/community is very good.

3. We have hardly any faculty or students of color in the department. Our required coursework doesn't cover issues of racial equity at all. Our department was one of two departments in SPH to not approve adding the new racism competency. It's appalling. We need to make a ton of progress on issues of diversity and equity, both to foster a community for marginalized groups in the department, but also to develop critical epidemiologists that understand public health issues outside of STATA.

4. It would be nice to have more department-wide events to foster a sense of community

5. I believe our department (along with the School of Public Health) is trying to be aware of and sensitive to these issues.

6. The Epi dept. is in the process of setting up a diversity committee. I acknowledge that we are not a "social epi" program in history or in most of research/practice but competency and active recruiting could be improved to better understand and research health holistically and avoid a myopic perspective. Though not very "out", I feel welcomed and comfortable as an LGBT student and do not feel like faculty would treat me differently or that it would affect my professional career.

7. Beyond racial/ethnic disparities in disease status, there is no mention of health equity in the program. India Ornelas HSERV class and Bill Daniels ENVH course were the only classes to touch on equity. EPI does not offer any equivalent classes. Furthermore, there is an appalling lack of classes focused on the needs of specific vulnerable populations (women, reproductive health, LGBTQ, PWID, POC)

8. The Epi department has greatly improved since hiring John Paulson, but they have a lot of work to do.

Q. Are there any additional comments regarding your academic programs that you would like GPSS to know and/or include in the report?

1. The quality of staff support is high entirely because of John Paulson and Kevin Schuda. I have absolutely no idea what anyone else on the staff side does, nor have I ever interacted with any of them.
2. The introductory biostatistics classes (517 and 518) really need some revamping (at least from where they were in the 2014-2015 academic year).
3. In general, I have enjoyed my time as a student in the Epidemiology Dept. I think they do an excellent job building a sense of community within the department and they quality of teaching is overall very good.
4. I think our department does an excellent job with teaching complex methods. I have also received very good mentoring in the department. There have been some budget problems in the past couple of years that have challenged the department, but I think overall, the department has handled them well. I love UW Epi!
5. The academic quality/prestige of the department and the SPH in general has really dropped since I decided to join UW. It is disappointing and I'm concerned that it will impact my future career opportunities and that I will not be a strong of an epidemiologist as if I had gone somewhere that had maintained its academic rigor.
6. Expand collaboration and communication between GH and Epi

Q. When you applied to the University of Washington's Department of Epidemiology what other universities did you consider?

Boston University
Columbia University
Emory University
Harvard University
Johns Hopkins
McGill
Oregon Health and Science University
Simon Frasier
Tulane University
University of British Columbia
University of California, Berkeley
University of California, Los Angeles
University of California, San Francisco
University of Michigan
Univesota
University of Minnesota
University of North Carolina at Chapel Hill
University of Pittsburgh
Yale University