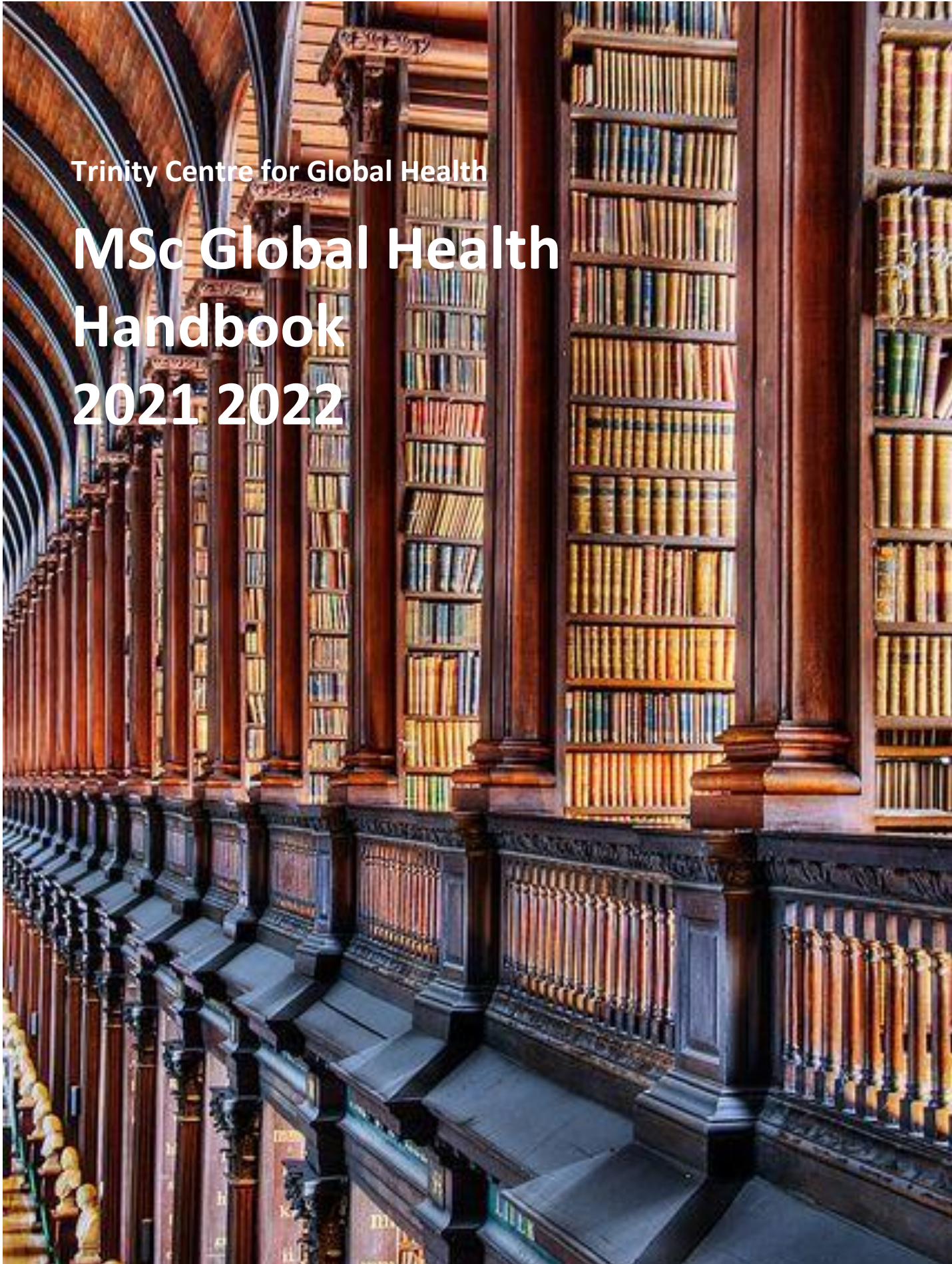# Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Trinity Centre for Global Health

MSc Global Health Handbook 2021 2022

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Course Director's Welcome

Dear Student,

Céad míle fáilte!

It is my pleasure to welcome you to Trinity College Dublin, the University of Dublin and to the MSc in Global Health at the Trinity Centre for Global Health (TCGH).

As students of global health, you will appreciate the threat to health and social development generated by SARS-CoV-2 worldwide. The Coronavirus pandemic will continue to be a cross-cutting theme over the course of the global health programme in 2021-2022 and is the natural focal point upon which we will engage with the transnational dimensions of health.

COVID-19 is also our collective lived experience and I want to assure you that the safety and wellbeing of students and staff is of central importance to us. A Trinity-wide COVID-19 senior team has been working with the Minister for Further and Higher Education, Research, Innovation and Science to prepare for the safe return to campus, while ensuring that we respond proportionately and responsibly as the situation evolves. The **National Plan for Re-opening of Third Level Education** **2021-2022** aims to provide for mainly on-site learning activity for all students, learners and staff but in a safe and structured way. This means that public health guidance will continue to be observed with two-metres distance maintained between students in lecture theatres and in common areas; windows will remain open so please bring plenty of warm clothing with you; face masks must be worn at all times in indoor spaces and the duration of in-person lectures will not exceed 2 hours. As students of global public health, you will appreciate that the situation in relation to COVID-19 is in constant flux and as new variants emerge and the efficacy and long-term effectiveness of vaccines are better understood, some changes to this plan will be inevitable. Therefore, please be prepared for some blended learning incorporating a mixture of online and in-person learning if the COVID-19 situation worsens over the course of the 2021-2022 programme.

Before leaving your country of origin, please ensure that you are compliant with all COVID-19 regulations for entering the Republic of Ireland by reviewing regular travel advice posted by the Department of Foreign Affairs and Trade here.

For further details on how Trinity College, Dublin is responding to the pandemic, please review updates **here** with the process map if you are exposed to COVID-19 **here**. Over the next year, we will work together closely to ensure that we maintain a safe learning and working space for each other.

Founded in 2006, the TCGH is an interdisciplinary partnership between the Schools of Medicine and Psychology. We are committed to excellence in teaching and interdisciplinary research that engages with important conceptual and theoretical debates which shape our world including globalisation, liberalisation, feminism, human rights and most importantly,

health equity and inclusion health. We understand global health scholarship as part of a vision that emphasises health equity both within and between countries, while exploring how the concept of global health is framed by political, social and economic perspectives, in sociology, political science, medicine, climate science, international relations and public policy, and in anthropology. We challenge existing power imbalances and explore emerging movements that aim to decolonise global health research and practice. Our understanding of the importance of context ensures that the socio-political, economic and historical drivers of health inequality are central to our understanding of health and health systems, specifically the incentives, relationships and contested nature of power between nations, groups and individuals that shape policy and practice for health.

Our teaching and research is informed by extensive practical experience in a range of countries in sub-Saharan Africa, Asia, the Middle East, Eastern and Western Europe. We have influenced policy for overseas development assistance at bilateral and multilateral levels and some of our staff bring high level policy making experience for global health to the MSc in Global Health programme.

The MSc in Global Health programme aims to strengthen your capacity to critically appraise health-related policy and programming across a range of themes that reflect the policy priorities of the international agenda for sustainable development, the Sustainable Development Goals, 2030. Our programme will equip you with quantitative and qualitative research and analytical skills that will support you to make your own contribution to sustainable development for health research and practice at local, regional and global levels.

This handbook is an indispensable reference document. I encourage you to read it carefully as it contains answers to many of your questions.

In addition, the handbook:
- Sets out the details of the MSc programme and will introduce you to the core content of each module;
- Contains essential information about processes and procedures that must be followed if you are to derive maximum benefit from studying on this programme;
- Describes what plagiarism is and how to avoid it by referencing appropriately and consistently;
- Lists the members of the teaching staff and outlines the process for contacting and requesting a meeting with academic staff.

As a postgraduate student, you will find that up to 50% of your week is timetabled for attendance at lectures, seminars or other formal learning opportunities. The remaining 25-30 hours per week are allocated to self-directed study over a total of 30 weeks of term time. Self-directed study involves extensive reading and engagement with core material, completing assigned tasks, preparing for class/seminar discussions, writing coursework

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essays and preparing work for formal assessment. This time allows you to read widely on the subjects covered by the course, guided by the reading lists provided by academic staff.

Attendance at lectures, seminars and other learning opportunities is important in order to make the best use of your time on the programme. You should aim for 100% attendance at all timetabled learning opportunities. Please note that attendance is monitored throughout the year.

In addition to scheduled lectures, you are invited to attend other global health-related events run by the TCGH, our NGO partners and Trinity College from time to time.

Lectures, seminars and study groups encourage the active participation of students. The class of 2021-2022 encompasses people from a wide range of nationalities and careers and we encourage you to make best use of this unique opportunity for mutual learning and interdisciplinary engagement.

We recognise that it may be financially necessary for you to undertake some paid work during your time at the TCGH. However, please ensure that your work commitments do not impact adversely on your academic studies. We therefore advise that full-time students should not undertake more than 15 hours per week of paid work over the course of the academic year.

With my colleagues in the Trinity Centre for Global Health, academics from other Schools across the Trinity campus and our technical specialists who contribute to learning on the MSc in Global Health, I wish you a rich and inspiring learning experience!

Dr Ann Nolan
Course Director

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Covid 19 (Coronavirus) Related Changes

Course Delivery: In light of the current Covid-19 situation please note that details on course delivery, timelines, placements and assessments may be subject to change.

Research Projects: Under Covid-19 travel restrictions, research projects may be changed from lab-, clinical-, field-based to desk-based projects and we may encourage projects that include narrative and systematized reviews of the international literature, meta-analyses, clinical case studies (individual and service level case studies), bioinformatics, analysis of existing data, analysis of public datasets or similar.

Frequent Updates: Students are responsible for keeping updated with any changes in the situation regarding Covid-19 restrictions. For frequent updates please refer to the college website, Government of Ireland updates, and the Department of Foreign Affairs and Trade for travel updates:
- https://www.gov.ie/en/campaigns/c36c85-covid-19-coronavirus/
https://www.dfa.ie/travel/travel-advice/
- https://www.tcd.ie/about/coronavirus/

Please also note the following useful twitter handles of learning centres within the Discipline of Public Health and Primary Care, where your course is situated :
- @tcddublin
- @TCDCGH
- @AnnNolanTCGH
- @PHPC_Medicine
- @TrinityMed1
- @PsychologyTCD
- @TCDhpM

Your Course Director: Students should contact the course staff if they have any COVID-19 related queries specific to their courses. The Course Director, Course Co-Ordinator, Module Co-Ordinator, Executive Officer and Staff can be contacted.

Feeling Unwell: If you feel unwell and have any symptoms of COVID-19 infection there is a need to immediately self-isolate and arrange a test with the College Health Service. Please also email the Course Director, Course Co-ordinator and Executive Officer.

Vaccination programme: While the national vaccination programme is ongoing, at time of writing it remains unclear as to whether the Irish government will offer vaccinations to international students travelling to Ireland from countries with low levels of vaccine supply.

The Minister for Further and Higher Education, Research, Innovation and Science has committed to facilitating and supporting the vaccination programme for students, learners and staff but it remains unclear if the programme can be extended to include international students who have not been vaccinated prior to arrival in Ireland.

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Rapid antigen testing may potentially be introduced to provide an additional element to the COVID-19 control strategy set out in national guidance.

Important information on COVID-19 restrictions and modes of teaching and learning

In order to offer taught programmes in line with government health and safety advice, teaching and learning in Semester 1 up to reading week for your programme will follow a blended model that combines online and in-person elements to be attended on campus. This blended model will include offering online lectures for larger class groupings, as well as in-person or online classes for smaller groups. The differing modes of teaching and learning for particular modules are determined by your home School. Information on the modes of teaching and learning during the second part of Semester 1 and in Semester 2 will be available closer to the time.

Registered students are expected to be available to attend in-person teaching activities. Any request not to attend in person for exceptional reasons (such as travel restrictions or underlying health conditions) will be considered on a case-by-case basis by the relevant Head of School in consultation with College Health and there is no guarantee that these requests can be facilitated. It will depend on whether the programme learning outcomes and modes of assessment can be met through remote attendance.

For those students not currently in Ireland or planning to undertake travel before the start of term, if they are returning from a country that requires mandatory hotel quarantining or self-quarantining/isolating on arrival in Ireland, they are expected to allow for the period of restricted movement after arrival and prior to commencement of their studies, and therefore should factor this into their travel plans.

We would ask all students to adhere to the safety protocols when on campus for in-person teaching activities or student club and society events, i.e., mask wearing, hand washing, cough etiquette and to maintain social distancing. Please do not congregate outside lecture or tutorial rooms after your classes; we would ask you to exit the building immediately after your event has finished. When term starts on 13 September (or 27 September for first years), students will be permitted on campus for any in-person events that they are involved in. Access to campus will be via a valid student ID card.

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Location

All of our lectures take place in the Centre for Global Health with a few exceptions. Our location is on the 3rd floor, 7-9 Leinster Street South, Trinity College, Dublin 2.

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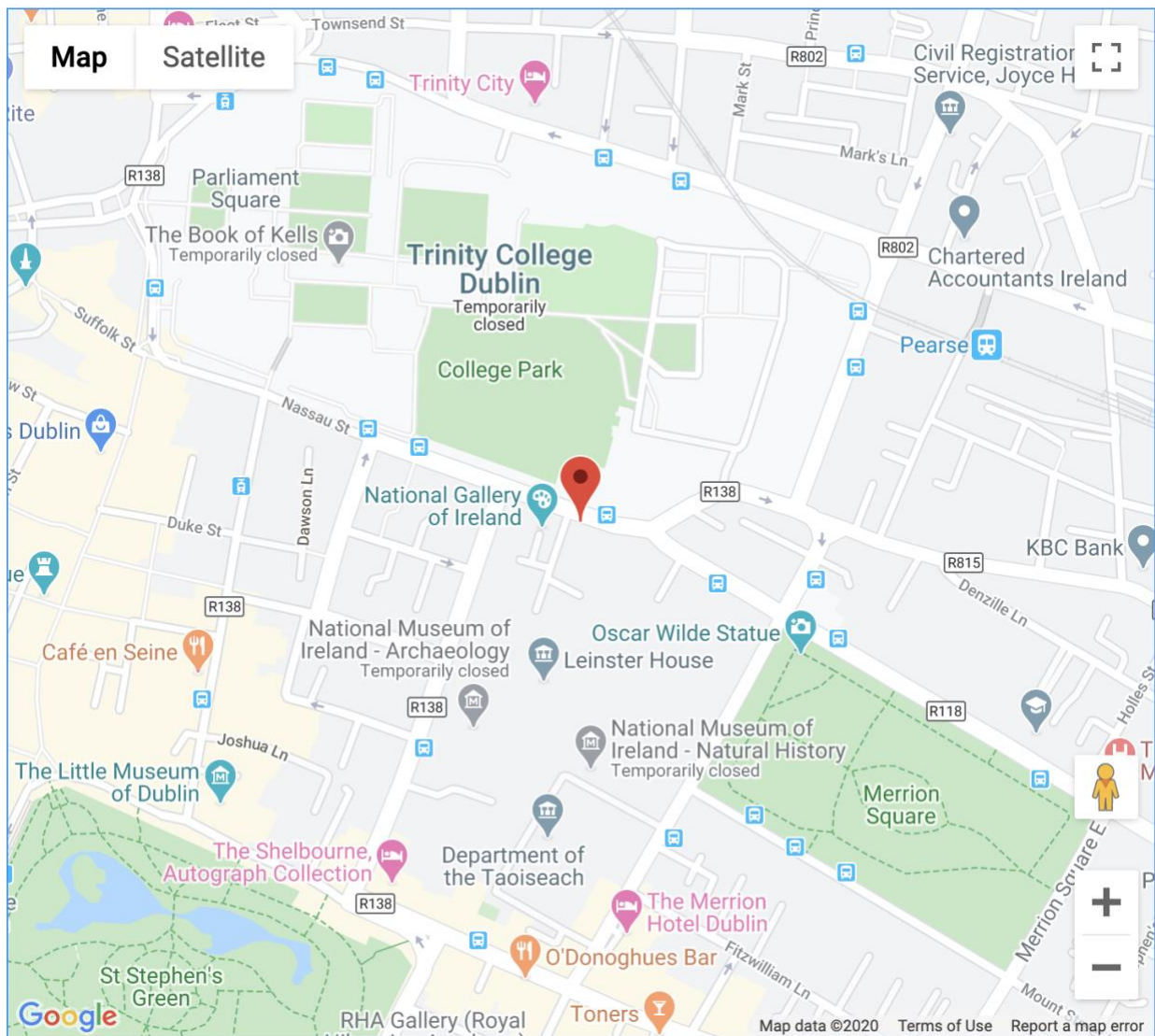
Contact Details

1.   Your details

It is important that you keep your permanent and your Dublin (term time) addresses and phone numbers up to date on the TCD portal.

2.   With Us

Ways of contacting teaching staff are by:
•   Personal contact (by appointment)
•   Telephone
•   Email

All members of staff have Email. Members of staff teaching on this programme have many other responsibilities and it is important, therefore, to make an appointment in advance if you wish to have a discussion with a member of staff. Also, keep us informed by phone or email if you are ill, or will be missing a class.   Unexplained absences will be noted and can affect your performance in class. If you miss an exam/presentation or you require an extension due to an illness, you will need a sick note from your doctor/hospital.

Please remember that it is very important that we are made aware of any problem, personal, academic or any other kind, which may arise and affect your studies. You can always talk to somebody – your supervisor, Course Director or someone else you can relate to, who can help you and talk to you in confidence

Staff Name	Role/Title	Email
Prof. Michael Gill	Head of School	mgill@tcd.ie
Prof. Noel McCarthy	Head of Discipline	Noel.mccarthy@tcd.ie
Prof. Lina Zgaga	Director of PG Teaching and Learning	zgagal@tcd.ie
Dr. Frédérique Vallieres	Director of CGH	fvallier@tcd.ie
Dr. Ann Nolan	Course Director	nolana13@tcd.ie
Dr. Tanya Bosqui	Course Coordinator	bosquit@tcd.ie
Helen Farrelly	Centre Administrator	farrelhe@tcd.ie
Fiona Clarke	Course Administrator	clarkef@tcd.ie
Dr.Sean O'Dubhaill	Module Coordinator	odubhghs@tcd.ie
Niall Roche	Module Coordinator	rocheni@tcd.ie
Dr. James O'Mahony	Module Coordinator	James.O-Mahony@tcd.ie
Dr. Adeelia Goffe	Module Coordinator	Shane.Allwright@tcd.ie
Dr. Frederico Cugurollo	Module Coordinator	cugurulf@tcd.ie
Dr. Iracema Leroi	Module Coordinator	Iracema.Leroi@tcd.ie

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Notice boards are situated in the Centre for Global Health. Class lists, timetables and changes in lectures & classes are posted here and on Blackboard and class reps will be notified

4.   Email and Internet Access
All students will have access to Email and Internet facilities. Each student will have an individual college Email account accessible through http://myzone.tcd.ie. Email is used by both administrative and academic staff to communicate with students, please check it regularly. Once a registered student, we will only use your Trinity College Dublin (username@tcd.ie) email address.

5.   Blackboard
The MSc Global Health programme uses Blackboard (http://www.tcdblackboard.ie). All lecture notes, task deadlines and notices are posted to this site. Once you have completed the College registration and been given your own TCD Email account, you will be able to access Blackboard using your college username and password. You should check it on a regular basis.

References/Sources:
Interactive College Map
Blackboard
Academic Registry

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Programme Management and Support

Course Committee
The course committee is comprised of the Postgraduate Director of Teaching and Learning, the Course Director, the Director of the Centre for Global Health, teaching staff, representatives of external bodies such as Irish Aid and other Schools/Faculties within Trinity and two representatives of the MSc Global Health class. The course committee is responsible for overseeing strategic initiatives of the programme.

Course Executive Committee
The Course Executive Committee assists the Course Director in overseeing the day-to-day smooth operation of the programme. It consists of the Course Director, Course Administrator and two student representatives from the class. The course executive committee meets as the need arises, but approximately once every term.

Course Director
Dr. Ann Nolan is the Director of the MSc Global Health programme. Her office is located in Room 307A, Centre for Global Health, 3rd floor, 7 – 9 South Leinster Street, Trinity College Dublin. The Course Director is available to meet students individually by appointment. Appointments can be made by email with the Course Administrator.

Course Administrator
Fiona Clarke is the Course Administrator and provides logistic and administrative support for the programme. Appointments with academic staff can also be made via Email or telephone with the course administrator. The course administrator is based Centre for Global Health, 3rd floor, 7 – 9 South Leinster Street, Trinity College Dublin and can be contacted by Email – cghealth@tcd.ie or by telephone: (01) 896 4394.

Academic Supervisor
Each student will be assigned an academic supervisor in Michaelmas term. Supervisors are available to mentor and provide advice and support to the student on academic matters. They will guide and support the student in their dissertation work. This is discussed further in the Research Dissertation Guidelines section. It is the responsibility of the student to communicate academic difficulties to the supervisor in a timely manner so that challenges can be addressed before they become major issues. Students should contact their supervisor as soon as these have been allocated to establish meeting times, learning objectives and expectations.

Student Representatives
The class will elect two student representatives after Orientation Week. Student representatives are responsible for organising and chairing a Student Forum at least once a term for students to deliberate on issues that affect them on the programme. They will also

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be responsible for representing the class during Course Committee and Course Executive Committee. If a group of students wishes to raise a concern that affects the class, they should do this through their class representative, who will in turn discuss the issue with the Course Director or Course Administrator.

Student Feedback

Students should always feel free to give feedback directly to the Course Director and the rest of the team. Students will also have the opportunity to provide constructive feedback to improve the programme at the end of each module. Student feedback is taken seriously and is perceived as vital to the future development of this MSc programme. These evaluations are analysed and discussed by teaching staff at course committee meetings during the year. Students should be aware that evaluations are used not only by those directly involved in teaching on the programme, but may also be used by the School for staff appraisal or in quality assurance exercises or as part of the academic promotions procedure.

External Examiner

The external examiner is

Carole Diane Mitnick, ScD Professor of Global Health and Social Medicine at the Harvard Blavatnik School of Global Health and Social Medicine, Harvard Medical School. She is a specialist in the improvement of clinical management and programmatic policy for tuberculosis and multidrug-resistant tuberculosis (MDR-TB) globally. Her research emphasises impact to effect changes in global policy to ensure the highest standard of care and best treatment outcomes for patients suffering from all forms of tuberculosis, regardless of where they live.

Professor Mitnik is appointed according to the guidelines set out in the Graduate Studies Prospectus and acts as an independent assessor to ensure that the grading system is fair and equitable. Her role is to assist and guide the Course Committee and the Course Director the she ensures that the Court of Examiners reaches a decision regarding the progression of students to the award of the degree of MSc Global Health of the University of Dublin, Trinity College.

Quality Assurance

In addition to the above, quality assurance on the MSc is also ensured through the following mechanisms:
• Court of Examiners' Reports
• Module Coordinators' Assessment Reports
• Student Feedback and Evaluations

We recognise that students on this MSc programme may face many challenges. We endeavour to provide maximum support and assistance to students to enable them to successfully complete the course. To this end, we are continuously improving the

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programme to meet our students' needs. We welcome any information or feedback that will improve the quality of the MSc Global Health programme.

Dignity and Respect Policy

Trinity is committed to supporting a collegiate environment in which staff, students and other community members are treated with dignity and respect. Bullying and harassment (including sexual and racial harassment) are not tolerated in Trinity. The Dignity and Respect Policy lays out:

- roles and responsibilities
- sources of help and support
- informal and formal procedures for addressing any bullying or harassment issues that may arise.

Mediation is also available.

DISCLAIMER: *This course handbook is a working document and reasonable care has been exercised in its preparation. Please note that changes may also apply when the College Calendar is finalised by the University, or as determined by the Dean of Graduate Studies and Director of Postgraduate Teaching & Learning. No liability is accepted for any financial or other loss or inconvenience incurred due to errors or omissions in the information contained herein, or due to any changes that may apply to the course or document.

In the event of any conflict or inconsistency between the General Regulations published in the University Calendar and information contained in programme or local handbooks, the provisions of the General Regulations in the Calendar will prevail.

Programme Overview

The MSc in Global Health programme aims to provide graduates with greater appreciation of the transnational dimensions of health and to equip them with a range of analytical and methodological skills to address global health challenges. Designed for individuals from a wide range of disciplines and professions, the programme adopts a multidisciplinary approach that integrates health and social science perspectives to analyse, design, implement and evaluate health programmes within a global context. The programme engages with the concept of global health as part of a vision that emphasises health equity both within and between countries, while exploring how global health scholarship is framed by political, social and economic perspectives, in sociology, political science, medicine, climate science, international relations, public policy and anthropology. The MSc in Global Health programme challenges existing power imbalances and explores emerging movements that aim to decolonise global health research and practice.

Global health is an area of study, research, and practice that emphasises improving and achieving equity in health for all people worldwide. Global health is interested in health issues that transcend national borders and is rooted in an understanding of the social determinants of health.

The MSc in Global Health augments traditional approaches to public and international health, by synthesising perspectives and insights from a range of health and social sciences towards the promotion of multidisciplinary solutions. The programme recognises the importance of context in aid and development programming; in conflict and post-conflict situations; with refugees, asylum seekers and economic migrants; with tourists and business travellers.

The course also lays emphasis on 'local' experiences that resonate globally and draws on the evolution of healthcare in Ireland and other countries represented by the student body.

The University will seek to deliver this course in accordance with the description set out in this handbook. However, there may be situations in which it is desirable or necessary for the University to make changes in course provision, either before or after registration. In certain circumstances, for example due to visa difficulties or because the health needs of students cannot be met, it may be necessary to make adjustments to a student's dissertation research plans.

Where possible your academic supervisor will not change for the duration of your course. However, it may be necessary to assign a new academic supervisor during the course of study or before registration for reasons which might include sabbatical leave, parental leave or change in employment.

Programme Learning Outcomes

The overall aim of the course is to equip students with the analytical and methodological skills to address the multifaceted challenges of global health whether they are in high-income or low-income countries. On successful completion of this programme graduates will be able to:

1. Demonstrate knowledge of current perspectives and insights from a range of health and social sciences to understand the broader and interconnecting causes of the world's health problems and inequities, and be able to propose viable solutions.

2. Apply a range of analytical and methodological skills to address the multifaceted challenges of global health in an ethically responsible manner and to contribute on a broader scale to the design, implementation and evaluation of health programmes.

3. Apply knowledge, handle complexity and make evidence informed decisions, individually and in groups, when faced with inevitable health challenges created by diverse settings, by utilising leadership and other skills.

4. Effectively, and boldly, communicate through a range of media and audiences, and efficiently take responsibility to complete complex health related activities individually and in groups.

5. Demonstrate the essential knowledge, skills and capacity for self-directed learning to advance professionally in the field of global health through further study or work in countries at any level of development.

6. Use broad research skills to draw out implications for practice.

Teaching and Learning Strategies

The programme adopts the following methods to facilitate teaching and learning among participants:

- Teaching based on evidence from current research
- A learning methodology that stresses active participation of students and acknowledgement and utilization of the varied experience that each participant brings to the course
- Team based learning and teaching that reflects the reality in which people work in the global health arena
- An assessment strategy that allows students to direct both individual assignments and dissertations to their own career interests and professional development
- An assessment strategy which encourages students to develop critical appraisal, analytical and methodological capabilities to address the challenges of global health
- A range of strategies that encourages self-directed learning and individual ownership and utilization of learning opportunities.

Students are expected to be active in charting the direction of their learning and utilization of available learning opportunities. Based on the above, the teaching and learning methods include:

Self-Directed Study
Self-directed study is a major component of the course and is a core feature of learning at postgraduate level. Students are encouraged to utilize the wide range of learning resources at their disposal, some of which are introduced at the beginning of the course. As assessment is ongoing throughout the year, students must plan their time accordingly in order to ensure timely submission of assignments so that penalties are not incurred.

Formal Lectures
These facilitate orientation to topics and issues and presentation of relevant updated information and specialized knowledge in an organized manner. At postgraduate level, lectures provide background information and an introduction to key concepts in a related field of study with more in-depth study materials recommended for engagement with key themes on a self-directed learning basis.

Interactive Lectures and Discussions
This is a situation where the module coordinator or a member of the class leads in the discussion of issues, which were raised during presentations. Participants are encouraged to interact and share their knowledge with others in the group. This provides an opportunity to explore the varied experience of participants within the group.

Seminars and Presentations
Seminars and presentations give participants the opportunity to investigate topics and present their findings to the rest of the group. They are useful in that they enable

participants acquire investigatory experience, the sharing of knowledge gained and the justification to others of the conclusions reached.

Tutorials
This encourages participatory learning exercises where students are allocated to small groups to share knowledge and experiences and attempt to resolve problems arising from lectures and self-directed study.

Case Studies
Detailed case studies may be used as a teaching method to comprehensively describe a number of global health issues. Using real life situations will help students consider a number of important lessons and appreciate the complexity of global health.

Clarifications / Extra Help
Students wishing to clarify academic matters in relation to the content of a module should initially raise this in person during a class of that module or by Email to the module coordinator who will, subject to availability, provide a response to the issue within 5 working days. Where a module coordinator or student agrees that a tutorial session is a useful way to clarify the issues raised, the module coordinator will convene a meeting with module participants, subject to availability, within 10 working days of the initial request.

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Programme Expectations

With the decision to pursue a postgraduate degree, we expect all students to adopt professional standards of behaviour and practice. Reliability, punctuality, participation, peer support and respect for colleagues are not only expectations of employers and colleagues in work settings but are also our expectations of students on this programme. Time management and organisational skills are also important skills in the field, which we will expect students to develop and demonstrate on this course.

Attendance
Students are expected to attend all components of the programme, as full attendance is considered essential for academic development. All absences need to be agreed, preferably in advance with the lecturer concerned, and/or the Course Director. Students must also fill in a non-attendance form for every class missed, attaching medical certificate if appropriate and return to the Course Administrator. Students regularly missing sessions without the agreement of lecturers/tutors will receive a letter from the Centre reminding them that attendance is compulsory. The letter will be copied to the Course Director and also the student's supervisor.

Punctuality
Students are expected to attend lectures, tutorials and seminars on time. Students who are consistently late for sessions will receive a letter from the Centre reminding them that punctuality is expected. The letter will be copied to the Course Director and also the student's supervisor.

Reliability
Students will be required to prepare for specific lectures and should ensure they fulfil these commitments. Each 5 ECTS module is expected to comprise 20-25% 'contact' (lecture/seminar/tutorial) hours and 75-80% of self-directed learning. Students are therefore expected to invest a significant amount of their time through self-directed study for preparatory and background reading in support of lectures and other learning activities

Participation
Members of a group learn a great deal from their peers. Participation in group discussions, sharing experiences, being proactive and taking responsibility for your own learning will enhance both your own and that of your peers.

Peer Support and Respect
Along with academic staff, every student shares the responsibility to help create a supportive and respectful learning environment. This involves accepting that there will be different learning needs in every group, allowing peers to contribute, and treating colleagues and lecturers with respect. Students will be treated equally regardless of gender, sexual orientation, disability, race, nationality, colour, creed or age.

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Deadlines

Students must observe all deadline dates for assignments, which have the status of examination dates. There will be penalties for the late submission of assessed essays of 5% per day unless there are approved medical or other certificated reasons explaining the delay. Students are required to request an extension from the Course Director before the deadline date. Extensions requested in the 24 hours prior to a submission deadline will not be entertained.

General Regulations

The Trinity College Calendar Part 2 (Graduate Studies and Higher Degrees) contains all information concerning graduate studies in Trinity College Dublin. In particular, 'General Regulations for Taught Graduate Courses' are outlined in the Trinity College Calendar Part 2.

The Calendar also makes reference to students' behaviour and discipline. In cases where students are alleged to be in breach of these regulations, the College can institute disciplinary procedures through the offices of the Junior Dean. The MSc in Global Health Course Committee may feel it is necessary to invoke internal disciplinary procedures if a student's behaviour is considered to be unacceptable and reserves the right to report a student to the Junior Dean and to invoke such regulations, if it is deemed necessary to do so.

Programme Structure

The MSc in Global Health is a one-year, full-time programme, with an option to study part-time over two years. There are three terms: Michaelmas (Term 1), Hilary (Term 2) and Trinity (Term 3). The first two terms form the taught component of the course, and the last term is to complete the research dissertation requirement.

The part-time programme is scheduled over two academic years, following the schedule of the full-time programme. To obtain the MSc in Global Health, part-time students must complete the same academic requirements as students in the full-time programme.

Upon completion of the modules, students will undertake and complete a programme of research leading to the writing and submission of a dissertation. The dissertation may be written following research and/or field placement with government departments, international agencies and civil society organizations in Ireland or elsewhere. A dissertation in the form of a systematic review may also be submitted.

Term One: Michaelmas
Lectures for Term 1 commence at the beginning of September and students are required to complete 6 modules in Term one and 6 modules in Term two

Modules
- Conceptualisation of Global Health
- Health Economics and Finance
- Quantitative Research Methods
- Epidemiology
- Maternal and Child Health
- Culture Health and Illness

Term Two: Hilary
Modules
- Sexual and Reproductive Health
- Climate, Environment and Global Health
- Mental and Cognitive Health and Ageing
- Qualitative Research Methods
- Project Cycle Management
- Health in Humanitarian Settings

Term Three: Trinity
Global Health Dissertation

In Term 3, students are expected to undertake and complete a programme of research leading to the writing and submission of a dissertation. The dissertation may be written following research and/or field placement with partner organizations or research institutions, government departments, international agencies, and civil society organizations in Ireland or elsewhere. Individual schedules for Term 3 will depend on arrangements previously agreed by students and research supervisors for field placement or research. Assessment of the research project will be by submission of a dissertation of a maximum of 10,000 words. There is a statutory period of 8 weeks at the end of Trinity Term and submission of dissertations for MA/MSc Programmes. Students may also choose to conduct a systematised or narrative review for their dissertation.

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Student Awards

Fiona Larkan Award

Dr. Fiona Larkan served as Director of the Masters in Global Health in Trinity College Dublin from 2010 until her untimely death in 2017. During this time, she taught, counselled, and inspired hundreds of students, from all over the globe, to become better world citizens. She was a professor of the unwritten curriculum of global health that teaches people values such as being humble despite their knowledge, respectful with disagreement and showing true humanity regardless of geographical differences.

The Fiona Larkan Award is presented on an annual basis to the MSc in Global Health-student who best demonstrates respect, diversity, and inclusivity throughout the academic year. The awardee will be nominated by their fellow classmates.

Kevany Award

The Kevany Award is presented annually to the student who has achieved the highest marks overall (this mark includes both course work and dissertation scores which are weighted to reflect the ECT allocations), in the MSc in Global Health class. The award is named after the late John Kevany, Professor Emeritus of International Health, and friend, colleague and inspiration to many at the Trinity Centre for Global Health.

Both awards will be announced with the return of marks and the award given during the annual celebration reserved for the MSc students the evening prior to their graduation day, in November each year.

Programme Assessment

Students on the MSc programme are assessed by a combination of:

a) Continuous assessments and/or written assignments submitted for all registered modules throughout the programme. The overall MSc grade will be an arithmetic mean across the three terms. Grades received from all modules taken in Term 1 will account for 30 ECTS and a further 30 ECTS in Term 2 of the overall assessment for the award of the Master of Science in Global Health degree. All modules must receive at least a pass grade (i.e. 50%) for a student to qualify for the award of Master of Science.

b) A research dissertation of 10,000 words amounting to 30 ECTS of the overall assessment for the award of Master of Science in Global Health degree.

Criteria for Award of Master of Science in Global Health with Distinction

The pass mark for all elements is 50%. Students may be permitted to re-submit a failed assignment, in which case the maximum mark that can be awarded is 50%. Compensation between modules is not permitted.

Assessment of the research project will be by submission of a dissertation of a maximum of 10,000 words. Part-time students must achieve a minimum mark of 50% in each module in the first year in order to proceed to the second year.

To qualify for the award of the M.Sc. degree, students must pass all taught modules amounting to 60 credits and achieve a pass in the research project/dissertation. **In order to be awarded the M.Sc. with Distinction, students must achieve a distinction for the research dissertation and obtain an overall credit-weighted average mark for the course of 70% or above**.

Students who have passed taught modules amounting to 60 credits but who do not proceed to, or who fail, the research project/dissertation, may be awarded the **Postgraduate Diploma in Global Health**. Such students who, in addition, achieve an overall average mark of at least 70% may be awarded the Postgraduate Diploma with Distinction. A Distinction cannot be awarded if a student has failed any credit during the course.

Students who have opted to receive a P.Grad.Dip. may apply to submit subsequently for the corresponding Master's degree. Following completion of the master's requirements the student will inform the Registrar of his/her intention to rescind the P.Grad.Dip. and have the credit obtained during the P.Grad.Dip. integrated into the Master's degree. The student will be required to submit the original P.Grad.Dip. and/or any duplicates that have been issued. The time limit for applying to complete the credits required for the Master's degree will normally be up to 5 years following completion of the P.Grad.Dip. In exceptional circumstances, a longer time limit may be considered by the Dean of Graduate Studies. This

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arrangement is not available to students who exit with the P.Grad.Dip. as a consequence of failing to attain the pass requirements of the Masters.

http://www.tcd.ie/calendar/graduate-studies-higher-degrees/complete-part-III.pdf

IMPORTANT: All required assignments must be satisfactorily completed before students are allowed to submit the dissertation. If the student fails to satisfactorily complete any of the registered modules in the programme, they cannot qualify for the award of the MSc.

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Assignment Submission Guidelines

This section provides details on assignment preparation and submission, as well as marking schemes and criteria used by the Programme. Most modules require you to individually submit an assessed module assignment, but some may require a portfolio of group work in addition to individual essays. Assignments are in lieu of examination papers and are, therefore, governed by strict rules concerning length and submission. These must be adhered to otherwise you risk losing marks for them. All assignments are to be submitted electronically via Turnitin by the assigned deadline. Once received, an electronic receipt will be produced. You may want to print this receipt as confirmation that you submitted your assignment. Assignments submitted after the due date must be emailed to the course administrator at cghealth@tcd.ie as you will not be able to submit via Turnitin.

Assignment Cover Page
To ensure anonymous marking of assignments, only your student number should appear on the cover page. The cover page must also include an assignment title, a word count, title of the module, title of degree and submission date.

Each coversheet that is attached to submitted work should contain the following completed declaration:

"I have read and I understand the plagiarism provisions in the General Regulations of the University Calendar for the current year, found at http://www.tcd.ie/calendar.

I have also completed the Online Tutorial on avoiding plagiarism 'Ready Steady Write', located at http://tcd-ie.libguides.com/plagiarism/ready-steady-write."

Word Count
A word count must be included on the assignment cover sheet. Assignments must be concise and focused. The ability to convey one's thoughts in a clear, succinct and brief manner is a vital management skill to be practised. Students failing to include a word count will automatically incur a 2% penalty, as will students who falsify their word count. The word count does not apply to any notes, appendices or the reference list. The following penalties will be levied for essays that exceed the word limit:

Words over length	Penalty
0-200	1% off original mark
201-500	2% off original mark
501-1000	4% off original mark
1001-2000	5% off original mark
2000+	10% off original mark

Citations & Referencing

Some examples of referencing can be found in this handbook. Please take care to properly cite the work of others according to this style, as marks will be deducted for incorrect referencing. Referencing can carry important implications for locating your work in existing thought and literature and shows the breadth of your reading. Sometimes you will have read more material than you have finally mentioned in your essay. Although this may be an essential part of your understanding of the subject, these do not need to be included in your reference list.

Plagiarism

Plagiarism is a serious matter and is discussed in detail in the next section. It is important that all unacknowledged material in the assignment is your own work. The University has strict rules relating to plagiarism that may result in disciplinary procedures. All submitted assignments will be automatically scanned by plagiarism detection software (Turnitin). Assignments which return a 'similarity' report of more than 30% on Turnitin will be closely scrutinized. If you are unsure whether you have plagiarised, please speak with someone before submitting your assignment.

Late Submission

Assignments must be submitted by their due date. In the event of a late submission, students are required to inform the module coordinator and the Course Director before the deadline date with an explanation for the delay. Requests for extensions that are received within 24 hours of a deadline will not be granted. There will be penalties for the late submission of assessed essays of 5% per day unless there are approved medical or other certificated reasons explaining the delay.

Assignment Assessment and Feedback

Explanation of ECTS Weighting

The European Credit Transfer and Accumulation System (ECTS) is an academic credit system based on the estimated student workload required to achieve the objectives of a module or programme of study. It is designed to enable academic recognition for periods of study, to facilitate student mobility and credit accumulation and transfer. The ECTS is the recommended credit system for higher education in Ireland and across the European Higher Education Area.

The ECTS weighting for a module is a measure of the student input or workload required for that module, based on factors such as the number of contact hours, the number and length of written or verbally presented assessment exercises, class preparation and private study time, laboratory classes, examinations, clinical attendance, professional training placements, and so on as appropriate. There is no intrinsic relationship between the credit volume of a module and its level of difficulty.

The European norm for full-time study over one academic year is 60 credits. 1 credit represents 20-25 hours estimated student input, so a 10-credit module will be designed to require 200-250 hours of student input including class contact time, assessments and examinations.

ECTS credits are awarded to a student only upon successful completion of the programme year. Progression from one year to the next is determined by the programme regulations. Students who fail a year of their programme will not obtain credit for that year even if they have passed certain component. Exceptions to this rule are one-year and part-year visiting students, who are awarded credit for individual modules successfully completed.

Grading Criteria

Assignments should reflect critical analysis of the area under study, giving clear recommendations, outlining resources required and identifying the source of any additional resources required. A strict grading criteria is applied to continuous assessments, assignments and dissertations.

70%+ Distinction

The student demonstrates excellent knowledge and understanding of the subject, in both breadth and depth, and shows a capacity for intellectual initiative. The student shows consistent ability to develop a critical argument, selecting, integrating and evaluating appropriate evidence from a range of sources. The essay reflects high quality organisation and style of presentation.

50% - 69%: Pass

Student shows good knowledge and understanding of the subject in both breadth and depth, and demonstrates evidence of clear thinking and good critical judgement. Student also demonstrates consistent ability to develop a critical argument and use appropriate evidence. Essay reflects good quality organisation and style of presentation.

<50%: Fail

Student demonstrates a limited understanding of the subject as well as a restricted ability to construct an argument, with uncritical use of evidence. Essay is of poor quality in organisation and style of presentation.

If an assignment or dissertation earns less than 50%, the student may be invited to re-submit their work at the discretion of the examiners within four weeks. Only one re-submission is allowed. The maximum mark for re-submitted assignments is 50%. Students must pass all modules to graduate from the course, i.e. pass by compensation is not permitted.

Assessment Factors

In grading essays the following factors will be taken into account by markers:

- The relevance of the answer to the question set
- A clear introduction, the ability to structure an argument clearly and a conclusion
- Critical analyses of core concepts
- The use of relevant reading and literature
- The recognition, where appropriate, of different perspectives
- The avoidance of sexist, racist and other inappropriate language
- Grammar, style and presentation, including accurate acknowledgement of sources in the reference list

Absence from Examinations

Postgraduate students who consider that illness may prevent them from attending an examination (or any part thereof) should consult their medical advisor and request a medical certificate for an appropriate period.

If a certificate is granted, it must be presented to the student's Course Co-ordinator/Director within three days of the beginning of the period of absence from the examination. Such medical certificates must state that the student is unfit to sit examinations. Medical certificates will not be accepted in explanation for poor performance; where an examination has been completed, subsequent withdrawal is not permitted.

Postgraduate students who consider that other grave cause beyond their control may prevent them from attending an examination (or any part thereof) must consult and inform their Course Co-ordinator/Director.

The Course Co-ordinator/Director will then make representations to the Dean of Graduate Studies requesting that permission be granted for absence from the examination.

The acceptance of medical disability is entirely at the discretion of the Dean of Graduate Studies, who may ask for a report from the medical officers in charge of the Student Health Service. The report will be strictly confidential to the Dean of Graduate Studies.

Illness and other difficulties

If you feel that there are particular circumstances which may have adversely affected your performance in your assessed essays, you should contact the Course Director to discuss the evidence which the course committee would need in order to take this into account. In the case of sickness or exceptional personal circumstances, a limited amount of non-attendance may be allowed if the Course Committee is satisfied that the relevant course work can be compensated for in other ways. Students with poor attendance across the degree programme will be reported to the Course Committee for monitoring purposes. This will be done in consultation with the Course Director. You are advised to contact the Course Director if you have any personal issues affecting your academic study.

Feedback

Assignments will be marked and returned to students with feedback from module coordinators within five weeks of submission. Assignments will be returned via the Course Administrator. Students who require further feedback on their assignments are encouraged to liaise with the respective module coordinators.

Procedure for return of essays and grades

At the end of the term and upon submission, assignments will be marked and graded by the module coordinator and/or module facilitators. Both the assignments and the grades for individual students shall be returned to the Course Administrator who will forward them to the Course Director for her information and records. Students will be advised of their preliminary results within five weeks of submission of the relevant assignment. All grades are deemed provisional until such time as the Court of Examiners meets at the end of the academic year, at which stage final results will be ratified. Students will then be advised of their final results.

Re-submission of Assignments

In the event a student fails an assignment, the student will be given written feedback on how the assignment should be improved. The student will then be obliged to submit the revised assignment within four weeks of receiving such feedback.

Please note that re-submitted assignments will be un-graded, i.e. the assignment is only given a 'Pass' (50%) or 'Fail' (<50%) mark and this mark will be carried forward into the final grade averaging. The note RS (i.e. resubmission) will appear on the student's transcript.

In the event of the student failing the re-submission, the assignment will be referred to the External Examiner for a second opinion. If the Examiners fail to reach consensus, the matter is referred to the Court of Examiners. If the student is deemed to have failed by both Examiners, the student is normally required to withdraw from the course (unless there is sufficient evidence of extraordinary circumstances affecting the student's overall performance at that particular point in time, in which case the student may be advised to take a leave of absence for an agreed period of time).

Appeals

In the first instance, a student who is dissatisfied with the published results may request a review of the outcome from the Course Director.   The Course Director will bring such a request to the Course Committee to consider.   In the second instance, a student may avail of the College Appeals Procedures for postgraduate students, details of which are contained within the Graduate Students Handbook (Calendar Part Two). Student engaged in appeals or disputed outcomes are strongly advised to seek the advice and support of the Graduate Students' Union.

The Student Complaints Procedure can be found here:

https://www.tcd.ie/about/policies/160722_Student%20Complaints%20Procedure_PUB.pdf

Plagiarism

Each coversheet that is attached to submitted work should contain the following completed declaration:

"I have read and I understand the plagiarism provisions in the General Regulations of the University Calendar for the current year, found at http://www.tcd.ie/calendar.

I have also completed the Online Tutorial on avoiding plagiarism 'Ready Steady Write', located at http://tcd-ie.libguides.com/plagiarism/ready-steady-write."

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Plagiarism

It is clearly understood that all members of the academic community use and build on the work and ideas of others. It is commonly accepted also, however, that we build on the work and ideas of others in an open and explicit manner, and with due acknowledgement.

Plagiarism is the act of presenting the work or ideas of others as one's own, without due acknowledgement.

Plagiarism can arise from deliberate actions and also through careless thinking and/or methodology.

The offence lies not in the attitude or intention of the perpetrator, but in the action and in its consequences. It is the responsibility of the author of any work to ensure that he/she does not commit plagiarism.

Plagiarism is considered to be academically fraudulent, and an offence against academic integrity that is subject to the disciplinary procedures of the University.

Examples of Plagiarism
Plagiarism can arise from actions such as:
(a) copying another student's work;
(b) enlisting another person or persons to complete an assignment on the student's behalf;
(c) procuring, whether with payment or otherwise, the work or ideas of another;
(d) quoting directly, without acknowledgement, from books, articles or other sources, either in printed, recorded or electronic format, including websites and social media;
(e) paraphrasing, without acknowledgement, the writings of other authors.
Examples (d) and (e) in particular can arise through careless thinking and/or methodology where students:
  (i)   fail to distinguish between their own ideas and those of others;
  (ii)   fail to take proper notes during preliminary research and therefore lose track of the sources from which the notes were drawn;
  (iii) fail to distinguish between information which needs no acknowledgement because it is firmly in the public domain, and information which might be widely known, but which nevertheless requires some sort of acknowledgement;
  (iv)   come across a distinctive methodology or idea and fail to record its source.
All the above serve only as examples and are not exhaustive.

Plagiarism in the context of group work
Students should normally submit work done in co-operation with other students only when it is done with the full knowledge and permission of the lecturer concerned. Without this, submitting work which is the product of collaboration with other students may be considered to be plagiarism.
When work is submitted as the result of a group project, it is the responsibility of all students in the group to ensure, so far as is possible, that no work submitted by the group is

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plagiarised.

Self-plagiarism
No work can normally be submitted for more than one assessment for credit. Resubmitting the same work for more than one assessment for credit is normally considered self-plagiarism.

Avoiding plagiarism
Students should ensure the integrity of their work by seeking advice from their lecturers, tutor or supervisor on avoiding plagiarism. All schools and departments must include, in their handbooks or other literature given to students, guidelines on the appropriate methodology for the kind of work that students will be expected to undertake. In addition, a general set of guidelines for students on avoiding plagiarism is available on http://tcd-ie.libguides.com/plagiarism.

If plagiarism as referred to above is suspected, in the first instance, the Director of Teaching and Learning (Undergraduate), or their designate, will write to the student, and the student's tutor advising them of the concerns raised. The student and tutor (as an alternative to the tutor, students may nominate a representative from the Students' Union) will be invited to attend an informal meeting with the Director of Teaching and Learning (Undergraduate), or their designate, and the lecturer concerned, in order to put their suspicions to the student and give the student the opportunity to respond.
The student will be requested to respond in writing stating his/her agreement to attend such a meeting and confirming on which of the suggested dates and times it will be possible for them to attend. If the student does not in this manner agree to attend such a meeting, the Director of Teaching and Learning (Undergraduate), or designate, may refer the case directly to the Junior Dean, who will interview the student and may implement the procedures as referred to under CONDUCT AND COLLEGE REGULATIONS §2.

If the Director of Teaching and Learning (Undergraduate), or designate, forms the view that plagiarism has taken place, he/she must decide if the offence can be dealt with under the summary procedure set out below. In order for this summary procedure to be followed, all parties attending the informal meeting as noted above must state their agreement in writing to the Director of Teaching and Learning (Undergraduate), or designate. If one of the parties to the informal meeting withholds his/her written agreement to the application of the summary procedure, or if the facts of the case are in dispute, or if the Director of Teaching and Learning (Undergraduate), or designate, feels that the penalties provided for under the summary procedure below are inappropriate given the circumstances of the case, he/she will refer the case directly to the Junior Dean, who will interview the student and may implement the procedures as referred to under CONDUCT AND COLLEGE REGULATIONS §2.

If the offence can be dealt with under the summary procedure, the Director of Teaching and Learning (Undergraduate), or designate, will recommend one of the following penalties:

(a) Level 1: Student receives an informal verbal warning. The piece of work in question is

inadmissible. The student is required to rephrase and correctly reference all plagiarised elements. Other content should not be altered. The resubmitted work will be assessed and marked without penalty;

(b) Level 2: Student receives a formal written warning. The piece of work in question is inadmissible. The student is required to rephrase and correctly reference all plagiarised elements. Other content should not be altered. The resubmitted work will receive a reduced or capped mark depending on the seriousness/extent of plagiarism;

(c) Level 3: Student receives a formal written warning. The piece of work in question is inadmissible. There is no opportunity for resubmission.

Provided that the appropriate procedure has been followed and all parties above are in agreement with the proposed penalty, the Director of Teaching and Learning (Postgraduate) should in the case of a Level 1 offence, inform the Course Director and, where appropriate, the Course Office.

In the case of a Level 2 or Level 3 offence, the Dean of Graduate Studies must be notified and requested to approve the recommended penalty. The Dean of Graduate Studies may approve or reject the recommended penalty, or seek further information before making a decision. If he/she considers that the penalties provided for under the summary procedure are inappropriate given the circumstances of the case, he/she may also refer the matter directly to the Junior Dean who will interview the student and may implement the procedures as referred to under conduct and college. Notwithstanding his/her decision, the Dean of Graduate Studies will inform the Junior Dean of all notified cases of Level 2 and Level 3 offences accordingly. The Junior Dean may nevertheless implement the procedures as set out in Section 5 (Other General Regulations).

If the case cannot normally be dealt with under summary procedures, it is deemed to be a Level 4 offence and will be referred directly to the Junior Dean. Nothing provided for under the summary procedure diminishes or prejudices the disciplinary powers of the Junior Dean under the 2010 Consolidated Statutes.

The college policy on Plagiarism can be found here: http://www.tcd.ie/teaching-learning/assets/pdf/PlagPolicy02-06-2016.pdf

Library guidelines on avoiding plagiarism can be found here: http://tcd-ie.libguides.com/plagiarism/about

Each coversheet that is attached to submitted work should contain the following completed declaration:

"I have read and I understand the plagiarism provisions in the General Regulations of the University Calendar for the current year, found at http://www.tcd.ie/calendar.

I have also completed the Online Tutorial on avoiding plagiarism 'Ready Steady Write', located at http://tcd-ie.libguides.com/plagiarism/ready-steady-write."

References/Sources:

[Calendar, Part III, General Regulations & Information, Section I 'Plagiarism'](#)
[Plagiarism Policy](#)
[Library Guides - Avoiding Plagiarism](#)
[Plagiarism Declaration](#)

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Research Dissertation Guidelines

The submission of a research dissertation is a major requirement for the award of the MSc degree in Global Health. The aim of the dissertation is to develop independent analytical thought on a chosen topic, through a study involving a critical investigation of a phenomenon relevant to global health. Upon completion of the taught component of the MSc Global Health, students will undertake and complete a programme of research leading to the writing and submission of a dissertation. The dissertation may be written following research and/or field placement with government departments, international agencies and civil society organisations in Ireland or elsewhere. A dissertation may also be written in the form of a systematic review.

On successful completion of the research component, students will be able to:
•   Independently plan and conduct a global health-related research project in a domestic or international setting utilising appropriate methodological skills and in an ethically responsible manner
•   Effectively handle obstacles encountered during the research process and mitigate accordingly
•   Keep a personal e-journal to log your research experiences during the project to share with your supervisor and other students
•   Disseminate research findings in a conference setting (poster and oral presentation) and prepare manuscript for a peer-reviewed journal

Preparations for a final research proposal for the project work in Term 3 will be completed during Term 1 and 2. This section outlines the important deadlines, as well as the specific guidelines on the writing and submission of the dissertation.

Research Supervision

Students will work with their faculty adviser on preparing a research proposal. The role of the research supervisor is to guide and support the student in the dissertation work in the following ways:

1. Guide the student in setting deadlines and milestones
2. Point the student in the direction of appropriate literature
3. Assist the student in designing their research
4. Provide appropriate feedback as the student progresses with data collection and write-up; and
5. Read a draft of completed dissertation and provide detailed feedback.

It is up to each student to decide what support is needed and to communicate with the supervisor accordingly. Students should keep a record of their meetings with their supervisor. A minimum of 3 meetings should take place initially:

1. Discuss your research ideas and to provide direction in creating a project proposal;

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2. Prior to submitting ethics application form; and
3. After receipt of refined research plan and prior to starting data collection.

During the final meeting prior to starting data collection, the supervisor and student must agree and set out the nature and regularity of the contact the supervisor and the student will have for the remainder of the programme. The supervisor will set a date for the student to submit a final draft of the completed dissertation to them prior to the final submission date at the end of July.

Students are ultimately responsible for ensuring that their completed dissertation is submitted by the due date.

Research Ethics

Since its foundation in 2009 the Health Policy and Management and Centre for Global Health Research Ethics Committee (HPM/CGH REC for short) has sought to promote high ethical standards to ensure that the rights, health and welfare of potential research participants are protected and that researchers are guided in conducting ethical research.

The REC was established to ensure that the research carried out on health policy, global health and on finance and delivery of health care is independently reviewed in a fair and consistent manner. The task of the REC is to review protocols to ensure the ethical conduct of research, develop guidelines for human research subject protection, identify ethical principles to guide the conduct of research and to issue proposal forms to guide researchers in preparing their protocols. The most up to date informaotion can be found here: https://www.tcd.ie/medicine/health_policy_management/research/hpm/

References/Sources:
Research Ethics
Policy on Good Research Practice
Ethics Policy

Research Dissertation Time-line Full Time

In light of the deadlines set by the Health Policy and Management/Centre for Global Health (HPM/CGH) Research Ethics Committee for the ethical approval of research conducted by students, the research timeline has been adjusted accordingly to minimise delays to the research process. The HPM/CGH Research Ethics Committee meets 2-3 times per year.

The following is an outline of the required deadlines before the commencement of research in Term 3 and for the submission of the dissertation (one electronically, and two soft-bound copies) by the end of July (date to be confirmed). This will be examined in accordance with the process outlined above, after which students will be asked to submit **two hard-bound**

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copies of the dissertation no later than two weeks before commencement ceremonies (early November following the September Board of Examiners meeting – date to be confirmed)

1.   Research Outline: Due mid-November (after Trinity Term reading week)
Students should have an idea of their research topic by the first week of November and are required to submit a brief (max 2 page) concept note or present 3 to 4 slides (this will be decided by the course director) on their topic/research question(s). The research outline should include the following:

•   Working title
•   Justification/rationale
•   Main objectives
•   Discuss why topic is of interest and importance – personally, to global health stakeholders, and the general public

Following submission, research supervisors will be finalised based on the match between topic/methodology and the expertise of the research supervisors. Once research supervisors are finalised, students are advised to contact their respective supervisor immediately, to discuss their research proposal.

2.   Research Proposal: Due December Term 1
A research proposal is due in December Term 1 (date to be confirmed) to the student's research supervisor. The research supervisor will review and provide comments on the research proposals. The preparation of the proposal will help to facilitate the completion of the ethics application form. The proposal should include the following and be a maximum of 1500 words.

•   Title
•   Background/Context
•   Research Objective(s)
•   Methodology
•   Ethical Considerations

Final due date for Research proposal will depend in part on the due date for submission of applications for ethical approval. This date is not finalized until November each year, when Ethics Committee Meeting dates are available.

3.   Ethics Application Form: Due January, Term 2 (exact date to be confirmed)
Every student must complete an ethics application form and gain ethical approval prior to the commencement of their research. Students who fail to meet this strict deadline will be delayed at least one month until the next meeting of the Centre for Global Health Research Ethics Committee. The ethical approval process is as follows:

•   Complete the ethics application form (available on blackboard)

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- Submit to research supervisor for comments and approval
- Research supervisor **must** approve and sign ethics application form
- Submit the signed application form to the Centre for Global Health Research Ethics Committee by submission deadline in January (date to be confirmed)
- The CGH Research Ethics Committee will review ethics application forms and provide comments if necessary prior to approval

NB* Students who intend to conduct research outside of Ireland, will be required to gain ethical approval in the country of their planned research, as well as through Trinity College Dublin.

4.   Refined Research Plan: Prior to commencing research in Term 3
A refined research plan must be submitted after receiving ethical approval and before commencement of research/data collection in Term 3. This refined plan should build on the original research proposal from discussions with research supervisor, feedback from research proposal presentation and outcome of the ethical approval process. The refined research plan should include a detailed research timeline. This timeline should outline the expected completion of the various research phases,   including: data collection, data analysis, and dissertation write-up. It should also include expected dates for completion of chapters and an agreed date for submission of the final draft to research supervisor prior to submission of final hardbound copy to the Programme Office.

5.   Data Collection and Dissertation Write-up: During Term 3
During Term 3, students are expected to undertake and complete a programme of research leading to the writing and submission of a dissertation. Individual schedules for Term 3 will depend on arrangements previously agreed by students and research supervisors for field placement or research. It is recommended that where students plan to travel for research purposes, they should spend a maximum of three months in the field and return to Dublin a minimum of one month prior to the submission deadline to complete the dissertation write-up.   Students should also plan for the possibility of obstacles during the research process. Students are also encouraged to keep a personal e-journal on Blackboard to log your research experiences. An agreed date for submission of the final   draft   prior to submission of the electronic copies will be agreed with research supervisor. One electronic and two soft-bound copies of the dissertation are required for marking purposes in July, Term 3 (date to be confirmed)

6.   Submission of Dissertation: End of July (date to be confirmed)
The final hardbound copy of the dissertation is due two weeks prior to the commencement ceremony, once the Court of Examiners have ratified results and students have been advised of any minor revisions. Specific guidelines on the writing and submission of the dissertation are outlined in the following sections. Feedback is to be expected after the final Exam Board meeting in September.

In the context of Covid19, the submission format may change and we will advise towards the end of the year.

8.   Systematic Reviews

Those students who choose to undertake a systematised review of the international literature for their dissertation will be required to follow the same process as outlined above. Students choosing this option are strongly advised to meet with appropriate library staff who will support the development of the search strategy and engage with the following sources:

(Campbell Collaboration - a SR "format" to follow)
http://www.campbellcollaboration.org/

(Cochrane Public Health - a SR "format")
http://ph.cochrane.org/

(Cochrane PH Guide)
http://ph.cochrane.org/sites/ph.cochrane.org/files/uploads/Guidelines%20HP_PH%20reviews.pdf

(PRISMA guide for reporting systematic review) http://www.prisma-statement.org/

(CRD Resource on conducting systematic review in public health):
https://www.york.ac.uk/media/crd/Systematic_Reviews.pdf

The following book is also useful for those considering a Systematic Review for dissertation:
http://www.cebma.org/wp-content/uploads/Pettigrew-Roberts-SR-in-the-Soc-Sc.pdf

Travel and Insurance

Ethical approval will not be provided for research-associated travel in the context of COVID-19 until further notice.

A pre-departure orientation will be arranged prior to Term 3 to provide useful and important information for students who will be travelling abroad. The session will discuss the 'Traveller's Checklist', outlining a list of items you must complete prior to travelling:

- Carry a passport that is valid well beyond the date of your anticipated return; keep a copy of the identification page separate from the original.
- Make copies of important information (passport identification page, travel itinerary, insurance policy, credit cards); leave one copy with friends or family.
- Obtain any required visas well in advance.
- Arrange for health and travel insurance (see below).
- Plan your itinerary and budget.
- Anticipate financial needs (local currency, traveller's cheques, departure tax, use of ATM cards)
- Take care of health needs (vaccinations, prescriptions, medical certificates, supplies, extra eyeglasses)
- Check whether dual citizenship is an issue for you.
- Register with your government office abroad.

Travel insurance is provided free of charge to TCD staff and postgraduates. This includes coverage of medical expenses, loss of baggage, and cancellation. It is a requirement of the policy that you receive authorisation and submit a risk assessment and travel insurance form before your journey. An online form is available on the College Travel Insurance website: http://www.tcd.ie/Buildings/insurance.php. On the form, select the 'School of Medicine' as the Department. Acknowledge that your trip has been authorised by the Head of School/Administrative Area, and type in the Course Director's name as Head of School/Administrative Area.

When you submit the online form, you should get back a confirmation number. All the details regarding the insurance, including the policy number, the cover, and medical assistance numbers are on the website above the form. The best thing would be to print that page off after submitting your information. Please note: The Buildings Office does not send you a confirmation or any specific information, as you are automatically covered under the TCD policy.

If you have difficulties accessing the online form, a downloadable version of the form is available at: http://www.tcd.ie/Buildings/Documents/TravelInsuranceForm.doc, this form should be completed and returned to Director of Buildings Office, West Chapel, Trinity College, Dublin 2.

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Please note: The insurance will not cover travel to any area where war, hostilities or widespread disturbances are or have been in progress or are reported as being imminent, according to the Department of Foreign Affairs (www.dfa.ie).

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Modules

Conceptualisations of Global Health (CO7061)

Module Coordinator: Dr Ann Nolan
ECTS Value: 5

Aims

Conceptualisations of Global Health will introduce students to a range of conceptual approaches and principles underpinning globalist analyses of health problems. The module situates the concept of global health as part of a vision that emphasises health equity both within and between countries, and explores how global health scholarship is framed by political, social and economic perspectives. Students will be introduced to the global burden of disease and the social determinants of health, while exploring the ways in which health intersects with poverty, inequality, race, gender, and politics. It will introduce students to the concept of globalization and the idea of globalization in retreat while further exploring transnationalism, the global/local interface and the multidimensionality of policy transfer for health. The module explores and critically appraises emerging movements that aim to decolonise global health research and practice,
international programme for sustainable development 2030, multilateralism, and governance of global and international health.

Learning Outcomes

Upon completion of this module students will be able to:

1. Demonstrate knowledge and appreciation of the field of global health scholarship and its translational impact, while critically appraising the concept in the context of political, social and economic perspectives;
2. Define global health through a critical lens that engages with new movements and thinking in the field;
3. Identify the pathways through which global health inhabits a contested space between health and the politics of globalization;
4. Recognise the complex architecture underpinning global governance for health and international development including the Sustainable Development Goals;
5. Recognise where the global burden of disease is concentrated and how the social determinants of health impact on health equity both within and between countries;
6. Demonstrate competence in a range of conceptual approaches underpinning globalist analyses of health problems and the extent to which health intersects with poverty, inequality, race, gender, and politics.
7. Recognise and critically appraise multilateralism, transnationalism, the global/local interface and the multidimensionality of policy transfer for global health outcomes.

Module Content
1. An introduction to the concept of global health;
2. Global health and globalisation;

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3. Emerging movements in global health;
4. An overview of the global burden of disease and the social determinants of disease and health;
5. The complex architecture of global health governance;
6. The SDGs;
7. Global Health Inequality;
8. Global Health Security

Indicative Resources

"MyReadingList" is available for this module and will include a wide range of global health material with links to their location in the TCD library. It will also be attached to the module in Blackboard.

Essential Reading:

Elizabeth A. Armstrong-Mensah, (2017) Global Health: Issues, Challenges, and Global Action. Wiley-Blackwell (E-book)

Kaasch, A., (2015), Shaping Global Health Policy: Global Social Policy Actors and Ideas About Health Care Systems. Palgrave Macmillan (E-book)

Missoni, E., Pacileo, G., and Tediosi, F., Global Health Governance and Policy: An Introduction. Taylor and Francis (E-book)

Taylor S. 'Global health': meaning what? BMJ Glob Health 2018;3:e000843. doi:10.1136/bmjgh-2018-000843

Methods of Teaching and Student Learning

This module will combine lectures, case studies, seminars, group exercises and self-directed pre and post-lecture learning.

Methods of Assessment

2,000 word written assignment.

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Health Economics and Financing (CO7002)

Module Coordinator: Dr James O'Mahony
ECTS Value: 5

Aims

The aim of this module is to give participants an understanding of the concepts, applications and techniques of health economics and financing. Part of gaining this understanding relates to appreciating the relevance of economic analysis and its methods to health, health care and health systems.

Learning Outcomes

On successful completion of this module, students will be able to:

- Describe and discuss the basic concepts, tools and techniques of economic analysis and their application to health and health care.
- Apply knowledge of the concepts of supply, demand and elasticity (with applications to health care financing and health promotion), the role of markets, the economics of health systems and health care financing and economic evaluation to global health.
- Understand the concepts of measuring equity in health and know how to apply them to systems of health care financing and provision.

Module Content

- Introduction to economic analysis
- Markets in health care and market failure
- Systems of health financing
- Concepts of equity
- Measurement of equity and financial protection
- Cost-effectiveness analysis

Indicative Resources

Pre-Reading

- Brouwer *et al* (2006) "Economics and public health: engaged to be happily married." *European Journal of Public Health.* Vol 17 No 2: 122-123
- Barendregt (2006) "Economics and public health: an arranged marriage." *European Journal of Public Health.* Vol 17 No 2: 124
- Thoma (2009) "Health Care Rationing Rhetoric" http://economistsview.typepad.com/economistsview/2009/06/health-care-rationing-rhetoric.html

Core Text

- McPake, Normand and Smith (2013) "Health Economics: An International Perspective" Routledge. 3rd Edition.

Other Core texts
- Learning from Experience: Health care financing in low- and middle-income countries. Diane McIntyre. Global Forum for Health Research. 2007 http://announcementsfiles.cohred.org/gfhr_pub/assoc/s14821e/s14821e.pdf
- Methods for the economic evaluation of health care programmes Michael F. Drummond, Mark J. Sculpher, Karl Claxton, Greg L. Stoddart, George W. Torrance, Oxford University Press, 2015.

Other Readings
- Vancelik S, Beyhun N, Acemoglu H and Calikoglu O (2007), "Impact of pharmaceutical promotion on prescribing decisions of general practitioners in Eastern Turkey" *BMC Public Health.* **7**: 122
- Målqvist M, Yuan B, Trygg N, Selling K, Thomsen S (2013) Targeted Interventions for Improved Equity in Maternal and Child Health in Low- and Middle-Income Settings: A Systematic Review and Meta-Analysis. PLoS ONE 8(6): e66453.
- Lagarde M, Palmer N (2011), The impact of user fees on access to health services in low and middle-income countries. The Cochrane Collaboration. Published by JohnWiley & Sons, Ltd.
- Folland, S., Goodman, A.C., and Stano, M., (2004), The Economics of Health and Health Care, Pearson Education – Chapter 17, pages 395-399 only.
- McIntyre, D. and Mooney, G., (2007), The Economics of Health Equity, Cambridge University Press – Chapter 1
- Williams, A. (1997), 'Intergenerational Equity: An Exploration of the 'Fair Innings' Argument', Health Economics, Vol 6, pp.117-132.
- http://www.healthcarepriorities.org/Papers/Williams%20HE%201997.pdf
- Sen, A. (2002), 'Why Health Equity?', Health Economics, Vol. 11, pp.659-666.
- http://svenkatapuram.googlepages.com/whyhealthequity.pdf
- Rosa Dias, P., and Jones, A.M. (2007), 'Giving Equality of Opportunity a Fair Innings', Health Economics, Vol. 16, pp.109-112. http://dx.doi.org/10.1002/hec.1207
- McGuire, A. (2001), 'Theoretical Concepts in the Economic Evaluation of Health Care' in Drummond, M.F., and McGuire, A. (eds), Economic Evaluation in Health Care: Merging Theory with Practice, Oxford University Press.
- Dolan, P. (2000), 'The Measurement of Health Related Quality of Life for Use in Resource Allocation Decisions in Health Care', in the Handbook of Health Economics, Elsevier.
- Weinstein, M.C. (2006), 'Decision Rules for Incremental Cost-Effectiveness Analysis', in Jones, A. (ed) Elgar Companion to Health Economics, Edward Elgar Publishing.
- Rannan-Eliya, R., and Somananathan, A. (2006), 'Equity in Health and Healthcare Systems in Asia', in Jones, A., Elgar Companion to Health Economics, Edward Elgar Publishing.
- WHO. (2010) Health systems financing: the path to universal coverage. Geneva: World Health Organization.
- Wagstaff, A. and Van Doorslaer, E., (2000), 'Equity in Health Care Finance and Delivery'. in Culyer, A.J., and Newhouse, J.P. (eds), Handbook of Health Economics, Vol. 1. http://www2.eur.nl/ecuity/public_papers/NH_Chapter.pdf

Lecture notes, additional materials and articles will be posted on Blackboard. Additional reading lists will be recommended before and after sessions.

Methods of Teaching and Student Learning
This module combines traditional lectures and self-study. Each student will be required to work on an assigned research topic over the term to apply the principles taught in the module. Lectures will last just under three hours with brief break during the middle of each session.

Methods of Assessment
Assessment of this module will be set by the Module Coordinator.

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Research Methods Qualitative (DP7025)

Module Coordinator: Dr. Federico Cugurullo
ECTS Value: 5

Aims

This module gives participants a grounding in how to generate the necessary evidence to inform ethical policy and action by using a variety of qualitative research techniques. It presents a range of qualitative and mixed methodological approaches in researching health issues. While the module traces the philosophical traditions in health related social research, including both theoretical and methodological elements. Emphasis is on choosing appropriate qualitative research methodologies and methods to achieve the relevant aim and objectives.

Learning Outcomes

On successful completion of this module, students will be able to:
- Design and implement a range of qualitative health related research by applying knowledge of various qualitative research methodologies and mixed methods to investigate health and social issues
- Critically evaluate previous qualitative research by applying criteria for assessing methodological rigour in health related research
- Understand how to conduct qualitative interviews and the process of analysing subjective data.

Module Content

- Principals of Social Research
- Theoretical perspectives and research Methodologies of Qualitative research
- Descriptive Qualitative Research
- Qualitative data collection (interviews types/methods)
- Qualitative data analysis (coding / thematic analysis)
- Mixed methods research

Indicative Resources

Our core qualitative text is Pope and Mays (2006) Qualitative Research in Health Care, Blackwell: Oxford. There is a variety of additional texts that students may find suitable for each component of the module. Additional reading will be recommended before and after sessions. The library holds most of the recommended texts and a good collection of social science research texts if you want to extend your reading. Lecture notes and additional materials will be posted on Blackboard.

Methods of Teaching and Student Learning

This module combines lectures, seminar sessions, group work and individual exercises.

Methods of Assessment

Assessment of this module will be set by the Module Coordinator

Quantitative Research Methods for Global Health (PS9105)

Module Coordinator: Dr. Frédérique Vallières

ECTS Value: 5

Aims

This module aims to develop student's quantitative research skills through understanding how to identify and formulate quantitative research questions, design a quantitative study, and subsequently analyse, and interpret quantitative data. The emphasis of the module is on thinking through the stages of research question development and what procedures, measures, participants, and data analysis techniques are required in the instance where a research question is best answered using quantitative methods. The module further introduces students to the statistical analysis software SPSS, through computer-lab based learning.

Learning Outcomes

On successful completion of this module, students will be able to:
- Identify and formulate global health relevant research questions, that are best answered through quantitative approaches;
- Decide on the appropriate sampling, measurement, procedural, and data analysis techniques to address these research questions;
- Conduct quantitative analysis, including descriptive and simple inferential statistics across a range of study designs;
- Conduct and interpret basic data analysis using SPSS;

Module Content

- Introduction
  - The Research Process
  - Formulating a Research Question and Hypotheses
  - Variables, Types of Data, Data Entry & Management
- Descriptive Analysis
- Probability, Variance, Effect size, and p-values
- Study Design
  - Sampling
  - Measurement
  - Procedures
- Data Analyses
  - Comparative Analyses: T-tests, ANOVAs
  - Relationship Analyses: Correlation, Linear, Logistical Regression, Chi-Square

Indicative Resources

The module coordinator will provide a list of journal articles that students must read prior to each lecture. In addition, all students will be granted access to a current dataset for use during lectures and SPSS labs. Lecture notes and additional materials will be posted on Blackboard.

Methods of Teaching and Student Learning

The module will run for 20 hours during the first semester. 16 hours will be devoted to lectures with approximately 4 hours of SPSS data analysis workshops to complement lectures. An optional 4 hours of additional tutorials will also be made available prior to the exam. The latter aspect of the course will focus on understanding the basic workings of SPSS and learning how to perform basic statistical analyses, with emphasis on descriptive statistics and output interpretation. Great importance is attached to the practical elements of quantitative research methods.

References

- Bennett. C., Baird, A.A., Miller, M.B. and Wolford, G.L. Neural correlates of interspecies perspectives taking in the post-mortem Atlantic Salmon: An argument for multiple comparisons correction: https://www.wired.com/2009/09/fmrisalmon/
- Criado Perez, C. (2019). The Drugs Don't Work. In Invisible Women: Data bias in a world designed for men. New York: Abrams Press.
- Duhigg, C. (2012). How Target knows what you want before you do: when companies predict (and manipulate habits? *The Power of Habit: Why we do what we do in life and business.* Random House, Inc. New York.
- Field, A. (2013). *Discovering Statistics Using IBM SPSS Statistics* (4th ed). London: Sage Publications.
- Gladwell, M. (2008). The Trouble with Geniuses (pp 69-90). In Gladwell, M., Outliers: The story of success. London, England: Penguin Books.
- Goldacre, B., (2009) Homeopathy (pp 28-62). In Goldare, B. Bad Science. London: Fourth Estate.
- Gravetter, F.J. and Wallanu, L.B. (2011). *Essentials of Statistics for the Behavioral Sciences* (7th ed). Belmont: Wadsworth.
- Ioannidis, J.P.A. (2019) What Have We (Not) Learnt from Millions of Scientific Papers with P Values?, The American Statistician, 73:sup1, 20-25, DOI: 10.1080/00031305.2018.1447512
- Kahneman, D. (2011). Thinking, Fast and Slow. New York: Farrar, Straus and Giroux.
- Marmot, M., Ryff, C.D., Bumpass, L.L, Shipley, M. and Marks, N.F. (1997). Social inequalities in health: Next questions and converging evidence. *Social Science and Medicine,* 44(6), pp. 901-910.
- McBride, O., Murphy, J., Shevlin, M., Gibson Miller, J., Hartman, T., Hyland, P., Levita, L., Mason, L., Martinez, A., McKay, R., Stocks, T., Bennett, K., **Vallières, F.**, Karatzias, T., Valiente, C.M., Vazquez, C. & Bentall, R. Monitoring the psychological, social, and economic impact of the COVID-19 pandemic in the population: Context, design and conduct of the longitudinal COVID-19 Psychological Research Consortium (C19PRC) Study. (in press). *International Journal of Methods in Psychiatric Research.* https://doi.org/10.1002/mpr.1861
- Pallant, J. (2016). *SPSS Survival Manual* (6th ed.). Berkshire: Open University Press.
- Ritchie, S. (2020). Science Fictions: How Fraud, Bias, Negligence, and Hype Undermine the Search for Truth. The Bodley Head: London, UK.
- Tverksy, A. and Kahneman, D. (1974). Judgment under Uncertainty: Heuristics and Biases. *Science* 185 (4157), pp. 1124-1131.

Methods of Assessment

The assessment for this module is 100% final written exam.

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Mental and Cognitive Health in Ageing: A Global Perspective (CO7060)

Module Coordinator: Prof Iracima Leroi
ECTS Value: 5

Aim

Because of worldwide demographic ageing, particularly in low- and middle-income countries (LMIC), there is a rapid increase in aging-related neurodegenerative conditions which lead to dementia. Currently, over 60% of the world's burden of dementia exists in LMICs. Furthermore, the rate of non-cognitive mental health problems (i.e. depression, anxiety, late onset psychosis and PTSD) is significantly under-recognized in LMICs and in humanitarian settings. These conditions are a significant public health challenge due to very limited services available to support ageing-related health issues in general, lack of awareness of dementia as a health condition distinct from 'normal ageing', as well as the significant stigma associated with the diagnosis of a mental health condition.

Mental and cognitive ill health in older adults has significant implications for longevity, overall physical health, and quality of life. In the majority of LMICs, there is no formal care available for mental ill health and dementia in older people and care is nearly always managed by family members within the home; this has indirect health economic impacts as well as significant physical, mental and financial burden on family members. Finally, research into the mental and cognitive health problems related to ageing is still in its nascent phase.

Learning Outcomes

On successful completion of this module, students will be able to:

- Identify the epidemiology of mental and cognitive health disorders in older adults in a global setting;
- Discuss the diagnostic classifications and clinical presentations of these disorders in older adults;
- Identify the factors involved in preserving 'brain health' and preventing dementia and the implications in the global context;
- Critically appraise interventions, both pharmacological and non-pharmacological for mental and cognitive health disorders in older adults, and the gaps in service provision, particularly in LMICs;
- Demonstrate an understanding of the role of unpaid caregivers for older adults with dementia, with a focus on the role of women, particularly in contexts where formal support structures may be lacking;
- Discuss concepts of stigma and attitudes towards dementia in global settings;
- Appreciate the concept of the mental capacity legislation and discuss exemplars and gaps, particularly in a global setting within the context of 'rights';

Appreciate the concepts, gaps and opportunities for applied research for older adult mental and cognitive health research in LMICs.

Module Content
- Introduction to the epidemiology of mental ill health and cognitive health disorders (i.e. dementia, cognitive impairment) in ageing populations globally, with a discussion of the difference demographic ageing distributions in LMICs vs HICs, which has impacted the field of older adult health care – discussion of the 10/66 programme
- Outline of the diagnostic categories/classification and clinical presentation of mental health problems affecting older adults (i.e. later life depression and anxiety, late onset psychosis, PTSD in older adults, mental ill health secondary to physical illness such as stroke, degenerative disorders etc)
- Outline of the diagnostic categories/classification and clinical presentation of cognitive ill health (i.e. cognitive disorders) in older adults, including dementia, mild cognitive impairment
- Introduction to the determinants of poor mental and cognitive health in later life, including biological, psychological and social change due to ageing, impact of poverty, and the social role of ageing in LMICs
- Concept analysis of 'brain health' and prevention of dementia
- A brief introduction to older adult mental health in humanitarian settings (i.e. post-disaster)
- Interventions (pharmacological and non-pharmacological) for mental health and cognitive health disorders related to ageing, including the role of potential disease modifying therapies for dementia in LMIC settings
- Discussion of the role of care partners in supporting older adults with dementia, with a focus on the role of female caregivers, as well as the role of older adults as carers
- Introduction to the concept of vulnerable older adults, elder abuse and mental capacity legislation//rights, globally (exemplars and gaps)
- Stigma and perceptions of dementia in LMICs
- Discussion of the challenges of research for ageing-related mental health and dementia in LMICs, including research question priority setting, capacity and capability setting, ethical research practice and balanced relationships among international research collaborators

Resources

Pre-reading/viewing:
- Prince M, Wimo A, Guerchet M, Ali G, Wu Y, Prina M. The global impact of dementia - an analysis of prevalence, incidence, cost and trends. 2015. Department of Health and Prime Minister's Office, 10 Downing Street G8 dementia summit agreements, UK

Government, London, n.d.

- Prince M, Bryce R, Albanese E, Wimo A, Ribeiro W, Ferri CP. The global prevalence of dementia: A systematic review and metaanalysis. Alzheimer's Dement 2013. doi:10.1016/j.jalz.2012.11.007.

- Kitwood T. The experience of dementia. Aging Ment Heal 1997. doi:10.1080/13607869757344.

- Zaidi A, Willis R, Farina N, Balouch S, Jafri H, Ahmed I, et al. Understanding, Beliefs and Treatment of Dementia in Pakistan: Interim Findings 2018.

- Livingston, G., et al., *Dementia prevention, intervention, and care.* The Lancet, 2017.

Core (C) and Optional (0) Reading:

Mental health in the aging populations:

(C) Kitwood T. The experience of dementia. Aging Ment Heal 1997.
doi:10.1080/13607869757344

(C) Prince M, Wimo A, Guerchet M, Ali G, Wu Y, Prina M. The global impact of dementia - an analysis of
prevalence, incidence, cost and trends. 2015. Department of Health and Prime Minister's Office, 10 Downing Street G8 dementia summit agreements, UK Government, London, n.d.

(C) Prince M, Bryce R, Albanese E, Wimo A, Ribeiro W, Ferri CP. The global prevalence of dementia: A systematic review and metaanalysis. Alzheimer's Dement 2013.
doi:10.1016/j.jalz.2012.11.007.

(O) Khandelwal SK, Pattanayak RD. Geriatric psychiatry in India: Developments and future directions. Dev Psychiatry India Clin Res Policy Perspect 2015;Springer;493–513.
doi:10.1007/978-81-322-1674-2_25.

(O) Sabzwari SR, Azhar G. Ageing in Pakistan-A New Challenge. Ageing Int 2011.
doi:10.1007/s12126-010-9082-z.

(C) Leroi I, Kitagawa k, Vatter S, Sugihara T. Dementia in 'super-aged' Japan: Challenges and Solutions. Neurodegener Dis Manag. 2018 Aug;8(4):257-266. doi: 10.2217/nmt-2018-0007. Epub 2018 Jul 24

(C) Leroi I, Watanabe K, Hird N, Sugihara T. Psychogeritechnology in Japan: Exemplars from a super-aged nation. *International Journal of Geriatric Psychiatry, 2018*
https://doi.org/10.1002/gps.4906.

Brain health and prevention:

(C) Risk reduction of cognitive decline and dementia: WHO guidelines. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.

(C) Livingston, G., et al., *Dementia prevention, intervention, and care.* The Lancet, 2017.

(O) Williamson W, **Leroi I.** Thinking about dementia: is childhood too early? *International Psychogeriatrics*. 2019 doi:10.1017/S1041610219001157. *(Commentary)*

(O) Maharani A, Pendleton N, **Leroi I**. Hearing impairment, loneliness, social isolation and cognitive function: longitudinal analysis using English Longitudinal Study on Ageing *American Journal of Geriatric Psychiatry*, 2019. 66 (6), 1130-1136

Interventions and pathways to care for dementia:

(C) Zaidi A, Willis R, Farina N, Balouch S, Jafri H, Ahmed I, et al. Understanding, Beliefs and Treatment of Dementia in Pakistan: Final Report 2019.

(C) Volpe U, Amin H…Leroi I. et al. Pathways to care for people for dementia: An international multi-centre study. *Int J Geriatric Psychiatry.* DOI: 10.1002/gps.5223. 2019

(C) Allden K, Jones L, Weissbecker I, Wessells M, Bolton P, Betancourt TS, Hijazi Z, Galappatti A, Yamout R, Patel P, Sumathipala A: Mental health and psychosocial support in crisis and conflict: Report of the Mental Health Working Group. *Prehosp Disaster Med* 2009;24(4):s217–s227.

(C) Prince MJ, Acosta D, Castro-Costa E, Jackson J, Shaji KS (2009) Packages of Care for Dementia in Low- and Middle-Income Countries. PLoS Med 6(11):e1000176. doi:10.1371/journal.pmed.1000176

(O) Hooper E …**Leroi I**. Feasibility, acceptability and tolerability of a home-based hearing and vision intervention for people with dementia: The SENSE-Cog Field Trial. *J American Geriatrics Society* 2019 Jul; 67(7):1472-1477

(O) Leroi I, Simkin Z et al. Impact of a home-based hearing and vision intervention for people with dementia: The SENSE-Cog Field Trial. *International Journal of Geriatric Psychiatry,* 2019 https://doi.org/10.1002/gps.5231

(O) Leroi I et al. A randomised controlled trial of hearing and vision support in dementia: Protocol for a process evaluation in the SENSE-Cog Trial. *Trials* (*under review*)

(O) Regan J… **Leroi I**. Individualised sensory intervention to improve quality of life in people with dementia and their companions (SENSE-Cog trial): study protocol for a randomised controlled trial. *Trials.* 2019 2019 Jan 25;20 (1):80

(O) Clare L, Kudlicka A, Oyebode JR, Jones WR, Bayer A, **Leroi I**....et al. Individual goal-oriented cognitive rehabilitation to improve everyday functioning for people with early-stage dementia: A multicentre randomised controlled trial (the GREAT trial). *International Journal of Geriatric Psychiatry*. 2019; 1–13.

(O) Reilly S et al. What is important to people with dementia living at home? A set of core outcome items for evaluating non-pharmacological community-based health and social care interventions. *Age and Ageing* (in press).

(O) Orrell M, Yates L, Leung P, Kang S, Hoare Z, Whitaker C, **Leroi I** et al. (2017) The impact of individual Cognitive Stimulation Therapy (iCST) on cognition, quality of life, caregiver health, and family relationships in dementia: A randomised controlled trial. *PLoS Med 14(3): e1002269*. https://doi.org/ 10.1371/journal.pmed.1002269

(O) Yang F, Dawes P, **Leroi I,** Gannon B. Measurement tools of resource use and quality of life in clinical trials for dementia or cognitive impairment interventions: A systematically conducted narrative review. Int J Geriatr Psychiatry. *2017 Aug 10. doi: 10.1002/gps.4771. [Epub ahead of print]*

(O) Ritchie C...**Leroi I** et al. The Edinburgh Consensus: preparing for the advent of disease-modifying therapies for Alzheimer's disease *Alzheimer's Research & Therapy (2017) 9:85, DOI 10.1186/s13195-017-0312-4*

Caregiving in dementia:

(O) Vatter A,..**Leroi I**. A qualitative study of female caregiving spouses' experiences of intimate relationships as cognition declines in Parkinson's disease. *Age and Ageing, 2018*; 47(4), DOI: 10.1093/ageing/afy049

(O) Vatter S...**Leroi I.** Multidimensional care burden in Parkinson's-related dementia. *Journal of Geriatric Psychiatry and Neurology*, 2018 31(1):089919887180210; DOI: 10.1177/0891988718802104

(O) *Sabina Vatter and Iracema Leroi.* Long-Term Partnerships in Lewy Body Dementias. In: Geriatric Medicine and Gerontology. INTECH. *DOI: http://dx.doi.org/10.5772/intechopen.86204*

Dementia research in LMIC settings:

(C) Leroi I, Chaudhry N, Daniel A et al. A roadmap to develop dementia research capacity and capability in Pakistan: A model for low- and middle-income countries. *Alzheimer's & Dementia: Translational Research & Clinical Interventions.* 2020 (in press).

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(O) Leroi I, Vaitheswaran S, Sheikh S et al. Capacity and capability building for applied dementia research in low- and middle-income countries: Two exemplars from South Asia. *Indian J of Med Research (submitted).*

(C) Tol WA, Patel V et al. Relevance or Excellence? Setting Research Priorities for Mental Health and Psychosocial Support in Humanitarian Settings

(O) Pickett J, Bird C, Ballard C, Banerjee S, Brayne C, Cowan K, et al. A roadmap to advance dementia research in prevention, diagnosis, intervention, and care by 2025. Int J Geriatr Psychiatry 2018. doi:10.1002/gps.4868.

(C) International Ethical Guidelines for Health-related Research Involving Humans, Fourth Edition. Geneva: Council for International Organizations of Medical Sciences (CIOMS); 2016.

(C) Emanuel EJ et al. What makes clinical research in developing countries ethical? The benchmarks of ethical research. J Infect Dis. 2004;189(5):930–7.

(C) Parker M, Kingori P. Good and bad research collaborations: researchers' views on science and ethics in global health research. PLoS ONE. 016;11(10):e0163579.

(O) Anderson MS, Steneck NH. Challenges and Tensions in International Research Collaborations. International Research Collaborations: Much to be Gained, Many Ways to get in Trouble. New York: Routledge; 2011.

(C) Ebrahim S, Pearce N, Smeeth L, Casas JP, Jaffar S, Piot P. Tackling Non-Communicable Diseases In Low- and Middle-Income Countries: Is the Evidence from High-Income Countries All We Need? PLoS Med 2013. doi:10.1371/journal.pmed.1001377.

(O) Yozwiak NL, Schaffner SF, Sabeti PC. Data sharing: Make outbreak research open access. Nature 2015. doi:10.1038/518477a.

Methods of Teaching and Learning
This module will combine interactive and guest lectures with self-directed learning, including interaction with the Atlantic Fellows for Global Brain Health from TCD's Global Brain Health Institute. The Fellows, who come from around the world for leadership training in brain health, will offer 'brown bag' lunches from their diverse fields of interest and expertise. The module will involve critical appraisal of the literature, discussions of gaps in the field and practice globally, a debate on the nature of 'brain health', group presentations on key concepts, and an extended essay on an assigned topic.

Method of Assessment
To be confirmed by course coordinator

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Epidemiology (CO7048)

Module Coordinator: Dr. Adeelia Goffe
ECTS Value: 5

This module is an introduction to the basic principles and methods of epidemiology. Understanding the aetiology of disease is a prerequisite to successful intervention in disease occurrence or progression. Identification of risk factors and limitation of harmful exposures can have significant effects on population health. Therefore, it is important to learn about methodologies available for the assessment of risk factors, to understand strengths and limitations of different approaches, and to be able to interpret the results being reported.

Aim
The aim of the module is to provide a broad overview of the concepts of epidemiology and introduce some key measures. It is hoped that a continuing professional interest in epidemiology will be stimulated and the application of epidemiology to disease prevention, health promotion, and wider health policy development, implementation and evaluation encouraged.

Learning Outcomes
On successful completion of this module, students should be able to:
- Define epidemiology, describe main concepts and methods of epidemiology, and their application
- Define and calculate incidence and prevalence
- Define mortality rate and proportional mortality, and discriminate between the two
- Understand the relevance of standardisation
- List and characterise the main features of descriptive epidemiology
- Differentiate between descriptive and analytical epidemiology
- List the main types of observational studies (cohort, case-control, cross-sectional and ecological studies), describe the underlying research designs and explain their strengths and weaknesses
- Calculate and interpret relative risk (RR) and odds ratio (OR)
- Differentiate between observational and experimental studies
- Describe key aspects of the design of randomised clinical trials (RCT) (blinding, randomisation etc.), understand strengths, weaknesses and limitations of RCTs, and be able to interpret results
- Outline an appropriate study design for planning, monitoring and evaluation of a health intervention/policy
- Assess causality versus association (Bradford-Hill criteria)
- Explain the importance of confounders and the principles of causal inference
- Critically evaluate journal articles

Module content
The module will contain but not be limited to the following subjects:
- Introduction to epidemiology
- Measuring health and disease, incidence, prevalence

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- Standardisation
- Study design: observational studies (cohort study, case control study, cross-sectional study, ecological study) and measures of association (e.g. RR, OR, RD)
- Investigation of disease outbreak
- Experimental studies (randomised controlled trial)
- Causation and confounding
- Diagnostic tests: sensitivity, specificity and predictive values
- Critical appraisal of a research article

Resources
Recommended reading, in addition to lecture notes, handouts, exercises and articles for review:
1. Leon Gordis: Epidemiology
2. R Bonita et al.: Basic Epidemiology 2nd edition, 2007
   (free from: http://whqlibdoc.who.int/publications/2006/9241547073_eng.pdf)
3. RH Fletcher, SW Fletcher and GS Fletcher: Clinical Epidemiology

Methods of teaching and student learning
The module will run for 12 hours face to face (six 2 hour sessions), with an additional 6 hours of online content. Part of the module will be dedicated to introduction of the theory of epidemiology but a significant portion of time will be spent on exercises and discussing practical examples, as well as critically reviewing the literature. There will be group and individual work, in class and/or online.

Methods of Assessment
Assessment of this module will be by examination (short answer questions).

Health, Environment and Climate (CO7052)
Module Coordinator: Niall Roche
ECTS Value: 5

Aims
Approximately one quarter of all deaths globally are attributable to environmental factors. This module examines the full of range environmental determinants of health under the broad umbrella term "Environmental Health". The module will introduce students to key underlying determinants of health in the environment, much of it in the built environment. In addition to identifying environmental health risks the module will outline practical steps to address those risks in many different settings and contexts (including humanitarian) but with a focus on low and middle income countries. Climate change will be highlighted as the biggest global threat to health in the 21st century and ways will be put forward to both adapt to climate change and address it practically and politically.

Learning Outcomes
On successful completion of this module, students will be able to:
•   Apply knowledge and understanding of what environmental health and climate change mean in the current global health context.
•   Develop an awareness of the key components of environmental health to consider in the design and implementation of a public health programme.
•   Develop an awareness of how climate change and health issues can be tackled in terms of adaptation and mitigation at a "field" level and at a political level
•   Integrate environmental health and climate change into the global debate on poverty alleviation and the achievement of the Sustainable Development Goals.

Module Content
•   Introductions to environmental health and climate change
•   Components of WaSH and wider Env. Health in high and low income country settings
•   The science of climate change
•   The impact on health and opportunities for health through addressing climate change
•   Linking cimate change to the indirect health impact via food insecurity
•   Mitigation and Adaptation to climate change including Disaster Risk Reduction and advocating on the issue of climate change and health

Indicative Resources
The module coordinator and guest lecturers will provide recommended reading lists. Lecture notes and additional materials will be posted on Blackboard.

Methods of Teaching and Student Learning
The module will cover approx. 12 hours of contact time plus 6 additional hours outside the classroom. The module is delivered in a participatory fashion encouraging shared learning amongst participants. A range of methods are provided including direct teaching through

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PowerPoint, brainstorming, group exercises, case studies and video. Teaching and reading materials will be posted through Blackboard to facilitate preparation before class and self-directed learning.

Methods of Assessment

Assessment of this module will be set by the Module Coordinator

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Project Cycle Management (PS9104)

Module Coordinator: Dr. Frédérique Vallières

ECTS Value: 5 ECTS

Aims

This module introduces students to the practical skills required for project planning and management in the field of global health. It is designed as a dynamic module, which encourages students to think and plan through an entire project cycle.

Learning Outcomes

On successful completion of this module students should be able to:

- Demonstrate knowledge of different approaches to project development, with a particular focus on participatory and results-based planning
- Explain the stages of the project cycle and the concept and practice of project cycle management
- Apply an understanding of cultural factors and contextual factors in project planning and management
- Demonstrate the ability to apply results-based approaches and develop a results-based framework, and establish a project monitoring and evaluation system with appropriate and valid indicators
- Apply an understanding of project management skills towards the development of a competitive grant proposal

Module Content

- Introduction to the Project Cycle
- Participatory Approaches to Project Formulation
- Situational & Stakeholder Analyses
- Problem Identification
- Results Based Framework Management
- Project Implementation and Project Management
- Design, Monitoring and Evaluation
- Budgeting for Projects
- GANTT Charts
- Dissemination
- Advocacy
- Donor Relations

Indicative Resources

Chambers, R., & Pettit, J. (n.d.). Logframe - A Critique. Available from: http://www.outcomemapping.ca/download.php?file=/resource/files/simonhearn_en_Logframe_A_Critique_199-1.doc

DFID. (2011). *Guidance on Using the Revised Logical Framework*. How to note. A DFID practice paper: Department for International Development (DFID).

Easterly, W. (2006). The White Man's Burden. Oxford: Oxford University Press.
Ohkubo, S., Sullivan, T.M., Harlan, S.V., Timmons, B.K. and Strachan, M. (2013). Guide to Monitoring and Evaluating Knowledge Management in Global Health Programs. Available from: https://www.msh.org/sites/default/files/km-monitoring-and-eval-guide.pdf

Gilmore, B., Vallières, F., McAuliffe, E. et al. The last one heard: the importance of an early-stage participatory evaluation for programme implementation. Implementation Sci 9, 137 (2014). https://doi.org/10.1186/s13012-014-0137-5

World Health Organization. (2016). Implementation Research Toolkit. Available from: http://www.who.int/tdr/publications/topics/ir-toolkit/en/

Lecture notes and all additional resources will be made available on Blackboard.

Methods of Teaching and Student Learning
A combination of consultation with practitioners in the field (during which the practicalities of programme planning and management will be discussed), group work and in-class exercises/projects designed to simulate real life programme scenarios to develop PCM skills.

Methods of Assessment
Assessment of this module will be set by the Module Coordinator.

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Sexual and Reproductive Health (CM7058)

Module Co-ordinator: Dr Ann Nolan
ECTS Value: 5

Sexual and reproductive health policies are neither developed nor adopted in a socio-political vacuum but are directly influenced by a range of factors in which scientific evidence is frequently subverted to a debate about values and our collective sense of right and wrong. This module aims to introduce students to theories and concepts informing the ways in which sexual and reproductive health services are both understood and delivered in different contexts. Students will be equipped with the knowledge and skills to critically appraise sexual and reproductive health policy and programming. The module takes a global approach, incorporating evidence from a range of contexts, countries and populations focusing on access to contraception and abortion services; the burden or HIV and other sexually transmitted infections (STIs); LGBTQI+ populations and women and girls at risk of Female Genital Mutilation and child marriage.

Aim

This module will explore the contested nature of sexual and reproductive health , and to provide students with a non-clinical foundation in family planning, obstetric health, HIV/AIDS and other sexually-transmitted infections while exploring the particular barriers to sexual and reproductive health by vulnerable populations.

Learning Outcomes
On successful completion of this module, students will be able to:
- Identify a spectrum of conceptual and theoretical approaches to sexual and reproductive health;
- Demonstrate an understanding of the historical, socio-political, religious and other factors that shape public health policy and practice for sexual and reproductive health;
- Identify populations most-at-risk of poorer sexual and reproductive health outcomes and effective interventions for improving access to and uptake of services;

- Demonstrate knowledge and understanding of evidence-informed approaches to reproductive and sexual health issues in particular contexts through international case studies.

Module Content
This module will include but will not be limited to the following subjects:
- Conceptual and theoretical approaches to sexuality, sexual and reproductive health;
- The regulation of sexuality including policy making for sexual and reproductive health;

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- Case study content from different contexts, countries and populations focusing on access to contraception and abortion services; the burden or HIV and other sexually transmitted infections (STIs); LGBTQI+ populations, and women and girls at risk of Female Genital Mutilation (FGM) and child marriage;
- The global burden of HIV and STIs;
- Public health interventions that aim to improve sexual health outcomes.

Reading List

"MyReadingList" is available for this module and will include a wide range of sexual and reproductive resources with links to their location in the TCD library. It will also be attached to the module in Blackboard.

Pre-reading/viewing:

- Sex and Sexuality: Crash Course Sociology #31
  https://www.youtube.com/watch?v=Kqt-_ILgv5c
- World Health Organisation, *FAQ on Health and Sexual Diversity*, 2016:
  https://www.who.int/gender-equity-rights/news/20170329-health-and-sexual-diversity-faq.pdf?ua=1
- World Health Organisation, *Global Health Sector Strategy on Sexually Transmitted Infections*, 2016-2021.
  https://www.who.int/reproductivehealth/publications/rtis/ghss-stis/en/
- World Health Organisation, *Global Health Sector Strategy on HIV*, 2016-2021.
  https://www.who.int/hiv/strategy2016-2021/ghss-hiv/en/
- World Health Organisation, *Global Health Sector Strategy on Viral Hepatitis*, 2016-2021 https://www.who.int/hepatitis/strategy2016-2021/ghss-hep/en/
- Global Health Observatory data for sexually transmitted infections
  https://www.who.int/gho/sti/en/

Core Reading
- Collumbien, M., Mitchell, K.; Wellings, K., (2012) *Sexual health: A public health perspective*. Maidenhead, Berkshire; New York, NY: Open University Press.

Elizabeth A. Armstrong-Mensah, (2017) Global Health: Issues, Challenges, and Global Action. Wiley-Blackwell (E-book)

Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–*Lancet* Commission, 2018:
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30293-9/fulltext

Other Reading
- Nathanson, C.A. *Disease Prevention as Social Change: Toward a Theory of Public Health.* Population and Development Review, 1996. 22(4)

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- Nathanson, C.A. R. Sember, R. Parker, (2007), *Contested Bodies: The Local and Global Politics of Sex and Reproduction*, in *Sex Politics: Reports from the Front Lines*, R. Parker, Petchesky, R., Sember, R., Editor. 2007, Sexuality Policy Watch: Rio de Janeiro.
- Berridge, V. (1996), *AIDS in the UK: The Making of Policy, 1981-1994*. 1996, Oxford: Oxford University Press.
- Weeks, J. (1989), *Sex, Politics and Society: The Regulation of Sexuality Since 1800 - 2nd Edition*. Second ed. 1989, New York: Longman.
- Weeks, J., (2007), *Sexuality - 2nd Edition*. New York: Routledge.
- Nolan, A. (2018). *The Gay Community Response to the Emergence of AIDS in Ireland: Activism, Covert Policy, and the Significance of an "Invisible Minority"*. *Journal of Policy History, 30*(1), 105-127. doi:10.1017/S0898030617000409
- Nolan, A., Butler, S. (2018), *AIDS, Sexual health, and the Catholic Church in 1980s Ireland: A public health paradox?* American Journal of Public Health 108, 908_913, https://doi.org/10.2105/AJPH.2018.304433
- Nolan, A., & Larkan, F. (2016). *Vectors of transnationality in the adoption of a liberal public health response to HIV and AIDS in Ireland*. Global Social Policy, 16(3), 253–267. https://doi.org/10.1177/1468018115620458
- Butler, J., (1993). *Bodies that Matter*. Routledge: UK
- Oliver, T.R., *The Politics of Public Health Policy.* Annual Review of Public Health, 2006. 27:
- Buse, K., Martin-Hilber, A., Widyantoro, N., Hawkes, S.J., *Management of the Politics of Evidence-based Sexual and Reproductive Health Policy.* The Lancet, 2006. 368:
- World Health Organisation (2015), *Sexual Health, human rights and law*. https://www.who.int/reproductivehealth/publications/sexual_health/sexual-health-human-rights-law/en/
- World Health Organisation (2010), *Developing Sexual Health Programmes: A framework for action* https://www.who.int/gho/sti/en/

Methods of Teaching and Student Learning

This module will combine interactive and guest lectures with self-directed learning, case studies and site visits to sexual health services in the Dublin area (COVID-19 permitting).

Methods of Assessment
Assessment of this module will be set by the module co-ordinator.

Culture Health and Illness (CO7053)

Module Coordinator: Dr. Sean O'Dubhghaill
ECTS Value: 5

Aims
This course explores concepts of 'sickness' and health-seeking behaviours across societies. We take seriously diverse ways of knowing and treating personhood, the body, life and death, disorder and disease. We view health and illness in their social context arguing that disease is never just about biology but must be examined in historically specific sociocultural frameworks. This is a highly interactive module design, which requires thoughtful participation from students throughout.

Learning Outcomes
Upon completion of this module the student will be able to
- Recognise the relevance of critical social perspectives and apply them
- Evaluate the usefulness of theoretical models as well as their limits
- Examine different knowledge paradigms
- Critically reflect on how medicine is practiced

Module Content
- Introduction to medical anthropology: An applied approach to culture, illness and health.
- The medical gaze: how biomedicine makes its object.
- Different and competing explanatory systems: A broader view of wellness.
- Speaking of sickness: How illness is narrated and the meaning of suffering.
- The social and political sides of diagnosis: Stigma, shame, taboo.
- A global view of Mental health

Indicative Resources
Reading list will be provided by module co-ordinator. Additional course materials and lecture notes will be added to Blackboard.

Methods of Teaching and Student Learning
This one-week intensive module will combine lectures, case studies, seminars, group exercises and a workshop.

Methods of Assessment
Assessment of this module will be set by the Module Coordinator

Maternal and Child Health (CO7055)

Module Coordinator: Dr. Ann Nolan
ECTS Value: 5

Maternal and child health is a global policy priority for the World Health Organisation and this is reflected in SDG targets 3.1 and 3.2 dedicated to the reduction of maternal and infant mortality worldwide by 2030. The health of women and children is a core part of the right to health, encompassing reproductive and maternal health (prenatal and postnatal), and child health care. This module will provide an overview of both perinatal and neonatal health in developed and developing contexts. Students will explore important aspects of the public health response to maternal and new born health including nutrition, pregnancy, childbirth, and breastfeeding with the socio-cultural factors that impact access to healthcare and other essential interventions.

Learning Outcomes

On successful completion of this module, students will:

- Critically appraise the factors that impact upon and determine maternal and child health outcomes;
- Demonstrate an understanding of where the global burden of maternal and new-born mortality is concentrated;
- Be fully familiar with maternal and child health data sources, while appreciating the reasons why the health of mothers and their children is of such critical importance in national, regional and global development agendas;
- Appreciate systemic factors that impact on women and children's right to access healthcare;
- Assess context-dependent causes of maternal and child mortality and morbidity through case study exploration.

Module Content

- Global overview of maternal and child health
- Socio-economic and political factors that impact on maternal and child health outcomes
- Systemic failures that inhibit the rights of women and children to adequate health services
- Perinatal health
- Neonatal health

Essential Reading:

Elizabeth A. Armstrong-Mensah, (2017) Global Health: Issues, Challenges, and Global Action. Wiley-Blackwell (E-book)

Kaasch, A., (2015), Shaping Global Health Policy: Global Social Policy Actors and Ideas About Health Care Systems. Palgrave Macmillan (E-book)

Reports of the maternal health task force: https://www.mhtf.org/topics/the-sustainable-development-goals-and-maternal-mortality/sdgs-and-maternal-mortality-documents-reports/

BMC Central: Maternal and Child Health in the SDG Era

World Health Organization, WHO recommendations on maternal health: guidelines approved by the WHO Guidelines Review Committee. Geneva: 2017

Methods of Teaching and Student Learning
This module will be delivered through a combination of lectures, participative group work and discussions. Students are also expected to engage in self-directed learning.

Methods of Assessment
Assessment of this module will be set by the Module Coordinator

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Health in Humanitarian Settings (CO7065)

Module Coordinator: Dr. Tanya Bosqui
ECTS Value: 5

Aims

Health in Humanitarian Settings offers an introduction to health and healthcare access in humanitarian emergencies, covering differences in definitions and incidence of a range of health conditions, including gynecological/obstetric complications, HIV, COVID-19, and psychiatric disorders, as well as the effectiveness, accessibility and acceptability of health care services, systems and policies. The module takes a critical perspective on health and health care in different setting and populations, including war and armed conflict, displacement, and natural disasters, as well as the wider role of power and inequity in shaping national health policies and international guidelines. The module draws heavily on real examples from the field, from research, to medical services, health systems and policy.

Learning Outcomes

Upon completion of this module students will be able to:

1. Identify and explain competing theories of health inequities in a humanitarian and emergency context
2. Critically analyse responses to humanitarian health needs, in terms of the effectiveness, accessibility, and acceptability of interventions, healthcare systems and policies at a national and international level
3. Demonstrate a solid knowledge base of the ethical standards of health research and practice with vulnerable and displaced populations
4. Demonstrate critical thinking and innovation individually and in groups to address current major challenges for health in humanitarian settings

Module Content

9. An introduction to health in humanitarian settings
10. Prevalence of health and mental health disorders
11. Social and cultural constructions of illness
12. Risk and protective factors
13. Relevance, accessibility and effectiveness of health interventions
14. Health care systems
15. National health policies and international guidelines
16. Research and practitioner ethics

Indicative Resources

Lecturers will provide recommended reading lists. Lecture notes and additional materials will be posted on Blackboard.

Essential Reading:

Banatvala, N. & Zwi, A. B. (2000). Public health and humanitarian interventions: Developing the evidence base. BMJ, 321, 101-105.

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Blanchet, K., et al. (2017). Evidence on public health interventions in humanitarian crises. Lancet, 390, 2287–96.

IASC (2007). IASC guidelines on mental health and psychosocial support in emergency settings. Geneva: Inter-Agency Standing Committee.

Kohrt, B. A., et al. (2019). Health research in humanitarian crises: An urgent global imperative. BMJ, 4.

WHO (2020). Health Cluster Guide. Geneva: World Health Organization.

Methods of Teaching and Student Learning
This module will combine lectures, case studies, group work and self-directed learning.

Methods of Assessment
2,000 word written assignment.

Global Health Research Project (CO7000)

Module Coordinator :   Dr. Ann Nolan

ECTS Value: 30

Aims

Upon completion of the taught component of the programme, students will undertake and complete an independent research project leading to the writing and submission of a dissertation. The aim of the dissertation is to develop independent analytical thought on a chosen topic, through a research project involving a critical investigation of a phenomenon relevant to global health. The dissertation may be written following research and/or field placement with government departments, international agencies and civil society organisations in Ireland or elsewhere. Students may also choose to write a systematic review for submission as a dissertation. The research proposal will be developed over the first two terms of the programme through related seminars and in consultation with the assigned research supervisor. Prior to commencement of the research project, students must obtain ethical approval from the relevant bodies.

Learning Outcomes

On successful completion of this module, students will be able to:

• Independently plan and conduct a global health-related research project in a domestic or international setting utilising appropriate methodological skills and, in an ethically responsible manner;

• Effectively handle obstacles encountered during the research process and mitigate accordingly;

• Keep a personal (e) journal to log your research experiences during the project to share with your supervisor and other students;

• Disseminate research findings in a conference setting (poster and oral presentation) and prepare manuscript for a peer-reviewed journal;

Indicative Resources

The research dissertation guide outlines the important deadlines in preparation for dissertation work in Term 3, as well as specific guidelines on the writing and submission of the dissertation. Additional information may be provided in related preparation seminars and posted on Blackboard.

Methods of Teaching and Student Learning

The research project will be developed over the first two terms of the programme through related seminars and in consultation with the assigned research supervisor.

Methods of Assessment

The dissertation will be examined under the same grading guidelines outlined in the Student Handbook by two internal examiners. The final overall mark will be determined by averaging the two final marks by the two examiners. The External examiner(s) will mark a representative sample of the dissertations and any dissertations where the examiners' assessment differs a) by more than 10% or b) across the pass/fail or pass/distinction grade.

Examiners will be guided by a dissertation assessment form outlining a number of criteria, as outlined in the research dissertation guide.

Guidelines for Writing Dissertation

A word count of a minimum of 9,000 and a maximum of 10,000 words, exclusive of abstract, references and appendices, applies to the dissertation as part of fulfilling the MSc Global Health requirements. The dissertation must be written concisely and students are advised to strictly adhere to this word limit, as there are penalties. Once a student has completed a draft of the dissertation, this should be handed to the research supervisor who can read the draft and give feedback. The student must then finalise the dissertation and hand in the completed dissertation to the Programme Office by the appropriate deadline.

Students and research supervisors should note that these guidelines are mandatory and follow guidelines published by the Graduate Studies Office (which are extracted from Part II of the College Calendar). Please familiarise yourself with the information below as dissertations must meet all the requirements set out below.

Dissertation Content

The following is a set of section-by-section guidelines to assist students with writing up their dissertations.

Abstract

The abstract provides a synopsis of the dissertation and should state clearly the nature and scope of the research undertaken and the contribution made to knowledge of the subject treated. A brief statement of the method of investigation where appropriate, an outline of the principal arguments of the work and a summary of any conclusions reached should be included.

The abstract must contain the title of the dissertation and the author's and research supervisor's full names as a heading and may be single-spaced. Up to five key words may be stated which capture the characteristics of the dissertation. The final word count of the completed dissertation should be clearly indicated at the bottom of the abstract page.

Introduction

The introduction is essential to any dissertation and precedes the main body of the text. The purpose of the introduction is to set the dissertation in context, to define its relationship to other work in the same field and provide a rationale for undertaking the study. It should explain why the topic is of interest and importance (to the researcher personally, to global health stakeholders and to the wider general public) and then outline the pertinent streams of literature in light of this.

Literature Review

This section should give an in-depth discussion of the streams of literature reviewed in both research design and analysis and outline the rationale behind such literature choices. The reviewed literature should demonstrate three aspects:

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1.	How extant scholarship in the topic area informs your formulation of the research question(s) – critically evaluate the literature in terms of its content, showing what, if any, conclusions have been reached by previous studies in the area and what are the suggested directions for further research. Evaluation should pertain to both theory and evidence, showing how previous researchers formulate and explain the research problem; include what evidence has been gathered so far to support or refute such explanations and show where the gaps are in terms of both theory and evidence.

2.	How extant scholarship in the topic area informs your choice of research methodology – critically evaluate the methods previously used to research this particular area, showing how adequate or otherwise the previously employed methodologies have been in investigating the topic area. It may be that the assumptions implicit in previous methodologies employed made about the topic area/research participants are not/no longer valid, or that they have been poorly executed due to practical constraints in the research setting. If a particularly robust design has been used that you wish to replicate/adapt for your own study, explain why that design is particularly appropriate for your own study.

3.	How your proposed research will add to the body of existing knowledge on the topic – show how your proposed study will address the limitations - whether theoretical, empirical or methodological, of the extant scholarship addressed above.

Research Objective(s)
Outline the broad aim(s) of the research, relating them to the general purpose/benefits of the proposed study in light of the foregoing discussion on literature limitations. State in precise terms the specific question(s) that your research seeks to answer, showing how the question(s) are formulated based on the review of relevant literature above, and demonstrate how answering your research question(s) helps to achieve the stated objectives.

Methodology
This section describes what exactly you did in order to investigate the questions you have stated in the previous section. It has to be:

1.	Clearly and logically linked to the stated research question(s) and objective(s) – e.g. do not use a questionnaire survey instrument if you set out to explore the research problem; do not use phenomenological methods if you wish to test certain hypotheses gleaned from the literature; and do not use an experimental design if you seek to grasp the meanings held by the research participants in regard to a particular issue, etc.

2.	Clearly and logically linked to your own research orientation (e.g. positivist, realist, interpretivist, critical, etc.) – e.g. do not attempt to conduct phenomenological research if your own research orientation is that of a positivist/traditional realist.

3.   Unambiguously described in order for other researchers to assess the quality of your investigation and, where quantitative research designs are used, to reproduce the study if they so desire.

First, outline the research approach you have chosen (exploratory, evaluative, etc.) for investigating the research question(s), placing your choice within an appropriate methodological tradition, and explaining the compatibility of the assumptions underpinning both. Describe your particular research orientation, emphasizing the link between your research question, your own research orientation and the chosen research methodology.

Then detail the research design followed (e.g. experimental, quasi---experimental, case study, grounded theory, phenomenological, etc.). Describe the research process involved, e.g. determining sampling criteria, access negotiation, ethical approval, etc. Also describe any pilot test undertaken in developing/refining your research methodology. If pilot testing resulted in modifications to your research design/instrument(s), give precise details on any changes made and the rationale behind such change.

Give detailed description of the study method(s) you have chosen to employ for the actual project. Where quantitative instruments are used, explain how they were sourced and adapted/developed from scratch, and give details of measure used for ensuring reliability and validity. Where qualitative methods are employed, explain precisely how data are gathered and analysed, and include a fieldwork schedule where appropriate. Describe your role within the setting and the quality of relationships you had with the research participants. Include a chart showing the steps involved in processing and analysing data. Give details on the measures you have undertaken to ensure rigour in your study, explaining the particular basis upon which the different types of validity are claimed.

Results
Give a summary of your data so that the reader can picture what you found and picture the participants and/or the field setting you researched. Arrange your data according to your research question(s), not according to the detailed questions of your research instruments.

If quantitative design was used, start with basic descriptive statistics (means, medians, etc.). Explain the type of tests chosen to analyse the dataset and the order in which they were used, and explain the reason for the order. Go through the tests systematically in the same order as you have described them and report the findings. Remind the reader of the question you were asking in carrying out that particular analysis in reporting the findings. Where appropriate, use tables, bar charts or other graphical representation to present your ideas. As this section deals with reportage of research results, you should comment on each table or chart factually – do not seek to interpret the findings or relate it to previous findings at this stage. Highlight any unusual observations and/or significant findings, and report on any trends from the data.

If qualitative design was used, start with a clear description of the field setting and the variety of research participants involved. Give substantive reportage of your findings, including verbatim quotations, extended passages from field notes, etc., where appropriate.

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Organise the findings according to a logical schema (e.g. the conceptual model you have developed as you analysed the data, the emergent themes you have identified from the data, etc.). Explain how your conceptual model was developed in the process of data analysis (with reference to the data---processing chart provided in the methodology section). Use appropriate qualitative data displays (e.g. sociograms, etc.) where possible to illustrate your arguments. At the end of the reportage of results, provide a macro view of the overall study results for the reader by summarising your findings.

Discussion

Remind the reader of the research question(s) you have set out at the beginning of the study, and critically appraise your findings to see if and how the empirical data actually answer them. Organise your findings according to the logical schema followed above, and interpret their significance/meanings or otherwise in terms of your conceptual model (e.g. does the data lend support to the hypotheses you have set out to test? Is the data obtained really illustrative of the participants' "lived experience"? etc.). Explain how the findings relate to extant research in the area as described in your literature review (e.g. do the findings adequately plug the gap(s) identified in the extant literature? Or do they raise more questions than they answer?).

Limitations of Study & Suggestions for Future Research
Researchers should be as keenly aware of the limitations of their study as they are regarding the positive impact of their finding, as no study in and of itself can claim to be complete and perfectly adequate in addressing the research question. Examine with scepticism your own research approach, methodology and analysis, and outline the limitations and/or weaknesses of your study, stating how these serve as qualifiers to the claims made by the study. Alert other researchers of any limitations/weaknesses in your own approach that should/could be avoided in future research, and conclude with implications for future research based on your adequately qualified study findings.

Conclusion
Given the foregoing discussions, conclude with a few paragraphs summarizing for the reader the state of play on the issues you raised at the beginning of the introduction in light of your study findings. Has your research objective(s) been achieved?

Citations & References
The Trinity Centre for Global Health does not stipulate any particular referencing style. Whatever your referencing style preference, it should be stringently followed to fulfil standard academic requirements. Consistency in presentation of citations and references is absolutely essential.

Therefore, it is advisable at an early stage of the dissertation to carefully record full reference details of all consulted materials, including books, reports and Internet resources. Page numbers of useful passages should be noted, so that they can be properly cited if they are included as direct quotations or indirect paraphrasing in the final dissertation. Journal

articles from online databases should be downloaded in portable document format (PDF) as far as possible so that actual page numbers of passages used can be traced.

Dissertation Format

Language

The dissertation must be written in English unless the candidate has written to and received permission from the Course Director and Dean of Graduate Studies for the use of another language. Permission must be sought before writing of the dissertation commences.

Typescript & Margins

The type must be black and not less than 11 point. Line spacing must be at least one and a half or double spacing between lines. The gutter margin of both text and diagrams must not be less than 35 mm and that on the other three sides not less than 20 mm.

Page Numbers

All pages must be clearly numbered on the lower-right hand side of the page. Pages prior to and including the Table of Contents but excluding the title page should be numbered using Roman numerals (ii, iii, iv, etc.) The contents of the dissertation, including references and appendices, should be numbered and according to the Table of Contents.

Chapters & Sections

Dissertations are divided as appropriate into chapters, sections and subsections. The system of headings should be consistent and should provide a clear indication of changes in content, emphasis and other features that occur at each stage of the work.

Headings

The headings recommended are:

(1)   Main headings, which should be used for chapter or sections and should be in full capitals;

(2)   Subsidiary headings, which should be used for subsections, and should use initial capitals (a.k.a. "Title Case").

Section Numbering

If section numbering is used it should not go beyond subsections. The alphabet or Arabic numerals may be used for lists. The system of notation of appendices should be consistent with, but independent of, that used for chapter and sections of the main text.

Tables & Figures

The easiest system of numbering is one based on the Chapter number within which the table of figure falls (e.g. Figure 3.1 for the first figure in Chapter 3). All legends (titles) for figures, tables, photographs and maps, etc. should be fully self-explanatory. Conventionally,

legends for tables are placed above, and for figures, photographs and maps below the illustration itself.

Dissertation Structure

Within the covers of the bound dissertation, the contents must be ordered in the following manner:

• Title Page
• Declaration
• Abstract
• Acknowledgements
• Table of Contents
• Contents of Dissertation (Introduction, Literature Review, etc.)
• References
• Appendices

Title Page

The title page must include the title of your research dissertation and list the authors. The following statement must be included on your title page: "This dissertation is submitted to the University of Dublin in partial fulfilment of the requirements for the award of MSc Global Health degree".

Declaration

The dissertation must contain immediately after the title page a signed declaration that:

a)   It has not been submitted as an exercise for a degree at this or any other University

b)   It is entirely the candidate's own work (in the case of a dissertation for which the work has been carried out jointly; there must be a statement that it includes the unpublished and/or published work of others, duly acknowledged in the text wherever included)

c)   The candidate agrees that the Library may lend or copy the dissertation upon request. This permission covers only single copies made for study purposes, subject to normal conditions of acknowledgement. (See "Access to Dissertations" section below for withheld access (a "stay") for such permission).

A dissertation submitted for a higher degree may be based on or include, writings already published by the candidate, if the studies from which they derive have been carried out during the period of registration on the higher degree register. Such writings must be fully integrated into the body of the dissertation.

Acknowledgements

A formal statement of acknowledgements must be included in the dissertation.

Appendices

The following must be included as an Appendix:

- Copy of ethical approval letter
- Copy of participant information leaflet (if applicable)
- Copy of participant consent form (if applicable)
- Research tools (i.e. questionnaire, interview guide, etc.)
- Other items as required, however the appendix must not consist of material that should have been incorporated in text (your research supervisor can advise)

Submission and Assessment of Dissertation

Submission Guidelines

The dissertation will not be accepted until it has been established that the candidate is currently registered on the higher degree register and any outstanding fees have been paid.

The following items must be submitted to the course office by the submission date

1. **One electronic copy of complete dissertation with abstract, all appendices, references, etc. via Blackboard**
2. **All associated raw data as part of the dissertation research**

This electronic copy of the dissertation will generate a 'similarity' mark, which will be passed on to the examiners along with the soft-bound copy of the dissertation. **Students will be required to submit the final pdf version of their dissertation to Blackboard no later than two weeks prior to the commencement ceremony in November.** The exact date will be advised.

Printing & Binding

Students who wish to do so may have their dissertations printed and bound. It is recommended to use the printing and binding services of Thesis Centre (http://www.thesiscentre.ie/), as they provide service within 5 to 48 hours and follow the mandatory formatting guidelines as follows:

The dissertation must be printed on one side of the page only on good quality (weight of at least 90 gsm), A4 (297 x 210mm) white paper. The type must be fully formed as in the output of a laser or ink jet printer. The output of dot matrix printers is not acceptable. Colour photocopies and scanned images may be used.

The dissertation must be securely bound in hard covers with dark blue cloth. The final size when bound must not exceed 320 x 240 mm. The title of the dissertation must be written in full on the title page of each volume of the dissertation. The degree for which the dissertation has been submitted, the year, and the name of the candidate, in that order, should be lettered in gold, in 24 pt or larger type, down the spine, so as to be readable when the volume is lying flat with the front cover uppermost. The title must also appear in gold lettering on the front cover of the dissertation.

One laminated copy of an abstract, printed on a single sheet of A4 paper, must be submitted loose with each copy of the dissertation.

> **In the context of Covid19 the submission format may change and we will advise towards the end of the year.**

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Penalties

Late Submission

The dissertation must be submitted by the date specified unless prior approval for an extension is granted by the Course Director. Failure to comply with this deadline will incur a penalty of normally 5% for each day that the dissertation is late.

Word Limit

There are penalties for over length dissertations. These are shown in the following table:

Words over length	Penalty
0 - 200	1% off original mark
201 - 500	2% off original mark
501 - 1000	4% off original mark
1001 - 2000	5% off original mark
2000+	10% off original mark

Dissertations without a word count will not be accepted and will incur an automatic 2% penalty. Similarly, there will be a 2% deduction if students have falsified their word count.

Plagiarism

Penalties for plagiarism will be determined on a case-by-case basis on review of the similarity reports produced by the online plagiarism detection system.

Dissertation Assessment Process

The dissertation will be examined under the same grading guidelines outlined in the Programme Assessment section of the Student Handbook by two internal examiners.   The final overall grade will be assigned if the dissertation receives the same letter grade from both examiners. The External examiner will mark any dissertations where the examiners' assessment differs by one letter grade, and review a representative sample of the dissertations for moderation purposes.

Examiners will be guided by a dissertation assessment form outlining a number of criteria (listed below), and the following grading scheme:

Grade	Class
>70%	Pass with Distinction
50-69%	Pass
<50%	Fail

Introduction & Literature Review
- Adequate presentation of the problem and basis for the study
- Coverage of relevant literature and conceptual framework
- Critical discussion of methodological issues in previous literature

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- Evidence for critical conceptual appraisal of previous literature
- Evidence for thoughtful synthesis of existing literature leading to clear research questions
- Clarity of research question(s) and objectives

Methodology
- Clear identification and appropriate selection of participants
- Appropriate study design and sample selection
- Adequate description and characterisation of key demographic and other relevant variables
- Appropriate summary of statistics (e.g. means, standard deviations, ranges)
- Mention of any significant ethical issues
- Appropriate description of research materials
- Report of reliability and validity of measures used
- Appropriate selection of materials for the research questions posed, in case of qualitative research, accurate use of a particular stated method of analysis with appropriate cross checks for reliability and validity of ratings/analysis
- Appropriate description of procedure leading to data analysis
- Synergy between research questions, materials, data and analysis with appropriate control/comparison groups and appropriate consideration of possible confounding variables
- Clarity of exposition of procedure to a level of detail that would allow replication by an independent investigator

Results & Analysis
- Appropriateness of statistical or other method of analysis
- Understanding of the method used and its limitations
- Clarity and conciseness of presentation in both text and tables/figures
- Setting aside appropriateness of statistical method, how intelligently are the available data analysed?
- Are the appropriate range of questions that could be addressed by this data set actually addressed?
- Does the student anticipate possible confounding issues through appropriate subsidiary analyses?

Discussion & Conclusion
- Summary of results obtained
- Synergies between results and original research question
- How well the student relates the findings to the original research questions and to the literature reviewed in the introduction
- How well did the student critically appraise their own findings from both a conceptual and methodological point of view? How well do they critically appraise previous literature on the basis of own findings?
- How well did the student draw implications from the data for the generation of new hypotheses, research questions and recommendations?
- How well did the student recognise possible limitations of research?

- How well student provides policy, programme or other recommendations following the findings?

Structure & Presentation
- Structure, organisation of material
- Appropriate dissertation title
- Clarity of abstract
- Use of table of contents
- Ability to express ideas in concise manner
- Correct and consistent use of referencing
- Clarity and conciseness of presentation in tables and figures
- Writing ability, spelling, grammar

Research Capability & Independence
- Degree to which research idea and methodology were generated independently
- Initiative and perseverance in overcoming problems which the research process generated
- Independence in handling of the data
- Relevance/significance of study to global health
- Originality and creativity of dissertation
- Publishability of research

Feedback
The student will receive the final grade based on those of the two markers, and approved by the Court of Examiners. Students will receive their dissertation result along with the results of the taught component of the programme. Students may request from their research supervisor a feedback form with substantive comments based on the assessment of the two internal markers, and the external examiner if applicable. The examiners will remain anonymous. The student also has the right to request a meeting with their research supervisor to discuss their mark and to receive further feedback.

Appeals & Extensions
For information relating to appeals and extensions, please consult Part II of the Trinity College Calendar. A formal letter of support is required from the supervisor in the event of an extension request by the student. General questions and problems should in the first instance be addressed to the Course Director. Students are also advised to contact the Course Director in the event of more serious queries relating to appeals and extensions. If students are dissatisfied with the response of the Course Director, they are advised to then contact the Dean of Graduate Studies.

Please note that any extension may delay the review and moderation of your dissertation prior to the Court of Examiners' meeting, resulting in a delay for conferring the degree. Extensions beyond 30 September require the student to re-register and pay additional fees. If a student fails to submit his/her dissertation within 5 years of starting the course, under no circumstances will the student be allowed to re-register and submit a dissertation. In such a case, the student cannot obtain the award of the MSc.

Access to Dissertations

A copy of the electronic dissertation will be held at the Centre for Global Health following examination. According to TCD regulations, dissertations will not be deposited in the main library as the dissertation is a part of a taught course and is not the sole criteria for awarding the MSc Global Health award.

Should an author of a dissertation wish to withhold permission for the use of their work, a written application must be made to the Head of Department at the time of submission of the dissertation for examination. Such applications must have the written support of the graduate student, must state the reasons for the request for a stay on access, and must provide a contact address. The maximum length of a stay is five years. During this period of withheld permission, the dissertation may be consulted, lent or copied only by written permission of the author who is under an obligation to reply to all inquiries within a reasonable time.

Research Dissemination

Upon submission of your research dissertation, you are strongly encouraged to disseminate your findings not only to academic journals but also through conferences, reports, and websites. Your research findings will never make a difference unless disseminated in an appropriate and timely manner to the people and organisations involved in policy and/or service provision. Consult with your research supervisor and the Student Liaison about options for dissemination.

Please note: As stated in the research waiver signed upon submission of your dissertation, you should consult with your research supervisor prior to dissemination and the Centre for Global Health and your research supervisor must be duly acknowledged.

The following five recommendations are adapted from the Community Advisory Board, Centre for AIDS Prevention Studies (2006).

Create a dissemination plan
a.   Develop a timeline for dissemination efforts
b.   Get input from study participants and community representative on the best methods to disseminate research findings
c.   Make research results accessible to various audiences through institutional resources such as websites, newsletters, reports and conferences

Disseminate research findings to study participants
a.   Ask study participants how they would like to be informed of findings
b.   Use multiple methods to disseminate findings to study participants, including Q&A forums, articles in the lay media, newsletters and websites
c.   Disseminate positive, negative and null results

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    d.   Make dissemination accessible paying attention to language and literacy needs of audience as was done during the recruitment phase

Disseminate research findings to agencies and service providers

a.   Prioritise dissemination of results for agencies that assisted with recruitment and/or serve the target population

b.   Emphasise the practical implications of the study results and how it informs services and interventions.

c.   Write articles about the study in newsletters or websites frequently used by service providers.

Disseminate research findings to community

a.   Use dissemination venues appropriate to the targeted community

Disseminate research findings to policy makers

a.   Evaluate if research results have a potential policy impact and disseminate results to policy groups and local congressional representatives

Adapted from: Community Advisory Board, Center for AIDS Prevention Studies (2006) Recommendations for Research Dissemination. University of California, San Francisco. Available at: www.caps.ucsf.edu/projects/collaboration/dissemination.php

Commencement & Postgraduate Symposium

Commencement

After submission of the research dissertation for examination, students may submit a conditional notice of candidature for an MSc degree. Conditional notices will be confirmed after the Court of Examiners meeting.

Postgraduate Symposium

The Postgraduate Symposium will be organised after the final submission of the dissertation and prior to commencement. This will give students the opportunity to disseminate their research findings in a conference setting (poster or oral presentation). Details will be communicated after submission of the dissertation.

Referencing Style Guidelines

This section has been complied to assist you with the correct referencing of the ideas and work of others. Please follow it carefully when using in-text citations and compiling your list of references, as marks will be deducted for incorrect referencing.

All referencing style preferences are acceptable as long as they are correctly and consistently applied. Additionally, we strongly recommend you use Endnote, or a similar software package, to ensure the correct referencing style is applied to all documents you submit.

Whenever you quote, paraphrase, summarise, or otherwise refer to the work of another author, you are required to cite its source. Referencing is referring someone to the source of your information. In-text citations indicate to the reader materials the author has consulted and point the reader to full details of a source in the reference list. References give information about a book, journal article, web site, electronic journal or other source that you refer to or quote from in a paper. The reference includes all of the information needed to identify and locate this source, such as author, title, publication information, date, page numbers, etc. Although you will have read more material than you have finally mentioned in your assignment, these do not need to be included in your reference list.

Below are some examples of how to correctly reference the ideas and work of others using the APA referencing style.

Section 1 – Citations within the text
1.   The author(s) and year of publication are cited in the text
Example 1:
In conjunction with their perceived low social status, the key factors that influence the use of contraception among African Women are the dominance of the husband in the marriage and his opposition to family planning (Beekle & McCabe, 2006).

Example 2:
Recent research shows that women's experiences of and response to pregnancy and childbirth vary significantly and can have a long-term positive or negative effect (Kitzinger, 1992; Stanton et al., 2002).

In the examples above the sources are cited chronologically i.e. the oldest source first and separated by a semicolon. Sources with the same date are then cited alphabetically. The full stop is placed after the closing bracket. If there are two authors or less, all names are included in the text, as shown in Example 1. If more than two authors have written the item all authors names should be used the first time you cite the reference, and subsequently only the first author's name followed by 'et al.' needs to be included in the text as is shown in Example 2.

2.   The author(s) surname is part of a sentence

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If the author(s) surname is part of a sentence then the date only appears in brackets.

Example 1:
Findley (2003) suggests that loneliness is rarely considered as appropriate for intervention research; however, the results of such studies are promising.

Example 2:
Findley (2003) and Wikström (2002) agree that …

Example 3:
Beekle & McCabe (2006) state that in order for women to be able to make choices about family planning they need comprehensive information about thrall methods of modern contraceptive, their benefits and low side effects.

Example 4:
According to Moreau et al. (2006) the main reasons for women discontinuing oral contraception included a lack of knowledge and high levels of anxiety.

If there are two authors or less, all names are included in the text, as shown in Examples 1, 2 and 3. If more than two authors have written the article, only the first author's name followed by *et al*. (in italics) needs to be included in the text as is shown in Example 4.

3. Works published by the same author(s) in the same year
Works published by the same author(s) in the same year are assigned the letters of the alphabet in ascending order.

Example:
Moreau *et al*. (2006a, 2006b) has suggested that...

To avoid confusion, where different authors with the same surname and same year of publication are being cited, the first initial of each author should be used.

4. Using secondary sources
A primary source is defined as the original piece of work by an author. A secondary source would be defined as work cited within the literature you are using. Citing secondary sources is strongly discouraged and should only be used when primary sources are not available. In the reference list, give the full details of the original source as normal ending with a full stop. Then write 'Cited in' and give full details of the secondary source.

In the text
Example of a secondary source:
Patel (2004), as cited by Brown (2005, p. 83) explained that…

In the reference list
Example:

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Patel P. (2004) Green Thinking and Political Culture.   Coventry University Press, Coventry. Cited in Brown R. (2005) Enviro-politics in the New Millennium. Macmillan, London.

Section 2 – Using quotations

Quotations are borrowed phrases that state something effectively and economically. However, be very careful not to overuse them as the logical flow or theme can become disjointed. A collection of random quotations, even though they relate to the same topic, is unacceptable. Do not begin a sentence with a quotation but integrate it into your assignment i.e. within a sentence or at the end of a sentence.

Direct quotations must be reproduced exactly as they are printed in the original text and enclosed within quotation marks. The author, year and page number on which the quotation is to be found must also be included.

Example:
As Faulder (1995, p. 34) has already stated, informed consent is "the right to know and the right to say no".

1.   Short quotation as part of a sentence
A short quotation is a sentence or part of a sentence quoted with the text.

Example 1:
According to Slade et al. (1997, p. 5) there are "several potential targets in the life cycle of the virus for drugs to act against HIV".

Example 2:
It has been stated that "good quality infection control procedures remains the prime means of prevention of occupationally acquired blood borne viruses" (Moyle 1997, p. 2).

2.   Block or large quotation
Block quotations comprise more than 40 words and should be used sparingly. Leave an extra line space at the beginning and end of the quote. Use a smaller size font i.e. if using size 12 use size 11 for the quote. Also include the page number(s) of the source at the end of the quote. Do not use bold or italic in this section, unless it appears in the original text and the entire quotation should be indented.

Example:
Kitzinger (1980, p. 290) describes the adjustment to motherhood in the following way:

"Psychologically, the first months after birth are a time in which great adjustments are necessary. The mother– even though she hesitates to admit it often harbours a secret resentment against the baby who has deprived her of her freedom and the leisure of bachelor girl life... Now she may have no money of her own, no personal allowance and no joint bank account, she has to squeeze money for her clothes, her personal luxuries and presents from housekeeping money. She feels tied down by maternity and domesticity. She

struggles with tasks for which she has not been trained and which recur day after day with monotonous regularity."

Section 3 – Creating a reference list

A list containing the full details of all the references used in the text must be included at the end of the assignment. This should appear on a separate page and be entitled References. The list must be arranged in alphabetical order using the surname of the author(s). Numbering or bullet points are not required.

Sources are referenced differently depending on the type of source (ie. books, journal articles, online journal articles, websites, etc.). The following section is not a comprehensive guide, but highlights the sources you will most frequently use. If an example of the source is not below, use your own judgement in line with examples provided in this guide.

Title case:
Capitalise the first letter of each word with the exception of small words e.g. and, an, in, of
Example 1:
The Research Process in Nursing
Example 2:
Understanding Pain and its Relief in Labour

Sentence case:
Capitalise the first letter of the first word and use lower case letters for all other word, except where the word would normally have a capital letter e.g. name of a country (a "proper noun")
Example 1:
The research process in nursing
Example 2:
Understanding pain and its relief in labour

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1. **Referencing a book**
   - Author(s) surname plus initial(s) in full. Initials should be in the format 'A.B.'. The names of all authors must be listed.
   - Year of publication (if a book has been reprinted, give the original publication date)
   - Title in italics (use title case) followed by a full stop
   - Volume number (if the book has more than one volume number) Edition no. if later than first edition
   - Publisher's name. Publication details should be in the format 'Publisher, Place'
   - Place of publication (if there is more than one place name given, use the first on the list)

Template:
Surname Initial(s). (Year) Title. Publishing company, Place of publication.

Example for a book with one author:

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Farmer P. (1999) Infections and Inequalities: The Modern Plagues. University of California Press, Berkeley CA.

Examples for book with more than one author (the names of all authors are listed in the reference list):
Gould D. & Brooker C. (2008) Infection Prevention and Control: Applied microbiology for health care. Palgrave MacMillan, Houndsmill.

Cheek J., Doskatsch I. & Walsh L. (1995) Finding Out: Information Literacy for the 21st Century.
MacMIllan Education Australia, Melbourne.

2.   Referencing a chapter in an edited book
- Surname of chapter author(s), followed by initial(s) in full as above
- Year of publication of chapter (if not available, use year of publication of book)
- Title of chapter (use sentence case)
- Title of book in italics (use title case)
- Surnames of editors followed by initial(s) in full (followed by ed or eds)
- Year of publication of book, if different from year of publication of chapter
- Edition number
- Publisher's name
- Place of publication: if there is more than one place name given, use the first on the list The number of the first and last pages on which the chapter appears in the book

Template:
Surname Initial(s). (Year) Chapter title. In Book Title. (Editor(s) Surname Initial(s), ed/eds), Publishing company, Place of publication, pp. page numbers.

Example 1:
Hunt M. (1991) Qualitative research. In The Research Process in Nursing. (Cormack D.F., ed), Blackwell Scientific, Oxford, pp. 125-164.

Example 2:
Morse S.A. (1995) Cell structure. In Medical Microbiology, 20th edition (Brooks G.F., Butel J.S. & Ornston L.N., eds) Prentice-Hall International, London, pp. 332-368.

3.   Referencing a printed journal article
References for printed journal articles and references for journal articles from the internet are different. However, if you have downloaded a PDF version of the printed version from the journal's website, the source can be treated as a print journal article for referencing purposes, as this is a true copy of the printed journal article.

- Author(s) surname plus initial(s) in full. The names of all authors must be listed.
- Year of publication (in round brackets)

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- Title of article (use sentence case) followed by a full stop
- Title of journal in full in italics (use title case)
- Volume number (in bold) Issue number, in brackets
- The number of the first and last pages on which the article appears

Template:
Surname Initial(s). (Year) Article title. Journal Title Volume (Issue), page numbers.

Example 1:
Nikkonen M. (1995) The life situation of a long-term psychiatric patient: Some restrictions in, and possibilities of, open care. Journal of Advanced Nursing 22 (1), 101 -- 109109.

Example 2:
Paykel E.S., Emms E.M., Fletcher J. & Rassaby E.S. (1980) Life events and social support in puerperal depression. British Journal of Psychology 136, 339-349.

4.   Referencing a journal article from the Internet
Online journals and journal articles that are published online in advance of print must be treated as a journal article from the internet.

- Author(s) surname plus initial(s) in full Year of publication
- Title of article (use sentence case)
- Title of journal in italics (use title case)
- Volume number
- Issuenumber
- Retrieved from http://www   (full URL)
- Retrieved date

Not all of these details will necessarily be applicable to every electronic source however the site, path and file are usually found at either the bottom or the top of each downloaded page.

Template:
Surname Initial(s). (Year) Web Page Title. Publisher name, place. Retrieved from http://www. on retrieved date.

Example – article published online advance of print:
Johnson R.L., Gold M.A. & Wyche K.F. (2009) Distress in women with gynecologic cancer. Psycho-Oncology. Retrieved from http://www3.interscience.wiley.com/cgi-bin/fulltext/122439546/ PDFSTART on 16 September 2009.

Example – online journal:

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MacLachlan M. (2009) Rethinking global health research: towards integrative expertise. Globalization and Health 5(6). Retrieved from http://www.globalizationandhealth.com/content/5/1/6 on 16 September 2009.

5.   Referencing a publication by a government agency or other organisation
When referencing a book or report published by a government agency/organisation/corporation, and no individual is named as the author, the general rule is to name the department or body that issued the document in both text and reference list. If there is an acronym for the organisation name, the full name must be used when citing for the first time. If the country of origin is other than Ireland, this should be identified as in Example 2. If the Department of Health reference refers to the United Kingdom just add UK after the word Health as in the following examples. The reference is in the same style as that of a book.

In the text
Example 1:
The World Health Organization (2008) found…

Example 2:
Major changes are required to the mental health services in Ireland (Department of Health and Children 2006).

Example 3:
A report was carried out and found that... (Department of Health UK 2001).

In the reference list
Example 1:
World Health Organization (2008) The World Health Report 2008: Primary Health Care Now More Than Even. WHO, Geneva.

Example 2:
Department of Health and Children (2006) A Health Promotion Strategy: Making the Healthier Choice the Easier Choice. DoHC, Dublin.

Example 3:
Department of Health UK (2001) Changing Childbirth Part 1: Report of the Expert Maternity Group. DoH, London.

6.   Referencing an internet page
- Author(s) surname plus initial(s) in full
- Year of publication or last updated (in round brackets), or (nd) if no date
- Title of the web page in italics (use title case)
- Publisher (if available)
- Retrieved from http://www (full URL)
- Retrieved date

Template:
Surname Initial(s). (Year) Web Page Title. Publisher name, place. Retrieved from http://www on retrieved date.

Example:
National Institute for Health and Clinical Excellence (2006) Methods for Development of NICE Public Health Guidance. NICE, London. Retrieved from http://www.nice.org.uk on 5 July 2007.

7.   Referencing unpublished sources / dissertations
These sources are used for information that is not already published. However, these sources should be used economically in assignments. Referencing within the text is the same as journal articles or books. In the reference list, the word 'unpublished' is used.

Examples:
Clemenger M. (1996) Variation in Serum Interleukin - 6 and C Reactive Protein in Polymyalgia Rheumatica/Giant Cell Arteritis. Unpublished Report, University of London, UK.

Morisson E. (2009) Medical treatment adherence among street, platform, and slum children in Kolkata. Unpublished Masters Dissertation, Trinity College Dublin.

8.   Referencing a newspaper Name of journalist (if known) Date of paper by year
- Title of article (use sentence case)
- Title of newspaper in full and in italics (use title case)
- Date of publication
- The number of the first and last pages on which the article appears

Example:
Hoff M. (2000) Quality of life in rural Ireland. The Irish Weekend Herald. 24 May, pp. 5 - 6.

9.   Referencing a lecture or seminar Lecturer surname plus initial(s) in full Year of lecture
- Title of lecture (use title case) (Lecture) Modulename
- Date of lecture Programme Location

Example:
Adedimeji A. (2008) Qualitative Data Analysis (Lecture). Principles of Social Research, 3 November, MSc in Global Health, Trinity College Dublin.

Section 4 – Using tables, figures and appendices
Tables, figures and appendices, when included in the text should be identified with a title and number, reference (if appropriate) and enclosed in a box. A table contains a list of

numbers or other numerical data whereas a figure includes any other representation of data, e.g. bar charts, pie charts or a summary of significant points. Numbering should be chronological or if using chapters/sections, number should be based on the chapter number within which the table of figure falls (e.g. Figure 3.1 for the first figure in Chapter 3). All titles for figures, tables, photographs and maps, etc. should be fully self-explanatory.

Appendices may also be used to include data, charts or samples of communication that are not easily included in the text. Appendices could also be used to group a set of tables or figures together for ease of access for the reader. Appendices should be presented at the end of the assignment and titled sequentially 'Appendix 1'. Reference should be made to the appendix in the body of the text.

1.   Using Tables

If you present data in a table, include a table number and self-explanatory title above the table. Use the table number when referring to the table in the text (ie. As highlighted in Table 3.1). If the table is adapted or taken directly from another source, the source must be cited after the table title (with page number, if applicable) and full source included in the reference list. If the table represents a collection of information from a number of sources, all sources listed in the table must appear in the reference list at the end of the assignment.

Example:

Table 3.1   Support to orphans and vulnerable children as reported by countries with adult HIV prevalence
>5% (Source adapted from UNAIDS 2008, p. 169)

Column 1	Column 2	Column 3	Column 4

2.   Using Figures

When using figures, a figure number and self-explicable title should appear **below** the figure. When referring to the figure in the text, use the figure number (ie. Figure 2 illustrates...). Ensure to discuss the significance of the figure in full. When you borrow a figure (diagram, photograph, etc.) from another source, include an in-text citation (with page number if from a printed source) after the figure title and include the full source in the reference list.

Example:

Figure 2 Areas with cases of Dengue Fever, 2000 (Source taken from Skolnik 2008, p. 20)

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Student Support Services

English Language Support
If you have English as a second language and feel the need to improve your skills, you can sign up for one of the English for Academic Purposes courses at the Centre for English Language Learning and Teaching in Trinity College.

Student Learning and Development
Support and courses in Academic Writing can be found here.

Postgraduate Advisory Service
The Postgraduate Advisory Service is a unique and confidential service available to all registered postgraduate students in Trinity College. It offers a comprehensive range of academic, pastoral and professional supports dedicated to enhancing your student experience.

The Postgraduate Advisory Service is led by the Postgraduate Support Officer who provides frontline support for all Postgraduate students in Trinity. The Postgrad Support Officer will act as your first point of contact and a source of support and guidance regardless of what stage of your Postgrad you're at. In addition each Faculty has three members of Academic staff appointed as Postgraduate Advisors who you can be referred to by the Postgrad Support Officer for extra assistance if needed.

Contact details of the Postgrad Support Officer and the Advisory Panel are available on our website: http://www.tcd.ie/Senior_Tutor/postgraduate/

The PAS is located on the second floor of House 27. We're open from 8.30 – 4.30, Monday to Friday. Appointments are available from 9am to 4pm.
Phone: 8961417
Email: pgsupp@tcd.ie

The PAS exists to ensure that all Postgrad students have a contact point where they can turn to for support and information on college services and academic issues arising. Representation assistance to Postgrad students is offered in the area of discipline and/ or academic appeals arising out of examinations or thesis submissions, supervisory issues, general information on Postgrad student life and many others. If in doubt, get in touch! All queries will be treated with confidentiality.

Careers Advisory Service
Postgraduate study opens the doors to many opportunities but the market is competitive and you will need to differentiate yourself clearly from other candidates.

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Resources

The Careers Advisory Service (CAS) provides a wide range of resources and services to help you make and implement informed choices about your future career direction.

The Careers Information Centre at 7-9 South Leinster Street contains a range of free, career-related booklets and employer materials for you to take away. Online, the resources section of the website (www.tcd.ie/Careers/resources) provides useful information on a range of topics from career choice and planning, to working abroad, taking a year out and everything in between.

Services

Individual appointments to meet a Careers Consultant are also available. They work with you to identify how best to approach the next step in your career. They can also review your CV/LinkedIn profile and provide coaching to ensure maximum impact at interview.
Job opportunities from employers currently recruiting Trinity graduates as well as postgraduate courses and funding are available online.
CAS also offers a wide range of seminars; workshops and employer presentations, including postgrad specific events, throughout the year that will help you explore where your postgraduate study can take you.

MyCareer

An online service that you can use to:

Apply for opportunities which match your preferences - vacancies including research options
Search opportunities- postgraduate courses and funding
View and book onto employer and CAS events
Submit your career queries to the CAS team
Book an appointment with your Careers Consultant

Simply login to MyCareer using your Trinity username and password and personalise your profile.

Careers Advisory Service
Trinity College Dublin, 7-9 South Leinster Street, Dublin 2
01 896 1705/1721 | Submit a career query through MyCareer

MyCareer: mycareerconnect.tcd.ie

TCD.Careers.Service

TCDCareers

www.tcd.ie/Careers/students/postgraduate/

@TCDCareers

tinyurl.com/LinkedIn-TCD-Connecting

Opening Hours
During term: 9.30am - 5.00pm, Monday - Friday
Out of Term: 9.30am - 12.30pm & 2.15 - 5.00pm, Monday – Friday

Clubs and Societies

A great way to get to know people is by joining one of the 100 student societies, which cover everything from the Afro-Caribbean Society to the Zoological Society. The societies meet regularly and provide an excellent opportunity to meet other students with similar interests. Among the societies are the Philosophical Society (the "Phil"), dating from 1684 and the Historical Society (the "Hist") dating from 1770.

At the start of the academic year all the student societies set up their stands on campus in Front Square, encouraging new members to join. Even if you miss that week you can turn up at any student society meeting and be sure of a warm welcome. Full details of all the societies can be found on the Central Societies Committee website: http://trinitysocieties.ie/

Dublin University Central Athletic Club - DUCAC

Dublin University Central Athletic Club (DUCAC) is the governing body for Sport Clubs at Trinity. DUCAC is responsible for the overall administration of DU Sports Clubs in cooperation with Club Officers and for their interests and development in Trinity. An Executive Committee and other sub-committees oversee the business affairs of DUCAC, including the Pavilion Bar. DUCAC receives funding from the Capitation Committee at the University and supplements its income with a percentage of profits from the Pavilion Bar. http://www.tcd.ie/Sport/student-sport/ducac/?nodeId=94&title=Sports_Clubs

College Chaplaincy

There are four College chaplains who represent four of the main Christian traditions in Ireland, Roman Catholic, Anglican, Methodist and Presbyterian. The chaplains work closely together as a team, and are available to help and support students and staff who seek pastoral care. The Chaplaincy is located in House 27 and is a place of welcome and hospitality open to all members of the College community of all faiths or none! Tea and coffee are available in the Common Room, and there is a 'free lunch' for students every Tuesday in term. A variety of events are organised by the chaplains during the year, and they also offer opportunities for faith development, pastoral guidance, spiritual accompaniment and bereavement support. The chaplains are happy to assist students belonging to other churches or other faiths wishing to make contact with their own religious communities here in Dublin. Website: http://www.tcd.ie/Chaplaincy/

College Day Nursery

The Day Nursery provides care for children of students and staff of Trinity College. The Nursery has a maximum of 52 full time places and caters for children aged 3 months to 4.5 years. Website: http://www.tcd.ie/about/services/daynursery

College Health Service

The College Health Service is located in House 47. All registered students are eligible to use the College Health Service throughout the year. The service offers, on campus, primary

health and psychiatric care, between 9.30 a.m. and 4.30 p.m. weekdays excluding lunchtime. Detailed information regarding services can be accessed on the website. Telephone: (01) 896 1556. Website: http://www.tcd.ie/College_Health/ Consultations are strictly by appointment; however telephone advice from the triage nurse is free of charge.

Students can also attend DUBDOC, an out-of-hours emergency general practitioner service in St. James's Hospital (Tel No. 4545607/4538006) between 6 p.m. and 10 p.m. weekdays and 10 a.m. to 7 p.m. weekends and Bank Holidays. This service is based in St. James Hospital. Students (with the exception of Non Irish E.U. Students or Students with Medical Cards) will be responsible for any fees incurred for consultation or home visits.

Outside these hours, please telephone the Contactors Bureau at 8300244, who will send a doctor on request. There is a charge payable at the time except in the case of Medical Card holders, European Students with European Health Cards, N.Ireland and G.B Students.

Disability Service

The Disability Service provides supports for students with a disability or specific learning difficulty. Students requiring support in College are advised to contact the Disability Service as early as possible in order to register for examination accommodations, academic support and assistive technology. The service is located in Room 2054 of the Arts Building, on the entrance level, past the Lecky Library. Website: http://www.tcd.ie/disability/

Support Provision for Students with Disabilities

Trinity has adopted a Reasonable Accommodation Policy that outlines how supports are implemented in Trinity. Student seeking reasonable accommodation whilst studying in Trinity must applying for reasonable accommodations with the Disability Service in their student portal my.tcd.ie. Based on appropriate evidence of a disability and information obtained from the student on the impact of their disability and their academic course requirements, the Disability Staff member will identify supports designed to meet the student's disability support needs. Following the Needs Assessment, the student's Disability Officer prepares an Individual Learning Educational Needs Summary **(LENS)** detailing the Reasonable Accommodations to be implemented. The information outlined in the LENS is communicated to the relevant School via the student record in SITS.

Examination accommodation and deadlines

Students should make requests as early as possible in the academic year. To ensure the Assessment, Progression and Graduation Team can set your accommodations for examination purposes.

Student responsibilities for departmental assessments/course tests

- Students are required to initiate contact with the School/Department and request reasonable accommodations as **per their LENS report, or email received following their needs assessment** for particular assessments for School/ Department administered assessment. Students are advised to make contact **at least two weeks prior** to the assessment date to enable adjustments to be implemented.

Equality Office

Trinity College Dublin is committed to ensuring equality of opportunity for all its students and staff. Trinity promotes a respectful and diverse study environment that is free from discrimination, where all members of the College community can develop their full potential. The Equality Officer advises on matters relating to equality legislation and assists with the development of College policies. The Equality Officer provides information on equality legislation and entitlements to staff and students. Several equality awareness events and activities take place throughout the year. Website: http://www.tcd.ie/equality

Graduate Students' Union

The Graduate Students' Union is an independent body which represents graduate students in Trinity College, Dublin. All graduate students of the College, including postgraduate research students, and those on higher degree and higher diploma courses, automatically become members of the Union upon registering with the College. The day-to-day running of the Union is organised by an elected Executive, which consists of the Officers of the Union - the President, Vice-President, Treasurer, Events officer and one Officer from each Faculty - plus three additional Faculty Representatives (one from each of the three Faculties).

The GSU is located on the 2nd floor of House 6 in Front Square. They can be contacted via ext.(01) 896 1169, or by e-mail at president@gsu.tcd.ie (Email). Details of the many activities organised by the GSU can be viewed on the Graduate Students' Union website. https://www.tcd.ie/Senior_Tutor/postgraduateadvisory/support-services/graduate-students-union.php

Graduate Studies Office

The Graduate Studies Office website provides students with information, regulations and forms that you may require as a postgraduate student at Trinity College. This includes the Postgraduate Prospectus and Trinity College Calendar Part II. Website: http://www.tcd.ie/Graduate_Studies

Information Systems Services

Information Systems Services (IS Services) is responsible for the provision and support of computer systems, networking, and audiovisual and media services in Trinity College. Once you have registered and obtained your computer username and password, you will be able to access your TCD e-mail account, use the College Computer Rooms and College printing.

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Also, if you own a computer, IS Services will assist with registering it on the network and availing of the free broadband service. Website: http://isservices.tcd.ie/

Student Counselling Service

The Student Counselling Service is located on 3rd floor, 7-9 Leinster Street South, and are here to help you manage any difficulties you are experiencing so you can enjoy and fully participate in your time here at College. It is a confidential and professional service available free of charge to every Trinity College student. It offers help in coping with any personal and emotional problems that may impact on your studies or progress in the University and offers learning support and development aids. Visit the Student Counselling Website to find out more about the services available, such as One to one sessions with a trained counsellor, Group therapy and educational workshops, on-line support programmes, and more. Website: http://www.tcd.ie/Student_Counselling/

Useful Student Support Links

Student Supports & Services
Student Services Booklet
Senior Tutor & Tutorial Service
Graduate Studies
Mature Student Office

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Important Contact Information

Office address: Trinity Centre for Global Health
7-9 South Leinster Street,
Trinity College
The University of Dublin,
Dublin 2

Course Director
Dr. Ann Nolan
Room 307A
nolana13@tcd.ie

Course Coordinator
Dr. Tania Bosqui
bosquit@tcd.ie

Course Administrator
Fiona Clarke
Tel: 01 896 4394
Email: cghealth@tcd.ie

Emergency Procedure

In the event of an emergency, dial Security Services on extension 1999
Security Services provide a 24-hour service to the college community, 365 days a year. They are the liaison to the Fire, Garda and Ambulance services and all staff and students are advised to always telephone extension 1999 (+353 1 896 1999) in case of an emergency. Should you require any emergency or rescue services on campus, you must contact Security Services. This includes chemical spills, personal injury or first aid assistance.
It is recommended that all students save at least one emergency contact in their phone under ICE (In Case of Emergency).

Useful websites

Blackboard: https://tcd.blackboard.com/webapps/login/
Website: http://www.global-health.tcd.ie

Data Protection

Trinity College Dublin uses personal data relating to students for a variety of purposes. We are careful to comply with our obligations under data protection laws and we have prepared this short guide to ensure you understand how we obtain, use and disclose student data in the course of performing University functions and services. The guidance note is intended to supplement the University's Data Protection Policy.