

### Section 3 Pedagogies for health promotion

DRAFT

## Innovative pedagogies in a health promotion specialisation: knowledge, practice and research

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### Abstract

Educating health promotion professionals must involve learning activities that not only facilitate for attainment of health promotion knowledge, but that also develop students' *competencies* in health promotion. The objective of this chapter is to show how we across three modules facilitate education for the health promotion profession. We describe a selection of student-centred learning activities – problem-based learning, practice through internship and oral and written communication – that in combination constitute innovative pedagogy in health promotion education. Drawing on two student case examples that represent a practice and a research oriented professional development, respectively, we discuss how our education facilitates the acquisition of core health promotion competencies, and in this way transforms and develops students into health promotion professionals.

**Keywords:** student-centred learning, transformational learning, health promotion competencies, problem-based learning, internship, communication

## **Introduction**

Health promotion involves working towards an equitable distribution of health through social transformation (Marmot 2005). We argue that to achieve this requires the careful development of a health promotion education that acknowledges that education itself should be transformational through student-centred learning activities related to theory, practice and the integration of the two. According to Fink (2013), education should involve 'significant learning' which involves transformation of students at various levels, from subject knowledge to learning about oneself and others. This chapter addresses the endeavour of using innovative pedagogies within and across modules, to facilitate health promotion education at master's level across three modules specialising students in health promotion: Foundations of Health promotion for development, an internship module relevant for health promotion practice, and writing a 30-credit master's thesis on a health promotion topic. In the chapter, we address the challenge related to structuring and developing teaching and activities in the three modules such that each of the modules builds on and complements each other, and such that we, after the three modules, graduate health promotion specialists.

As we share our experiences with this work, we draw on two student case examples – one illustrating a clear direction towards health promotion *practice* and one illustrating a clear direction towards health promotion *research*.

## **Context**

This chapter is based on experiences from a master's level programme at the Department of Health Promotion and Development, Faculty of Psychology, University of Bergen, Norway. The programme is called Global Development Theory and Practice, and students choose to specialise in

either Health Promotion or Gender studies (GLODE 2021). We admit a new cohort of between 20 and 30 students every year for one year of taught modules followed by a second year of thesis writing (or students may choose to do an internship plus a short thesis). We accept both Norwegian and international students and we have between ten and 15 nationalities per cohort, with students coming from Asia, Africa and Latin America as well as North America and the European Union. As mentioned, the programme has two specialisations (Health Promotion and Gender) and we admit students with a bachelor's degree in a broad range of social and health sciences related to these two specialisations. We have an interdisciplinary staff with backgrounds in health promotion, geography, development studies, psychology and social anthropology.

In this chapter, we describe three modules: a 10 ECTS (6-week) foundations of health promotion module named 'Foundations of Health Promotion for Development' (GLODE306 2021); a 3-month, full time (37.5 hours/week) internship (30 ECTS) (GLODE310 2021), and a 30 ECTS thesis written over four months (GLODE330 2021). The foundations of health promotion module involves approximately six to eight hours of classroom-based teaching and learning activities per week in addition to self-directed learning. The thesis module involves three five-hour workshops (approximately once a month), self-directed learning plus regular supervision. The master's programme was run for the first time starting in August 2016. Since then, the three modules outlined in this chapter have been run for each new class, taught annually, and a total of five times.

The overall objective of this chapter is to show how implementing a variety of student-active learning activities across several modules can facilitate students' development of health promotion core competencies and prepare them for careers in health promotion research and/or practice.

## Theories and methodologies used in the teaching-learning process

In our study programme we have a student-centred and student-active teaching and learning philosophy. This implies that we strive to develop and carry out our teaching with the aim that students acquire higher-order thinking skills that have transformational potential as according to Biggs' taxonomy of different types of learning (Biggs 1996). We do this through using a range of student active teaching and learning activities which are grounded in theoretical knowledge about what supports students' deep learning. Whereas traditional teaching approaches give emphasis mostly to transmission of *content* and that resulting in *passing* (an exam) – declarative knowledge – Biggs (1996) argues for a stronger emphasis on *process* - that is facilitating for students working actively, motivated and engaged with tasks to achieve deeper understandings of concepts. This will result in procedural knowledge (skills necessary to apply the knowledge) and conditional knowledge (awareness of when/where to apply). Biggs (1996) advocates for different types of learning approaches to achieve this, among others problem-based learning (PBL), which we in our programme rely on in several modules (see also the chapter by Daniel and Urke in this volume). Walsh (2007) contextualises Biggs' (1996) ideas in the work-based learning field through the emphasis of active involvement and "doing". This is relevant for our programme, specifically related to the internship module.

Fink (2013) presents a "Taxonomy of significant learning experiences" which includes domains for potential learning and development in students when the education is structured with the aim of transformation of students. The domains include Foundational knowledge; Application of knowledge; Integration of knowledge; Learning how to learn; Caring about a subject; and lastly a Human dimension, involving learning about oneself and others.

This taxonomy can be helpful for guiding the focus of teaching and learning activities within and across modules to facilitate deep and significant learning towards health promotion specialization.

### ***Innovative learning methods***

Students' learning outcomes are determined not by what we as instructors do, but by what students do (Biggs 1996). What is key, is how we as instructors facilitate for student engagement within and across our modules. What we want them to learn, as stated in module learning outcomes, must therefore also be reflected in the teaching and learning activities we have students engage in. In this section, we will describe and discuss central learning activities we make use of in our modules from a pedagogical and theoretical perspective.

### **Problem-Based Learning (PBL)**

PBL is a student-centered learning activity in a collaborative and authentic setting where students work to solve real-world and subject-relevant cases (Yew and Goh 2016). Typically, students work in groups of four to six members over some period. In our modules, we tend to have students work on a specific case for three to four weeks that ends with a presentation. The PBL process should follow specific steps to ensure thorough learning and that all group members are given the chance to contribute. In Figure 2, you see the "PBL wheel" which includes the steps that the group is to follow. In GLODE, we always encourage each PBL group to choose a chair and secretary for each session the group has. The chair's main responsibility is to monitor where the group is in the process, make sure there is sufficient progress and facilitate for all members to contribute (e.g. by initiating "a round" giving each member time to present ideas and opinions).

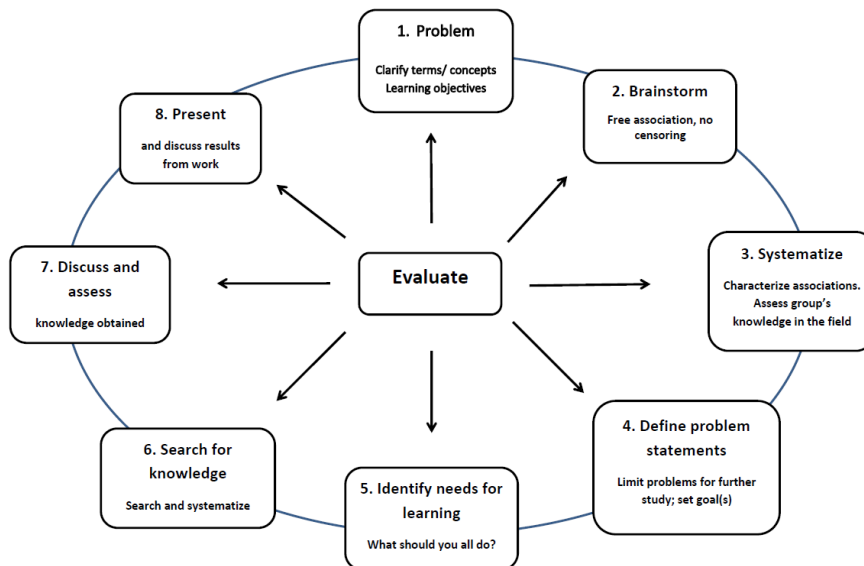


Fig. 2. The “PBL wheel” used in GLODE.

According to Dolmans et al. (2005), PBL has its foundation in central principles of learning, namely that learning should be *constructive*, *self-directed*, *collaborative*, and *contextual*. When students take active part in their own learning, they connect previous and new knowledge and construct or reconstruct their own knowledge (Dolmans et al. 2005). When learning is self-directed, students are actively involved in the whole process of the task, from planning to monitoring and evaluating the learning (Ertmer and Newby 1996). In PBL, students are responsible for setting their own objectives, assessing what knowledge and competence exist in the group, and identifying learning needs. Together, students plan what needs to be done, and monitor whether they are on the right track to achieving their objectives within the time at hand. Further, evaluation of own and group process is central, both after each meeting and at the end

of the PBL period. Learning as a collaborative process involves two or more people having a common learning goal, sharing responsibility, and being mutually dependent on each other to achieve that goal (Dolmans et al. 2005). The PBL process requires integration and reconstruction of members' knowledge, not just simple division and presentation of individual tasks. When students engage with each other in the PBL setting, it facilitates deeper learning through elaborations, critical discussions and reconstruction of knowledge. Lastly, learning is contextual, and facilitating the transfer of knowledge across contexts can be challenging. PBL can facilitate for viewing subjects from various perspectives and considering multiple approaches to solving tasks. This process can in turn be beneficial for students' future application of the knowledge acquired (Dolmans et al. 2005).

PBL is not a "magic bullet", but when implemented according to its intention, it can facilitate the various learning processes outlined above. When students are presented with open and realistic problems or cases, with active, but not dominant, tutors, and have an open, evaluating and reflecting approach to the group work, PBL can indeed contribute to higher-order learning (Dolmans et al. 2005).

### **Professional practice through internship**

Internships as part of higher education have become increasingly popular to bridge the gap between theoretical education and professional work life (Nghia and Duyen 2019). Specifically, internships are valuable opportunities for students to apply the theoretical knowledge and skills they have acquired through their education, in authentic settings (Nghia and Duyen 2019). In addition to increased employability, better salary and higher job satisfaction (Gault et al. 2000), research indicates several other benefits from taking on an internship as part of higher education, including high levels of active learning (Gilbert et al. 2014), enhancement of oral and written communication skills (Knemeyer and Murphy 2002; Scholz et al. 2004), and ability to work independently (Scholz et al. 2004).



These aspects talk in favour of incorporating internships as part of an innovative pedagogy in higher education, but it is not enough just to offer an internship opportunity. It is likely that certain factors are important for a successful internship in terms of students' academic and professional development (Narayanan et al. 2010). Exploratory research indicates that student choice and knowledge of the internship can positively influence internship progress (Narayanan et al. 2010). Further, research suggests that students that find their university studies helpful for the internship also report higher learning in the internship, which in turn is positively associated with student internship satisfaction (Narayanan et al. 2010). Finally, being able to have a say in choice of internship advisor or mentor seems to be positively associated with student internship satisfaction (Narayanan et al. 2010). The research of successful internships indicates that the incorporation of an internship module requires careful module design following Biggs' (1996) principles of constructive alignment where students actively construct their own learning through meaningful interactions with previous modules (see also chapter by Daniel & Urke in this volume on alignment across modules) where tasks in the internship can be connected with existing knowledge gained in their higher education.

### **Oral presentation with peer feedback**

Communication (oral and written) is considered a key professional competence to be acquired in higher education across several disciplines and fields (Dunbar et al. 2006; Joint Quality Initiative 2004), including in health promotion (Barry et al. 2012). Further, it is argued that oral presentation skills are particularly valuable for professional and academic work life (Dunbar et al. 2006; Živković 2014). According to Živković (2014), students need multiple opportunities to practice their oral presentation skills, and the practice should be guided (van Ginkel et al. 2015). Becoming comfortable with presenting orally is important for future professional life, but it is also a way of learning as it facilitates students' full participation in their interaction with the subject they are studying. When students are required to give an oral presentation on a topic, it forces them to reflect on what they know (and do not know), select what and how to communicate. An oral presentation can perhaps be thought of as a type of active

recitation of a specific topic/subject, which is claimed to be a highly effective way of learning.

Peer feedback is praised as a learning activity as evidence indicates that it facilitates development of metacognitive skills and self-reflection (Nicol et al. 2014) both for provider and receiver of the feedback. When students read other students' work, they read it through the lens of their own work. Hence, the process of producing peer feedback provides space and opportunity for the improvement of own work as well. Cowan (2010) points to the skill of making evaluative judgements as a crucial professional skill as it promotes higher level cognitive abilities. One way of facilitating this skill is through giving quality peer feedback. This further supports the use of peer feedback in higher education, including in our programme.

### **Three modules in the health promotion specialization**

The specialisation in health promotion in the GLODE programme comprises the three modules as described above, and the aim is "...to give the student expertise in health promotion theory and practice in the context of global development" (GLODE 2021). In this section, we detail the three modules using the three dimensions of Biggs' (1996) 'constructive alignment' concept: learning outcomes, teaching and learning methods and assessment forms.

### ***Foundations of Health Promotion***

“The objective of this Module is to explore the foundations of health promotion theory, practice and research, originating in the WHO Ottawa Charter for Health Promotion related to Development” (GLODE 306 2021). In formulating our learning outcomes, we have relied heavily on the core competencies of health promotion (Barry et al. 2012), especially for the *knowledge outcomes* which we modified only i) by adding ‘as related to development’ and ii) by grouping theories into ‘families’ of related conceptual frameworks (see Box on Health Promotion Learning Outcomes: Knowledge, and compare with Barry et al. (2012, p. 21) where they list the knowledge base underpinning health promotion core competencies).

We use a variety of teaching and learning methods including lectures, problem-based learning (PBL), workshops and colloquiums. We use lectures to present threshold concepts, principles and theories. Lectures are always followed by either a workshop or colloquium so that students apply and engage with the concepts, principles and theories themselves. We use PBL problems for students to engage with development-related health promotion such as climate change and health implications, or health promotion among refugee populations. In assessment, a single grade cannot be awarded based on both group and individual work. We make participation in the group work obligatory in order to be allowed to take the home exam which is graded.

**Box 1. Health Promotion Learning outcomes:****Knowledge**

- The concepts, principles and ethical values of health promotion as defined by the Ottawa Charter for Health Promotion (WHO, 1986) and subsequent charters and declarations
- The concepts of health equity, social justice and health as a human right as the basis for health promotion action related to Development
- The family of socio-ecological theories such as determinants of health and their implications for health promotion action related to Development
- The family of strengths-based theories such as Salutogenesis and their implications for health promotion action related to Development
- Emerging theories applying health promotion principles in a development context
- The impact of social and cultural diversity on health and health inequities and the implications for health promotion action
- The systems, policies and legislation which impact on health and their relevance for health promotion

**Results achieved and challenges faced**

In evaluations students report appreciating the concept of lecture-workshop pairs where theoretical concepts are addressed in the lecture and more actively applied in the workshop. Similarly, students have expressed that the PBL case gives an opportunity for them to apply core health promotion theoretical concepts to real world health issues. However, student evaluations have also indicated that the module is too short and intense to effectively include PBL. This shows that although PBL can be a fruitful way of learning, it needs to be carefully adjusted to the conditions of the modules, taking into account aspects like the length of the module in relation to the scope of the PBL case. Although PBL involves a specific process and work methodology, it is possible to adopt PBL principles and ways of working into other group activities, like colloquiums etc. As instructors we are attentive to students feedback and continuously consider alternative ways of supporting learning through various forms of student-centred activities.

### ***Internship***

During the internship, the student works full-time for three months at a public or private sector organisation or NGO – or, in fact, a research institution. The objective of this module is for the student to “experience, develop understanding of, and reflect critically on professional/ academic practice, through participation in the daily operations of a development/ government/ research organisation” (GLODE 310 2021). In general, students find and arrange the internship themselves, with supervision and support from programme staff where necessary.

Learning outcomes: As each internship takes place at a different organisation, *knowledge* outcomes are general (for example, knowledge of professional etiquette and culture). *Skills and competence outcomes* are more substantial and include, for example:

- Set one's own learning outcomes, to be mastered through the internship

- Apply academic knowledge in a professional setting to solve real-world problems
- Set professional development goals in collaboration with superiors
- Evaluate one's own performance and set improvement goals
- Give constructive feedback to colleagues on one's work experience
- Relate effectively to persons on different levels in an organisation's structure
- Communicate within and outside a professional organisation in a manner in keeping with the organisations mission and values
- The ability to enhance one's own professional competency based on reflection over self-assessed and mentor-assessed performance
- The ability to be a good team player

Teaching and learning methods are largely centred on the student, although we do run two workshops in the semester before the internship to work on how to systematically and carefully read organisation websites, write high quality application letters and produce comprehensive CVs. During the internships, students learn through hands-on experience working in a professional setting. Assessment is through a (short) report from the organisation and a 20-page written report by the student focusing on methods and activities used to master the self-established objectives, the results achieved, critical reflection about the experience. As the organisation may not have an explicit focus on health promotion, students are also asked to critically reflect on how their experience during the internship relates to all they have learned during the programme's taught courses, especially their health promotion specialisation.

### **Results achieved and challenges faced**

Throughout the period we have offered students internships, we have had 100% completion rate. Student evaluations are generally positive with students appreciating the work and professional experience they acquire. Several students have been offered paid positions in their

internship organization upon completion of their internship and/or master's degree.

Challenges have also come up, including students experiencing too little preparation guidance in the early process of finding and applying for internship positions, lack of follow-up by their internship supervisors and too heavy workload in their internship. We have addressed these challenges by introducing the preparation workshops described above and by having monthly physical or digital meetings between the student and their University supervisor to pick up and be able to assist the students with challenging aspects of their internships.

### ***Master's thesis (GLODE330)***

The master's thesis gives students the opportunity to demonstrate their ability to work independently, planning a research project, applying knowledge and skills learned in the first year to collect and/or analyse data, write-up and discuss the implications of their findings on a development-related health promotion issue.

Learning outcomes include *knowledge* on the significance of objectives and research questions, how to conduct a literature review and how to use an appropriate theory to frame the project. *Skills and general competence* include the ability to plan and conduct an independent research project under supervision and in accordance with applicable norms for research ethics, in addition to analytical and reporting skills. Students also have the ability to communicate their own research extensively and to assess that of others.

Teaching and learning methods are largely self-directed by the student although students are required to participate in group supervision meetings, to present a chapter of their thesis work, and to peer review other students' work. The 40-50 page master's thesis is the way the module is assessed.

### **Results achieved and challenges faced**

The incorporation of master seminars in the writing process is evaluated as a positive element by students as it facilitates regular contact with the rest of the student group in what can otherwise be experienced as a lonely process. Students also express that the presentations they have to prepare puts additional pressure on them to work continuously with their thesis as they have to present to a wider audience than their supervisor.

A challenge with the one semester thesis is the relatively short period that students have at their disposal for writing the thesis. Students writing theses based on qualitative data are expected to complete data collection before the semester of the thesis writing starts. This is sometimes not possible which delays the students and influences what they have to present in the seminars early in the semester, reducing the usefulness of these seminars. To address this challenge, we emphasise the importance of good quality in the preparation process with writing a feasible project proposal, starting early with the ethical clearance process and data collection.

### **Description of two student examples**

In the following we describe two student cases, both following the three described modules, but with slightly different focus in their internships. The two cases are here meant to illustrate the outcome of the innovative learning methods within and across modules in our programme. More



specifically, we aim to show *how our programme facilitates for students developing as health promotion professionals with innovative learning methods.*

*Case one: Health promotion research focused*

This example presents the three modules in light of an internship in a research organization.

Upon completion of the Foundations module, this student was offered an internship at a Norwegian research institution. The connection with the institution came about by a GLODE staff member based on the expressed interests of the student.

The main role of the student in the research institute was as a research assistant on a research project in the start-up phase. Work tasks included mapping climate protest movements in Oslo and working together with the rest of the research group to explore some of these movements more in depth, and developing interview guides for data collection. Another main task was organizing a panel debate for a conference, also on the topic of the mentioned research project.

Based on the internship, the student developed her thesis topic and was in a position to more easily access participants for data collection.

*Case two: Health promotion practice focused*

This example presents the three modules in light of an internship in an NGO working with an indigenous community.

Upon completion of the *Foundations* module, this student purposely sought out an internship both within a field of her interest and in a geographic region of her passion: an NGO in a Latin American country working for and together with indigenous women to promote health and life quality. The project the student was mostly involved in was an integrated health initiative for women and their children. The internship tasks included planning activities and workshops, developing competencies for upcoming workshops in the integrated health programme. She also contributed work in other programmes of the organization and was active in the day-to-day running of the organization. One major task and responsibility that she was trusted with was developing an evaluation plan for the integrated health programme.

The student wrote her master's thesis on the topic of indigenous women's perspectives on health in the area of, and in cooperation with the internship organization. The connection with the organization facilitated access to participants, and also increased the student's knowledge about the area in terms of current and previous cultural and social situations.

## Discussion

In the following, we discuss how the learning activities we include in our modules contribute to the development of Health Promotion core competencies (Barry et al. 2012) and how the modules build on each other to achieve deep and transformational learning in students preparing them for the health promotion profession.

The Core Competencies Framework for Health, or CompHP (Barry et al. 2012), includes 9 domains of expertise that health promotion professionals should possess: Enable change; Advocate for health; Mediate through partnership; Communication; Leadership; Assessment; Planning; Implementation; and Evaluation and Research. These competencies are underpinned by a commitment to ethical values and principles of health promotion and a strong health promotion knowledge base (Barry et al. 2012).

We have specifically designed our modules according to the CompHP framework, striving to ensure that all of these domains and underpinnings are covered to some extent, to make sure that a specialisation in Health Promotion at the GLODE programme aligns with this commonly agreed standard of health promotion competency.

### ***Health Promotion competencies as outcome of learning activities in our modules***

As can be seen from the description of the Foundations module, the learning outcomes are almost the exact formulations as the *Knowledge* underpinnings in the CompHP Framework. This guides the content covered in our teaching activities like lectures, workshops and PBL cases.

Further, through the range of our learning activities across the three modules we aim to facilitate for the development of the nine competencies mentioned above.

### **Leadership**

In the PBL in the Foundations module students have to take turn on chairing the group. This gives valuable practice in taking leadership responsibility for group processes, including planning, monitoring and evaluation. The diversity of our student groups in terms of disciplinary background, gender and nationalities further enriches the leadership experience. This practice in leading groups also shows to be very beneficial for students entering internships, as they report being more comfortable with contributing to collaborative group processes in their internships. Further, the internships often give them even more experience in leadership through having main responsibilities for parts of, or even entire projects.

“Perhaps the most extensive and also most challenging task I was given was to create an evaluation plan for the Integral health program” (Student report 2).

### **Communication**

As the closure of the PBL process, the groups give a presentation where all group members contribute, and this is valuable practice in oral presentation skills – as discussed above, an important aspect of communication competency (Dunbar et al. 2006). Through internships, many gain additional experience with several forms of communication, including written reports, oral and written presentations. Both student cases in this chapter

had tasks that involved communication of one or several forms, here exemplified by student in case 2:

“I spent the afternoon selling pies to the Spanish School I had previously been attending. This was a great chance for me to practice the way I represented the organization, as well as talk to other people about our mission in the community.” (Student report 2).

In the Thesis writing module, students are further trained in communication skills, naturally through the writing of their thesis, but students are also required to give an oral presentation of selected parts of their thesis to their peers. This requires them to synthesise the content of their thesis work, and rework it into a format that fits the oral presentation genre. They also have to take care to communicate a to them familiar topic to an audience for which the topic and methodological approach may be unfamiliar. Explaining a subject to peers is a recommended way for increasing own deep understanding of a subject.

Further, as all students are required to be main commentator for at least one student presentation, they are also trained in giving oral feedback which is a valuable communication skill both in and outside of academia. Additionally, and most relevant for the health promotion specialization, students practice these skills in the context of health promotion topics, which further strengthens their specific health promotion communication skills.

**Enable change, Advocate for health and Mediate through partnerships**

The theoretical and knowledge underpinnings taught in the Foundations module create the basis for understanding what enabling change, advocating for health and mediating through partnerships might involve – at least in theory. Through lectures, PBL and workshops, students address health issues, global and local, through the framings of these three core approaches of health promotion. Further, as they move into their internships, the aim is that they reconnect with this knowledge, apply it to new problems, and integrate ideas in new contexts (Fink 2013), e.g. in their internship tasks:

“My eyes slowly began to open up for how theory of development links to practice of development. I enjoyed going back to old lecture notes as well as to previous projects and evaluation plans we had been creating earlier in the GLODE program.” (Student 2 report).

### **Assessment, Planning, Implementation, and Evaluation and Research**

In the PBL tasks we aim to cover several of the CompHP competencies, and although not all competencies are covered in each PBL assignment, students do become familiar with them during the course of the full GLODE programme (see Daniel & Urke in this volume). For example, a PBL assignment can involve making a plan for the assessment of a health issue at individual or community level, and/or plan measures addressing this health issue, e.g. through approaches of enabling change, advocating for health and/or mediating through partnerships. This is at a theoretical level, and in our *practice module* (see Daniel & Urke in this volume), students get more experience with actual planning and/or evaluation work for organisations. The internship module is probably the module that best facilitates for the development of the *Implementation* and *Evaluation* competencies, when students, depending on their internship tasks, gain firsthand practical experience with putting plans into practice and/or evaluating initiatives. The student who had internship in the women’s

organization was for example involved in implementation of health programmes, and in addition was asked to develop an evaluation plan for the same programme. In her internship report, she stated the value of going back to literature from previous GLODE modules to find evaluation frameworks and theory that could guide her in this work.

For the student in the research organization, the work she was assigned was related to research in a field of her interest, and in the end this work inspired her thesis topic quite specifically. Her main role in the internship was as a research assistant, and the organisation gave her substantial responsibility for parts of a research project. According to her own reflections, this provided her with valuable research experience relevant for writing her own thesis:

“I am more than capable of conducting my own research project, and I feel like I know more or less how to plan and carry it out after being a part of the (name of project) team.” (Student 1 report).

In line with Fink's (2013) concept of significant learning, this shows how the internship as an innovative learning activity shaped learning and contributed to valuable *research* competency even before starting her master's thesis work.

### ***Integration of knowledge, skills and competencies across modules***

Reflecting on the GLODE specialization in health promotion in three modules, we would argue that through our innovative learning activities, we facilitate for the development of health promotion competencies in our students, and we also facilitate for transformational learning in line with

Fink's (2013) taxonomy of significant learning experiences. Foundational knowledge in health promotion is ensured through following the CompHP knowledge underpinnings. Students apply this knowledge through critical, creative and practical thinking about health issues in for example the PBL setting in the Foundations module, hopefully achieving the *application* learning experience (Fink, 2013). In the Foundations module students engage in PBL to solve authentic challenges/cases acting as "expert groups" etc. They practice leadership skills, communication skills (and more) in safe environments. We further aim for students to develop academically and professionally by connecting new knowledge to previous knowledge, and transferring knowledge, skills and competencies to new contexts and situations. As shown with references from the internship reports, internships have prompted the integration of health promotion knowledge to other contexts – another significant learning experience (Fink, 2013) – and made students connect ideas across health and development issues and practice fields:

"Having an internship is a great way to take what you learn in lectures and seminars and apply it to real life situations. I believe it is of high value for students because it is a more active way of learning." (Student 1 report).

Additionally, in their internships, several students have experienced engaging in professional collaboration where their previous practicing of leadership and communication skills have come to use and in real-life settings.

Fink (2013) calls for learning to be transformational also when it comes to how we see ourselves and others. In the learning activities of PBL, the internship and thesis presentation seminars, students may come to see themselves and others from new perspectives and understand each other better as they collaborate, accomplish learning goals together and



individually. Further, going deep into a subject – be it a PBL problem, a new cultural context, a new workplace (internship), or a thesis topic – nurtures interests which develop new feelings and values, creating professionals who care (Fink, 2013). These experiences, we argue, are qualitatively different from the traditional lecturing as learning activity, and together lead to reflective self-directed students who are ready to take on the tasks of future health promotion research and practice.

### ***Localized or generalizable***

Building on Biggs' (1996) model for constructive alignment, Fink (2013), argues that successful designing integrated courses with connections between learning goals, teaching activities and feedback/assessment, requires also careful consideration of situational factors. These relate to the specific and general teaching/learning context, what subject is taught (theoretical/practical), student characteristics and teacher characteristics. The approach to specialization in health promotion described and discussed in this chapter is developed within the frame of these situational factors. We do not have very large batches of students, which enables close follow-up of student-active learning activities like PBL, and supervision of internships and thesis writing.

Health promotion is a subject that is both theoretical and practical, but the connections between theory and practice are not always made explicit. The combination of the foundations and thesis modules (which are mostly theoretical) and the internship module (practical) enriches the specialization in health promotion. Whether this is possible for other programmes elsewhere, will likely not depend so much on the nature of the subject, but rather on general university policies and resources.

Our students come from a range of different countries and backgrounds. This provides a rich diversity to our programme and to the teaching and learning experiences of staff and students. The many perspectives that we encourage and meet provide our students with a broader and deeper understanding of the role of context for health promotion initiatives, and we believe this prepares them in a unique way for their internships and later professional life.

### **Conclusion**

In this chapter we have described and discussed our experience with developing and running a health promotion specialization at master's level. We argue that our programme achieves transformational learning and acquisition of core health promotion competencies through a strong emphasis on student-centred learning activities and close connections between theory and practice.

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### Required Grid

1. What is our vision about HP? What is the institutional and political context of your experience (participants, professions and courses involved, duration and frequency of activities)?

Vision: health promotion should be applicable in all regions of the world – context will shape its form and processes.

This is a master's level course and participants include those with a broad range of social science backgrounds or with work experience in health and care services, civil society and public sector. Participants come from six to ten different countries from the Global North and Global South (out of a total of between 10 and 20 students per cohort)

We describe three courses here: a 10 ECTs (6-week) foundations of health promotion course; a 3-month, full time (37.5 hours/week) internship (30 ECTs) and a 30ECTs thesis written over four months. The foundations of health promotion course involves approximately six to eight hours of classroom-based teaching and learning activities per week in addition to self-directed learning. The thesis course involves one five-hour workshop a month, self-directed learning plus regular supervision. All courses are taught annually. [153 words]

2. Which theories and methodologies are used in the teaching-learning process?  
Biggs' constructive alignment, Biggs' taxonomy, Fink's taxonomy [57 words]

3. What kind of forms of assessment are applied, results achieved, and challenges faced?  
The foundations course includes participatory learning methods such as problem-based learning (PBL) or colloquium workshops which are assessed through presentations and verbal feedback. All three courses include some form of written assessment (home exam, self-evaluative and reflective report, and a 50-page thesis respectively). The supervisor at the internship organisation writes a report assessing the student's contribution; and the thesis is evaluated by a committee.

Results: students have solid foundational knowledge of health promotion which they are able to apply both in practice, through the internship, and in research, through their thesis.

Challenges: some students experience internships as un-demanding while others are overwhelmed by the demands made on them. [108 words]

4. Which principles, pillars, competencies or approaches to Health Promotion do you base your plan of teaching and learning?  
Every aspect of the knowledge-base as well as most of the ethical values underpinning health promotion core competencies are taught. Students will apply different competencies depending on the requirements of their internships; all student use the research competency in their thesis. [41 words]
5. What others could learn with your experience? What is localized and what is “generalizable”?  
Student active learning methods and the process of an internship could be applied anywhere, but the presence (or absence) of organisations will influence what type of internships are possible. Thesis research will be appropriate to the region.