Wanted: Interdisciplinary, Multidisciplinary, and Knowledge Translation and Exchange Training for Students of Public Health

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ABSTRACT

Students vocalized their concern with public health training programs in Canada at the 2010 CPHA Centennial Conference. Given these concerns, we reviewed the objectives and curricula of public health graduate (master’s) programs in Canada. Our objective was to understand to what extent public and population health graduate programs in Canada support interdisciplinary, multidisciplinary and knowledge translation and exchange (KTE) training. This was achieved through a review of all public and population health master’s programs in Canada identified from the public health graduate programs listed on the Public Health Agency of Canada website (n=33) plus an additional four programs that were not originally captured on the list. Of the 37 programs reviewed, 28 (76%) stated that interdisciplinary, multidisciplinary or cross-disciplinary training opportunities are of value to their program, with 12 programs (32%) providing multidisciplinary or interdisciplinary training opportunities in their curriculum. Only 14 (38%) of the 37 programs provided value statements of KTE activities in their program goals or course objectives, with 10 (27%) programs offering KTE training in their curriculum. This review provides a glimpse into how public health programs in Canada value and support interdisciplinary and multidisciplinary collaboration as well as KTE activities.

Key words: Education; public health professional; students; public health; interdisciplinary communication; curriculum

A t the CPHA centennial conference in June 2010, a student-based event was organized to discuss future priorities and challenges in Canadian public health training from student perspectives.1 The event drew students from diverse disciplines and involved a panel presentation followed by a breakout session. This commentary addresses the principal concern raised by students: public health training programs in Canada.

Students noted the tendency of public health programs to overstate their objectives with respect to both interdisciplinary and multidisciplinary collaboration and knowledge translation and exchange (KTE) opportunities. These are central aspects of public health2 that students believed are not appropriately emphasized in public health programs. Given these expressed concerns, we reviewed the objectives and curricula of public health graduate (master’s) programs in Canada. Our objective was to understand to what extent public and population health graduate programs in Canada support interdisciplinary, multidisciplinary and/or KTE approaches and training.

Review methods

The review was based on all public and population health master’s programs in Canada (n=37). Programs were first identified on the Public Health Agency of Canada (PHAC) website (n=33), which lists all public health-related master’s programs in Canada.3 Four additional programs that were not captured on the PHAC list but contain a strong focus on health promotion and disease prevention from a population perspective, were also included in this review.

After compiling the list of public health programs, program websites were used as the information basis for this review. Program objectives, course descriptions, course websites, and course syllabi were examined, when available, to determine if interdisciplinary, multidisciplinary and/or KTE approaches and training were offered by each program. Our evaluation of public health programs consisted of two items of interest. First, a program was determined to have interdisciplinary, multidisciplinary and KTE approaches based on whether or not these approaches were specifically mentioned with the program objectives or within a course objective. Second, a program was then determined to offer training opportunities in interdisciplinary, multidisciplinary collaboration and KTE activities based on whether or not it was explicitly stated within one of the course objectives offered as part of the program curriculum.

RESULTS

Of the 37 programs reviewed, 28 (76%) included statements about the value to their program of interdisciplinary (50%), multi-
Students believe they should be encouraged not only to translate and disseminate their findings to various stakeholders, but also supported to connect with other students, mentors and community partners to improve ways that knowledge can be exchanged. Public health training at the graduate level is a potentially crucial time for students to acquire KTE skills that will become a valuable tool throughout their careers.

The limitations of this review are based on the use of program and course websites as well as course syllabi for information. The websites may not reflect the most recent objectives and curricula. However, we believe that this is unlikely because students continually rely on websites to choose their programs and courses, suggesting that schools likely keep their information up to date. Practica are also potentially important sources of learning multidisciplinary, interdisciplinary and KTE skills. However, we did not formally examine the availability and type of practica in public health programs. A great concern with the review is the reality that what takes place in a program, course, practicum, or more informally may not be fully reflected on a program’s website. We did not conduct an in-depth review of the training and opportunities of each program, which means there is a potential for misclassification of programs and courses (although we do not know if this error has led us to over- or underestimate our findings).

CONCLUSION

Students are concerned and believe that schools of public health can better support and develop multidisciplinary, interdisciplinary and KTE training. These competencies are imperative for students of public health; they provide the foundation to developing more effective approaches of addressing current and future public health challenges and priorities. Despite the limitations of this review, we believe that the results support the concerns raised by students and recommend that administrators of schools of public health give greater attention to multidisciplinary, interdisciplinary and KTE training activities.

REFERENCES


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Lors de la Conférence du centenaire de l’ACSP en 2010, des étudiants ont exprimé leurs inquiétudes concernant les formations dans le domaine de la santé publique au Canada. Compte tenu de ces préoccupations, nous avons passé en revue les objectifs et le curriculum des différents programmes d’études de 2e cycle (maîtrise) en santé publique existant au Canada. Notre objectif était de comprendre dans quelle mesure ces programmes permettent aux étudiants de bénéficier d’une formation aussi bien interdisciplinaire que multidisciplinaire, et qui facilite l’application et l’échange des connaissances (AEC). Nous avons parcouru la liste des programmes d’études de 2e cycle en santé publique disponibles sur le site de l’Agence de la santé publique du Canada (n=33), ainsi que quatre programmes additionnels qui étaient absents de la liste. Sur les 37 programmes évalués, 28 (76 %) indiquent que les aspects interdisciplinaires et multidisciplinaires sont essentiels à leurs programmes, tandis que 12 d’entre eux proposent une formation impliquant des aspects multidisciplinaires et interdisciplinaires dans leur curriculum. Seulement 14 (38 %) des 37 programmes appuient clairement leurs objectifs de programmes ou les cours offerts sur des activités d’AEC, dont 10 (27 %) qui proposent une formation à l’AEC dans leur curriculum. Notre étude donne un aperçu de la façon dont les différents programmes en santé publique disponibles au Canada facilitent et valorisent la collaboration interdisciplinaire et multidisciplinaire, ainsi que les activités d’AEC.

Mots clés : éducation; formation professionnelle en santé publique; étudiants; santé publique; communication interdisciplinaire; curriculum