

To: Dr Susan Tamblyn, Chair and Mr Brian Hyndman, Vice-Chair, Capacity Review Committee
Cc Ms Diane Bewick, Chair, Health Human Resources Subcommittee

From: Monique Stewart (Ottawa), Chair Elect, and Charlene Beynon (Middlesex-London) on behalf of
the PHRED Operations Committee

Re: Briefing Note on the Importance of Public Health Education for Undergraduate and Graduate
Students

Date: September 30, 2005

Partnering with Education
**An Investment in Tomorrow's Work Force: A Critical Strategy for Innovative and Competent Public
Health Practice**

This Briefing Note focuses on the importance of public health education for undergraduate and graduate students and the need for partnerships between academics and practitioners in building a sufficient and competent public health work force.

RECOMMENDATIONS

Short Term Strategies

It is recommended that:

- Affiliation Agreements be established with all universities and post-secondary institutions with health-related programs.
- the Ministry of Health and Long-Term Care establish a number of paid student placements in all health units.
- funding be secured to enable every health unit to establish a position(s) of Education Coordinator to promote and facilitate student placements, and to offer support and staff development related to student education.
- the Public Health Research Education & Development (PHRED) initiative known as the PHRED Connection be enhanced as a regional and provincial forum to exchange resources and best practices related to student education.
- practitioners play a greater role in curriculum development.

Long Term Strategies

It is recommended that:

- the Capacity Review Committee highlight undergraduate and graduate education as an important strategy in building a sufficient and competent public health work force.
- the Ministry of Health and Long-Term Care sponsor an invitational Think Tank to develop strategies to attract faculties (e.g. medicine, geography) that are not fully realizing opportunities through health unit partnerships.
- the Capacity Review Committee support and advocate for the integration of public health core competencies in undergraduate and graduate programs.
- the public health system build on existing PHRED partnerships with academic institutions and use the Teaching Health Unit and PHRED models to work collaboratively with health units across the province to support exemplary student education.
- the Ministry of Health and Long-Term Care allocate sufficient human and financial resources to support public health education for undergraduate and graduate students across Ontario through enhanced Teaching Health Unit and PHRED models.

KEY POINTS

- Investment in student education is an essential recruitment and retention strategy and an investment in Ontario's public health system.
- A curriculum grounded in the art and science of public health facilitates the transition from student to novice public health practitioner.
- Partnerships between health units and academic institutions are one way to develop a sufficient and competent public health work force.
- The PHRED Programs are uniquely placed to demonstrate leadership in the public health education of undergraduate and graduate students.

Partnering with Education
An Investment in Tomorrow's Work Force: A Critical Strategy for Innovative and Competent Public Health Practice

Backgrounder

Submitted to
Capacity Review Committee
September 2005

Prepared by the PHRED Operations Committee

HISTORY REVISITED

- Originally launched as the Teaching Health Unit in the mid-1980's, the PHRED Program continues to demonstrate a strong commitment to the original mandate:
 1. to produce and facilitate the uptake of scientifically rigorous applied public health research, and
 2. to enhance the professional training of health disciplines, thereby promoting recruitment of an appropriately trained public health work force.
- Currently the PHRED Program operates in five sites-Hamilton, Kingston, London, Ottawa and Sudbury and has formal partnerships with 15 academic institutions. In 2004, the five sites provided 870 student placements and had 18,615 contacts with students through classes and tutorials. The majority of placements and student contacts were with undergraduate nursing and medical students.
- Other non-PHRED health units also offer student placements. In response to the need for some provincial collaboration, an initiative known as the PHRED-Connection began in 2003. This group involves both PHRED and non-PHRED health units and is committed to sharing experiences and innovative practices and to developing resources and guidelines to enhance student learning.

THE ISSUES: CHALLENGES AND OPPORTUNITIES

I. Changing Expectations

- The need for a skilled public health work force has never been greater. Recent and ongoing public health challenges including SARS, Walkerton, epidemics such as obesity and tobacco, the re-emergence of communicable diseases, bioterrorism, natural disasters, predictions of pandemic influenza and the impact of the determinants of health on Ontarians as well as provincial and national reports demand changes to the public health workforce.
- A well-trained work force improves both public health capacity and the ability to meet role expectations that public health is increasingly being asked to play.

II. Curriculum Currency

- Some programs offer very limited public health content. However, as noted above changing practice expectations require that all students have a clear understanding of public health in order to effectively address aspects of their future jobs regardless of the setting, as well as to know when and how to refer and to use public health resources.
- Dialogue and well-functioning partnerships between practitioners and educators and including practitioners in the classroom are essential elements in ensuring that curricula meet the needs of practice. Equally important as practice influencing curricula, is education's role in ensuring that curricula drives practice, thereby supporting practitioners to remain current with emerging trends and new knowledge.
- The articulation of core public health functions and core competencies now underway is a critical development in ensuring that the current work force has the required knowledge, attitudes and skills to meet changing expectations. Such work is also seminal to educators in ensuring that there is consistency across programs and that graduates are appropriately prepared to meet the expectations of the workplace.
- Employer and practitioner input is urgently needed in shaping multiple graduate public health programs that are emerging in Ontario and elsewhere in Canada.

III. Enhanced Learning in the Field

- Public health disciplines are both theory and practice based. The ability to integrate theory and practice is best consolidated in the "real world" rather than through vicarious classroom experiences or even through simulated "laboratory" settings.
- Field placements offer students an opportunity to integrate knowledge, attitudes and skills and to build confidence. Specifically, such placements promote the development of competencies critical to public health including such skills as assessment, surveillance, interprofessional collaboration, leadership, communication, coalition building, cultural competency, ethics, critical thinking and decision making as well as offer an opportunity to develop a fuller understanding of the social determinants of health.

IV. Value Added through Student Placements

- As noted in Figure 1 below, both health units and academic institutions benefit from student placements. For example, such placements often allow health units to undertake initiatives that would not be possible otherwise due to insufficient resources and time, and competing priorities. Placements allow both students and health units to mutually assess their suitability for future employment.
- Graduate students bring advanced skills to health units in areas such as program evaluation, literature reviews, research and management.
- Linkages with students and their faculty advisors offer opportunities for relevant research, based on health unit needs.

V. Transition to the Work Force

- Some disciplines have articulated standards for beginning practitioners to facilitate the transition from student to employee. Despite the value of such documents to students and employers, public health units still need to incorporate other strategies to facilitate the transition to ensure that students are attracted to public health and that those newly recruited remain. For some the autonomy and challenges offered by public health can be immediately rewarding, while for others the independence and isolation can be intimidating.
- Examples of strategies that have been shown to make a difference in facilitating the transition from student to beginning practitioner include orientation programs, mentorship initiatives including appropriate selection, training and coaching for the mentor, an agency culture that supports critical inquiry, continuous and collaborative learning and management practices which foster effective supervision and are consistent with the expectations of the next generation of workers.

VI. Recruitment Issues

- The upcoming Capacity Review Report will provide much needed data on Ontario's current public health work force. Yet experience teaches us that public health units are challenged to recruit some disciplines including Public Health Inspectors, Public Health Nurses, Medical Officers of Health, Epidemiologists and Dietitians as well as practitioners with graduate education.
- The need for active recruitment strategies is anticipated to increase with the departure of the "baby boomers".
- Challenges exist in recruiting students for public health placements. Students are often drawn to practice sites other than public health; sites which are seen by students as more action packed, offering immediate results, and associated with high technology. Furthermore society in general and other health professionals often do not view public health as a preferred employment option. There is also a need to recruit students from minorities and ethnic groups. Hence, strategies are needed to attract students and placements need to be marketed in terms of offering opportunities to develop employable skills.
- Offering stipends especially to graduate students or where placements entail significant expense such as travel are important incentives. Similarly, dedicated health unit resources are needed to plan for and facilitate successful placements that meet student learning objectives and to provide incentives and recognition to staff who provide placements.
- In addition, upon graduation students eligible for employment in public health units have many opportunities in other sectors including acute care, NGO's, the private sector and other ministries. Offering dynamic and innovative learning opportunities, which demonstrate public health's key role in today's health care system, is an important recruitment strategy. Often faced with considerable debt, students, especially community medicine graduates, are attracted to areas other than public health. If students are to be recruited and remain in public health, incentives, comparable salary and benefits, as well as opportunities for continuous learning and career advancement, are imperative.

VII. Faculty Needs

- Academic institutions and PHRED Programs face challenges in hiring Masters and Ph.D. prepared faculty with public health experience in both practice and research. Health units must play a role in ensuring that educators have the necessary "hands on" skills and faculty development opportunities to train students.
- Therefore, health units need to identify opportunities to engage faculty in health unit activities such as workshops, consultations and research as well as offering orientation, placements, and cross-appointments or short-term employment. For some faculty, the shift from a hospital based to a community-based curriculum has been challenging. Educators can also benefit from health unit mentors. In addition, the competition faced by many faculties to secure community placements is a major stressor.
- Furthermore, the current system of promotion and tenure in academic settings does not typically reward faculty for their interactions with health units.

SUMMARY

- An investment by the Ministry of Health and Long-Term Care and local health units in the training of future health professionals is an essential investment in Ontario's public health system.
- A strong history and continuing capacity for leadership exist through the PHRED model for the public health education of undergraduate and graduate students.
- The importance of productive partnerships between academia and practice, which recognize the expertise of both partners is imperative in ensuring that practice needs influence the education of students and curricula influence practice.
- Health Units play a vital role in providing opportunities for students to consolidate competencies critical to public health.

Figure 1: Value Added through Student Placements

Benefits to Health Unit	Benefits to Student/Educational Institution
<ul style="list-style-type: none"> • enhances current and future capacity • promotes exposure to new ways of thinking and doing • supplies a potential pool of new recruits with health unit specific experience • offers access to new knowledge, resources, and faculty expertise e.g. research and evaluation, • offers access to faculty networks 	<ul style="list-style-type: none"> • allows students to experience “real world”/ real time learning • provides feedback to evaluate curriculum adequacy • offers opportunities to integrate theory into practice and to consolidate core public health competencies • offers access to practice experts • offers access to research questions and populations

Adapted from: Beynon, C. & Bodnar, J. (2003). Education/student placement coordination in public health. PHERO. 14, (7), 115-120.

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