

FOCUS ON

Applying Experiential Learning to Strengthen Public Health Capacity



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Key Messages

- As public health systems respond to increasingly complex and evolving challenges, evidence-supported approaches to education and capacity building are needed to optimise practical skill development and applied competencies^{1,2}
- Experiential learning can strengthen workforce capacity by connecting knowledge and practice through active engagement, critical reflection and analysis³
- Through intentional design, experiential learning can be embedded into a range of learning activities, including online webinars, hands-on workshops, and staff training sessions⁴
- Effective implementation depends on strong partnerships^{5,6}, intentional alignment^{1,7,8}, clear expectations⁷, available supports^{9,10}, and opportunities for structured reflection and feedback^{11,12}

Introduction

Public health professionals are required to work across complex systems, respond to emerging health challenges, and collaborate with diverse communities and partners. As the field continues to evolve, there is growing recognition that public health education and training must extend beyond awareness and knowledge acquisition to better support the development of practical skills and competencies that translate into effective day-to-day practice.^{1,2} Strengthening public health capacity depends not only on individual expertise, but also on organizational leadership practices that fosters a culture of reflection, continuous learning and systems thinking.¹³ One strategy to strengthen capacity across the system and support this educational shift, is through applying educational approaches, such as experiential learning, that connect knowledge and practice.

The need to strengthen public health capacity is reflected across global, national and provincial levels. At the global level, the World Health Organization's (WHO) [Learning Strategy](#) emphasizes the need for renewed workforce education that prioritizes lifelong learning and competency-based approaches.² Similarly, the Canadian Public Health Association (CPHA) has underscored the critical need to support the development of practical, complex and applied skills across the public health workforce.¹⁴ At the provincial level, Public Health Ontario's (PHO) 2024–2029 Strategic Plan reinforces this direction, identifying the advancement of public health and health workforce capacity and knowledge as a key priority, with an emphasis on expanding applied learning offerings, including experiential learning.¹⁵ Together, these priorities reflect a shared recognition that public health education strategies must move beyond traditional knowledge transfer towards more innovative approaches that prioritize real-world application, skill development, and career-long learning.

Experiential learning is an educational approach that integrates theory and practice by engaging learners in practical, sometimes hands-on, experiences through critical reflection and analysis. Experiential learning activities, such as field-based placements, simulation exercises, and case studies, can offer learners diverse opportunities to apply knowledge in practical scenarios, critically reflect, and integrate learning through iterative experience.³

Purpose

This Focus On provides an overview of experiential learning and expands on several approaches through which it can be applied to strengthen public health training, capacity building, and workforce development in Ontario. Drawing on select academic and grey literature, it explains why these approaches matter, how they can be used in practice, and how they may fit within the broader experiential learning landscape in public health education and professional development. It is intended to support public health leaders, educators, planners, those involved in student placements and capacity-building efforts in applying experiential learning principles.

Methods

A targeted search of academic and grey literature was conducted to identify experiential learning concepts and activities relevant to public health professionals and students. Academic sources were identified through a PHO Library Services search of MEDLINE, CINAHL, and ERIC for English-language literature published between 2014 and October 2025. Covidence software was used to support article screening and duplicate removal. For this Focus On, review articles and those pertaining to public health education or practice settings were prioritized for inclusion, while studies that focused on projects, placements or classroom methods rather than an experience were excluded. For the grey literature,

relevant organizational websites were searched including the Institute for Experiential Learning, the World Health Organization, University of Toronto, Toronto Metropolitan University, and the National Collaborating Centres for Public Health. Review articles and frameworks, terms and examples pertaining to public health education or practice settings were prioritized.

A total of 24 academic articles and 20 grey literature sources were used to inform this Focus On. From the academic literature, a content analysis was conducted to identify best practices relevant to public health. Findings are organized by the following sections: Overview of experiential learning, why experiential learning matters for public health capacity building, principles, and best practices and implications for public health practice. A real-world example is also included to illustrate experiential learning in action.

Overview of Experiential Learning

Experiential learning is an established approach to education that prioritizes learning through active experience, critical reflection, and application of learned knowledge, skills, and attitudes. While both applied and experiential learning aim to support the learner in applying theory to practice, experiential learning is distinguished by its emphasis on structured reflection and feedback, which supports the learner in iteratively building connections and strengthening their practice.^{3,16} This reflective process is particularly valuable in public health, where adaptability, critical thinking, and self-awareness are essential.

Experiential learning is commonly conceptualized through social psychologist David Kolb's widely recognized framework, which describes learning as an ongoing process of experiencing, reflecting, thinking, and acting. Kolb's model includes four interconnected stages: Concrete Experience, Reflective Observation, Abstract Conceptualization, and Active Experimentation.^{3,17}

1. **Concrete Experience:** The learner begins with direct experience by engaging in a specific task or activity³
2. **Reflective Observation:** The learner reflects on the opportunity by considering what went well, how they responded, and areas for improvement³
3. **Abstract Conceptualization:** Through reflection, learners make connections between the experience and existing knowledge, theories, or frameworks³
4. **Active Experimentation:** Learners apply their new knowledge and insights in practice and collect feedback to support the next experience³

Figure 1: Kolb's Experiential Learning Cycle

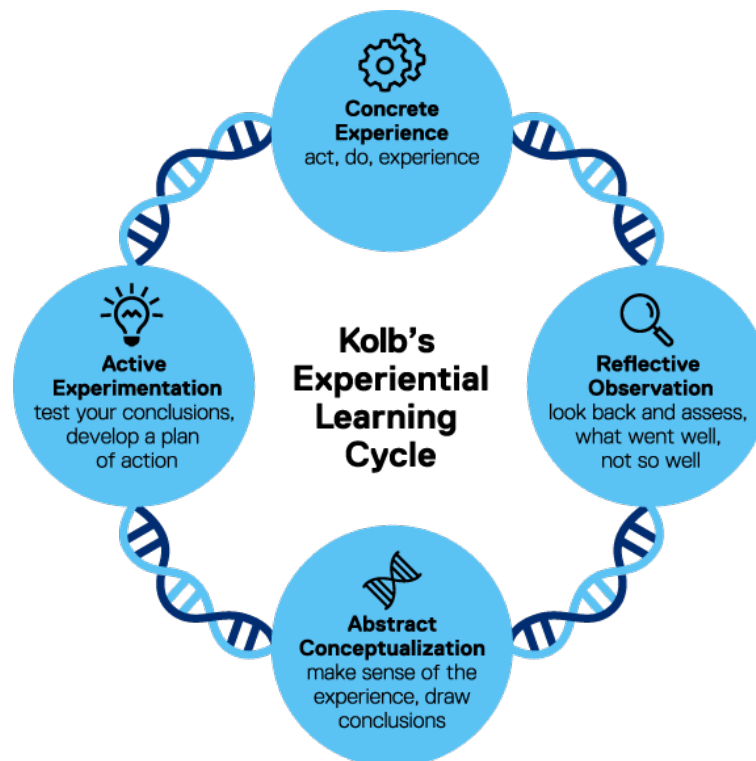


Image Source: Toronto Metropolitan University (TMU). Kolb's experiential learning cycle [Internet]. Toronto, ON: TMU; [cited 2026 Jul 23]. Available from: <https://www.torontomu.ca/experiential-learning/faculty-staff/kolbs-el-cycle/>. Used with permission.

Categories of Experiential Learning

Experiential learning can be implemented through a range of approaches that occur in a variety of settings. Typically contextualized within the higher education space, these approaches—when designed to incorporate all four stages of Kolb's Cycle—can be organized into field-based, co- and extra-curricular, and classroom-based learning experiences (Appendix A).⁴

Field-based learning experiences involve direct engagement in real-world settings, including practicums, medical residency rotations, co-op placements, or internships.⁴ In many academic programs, such as the Master of Public Health (MPH) program in Canada, a 12–16 week field-based practicum is a required component of the curriculum in which students work at a partner organization on a project related to their degree.¹⁸ As a result, many organizations, including PHO, offer [student placements](#) that enable learners to build required competencies through iterative reflection and feedback, and apply their skills in a real-world public health setting.¹⁹

Co- and extra-curricular learning can include structured or informal activities that often take place outside of formal work or coursework, such as volunteer roles, peer mentoring or learning communities.⁴ For example, the [Public Health Nursing Practice, Research and Education Program](#) at McMaster University, provides opportunities for knowledge sharing and engagement through several [communities of practice \(CoP\)](#) open to Public Health Nurses who support home visitation programs.²⁰ Although CoPs vary in structure, they can support experiential learning by creating opportunities for reflection, peer learning, and the application of knowledge in practice.

Classroom-based learning can include synchronous and asynchronous activities delivered either in-person, online, or in a hybrid model. Activities can include case studies, simulations or project-based group work.⁴ For example, the [Outbreak Toolkit](#), developed in collaboration between the Public Health Agency of Canada (PHAC), the National Collaborating Centre for Infectious Diseases, and the National Collaborating Centre for Environmental Health, provides an interactive, self-paced case study of a fictional *Salmonella* outbreak. This toolkit supports public health professionals in applying epidemiologic and outbreak investigation principles to a realistic public health scenario through structured prompts and reflection points.²¹

Why Experiential Learning Matters for Public Health Capacity Building

The role of public health professionals is broad, complex, and constantly evolving. As a result, they need more than foundational knowledge; they must also be able to interpret evidence, apply their knowledge to make critical decisions in real time, and adapt to changing environments. While much of the literature on experiential learning focuses on higher education settings, its principles can also extend to staff training, continued education, and organizational development.²² Experiential learning helps learners bridge the gap between theory and practice by giving them opportunities to apply concepts to real-world challenges, practice skills, and reflect on their experience in ways that strengthen readiness for public health work.¹

Beyond connecting knowledge to practice, experiential learning also helps build transferrable skills, including effective communication and interprofessional collaboration^{9,23} It can also support improved confidence and professional identity by helping learners understand how their knowledge, skills and behaviours translate into everyday work.^{7,9,24} Through direct engagement with communities and real-world contexts, learners are better able to reflect on social issues such as inequities and systems of oppression, which can support more culturally aware and equity-oriented practice.^{7,25}

Beyond its value for learners, experiential learning can also benefit public health units (PHU) and other organizations by fostering a culture of continuous learning and improvement. Teams that engage in experiential learning are better equipped to adapt to changing needs, identify creative solutions, and work more efficiently.²² As a result, experiential learning helps build a more resilient and engaged workforce that is better prepared to respond and adapt to real-world demands, including outbreaks and other public health emergencies. Student learning opportunities, such as field-based placements, further strengthen organizational capacity by contributing to ongoing projects, offering fresh perspectives, and enhancing connections with academic partners.^{4,5,7} In this way, experiential learning is a mutually beneficial approach that supports both workforce development and public health practice.^{1,4,5,7}

Applying Experiential Learning Principles

Experiential learning principles can be embedded into public health training and capacity building initiatives through intentional design and application. When structured around Kolb's model, learning opportunities move beyond one-way information sharing to actively engaging participants in doing, reflecting, and applying.³

Before designing an activity, it is important to define the learning need in relation to the public health tasks, functions, or competencies it is intended to support. This ensures that learning opportunities are purposefully aligned with the realities of practice and address identified gaps.⁸ Summers and colleagues have classified and defined the work of local public health agencies into 11 intervention categories, providing a practical framework for understanding the scope of public health practice.²⁶ This framework can help identify learning needs within specific intervention areas and guide the design of learning activities that are relevant to role-specific skills and competencies (Appendix B).

In practice, experiential learning activities must intentionally incorporate opportunities for engagement, critical thinking, structured reflection, feedback, and the application of concepts to real-world challenges. As illustrated in Appendix A, experiential learning activities are not limited to student placements; rather, the principles can be incorporated into a range of training modalities, including workshops, staff training sessions, and online webinars.⁴ For example, a webinar can be designed to include a case scenario with embedded poll questions that prompt learners to apply their new knowledge to a realistic situation. This can be followed by facilitated discussion, feedback from the group, and structured reflection points that encourage learners to consider their reasoning and how they would approach a similar situation in future work.

Experiential Learning in Action: A Tabletop Exercise

In this section, a tabletop exercise serves as an example of an evidence-based experiential learning activity. Tabletop exercises are commonly used in emergency preparedness and can illustrate many of the experiential learning concepts and stages described. Tabletop exercises are discussion-based, facilitated exercises in which participants engage in a structured, hypothetical scenario (e.g., infectious disease outbreak) in a low-stress environment.²⁷ These exercises are designed to stimulate meaningful discussion, critical thinking and reflection, while allowing participants to apply existing plans and procedures in a safe setting.²⁷ Through this process, participants learn to assess critical health issues, understand their roles and responsibilities, strengthen problem solving skills, and identify opportunities to improve current guidance and protocols.²⁷

In 2019, Conne River Health and Social Services Centre (CRHSSC) in Newfoundland and Labrador conducted a [communicable disease emergency tabletop exercise](#) to strengthen staff preparedness and support effective response to a potential infectious disease outbreak. Participants were presented with an emerging respiratory illness scenario and guided through structured discussion points.²⁸ This facilitated discussion supported participants to think critically across key areas of public health practice. When viewed through the lens of the intervention categories defined by Summers et al., this exercise addressed several relevant areas of public health work, including surveillance, investigations, case, contact and outbreak management, communication, clinical service delivery, health resource inventory management, and community and partner mobilization (Appendix B).^{26,28}

As an experiential learning activity, this example can be mapped across each stage of Kolb's Cycle:

1. **Concrete Experience:** Participants engaged in a simulated communicable disease emergency exercise.^{3,28}
2. **Reflective Observation:** Through prompted discussion points and a structured debrief, participants reflected on their actions, decisions, and areas for improvement throughout each stage of the scenario.^{3,28}
3. **Abstract Conceptualization:** Participants made connections to existing procedures and public health guidance to support their decisions. For example, one discussion prompt asks, "what emergency plans are in place for your community?" encouraging participants to reflect on how current guidance informs their response.^{3,28}
4. **Active Experimentation:** The learnings, outcomes and feedback from this exercise helped to identify gaps and support quality improvement efforts. Specifically, learnings from this exercise were used to support revisions to the CRHSSC's Infectious Diseases Plan and Pandemic Influenza Plan.^{3,28}

Best Practices and Implications for Public Health Practice

Several best practices were identified that support effective implementation of experiential learning across public health settings. Since experiential learning can take many forms, including field-based, co-and extra-curricular, and classroom-based approaches, best practices were first mapped across these categories. Five common themes form key considerations for the effective application of experiential learning in public health.

1. Strong Partnerships Between Academic Institutions and Public Health Organizations

Strong collaboration between academic institutions and public health organizations is widely recognized as a key component of effective experiential learning and workforce development. These partnerships support the design of learning experiences that align with academic objectives and workforce needs, while fostering shared understanding between learners and organizations.^{5,6} This collaborative approach ensures that experiential learning opportunities are mutually beneficial and support ongoing reciprocal learning.^{5,6} In addition, public health organizations with academic-practice partnerships are more likely to experience enhanced capacity to achieve organizational goals and implement evidence-based practices, strengthening the integration of evidence into public health actions and experiential learning opportunities.²⁹

In practice, partnerships between academic institutions and public health organizations should be intentionally developed and sustained over time. To achieve this, organizations may consider establishing formal academic-practice partnerships. For example, the academic health department (AHD) model, commonly used in the United States, creates a structured relationship between academic institutions and public health agencies and may offer a useful framework for strengthening collaboration.^{6,29,30} Formal agreements, such as a memorandum of understanding (MOU), can further strengthen these partnerships by clearly outlining roles, responsibilities, expectations, and shared resources, supporting accountability and long-term collaboration.^{5,6,30} In addition, the literature underscores the importance of well-established and consistent communication as a key determinant of successful partnerships.^{1,5,6}

2. Intentional Design that Aligns Learner Goals and Organizational Needs

Experiential learning in public health is most effective when learner objectives align with organizational priorities, ensuring reciprocal value for both parties. When learning goals are unclear, a gap can emerge in expectations, resulting in learners becoming disengaged from the experience, leading to reduced motivation and interest.¹ In addition, when learning environments and objectives are not inclusive, accessible, and reflective of diverse learners, this can create barriers to participation and exclude equity-deserving groups.³¹ Similarly, when activities do not meet organizational needs, they may be perceived as burdensome.⁷ This may reduce organizational willingness to offer future opportunities and affect the sustainability of programs. In contrast, well-aligned experiences have been reported to enhance organizational capacity, extend project impacts and support more inclusive and equitable processes.^{1,7}

To achieve this in practice, learners should be positioned as co-creators of the learning experience rather than passive participants.⁸ This involves co-designing learning activities, establishing shared learning goals, and incorporating [Universal Design for Learning](#) principles to promote meaningful contribution and engagement.^{6,8,9,32} The application of a curriculum or competency-based framework can help guide this process by linking learning objectives, competencies and activities, supporting a structured and consistent approach to learning design.^{33,34} Resources such as the National Collaborating Centre for Methods and Tools [Competency Mapping Tool](#) can further support this approach by connecting activities to core public health competencies.³⁵ Other examples of efforts to develop public health competencies include Black health, digital health and public health communication (please see Resources list). Embedding experiential learning into organizational planning processes can also strengthen alignment by ensuring learner activities contribute to the advancement of strategic priorities.⁷

For field-based learning such as practicums, organizations may consider implementing structured matching processes or providing learners the opportunity to select placement opportunities that match their skills, interests and career goals. These approaches not only support stronger alignment between learners and organizational objectives but have also been shown to enhance the orientation process and facilitate a smoother transition into practice.³⁶ Organizations should also consider accessibility barriers that may affect a learner's ability to fully participate. Appropriate accommodations should be made available and clearly communicated to learners, such as assistive technology, flexible participation options, and work from community arrangements (e.g., for Indigenous learners), where appropriate.³⁷

3. Supports for Supervisors, Preceptors and Facilitators

Positive experiential learning experiences rely on the capacity, support and expertise of supervisors, preceptors and facilitators who guide learners and staff through applied learning experiences. Their invested interest and engagement are key to success.^{9,10} While they play a central role in providing tailored mentorship, feedback and guidance, supervision is also a reciprocal process in which both learners and supervisors benefit.^{1,5} Supervisors and preceptors often report refreshed knowledge and skills, as well as valuable supervisory experience that contributes to their own professional and leadership development.^{38,39} Therefore, supporting this work not only strengthens the learner experience, but also contributes to internal leadership capacity and a culture of continuous learning within organizations.²²

However, this two-way learning is dependent on the availability of adequate supports. Without comprehensive and accessible supports in place, facilitation of learning activities, supervision practices and learning expectations can become inconsistent or burdensome, limiting both the quality of the learner experience and the potential for mutual benefit.⁵ This is particularly important in public health settings, where staff may be balancing supervision and training responsibilities alongside existing programming or service delivery.

Formal training or orientation on how to provide effective mentorship, supervision and feedback is strongly encouraged.^{5,7,9,24,38,40-42} Various training modalities have been well documented, such as synchronous and asynchronous online training, in-person workshops, and written materials.⁴¹ For example, the [Preceptor Education Program](#) is an open-access e-learning course consisting of eight modules that cover topics such as developing learning objectives, reflective practice, and providing effective feedback.⁴³ Downloadable resources are also available throughout the course. In addition, recognizing or rewarding the efforts and dedication of preceptors and supervisors is an important consideration to enhance engagement and sustain high-quality experiences for learners^{5,9,38}

4. Clear Expectations around Responsibilities and Deliverables

Once experiential learning activities have been designed to align with learner and organizational goals, it is important to clearly define roles, responsibilities and expected outcomes. Establishing a shared understanding between learners, supervisors, and/or academic institutions prior to the start of the learning activity can help build strong working relationships and reduce the potential for interpersonal or logistical challenges.⁷ Clear expectations also enable learners to contribute more meaningfully to the experience.⁷

In field-based experiences, the literature emphasizes the importance of formalizing expectations through written agreements between the learner, supervisor, and/or academic institution. This can be in the form of an MOU, learning contract, or structured workplan. These tools should outline key elements, including clear objectives and competencies, communication expectations, scope of work, timelines and expected deliverables. This helps to provide a clear and consistent reference point throughout the experiential learning process, fosters accountability and ensures expectations can be met.^{6,7,10}

5. Importance of Structured Reflection, Feedback and Peer Learning

As illustrated in Kolb's model, reflective practice and feedback are essential components of the process.³ Critical reflection enables transformative learning by helping learners make sense of their experiences and connect theory to practice.¹¹ Structured reflection creates intentional space for learners to assess what went well, what didn't, and how to make improvements. It also supports learners to critically examine their role in public health, including how intersecting identities, assumptions, personal values and power dynamics may influence their actions.^{11,12} This process supports the development of reflexivity by encouraging learners to reflect on their positionality, supporting more equity-informed and culturally responsive approaches to practice^{11,12}

Feedback and peer learning play an important role in this process by helping learners connect new experiences to existing knowledge to develop practical skills and insights.^{11,25} Timely and constructive feedback by supervisors, managers or peers can encourage deeper reflection and support better self-awareness and self-efficacy.^{1,9,25} Together, these valuable components can support growth in learner confidence, motivation, and satisfaction with the learning experience.^{9,25}

In practice, structured reflection, feedback and peer learning should be ongoing and intentionally integrated into program design and delivery, rather than occurring at a single point in time.¹² Special attention should be given to guided approaches that support reflection on positionality, ethics, and power within public health practice, as well as considerations for reflection practices that support inclusion and accessibility.^{11,12,44} This may include structured activities such as weekly reflective journals, facilitated debrief sessions or reflective prompts.^{11,12} Additionally, learners should be offered choice in how they engage in reflection, including alternative formats such as arts-based methods, verbal reflection, or technology-enabled approaches. Providing multiple options to learners can support diverse learning preferences and create a more inclusive learning environment.⁴⁴

Opportunities for peer learning and knowledge sharing should also be considered. This can include structured small group discussions, peer feedback sessions, or pairing learners together within field-based placements to encourage collaborative learning and support confidence development.^{9,11} Ongoing feedback processes, such as regular check-ins with supervisors or managers and structured evaluations are essential to support reflective practice and alignment with expectations and learning objectives.^{7,25}

Conclusion

Learning approaches are evolving and shifting away from the sole focus on knowledge acquisition towards more hands-on, real-world application. In public health, experiential learning plays an important role in preparing current and future professionals. This Focus On provides an evidence base and supportive resources for PHUs and other public health organizations to incorporate effective and sustainable experiential learning activities.

High-quality experiential learning experiences are intentionally designed to meet the needs of both the learner and organization. Strong partnerships between academic institutions and structured supports for supervisors and preceptors are essential for success. Embedding these elements within organizational structures helps ensure experiential learning opportunities are meaningful, equitable and sustainable.

By strengthening the design and implementation of experiential learning in public health, organizations can boost learner engagement, support the integration of evidence into practice and build workforce capacity. As public health systems continue to evolve, experiential learning provides a key pathway for translating theory into practice, strengthening professional development and ultimately contributing to improved population health outcomes.

Resources

- [Review of “A Scoping Review of Experiential Learning in Public Health Education from the Perspective of Students, Faculty, and Community Partners”](#)
- [University of Toronto: Experiential Learning Hub](#)
- [Niagara College Canada: Experiential Learning Toolkit](#)
- [Advancing Equitable & Inclusive Experiential Learning Opportunities: A Five-Stage Framework for Change](#)
- [National Collaborating Centre for Methods and Tools – Competency Mapping Tool](#)
- [World Health Organization: Simulation Exercise Manual](#)
- [Preceptor Education Program](#)
- Co-operative Education and Work-Integrated Learning ([CEWIL](#)) [Resources](#)
- [Work-Integrated Learning Definitions according to CEWIL](#)
- Emphasis on Competencies:
 - [Black Health Collaborative Competencies](#)
 - [Public Health Communication Competencies](#) and [Design Lab](#)
 - [Digital Health Competencies](#)

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Appendix A

Experiential Learning Activities

Field-based Experiences	Co/Extra-curricular Experiences	Classroom Experiences
• Placement • Practicum • Co-op • Internship • Professional experience year (typically full-time and studies are paused) • Community-based research • Service learning course • Field trip • Research/project course • Study abroad • International exchange • Presenting at a research conference	• Student leadership • Council and committee membership • Athletics and recreation • Learning communities • Career development activities • Hackathons • Work study (typically part-time in conjunction with studies) • Writing for a campus newspaper • Peer mentoring • Campus volunteering • Donships/residence advisorships • 48-Hour film challenge (teams write, shoot, edit, and score a short film in two days)	• Role-playing • Case study • Simulation • Student presentation • Lab • Debate • Project-based group work • Entrepreneurial activity • Guest lecture with an application

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Appendix B

Table B1: Applying Experiential Learning Principles across Public Health Intervention Categories

Intervention Category ²⁶	Description ²⁶	Example of Experiential Learning Application
Communication and social marketing	Involves the creation and dissemination of targeted health information through campaigns and multimedia communication channels to influence knowledge, attitudes and behaviours	Develop and test campaign messaging, using reflection and feedback to improve effectiveness and alignment with communication frameworks
Education and Skill Building	Includes the development and delivery of educational activities designed to increase knowledge and capacity of the target population to make informed health decisions and support behaviour change	Participate in a community of practice where members share experiences and resources, discuss challenges, and reflect on approaches with peers in similar area of practice
Healthy public policy development	Supports population health and health equity by promoting policies that improve social, environmental and economic conditions and ensure public health priorities are addressed by policy makers	Review a policy case study, reflect on decision-making and discuss approaches and decisions with peers/colleagues
Community and Partner Mobilization	Efforts to engage communities and organizations in collaborative work to address public health issues by mobilizing resources, coordinating activities and sharing information to achieve common goals	Participate in a partner engagement planning exercise. Incorporate reflection on processes and outcomes and considers how to apply new learning into practice
Surveillance	Involves the collection, analysis and interpretation of health-related data to identify trends and risks and inform public health action	Interactive data review activity embedded into an online learning module with prompted reflection points and feedback mechanisms.
Inspections	Involves routine monitoring, risk assessment and education to ensure compliance with public health standards, guidelines and legislations	Simulation exercise that mirrors an inspection setting, offering learners the opportunity to apply and practice assessment procedures, communication, and decision-making

Intervention Category ²⁶	Description ²⁶	Example of Experiential Learning Application
Investigations	Involves identifying and assessing the extent of known or potential threats to population health	Tabletop exercise reviewing investigation-related actions and decision-making for a fictional or potential threat to population health
Clinical service delivery	Delivery of direct health services to individuals (e.g. immunizations, sexual health services) that contribute to disease prevention and health promotion at the population level	Simulation exercise in collaboration with academic institute, providing opportunity to practice skills and procedures in a safe environment with iterative reflection, feedback and application
Case, Contact, and Outbreak Management	Involves the identification and management of cases of communicable disease and their contacts to reduce transmission and control outbreaks	Role-playing exercise where learners simulate a real-world case investigation. Learners practice and refine interview skills, processes, and decision-making, with intentional reflection and peer feedback
Health resource inventory management	Includes tracking, distributing, storing and managing public health resources and infrastructure required to support the delivery of public health programs and clinical services	Participate in a group resource-planning exercise, reflecting on how choices affect service delivery, and engaging in group discussion on how to improve future decision processes
Vector control	Involves the surveillance, analysis and targeted intervention of organisms that transmit disease, such as mosquitos or ticks	Participate in a group journal club session that reviews, discusses and analyzes a recent publication on a vector-related intervention. Includes consideration for future practice implications

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