

SYNOPSIS

Review of “A Scoping Review of Experiential Learning in Public Health Education from the Perspective of Students, Faculty, and Community Partners”

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One-Minute Summary

- Experiential learning is increasingly being integrated into undergraduate public health education in response to growing expectations for graduates to develop practical, workforce-relevant skills alongside academic knowledge. Common experiential learning activities (ELAs) include service learning, internships, simulations, project-based learning, community-based research, capstone projects, and study abroad programs.
- The authors conducted one of the first public health-specific scoping reviews to incorporate meta-analysis and meta-synthesis, focused on experiential learning in undergraduate public health education. The review aimed to identify different types of ELAs used, and to assess evaluation findings from the perspectives of students, faculty, and community partners/external agencies.
- Thirty-three studies published from 2000 to 2020 were included, with quality assessment conducted across included studies. ELAs were categorized as either community-focused, classroom-focused, work-focused, or other approaches such as study abroad and local study tours. Community-focused ELAs, particularly service learning, were the most reported.
- The meta-analysis findings demonstrated positive student-reported outcomes related to satisfaction, problem-solving skills, and communication skills following participation in ELAs. Qualitative findings similarly suggested largely positive perceptions of experiential learning among students, faculty, and community partners.
- Frequently reported student benefits included increased civic responsibility, cross-cultural sensitivity, teamwork, self-reflection, professional skill development, improved understanding of public health concepts, and exposure to real-world public health practice. Community partners and faculty similarly described positive experiences related to student engagement, collaboration, and contributions to organizations and communities.

- While much of the evidence was based on self-reported perceptions, findings support the potential value of experiential learning in undergraduate public health education. Variability across experiential learning models, outcomes, and evaluation approaches highlight opportunities for further research on which approaches are most effective in different contexts.

Additional Information

- Thirty-three studies published from 2000 to 2020 were included in this scoping review, with studies identified through searches across six electronic databases and reference list searches. Included studies evaluated experiential learning in undergraduate public health education using qualitative, quantitative, and mixed-methods approaches.
- Included studies represented a range of educational settings and student populations. Approximately half involved healthcare professional students, including medical, nursing, and allied health students completing public health-related coursework, while the remaining studies involved undergraduate students enrolled in public health degree, major, or minor programs. Study quality was appraised using the Mixed Methods Appraisal Tool (MMAT), and the review was guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).^{1,2}
- Four categories of experiential learning activities (ELAs) were identified: community-focused ELAs (n=17), classroom-focused ELAs (n=13), work-focused ELAs (n=5), and other ELAs (n=3), including study abroad and local study tours.
- Community-focused ELAs were the most reported and included service learning, community-based outreach education, community-based research, and community-oriented training activities. These activities involved students working directly with communities through health promotion initiatives, service delivery, and community engagement activities.
- Classroom-focused ELAs included project-based learning, simulations, case-based learning, photovoice assignments, reflective activities, deliberative pedagogy, and video creation assignments. Work-focused ELAs consisted of internships and supervised placements in public health-related settings.
- Of the 33 included studies, 25 reported quantitative evaluation findings and 22 reported qualitative findings. Mixed-methods studies were the most common study design (42.4%), followed by quantitative studies (33.3%) and qualitative studies (24.2%).
- Quantitative findings generally demonstrated positive student-reported outcomes associated with ELAs, including increased self-reflection, advocacy, engagement, perceived skill development, and interest in healthcare or public health careers. Faculty evaluations also suggested students achieved pre-defined learning objectives, while community partners reported student contributions to organizations and communities.
- Meta-analysis was conducted for three common student-reported outcomes: satisfaction, problem-solving skills, and communication skills. Pooled mean scores on 5-point Likert scales were high across all three outcomes, including student satisfaction at 4.14 (95% CI [3.88 to 4.4]), problem-solving skills at 4.34 (95% CI [4.21 to 4.48]), and communication skills at 4.38 (95% CI [4.09 to 4.66]).

- While variation existed across ELAs, outcome measures, and evaluation methods, the findings provide encouraging insight into student outcomes and experiences. Publication bias could not be excluded for student satisfaction (p for Egger test = 0.038) and communication skill outcomes (p for Egger test = 0.013).
- Qualitative meta-synthesis (thematic analysis) findings demonstrated largely positive perceptions of ELAs across students, faculty, and community partners. Frequently reported student experiences included increased civic responsibility, cross-cultural sensitivity, development of professional and teamwork skills, improved understanding of public health concepts, and appreciation for real-world learning experiences.
- Students also identified challenges related to scheduling, teamwork, balancing academic and experiential learning demands, and navigating community-based settings, highlighting considerations for future experiential learning program development and implementation.
- Community partners and external supervisors described several benefits associated with experiential learning partnerships, including student contributions to organizational capacity, health education activities, and community service delivery. Some community partners also reported professional growth through supervising and mentoring students.

PHO Reviewer's Comments

Experiential learning is increasingly recognized as an evidence-based educational approach within public health and health professions education because it emphasizes the application of knowledge through real-world experience and reflection.³ As public health education increasingly emphasizes workforce-relevant competencies and applied learning, experiential learning approaches have become more widely integrated into undergraduate training. PHO's Strategic Plan 2024–2029 highlights the importance of advancing public health workforce capacity and knowledge to improve population health outcomes, making this synopsis relevant to broader discussions around public health education, applied learning, and workforce development in the public health sector.⁴

The Tar Lim *et al.* (2024) review provides one of the first public health-specific syntheses of experiential learning activities (ELAs) used in undergraduate public health education. The review followed established frameworks for systematic reporting and critical appraisal, supporting a structured and rigorous approach to study selection and evaluation, and enabling the inclusion and assessment of qualitative, quantitative, and mixed-methods research.^{1,2}

By categorizing ELAs into community-focused, classroom-focused, work-focused, and other approaches, the review highlights the breadth and adaptability of experiential learning within public health education.

Another strength of the review is the inclusion of perspectives from students, faculty, and community partners/external agencies. Since experiential learning within public health often depends on collaboration between academic institutions and community organizations, incorporating multiple stakeholder perspectives provides a broader understanding of how ELAs are experienced and implemented. Community partners described positive student contributions to service delivery, community education, and organizational activities, while faculty perspectives suggested ELAs supported student engagement and learning.

The review also identified factors associated with positive experiential learning experiences, including preparatory guidance, opportunities for reflection, interaction with communities and stakeholders, learner-centered facilitation, and strong communication between faculty, students, and community partners. These findings are particularly relevant within public health settings, where collaboration, community engagement, and practice-based learning are central to workforce development and public health capacity building.⁵

Across the included studies, students consistently reported positive perceptions of ELAs in both quantitative and qualitative findings, with meta-analysis results further supporting favourable outcomes. Collectively, these findings suggest that ELAs are associated with positive student experiences and may contribute to learner engagement and perceived skill development within undergraduate public health education.

Findings from the review should also be considered within the context of the available evidence. Much of the literature focused on perceived learning and self-reported experiences, with fewer studies examining objective competency measures or longer-term outcomes related to future public health practice. Many quantitative studies used one-group post-test-only designs, which are useful for exploring participant experiences and perceived learning outcomes, though they provide more limited insight into long-term impact and causality.

Another consideration is the diversity of experiential learning activities included in the review. ELAs varied in design, duration, setting, learner population, and outcome measures, reflecting the wide range of experiential learning approaches currently used within public health education. While this broad scope provides a comprehensive overview of experiential learning in public health education, it also makes direct comparison between approaches more complex.

Several practical implementation considerations were also identified. Students and community partners described challenges related to scheduling, communication, teamwork, language barriers, and time or resource constraints. These findings highlight the importance of coordination, collaboration, and organizational support when developing and implementing experiential learning partnerships and activities.

Overall, this review supports experiential learning as a promising educational approach within undergraduate public health education. The review is particularly valuable for highlighting the wide range of experiential learning models currently being implemented, factors associated with learner experiences, and practical considerations that may help inform future experiential learning design, implementation, and evaluation within public health settings.

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