Report on the Community Health Sciences Graduate Student Surveys

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As part of the Community Health Sciences Graduate Program Review, a survey of recently graduated Community Health Sciences students and current Community Health Sciences graduate students was undertaken. The surveys included questions to obtain information pertinent to the Report on the CHS Graduate Program for the Review as well as questions aimed at getting current and past students' opinions about the Graduate program. This report summarizes the results from the two surveys.

Participants

Graduated Students

Seventy-five (75) students who graduated from a degree program in Community Health Sciences since 1998 were identified, 74 of whom we had an email address for (Table 1). Sixty-three graduates responded to our email request to participate in the survey and all agreed to participate.

Fifty-four graduates actually completed and returned the survey for a response rate of 54/75 = 72%. A higher response rate was achieved from the graduates of the PhD program (77%) than the MSc program (69%).

Table 1: Graduated Student Survey Response Rate

	Graduates	
	MSc	PhD
Respondents	34	20
Non-Respondents	15	6
Total	49	26

Current Students

All students in the academic year 2005-06 who had not defended their thesis by May 2006 were asked to participate in a survey of current CHS graduate students. This included 43 MSc and Diploma students and 21 PhD students. (See Table 2)

Fifteen PhD students completed the full survey, three PhD students completed just the part of the survey required for the Graduate Program Review, and three students (our MSc graduates) completed the graduated student survey. Twenty-seven MSc and Diploma students completed the full survey, while 6 students completed part of the survey. One MSc student refused to participate and 9 students did not respond. The response rate of 53/64= 83% was achieved, with a better response rate from PhD students (100%) compared to the MSc and Diploma students (79%).

Table 2: Current Student Survey Response Rate

	Students	
	MSc	PhD
Respondents	34	21
Non-Respondents	9	0
Total	43	21

Survey

The graduated and current students surveys were designed to obtain information required for the CHS Graduate Program Review. Additional questions about experiences in and perceptions on the CHS graduate program were included in the survey. There were a total of twelve questions on the Graduated Student Survey and seven questions on the Current Student Survey. The Graduated Student Survey contained additional questions on 'life after the degree' (e.g., initial and current employment). The surveys were to be completed electronically (unless participants preferred to fill out a hard copy). The two surveys are attached as Appendices.

Procedure

Graduated Student Survey

An initial contact email was sent to all the graduates identified who we had an email address for in May 2006. Individuals who responded they were willing to participate were then emailed the survey. Individuals who did not respond to the initial contact email were emailed again and asked to let us know if they received the email; otherwise we would try to locate them using other means. Multiple reminder emails were sent to individuals who agreed to participate, but had not returned a completed survey. The final completed survey was received in October 2006.

Current Student Survey

The current students were sent the survey along with a cover letter explaining the purpose for the survey in June 2006. Reminder emails were sent to students to encourage them to complete the survey. The final reminder email requested that students just provide the information required for the CHS Graduate Program Review (e.g., number of publications and presentations).

Confidentiality

All participants were assured that their responses were confidential. Only Aynslie Hinds, the CHS Graduate Program Review coordinator, viewed the completed surveys. The responses to the quantitative questions were recorded in an EXCEL spreadsheet. The responses to the open-ended questions were copied and pasted into MS Word documents (one document for each question). No names were attached to responses in these files.

Analyses

Open-ended Questions

Responses to each question were sorted into broad themes. Responses in each theme were further examined to determine if there were any sub-themes. If sub-themes were identified, the responses were further sorted.

All of the open-ended questions on the Current Student survey were also on the Graduated Student survey. The corresponding questions on the two surveys were initially coded independently. A table of the themes and sub-themes was then created for each open-ended question. In creating this table, the responses on the two surveys were examined together to ensure that similar responses were coded the same way. The number of responses in each theme/sub-theme was counted separately for the current and graduated students. Some participants' responses were coded under more than one theme, so the sum of the responses by theme is greater than the number of participants who responded to each question. The percentage of participants whose response corresponded to a particular theme was also calculated. The denominator in calculating the percentage was the total number of students who responded to the survey (53 for the graduated students and 54 for the current students). Not all participants responded to every question on the survey, so the total number of participants varies by question.

Closed-ended Questions

The Graduated Student survey included two questions to be answered on a Likert scale. The percentage of participants who gave each value on the Likert scale was determined.

The two surveys queried about the number of presentations and publications. As required by the Graduate Program Review, the number and percentage of participants who had 0, 1, or 2 or more publications/presentations was determined (separately for Master's and PhD students/graduates).

Results

Publications and Presentations

The number of publication and presentation by both current and graduated students was required for the Review (see Table 3). More than half of the MSc and PhD graduates had research published while a CHS student as well as after they graduated. Very few individuals who received a PhD did not have any publications. Most current MSc/Diploma students did not have any publications (54%), while more than half of the current PhD students (57%) had at least one publication.

Most current students have presented research at a conference; 61% of the MSc/Diploma students have at least one conference presentation and 76% of the PhD students have presented at two or more conferences. The majority of individuals who graduated with a MSc degree had at least one presentation while a CHS student (72%) as well as after graduation (72%). Almost all PhD graduates had two or more conference presentations while a CHS student (90%) and after graduating (85%).

Table 3. Number (%) of Publications and Conference Presentations

		Current Students				Graduated Students			
		MSc (N = 34)		PhD (N = 21)		MSc (N = 34)		PhD (N = 20)	
	Number	N	%	N	%	N	%	N	%
Publications while a CHS student	0	19	56	9	43	15	44	2	10
	1	7	21	3	14	4	12	0	0
	2+	8	24	9	43	13	38	18	90
Publications after graduation	0	-	-	-	-	11	32	2	10
	1	-	-	-	-	5	15	1	5
	2+	-	-	-	-	16	47	17	85
Conferences while a CHS student	0	14	41	3	14	9	26	1	5
	1	5	15	2	10	6	18	1	5
	2+	15	44	16	76	17	50	18	90
Conferences after graduation	0	-	-	-	-	9	26	2	10
	1	-	-	-	-	7	21	1	5
	2+	-	-	-	-	16	47	17	85

What did they do after obtaining their degree?

The majority of graduates did not pursue further academic education after graduating with their degree from CHS (see Table 4); a slightly higher percentage of Master's graduates (26.5%) continued on to do a PhD than the percentage of PhD graduates (20.0%) who went on to do a Post-doctoral Fellowship.

Table 4. Further academic training.

Response	Graduates			
	MSc (N = 34)		PhD (N = 20)	
	N	%	*N*	%
Yes	9	26.5	4	20.0
No	24	70.6	16	80.0
N/A	0	0.0	0	0

Employment information was obtained from the graduates; including where they were employed immediately after obtaining their degree and where they are currently employed (see Table 5). Many CHS graduates from both the MSc and PhD programs either obtained an appointment as a Faculty member at the University of Manitoba (either while they were completing their degree or shortly after) and a few graduates obtained a faculty position at another university. Many of the MSc graduates were health professionals (e.g., physicians, nurses) before beginning their graduate work and continued on in the same capacity after completing their degree. More individuals obtained employment with the provincial government (primarily Manitoba) than with the Federal Government. There were a few individuals who obtained employment with a Regional Health Authority (RHA). Quite a few individuals were employed as Research Associates at such places as Healthy Child Manitoba, Manitoba Centre for Health Policy, and Centre for Clinical Epidemiology and Evaluation.

Table 5. Employment of CHS Graduated Students

Employment	Initial		Current	
	MSc	PhD	MSc	PhD
Health Professional	16	2	11	1
Faculty at UM	6	10	8	13
Faculty at other University	2	3	1	4
RHA – MB	2	2	2	3
RHA – other province	0	0	0	0
Provincial Government – MB	4	2	5	1
Provincial Government – other	0	0	3	1
Federal Government	2	1	1	1
Other	2	0	1	1
Industry	2	0	1	0
Research Associate	3	4	5	1
Student	3	0	4	0
Unknown	0	2	0	0

Strengths of the Program

Table 6 presents the themes identified from the responses to the question "What would you say are the strengths of CHS Graduate Program? Why?". A greater percentage of the graduated students (83.3%) answered this question than the current students (77.4%). The most commonly identified strength by both the current and graduated students was "Multidisciplinary/Diversity", which included comments about the Graduate Program, the faculty, and the students. For example, one former student wrote,

"The faculty and the student body, of course. Where else can a student benefit from learning and acquiring knowledge from a gifted and diverse group of biostatisticians, medical anthropologists, economists, and policy analysts among others? The diversity of the faculty ensures that students acquire a wide-range of skills that cross disciplinary "boundaries." Equally important, the debates that arise in classes are much richer and much more political simply because of the perspectives that are brought forward by students and faculty who have a variety of backgrounds and diverse experiences. We learn more and we are exposed to more simply by listening to those around us. There is nothing more fulfilling!"

Similarly, this was echoed by three current students who wrote, "Faculty are composed of a wide range of disciplines which allows students to be exposed to different ideas, theories and literature (i.e. sociology, psychology, health services, epidemiology…)", "Students come from a variety of backgrounds and disciplines which enhances the sharing of perspectives about, and approaches to, addressing research about complex health issues.", and "Multidisciplinary program. This has made me think and approach research in many different ways, and I have gained new perspective".

The next most commonly identified strength of the Graduate Program, by both the current and former students, was 'Faculty'. Many of the current students thought the faculty was very supportive and encouraging. For example, one current student wrote, "Many faculty members provide a high level of academic support and mentorship to students that are above and beyond the obligations of an advisory role". The graduated students, on the other hand, identified the faculty's level of expertise to be a strength.

Table 6. Strengths of the program

	Current Students		Graduated Students	
Theme	N	%	N	%
Courses	12	22.6	14	25.9
Good diversity	8	15.1	3	5.6
Specific courses/content	2	3.8	6	11.1
General Positive	2	3.8	5	9.3
Classroom	9	17.0	13	24.1
Quality of teaching	3	5.7	7	13.0
Class size	3	5.7	4	7.4
Structure	2	3.8	1	1.9

Expertise	1	1.9	1	1.9
Multidisciplinary/diversity	43	81.1	25	46.3
Program	13	24.5	9	16.7
Faculty	15	28.3	7	13.0
Students	11	20.8	9	16.7
Faculty	24	45.3	25	46.3
Supportive/encouraging	11	20.8	4	7.4
Approachable	3	5.7	1	1.9
Expertise	3	5.7	10	18.5
Reputation	4	7.5	2	3.7
Active Researchers	0	0.0	1	1.9
Availability/Accessibility	1	1.9	2	3.7
General Positive	2	3.8	5	9.3
Program	11	20.6	18	33.3
Reputation	4	7.5	0	0.0
PhD Candidacy Exam/Thesis Proposal	3	5.7	1	1.9
Flexible/Sensitive	3	5.7	10	18.5
Brown Bag Sessions	1	1.9	0	0.0
High Academic Standard	0	0.0	1	1.9
Focus	0	0.0	1	1.9
Requirements	0	0.0	2	3.7
General Positive Comments	0	0.0	3	5.6
Research	14	26.4	12	22.2
Emphasis on/Research-focused	4	7.5	6	11.1
Quality	1	1.9	1	1.9
Opportunities for Student Involvement	9	17.0	5	9.3
Affliated Units/Research Teams	7	13.2	4	7.4
WRTC	3	5.7	1	1.9
MCHP	4	7.5	1	1.9
CAHR	3	5.7	0	0.0
Biostatistical Consulting Unit	1	1.9	1	1.9
AIM/MFUS (aging)	1	1.9	1	1.9
International Health (India)	1	1.9	0	0.0
Allergy and Asthma	0	0.0	1	1.9
Northern Medical Unit	0	0.0	1	1.9
Outcomes	12	22.6	7	13.0
Training/Skills	7	13.2	3	5.6
Prepared / job ready / research ready	2	3.8	2	3.7
Network opportunities	3	6.0	2	3.7
Environment	7	13.2	11	20.4
Sense of Community	3	5.7	1	1.9
Friendly	0	0.0	4	7.4
Administrative Staff (including Program Director)	4	7.5	3	5.6
Student Body	0	0.0	3	5.6
Financial Support	1	2.0	0	0.0
Department				
Colloquia	3	5.7	2	3.7

Philosophy/Focus	2	3.8	1	1.9
General Positive Comments	0	0.0	4	7.4
University of Manitoba (e.g., library)	0	0.0	3	5.6
City of Winnipeg	0	0.0	1	1.9
Miscellaneous	0	0.0	2	3.7
Total	41	77.4	48	83.3

Weakness of the Program

Table 7 presents the themes identified from the responses to the question "What would you say are the weaknesses of CHS Graduate Program? Why?". Almost all graduated students answered this question (96.3%), while a substantially smaller percentage of current students answered this question (69.8%). The most commonly identified weakness, by both the current and graduated students, was "Courses", and in particular, the limited course offerings. An example of a common comment regarding the limited course offerings was, "Several of the courses that I was interested in were not offered as the profs that had been teaching them were no longer available – in these cases these courses should not be listed in the calendar" (Graduated Student). Similarly, a current student wrote, "Some of the courses are 'on the books' but never seem to be offered which would be beneficial to students (e.g. a survey methods course, the health services methods course)".

'Faculty' was another weakness frequently identified by both current and graduated students. More specifically, many graduated students reported that the busyness and lack of available faculty advisors is a major weakness. For example, a former student wrote, "Could be training for supervisors on how to support student's to achieve their own vision of what they want to do for their thesis. Some supervisors perhaps take on too many students and don't provide sufficient support". Similarly, another former student wrote, "Interestingly, the same features that are our strengths. Because we have world class professors with broad reaching expertise, access to these individuals can be limited and they have significant work loads when it comes to being available for committees. Anecdotally, I would gather that many students feel there is not enough structure to access relevant committee members, and I would hazard a guess that many graduate students do not have easy access into 'the loop' – do not know this for sure and although I finished my thesis recently, I did my course work some time ago, so not real clear on how significantly this may have altered over the last few years".

Table 7. Weaknesses of the program ** a few values here need to be corrected

	Current Students		Graduated Students	
Theme	N	%	N	%
Courses				
Too many	7	13.2	6	11.1
Limited Offerings	9	17.0	9 or ll	
Lack of Alternatives	4	7.5	0	0.0
Difficulty	1	1.9	0	0.0
Revise Courses	3 or 5		3	5.6
Specific Courses mentioned	0	0.0	2	3.7
Required vs Elective Courses	0	0.0	2	3.7
Can't take more courses	0	0.0	1	1.9
Program/Class size	1	1.9	1	1.9
Classroom	4 or 1		1, 2, or 3	
Lack of Publication-Ready Assignments	0	0.0	1	1.9

Educational Gaps				
Policy, health systems, health economics, public administration, etc.	0	0.0	5	9.4
Lack Training in Statistical Programs (e.g., SAS, SPSS)	0	0.0	2	3.7
Lack of Hands-on Training	0	0.0	2	3.7
Lack Funding Opportunities	2	3.7	2	3.7
Lack of Opportunity to Interact with Faculty Informally	2	3.7	1	1.9
Faculty				
Lack of Diversity	1	1.9	2	3.7
Lack of Expertise in …	3	5.7	0	0.0
Too busy/too few advisors	3	5.7	8	14.8
Lack of consistent mentorship	2	3.7	4	7.4
Advisor/Committee Selection	0	0.0	2	3.7
Expectations	0	0.0	1	1.9
Lack of Teaching Opportunities for Students	1	1.9	1	1.9
Graduate Program				
Rigidity	0	0.0	1	1.9
Completion	0	0.0	2	3.7
No Proposal Defence for MSc Students	1	1.9	0	0.0
Lack of Specialization	0	0.0	2	3.7
General	0	0.0	1	1.9
Lack of Opportunity to Apply Knowledge/Skills	3	5.7	0	0.0
Lack of Information on Life After the Degree	1	1.9	0	0.0
Lack of Sense of Communtiy	1	1.9	5	9.3
The Greater Community	3	5.7	0	0.0
Limited Exposure to Units in the Department	1	1.9	0	0.0
Anti-Physician Bias	0	0.0	1	1.9
Miscellaneous	5	9.4	0	0.0
No Weaknesses	3	5.7	2	3.7
Total	37	69.8	52	96.3

Recommendations for the Program

As shown in Table 8, 'Courses' was the main area that both the current and graduated students had suggestions about. Approximately 12% of the current students suggested alternative ways of offering courses, such on-line, distance-ed, and summer courses. Just over 9% of the current students thought that the number of courses required for the degree should be reduced. The graduated students' main recommendation about courses was that there should be more courses offered in certain areas, including qualitative methods, health policy, disease prevention, survey methodology, and international health. The current students also suggested ideas for additional courses, such as on program evaluation, health promotion, and qualitative research methods.

The most popular recommendation among the current students (15.1%) was for a student journal club. For example, one student wrote, "Journal club, or required class where students discuss research articles from journals and learn how to critically assess research (Bob's past Epi class sounds like it was good for this)" and similarly another student wrote, "journal club for grad students, exposing them to research in all areas". Another similar idea was to have more student involvement in the colloquia series; one student wrote, "Increase student involvement in Friday colloquia, i.e., complement faculty presentations with student presentations."

Approximately 19% of the graduated students had recommendations about the 'Faculty', which included suggestions surrounding faculty mentorship, particularly the need to hire more faculty members. A few formers students and one current student felt that expertise in the department was lacking in particular areas, and consequently, more faculty members should be hired. For example, a former student wrote, "In order to maintain any semblance of a multi-disciplinary program, more faculty with social science backgrounds should be hired. Otherwise, it would be more appropriate to change the name of the Department to Epidemiology, Biostatistics and Health Services Evaluation." Another former student wrote, "Recruit more profs – specifically in areas that relate to infectious diseases (HIV) and local issues"

Almost 10% of the former students commented about faculty mentorship. Some former and current students were concerned that advisors' (and thesis committee members') expectations are too high and that the role of the advisor and thesis committee is unclear. A former student wrote, "The role of the advisory committee should be made clear to the faculty sitting on the committee. While high standards of the department should be maintained, being overly critical makes it difficult for students to complete their work. Best learning occurs in a supportive environment, by giving constructive feedback and suggesting relevant resources." A current student suggested to "Review the responsibility for supervisors and committee members. Create a student advocate within the graduate program office who is not the graduate program director so that student concerns can be brought forward." One current student commented that faculty members should limit the number of graduate students they take on so they have time for their students, "Encourage the staff to take on only what they can: to choose their graduate students with care – so that they feel comfortable developing a more personal relationship with them, instead of just professor/student, so that the department can be more successful at developing grade A graduates, who have been mentored well,

understand the possibilities and maybe even branch out and create their own opportunities (e.g., sometimes here in Manitoba, epidemiologists need to be more like an entrepreneurs and create their own opportunities – this is a new skill that we each may need to learn in our own way)."

A former student and a current student commented on the need for more guidance in choosing thesis topics/advisors. The former student wrote, "I am not comfortable commenting since my course work was so long ago – I do know that for the few students who do not enter the program with clearly defined goals and a pre-identified concept of their research focus and who they wanted for their committee advisor and members, it was extremely difficult for them to 'get on track' and flesh that out. Perhaps a structured mentorship program for those students who do not declare their intent on entry to the program – although I am not clear on how many of those students are admitted." Similarly, the current student wrote, "Make faculty research more student friendly. I think it would be helpful for staff who have opportunities for students to participate in their research to be put on a list. This would enable students to find out what actual thesis topics might be. I don't think it is helpful for students to be told to pick an area of interest and then try to find out how they can do research in that area."

Table 8. Recommendations for the programs

	Current Students		Graduated Students	
Theme	N	%	N	%
Funding	4	7.5	3	5.6
Courses	21	39.6	21	38.9
Improve	4	7.5	1	1.9
Courses on …	4	7.5	9	16.7
Course selection	0	0.0	4	7.5
Consistency in course offerings	0	0.0	2	3.7
Alternatives	6	11.3	0	0.0
Number of Courses	5	9.4	1	1.9
Publications	1	2.0	1	1.9
Other	1	2.0	3	5.6
Classroom	2	3.8	1	1.9
Size	1	1.9	0	0.0
Structure	0	0.0	1	1.9
Program	17	32.1	12	22.2
Orientation	2	3.8	0	0.0
MSc Students proposal defense	1	2.0	0	0.0
Streaming	2	3.8	2	3.7
Opportunities to discuss program with Graduate Program Director	1	1.9	0	0.0
More Administrative help for Graduate Program	1	1.9	0	0.0
Student advocate	0	0.0	0	0.0
Website	2	3.8	0	0.0

Journal Club/Student Colloquia	8	15.1	0	0.0
Size	0	0.0	1	1.9
Options	0	0.0	3	5.6
Requirements	0	0.0	2	3.7
General Positive Comments	0	0.0	4	7.5
Research				
Enhance exposure to research units	1	1.9	0	0.0
Faculty	5		10	18.5
Hire more …	1	1.9	3	5.6
Mentorship (academic/thesis)	3	5.7	5	9.3
Student research opportunities	1	1.9	2	3.7
Community Service	3	5.7	0	0.0
More Information on/Training in …	6	11.3	9	
Teach Statistical Packages	3	5.7	0	0.0
International Health	1	1.9	0	0.0
Canadian (Public) Health System	1	1.9	1	1.9
Research skills (qual & quant)	0	0.0	2	3.7
Policy and policy analysis	0	0.0	1	1.9
Life after the degree	0	0.0	1	1.9
Scholarship/Grant writing	1	1.9	0	0.0
Statistics Canada RDC	0	0.0	1	1.9
Internships/Co-ops	0	0.0	3	5.6
Create ‘Community’	3	5.7	1	1.9
Increase ties to Alumni	1	1.9	0	0.0
Continue to build on strengths	0	0.0	2	3.7
Student Teaching Opportunities	0	0.0	1	1.9
Miscellaneous	0	0.0	8	14.9
No recommendations	2	3.8	0	0.0
Total	31	58.5	45	83.3

Would you recommend the CHS Graduate Program?

One of the questions that the Graduated Student Survey had that the Current Student Survey did not was: Would you recommend the CHS graduate program to others? Only one former student did not answer this question. Everyone, except one Master's graduate, said they would recommend the CHS graduate program to others (see Table 9).

Table 9. Recommend CHS program to others

	Graduates	
	MSc	PhD
Response	(N = 34)	(N = 20)
Yes	33	19
No	1	0
Blank	0	1

Many themes were offered as explanations as to why former students would recommend the CHS graduate program. Further, many explanations were broad and encompassed multiple themes in a couple of sentences. The themes expressed included those shown in Table 10.

Table 10: Reasons why a former student would recommend CHS program to others

Theme	Number of Responders
Good preparation for career	12
Courses	10
Multidisciplinary	9
Develop skills	9
Friendly	6
Great teaching	5
Broad base	5
Foster knowledge	5
It depends	5
High quality education	4
Have already recommended program	4
Mentorship	3
Flexibility	3
General positive comments	5
General negative comments	4

Note. In addition, the following themes were mentioned by one or two people: Successful researcher, Aboriginal health, Reputation, Forging links, Colloquiums, Training opportunities, and Student body.

The most common reason why former students said they would recommend the CHS graduate program is because the program does a good job at preparing students for employment after

graduation. As one former student writes, “the Program’s structure (required credit hours, candidacy exam process), diversity of courses and faculty, training and mentorship opportunities (MCHP, WRTC, CAHR) and emphasis on social determinants of health leads to the delivery of high quality graduate education, which well prepares the student for an academic or applied research career, and produces a researcher with a social conscious.” Similarly, another student wrote, “The graduate program in CHS is a very strong program which offers students from a variety of backgrounds the knowledge and the skills which they need to work in the health care system, other health-related organizations as consultants, managers, or researcher. The graduates who are interested also can be prepared for academic positions to teach or get involved in research as highly qualified researchers. The department is strongly linked with the local and national health organizations which provides excellent opportunity for the training and employment of the graduate students in CHS”. Lastly, another former student wrote, “The program (or perhaps it is best to state, the ‘deliverers’ of the program) does what it sets out to do. That is, graduate students are equipped with a variety of skills that cross disciplines and, consequently, employment sectors. Because students receive an education that is grounded both in research methodology as well as health care policy and delivery, students graduate with a solid and well rounded education that provides the foundation and skills to allow them either to assume a career in health services delivery or research or to pursue higher education.” One former student noted, “I was very fortunate to find employment soon after I completed my MSc in Community Health Sciences – both of the positions that I have had in the last year would not have been possible if I had not obtained my MSc.”

Another common reason why alumni would recommend the program is because of the high quality and engaging courses. For example, one former student wrote, “I found that the classes were most provocative as they allowed for a strategic focused discussion with many different professional perspectives”.

The third most commonly mentioned reason for recommending the CHS graduate program was due to the multidisciplinary nature of the program and department. For instance, one former student wrote, “This is a graduate program that not only combines the best in teaching population health approaches, but also demonstrates visibly the importance of interdisciplinary and intersectoral approaches right in the department!”

A couple former students tempered their recommendation. For example, one individual wrote, “But only if one’s main interest is in a more traditional, biomedical, epidemiological perspective. If you’re looking for a progressive curriculum or if you have a strong social science orientation, this isn’t the program that I’d recommend (at least, not based on my experience prior to 2004; the situation may have changed since then).” One graduated student criticized the length of the program and the program requirements - “I do not think the program is an appropriate 2 year Master’s degree program. Completing 10 postgraduate level courses plus independently designing, conducting and writing a thesis based on primary data in two years is not a reasonable expectation”.

Quality of Education

Alumni were asked to rate the quality of their learning experience in CHS on a four-point likert scale from poor to excellent. Everyone, except one PhD graduate, rated the quality of their learning experience in CHS as good or excellent. More MSc graduates rated the quality of their learning experience as good rather than excellent, while the opposite was true for PhD graduates (see Table 11 below).

Table 11. Graduated Students Rating of the Quality of Learning Experience in CHS

	Graduates	
	MSc	PhD
Response	(N = 34)	(N = 20)
1 (Poor)	0	0
2 (Fair)	0	1
3 (Good)	20	7
4 (Excellent)	14	11
Blank	0	1

Qualified for Employment

Graduated students were asked how qualified they felt for employment after completely their degree in CHS (see Table 12). Three individuals did not respond to this question. No one felt unqualified. Almost everyone felt very qualified; however this was truer for PhD graduates than MSc graduates.

Table 12. Number of MSc and PhD graduates and how qualified they felt for employment after completing their CHS degree

	Graduates	
	MSc	PhD
Response	(*N* = 33)	(*N* = 20)
1 (Not Qualified)	0	0
2 (Somewhat Qualified)	9	1
3 (Very Qualified)	22	18
Blank/no	2	1

Career/Academic Goals

Both surveys included a question about career goals. Results are tabulated in Table 13. The question on the Graduated Student Survey was worded as follows: “Has the CHS Graduate Program contributed to you obtaining your career and/or academic goals? Please explain.” The corresponding question on the Current Student Survey was worded as follows: “How is this program contributing to you obtaining your career and/or academic goals? Please

explain." A higher percentage of graduated students (92.6%) answered this question compared to current students (75.5%).

Many alumni noted that their degree in CHS helped them to obtain a job (primarily academic), attain job security, or obtain a job promotion (primarily academic). Examples of responses include:

"Yes. I am a full-time faculty member at the rank of Assistant Professor at the University of Manitoba. I was not able to pursue a position in the academic stream without my Master's degree."

"Yes, very much so. Obtaining a Ph.D. with Community Health Sciences has enabled me to pursue my research and teaching interests. After having a post-doctoral fellowship, I obtained a tenure-track position with the Faculty of Human Ecology at The University of Manitoba. I also have a cross-appointment with the Department of Community Health Sciences."

"Yes – obtained a tenure track faculty position in a major research university, established in an independent and well funded program of research, supervise graduate students, productive writer."

"Yes, my goal when entering the program was to bridge the gap between research and practice, having found that much research I encountered in practice was either irrelevant or poorly done. The program facilitated me moving into a position where I can undertake and facilitate collaborative and applied research."

The next two most commonly mentioned themes among the graduated students and the top two most common themes among the current students were "expanded knowledge base" and "developed research skills".

Some examples of graduated students' responses were:

"The program offered me insight to the Canadian Health Care system, Canadian public health infrastructure, strategies on health promotion and prevention for which I was able to contribute to Ontario public health during the critical time of SARS outbreak."

"The knowledge gained has helped me in both of my workplaces. As a family physician, the training assisted with understanding and critically reading the literature, as well as increased understanding of determinants of health, public health, and population health issues. In the Northern Medical Unit position, the same items noted above also apply. In addition, the skills learned during my degree program have assisted with database and spreadsheet design, statistics collection, data presentation and dissemination, program audits, writing skills."

"Yes, absolutely. I've been very much benefited from the excellent program, which the department of CHS offers at the graduate level. The department offers a number of fundamental courses in Biostatistics and Epidemiology, which are very useful and practical. The knowledge gained and the skills learned are highly appropriate and relevant to be used in both areas of research and in Public Health practice. The department offers a variety of other strong courses in the areas of Research methods, health measurement and disabilities, health care financing and management, health economics, etc, which can be taken by the students

according to their needs and interests. The faculty of CHS are a great source of expertise, knowledge and experience who are fully available to the graduate students. This in combination with the understanding which exists among the faculty of the particular needs of the graduate students (for example, family issues, immigration, etc) contributes greatly to the success of our graduate program in CHS. Another key success is the strong link among different units within the department which truly reflect the thinking and philosophy of population Health in practice."

"Yes – it has given me research skills through coursework and the thesis, as well as professional skills such as membership on committees and the ability to work independently. It also contributed to my part-time job at MCHP while I was a student, giving me years of research experience in a professional environment."

"At the time of applying to do the MSc program, I was working as full time staff in an academic facility. I wanted to do more research, and the MSc seemed to be a very good way of possibly opening research doors. As a clinician, there is no protected research time – unless you are a proven researcher. Towards the end of my course work, the opportunity emerged to start a new division of Pediatric Emergency Medicine in Edmonton. I had never intended to head in this career direction, but the MSc program has supplied skills that I use. Understanding the organization and funding of the health care system has been most important. Topics covered in the public health courses have been directly applicable, and of course the research, stats and epi courses have made it possible to submit grants as well as review papers. At this point in my career administrative duties supersede research desires, but one day that will change."

Example quotes from the current students are as follows:
"I am working in the field of health education, and this program has given me a lot. It has furthered my knowledge and deepened my understanding of my work. (It gives me an edge and a greater context.)"

"I really feel that it is teaching me the skills needed to be a researcher in the health sciences. It has forced me to learn things beyond my comfort zone such as statistical methods and has exposed me to a wide variety of theories/ideas that I had never been exposed to before."

"This program has given me the opportunity to acquire a few methodological tools, to observe health problems through a variety of different lenses and to reflect on new ideas. How I can best apply this experience remains to be seen."

Table 13. Career Goals

	Current Students		Graduated Students	
Theme	N	%	N	%
Developed research skills	11	20.8	11	20.4
Expanded knowledge base	14	26.4	14	25.9
Training/Experience	8	15.1	4	7.4
Prepared/Qualified	3	5.7	6	11.1
Published research / presented at conferences	5	9.4	0	0.0
Marketability	4	7.5	1	1.9
Creates opportunities	3	5.7	1	1.9
Contacts and links	6	11.3	1	1.9
Obtain/Secure Job/Job promotion	0	0.0	17	31.5
Students' future goals	5	9.4	0	0.0
Contributed to success in current field	0	0.0	6	11.1
Don't know/suspect will help	2	3.8	2	3.7
Negative Comment	1	1.9	0	0.0
Current Involvement	0	0.0	2	3.7
Focused interests	1	1.9	0	0.0
Yes – No other comments	0	0.0	2	3.7
Miscellaneous	2	3.8	2	3.7
Total	40	75.5	50	92.6

Other Comments

The final question on both surveys provided an opportunity for participants to provide additional comments. As presented in Table 14, few current (18.9%) and graduated (38.9%) students answered this question (compared to the other questions on the survey). Most responses were general positive comments about the CHS graduate program. For example, one current student wrote, "I love this program—the work, the faculty, the students and the WRTC. It's one of the best things that has ever happened to me in my whole life! (How's that for a positive comment?)."

Examples of positive comments made by former students included:

"My experience at CHS is a milestone in my life. I am grateful to all those who made it such a wonderful experience for me."

"I thoroughly enjoyed my time in the CHS Graduate Program. I was afforded opportunities that I do not believe I would have had in any other program. I participated in an international research project, and as a result I learned about another country and another culture which really were not the main focus of my research. I learned a new language. I had exposure to various research funders and was able to interact with different funding agencies. And, above all, I learned how to do research which was my primary objective!"

"UM CHS program should be acknowledged as providing a very supportive and comfortable environment."

"The program was a great opportunity for me and of enormous benefit. It did not change job prospects so much as it contributed to the scope and quality of the work that I could do and what we as a group could contribute to Health Canada. For policy analysts working in health it offers an environment and faculty that focuses on health issues. In my experience graduates from the Masters' program in Public Administration bring great skills but insufficient knowledge of health systems."

One current student had an interesting observation/criticism: "Students in areas such as Med. Micro and Immunology have way more contact with their supervisors – in labs, at weekly seminars that all attend and at weekly social events held in their departments (BBQ's, coffee and cake, birthday parties….). We know very little about the staff in our department and there always feels like a large distance between everyone. I would love to see this change."

One current student and several former students commented on the survey itself. The current student was appreciative of being asked about the CHS program. Two former students echoed this; one wrote, "Thanks for providing me with the opportunity to participate in the review process of the CHS graduate program." A few former students complained that the survey was difficult to complete and did not reflect all that they had done since graduating. For example, one former student wrote, "Re: this survey: To reflect the current interest in "Research utilization", and "knowledge translation" would suggest that evaluations of this kind include non-academic presentations and publications as well as "conferences". This form

did not invite me to provide information (even though I think it is relevant) on the research education series I have facilitated being established here at WRHA, or the sessions I have presented here. (I did however include such contributions under publications)."

Table 14. Additional Comments

	Current Students		Graduated Students	
Theme	N	%	N	%
Positive Comments				
Good experience so far	3	5.7	0	0.0
Great program	3	5.7	10	18.5
Well prepared	0	0.0	1	1.9
Met goals	0	0.0	2	3.7
Negative Comments	1	1.9	0	0.0
Faculty Approachable	1	1.9	0	0.0
Ethics Board	0	0.0	1	1.9
Administrative Support	1	1.9	0	0.0
Diversity of Program	1	1.9	0	0.0
Create Community	1	1.9	0	0.0
Funding	1	1.9	0	0.0
Survey	1	1.9	6	11.1
Miscellaneous	1	1.9	3	5.6
Total	10	18.9	21	39.9

Appendix A: The Department of Community Health Sciences Graduated Student Survey

This is a survey to be filled out by recent graduates of the Master's and Ph.D. programs in the Department of Community Health Sciences (CHS) at The University of Manitoba (UM). This survey is designed so you can copy and paste information from your curriculum vitae or resume into the boxes below. If you have any questions about this survey, please contact Aynslie at chs_graduate_prg@umanitoba.ca Thank-you for your participation!

Name: _____

Full-time or part-time? _____

Program completed in CHS: _____

Year began program in CHS: _____

Year completed program in CHS: _____

1a) Did you receive further academic training after graduating from your CHS program? _____

1b) If yes, please list the program(s) you entered, the institution, and the dates of entry and completion.

Start Date & End Date	Program	Institution

2) Provide your career-relevant employment history, beginning with your employment immediately following graduation from CHS.

Dates	Company or Institution	Job Title

3) List all of your publications (provide the full citation), starting with the ones you received as a graduate student in your CHS program.

Publications while a CHS student
Publications after graduating from CHS

4) List all of your conference presentations, starting with the ones you gave while a graduate student in your CHS program.

Conference presentations given while a CHS student
Conference presentations given after graduating from CHS

5) Has the CHS Graduate Program contributed to you obtaining your career and/or academic goals? Please explain.

6) Using the scale below, rate how qualified you felt for employment after completing your degree in CHS. _____

Not Qualified	Somewhat Qualified	Very Qualified
1	2	3

7) Using the scale below, how would you rate the quality of your overall learning experience in the CHS Graduate Program? _____

Poor	Fair	Good	Excellent
1	2	3	4

8a) Would you recommend the CHS Graduate Program to others?
Yes _____ No _____

8b) Please explain your answer to question 8a.

9) What would you say are the strengths of CHS Graduate Program? Why?

10) What would you say are the weaknesses of the CHS Graduate Program? Why?

11) What recommendations do you have for the CHS Graduate Program?

12) Additional comments

Appendix B: The Department of Community Health Sciences Current Student Survey

This is a survey to be filled out by current students of the Diploma, Master's, and Ph.D. programs in the Department of Community Health Sciences (CHS) at The University of Manitoba (UM). This survey is designed so you can copy and paste information from your curriculum vitae or resume into the boxes below. If you have any questions about this survey, please contact Aynslie at chs_graduate_prg@umanitoba.ca. Thank-you for your participation!

Name: _____

Degree in progress in CHS at UM: _____

Year began program in CHS: _____

Year in program in CHS: _____

Anticipated year of completion: _____

Full-Time or part-time?_____

1) List all of your publications (provide the full citation) you have received while a graduate student in your CHS program.

2) List all of the conference presentations (posters and oral presentations) you have given while a graduate student in your CHS program.

3) What would you identify as strengths of the CHS graduate program? Why?

4) What would you identify as weaknesses of the CHS graduate program? Why?

5) How is this program contributing to you obtaining your career and/or academic goals? Please explain.

6) What recommendations do you have for the CHS Graduate Program?

7) Additional comments: