

Dear Dr. Pringle,
I would like to applaud the editorial team of *Canadian Journal of Nursing Leadership* for addressing the matter of interdisciplinary education in the health sciences in your recent issue (Volume 18, Number 2). Both the editorial written by Dr. Dorothy Pringle, entitled “Interdisciplinary and Intradisciplinary Nursing Education: None, Either or Both,” and the article “Interprofessional Education for Collaborative, Patient-Centred Practice,” by Dr. John Gilbert, give the reader a sense of the importance as well as the sheer complexity of this ongoing issue. Moving the education of Canada’s health professionals towards a model based on the principles of collaborative, interdisciplinary education is fraught with a variety of barriers to implementation. In his paper, John Gilbert describes some of these obstacles and offers a description of several approaches to address them.

What had been referred to as a “pointless exercise in futility” by one of my former colleagues is now on the forefront of the federal agenda. A number of interdisciplinary education program assessment and planning efforts are underway, and John Gilbert and his colleagues from the University of British Columbia are indeed leaders in this amazing journey. In light of the importance of interdisciplinary training to a truly patient-centred healthcare model, I would like to outline another important initiative being undertaken by the federal government.

Recent catastrophic events, such

as SARS, the terrorist attacks on the World Trade Center, and reported threats of bioterrorism, have highlighted the need to re-examine Canada’s ability to respond to current and emerging threats to the safety of the Canadian people. As a result, a federal agency with a pan-Canadian orientation, the Public Health Agency of Canada (PHAC), was created in part to build and strengthen Canada’s capacity to respond to issues affecting the health of the Canadian public.

A noteworthy report of the National Advisory Committee on SARS and Public Health, *Learning from SARS: Renewal of Public Health in Canada* (October 2003), outlined the urgent need for a revitalized public health human resources strategy that includes improved training and education as well as increased opportunities for learning within a collaborative curriculum and in an interdisciplinary environment. To this end, efforts are underway that seek to move Canada towards a core-competency-based public health practice model within which all public health disciplines will be educated and evaluated.

Almost simultaneously with this ground-breaking report, the Community Health Nurses Association of Canada (CHNAC) released the Community Health Nursing Standards of Practice which were accepted by the Canadian Nurses Association, leading to approval of Community Health Nursing (CHN) as a specialty. The core content of the CHN examination closely aligns with the identified pan-Canadian core competencies.

Nursing is one of the first public health disciplines to align itself with these core competencies and provides leadership to this endeavour at many levels. As a doctoral student in nursing completing a policy practicum through PHAC, I feel fortunate and truly excited about the opportunity to take part in PHAC's efforts to move Canada towards a model that provides collaborative care based on the premise of educating and training all public health disciplines together.

– *Susan Eldred, RN, BScN, MBA, PhD (c), University of Ottawa, Faculty of Health Sciences, School of Nursing*

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