

Editorial

Putting population and global health on the agenda of health professionals

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Health professional education curricula are notoriously contested and constrained. Diverse epistemological and pedagogical objectives compete for space amid complex schedules of clinical placements, rotations, laboratory work, lectures, and other core curriculum activities. Health professional educators must navigate these constraints as well as address course accreditation standards and the expectations and needs of their communities. Accreditation standards for health professional courses are designed to ensure that graduates are competent to practise safely and effectively; they are also designed to ensure graduates can address health issues in the broader community and populations. Health professional education and training should therefore provide understandings of environmental and social determinants of health and disease still contributing to systemic health inequalities; it should help health professionals appreciate the health and wellbeing needs of indigenous peoples and the social and historical contexts of these health needs. To address these issues, health professionals must be competent in systems and multidisciplinary thinking. They need skills in preventative healthcare including screening, health promotion, and broader health education and advocacy. These skills are increasingly important in contemporary health care with burgeoning rates of non-communicable and chronic diseases, ageing populations, and the associated rising costs of health care delivery. Broader issues of socio-political instability, forced migration, and climate change also present new and ongoing challenges.

How then do health professional educators design, implement, and sustain curricula that will graduate future health professionals who will advocate for the challenge of healthcare for all? Health professional educators need to negotiate space in the curriculum that endorses and supports future health professionals to contribute to progress in population and global health. Educators need to identify the necessary expertise to deliver curriculum innovations and consider learning objectives and appropriate teaching and assessment methods that will create transformative learning. This may involve partnering with community groups, adopting educational technologies to deliver and support programs, or identifying champions to drive curriculum change and renewal.

To examine curriculum innovations and educational research addressing these challenges, the symposium *Population and Global Health in Health Professional Education* was held at the University of Melbourne, Australia, in October 2015. This symposium brought together health professional educators, researchers, and policy makers from a range of disciplines and health care contexts. Ten invited papers from the symposium form this special issue on Population and Global Health in Health Professional Education. The special issue commences with a keynote perspectives paper on leadership skills in pub-

lic health (Moodie), whose paper considers the key leadership skills necessary for improving public health locally, regionally, or globally. The voices and vision of future health professionals is heard in the student paper by John et al, which describes an ongoing interprofessional student-led educational intervention in Kenya. Other perspectives papers address contemporary and pressing issues for population and global health education including population health informatics (Gray), the opportunity for education about climate change in medical education (Maxwell and Blashki), and the need for transforming health professionals into population health change agents (Naccarella et al.). Two case study presentations report curriculum innovations for addressing health inequalities including a community approach to teaching oral health to indigenous communities, and indigenous health for local and international contexts (Angus et al.). The special issue includes two papers on translational health care communication research in which research directly informed the development and delivery of communication interventions to address health inequalities in non-English speaking background migrants; the first, a culturally and linguistically diverse simulated patient program for teaching intercultural communication skills using broadband technology (Lau et al.), and the second, a novel iPad based application to teach older non-English speaking background migrants about the process and potential benefits of participating in clinical trials. The paper by Lees and Webb addresses health workforce education in the Asia Pacific region. The papers in this special issue provide a snapshot of educational activities and perspectives to show how health professional educators and students are working collaboratively to graduate health professionals who will advocate for the challenge of healthcare for all.

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