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Transforming public health education in Aotearoa New Zealand: Using 21st century learning in the time of COVID-19

Cath Conn
Auckland University of Technology
Cath.conn@aut.ac.nz

Shoba Nayar
snayar19@gmail.com

Margaret Hinepo Williams
margaret.williams@aut.ac.nz

Radilaite Cammock
radilaite.cammock@aut.ac.nz

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Abstract:

The face of public health is changing in response to local and global trends of rapid technological development, worsening inequities, and the prominent role of the COVID-19 pandemic (Mays et al., 2012; Dahlgren et al., 2015; Schleicher, 2020). Public health jobs reflect these shifts, emphasizing a need for greater online collaboration and project design, complex problem-solving, and more fluid work patterns. Concurrently, education globally is in a process of transformation reflecting similar concerns to that of the public health industry. This change is paradigmatic and evolving from that of factory model education (traditional Campus 101 in the university or higher education setting) to something which must now reflect 21st century employability (Trilling & Fadel, 2009; Bolstad et al, 2012; Robinson, 2020).

In 2020, COVID-19 brought rapid and significant change to the teaching of public health education in the Aotearoa New Zealand university setting. In this presentation we reflect on the short-term change that took place across higher education as delivery of existing curricula shifted from classroom to online; including in our own practice of public health education. Moreover, we consider the greater agenda of a transformative educational paradigm, broadly conceptualized as a shift from a factory model education to one of 21st century learning, with an emphasis on fostering creativity; heutagogical (student-driven) models underpinned by technology (Bolstad et al., 2012; Robinson, 2020); and real-world application of this involving problem and project-based learning in a changing health industry (Topol, 2015; Mesko, 2015). Such change has stemmed both from the impact of COVID-19 on the education system, and in response to a momentous transformation in public health careers and societal expectations of a public health workforce.

Prior to COVID-19, public health education primarily consisted of classroom based learning, online resources, and standardized assessment. These methods fulfilled the criteria of giving students much needed 'knowledge'. However, the standardized nature of delivery and assessments (and indeed the non-digital nature of public health education) was also reflective of graduates being trained to enter an industrial workforce, which has complied with uniform 20th century organizational processes and norms. COVID-19 has demanded a complete change to delivery of education to encompass online methods. It also offers opportunities for the move towards creative, flexible and personalized learning that emphasizes student choice, personal identity and strengths, in a time where the nature of organisation and work is transforming. It is not yet clear whether Aotearoa New Zealand higher education will make the most of such opportunities. As society becomes more diffuse and complex with many different players joining in a complex multisectoral and interdisciplinary workforce that is bounded by the digital era; public health higher education, in partnership with community and industry, must undergo change to respond accordingly.

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