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Graduate public health education in the post-COVID-19 era

The unprecedented interruption of education due to COVID-19 has accelerated innovation and exacerbated challenges. The recent Lancet Public Health editorial¹ cites education as the most modifiable social determinant of health, and in line with the Global Education Monitoring Report, is calling for more inclusive and integrated educational systems in the post-COVID-19 era.¹² We agree and see an opportunity to redefine the role of graduate education to prepare the next generation of public health professionals.

We previously articulated a vision for graduate public health education that is authentic, inclusive, flexible, ongoing, and reflective of changes in societal needs.33 The COVID-19 pandemic forced difficult transitions, and we suggest three changes that should continue in the future. First, the widespread use of educational technology should continue. New technologies support flexibility with chat functions that allow more reserved students to participate and break-out rooms to promote active learning. Second, an explicit embrace of trauma-informed pedagogy is needed. Our communities suffered deep and profound losses. The faculty should recognise that students need support and flexibility, just as the faculty are managing their own grief and personal responsibilities. Third, the shift from teaching as a solo activity to a more collective enterprise is beneficial. Most faculties have learned new technologies together and shared best practices, which results in more cohesive curricula.

The transitions caused by the COVID-19 pandemic also highlighted several challenges. The most evident challenge is the growing gap between the educational haves and havenots.⁴ Some students did not have

adequate technology to fully engage remotely, some had unreliable internet, and some had challenging home situations. These issues point to a need to embrace inclusive pedagogy. Challenges in the remote teaching environment also remain, including how best to engage students with course content (eq, polling), each other (eg, break-out rooms), and the instructor (eg, real-time feedback). The rapid pace of technological development makes it difficult to stay abreast of opportunities, which can be transformative, without adequate training and support.

The successes of the moment, and the challenges that persist, point to three approaches that could be adopted towards better graduate public health education. First, educational leaders should create approaches that allow flexibility. An example is the Learn from Anywhere approach, which involves a faculty member teaching some students oncampus and other students remotely. The Learn from Anywhere approach offers flexibility to students with increasingly complex life circumstances, giving them more control over their learning.

Second, educational leaders must bridge divides. Educational approaches should never disadvantage any student. Different but equitable options that create positive learning environments, improve outcomes, and set students up for lifelong learning are needed now more than ever.

Third, it is important to engage with consequential issues of contemporary concern. Encouraging students to think critically and helping them to better understand politics, policies, and health inequities in real time supports deeper learning.

In the past few months, faculty and students gained a new appreciation for remote and online teaching and learning. It will be crucial not to lose momentum by returning to old habits. Instead, public health faculties should embrace adaptability, as

graduate schools and programmes of public health will play a now even more crucial role in creating the next generation of public health professionals.

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- 1 The Lancet Public Health. Education: a neglected social determinant of health. Lancet Public Health 2020; 5: e361.
- 2 UNESCO. Global education monitoring report. Inclusion and education. 2020. https://en. unesco.org/gem-report/report/2020/inclusion (accessed July 28, 2020).
- 3 Sullivan L, Magaña L, Galea S. Peering into the future of public health teaching. Lancet Public Health 2018; 3: e268.
- 4 Kim H, Krishnan C, Law J, Rounsaville T. COVID-19 and US higher education enrollment: preparing leaders for fall. 2020. https://www.mckinsey.com/industries/social-sector/our-insights/covid-19-and-us-higher-education-enrollment-preparing-leaders-for-fall# (accessed July 13, 2020).

For more on the **Learn from Anywhere approach** see https://digital.bu.edu/lfa/

