How will we educate tomorrow's health leaders? New alternatives leverage technology and flexible approaches to experiential learning

Suzanne Havala Hobbs[1]

[1]Departments of Health Policy and Management and Nutrition, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, North Carolina, USA.

Corresponding author: Suzanne Havala Hobbs
Address: 1103D McGavran-Greenberg, CB #7411, Chapel Hill, North Carolina 27599-7411 USA;
Telephone: +19198434621; E-mail: Suzanne_Hobbs@unc.edu

Our global health care systems face an enduring challenge: The urgent need for increased leadership capacity within the senior health services workforce. This call for leadership training is not new. It has been repeated for decades by diverse groups within the public health professional community as well as in the clinical health services (1-5).

However, because the need for health leadership training is urgent and persistent, it is imperative that we not limit advanced training to those in senior-level positions. We need to establish a leadership pipeline that targets promising mid-career professionals as well. Emerging leaders at all levels should be nurtured and supported. This will help to ensure a long-term supply of professionals with leadership experience and skills – and the will to use them – to improve the public's health around the world.

Doing so requires creativity. Health care systems – especially those in low and middle income countries – cannot afford to have scarce health services talent leaving jobs in their local communities to return to school. Working health professionals everywhere often find it difficult to be able to afford to leave full-time employment to pursue higher education as well. One residential program model in the United States provided doctoral-level health leadership education to senior health practitioners for 12 years. The program closed when it became too difficult to recruit adequate numbers of the intended audience – senior, working health professionals in substantial leadership positions (6). That program was subsequently re-engineered for successful delivery via distance using a new competency model and all-new program design and curriculum.

In fact, the most promising new models for serving hard-to-reach markets in higher education harness new technologies and apply flexible and innovative teaching approaches. This includes the use of both synchronous and asynchronous online program designs. It also includes teaching techniques that foster high levels of interaction among students and faculty, approaches better suited than traditional didactic methods to imparting affective competencies associated with leadership skills (6,7). Such approaches include problem-based learning (PBL), team-based learning, and other teaching techniques that encourage highly interactive discussions and debate.

Modern technology also increases the potential diversity of learning communities, another feature that fosters optimal results in health leadership training. Program models that make it easy to bring

together students from different professional backgrounds and geographic regions, for example, help to ensure a broad range of perspectives in the classroom, enriching the learning environment for all. Online programming makes this possible by increasing access to education for working professionals in rural areas and in low, middle and high-income countries around the world. Connecting online for classes also accommodates the needs of busy professionals who travel extensively for their work, have complicated personal lives and often can't practically leave their jobs to go back to school full-time in a traditional, bricks-and-mortar university setting.

Conflicts of interest: None declared

The good news is that the unmet need for leadership training among the public health and clinical health services workforces stands a better chance now than ever before of being met. Technology and progressive teaching approaches are making it possible. But there is another key factor as well. That's entrepreneurship.

The willingness of school faculty and leadership to test new approaches to teaching and program design is critical to driving change. And as more schools experiment with innovative approaches to providing health leadership programming, including a robust system for evaluating, publishing and disseminating the results will also be important.

References

1. Shickle D, Day M, Smith K, Zakariasen K, Moskol J, Oliver T. Mind the public health leadership gap. J Public Health 2014;1-6.

2. Horton R. Offline: Where is public health leadership in England? Lancet 2011;378: 1060.

3. Hobbs S, Stankunas M, Rethmeier K, Avery M, Czabanowska K. Clinical leadership improves health outcomes, but do we have it? (A commentary). Lancet 2013;382:1483-4.

4. Institute of Medicine. The future of the public's health in the 21st Century. Washington, DC: The National Academies Press; 2003.

5. Institute of Medicine. The future of public health. Washington, DC: National Academy Press; 1988.

6. Hobbs SH, Brooks EF, Wang V, Skinner AC. Developing Practitioner Leaders in a Distance Education Doctoral Program: Challenges and Opportunities. J Health Adm Educ 2007;24:283-300.

7. Czabanowska K, Rethmeier K, Smith T. How to develop public health leaders for the 21st Century. Alban Med J 2013;3:70-3.