

## Clinical education and training: Have we sufficiently shifted our paradigm?

In 2010, almost a decade ago, Frenk *et al.*<sup>[1]</sup> reported that health professions education needs to be transformed to appropriately address the health needs of the population in the 21st century. The authors further suggested that a competency-based curriculum would facilitate this transformation process.<sup>[1]</sup> The competencies that should be facilitated in such a curriculum should be aligned with the roles that health professionals need to fulfil to respond to the population's health needs. These above-mentioned roles include being a collaborator, manager, health advocate, good communicator, professional and scholar.<sup>[2]</sup> It is therefore important that the clinical education and training component of health professions education programmes includes learning outcomes, teaching and learning activities, as well as assessment tasks that would facilitate the development of these competencies.

The articles in this edition of *AJHPE* report on a number of aspects related to clinical education and training. The papers provide insights into approaches and models of clinical education, as well as the different learning activities students engage in as they become competent practitioners. The aspects of an integrated model of clinical education are explored by Chetty *et al.*,<sup>[3]</sup> while additional perspectives about interprofessional education and practice are provided by Moodley and Singh.<sup>[4]</sup> Data relating to effectiveness and experiences of students acting as advocates of good health are reported on by Mhlongo *et al.*<sup>[5]</sup> and Smit *et al.*<sup>[6]</sup> The exploration of teaching and learning activities, such as telehealth<sup>[7]</sup> and performance art,<sup>[8]</sup> demonstrates that educators continue to examine different innovative methods to develop competencies of health professions students.

Using both qualitative and quantitative methodologies, the samples reported on in the published articles include a variety of professions, such as pharmacy, dentistry, physiotherapy and dietetics. The inclusion of studies related to interns by Naidoo *et al.*<sup>[9,10]</sup> indicates that research in the field of health professions education extends beyond undergraduate programmes.

Even though the main objective of clinical education and training, which involves placing students on varied clinical platforms, is to develop specific clinical competencies in students, the positive impact of having students on a specific clinical platform is reported on by Reid *et al.*<sup>[11]</sup> This is an important aspect to consider in settings where human resources for health are limited.

As we read the information shared with us in this edition of *AJHPE* and reflect on initiatives implemented by health professions educators, such as interprofessional education and collaborative practice,<sup>[12]</sup> we need to ask how far we have come with training students who can address the health

needs of the population in the 21st century, and, moreover, if graduates are equipped with skills to address the existing healthcare disparities.<sup>[13]</sup>

If we are serious about the competencies needed by health professions graduates to meet the needs of communities in the 21st century, we need to continually review how we design and implement clinical education and training programmes. We might need to further shift our paradigms with regard to the manner in which we view clinical education and training. Information provided by articles in this edition of *AJHPE* could contribute to this paradigm shift.

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