

We survived

The COVID-19 pandemic reaffirms the need for the professionalisation of health professions education. The current higher education landscape in Africa privileges clinical competence over educational proficiency for educators in the health professions. This situation undermines the value of health professions education as a science, and hampers the potential of educators to innovate their educational practice. Professionalising health professions education, as discussed by Burch and Norcini,^[1] is a global imperative to upskill educators and ensure recognition while driving educational theory into practice. Educators owe it to their students to afford them quality education that truly actualises them as fit-for-purpose graduates. However, this can only be achieved if educational decisions are underpinned by educational theory. Without sound professional development, it may be a complex and difficult step for educators, leaving our institutions marred with ancient educational practices that may be harmful to students.

Van der Vleuten and Driessen^[2] opine that educators should work together to share educational expertise and practices that highlight alignment between theory and practice. These practices may be replicated or adapted to various contexts depending on the clarity of their descriptions. In this special focus issue of the *AJHPE*, educators from the African continent share their practices related to ‘innovations to health professions education during the COVID-19 pandemic’. The innovations reported here include strategies of teaching clinical skills outside of the clinical space, engaging students with limited internet access, stimulating scholarly discourse, implementing game-based learning, delving into constructivist approaches to learning and educators taking acting roles in developed learning material. Remote and online assessment approaches, which remain contentious among educators, are also reported. Evidence of such innovations, captured in the QR codes, enhance the clarity of the descriptions, increasing the possibility of adaptation to other contexts.

Invariably, we must question the relevance of these innovations during the pandemic and beyond. There is a need to evaluate whether these innovations provided a better alternative to the previously-used modalities, and whether specific adjustments would make them acceptable in mainstream education, or whether returning to normal practice would be a reasonable option. Research-guided conclusions should be reached to create a rich pool of practical knowledge from which educators may draw. Without research, conducted using stringent scientific means, it is near impossible to determine whether such innovations have had tangible effects,

and to motivate for their use. This special issue of the *AJHPE* highlights innovations made by our educators in a very tumultuous time, and we are excited to see what research stems from their creative minds.

We stand on the precipice of change – tired, overworked, missing our loved ones, students and peers and scarred with loss and heartbreak for those around us. Naturally, we have trepidation for what the future will hold, but is that not the spark that fuels the transformation of our practices? We hope that we will regain our sense of normality soon, but will the new normal be what we expect? When the pandemic is over, will we remember the lessons it afforded us, or revert to our pre-pandemic ways? If anything has been exemplified during this time, regardless of differing circumstances, it is that we as educators can adapt and overcome our challenges. The year 2022 is almost here, and we await with great excitement what it holds for health professions education, as long as we continue to innovate, to develop and to support one another.

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Evidence of innovation



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2. Van der Vleuten C, Driessen EW. What would happen to education if we take education evidence seriously? *Perspect Med Educ* 2014;3:222-232. <https://doi.org/10.1007%2Fs40037-014-0129-9>

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