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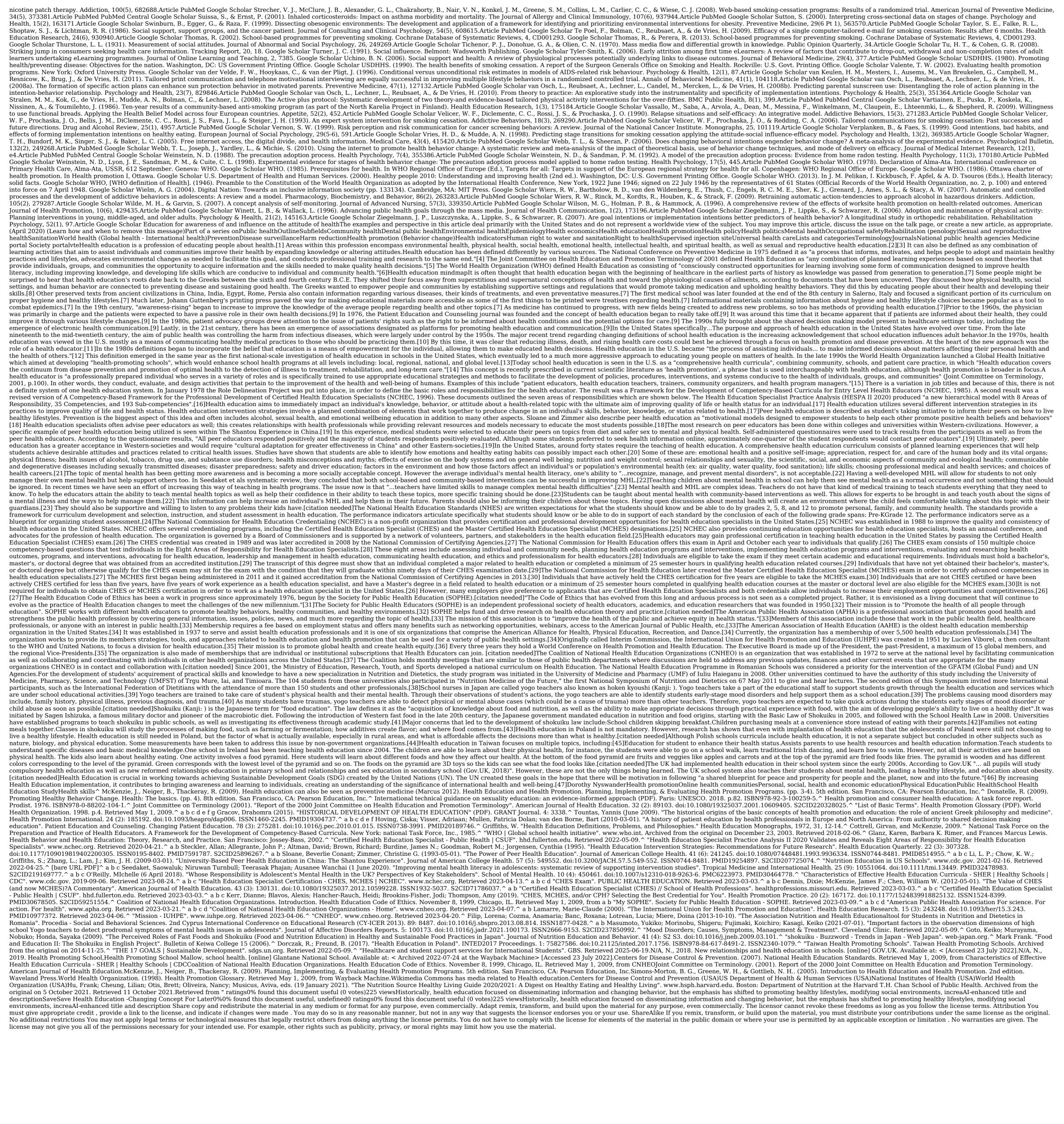


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Health education represents a cornerstone of modern healthcare practice, particularly for nursing professionals who regularly engage in patient teaching. Effective health and adopt positive behaviors that prevent disease and promote wellbeing. Understanding the
fundamental principles that guide health education delivery is essential for nurses who aim to create meaningful and impactful learning experiences for their patients and communities. Table of Contents experiences for their patients and communities. Table of Contents experiences for their patients and communities.
serve as the foundation for designing, implementing, and evaluating health education programs that resonate with diverse audiences. By adhering to these principles, healthcare professionals can significantly enhance the effectiveness of their education for designing, implementing, and evaluating health education programs that resonate with diverse audiences. By adhering to these principles, healthcare professionals can significantly enhance the effectiveness of their education for designing to these principles, healthcare professionals can significantly enhance the effectiveness of their education for designing to these principles, healthcare professionals can significantly enhance the effectiveness of their education for designing to the effectiveness of their education for designing to the effectiveness of their education for designing to the effectiveness of the effectiveness
recognizes that learning occurs most effectively when the learner is engaged and interested in the subject matter. For health information or presenting familiar concepts in fresh waysProblem-centered
approaches: Framing health education around solving specific health challenges that matter to the learnerFor example, rather than delivering a generic lecture on diabetes management, a nurse might engage a newly diagnosed patient by discussing how specific dietary changes could help them continue enjoying favorite foods while managing blood
glucose levels. This personalized approach generates interest by addressing the patients immediate concerns. Principle of participation: Active engagement in the learning process Passive learning yields limited results in health educational content to
internalize and apply new knowledge effectively. Participatory approaches include:Discussion-based learning: Encouraging learners to ask questions and share experiencesGroup activities: Involving learners in setting their health goals and action plansA
community health nurse conducting a workshop on hypertension management might incorporate blood pressure measurement demonstrations where participatory approach enhances learning and builds confidence in self-management skills. Building
on Existing Knowledge Principle of moving from known to unknown: Creating conceptual bridges Effective health education builds upon the learners existing knowledge base, using familiar concepts as stepping stones toward new understanding. This principle acknowledges that learning is an incremental process that requires connections between
established and new knowledge. For instance, when teaching about medication adherence, a nurse might begin by discussing how the patient currently manages taking vitamins or other supplements (known information). This creates a conceptual bridge that makes new
information more accessible and less intimidating. Principle of comprehension: Ensuring understandable to be effective. This requires educators to: Assess literacy levels: Tailoring communication to match the learners health literacy capabilities Use
clear language: Avoiding medical jargon or explaining technical terms when necessary Check understanding: Regularly confirming comprehension through teach-back methods nurse providing discharge instructions might ask a patient to explain in their own words how they will take their prescribed medications at home. This teach-back approach
reveals any misunderstandings that require clarification before the patient leaves the healthcare facility. The principle of reinforcement recognizes that repetition and positive feedback strengthen learning and increase the likelihood of behavior change. Effective reinforcement recognizes that repetition and positive feedback strengthen learning and increase the likelihood of behavior change.
multiple sessionsMultimodal approaches: Presenting information through various channels (verbal, visual, hands-on)Positive feedback: Acknowledging and celebrating progress and achievementsFor example, a prenatal education program might reinforce information about nutrition through initial counseling, followed by written materials, group
discussions, cooking demonstrations, and regular check-ins during subsequent appointments. This repeated exposure through different modalities helps solidify learning and supports behavior change. Principle of motivation: Inspiring action through different modalities helps solidify learning and supports behavior change. Principle of motivation in the educational different modalities helps solidify learning and supports behavior change. Principle of motivation in the educational different modalities helps solidify learning and supports behavior change. Principle of motivation in the educational different modalities helps solidify learning and supports behavior change. Principle of motivation in the education in 
content to be motivated to act upon it. Health educators can enhance motivation by: Highlighting personal benefits: Clearly articulating how the information will improve the learners quality of lifeAddressing barriers: Acknowledging challenges and working collaboratively to overcome themConnecting to values: Framing health behaviors in the context
of the learners personal values and priorities and 
Principle of learning by doing: Experiential learning by doing emphasizes that practical experience is essential for developing skills and confidence in health behaviors. This principle is implemented through: Demonstrations: Showing specific techniques or procedures Return demonstrations: Having learners
practice skills under guidanceSimulations: Creating realistic scenarios for practicing on an injection pad, and finally observe as the patient self-administers. This graduated approach builds both competence and
confidence through direct experience. Principle of behavior change: Addressing harmful health practices Perhaps the ultimate goal of health education must address beliefs, attitudes, and environmental factors that influence behavior.
Effective approaches include: Stages of change awareness: Recognizing and responding to the learners readiness for change Skill-building: Developing specific capabilities needed to implement new behaviors for change awareness for change awa
childhood obesity might work with parents to develop meal planning skills, create supportive home environments, and connect families with community resources like farmers markets or exercise programs. This comprehensive approach addresses multiple factors influencing behavior change. Integration of Principles in Practice Creating
comprehensive health education programs Effective health education integrates multiple principles rather than relying on any single approach. A comprehensive program might: Begin with assessment: Understanding learners existing knowledge, interests, and learning preferences tructure content strategically: Moving from familiar to new concepts and learning preferences tructure content strategically:
with clear connections Incorporate active learning: Engaging participants through discussion and practice opportunities Provide reinforcement: Offering resources for continued learning and follow-up support for instance, a diabetes self-management education program would assess participants current understanding, build new knowledge
incrementally, provide hands-on practice with blood glucose monitoring and meal planning, and offer ongoing support through follow-up sessions or peer groups. Adaptation strategies
include: Cultural relevance: Incorporating cultural beliefs, practices, and preferred languages and considering dialect variations accessibility: Accommodating various literacy levels, learning styles, and physical or cognitive abilities and materials in preferred languages and considering dialect variations.
rural India, for example, might incorporate traditional beliefs about pregnancy while introducing evidence-based prenatal care practices, use local storytelling traditions to convey information, and employ visual aids that reflect the communitys cultural context. Evaluating Health Education Effectiveness The application of health education principles
should always include evaluation to assess effectiveness and guide improvements. Evaluation approaches may include: Knowledge assessment: Measuring the learners ability to perform taught skills Behavior monitoring: Tracking adoption of recommended health
practicesHealth outcomes: Measuring changes in relevant health indicators over timeFor example, an evaluation of a hypertension education program might assess participants knowledge of blood pressure management strategies, their ability to correctly measure blood pressure, adherence to medication regimens, and changes in blood pressure
readings over several months. Conclusion The principles of health education provide a robust framework for developing effective education provide a robust framework frame
and behavior change strategies, nurses and other healthcare professionals can create meaningful learning experiences that empower individuals and communities to take control of their health. As healthcare continues to evolve toward prevention and self-management, these principles will remain essential tools for nurses in their roles as educators,
advocates, and agents of positive health change. What do you think? How might you apply these health education principles in your nursing practice to make patients or communities about health topics? As a library, NLM provides access to scientific
literature. Inclusion in an NLM database does not imply endorsement of, or agreement with, the contents by NLM or the National Institutes of Health. Learn more: PMC Disclaimer | PMC Copyright Notice . 2020 Sep 23;2(12):685694. doi: 10.1096/fba.2020-00061In February 2020 when I was asked to submit some thoughts on trends in the future of
health professions education, I had no idea that we were about to experience a once in a century pandemic that would profoundly change health care and the lives and education of health professionals in this country. As I write these personal reflections, we are still in the midst of the COVID19 pandemic and cannot yet define what the new normal
will be for health care, health professional education or society as a whole on the other side of the pandemic. Acknowledging this uncertainty, I believe that the trends I have identified will be more relevant than ever in the postCOVID world with some specific caveats. The six trends that I have identified for the future of health professions education
are:Interprofessional education in order to better prepare health professionals for future collaborative practice. Longitudinal integrated clinical education in the social and humanistic missions of the health professions. More emphasis on the
continuum of health professions education for the lifelong learning and longterm wellbeing of health professionals. A shift to competency based, time variable health professions education to better fulfill our social contract and to produce the most competent practitioners most efficiently. The integration of artificial intelligence and new educational and
information technologies into the continuum of health professions education and practice. It is impossible, of course, to touch on all of the educational issues relevant to every health professions that follow are based on my personal
experiences of four decades as a faculty member at Harvard Medical School and several of its affiliated hospitals (Massachusetts General, Brigham and Women's, and West Roxbury Veterans Administration), two decades as a board member and chair of a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health professions education (the MGH Institute of Health Professions) and a graduate school of health profession (the MGH Institute of Health Professions) and the graduate school of health profession (the MGH Institute of Health Professions) and a graduate school of health profession (the MGH Institute of Health Professions) and a graduate school of health profession (the MGH Institute of Health Profession (the MGH Institute of Hea
decade leading the only national foundation devoted to improving the nation's health professions education my observation is that for the first four decades the pace of healthcare delivery reform far exceeded the pace of
health professions education reform. The passage of Medicare and Medicaid in the 1960s, advances in science and technology to improve both diagnosis and treatment stimulated by rising NIH budgets in the 1980s and 1990s, the quality
improvement and patient safety movements of the 1990s and beyond, and the rise in consumerism with more open access to medical information have all contributed to dramatic changes in the education of health professionals. Happily, I have witnessed in
the past decade a significant openness and willingness to change in health professions education with notable experimentation in both prelicensure (undergraduate) and postlicensure (graduate) education with notable experimentation in both prelicensure (undergraduate) education. These changes are heartening, but much more needs to be done to keep pace with this rapidly changing healthcare world and changing societal
demographics and expectations. When I assumed the Presidency of the Macy Foundation in January 2008, I outlined a vision for education with an evolving health care delivery system. I felt that the health professions education enterprise must not view itself as a
closed system in the ivory tower, but as one closely interconnected with the delivery system in which its graduates would work and tin turn must be accountable to society in measuring and fulfilling those
goals. This framework was very similar to that developed by the Lancet Commission 2 years later in their work assessing health professions education worldwide. It is a framework that has been adopted by Canada and some western European countries. The themes to create this alignment became the funding priorities for the Foundation for a
decade. The trends that I have identified grew out of this work to align health professions education with societal needs. The trends have been refined and modified based on experiences as a medical educator and Foundation
President. For each of these six trends I will explain why it is important, provide some examples (drawn heavily from my Macy Foundation experience), identify some additional comments about the potential lasting impact of COVID19 on health professions education and how
the lessons derived from COVID19 relate to these trends. The practice of medicine is more and more dependent on teams of professionals caring for complex patients and patients with multiple chronic conditions. Access to reliable, highquality primary care is also enhanced by a team approach. 2, 3 There is an increasing body of evidence that care
delivered by highly functioning, collaborative teams leads to better patient outcomes. Yet, until recently, health professional education (IPE) has been written about in the United States since the
1960s, and a 1972 Institute of Medicine Report (Education for the Health Team)4 strongly recommended IPE. There are many reasons why IPE did not gain traction in the United States; among these are the logistical obstacles, the strong cultures of each of the professions, the political dominance of physicians who as a group did not embrace IPE, and
the lack of a sense of urgency about changing the design of the healthcare delivery system. The tide began to turn in the last decade as several institutions demonstrated that logistical barriers could be overcome, educational leaders in many professions (including MDs) saw the advantages of IPE, and there developed greater urgency about the need
for healthcare reform that met the triple aim of better health outcomes, better patient experiences, and lower costs. The time was right to assert that the ability to work in a team is a core competency that should be possessed by all health professionals.5I am proud that the Macy Foundation was a leader in this change. In the decade 2008 to 2018 the
Macy Foundation supported 44 large grants and 41 small grants with IPE as the primary or secondary theme. In addition, 24 educational innovation made in any of its priority areas. The reasons for the decision to make the investment
were that this seemed to be a propitious time to take advantage of the alignment of forces favoring IPE, the belief that IPE could have a large positive impact on improving the health of the public, and the hope that by creating a critical mass of affirmative work we could make this the norm in health professions education. By design, all of the large
IPE grants included medical schools and nursing schools. Many included other health professional schools, such as pharmacy, dentistry, public health, and social work. We reasoned that since nurses and doctors were the most numerous and visible of the health professionals caring for patients, changing the culture in those two professions would be
models for others. In reviewing this body of work, 6 we derived five important lessons that informed our subsequent grant giving. 1) Leadership from the top is essential. Deans, Provosts, Chancellors, and Presidents must embrace IPE and make it a high priority as expressed by budget and organizational structure (such as an office of IPE). Only in this
way can the inevitable logistical and political barriers be overcome. 2) Intensive planning with clear educational goals and metrics must be as rigorous as all other parts of the formal curriculum. 3) Interprofessional learners must be engaged through real, meaningful work that advances must be as rigorous as all other parts of the formal curriculum. 3) Interprofessional learners must be as rigorous as all other parts of the formal curriculum.
patient care and their own professional development. These experiences must be reinforced in a development and online, asynchronous learning can help overcome logistical barriers and complement face to face
encounters and real patient experiences. 5) Much attention must be paid to faculty development since most faculty have had little or no experience working with faculty or learners from other health professions. One of the other lessons learned is that IPE is at its best when each profession has the strongest possible educational programstrong
science schools that have made IPE a high priority have found that it has helped bring about a cultural change towards greater openness and inclusion that has benefited all faculty and Pharmacy and now includes 25 entry level health professions
education accrediting boards, reports that 22 of its 25 members have or are developing an IPE standard. So now that IPE is being required by nearly all the health professional prelicensure accrediting bodies (who are also working on a common set of definitions of IPE), can we declare victory and move on? Hardly. There is still great unevenness in the
quality, robustness, and penetrance of IPE across all our health professional schools without nursing or medical partners are particularly challenged. We still have more to learn about which are the most meaningful IPE experiences and what are the ideal timing and duration. We also need to solve
the challenge of incorporating more IPE in the core clinical experiences of both prelicensure and postlicensure of health professionals. Though there have been many logistical barriers to overcome to reach our current level of success in prelicensure education, the
challenges are even greater in the heterogenous and complex postlicensure world where education takes place virtually entirely in the health professionals and the health professional schools. But if IPE is to truly demonstrate a positive impact on the practice of health professionals and the health outcomes of patients, it must become more a
part of these later stages of professional development (including what we have called continuing medical education). There are some encouraging movements in this direction including a VA primary care program that has medical residents and midwifery
students training together, and work by the Accreditation Council for Continuing Medical Education (ACCME) to jointly certify interprofessional continuing education programs in nursing, pharmacy and medicine. But much more needs to be done in this arena if our patients are to get the maximum benefit of IPE. This should be an important source of
pilot projects and innovations in the future. Finally, we need to consider the potential contributions of nonhealth professionals in a broader definition of IPE. Biomedical Sciences, Engineering, Architecture, Law, Public Policyto name just a few professionshave important intersections with health and healthcare delivery. There are only a handful of
instances that I am aware of in which learners from these professions interact with learners from the health professions, and in each case, it has proven to be beneficial. One can imagine a future real or virtual university where such IPE experiences are more routine. IPE is here to stay. I regard the last decade as proof of concept. Now that concept
needs to be refined, broadened, and linked more closely to improved patient outcomes, Since the Flexner Report in 1910 medical school education in the United States has been predominately hospital based and scheduled as a series of rotations on hospital services. As formal graduate medical education (GME) programs for physicians evolved in the
decades following the Flexner Report these followed the hospitalbased models. Subsequently, Medicare became the predominant funder of GME in the United States with the payment through the hospitalbased models. Subsequently, Medicare became the predominant funder of GME in the United States with the payment through the hospitalbased models.
rotational clinical education and training. There are many good reasons why the hospital became the principal site of education in the health professions. The hospital contains the highest concentration of sick patients and this afforded ready access to teaching material. It also brought together faculty and learners in one place for increased efficiency
of combining teaching and care delivery. As technology and specialization increased, the hospital became even more important as the sole place to have access to all technologies and all specialties. While many of these positive attributes of hospitals continue today, it has been increasingly apparent over the last two decades that there are significant
limitations of the hospital and the rotational system as the sole or even principal pedagogical site and method for clinical education in the hospital of academic medical centers today is less and less representative of the patients that our graduates will care for. Because of both economic and
technologic factors hospitals care for only the sickest and most complex patients and for a shorter and shorter period of time. Second, the intensity of care and changes in the schedules of both learners and staff have made it more difficult to accomplish optimal learning environments and achieve educational goals. Third, the rotational model of
clinical education lessens the opportunity for learners to appreciate the full impact of illness on patients, faculty, and staff. This is particularly true as logistical and regulatory issues have led to shorter and shorte
supervision, assessment, and feedback. For these reasons, a number of medical schools have piloted and then established a new model for clinical education based on the principles of continuity of care, care, continuity of care, care, care, continuity of care, ca
entirely replaced by a yearlong longitudinal experience that integrates the specialties and emphasizes the care of patients over time with mentoring and supervision by a constant group of faculty. Many of these experiences employ small group problembased learning which has been more common in the preclinical than clinical curriculum. A higher time with mentoring and supervision by a constant group of faculty.
percentage of the teaching is in the ambulatory setting, but learners also spend time in the hospital when their patients are hospitalized and for certain planned specialty experiences. Some schools have developed hybrid models that retain the traditional specialty experiences. Some schools have developed hybrid models that retain the traditional specialty experiences.
 experiences to achieve some of the continuity goals. The continuity principles are consistent with what we know about successful experiential learning. The longitudinal integrated clerkship (LIC) permit both horizontal (across disciplines) and vertical (basic science to clinical science) integration and allow for a more planned developmentally
appropriate curriculum. Studies comparing LIC students show greater satisfaction, higher confidence, and a strong sense of patient centeredness. Perhaps because of markers of more successful professional development, they are
more likely to retain the idealism expressed on entry to medical school, which many studies have shown to erode in the clerkship year. This model has not been as fully tested for other health professions, but one can readily see applicability in other frontline clinical health professions such as nursing, pharmacy, or physician assistant. In addition to the
evidence of improved learner performance and attitudes, there are a number of other potential benefits to a more widespread adoption of this model for at least a portion of health professions clinical education. Many of these relate to the other education of this model for at least a portion of this model creates opportunities for interprofessional
learning and the development of teambased skills, which are much harder to accomplish in short rotations in the intense hospital environment. Second, the appreciation of the impact of an illness on patients over time and the location of the education in ambulatory settings afford more opportunities to understand the social determinants of health and
to develop true partnerships with patients and their families. Third, the continuity of the relationship between learner and faculty affords the opportunity to do much more meaningful assessment and give feedback more continuously in the developmental process. This is a prerequisite to achieving competencybased education. Fourth, the evidence of
higher learner satisfaction with the meaningful work they are able to engage in may be at least a partial antidote to the alarming rates of burnout reported among learners in the meaningful work they are able to engage in may be at least a partial antidote to the alarming rates of burnout reported among learners in the meaningful work they are able to engage in may be at least a partial antidote to the alarming rates of burnout reported among learners in the meaningful work they are able to engage in may be at least a partial antidote to the alarming rates of burnout reported among learners in the meaningful work they are able to engage in may be at least a partial antidote to the alarming rates of burnout reported among learners in the meaningful work they are able to engage in may be at least a partial antidote to the alarming rates of burnout reported among learners in the meaningful work they are able to engage in may be at least a partial antidote to the alarming rates of burnout reported among learners in the meaningful work they are able to engage in may be at least a partial antidote to the alarming rates of burnout reported among learners in the meaningful work they are able to engage in may be at least a partial antidote to the alarming rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the meaning rates of burnout reported among learners in the mea
on stressed healthcare delivery sites. Learners in longitudinal experiences can be much more successfully integrated into the workflow of care organizations. Trust can only be developed with time, and with trust comes greater opportunity to make meaningful contributions to the workflow of care organization.
many obstacles to the widespread implementation of the longitudinal integrated clerkship and these include less infrastructure to support teaching in many ambulatory settings, economic pressures for productivity, departmentally based culture and deficiencies in faculty development and incentives for teaching. Pilot programs in a number of
institutions have shown that these obstacles can be overcome on a sitespecific basis. In fact, when successful, the LIC model for the entire class, as they have had the advantage of small class size and no prior history of
traditional clerkships. The principles of continuity also should be applied to graduate education, but they will look different than the LIC on the undergraduate or prelicensure level. They may take the form of differentiation into tracks of time
in specific settings (hospital or ambulatory) that are designed to prepare her for independent practice. This means she would spend less time repeating rotations for which she has already demonstrated competence. In this model the final stages of training look more and more like the beginning of practice, emphasizing the concept of the continuum
The wellestablished primary care tracks in many US Internal Medicine programs are an example of this model, but I believe these can be made even more robust and differentiated. In these longer experiences the trainee (about to become practitioner) has the advantage of continuity with patients, site, staff, and mentors. There will always be a role
for shorter, intensive experiences in the hospital or some other technologyrich site for early learners, and lifelong learners in a developmentally appropriate way. I believe there is growing evidence that some part of the
core clinical educational experiences of all prelicensure health professional students should be in a longitudinal experience that is based on the principles of educational continuity. Much of health professions education appropriately focuses on understanding normal human anatomy and physiology, the pathogenesis of disease, diagnostic and
therapeutic decision making, and communication skills. It is absolutely essential that every health professional has a keen understanding of the basic and clinical sciences as they pertain to their practice and keep current in them. All of these together contribute to what we call health care. But we realize that health is more than health care. In fact, i
has been estimated that all we do in health care contributes about 20% to the health of the public. Larger contributions to health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of health are what have been called the social determinants of he
circumstances are shaped by the distribution of money, power and resources.11 Social determinants of health are important not only because they are major contributors to health, but because they are major contributors to health inequities as the unfair and avoidable are the principle cause of health disparities (or inequities) that we find in our society. WHO defines health inequities as the unfair and avoidable are the principle cause of health disparities (or inequities) that we find in our society.
differences in health status. These health professions education is to improve the health profession education e
Therefore, teaching about the social determinants of health should be a part of the education of all health Professionals to Address the Social Determinants of Health. 12 There are several aspects of this framework which are
synchronous with the trends we are discussing in this paper. First, this requires an interprofessional approach to education in order to gain insights from both the direct care health (architecture, urban planning, law, public health and many other professions whose work affects health (architecture, urban planning, law, public health and many other professions whose work affects health (architecture, urban planning, law, public health and many other professions whose work affects health (architecture, urban planning, law, public health and many other professions).
policy, clergy to name but a few). Understanding and influencing the social determinants of health requires a collaborative approach. Second, a true understanding of the social determinants of health requires a collaborative approach.
longitudinal integrated clerkships. Third, addressing the social determinants of health requires a commitment to lifelong learning across the whole continuum of the career from the prelicensure learner to fully independent practice. There are several consequences that will follow from making this commitment to teaching and addressing the social
determinants of health. It reminds us that the health professions are at their core humanistic professions are unique among the profession are unique among the professio
heritage has received much more attention, and the challenges of today call for a restoration of the balance. Humanism is elevated not at the expense of science, but to be allied with science so that they together can improve the health of the public. Addressing the social determinants of health also forces us to confront the issue of diversity and
inclusion within our professions and institutions. We cannot dismantle racism, which is one of the most powerful social determinants of health in our society, if we do not exemplify inclusiveness and equity in our own work and organizations. Addressing the social determinants of health also reminds us that as health professionals we have a social determinants of health in our society, if we do not exemplify inclusiveness and equity in our own work and organizations.
contract. Society has given us special privileges, and in return we are expected to put their interests above our own and use our special knowledge and standing to improve society. We, therefore, have a responsibility not only to understand the social determinants of health, but to help address health inequities. Sometimes we will do this working
individually, sometimes through professional organizations, and sometimes through our institutional policies and practices. 14 Health professional responsibility to fulfill our social contract. 15 Addressing the social determinants of health will better position us to
truly partner with patients, families, and communities in linking better interprofessional education and collaborative practice with better health for the public. We cannot achieve better health for the public without these partnerships. 16Addressing these goals will not be easy and will require some fundamental changes in our educational processes
and the cultures of our institutions. It will require breaking down the silos between the professions and breaking down the walls that have separated the professions from the public we serve. It also will mean introducing new content (social science, humanities, economics) across the continuum of health professions education, and it will require new
models for clinical education and community engagement. There have been encouraging movements in the changes of the last decade. But the pace must accelerate if we are to prepare health professionals who can understand and address the social determinants of health in order to lessen the widening health disparities and
improve health for all. Historically each phase of health professional education has been treated separately with different nomenclature. There has been a sense that each phase has the equivalent of a final exam and produces a finished product. The education of
physicians in the United States is an example. There is a clear separation between medical school (undergraduate education) and residency and fellowship (graduate medical schools in the United States, each with its own administrative structure for
education, and nationally it is regulated by the Liaison Committee on Medical Education (LCME) a partnership of the American Medical Association and the Association of American Medical Education, overseen by over 1,500 hospitals and
academic systems as program sponsors, each with their own unique education (ACGME). The finished products of this GME system enter practice where they must comply with state licensure laws and hospital/health systems standards enter practice where they must comply with state licensure laws and hospital/health systems standards enter practice where they must comply with state licensure laws and hospital/health systems are laws are laws and hospital/health systems are laws are law
All are required to have some degree of continuing medical education which is administered by a large array of academic institutions, professional associations, delivery systems, and private entities. This enterprise is regulated by the Accreditation Council of Continuing Education (ACCME). Other health professions have similar, if not as complicated,
fragmentation of the educational continuum. The reality is that there is no final exam, and there are no finished products. Ideally, the health professional is always learning, always in the state of becoming (perhaps that is why we call it practice). It is necessary and appropriate that there be milestones and checkpoints along the way to assure the
progress of the learner/practitioner and to fulfill our social contract to assure competency. External regulations notwithstanding, it is essential that the attitudes and skills required for lifelong, selfmotivated learning be instilled in all of our learners from the beginning of the educational trajectory. That is what will ultimately assure competency across
the continuum. An important aspect of this is a much greater attention to the quality of the learning environments in which learning and work take place across the life span of the health professional. 17, 18 Without improvement will be for naught.
There are many elements to these environments: the personal perspective of the learning occur, the organizational culture and practices that surround that learning occur, the organizational culture and practitioners across the whole
spectrum of health professions education, which is why the continuum should be the conceptual model. Another important aspect of the continuum conceptual model and the emphasis on lifelong learning is that it also facilitates the focus on learner and clinician wellbeing. There has been an alarming rise in the reported rate of burnout among health
professional learners and clinicians, and a recent report of the National Academy of Medicine (Taking Actions Against Clinician Burnout) (reference 10) made many concrete recommendations on how system changes can help lessen burnout and promote wellbeing. Many of those recommendations deal directly with the learning and working
environment. Suboptimal learning environments (across the continuum, lifelong learning and the learning environment is that this conceptual model is more likely to lead to empowered learners who feel they are doing meaningful work. 20
Understanding that the ultimate goal of all health professions education is improved health of the patient, the progressive increase in responsibility across the educational continuum enables learners to find purpose in their work and feel like they are making contributions. This is likely another antidote to burnout. While there are some encouraging
movements toward this conceptual model of the continuum of education, this will not be any easy change. Administrative and regulatory structures are well embedded in our system, and there is a lot of territoriality. Academic institutions and healthcare delivery systems need to work more closely together to improve both education and care across
the continuum.21 And regulatory bodies must work to eliminate the barriers to common language and standards for assessment across the continuum and facilitate smoother and more flexible transitions. Health professions education has the responsibility to society to produce practitioners who are competent across broad domains of knowledge
attitudes, and skills. Each profession is responsible for establishing its competencies and the educational program to achieve them. All agree that assessment has not been rigorous. Time in place has often been accepted as a proxy for competency
assessment. The required number of months in a given site or discipline and the required number of years in a given program are taken as assurance of competency. This has led to a fragmented and rigid timebased system of education that does not meet the needs of learners or of the public. While elements of a competency timebased system of education that does not meet the needs of learners or of the public. While elements of a competency timebased system of education that does not meet the needs of learners or of the public. While elements of a competency timebased system of education that does not meet the needs of learners or of the public. While elements of a competency timebased system of education that does not meet the needs of learners or of the public. While elements of a competency timebased system of education that does not meet the needs of learners or of the public. While elements of a competency timebased system of education that does not meet the needs of learners or of the public. While elements of a competency timebased system of education that does not meet the needs of learners or of the public timebased system of education that does not meet the needs of learners or of the public timebased system of education that does not meet the needs of learners or of the public timebased system of education that does not meet the needs of learners or of learners or of the needs of learners or of
approach exist within our current educational system, few programs or institutions have fully embraced this model. (1) There is a comprehensive curricular, instructional, and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment strategy based on a framework of observable and assessment of observable and assessment of observable and assessment of observable and assessment of 
used as an educational resource rather than a limitation or a rule with the consequence that learners and teachers will use time as necessary to achieve the desired competencies. The connection between the competencies and the needs of society is absolutely central to the success of this model; competencybased education begins with an
uncompromising focus on translating the needs of contemporary society for improved health care into competencies that must be mastered by health professionals across all disciplines.22 This is an ongoing process across the education/practice continuum and it must be accompanied by robust assessment. The concept of time as a resource has a
liberating effect on both learner and teacher. Learners are allowed adequate time to achieve educational goals but are not required to spend time to achieve these goals. Teachers are afforded adequate time for observation, assessment, and coaching to feel comfortable with their judgments. This could result in some learners
achieving competencies and moving on in the continuum in less time (and some may take more time). In many instances the total time may be the same, but how that time is used will be different from one learner to another. Thus, the instructional program becomes more individualized, even more so as the learner is farther along the educational
trajectory. This model creates an entirely different dynamic between learners and teachers, and the role of feedback is entirely different than in the traditional model. The learner becomes much more selfmotivated to achieve the competency in order to move to the next level and actively seeks feedback. The teacher becomes the helper and
enabler. There are many challenges in making this paradigm shift, and it will require changes across many domains. 23 Some of those changes are directly within the control of each educational enterprise, such as curriculum and faculty development reforms. Other changes will involve external bodies for regulatory changes to permit greater flexibility
in accrediting programs and certifying individuals. There will need to be more research done to develop more rigorous assessment systems and to evaluate outcomes. Some of the other trends we are discussing in this paper should facilitate this transformation. This work must be interprofessional, emphasize continuity and the continuum of education
and will be facilitated by educational technologies. Though these changes will be difficult, several programs have demonstrated their feasibility. (reference 23). The Education in Pediatrics Across the Continuum (EPAC) program has successfully integrated undergraduate and graduate medical education for pediatrics in a competency based,
timevariable fashion in a pilot program at four US institutions (University of California, San Francisco; University of Minnesota; and University of Minnesota; a
Wisconsin, Milwaukee has a FlexOption Program for RN to BSN competency based and time variable acompetency based and time variable acompetency based and time variable acompetency based and time variable system for all of its graduate medical education programs. Canada has instituted a competency based and time variable system for all of its graduate medical education programs.
competency based and time variable. There are many examples of such programs in Europe and many more pilots underway in the United States. All of these examples represent proof of concept and gives encouragement that both the internal and external changes that are necessary are possible. As in other areas of innovation, the early adopters willow
pave the way for those that follow. Technology is changing in every aspect of our lives, and the pace of that change is accelerating. Health professions education has been slow in adopting new technology, but that pace, too, has now accelerated. 24 There are now many technology is changing in every aspect of our lives, and the pace of that change is accelerated. 24 There are now many technology is changing in every aspect of our lives, and the pace of that change is accelerated. 24 There are now many technology is changing in every aspect of our lives, and the pace of that change is accelerated. 24 There are now many technology is changing in every aspect of our lives, and the pace of that change is accelerated. 24 There are now many technology is changing in every aspect of our lives, and the pace of that change is accelerated. 24 There are now many technology is changing in every aspect of our lives, and the pace of that change is accelerated. 25 There are now many technology is changing in every aspect of our lives, and the pace of that change is accelerated. 25 There are now many technology is changing in every aspect of our lives, and the pace of that change is accelerated. 25 There are now many technology is accelerated in the pace of the p
and pedagogy and have helped to accomplish other educational goals. Simulation has provided safe and controllable settings for skill development, learning clinical reasoning and development clinical reasoning and development.
 knowledge acquisition so that student/faculty time can be more productively spent in higher level functions of interpretation, reasoning, and team skills (the flipped classroom). Computerized models have largely replaced microscopes in the classroom. Asynchronous
interactive learning has helped to resolve some of the logistic problems with IPE and with distributed models of education and training at multiple sites. Large databases (sometimes obtained from computerized medical records) are being successfully used to direct curricular content and to evaluate educational and clinical performance. All of these
changes have helped to improve the education process and also to create closer links between education and our healthcare deliver system, but these changes are small compared with those that are likely to follow. I will consider three separate aspects of this trend: (1) the increased use of technology as an alternative to traditional education, (2)
increased education about technology and artificial intelligence to produce practitioners who are able to successfully use and integrate these tools, and (3) an increased focus on how to capture and utilize time freed by technology as an
alternate to traditional education, there are now a multitude of online degree and certificate programs in the health professionals at a lower cost. There will be an ongoing challenge for quality control and a continued need for faculty development and
technological support to adjust to this new educational model. For the clinical disciplines there will always be a need for some real, nonvirtual experiences. More research will be needed to understand the optimal dose and timing of face to face encounters in these hybrid models. Much more time needs to be spent in the future educating and preparing
health professionals for a career in which they will be constantly using information technologies and artificial intelligence. By artificial intelligence I mean all of the ways that machines use large data sets to replicate or approximate human cognition. This concept has been around since the 1950s, and for a long time the focus was on the projections
that this would someday replace the doctor or other professionals. A more likely scenario is that successful clinicians will harness artificial intelligence to assist them in clinical practicethe two together will be better than either alone. To do that the health professional of tomorrow must have a better understanding of probabilities, confidence
intervals, and the use and limitations of large data bases. The health professional of the future must understand the strengths and limitations of these algorithms. The health professional of tomorrow also will need to be trained in
the uses and limitations of telemedicine for both patient and student encounters. All health professional will need training in using the computerized medical record and other technological aids in ways that enhance the patient experiences with
electronic medical records that were developed for business rather than clinical transactions should be a warning to us. Health professionals must be actively involved in developing the systems of the future. And that brings us to the last aspect of this trendeducators, learners, and clinicians must work together to see that technology enables them at
each step along the continuum to devote more time to the higher level functions of reasoning, communication, compassion, and empathy. It will be easy to continue to lament the intrusion of technology or to be nostalgic about the past, but it will take effort and creativity to seize this opportunity to actually elevate the status and role of health
professions education and clinical practice. The greatest dividend of the technological revolution will come when all health professionals are freed up to truly work up to license. Machine learning can never provide the human touch that all patients want and need in a healing relationship with their clinicians. We must harness technology to enable us
to make clinical practice more humanistic. This sixth trend may in many ways be the most exciting, but it also can be the scariest and most threatening. That is why engagement with the issues should not be delayed, and these concepts must be built into the earliest phases of health professions education and reinforced across the continuum. It is, of
course, impossible to predict today the longterm effects of the disruption we are now experiencing from the COVID19 pandemic. That disruption has profoundly affected the health of the public with corollary challenges to the health corollary challenges to the health professions education. Beyond that, the economic, social, and psychological effects on
society are likely to be felt for years, if not decades. But with those caveats, I will posit that it is likely that the COVID19 experience will actually reinforce and accelerate these trends I have identified. I will also note some other issues it has raised about the preparation of health professionals for the future. First, as to COVID19 and the trends. It is
guite clear that the enormous stress placed on our healthcare delivery and public health systems could not have been dealt with without a collaborative and interprofessional approach. The daily heroic stories of frontline health workers have stressed the interdependence of the team. If we ever had any doubt that we are preparing healthcare workers
of the future to work in teams, the COVID19 story has put that doubt to rest. Regarding the second trend, the disruption in hospital based education during the pandemic has been profound. For all practical purposes clinical education in the hospital stopped. This was done to protect the learners and to conserve scarce personal protective equipment,
but also because of the realization that the COVID19 hospital was not an environment conducive to education. On the other hand, ambulatory education did continue in many settings, and students who have acquired both the trust and skills that are part of a successful longitudinal integrated experience were actually able to be helpful to their
patients and the care sites in these stressful times. I received a personal communication from one of the leaders of these experiences with the following observation. 25 LICs are proving particularly resilient and beneficial in the time of Covid. Indeed, I keep learning of stories in the United States, and in other countries, of how LIC students are able to
continue to benefit their patients, preceptors, offices/institutions, and communities precisely because of the model in the students are known and trusted and the students are known as known and trusted and the students are known as known as known as k
power of time affords the trust, connectivity, systems training, patientpreceptorsystem relationships and the likely care delivery that is coming. LICs create time and relationships and these offer enormous benefits for education and service. The pandemic has also highlighted the importance of the
social determinants of health because of the striking differences in outcome based on race, ethnicity, economic status, and zip code. The relationship between social factors (racism, housing, job, transportation, air quality, access to care) and health outcomes has never been clearer or starker. COVID19has called for us to not only better understand
these relationships but to do something about them. And healthcare professionals must be central to that discussion and action. The importance of focusing on the longterm wellbeing and resilience of our health professionals have also been drawn in sharp relief by the pandemic. The
other side of the coin of the heroism of healthcare workers has been the effect of this continually stressful environment on increasing the likelihood of burnout, depression, and suicide. We will need to pay more even more
attention to these environmental factors at each point in the education and clinical continuum going forward. The extraordinary humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professionals must be returned in kind by developing and maintaining humanism shown by our health professional humanism shown
competence at all levels of the health professions and also of assuring that we have enough health professionals with the right skills in the right places. That is, after all, our social contract. Finally, the pandemic has shown very clearly the increasing role that technology will play in education and care. Most health professional schools went to entirely
online learning, and that is likely to continue in some fashion into the next academic year. In the clinics, a high percentage of visits become telemedicine visits. This enforced rapid transition in both these domains is likely to lead to rapid improvement in and acceptance of these technologies, and I expect some of these changes will be permanent. So,
each of the trends has been reinforced and I suspect accelerated by the pandemic. As traumatic as has been this disruption, we may look back at it as an accelerant of change albeit at a very high price. There are some other changes that also are likely to stay that were not part of the trends I have identified. There must be a greater emphasis going
forward in health professional education on emergency preparedness, with the likelihood that other epidemics and pandemics will occur in the professional lives of all of our trainees. Also, the pandemic has reminded us of the enormous importance of public health and epidemiology in our healthcare system. This has profound implications at a policy
level because we have so woefully underinvested in public health and public health planning. But it also has implications at the education and practice level in that we must much more actively integrate these disciplines with the other health professions at the education and practice level in that we must much more actively integrate these disciplines with the other health professions at the education and practice level in that we must much more actively integrate these disciplines with the other health professions.
education. Building on a decade of innovations that provided proofs of concept and some guiding principles, we are poised for a decade of explosive innovation along the six trends outlined. It is good that we are ready for this, because the public we serve desperately needs these changes to enable it to achieve the health that is our goal. It should also
be apparent that these trends are not totally independent from one another; they are, indeed, interconnected. Interprofessional education helps to create the culture for addressing the social determinants of health and lifelong sustaining learning environments. Longitudinal integrated clinical experiences facilitate insights into the social determinants
of health and create the continuity environment for competencybased assessment and professional development. Educational technologies and big data, properly harnessed, can help promote all of these changes need to be done together. All of
these changes together will in fact be needed if we want to produce the health professionals we need for an optimal healthcare system and a healthy public. This will require leadership and culture change. We must break down the barriers that separate the professions and the barriers that separate education from healthcare delivery and that
separate both from the patients, families, and communities we serve. We must remember that health professions education and healthcare delivery both have the same goalthe improved health of the public. That will only happen if we produce healthcare delivery both have the same goalthe improved health professions education and healthcare delivery both have the same goalthe improved health of the public.
determinants of health, resilient, competent lifelong learners who are adept at harnessing technology to serve their patients, and who possess empathy and compassion. In other words, they model the ideal blend of humanism and science. It is a tall order, but we can do it. Thibault GE. The future of health professions education: Emerging trends in
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 sectional Survey Study. Dadaczynski K, Okan O, Messer M, Leung AYM, Rosrio R, Darlington E, Rathmann K. Dadaczynski K, et al. J Med Internet Res. 2021 Jan 15;23(1):e24097. doi: 10.2196/24097. J Med Internet Res. 2021. PMID: 33395396 Free PMC article. Ever wondered why some health education programs create lasting changes in peoples
lives while others barely make a dent? The secret lies in understanding and applying the fundamental principles that make health education truly effective. These principles arent just theoretical concepts they re practical guidelines that make health education truly effective. These principles arent just theoretical concepts they re practical guidelines that make health education truly effective.
individuals and communities alike. Table of Contents Think about the last time you learned something that genuinely excited you. Chances are, you were activities alike. Table of Contents Think about the last time you learned something in discussions, or hands-on activities. The same principle applies to health education. When people are genuinely interested and
actively participating, learning becomes more than just information transferit becomes transformation. Interest serves as the gateway to effective learning. When health education program might start by asking participants about
their personal experiences or concerns rather than diving straight into medical terminology. This approach acknowledges that people learn best when they see the direct relevance to their own lives. Active participation takes this engagement to the next level. Instead of passive listening, participants become co-creators of their learning experience.
This might involve group discussions where people share their health challenges, role-playing scenarios to practice new behaviors, or collaborative problem-solving sessions. When a community health worker facilitates a discussion about nutrition where participants share their favorite health recipes, theyre not just learning theyre contributing to a
collective knowledge base that benefits everyone. Research consistently shows that participatory learning approaches lead to better retention and behavior change. When people feel heard and valued as contributors rather than just recipients of information, they develop a sense of ownership over their health journey. This ownership becomes the
foundation for sustained behavior change. Making health education comprehensible and motivating Have you ever sat through a health presentation filled with medical jargon and complex statistics, only to walk away more confused than when you started? Unfortunately, this scenario is all too common in health education. The principle of
comprehension emphasizes that effective health education must be accessible to everyone, regardless of their education at health literacy level. The art of simple communication using simple, clear language doesnt mean dumbing down the contentit means making it universally accessible. Instead of saying hypertension, a health
educator might say high blood pressure and then explain what that means for the persons daily life. Visual aids, analogies, and storytelling can bridge the gap between complex medical concepts and everyday understanding. Consider how a nurse might explain heart disease to a community group. Rather than discussing arterial blockages in technical
terms, she might use the analogy of a garden hose getting clogged with debris, making it harder for water to flow freely. This simple comparison helps people visualize whats happening in their bodies and why certain lifestyle changes matter. Motivation as the catalyst for change Comprehension alone isnt enoughpeople need motivation to act on what
theyve learned. Effective health education taps into both intrinsic motivators. Intrinsic motivation comes from withinthe desire to feel better, live longer, or set a good example for family members. Extrinsic motivation might include social recognition, rewards, or avoiding negative consequences. Motivational techniques in health
education often involve helping people connect their health goals to their deeper values and aspirations. A smoking cessation program might help participants visualize not just the health benefits of quitting, but how it aligns with their role as parents, their financial goals, or their desire for independence. Learning doesnt happen in a single momentits
a process that requires reinforcement and practical application. This principle recognizes that lasting behavior change comes through repeated exposure to information, opportunities to practice new skills, and ongoing support from the community. The necessity of repetition How many times do you need to hear something before it truly sinks in? In
health education, repetition isnt just helpfulits essential. But effective repetition isnt about saying the same through different formats, activities, and contexts. A comprehensive diabetes education program might introduce blood sugar management through a presentation
reinforce it through a cooking demonstration, practice it through meal planning exercises, and solidify it through meal planning exercises.
sessions and regularly revisiting key concepts, health educators can combat this forgetting curve and help information move from short-term awareness to long-term behavior change. Learning by doing bridges this gap by
providing hands-on experiences that build confidence and competence. When people practice new health behaviors in their daily lives. Practical engagement might involve teaching blood pressure monitoring by having participants practice on
each other, demonstrating proper exercise techniques through group fitness sessions, or practicing stress management through guided meditation exercises. These activities transform abstract concepts into concrete skills.[Image: A diverse group of community members participating in a hands-on health education workshop, with some practicing
blood pressure measurement while others engage in cooking demonstrations] The crucial role of community leaders community leaders serve as bridges between health information and community faces. When respected community members
champion health education initiatives, they lend credibility and relevance to the message. These leaders might be formal authorities like religious leaders or successful health behavior change advocates. Their involvement helps ensure that health education programs are
culturally appropriate and community-driven rather than imposed from outside. Community leaders also provide encouragement during challenging times. This ongoing relationship helps sustain
motivation and behavior change over the long term. Integrating principles for maximum impact While each principle is powerful on its own, the magic happens when they work together into a comprehensive approach that addresses
different aspects of human learning and behavior change. For example, a community-based nutrition program might begin by engaging participants interest and participants interest through a discussion of their food traditions and concerns (interest and participants interest and participants).
lives (comprehension and motivation). Throughout the program, key messages would be reinforced through multiple activities, participants would practice meal planning and cooking skills, and respected community members would serve as ongoing mentors and supporters (reinforcement and learning by doing). This integrated approach recognizes
that people are complex beings with different learning styles, motivations, and challenges. By addressing multiple aspects of the learning process, health education programs can reach more people more effectively and create more lasting change. Measuring success beyond knowledge transfer Traditional approaches to health education often measure
success by how much information people can recall after a presentation. However, the principles of effective health education suggest that true success lies in behavior change and improved health outcomes. This shift in perspective requires different ways of measuring and evaluating program effectiveness. Success might be measured by increased
participation in preventive health services, sustained behavior changes over time, improved health indicators in the community, or increased confidence and self-efficacy among participants. These outcomes reflect the deeper impact that occurs when health education principles are effectively applied. What do you think? How might these principles
change the way you approach learning about your own health? And if you were designing a health education program for your community, which of these principles would you prioritize first and why?, the free encyclopedia that anyone can edit.110,144 active editors 7,022,918 articles in EnglishSchool in Sketty, Swansea, photographed in 1854The
period between 1701 and 1870 saw an expansion in access to formal education in Wales, though schooling was not yet universal. Several philanthropic efforts were established to provide a basic education. Private schools aimed at
the working classes also existed. State funding was introduced to schools from 1833. Some use of the Welsh language was made in 18th-century philanthropic education, at a time when most agricultural workers in Wales spoke only Welsh, and public opinion was keen for children to learn English. Many schools punished children for speaking Welsh,
despite government studies that found such methods ineffective. The government did little to promote bilingual education was limited. Dissenter academies and theological colleges offered higher education. (Fullarticle...)Recently featured: White dwarfBattle
of GroixScott CarpenterArchiveBy emailMore featured articlesAboutSae Kitamura (pictured) has had her university students contribute to the Japanese Wikipedia as part of their coursework?... that the lead actress of The Grub-Stake brought her personal menageriewhich included bears and wolvesto the set for use as extras?...
that James Patrick Shea thought that an invitation to meet with Pope BenedictXVI at the White House was a hoax?... that Robby Krieger was unable to record his guitar solo for "You're Lost Little Girl" until he got stoned on hashish?... that all three podium finishers at the 2024 Tour de France were members of cycling's Big Four?... that the directors
of Final Destination Bloodlines "debated the ethics" of a character being killed by an MRI machine?... that one newspaper described the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that Galidor has been described the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that one newspaper described the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that one newspaper described the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... that of the mansions of Riverside Drive as "glitter[ing] like a wedding cake"?... the mansions of Riverside Drive as "glitter[ing] lik
plot focused too much on love? ArchiveStart a new articleNominate an articleVera Rubin Observatory (pictured) in Chile releases the first light images from its new 8.4-meter (28ft) telescope. In basketball, the Oklahoma City Thunder defeat the Indiana Pacers to win the NBA Finals. An attack on a Greek Orthodox church
in Damascus, Syria, kills at least 25 people. The United States conducts military strikes on three nuclear facilities in Iran. In rugby union, the Crusaders defeat the Chiefs to win the Super Rugby Pacific final. Ongoing: Gaza warIranIsrael warRussian invasion of UkrainetimelineSudanese civil wartimelineRecent deaths: Lucien NedziAnne
BurrellFrederick W. SmithRon TaylorMohammad KazemiMarita Camacho QuirsNominate an articleJune 25 Original rainbow flag1658 Anglo-Spanish War: The largest battle ever fought on Jamaica, the three-day Battle of Rio Nuevo, began.1910 The United States Congress passed the Mann Act, which prohibited the interstate transport of females for
 "immoral purposes".1944 World WarII: U.S. Navy and Royal Navy ships bombarded Cherbourg, France, to support U.S. Army units engaged in the Battle of Cherbourg.1978 The rainbow flag (original version pictured) representing gay pride was first flown at the San Francisco Gay Freedom Day parade.2009 Singer Michael Jackson died as a result of
the combination of drugs in his body. Giovanni Battista Riccioli (d.1671) Elosa Daz (b.1866) George Michael (b.1963) Farrah Fawcett (d.2009) More anniversaries: June 24 June 25 June 26 Archive By emailList of days of the year About 1795 Turban Head eagle with original reverse 1797 Turban Head eagle with heraldic eagle reverse The Turban Head eagle
was a ten-dollar gold piece, or eagle, struck by the United States Mint from 1795 to 1804. The piece was designed by Robert Scot, and was the first in the eagle series, which continued until the Mint ceased striking gold coins for circulation in 1933. The common name is a misnomer; Liberty does not wear a turban but a cap, believed by some to be a
pileus or Liberty cap: her hair twisting around the headgear makes it appear to be a turban. The number of states in the Union, but with the number at 16, that idea was abandoned in favor of using 13 stars in honor of the original states. The initial reverse, featuring an eagle with
a wreath in its mouth, proved unpopular and was replaced by a heraldic eagle. Increases in the price of gold made it profitable for the coins to be melted down, and in 1804, President Thomas Jefferson ended coinage of eagles; the denomination was not struck again for circulation for more than 30years. These Turban Head eagles are in the National
Numismatic Collection at the National Museum of American History. Coin design credit: United States Mint; photographed by Jaclyn NashRecently featured: SpringbokGeraldine UlmarShah Mosque (Isfahan) ArchiveMore featured pictures Community portal The central hub for editors, with resources, links, tasks, and announcements. Village pump
Forum for discussions about Wikipedia itself, including policies and technical issues. Site news Sources of news about wikipedia and the broader Wikipedia and the broader Wikipedia itself, including policies and technical issues. Site news Sources of news about encyclopedic
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newspapers books scholar JSTOR (January 2016) (Learn how and when to remove this message) Calendar yearYearsMillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndmillennium2ndm
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year starting on Tuesday of the Gregorian calendarand a common year starting on Friday of the Julian calendar, the 1658th year of the 2ndmillennium, the 58th year of the 17thcentury, and the 9th year of the 1650s decade. As of the start of 1658, the Gregorian calendar was
10 days ahead of the Julian calendar, which remained in localized use until 1923. Calendar year January 13 Edward Sexby, who had plotted against Oliver Cromwell, dies in the Tower of London.[1]January 30 The "March Across the Belts" (Tget ver Blt), Sweden's use of winter weather to send troops across the waters of the Danish straits at a time
 when winter has turned them to ice, begins. Within 17 days, Sweden's King Karl X Gustav leads troops across the ice belts to capture six of Denmark's islands as Swedish territory. February 5 Prince Muhi al-Din Muhammad, one of the sons of India's Mughal, Emperor Shah Jahan, proclaims himself Emperor after Jahan names Muhi's older brother,
Dara Shikoh, as regent, and departs from Aurangabad with troops of Charles X Gustav of Sweden cross The Great Belt in Denmark, over frozen sea.[2]March 8 (February 26 OS) The peace between Sweden and Denmark is forced to cede
significant territory. This leads to Sweden reaching its territorial height during its time as a great power. April 15 In India, the Battle of Dharmat is fought in the modern-day state of Madhya Pradesh between rival claimants to the throne of the Mughal Empire. Prince Muhi al-Din Muhammad, the son of the Emperor Shah Jahan, leads 30,000 men in a
triumph over 22,000 troops led by Jaswant Singh of Marwar and Ratan Singh Rathore. Despite heavy losses, with more than 11,000 casualties, Prince Muhi, who has adopted the name Aurangzeb, continues toward Samugarh and Agra and captures the throne at the end of July. April 16 In Skneland, a region recently ceded by Denmark to the Swedish
Empire, representatives of the nobility of the provinces of Blekinge, Halland and Scania gather at the Scanian city of Malm to swear their allegiance to King Charles X Gustav of Sweden. May 1 Hydriotaphia, Urn Burial and The Garden of Cyrus are published by Thomas Browne in England. May 29 Aurangzeb wins the Battle of Samugarh as Indian
Mughal regent Dara Shikoh makes a last effort to defend the Mughal capital Agra. June 3 Pope Alexander VII appoints Franco-Spanish War (163559): In the Battle of the Dunes, a Spanish force attempting to lift a siege of Dunkirk is defeated by the French and
English. England is then given Dunkirk, for its assistance in the Victory, June 2527 In the Battle of Rio Nuevo, part of the Anglo-Spanish War, a Spanish invasion force fails to recapture Jamaica from the English. July 2 The Siege of Toru begins in Poland as troops of the PolishLithuanian Commonwealth and of Austria seek to recapture the city of Toru
from a garrison of the Swedish Army. Within six months, the Swedish occupiers surrender. July 18 Prince Leopold of the House of Habsburg, son of the late Ferdinand III, is elected as the new Holy Roman Emperor. July 31 After Shah Jahan completes the Taj Mahal, his son Aurangzeb deposes him as ruler of the Mughal Empire. July arhda's Manchu
fleet annihilates Onufriy Stepanov's Russian flotilla, on the Amur River. August 1 The coronation of Leopold I takes place in Frankfurt. August 5 Just six months after winning territory from Denmark. By August 11, the King's troops have
surrounded Denmark's capital, Copenhagen, while the Swedish Navy blocks the harbor to prevent the city from being resupplied, and begins bombardment. August 14 The League of the Rhine (Rheinische Allianz) is formed by 50 German princes whose cities are on the Rhine river. September 3 Oliver Cromwell dies and his son Richard assumes his
father's position as Lord Protector of England, Scotland and Ireland. September 17 Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho, defeats the Portuguese Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho Restoration War: In the Battle of Vilanova, a Spanish army, having crossed the Minho Restoration War: In the Battle of Vilanova, which was a spanish army and 
ship fleet of the Netherlands arrives at Denmark and begins its counterattack on Sweden's army and navy with three squadrons. November 6 The Mexican Inquisition carries out the execution, by public burning, of 14 men convicted of homosexuality, while another 109 arrested are either released or given less harsh sentences. November 8 (October 29)
old style) The Battle of the Sound takes place between the navies of the Dutch Republic (with 41 warships) and of Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund, a strait between Denmark and Sweden (with 45) at the resund (with 45) at the result (with 45) at the resul
Sweden is forced to retreat, bringing an end to the attempted conquest of Denmark. November 23 The elaborate funeral of Lord Protector of England Oliver Cromwell (who had died on September 3 and was buried at Westminster Abbey two weeks later) is carried out in London. A little more than two years later (in January 1661), his body will be
disinterred and his head severed and placed on a spike. December 11 Abaza Hasan Pasha, an Ottoman provincial governor who is attempting to depose the Grand Vizier, wins a battle at the Turkish city of Ilgin, defeating loyalist forces led by Murtaza Pasha. The victory is the last for the rebels. Two months later (February 16, 1659) Abaza Hasan is
 assassinated after being invited to peace negotiations by the loyalists. December 20 Representatives of the Russian Empire and the Swedish Empire sign the Treaty of Valiesar at the Valiesar Estate near Narva, part of modern-day Estonia. In return for ceasing hostilities between the two empires in the Second Northern War, Russia is allowed to keep
captured territories in Livonia (part of modern-day Latvia) for a term of three years. December 25 Polish and Danish forces defeat a Swedish Army in the Battle of Kolding in Denmark. December 30 The Siege of Toru ends almost six months after it started, with Poland recapturing the city from Sweden. Portuguese traders are expelled from Ceylon by
Dutch invaders. The Dutch in the Cape Colony start to import slaves from India and South-East Asia (later from Madagascar). Mary of Modena January 17 Francis Seymour, 5th Duke of Somerset (d. 1678) February 18 Charles-Irne Castel de
Saint-Pierre, French writer (d. 1743)March 5 Antoine de la Mothe Cadillac, French explorer (d. 1730)March 8 Thomas Trevor, 1st Baron Trevor, 1st Baron Trevor, British Baron (d. 1734)April 11 James Hamilton, 4th Duke of Hamilton, Scottish peer
(d. 1712)April 19 Johann Wilhelm, Elector Palatine, German noble (d. 1716)April 22 Giuseppe Torelli, Italian violist, violinist, pedagogue and composer (d. 1712)June 10 John March, Massachusetts businessman, colonel (d. 1712)June 11 Victor Honor Janssens, Flemish
painter (d. 1736) June 22 Louis VII, Landgrave of Hesse-Darmstadt (d. 1678) July 10 Luigi Ferdinando Marsili, Italian soldier and naturalist (d. 1736) July 21 Alexis Littr, French physician and anatomist (d. 1726) July 25 Archibald
English baronet and Member of Parliament (d. 1730) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Ralph Thoresby, British historian (d. 1725) August 18 Jan Frantiek Beckovsk, Czech historian (d. 1722) August 16 Ralph Thoresby, British historian (d. 1723) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frantiek Beckovsk, Czech historian (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 16 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 17 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 17 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) August 18 Jan Frans van Son, Flemish Baroque painter (d. 1704) Augus
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Roosevelt (16581742), Dutch-American politician (d. 1742)October 5 Mary of Modena, queen of James II of England (d. 1718)October 11 Christian Heinrich Postel, German jurist (d. 1705)October 1 Rexander of Courland, German prince (d. 1686)October 1 Christian Heinrich Postel, German jurist (d. 1704)October 1 Christian Heinrich Postel, German jurist (d. 1705)October 2 Christian Heinrich Postel, German jurist (d. 1705)October 3 Christian Heinrich Postel Heinrich Postel Heinrich Postel Heinrich Postel Heinrich Postel Heinrich Heinrich Postel Hein
Boulainvilliers, French nobleman (d. 1722)October 24 Marko Gerbec, Carniolan physician, scientist (d. 1718)November 2 Baptist Noel (MP), English politician (d. 1725)November 21 Johann Gottfried Roesner, Prussian burgomaster (d. 1724)November 27
Tsarevna Catherine Alekseyevna of Russia, daughter of Tsar Alexis of Russia, daughter of Tsar Alexis of Russia (d. 1718)November 27 Hercule-Louis Turinetti, marquis of Pri (d. 1726)December 10 Lancelot Blackburne, Archbishop of York (d. 1743)date unknown Elizabeth Barry, English actress (d. 1713)John
ClevelandWitte Corneliszoon de WithJanuary 1 Caspar Sibelius, Dutch Protestant minister (b. 1590)January 2 Sir William Armine, 2nd Baronet, English Puritan soldier (b. 1616)February 19 Henry Wilmot, 1st Earl of Rochester
(b. 1612)March 25 Herman IV, Landgrave of Hesse-Rotenburg (b. 1595)April 7 Juan Eusebio Nieremberg, Spanish mystic (b. 1595)April 19Kirsten Munk, second wife of Christian IV of Denmark
(b. 1598)Robert Rich, 2nd Earl of Warwick, English colonial administrator and admiral (b. 1587)April 24 Francesco Maria Richini, Italian architect (b. 1584)April 29 John Cleveland, English poet (b. 1613)June 18 Louis Cappel, French Protestant churchman
and scholar (b. 1585)June 8 Sir Henry Slingsby, 1st Baronet, English baronet (b. 1602)June 27 Ercole Gennari, Italian drawer and painter (b. 1587)July 22 Frederick, Duke of Schleswig-Holstein-Snderburg-Norburg (b. 1580)August 5 Gundakar, Prince of Liechtenstein, court official in Vienna (b. 1580)August 6 Elizabeth Claypole, daughter of Oliver
Cromwell (b. 1629) August 19 Christine of Hesse-Kassel, Duchess of Saxe-Eisenach and Saxe-Coburg (b. 1578) September 17 Kaspar von Barth, German philologist and writer (b. 1587) September 22 Georg Philipp Harsdriffer, German poet (b. 1607) October 14
Francesco I d'Este, Duke of Modena, Italian noble (b. 1610)October 23 Thomas Pride, Parliamentarian general in the English Civil WarNovember 4 Antoine Le Maistre, French Jansenist (b. 1608)November 6 Pierre du Ryer, French dramatist (b. 1608)November 7 Maeda Toshitsune, Japanese warlord (b. 1594)November 8 Witte de With, Dutch naval
officer (b. 1599)November 26 Duke Francis Henry of Saxe-Lauenburg (b. 1604)November 29 Margrave Charles Magnus of Baden-Durlach (b. 1580)December 15 Carlo Emanuele Madruzzo, Italian prince-bishop (b. 1599)December 20 Jean Jannon, French typefounder (b. 1580)Date
unknown: Osoet Pegua, Thai businesswoman (b. 1615)^ "killing". Oxford Reference. Retrieved December 14, 2021.^ Brems, Hans (June 1970). "Sweden: From Great Power to Welfare State". Journal of Economic Issues. 4 (2, 3). Association for Evolutionary Economics: 116. doi:10.1080/00213624.1970.11502941. JSTOR4224039. A swift and brilliantly.
conceived march from Holstein across the frozen Danish waters on Copenhagen, by Karl X Gustav in 1658, finally wrests Bohuslin, Sk'ane, and Blekinge from Denmark-Norway. Denmark no longer controls both sides of Oresund, and Swedish power is at its peak.^ "Nicolas Coustou | French sculptor | Britannica". www.britannica.com. Retrieved
December 14, 2021. Retrieved from "30ne hundred years, from 1501 to 1600This article by adding citations for verification. Please help improve this article by adding citations to reliable sources. Unsourced material may be challenged and removed. Find sources: "16th century" news newspapers books scholar JSTOR (September 2022) (Learn
how and when to remove this message)Millennia2ndmillenniumCentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury17thcentury1
by the Italian Amerigo Vespucci (from whose name the word America is derived) and Belgian Gerardus Mercator shows (besides the classical continents Europe, Africa, and Asia) the America sive India Nova', New Guinea, and other islands of Southeast Asia, as well as a hypothetical Arctic continent and a yet undetermined Terra
Australis.[1]The 16th century began with the Julian year 1501 (represented by the Roman numerals MDI) and ended with either the Julian or the Gregorian calendar introduced a lapse of 10 days in October 1582).[1]The Renaissance in Italy and Europe saw the emergence of
important artists, authors and scientists, authors and scientists, and led to the foundation of important subjects which include accounting and political science. Copernicus proposed the heliocentric universe, which was met with strong resistance, and Tycho Brahe refuted the theory of celestial spheres through observational measurement of the 1572 appearance of a Milky
Way supernova. These events directly challenged the long-held notion of an immutable universe supported by Ptolemy and Aristotle, and led to major revolutions in astronomy and science. Galilei became a champion of the new sciences, invented the first thermometer and made substantial contributions in the fields of physics and astronomy,
becoming a major figure in the Scientific Revolution in Europe. Spain and Portugal colonized large parts of Central and South America, followed by France and England in Northern America, and their possessions in the Indies, whereas the Spanish
came to dominate the Greater Antilles, Mexico, Peru, and opened trade across the Pacific Ocean, linking the Americas with the Indies. English and French privateers began to practice persistent theft of Spanish and Portuguese treasures. This era of colonialism established mercantilism as the leading school of economic thought, where the economic
system was viewed as a zero-sum game in which any gain by one party required a loss by another. The mercantilist doctrine encouraged the many intra-European wars of the period and arguably fueled European expansion and imperialism throughout the world until the 19th century or early 20th century. The Reformation in central and northern
Europe gave a major blow to the authority of the papacy and the Catholic Church. In England, the British-Italian Alberico Gentili wrote the first book on public international law and divided secularism from canon law and Catholic theology. European politics became dominated by religious conflicts, with the groundwork for the epochal Thirty Years'
War being laid towards the end of the century. In the Middle East, the Ottoman Empire continued to expand, with the sultan taking the title of caliph, while dealing with a resurgent Persia. Iran and Iraq were caught by a major popularity of the Shia sect of Islam under the rule of the Safavid dynasty of warrior-mystics, providing grounds for a Persia
independent of the majority-Sunni Muslim world.[2]In the Indian subcontinent, following the defeat of the Delhi Sultanate and Vijayanagara Empire, new powers emerged, the Sur Empire founded by Sher Shah Suri, Deccan sultanates, Rajput states, and the Mughal Empire[3] by Emperor Babur, a direct descendant of Timur and Genghis Khan.[4] His
successors Humayun and Akbar, enlarged the empire to include most of South Asia. Japan suffered a severe civil war at this time, known as the Sengoku period, and emerged from it as a unified nation under Toyotomi Hideyoshi. China was ruled by the Ming dynasty, which was becoming increasingly isolationist, coming into conflict with Japan over
the control of Korea as well as Japanese pirates. In Africa and Southern Africa was left uncolonized. For timelines of earlier events, see 15th century and Timeline of the Middle Ages. Main article: 1500s Mona Lisa, by Leonardo da
Vinci, c.15031506, one of the world's best-known paintings1501: Michelangelo returns to his native Florence to begin work on the statue David.1501: First Battle of Cannanore between the Third Portuguese Armada and Kingdom of Cochin under
Joo da Nova and Zamorin of Kozhikode's navy marks the beginning of Portuguese conflicts in the Golden Horde, ending its existence. 1503: Spain defeats France at the Battle of Cerignola. Considered to be the first battle in history won by
gunpowder small arms.1503: Leonardo da Vinci begins painting the Mona Lisa and completes it three years later.1504: A period of drought, with famine in all of Spain.1504: Death of Isabella I of Castile; Joanna of Castile becomes the Queen.1504: Foundation of the Sultanate of
Sennar by Amara Dunqas, in what is modern Sudan1505: Zhengde Emperor ascends the throne of Ming dynasty.1505: Martin Luther enters St. Augustine's Monastery at Erfurt, Germany, on 17 July and begins his journey to instigating the Reformation.1505: Sultan Trenggono builds the first Muslim kingdom in Java, called Demak, in Indonesia. Many
other small kingdoms were established in other islands to fight against Portuguese. Each kingdom introduced local language as a way of communication and unity.1506: Leonardo da Vinci completes the Mona Lisa.1506: King Afonso I of Kongo wins the battle of Mbanza Kongo, resulting in Catholicism becoming Kongo's state religion. Battle of
Cerignola: El Gran Capitan finds the corpse of Louis d'Armagnac, Duke of Nemours1506: At least two thousand converted Jews are massacred in a Lisbon riot, Portugal.1506: Christopher Columbus dies in Valladolid, Spain.1506: Poland is invaded by Tatars from the Crimean Khanate.1507: The first recorded epidemic of smallpox in the New World or
the island of Hispaniola. It devastates the native Tano population.[6]1507: Afonso de Albuquerque conquered Hormuz and Muscat, among other bases in the Persian Gulf, taking control of the region at the entrance of the Gulf.1508: The Christian-Islamic power struggle in Europe and West Asia spills over into the Indian Ocean as Battle of Chaul
during the Portuguese-Mamluk War15081512: Michelangelo paints the Sistine Chapel ceiling.1509: The defeat of joint fleet of the Sultan at each of Egypt, and the Zamorin of Calicut with support of the Spice and th
trade and the Indian Ocean.1509: The Portuguese king sends Diogo Lopes de Sequeira to find Malacca, the eastern terminus of Asian trade. After initially receiving Sequeira, Sultan Mahmud Shah captures and/or kills several of his men and attempts an assault on the four Portuguese ships, which escape.[7] The Javanese fleet is also destroyed in
Malacca.1509: Krishnadevaraya ascends the throne of Vijayanagara Empire. Main article: 1510sAfonso de Albuquerque of Portugal conquers Goa in India.1511: Afonso de Albuquerque of Portugal conquers Malacca, the capital of the Sultanate of Malacca.
in present-day Malaysia.1512: Copernicus writes Commentariolus, and proclaims the Sun the center of the Solar System.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The southern part (historical core) of the Kingdom of Navarre is invaded by Castile and Aragon.1512: The 
exploratory expedition was sent eastward from Malacca (in present-day Malaysia) to search for the 'Spice Islands' (Maluku) led by Francisco Serro. Serro is shipwrecked but struggles on to Hitu (northern Ambon) and wins the favour of the local rulers.[9]1513: Machiavelli writes The Prince, a treatise about political philosophy1513: The Portuguese
mariner Jorge lvares lands at Macau, China, during the Ming dynasty.1513: Henry VIII defeats the French at the Battle of Flodden Field in which invading Scots are defeated by Henry VIII's forces.1513: Vasco Nez defeated by Henry VIII's forces.1513: Vasco Nez defeated by Henry VIII's forces.1513: The Battle of Flodden Field in which invading Scots are defeated by Henry VIII's forces.1513: Vasco Nez defeated by H
Balboa, in service of Spain arrives at the Pacific Ocean (which he called Mar del Sur) across the Isthmus of Panama. He was the first European to do so.1514: The Battle of Orsha halts Muscovy's expansion into Eastern Europe. 1514: Dzsa rebellion (peasant revolt) in Hungary. Martin Luther initiated the Reformation with his Ninety-five Theses in
1517.1514: The Battle of Chaldiran, the Ottoman Empire gains decisive victory against Safavid dynasty.1515: The Ottoman Empire wrests Eastern Anatolia from the Safavids after the Battle of Chaldiran.1515: The Ottoman Empire wrests Eastern Anatolia
the Dulkadirs and the Ramadanids.15161517: The Ottomans defeat the Mamluks and gain control of Egypt, Arabia, and the Levant.1517: The Reformation begins when Martin Luther posts his Ninety-five Theses in Saxony.1518: The Treaty of London was a non-aggression pact between the
major European nations. The signatories were Burgundy, France, England, the Holy Roman Empire, the Netherlands, the Papal States and Spain, all of whom agreed not to attack one another and to come to the aid of any that were under attack. 1518: Mir Chakar Khan Rind leaves Baluchistan and settles in Punjab. 1518: Leo Africanus, also known as
al-Hasan ibn Muhammad al-Wazzan al-Fasi, an Andalusian Berber diplomat who is best known for his book Description of Africa), is captured by Spanish pirates; he is taken to Rome and presented to Pope Leo X.1518: The dancing plague of 1518 begins in Strasbourg, lasting for about one month.1519: Leonardo da Vinci dies of
natural causes on May 2. Europe at the time of the accession of Charles V in 15191519: Wang Yangming, the Chinese philosopher and governor of Jiangxi province, describes his intent to use the firepower of the fo-lang-ji, a breech-loading Portuguese culverin, in order to suppress the rebellion of Prince Zhu Chenhao. 1519: Barbary pirates led by
Hayreddin Barbarossa, a Turk appointed to ruling position in Algiers by the Ottoman Empire, raid Provence and Toulon in southern France.1519: Death of Emperor Maximilian; Charles I of Austria, Spain, and the Low Countries becomes Emperor of Holy Roman Empire as Charles V, Holy Roman Empire, raid Provence and Toulon in southern France.1519: Death of Emperor Maximilian; Charles I of Austria, Spain, and the Low Countries becomes Emperor of Holy Roman Empire, raid Provence and Toulon in southern France.1519: Death of Emperor Maximilian; Charles I of Austria, Spain, and the Low Countries becomes Emperor of Holy Roman Empire, raid Provence and Toulon in southern France.1519: Death of Emperor Maximilian; Charles I of Austria, Spain, and the Low Countries becomes Emperor of Holy Roman Empire, raid Provence and Toulon in Southern France.1519: Death of Emperor Maximilian; Charles I of Austria, Spain, and the Low Countries becomes Emperor of Holy Roman Empire, raid Provence and Toulon in Southern France.1519: Death of Emperor Maximilian; Charles I of Austria, Spain, and the Low Countries becomes Emperor of Holy Roman Empire, raid Provence and Toulon in Southern France.1519: Death of Emperor Maximilian; Charles I of Austria, Spain, and the Low Countries Barbaros I of Austria, Spain, and the Low Countries Barbaros I of Austria, Spain, and the Low Countries Barbaros I of Austria, Spain, and the Low Countries Barbaros I of Austria, and the Low Countrie
expedition commanded by Magellan and Elcano are the first to Circumnavigate the Earth.15191521: Hernn Corts leads the Spanish conquest of the Aztec Empire. Main article: 1520sFerdinand Magellan led the first expedition that circumnavigated the globe in 15191522.15201566: The reign of Suleiman the Magnificent marks the zenith of the
Ottoman Empire.1520: The first European diplomatic mission to Ethiopia, sent by the Portuguese, arrives at Massawa 9 April, and reaches the imperial encampment of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat Shah of Emperor Dawit II in Shewa 9 October.1520: Sultan Ali Mughayat S
Aceh begins an expansionist campaign capturing Daya on the east coast. 1520: The Portuguese established a trading post in the village of Lamakera on the east eran side of Solor (in present-day Indonesia) as a transit harbour between Maluku and
Malacca.1521: Belgrade (in present-day Serbia) is captured by the Ottoman Empire.1521: After building fortifications at Tuen Mun, the Portuguese attempt to invade Ming dynasty China, but are expelled by Chinese naval forces.1521: Philippines in
the same year.1521: Jiajing Emperor ascended the throne of Ming dynasty, China.1521: November, Ferdinand Magellan's expedition reaches Maluku (in present-day Indonesia) and after trade with Ternate returns to Europe with a load of cloves.1521: Pati Unus leads the invasion of Malacca (in present-day Malaysia) against the Portuguese
occupation. Pati Unus was killed in this battle, and was succeeded by his brother, sultan Trenggana.1522: Rhodes falls to the Ottomans of Suleiman the Magnificent.[11]Sack of Rome of 1527 by Charles V's forces (painting by Johannes Lingelbach)1522: The Portuguese ally themselves with the rulers of Ternate (in present-day Indonesia) and begin
construction of a fort.[9]1522: August, Luso-Sundanese Treaty signed between Portugal and Sunda Kelapa.1523: The Cacao bean is introduced to Spain by Hernn Corts15241525: German Peasants' War in the Holy Roman
Empire.1524: Giovanni da Verrazzano is the first European to explore the Atlantic coast of North America between South Carolina and Newfoundland.1524: Ismail I, the founder of Safavid dynasty, dies and Tahmasp I becomes king. Gun-wielding Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janissaries and defending Knights of Saint John at the siege of Rhodes in 1522, from an Ottoman Janis Knights of Saint John at the Saint 
manuscript1525: Timurid Empire forces under Babur defeat the Lodi dynasty at the First Battle of Panipat, end of the Delhi Sultanate.1525: German and Spanish forces defeat France at the Battle of Panipat, end of the Delhi Sultanate.1526: Mughal Empire, founded by
Babur.1527: Sack of Rome with Pope Clement VII escaping and the Swiss Guards defending the Vatican being killed. The sack of the city of Rome considered the end of the Italian Renaissance.1527: Protestant Reformation begins in Sweden.1527: The last ruler of Majapahit falls from power. This state (located in present-day Indonesia) was finally
extinguished at the hands of the Demak. A large number of courtiers, artisans, priests, and members of the royalty moved east to the island of Bali; however, the power and the seat of government transferred to Demak under the leadership of Pangeran, later Sultan Fatah.1527: June 22, The Javanese Prince Fatahillah of the Cirebon Sultanate
successfully defeated the Portuguese armed forces at the site of the Sunda Kelapa Harbor. The city was then renamed Jayakarta, meaning "a glorious victory." This eventful day came to be acknowledged as Jakarta's Founding Anniversary.1527: Mughal Empire forces defeat the Rajput led by Rana Sanga of Mewar at the Battle of Khanwa1529: The
Austrians defeat the Ottoman Empire at the siege of Vienna.1529: Irraty of Zaragoza defined the antimeridian of Tordesillas attributing the Moluccas to Portugal and Philippines to Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the siege of Vienna.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain.1529: Imam Ahmad Gurey defeats the Ethiopian Empire at the Spain Empire at 
1530sSpanish conquistadors with their Tlaxcallan allies fighting against the Otomies of Metztitlan in present-day Mexico, a 16th-century codex15311532: The Church of England breaks away from the Catholic Church and recognizes King Henry VIII as the head of the Church 1531: The Inca Civil War is fought between the two brothers, Atahualpa and
Huscar, 1532: Francisco Pizarro leads the Spanish conquest of the Inca Empire, 1532: Foundation of So Vicente, the first permanent Portuguese settlement in the Americas, 1533: Anne Boleyn becomes Queen of England, 1533: Elizabeth Tudor is born, 1534: Jacques Cartier claims Canada for France, 1534: The Ottomans capture Baghdad from the
Safavids.1534: Affair of the Placards, where King Francis I becomes more active in repression of French Protestants.1535: The Portuguese in Ternate depose Sultan Tabarija) and send him to Portuguese Goa where he
converts to Christianity and bequeaths his Portuguese godfather Jordao de Freitas the island of Ambon.[12] Hairun becomes the next sultan.1536: Catherine of Aragon dies in Kimbolton Castle, in England, Anne Boleyn is beheaded for adultery and
treason.1536: Establishment of the Inquisition in Portuguese establish Recife in Pernambuco, north-east of Brazil.1537: William Tyndale's partial translation of the Bible into English is published, which would eventually be incorporated into the King
James Bible.1538: Gonzalo Jimnez de Quesada founds Bogot.1538: SpanishVenetian fleet is defeated by the Ottoman Turks at the Battle of Preveza.1539: Hernando de Soto explores inland North America. Main article: 1540sNicolaus Copernicus 1540: The Society of Jesus, or the Jesuits, is founded by Ignatius of Loyola and six companions with the
approval of Pope Paul III.1540: Sher Shah Suri founds the Suri dynasty in South Asia, an ethnic Pashtun (Pathan) of the relatively ineffectual second Mughal emperor Humayun. Sher Shah Suri decisively defeats Humayun in the Battle of Bilgram (May 17,
1540).1541: Pedro de Valdivia founds Santiago in Chile.1541: Am Algerian military campaign by Charles V of Spain (Habsburg) is unsuccessful.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Explored by Francisco de Orellana.1541: Amazon River is encountered and explored by Francisco de Orellana.1541: Amazon River is 
invades Russia.1542: The Italian War of 15421546 War resumes between Francis I of France and Emperor, while James V of Scotland and Sultan Suleiman I are allied with the French.1542: Akbar The Great is born in the Rajput Umarkot Fort1542: Spanish explorer Ruy Lpez de Villalobos
named the island of Samar and Leyte Las Islas Filipinas honoring Philip II of Spain and became the official name of the archipelago. 1543: Ethiopian/Portuguese troops defeat the Adal army led by Imam Ahmad Gurey at the Earth and the
other planets revolve around the Sun1543: The Nanban trade period begins after Portuguese traders make contact with Japan.1544: The French defeat an ImperialSpanish army at the Battle of Ceresole. Scenes of everyday life in Ming China, by Qiu Ying1544: Battle of the Shirts in Scotland. The Frasers and Macdonalds of Clan Ranald fight over a
disputed chiefship; reportedly, 5 Frasers and 8 Macdonalds survive.1545: Songhai forces sack the Malian capital of Niani1545: The Council of Trent meets for the first time in Trent (in northern Italy).1546: Michelangelo Buonarroti is made chief architect of St. Peter's Basilica.1546: Francis Xavier works among the peoples of Ambon, Ternate and
Morotai (Moro) laying the foundations for a permanent mission. (to 1547)1547: Henry VIII dies in the Palace of Whitehall on 28 January at the age of 52.1547: Francis I dies in the Chteau de Rambouillet on 31 March at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the Age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the Age of 55.1547: Francis I dies in the Palace of Whitehall on 28 January at the Age of 55.1547: Francis I dies in the Age of 55.1547: Francis I dies i
9.1547: Emperor Charles V decisively dismantles the Schmalkaldic League at the Battle of Mhlberg.1547: Grand Prince Ivan the Terrible is crowned tsar of (All) Russia, thenceforth becoming the first Russian tsar.1548: Battle of Uedahara: Firearms are used for the first time on the battlefield in Japan, and Takeda Shingen is defeated by Murakami
Yoshikiyo.1548: Askia Daoud, who reigned from 1548 to 1583, establishes public libraries in Timbuktu (in present-day Mali).1548: The Ming dynasty government of China issues a decree banning all foreign trade and closes down all seaports along the coast; these Hai jin laws came during the Wokou wars with Japanese pirates.1549: Tom de Sousa
establishes Salvador in Bahia, north-east of Brazil.1549: Arya Penangsang with the support of his teacher, Sunan Kudus, avenges the death of Raden Kikin by sending an envoy named Rangkud to kill Sunan Prawoto by Keris Kyai Satan Kober (in present-day Indonesia). Main article: 1550sThe Islamic gunpowder empires: Mughal Army artilleryments and the support of his teacher, Sunan Kudus, avenges the death of Raden Kikin by sending an envoy named Rangkud to kill Sunan Prawoto by Keris Kyai Satan Kober (in present-day Indonesia). Main article: 1550sThe Islamic gunpowder empires: Mughal Army artilleryments and the support of his teacher, Sunan Kudus, avenges the death of Raden Kikin by sending an envoy named Rangkud to kill Sunan Prawoto by Keris Kyai Satan Kober (in present-day Indonesia).
during the reign of Jalaluddin Akbar1550: The architect Mimar Sinan builds the Sleymaniye Mosque in Istanbul.1550: Mongols led by Altan Khan invade China and besiege Beijing.15501551: Valladolid debate concerning the human rights of the Indigenous people of the Americas.1551: Fifth outbreak of sweating sickness in England. John Caius of
Shrewsbury writes the first full contemporary account of the Maltese island Gozo, between 5,000 and 6,000, sending them to Libya.1552: Russia conquers the Khanate of Kazan in central Asia.1552: Jesuit China Mission, Francis Xavier dies.1553: Mary Tudor
becomes the first queen regnant of England and restores the Church of England under Papal authority.1553: The Portuguese found a settlement at Macau.1554: Princess Elizabeth is imprisoned in the Tower of London upon the orders of Mary I for
suspicion of being involved in the Wyatt rebellion.1555: The Muscovy Company is the first major English joint stock trading company.1556: Publication in Venice of Delle Navigiation of the Hochelaga, an illustration of the Hochelaga [13]1556: The Muscovy Company is the first major English joint stock trading company.1556: Publication in Venice of Delle Navigiation in Ven
 Shaanxi earthquake in China is history's deadliest known earthquake during the Ming dynasty.1556: Georgius Agricola, the "Father of Mineralogy", publishes his De re metallica.1556: Akbar defeats Hemu at the Second battle of Panipat.1556: Russia conquers the Astrakhan Khanate.15561605: During his reign, Akbar expands the Mughal Empire in a
series of conquests (in the Indian subcontinent). Political map of the world in 15561556: Mir Chakar Khan Rind captures Delhi with Humayun. 1556: Pomponio Algerio, radical theologian, is executed by boiling in oil as part of the Roman Inquisition. 1557: Habsburg Spain declares bankruptcy. Philip II of Spain had to declare four state bankruptcies in
1557, 1560, 1575 and 1596.1557: The Portuguese settle in Macau (on the western side of the Pearl River Delta across from present-day Hong Kong).1557: The Ottomans capture Massawa, all but isolating Ethiopia from the rest of the world.1558: Elizabeth Tudor becomes Oueen Elizabeth I at age 25.15581603: The Elizabethan era is considered the
height of the English Renaissance.15581583: Livonian War between Poland, Grand Principality of Lithuania, Sweden, Denmark and Russia.1558: After 200 years, the Kingdom of England loses Calais to France.1559: With the Peace of Cateau Cambrisis, the Italian Wars conclude.1559: Sultan Hairun of Ternate (in present-day Indonesia) protests the
Portuguese's Christianisation activities in his lands. Hostilities between Ternate and the Portuguese. Main article: 1560sThe Mughal Emperor Akbar shoots the Rajput warrior Jaimal during the Siege of Chittorgarh in 15671560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Elizabeth Bathory is born in Nyirbator, Hungary. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Elizabeth Bathory is born in Nyirbator, Hungary. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Elizabeth Bathory is born in Nyirbator, Hungary. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Elizabeth Bathory is born in Nyirbator, Hungary. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Elizabeth Bathory is born in Nyirbator, Hungary. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Spanish fleet at the Battle of Djerba. 1560: Ottoman navy defeats the Spanish fleet at the Spanish f
By winning the Battle of Okehazama, Oda Nobunaga becomes one of the pre-eminent warlords of Japan. 1560: Lazarus Church, Macau 1561: Sir Francis Bacon is born in London. 1561: The fourth battle of Kawanakajima between the Uesugi and Takeda at Hachimanbara takes
place.1561: Guido de Bres draws up the Belgic Confession of Protestant faith.1562: Mughal emperor Akbar reconciles the Muslim and Hindu factions by marrying into the powerful Rajput Hindu caste.15621598: French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Battle of Dreux in the French Wars of Religion between Catholics and Huguenots.1562: Massacre of Wassy and Huguenots.1
Religion.1562: Portuguese Dominican priests build a palm-trunk fortress which Javanese Muslims burned down the following year. The fort was rebuilt from more durable materials and the Dominicans commenced the Christianisation of the local population.[12]1563: Plague outbreak claimed 80,000 people in Elizabethan England. In London alone
over 20,000 people died of the disease.1564: Galileo Galilei born on February 151564: William Shakespeare baptized 26 April 1565: Deccan sultanates defeat the Vijayanagara Empire at the Battle of Talikota.1565: Mir Chakar Khan Rind dies at aged 97.1565: Estcio de S establishes Rio de Janeiro in Brazil.1565: The Hospitallers, a Crusading Order,
defeat the Ottoman Empire at the siege of Malta (1565).1565: Miguel Lpez de Legazpi establishes in Cebu the first Spanish navigator Andres de Urdaneta discovers the maritime route from Asia to the Americas across the
Pacific Ocean, also known as the tornaviaje.1565: Royal Exchange is founded by Thomas Gresham.1566: Suleiman the Magnificent, ruler of the Ottoman Empire, dies on September 7, during the battle of Szigetvar. Siege of Valenciennes during the Dutch War of Independence in 156715661648: Eighty Years' War between Spain and the
Netherlands.1566: Da le Balle Contrade d'Oriente, composed by Cipriano de Rore.1567: After 45 years' reign, Jiajing Emperor died in the Forbidden City, Longging Emperor died in the Forbidden City, Longging Emperor died in the Forbidden City, Longging Emperor ascended the throne of Ming dynasty.1567: Mary, Queen of Scots, is imprisoned by Elizabeth I.1568: The Transylvanian Diet, under the patronage of the prince John Sigismund
Zpolya, the former king of Hungary, inspired by the teachings of Ferenc Dvid, the founder of the Unitarian Church of Transylvania, promulgates the Edict of Torda, the first law of freedom of religion and of conscience in the World.15681571: Morisco Revolt in Spain.15681600: The Azuchi-Momoyama period in Japan.1568: Hadiwijaya sent his adopted
son and son in-law Sutawijaya, who would later become the first ruler of the Mataram dynasty of Indonesia, to kill Arya Penangsang.1569: Rising of the North in England.1569: Rising of the North in
treaty signed by Sultan Hairun of Ternate and Governor Lopez De Mesquita of Portugal. Main article: 1570sThe Battle of Lepanto 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of inhabitants of Novgorod. 1570: Ivan the Terrible, tsar of Russia, orders the massacre of Ivan the Terrible (Ivan the Terrible) 
rebel against her.1570: Sultan Hairun of Ternate (in present-day Indonesia) is killed by the Portuguese.[12] Babullah becomes the next Sultan.1570: 20,000 inhabitants of Nicosia in Cyprus were massacred and every church, public building, and palace was looted. Cyprus fell to the Ottoman Turks the following year.1571: Pope Pius V completes the
Holy League as a united front against the Ottoman Turks, responding to the fall of Cyprus to the Ottoman Turks, responding to the Fall of Cyprus to the Ottoman Turks, responding to the Spanish missionaries in what
would later be Jamestown, Virginia.1571: Spanish conquistadore Miguel Lpez de Legazpi establishes Manila, Philippines as the capital of the Spanish conquistadores apprehend the last Inca leader Tupak
Amaru at Vilcabamba, Peru, and execute him in Cuzco.1572: Jeanne d'Albret dies aged 43 and is succeeded by Henry of Navarre.1572: Catherine de' Medici instigates the St. Bartholomew's Day massacre which takes the lives of Protestant leader Gaspard de Coligny and thousands of Huguenots. The violence spreads from Paris to other cities and the
countryside.1572: First edition of the epic The Lusiads of Lus Vaz de Cames, three years after the author returned from the East.[14]1572: The 9 years old Taizi, Zhu Yijun ascended the throne of Ming dynasty, known as Wanli Emperor.1573: After heavy losses on both sides the siege of Haarlem ends in a Spanish victory. St. Bartholomew's Day
massacre of French Protestants1574: in the Eighty Years' War the capital of Zeeland, Middelburg declares for the Protestants.1575: Oda Nobunaga finally captures Nagashima fortress.1575: Following a five-year war, the Ternateans under Sultan Babullah
defeated the Portuguese.1576: Tahmasp I, Safavid shah, dies.1576: The Battle of Haldighati is fought between the ruler of Mewar, Maharana Pratap and the Mughal Empire's forces under Emperor Akbar led by Raja Man Singh.1576: Sack of Antwerp by badly paid Spanish soldiers.15771580: Francis Drake circles the world.1577: Ki Ageng
Pemanahan built his palace in Pasargede or Kotagede.1578: King Sebastian of Portuguese establish a fort on Tidore but the main centre for Portuguese establish a fort on Tidore but the main centre for Portuguese establish a fort on Tidore but the main centre for Portuguese activities in Maluku becomes Ambon.[12]1578: Sonam Gyatso is conferred the title of Dalai Lama by Tumed Mongol ruler, Altan Khan.
Recognised as the reincarnation of two previous Lamas, Sonam Gyatso becomes the third Dalai Lama in the lineage.[15]1578: Governor-General Francisco de Sande officially declared war against Brunei in 1578, starting the Castilian War of 1578.1579: The Union of Utrecht unifies the northern Netherlands, a foundation for the later Dutch
Republic.1579: The Union of Arras unifies the southern Netherlands, a foundation for the later states of the Spanish Netherlands, the Austrian Netherlands and Belgium. The Irish Gaelic chieftain's feast, from The Image of Ireland1579: The British navigator Sir Francis Drake passes through Maluku and transit in Ternate on his circumnavigation of the
world. The Portuguese establish a fort on Tidore but the main centre for Portuguese activities in Maluku becomes Ambon.[16]Main article: 1580sThe fall of Spanish Armada1580: Drake's royal reception after his attacks on Spanish possessions influences Philip II of Spanish Armada1580: Drake's royal reception after his attacks on Spanish possessions influences Philip II of Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after his attacks on Spanish Armada1580: Drake's royal reception after
impounded.1580: Spain unifies with Portugal ends the Portugal ends
Bayinnaung dies at the age of 65.1582: Oda Nobunaga commits seppuku during the Honn-ji Incident coup by his general, Akechi Mitsuhide.1582: Pope Gregory XIII issues the Gregorian calendar, Friday, 15 October
15821582: Yermak Timofeyevich conquers the Siberia Khanate on behalf of the Stroganovs. 1583: Death of Sultan Babullah of Ternate. 15841585: After the siege of Antwerp, many of its merchants flee to Amsterdam. According to Luc-Normand Tellier, "At its peak, between 1510 and 1557
Antwerp concentrated about 40% of the world trade...It is estimated that the port of Antwerp was earning the Spanish crown seven times more revenues than the Americas."[17]1584: Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sutawijaya, son of Ki Ageng Pemanahan died. Sultan Pajang raised Sul
home in the north of the market).1585: Akbar annexes Kashmir and adds it to the Kabul SubahPortuguese fusta in India from a book by Jan Huygen van Linschoten1585: Colony at Roanoke founded in North America.15851604: The Anglo-Spanish War is fought on both sides of the Atlantic.1587: Mary, Queen of Scots is executed by Elizabeth I.1587:
The reign of Abbas I marks the zenith of the Safavid dynasty. 1587: Troops that would invade Pajang Mataram Sultanate storm ravaged the eruption of Mount Merapi. Sutawijaya and his men survived. 1588: Mataram into the kingdom with Sutawijaya as Sultan, titled "Senapati Ingalaga Sayidin Panatagama" means the warlord and cleric Manager
Religious Life.1588: England repulses the Spanish Armada.1589: Spain repulses the English Armada.1589: Spain repulses the Engl
is unified.1591: Gazi Giray leads a huge Tatar expedition against Moscow.1591: In Mali, Moroccan forces of the Sultan Ahmad al-Mansur led by Judar Pasha defeat the Songhai Empire at the Battle of Tondibi.15921593: John Stow reports 10,675 plaque deaths in London, a city of approximately 200,000 people.15921598: Korea, with the help of Ming
dynasty China, repels two Japanese invasions.15931606: The Long War between the Habsburg monarchy and the Ottoman Turks.1594: St. Paul's College, Macau, founded by Alessandro Valignano.1595: First Dutch expedition to Indonesia sets sail for the East Indies with two hundred and forty-nine men and sixty-four cannons led by Cornelis de
Houtman.[18]1596: Birth of Ren Descartes.1596: June, de Houtman's expedition reaches Banten the main pepper port of West Java where they clash with both the Portuguese and Indonesians. It then sails east along the north coast of Java losing twelve crew to a Javanese attack at Sidayu and killing a local ruler in Madura.[18]1597: Romeo and Juliet
is published.1597: Cornelis de Houtman's expedition returns to the Netherlands with enough spices to make a considerable profit.[18]1598: The Edict of Nantes ends the French Wars of Religion.1598: Abbas I moves Safavids capital from Qazvin to Isfahan in 1598.15981613: Russia descends into anarchy during the Time of Troubles.1598: The
Portuguese require an armada of 90 ships to put down a Solorese uprising, [12] (to 1599)1598: More Dutch fleets leave for Indonesia and most are profitable. [18] Edo period screen depicting the Battle of Sekigahara 1598: The province of Santa Fe de Nuevo Mxico is established in Northern New Spain. The region would later become a territory of
Mexico, the New Mexico Territory in the United States, and the US State of New Mexico.1598: Death of Toyotomi Hideyoshi, known as the unifier of Japan.1599: The Wall Empire is defeated at the Battle of Jenn.1599: The van Neck expedition returns to Europe. The van Neck expedition makes a 400 per cent profit.[18] (to 1600)1599: March, Leaving Europe.
the previous year, a fleet of eight ships under Jacob van Neck was the first Dutch fleet to reach the Spice Islands of Maluku.[18]1600: Giordano Bruno is burned at the stake for heresy in Rome. Siege of Fiakovo castle during the Long Turkish War1600: Battle of Sekigahara in Japan. End of the Warring States period and beginning of the Edo
period.1600: The Portuguese win a major naval battle in the bay of Ambon.[19] Later in the year, the Dutch would have the sole right to purchase spices from Hitu.[19]1600: Elizabeth I grants a charter to the British East India Company beginning the
English advance in Asia.1600: Michael the Brave unifies the three principalities: Wallachia, Moldavia and Transylvania after the Battle of elimbr from 1599. For later events, see Timeline of the 17th century. Polybius' The Histories translated into Italian, English, German and French. [20] Mississippian culture disappears. Medallion rug, variant Star
Ushak style, Anatolia (modern Turkey), is made. It is now kept at the Saint Louis Art Museum. Hernan Cortes (14851547) Henry VIII, (14911547) King of England and IrelandDon Fernando lvarez de Toledo (15071582) Suleiman the Magnificent, Sultan of the Ottoman Empire (15201566) Ivan IV the Terrible (15301584) Oda Nobunaga (15341582) Sir
Francis Drake (c. 1540 1596)Alberico Gentili, (15521608) the Father of international lawPhilip II of Spain, King of Spain (15561598)Akbar the Great, Mughal emperor (15561605)Related article: List of 16th century inventions. The Columbian Exchange introduces many plants, animals and diseases to the Old and New Worlds. Introduction of the
spinning wheel revolutionizes textile production in Europe. The letter J is introduced into the English alphabet. 1500: First portable watch is created by Peter Henlein of Germany. The Iberian Union in 1598, under Philip II, King of Spain and Portugal 1513: Juan Ponce de Len sights Florida and Vasco Nez de Balboa sights the eastern edge of the Pacific
Ocean.15191522: Ferdinand Magellan and Juan Sebastin Elcano lead the first circumnavigation of the world.15191540: In America, Hernando de Soto expeditions map the Gulf of Mexico coastline and bays.1525: Modern square root symbol ()1540: Francisco Vsquez de Coronado sights the Grand Canyon.154142: Francisco de Orellana sails the length
of the Amazon River.154243: Firearms are introduced into Japan by the Portuguese.1543: Copernicus publishes his theory that the Earth and the other planets revolve around the Sun1545: Theory of complex numbers is first developed by Gerolamo Cardano of Italy.1558: Camera obscura is first used in Europe by Giambattista della Porta of
Italy.15591562: Spanish settlements in Alabama/Florida and Georgia confirm dangers of hurricanes and local native warring tribes.1565: Invention of the graphite pencil (in a wooden holder) by Conrad Gesner. Modernized in 1812.1568: Gerardus
Mercator creates the first Mercator projection map.1572: Supernova SN 1572 is observed by Tycho Brahe in the Milky Way.1582: Gregorian calendar is introduced in Europe by Pope Gregory XIII and adopted by Catholic countries.c. 1583: Galileo Galilei of Pisa, Italy identifies the constant swing of a pendulum, leading to development of reliable
timekeepers.1585: earliest known reference to the 'sailing carriage' in China.1589: William Lee invents the stocking frame.1591: First flush toilet is introduced by Sir John Harrington of England, the design published under the title 'The Metamorphosis of Ajax'.1593: Galileo Galilei invents a thermometer.1596: William Barents discovers
Spitsbergen.1597: Opera in Florence by Jacopo Peri.Entertainment in the 16th century a b Modern reference works on the period tend to follow the introduction of the Gregorian calendar for the sake of clarity; thus NASA's lunar eclipse catalogue states "The Gregorian calendar is used for all dates from 1582 Oct 15 onwards. Before that date, the
Julian calendar is used." For dates after 15 October 1582, care must be taken to avoid confusion of the two styles. de Vries, Jan (14 September 2009). "The limits of globalization in the early modern world". The Economic History Review. 63 (3): 710733. CiteSeerX10.1.1.186.2862. doi:10.1111/j.1468-0289.2009.00497.x. JSTOR40929823.
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