



Letter to the Editor

Teaching allied health courses in the time of COVID-19: challenges and opportunities

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Allied health sciences are essential to an organized society. It contributes to the manpower that fuels global health and impacts people's quality of life. The educational preparation of health professionals is highly skill-based and high touch. However, in a digital era like today, the challenge of ensuring a balance between high tech and high touch is paramount. But it takes a whole new level of challenge when a pandemic strikes.

The number of cases of COVID-19 in the country is continuously increasing, and the geographic distribution is widening. Scientists and healthcare experts from both local and international agencies strongly advised the suspension of mass gatherings, physical distancing, wearing of face masks, and limit movement of people thru quarantine. As a consequence, in-campus activities in all schools, from basic to higher education has been suspended and shifted to online platforms. The sudden change in the mode of teaching and learning regrettably surprised all stakeholders. This global health crisis showed how all nations, both rich and underdeveloped, struggled to cope with the demands of satisfying learning outcomes in an unprecedented environment.

The use of online-based strategies in education has long been accepted and established worldwide. This approach has been utilized to help achieve learning beyond borders. Unfortunately, for developing nations like the

Philippines, this laudable goal is far from being reached. The lack of system, infrastructure, processes, and technology exacerbates the problem, which ultimately ends up on the pit of inequity and injustice. The only option with this howling limitation of society is to blindly cope and make do of whatever is available.

The health sciences have no immunity at all to this predicament, and the challenge to this very day continues to perplex both educators and learners. The current pandemic forced people to drop their usual routines and to be incommunicado to a bigger social sphere. The loss of lives and livelihood, the fear of uncertainty has taken a toll on people's mental wellbeing, and students of allied health professions suffered a great deal of this problem. As a consequence, teaching and learning became less relevant if not a priority to students and teachers alike.

Striking a balance between producing a workforce to aid an ailing health system globally and protecting public health by ensuring that standards and competencies are achieved is a concern that academics in the health sciences should bear in mind. Mere compliance to cover what the course syllabus dictates is a futile exercise. The need to recalibrate our moral compass and to look thru the lens of our learners is as critical as achieving learning outcomes. Understanding our learners better is the first step in the long journey ahead.

The current generation of students in the health sciences is aged 21 years old and below or where born in 1995 who we call as generation Z learners. These learners have been raised in a hyper-connected, high technology, on-demand, and impatient culture with an attention span of just 8 seconds compared to the 12 seconds of the millennial learners.¹ Generation Z students utilize numerous amount of time online and prefers to communicate using short bursts of information over a certain duration instead of giving lengthy messages, they appear to be more realistic, career-minded, responsible and more “we” oriented.¹ The profile of our students seems to be an opportunity rather than a challenge for academics in the health sciences. However, how to innovate our approaches remains to be a constant problem that needs a solution.

Outcomes-based education (OBE) puts a big premium on assessment and evaluation of learning. Allied health science educators mostly employ pen and paper tests to do this. This adds up to the list of challenges brought about by the pandemic. Hence, stripping ourselves of the rigid metric of exams as a way to measure learning outcomes must be considered. Being open to the creativity of our learners will help us tap and unleash their potential. We need to capitalize on their skill sets. Developing video clips and the use of social media as an alternative form of evaluating students learning is a promising option.

It is also timely that we should start revisiting our instructional design and realign with the tenets of outcomes-based education. This approach to learning aims to produce graduates imbued with values that reflect human orientation, analytical and critical thinkers, has ethical and social orientation, competent and engaged for lifelong learning, and national development.² This entails that we use this opportunity to formulate program outcomes that cater not only knowledge acquisition but to cultivate outcomes challenging higher-order thinking and building on compassion, leadership, and social consciousness among our future allied health professionals. As an example, let us challenge our learners to come up with their own personal advocacies that can initiate change and innovation in healthcare. Advocating for health and influencing policy is a role inherent among

health care providers.³ Further, by developing an advocacy of their own, learners deepen their sense of commitment and also nurtures leadership.⁴ The use of simulation to aid the learning of students in allied health professions is another viable option in lieu of clinical rotations. Tele-health simulation is an approach that can be applied to allow students to perform history taking, assessment, apply critical thinking skills, and utilize health education opportunities to demonstrate their clinical competence. For educators, the use of this modality essentially requires designing simulation-based experiences with measurable objectives; it is contextualized, fidelity appropriate, and facilitative.⁵

Finally, though we are living in uncertain times, may we all find consolation in knowing that we are instrumental in providing the nation with heroes working in the frontlines as healthcare providers. To be firm but kind, to be facilitative than oppressive; these are things that our students need the most from us now. With the new academic year fast approaching, may we all affirm our commitment as educators to build character and competence among our students.

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