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## Editorial: The role of technology in response to COVID-19 and Health Professional Education

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In this editorial we wish to take stock of the current situation concerning COVID-19 and reflect on the challenges posed as academics in health education. We are also conscious in recognising how technology has continued to facilitate our everyday ability to limit the COVID-19 spread, whilst maintaining a ‘business as usual’ model within academic environments.

The impact of COVID-19 has been recognised transnationally, causing a lack of mobility, loss of ‘touch’ with family and friends and the sudden need for social isolation and distancing. Whilst the negatives of COVID-19 are profound and widely recognised in terms of morbidity and mortality, coupled with fractured economies, technology has continued to offer a sense of ‘togetherness’ for individuals, both at home and in the workspace. Being able to instantly message and voice/video call family members is a reminder of how our everyday technology continues to facilitate our contemporary need for social togetherness. Furthermore, the need for immediate change and reliance upon

technology has been felt in my own (CH) academic vocation – diagnostic radiography.

In Australia, our sudden need to transfer from a ‘physical’ pedagogical presence, to an online model required a balance of synchronous and asynchronous approaches to learning and teaching. In addition, the move to online assessments required thought provoking discussions and careful consideration and implementation. For instance, reflecting on whether exams should be proctored or not, and how one could mitigate against the risk of collusion amongst students remained central in order of ensuring academic integrity. Looking back, and following the completion of semester 1, we can be certain of one outcome - the move to online [distance] learning and teaching for healthcare courses transnationally, worked. Whilst the feedback from students, staff and other stakeholders will need to be carefully examined, the ability and/or ‘success’ to an online presence for vocationally based healthcare courses, remains opportunistic.

The experiences in the UK are not dissimilar. The pandemic has meant a rapid move from face-to-face

teaching and assessments to a virtual environment. Moving and adapting assessments to an online environment has required assessment regulations in line with a 'no detriment' principle (the idea that students should not be disadvantaged as a result of the pandemic). As the feedback trickles in, a detailed assessment of the effects this pandemic has had on teaching and learning along with availability of technical and physical resources, coupled with pressures such as home schooling responsibilities for mature students are acknowledged. The variations in practice hours required in radiography programmes has brought into sharp focus how much of these caring courses can be delivered.

In the United Arab Emirates, the role of technology for lesson delivery and assignment processing has taken centre stage, regardless of course type. For the teaching of academic writing courses, for example, video conferencing applications and file sharing software facilitated content delivery and assignment processing respectively. Despite the practical nature of laboratory based science subjects, these too were wholly delivered and assessed online. However, student responses to remote course delivery have been mixed. Some Emirati college students reported reduced motivation to attend and participate in classes. Others commented on the inability to collaborate on 'classroom' activities on a face-to-face basis with classmates, thus hindering their acquisition of knowledge. Conversely, several students reported feeling more comfortable with online course delivery. It is worth noting that anecdotal evidence of a correlation between a students' personality profile and their perception of remote learning is mounting.

Moreover, the establishment of examination integrity in virtual assessment environments remained an issue which provoked substantial debate, not least because of sociocultural and/or spiritual factors. In Semester 2, management mandated the usage of 'Respondus Monitor' software to allow instructors to invigilate examinations in real time. However, many students objected to this on privacy grounds, arguing that third parties should not have the right to see inside their homes. By Semester 3, course coordinators were given greater responsibility to design and deliver subject examinations whose content and delivery mode minimized the potential for collusion. This enabled some courses to be entirely assessed using coursework; an approach taken in academic writing courses.

Although further research needs and will emerge to examine the impact of remote learning on educational outcomes, feedback from staff and students as to the viability of online courses appears to be mixed. Clearly research outcomes here are likely to differ from one subject to the next; healthcare majors with a significant clinical element are fundamentally different in delivery requirements, than say, a course in biostatistics. As educators, a pertinent question to ask now is whether 'blended' learning courses would be acceptable or justifiable in a post COVID-19 educational context.

This leads the authors to question: prior COVID-19, would the suggestion of online course delivery, say in diagnostic radiography, be accepted in meeting the needs to prospective healthcare practitioners in higher education? Whilst the short answer to this question is likely to be 'no', the recent COVID-19 pandemic has provided a major paradigm shift for healthcare educators and HEIs alike, whereby students can progress, and can graduate. If the last several months have taught us anything, it is that when necessary, online delivery is achievable, and with the right tools, student interface, and shaping of online assessment can lead to the delivery of online radiography subjects with the everyday use of technology. In response to the question posed above, online delivery is not only achievable, but could arguably become a generally accepted form of educational normality in future years, opening up a plethora of opportunities for prospective students wishing to take up higher education.

It is important to recognise that within our own workspace, one of our biggest challenges (as for many vocationally based health courses) lies with the clinical placement of students in order to gain 'real life' experiences of imaging patients and working within clinical situations. This practical element has historically played a pivotal role in ensuring that students are prepared for the role of a diagnostic radiographer. As I write this editorial, health courses in Australia are facing difficult questions, leading to cancellations in practice placements in light of issues surrounding student mobility and/or concerns surrounding community transmission and/or even a 'second wave' of COVID-19. In response, there is an argument that HEIs may need to find alternate forms of learning assessments, such as the use of virtual reality, role play and clinical simulation in order to help resemble a clinical environment.

COVID-19 has taught us that change is possible, but how we move beyond COVID-19 is arguably more interesting. By recognising that online delivery is possible for undergraduate health courses, it opens up a major cultural shift in how technology and academic life could become intertwined more than ever, and thus enabling widening participation amongst prospective students.

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