

Virtual Healthcare Education Is Key To Addressing Workforce Needs

By **Alison Griffin** | April 8, 2020

Last week, Governor Andrew Cuomo announced that medical students in New York will be **permitted** to practice a few months before completing their education. States, cities and communities are calling for medical professionals and healthcare workers to consider coming out of retirement to **staff** clinics and hospitals. And a spate of innovative training providers for healthcare workers are beginning to make an impact.

In Colorado, the state's Board of Nursing, for the first time, approved training startup **Next Step** to provide free, online training and certification for Certified Nursing Assistant (CNA) students, who have been displaced from school as a result of the COVID-19 pandemic. Penn Foster has spearheaded the launch of a **free program** that trains healthcare professionals to perform COVID-19 tests, in order to meet rapidly growing demand.

In Texas, **The College of Health Care Professions** (CHCP), which trains over 4,500 students in allied health programs each year, shifted their entire institution online in a matter of days. I talked with Eric Bing, CEO of CHCP, about their model, how they are supporting students and healthcare employers during the pandemic and what modifications they may consider going forward.

Alison Griffin: As an institution that already had a mix of course offerings offered online, through a blended model and in-person, how did you quickly pivot all of your institutions online?

Eric Bing: In mid-February, as I was monitoring news stories about the coronavirus in China, I realized that we needed to get prepared. We started moving early—and it has paid off for our students, faculty and employer partners.

Roughly a quarter of our students are fully online, half are in blended learning programs and then a

quarter are residential, but most participate in general education courses online. So, the majority of our students are familiar with online education in some way. When the pandemic started to hit, we held a two-day training for faculty and moved all of the blended and residential courses to an online platform in just less than a week. I am proud to say that across all of our campuses, we did not miss one day of instruction by moving our students online.

We continue to refine our online programs every week, including faculty training and creative interactions for our clinicals, which will require our students participate in a COVID-19 compliant and social-distancing-friendly manner.

Griffin: Over the last few weeks, what has surprised you the most about moving to online only?

Bing: We have relied on two themes—safety of our CHCP community and continuity of our programs. Our students were so excited that we were not closing our doors during this uncertain time. Our students and faculty have been extraordinarily adaptable. Through the move to online, we are seeing a lot of quick innovation, such as using online student breakout rooms and new active learning strategies to increase interaction during long, synchronous classes. This uncertain time has actually

given us certainty about the way we will deliver education going forward.

Griffin: In healthcare education, clinicals and work-based learning are often important and even necessary. How are these experiences being delivered virtually?

Bing: My main message to the team is: this is the “new normal.” We are not going to plan and teach like this pandemic is happening for only a few weeks. We need to make sure we are providing curriculum, services and support to our learners in a way that meets them where they are. We are using GoPros and simulations virtually to teach these hard skills, but acknowledge that there is a limitation to what we can do online. We are reimagining how we teach clinicals, but need to make sure we have enough protective equipment for all of our students to complete necessary, in-person training.

Right now, we are bringing in students in small groups for a more intensive, multi-hour clinical session. We are also working with our partners in the healthcare provider sector to structure our externships and practicums to help with the pandemic. These situations vary by the course of study; for example, surgical technologist experiences are largely on hold because elective surgeries have been

postponed or cancelled. But, we have providers across Texas who need helping hands, and our students from radiologic technologists to medical assistants—through externships—can provide this critical assistance.

Griffin: Given so many of your students rely on their externship and practicum experience—and that it is critical in many cases to obtaining the credential—how are your employer partners responding?

Bing: First, we are seeing an increase in demand for our students and graduates and we believe that demand will increase as the pandemic worsens. We pride ourselves on the partnerships that we have established with employers, and we are listening to them and being responsive. When they ask us for additional support, we have been able to provide it. When they ask us to pause, we do so. The best thing we can do right now is be flexible. In just the last two weeks, we have placed over 100 graduates, demonstrating that if we can get them the externship, they will go from that experience into a full-time job.

Griffin: Earlier this year, in *Inside Higher Ed*, CHCP's [approach](#) and outcomes were the basis of a story about underserved student populations in medical education. Especially now, how is the

institution supporting students both in and out of the classroom? And what advice would you give institutions who are serving low-income and adult student populations?

Bing: The majority of our students are adult learners from disadvantaged backgrounds and have complex lives. Therefore—most importantly—we respect students' experiences by looking at them individually and taking a personalized view on how to best support them. We know they need flexibility.

At CHCP, our faculty and student services team members interact personally and regularly with students, and whenever we engage with them, we address the issue they bring to us and we also make a point to ask them questions about their needs. This can range from tutoring support, to vital non-academic issues such as ensuring their food and housing needs are being met, and ensuring childcare support so they can adequately meet their academic obligations. Our goal is to ensure our students are not derailed from their education and their dreams.

My advice to other institutional leaders who are working with low-income and adult students is to over-communicate with them. Pick up the phone and call them, ask them to engage in a 1:1 meeting and

follow up with next steps in writing. Remember: just because you are not hearing from students does not mean they don't have doubts and fears about their educational experiences. It's important to provide continuity in communication and by ensuring the team member who is engaging with the student remains consistent. This builds trust with the student and provides stability when many other parts of their life may be unstable.

Griffin: What have you learned during this crisis that may change at CHCP when in-person instruction is permitted again?

Bing: I have learned to never doubt the adaptability of people. I have seen first-hand our students adapt to care for themselves, their studies and their families. Giving students flexibility does not mean that there is a lack of accountability—it means meeting them where they are and putting supports in place to ensure they are successful. Going forward, adult learners who are provided flexibility will be more successful with their education and their career. We cannot underestimate the resilience of people. Our faculty and staff are moving forward without missing a beat during this pandemic, when it is more important than ever to meet our mission of providing real healthcare training for the real world.