

Online Entry-Level Education: The Jury Is Still Out!



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Consider my role as an editor-in-chief to be to inform, persuade, or—sometimes—just comment on current issues that affect PAs and NPs. There have been many opportunities in recent years to address “hot” topics, and this is certainly one of them: the rise of distance entry-level education for health professions students.

The catalyst for this discussion? Earlier this year, Yale University announced it was launching an online entry-level PA program.¹ Within minutes of that announcement, there was a conflagration of criticism from the profession, alumni, and the general public. Most of the backlash centered on concerns about adequate delivery of such intense content—including how to instill or enhance professional behaviors and attitudes, or teach hands-on procedures, objective structured clinical examinations (OSCEs), and physical exam techniques—from a distance.

In our professions, we tend to be fairly conservative when it comes to change—particularly in terms of innovations in our education programs. But as e-learning, simulations, and distance education modalities become ever more prevalent across the spectrum of higher learning, we require an improved understanding of how these methods will transform entry-level education for health care providers.

Until recently, there has been minimal data on the impact of these technologic advances and teaching methods in health pro-

fessions education, although this is changing.² We do have a research gap when it comes to the effect of learning style on NP and PA students’ perceptions of online instruction (despite the rapidly increasing use of it). We also have not firmly established how this delivery method affects professional development (ie, how effectively it prepares clinicians to provide care to patients). None of this has prevented the proliferation of these concepts.

While many were stunned by the Yale venture, it should be noted that the idea is not new. Rather, such programs have steadily become part of health professions education (particularly nursing) in recent years.³ Yale itself was an early adopter of “bridge” programs; for example, someone with a Bachelor of Science in any field could enter the NP program, becoming an RN in one year and an NP in the second.

As far as “distance learning,” offering graduate degrees in a health profession to remote students dates back to at least the early 1990s, when the University of Pennsylvania offered a videoconference-based master’s in nurse-midwifery. Since then, of course, technology has advanced to a level that allows individuals to view videos and “conference” online via personal electronic devices of one kind or another—a vast improvement on the expensive and inflexible room-scale video presentations of 20 years ago.

As these technologic limita-

tions have fallen by the wayside and alterations to our educational structure have become more feasible, more colleges and universities are exploring their options. The PA programs at the University of North Dakota and the University of Wisconsin–Madison have experimented with blended online learning environments. My own university has an interest in moving to ever-higher levels of distant interaction.

Major criticism of distance education includes the perception that it is a “watered-down” version of the “real thing.” There is also concern that educational institutions might be motivated purely by money, if the sole impetus for distance learning is to significantly increase enrollment. And some critics, while not opposed to online courses per se, do not want an NP or PA seeing patients if his/her degree was earned online—not even in part!

Perhaps the larger issue we’re struggling with is that a new paradigm of teaching is emerging: We are moving away from the traditional Socratic method to more interactive modalities, such as flipped classrooms (settings in which students collaborate via online discussion). Synchronous classes can be delivered seminar-style, with each student able to hear the others and instructors able to share content and even give control of a class to a student for questions or presentations. Asynchronous courses offer opportunities for students to study on their own time and at their own pace. Many suggest that more comprehensive learning, including the development of critical thinking skills, occurs in programs of this design than in

traditional education programs.⁴

I think there is little argument that the educational content (didactics) of a program can be successfully delivered through a non-residential venue. The concern, rightly so, in health professional education is how to adequately deliver the practical and cocurricular experiences at a distance. Some of us may have a difficult time understanding how this new

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method of teaching can create the kind of clinicians that are needed, particularly in the relatively short period in which PAs and NPs are prepared for their roles.

Proponents insist that these programs can be successful, as long as they are accredited by the appropriate agency and demonstrate high educational standards (comparable to traditional programs). Programs also need to provide clinical experiences in which the students observe and actually work with patients in order to develop skills in the art of history taking and physical examination, establishment of a differential diagnosis, creation of a plan of action, and appropriate decision-making with regard to available tests and treatment options. Advocates of distance learning also agree that students must be observed by peer clinicians who can confirm that they are ethical and competent to practice, have good bedside manners, and demonstrate respect for the profession and for life.

And who knows? Distance learning may create opportunities to improve access to care in remote, rural, and underserved areas, as these could become fertile training grounds for NPs and PAs (a return to our roots, in a sense). In this age of successful telemedicine, why shouldn’t “tele-education” be the next success story?

Although the jury is still out on this concept, the proverbial

cat has already been let out of the bag! Only time will tell what results we will see. But I think with the significant enhancement of technology, and participation of committed educators who are willing to step into the arena to ensure that competency-based education persists, we will be pleasantly surprised by the success of this venture.

I would be interested in your views. Please email me at PAEditor@frontlinemedcom.com. **CR**

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