

Distance Learning for Health Professions Education

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INTRODUCTION

Although the number of distance learning courses and programs has grown exponentially in higher education, adoption has been slower within health professions education (Hunter et al., 2003; Lahaie, 2007). Health professions education encompasses the preparation of graduates for the professions of dentistry, nursing, medicine, and pharmacy, and the allied health professions that include clinical psychology, physical therapy, occupational therapy, and speech-language pathology.

In particular, distance learning has been infrequently used for degree programs that prepare graduates to enter a health profession (Council for Higher Education Accreditation, 2002). Although this has been attributed to curricular requirements such as clinical training and professional socialization, health professions educators have also expressed concerns about quality and the demands on their time (Hunter et al., 2003; Andrews and Demps, 2003; Lahaie, 2007).

Health professions educators have more readily adopted distance teaching and learning methods in programs that provide working healthcare professionals with advanced degrees, training, and continuing education (Learn, 1994; Curran, 2006; Long, 2007; Billings, 2007). These methods have also been more willingly implemented within courses that are part of a campus-based curriculum leading to a professional degree (Hunter et al., 2003; Andrews & Demps, 2003; Ruiz, 2006).

Distance teaching and learning methods are now at a new crossroad in health professions education. In both the United States and other countries, there is both an increased need for preparation of more healthcare providers and a greater demand to provide current practitioners with lifelong learning (Harden and Hart, 2002; Ried & McKenzie, 2004; Harden, 2005; Ruiz,

2006). New distance teaching and learning methods hold promise for solving these manpower and life-long learning needs at both a local and a global level (Harden, 2002; Ried & McKenzie, 2004; Malone et al., 2004; Lenz et al., 2006; Pahinis, et al., 2007; Mancuso-Murphy, 2007; Thomas and Baker, 2008). However, there is trepidation since face-to-face interaction is a tenet for clinical training (Bischof, 1996; Hunter et al., 2003). To accomplish the road to success, the clinical training tenet must be maintained and faculty concerns about quality and other issues such as time demands and rewards must be resolved.

The goals of this chapter are to 1) describe health professions education and the requirements for educating health professionals, and 2) recommend strategies for advancing the use of distance teaching and learning methods in health professions education. Examples of health professional courses and programs that have successfully used distance teaching and learning methods will also be highlighted in the section on recommended strategies.

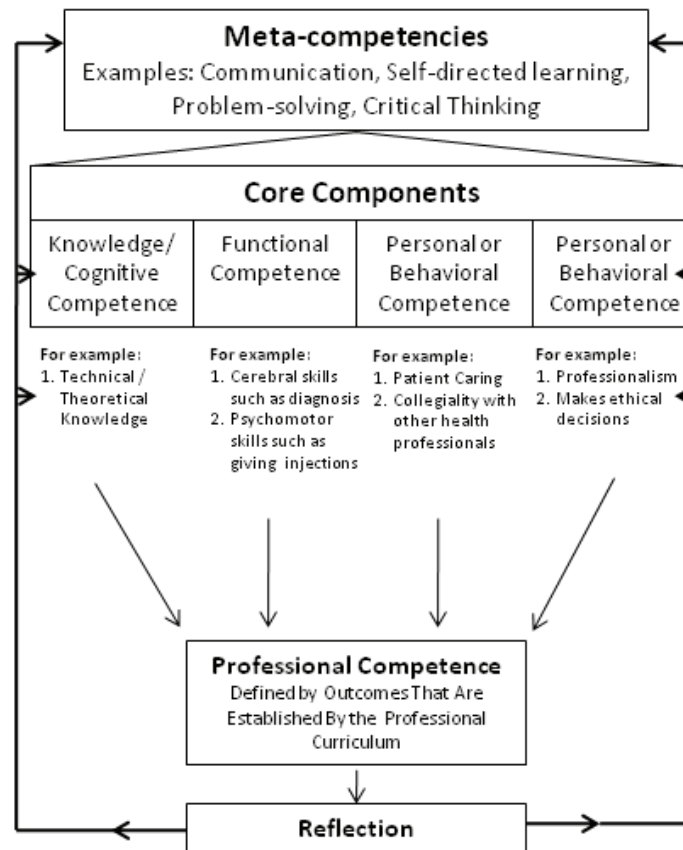
BACKGROUND

Definition of Professional Competence

Across all of health profession disciplines, the goal is to prepare graduates who display professional competence. Epstein and Hundert have defined professional competence as “*the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served (Epstein and Hundert, 2002).*”

As noted in Figure 1, professional competence requires the practitioner to perform practice responsi-

Figure 1. Competency model as applied to a medical generalist practitioner (Adapted from Cheetham & Chivers, 1996)



bilities as delineated in a set of outcome statements and in daily practice, use reflection. Achievement of these outcomes requires four core types of competence: 1) knowledge/cognitive, 2) functional (e.g., diagnosis, performing surgery, and other technical skills), 3) personal or behavioral, and 4) values/ethical (e.g., professional) (Cheetham & Chivers, 1996). These core types also involve use of generic competencies such as critical thinking, problem-solving, and self-directed learning. These generic competencies are also called “meta-competencies.” Figure 1 underscores that development of professional competence within a learner requires acquisition of a complex set of competencies.

In health professions education, learners develop professional competence by gaining a foundation of knowledge related to both the basic and clinical sciences and developing patient care skills. They also learn to integrate their knowledge and skills by solving patient

problems. In the process, they also develop clinical reasoning abilities, judgment, and the self-confidence to make decisions when there is uncertainty. Individuals also learn to reflect and use these insights to improve both patient care and personal self. A professional identity also evolves as individuals learn to: 1) put patient needs before their own (i.e., humanistic values), 2) develop caring attitudes such as compassion and empathy, 3) manage complexity and uncertainty, and 4) develop a commitment to excellence and lifelong learning. The ability to integrate knowledge and develop as a professional requires modeling by faculty members and other practitioners. Professional competence also requires that the learner is able to consistently exhibit these attributes in daily practice and therefore, the individual must demonstrate these abilities are a “habit” (Leach, 2002).

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