

The future of vocational higher education: the blended-learning approach

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The social distancing measures introduced because of the COVID-19 pandemic have caused, in higher education, an abrupt change from the traditional approach of face-to-face teaching on campus to the provision of online and blended learning. In this opinion piece, I discuss how and why the blended approach has been effective for vocational courses (such as healthcare, sports science and design, amongst others), drawing on my own experience as a student studying an undergraduate paramedic science course.

Blended learning is relevant and pragmatic within the higher education sector, offering a combination of face-to-face and online learning systems (Hrastinski, 2019) and providing many flexible opportunities for an individual's development. While online learning is composed of pre-prepared materials for students to work on at their own pace, as well as content delivered through live streaming platforms, blended learning adds vital elements of face-to-face teaching in seminars and practical sessions on campus.

During the pandemic, many benefits from delivering teaching online have become evident. Modern, innovative online platforms allow learning to be accessible to those unable to be physically on campus several times per week, such as caregivers and those in remote locations. As a result, regardless of place and time, students can take part in both synchronous and asynchronous learning opportunities. Online teaching sessions can take place live, allowing for group work and discussions using break-out rooms, for example. This facility is one that students such as I find very convenient (Sandhu and Wolf, 2020; Rose, 2020). Using this approach and through the sharing of sound, video and chat facilities, tutors can establish a classroom dynamic which includes verbal, non-verbal and written communication, including body language and facial expressions. In my experience, this facilitates understanding and enhances students' appreciation and retention of key points (Mitra *et al.*, 2010). A combination of synchronous and asynchronous online learning is particularly beneficial to students on vocational courses, as they are likely to be combining academic studies and professional placements as well as other, personal commitments (Carolan *et al.*, 2020).

However, while the online opportunities have been important and beneficial to me, I realised during the pandemic that having the opportunity to come on to campus to take part in face-to-face sessions has been essential for putting my learning into practice. It is of great benefit, for example, to be able to practise techniques physically on mannequins and equipment, thereby preparing myself for real situations in a safe environment where mistakes I may make both initiate and consolidate experiential learning. On campus, we were able to participate in team-based, advanced life-support simulations – helpful and valuable because we needed to be able to meet, communicate, practise and work together as a team. To be better skilled in our subject area, it is essential that vocational students like us have opportunities both to receive live feedback from course facilitators on our developing skills and competencies and to respond constructively to it.

Online learning on its own and not as part of a holistic blended-learning approach may hinder academic achievement on vocational courses because of the difficulties that would arise in evaluating a vocational student's competencies. Rintala and Nokelainen (2019) conclude that an online practical examination would be ineffective in recognising a student's practical application of knowledge.

I, along with many other vocational healthcare students, experienced a sense of anxiety on my return to clinical placement, following the transition to online learning at the beginning of the pandemic (Hickman, 2020). The temporary change to learning clinical skills online led to us having concerns about our ability to develop a safe level of competency in both communication and clinical skills, two areas primarily developed through continuous practical application. Furthermore, reinforcing the benefits of *blended* learning (as opposed to online learning on its own), Raymond-Hayling (2020) adds that, as students are unable to develop key communication skills by learning only online, communication within a clinical placement setting may be compromised.

An exclusively online delivery may present other challenges. Dhawan (2020) points out that the sudden onset of the pandemic forced institutions to navigate new online platforms very rapidly and to find innovative ways to engage, attract and motivate students to attend online teaching sessions. Problems could arise because students may be international and living in different time zones or may lack the technical skills, experience and confidence needed to engage fully with the course.

In the longer term, while there are sure to be benefits to including online delivery in teaching and learning strategies, maintaining the campus-based sessions will, without doubt, continue to play an important part in helping students to feel connected and build relationships with peers and tutors, as well as allowing for the development and assessment of practical, clinical and communication competencies as discussed above.

The adjustments to teaching in 2020-21 will change higher education pedagogical methods in the future and will continue to raise further questions for research within learning and teaching. It is nevertheless important to emphasise, even though the flexibility of a blended-learning approach will improve opportunities for both institutions and learners, that it is critical at the design stage to consider students' experiences and views when deciding which mode(s) of delivery will best suit students.

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