Teaching in the time of COVID-19: Shared perspectives from South Africa and the USA

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In line with keeping people safe, social distancing has become a civilised norm across the world. Compulsory lockdowns have meant that universities closed their doors to students and staff, thus causing widespread disruption across the higher-education landscape. Pharmacy education is no exception. As pharmacy educators from institutions in different countries, with an existing partnership, we have identified common challenges between our different educational environments and have benefited from sharing possible solutions.

Problem
The novel COVID-19 pandemic is an important inflection point for humanity, with future outcomes being shaped daily by our collective actions across the globe. Compulsory lockdowns have meant that universities had to close their doors, causing widespread disruption across the higher-education landscape. Although different local circumstances call for different responses, healthcare educators worldwide face unprecedented changes and can learn from one another moving forward. In this short communication, we reflect on our experiences, challenges and potential opportunities as pharmacy educators in South Africa (SA) and the USA.

In SA, the most popular option for continued education amid the pandemic involved moving curricula onto online platforms. As in many low- and middle-income countries (LMICs), SA faces significant challenges in technological readiness and availability of critical resources to immediately offer this pedagogy in a way that does not marginalise any students.

Educators in the USA were also tasked with rapidly transitioning face-to-face pedagogical approaches to online learning experiences. Although online platforms and video-conferencing software were commonly in place before the COVID-19 pandemic, many instructors lacked experience with these technologies and were forced to quickly adopt unfamiliar teaching modalities.

Common challenges that have emerged include maintaining pedagogical quality and rigour for students with diverse learning needs, ensuring effective teaching and student engagement, developing reasonable assessment methods of practical skills, and continuing experiential education without compromising student safety or learning outcomes.

Approach
Early during the COVID-19 pandemic, we facilitated a group discussion between our two faculties to share our approaches to common challenges faced with distance education. From both institutions it was clear that, while recorded lecture formats transmit information, these leave little opportunity for active learning or critical thinking. Furthermore, students were struggling to adapt to online learning for a number of reasons.

As instructors, the most helpful strategies that we implemented included creating a predictable course structure, allowing options for asynchronous course participation when live participation is not necessary, reaching out to struggling students, making time to solicit their input, and making clear when and how we are available for communication. By creating predictable structure, we can focus our communications on course material rather than logistics. We found tools such as Poll Everywhere, Kahoot! and Zoom Polls to be key to increasing student engagement by distance. We acknowledge that students also require training and support for online delivery, something that was difficult to achieve in the abrupt move to online teaching.

When considering teaching and learning, attention to ensuring the integrity of the assessment and therefore legitimacy of the qualification is also warranted. For all involved, transitioning assessments online demands creativity and patience, and training in online assessments would be beneficial for students and instructors. We explored methods, including lockdown browsers and live proctoring via Zoom, to promote integrity of remote assessments. At this point, it is difficult to further elaborate on the success of adopted strategies, as research into this is ongoing.

Beyond the classroom, a greater challenge for many institutions has been how to continue experiential education, as many hospitals and pharmacies close their doors to pharmacy students and other health sciences students. These challenges raise the question of whether phone or video encounters can provide the necessary direct patient-care experience and interprofessional interaction to prepare practice-ready pharmacists. During patient telehealth encounters, for example, students may miss the opportunity to learn from non-verbal communication and make physical assessments that provide important information about a patient’s health and disposition. Despite limitations, it was envisioned that students engaging in care have the chance to overcome communication barriers and learn skills to thrive in a post-COVID-19 world remotely, which may embrace telehealth more readily. Other skills, such as patient work-up and documentation, can easily be practised if remote medical record access is available.
Outcome
In the midst of tragedy, challenges and disruptions posed by the coronavirus, if we are attentive, we may find ways to improve teaching of the world’s future pharmacists through the lens of this pandemic. Through the impact of the coronavirus we can teach our students the critical importance of managing chronic diseases, such as diabetes and heart failure. As the pandemic highlights shortcomings of our healthcare systems, we can point to ways that pharmacists improve care, fill gaps and make a difference in patients’ lives.

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