Blended Learning in Medical Higher Education: New Modalities Driven by the COVID-19 Pandemic and Their Influence on Innovation and Performance in a Public University in South Africa

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Introduction

The COVID-19 pandemic irrevocably altered the fabric of society. Developed and developing countries alike were confronted with infrastructure and community-related problems that had to be solved almost overnight once COVID-19 started to spread across the globe. No sector escaped unscathed, and the by-products of the unprecedented pandemic left all sectors–including community-based sectors such as health care and education–in uncharted waters. Within the global education sector, the shutting down of formal and informal learning environments (including schools) affected 94 per cent of the world's student population.[2] Statistics further show that 99 per cent of students from low- and lower-middle-income countries were impacted by the effects of COVID-19 on their national education systems.[3]

In South Africa, the Government imposed a national lockdown on 20 March 2020, closing all schools and impacting the education of approximately 17 million learners at levels ranging from early childhood development (pre-school) to secondary school.[4] In higher education, defined as post-school education and training, approximately 2.3 million students were affected.[5] The announcement of the lockdown brought the education system to a very abrupt halt in a country whose Constitution emphatically states that everyone has the basic right to education[6]–a sentiment echoed in Sustainable Development Goal (SDG) 4, which calls on Governments to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

The suddenness and ferocity with which COVID-19 took hold shook organizations out of their momentary paralysis, resulting in a new kind of agility.[7] Educational organizations of all sizes had to adjust to new ways of working. Some changes, such as amending timetables, involved fairly straightforward logistical shifts, but educational institutions were also required to rethink the way students were taught and to develop new pedagogical methods that would serve the needs of students learning mainly from home. It was at this juncture that crisis met innovation as educators rallied to pursue the best possible learning outcomes during a period of extended uncertainty and upheaval. Educational institutions were compelled to become more innovative if they wanted to preserve their educational integrity and continue to provide a quality learning experience. Teachers, lecturers, administrators and managers had to adapt and learn, harness their innovative spirit, implement new plans at great speed, and endeavour to navigate unintended consequences. Most educational entities made the decision to move forward with digital learning strategies. All 26 universities in South Africa, which were at different stages of implementing digitalization and hybrid learning, had to develop educational approaches that would rescue the remainder of the academic year and ensure continuity in the face of an extended crisis. However, there were a number of obstacles to overcome. In a country such as South Africa, the decision to pursue this approach highlighted the lack of information technology infrastructure, the high cost of digitalization and digital access, and the depth of digital inequality. Students from low- or lower-income households had to either find alternative ways of accessing information online or not study at all. Even though 77.5 per cent of households in the country had access to the Internet, mostly via cell phones, only 10.4 per cent of households could access the Internet at home using fibre optic or asymmetric digital subscriber line technologies, which allow fast data transmission at a high bandwidth.[8] Some universities were able to sign agreements with mobile providers in South Africa for data access for their students, while others received government funding to meet this requirement and address other technological needs such as the lack of laptops for students and teaching staff. Universities shifted budget priorities and received COVID-19 funding from the Government, which enabled them to provide data access to students so that they could engage in online learning. Institutions responsible for educating tertiary-level students were among those tasked with developing logistical and learning innovations. The management of these institutions had to maintain employee productivity, help staff navigate a blended learning environment, and meet educational and organizational objectives in order to save the academic year and prepare for an uncertain future. While this period was filled with urgent challenges, it also showcased the innovation, resilience and performance capabilities of institutions.

As an illustrative case study, this contribution examines the pandemic-driven approach adopted by a health sciences university in South Africa mandated to educate and graduate students committed, as future health-care professionals, to ensuring healthy lives and promoting well-being for all at all ages (SDG 3). During the pandemic, Sefako Makgatho Health Sciences University had to attend to the theoretical aspects of the students' education but also to accommodate those completing practical work in hospitals and other medical facilities in the country. The University had to ensure staff and student safety as well. This contribution speaks to the SDGs

on health and education and is anchored in the observations made in a public health sciences university setting, where the pandemic threatened to derail the academic year and impact the University's national imperative around transforming health-care sciences in the communities and the country. A sub-question guiding the present contribution is this: In a challenging, under-resourced environment faced with an unprecedented crisis, how can employees and students be inspired to rise above the attendant challenges in the provision of health education and services, understanding the threat to the larger goal should they fail?

Innovation within health sciences education

Sefako Makgatho Health Sciences University has various on-campus facilities for practical learning and a teaching hospital next to its main campus. Students are predominantly from rural areas and low-income households and depend on government education grants from the National Student Financial Aid Scheme to pursue their tertiary studies. When COVID-19 hit and subsequent restrictions were imposed on the institution, the University had to redefine its engagement with its students and help staff adapt to a new way of teaching. During the pandemic, health-care professionals classified as essential service providers had to report to work, so the Government of South Africa allowed students within this field to continue their practical studies, while theoretical teaching had to take place online.

With this concession, the University was able to develop a fit-for-purpose protocol that saw a reduction in student numbers on campus and in practical environments and the introduction of an online platform to present the theoretical aspects of the courses. Teaching online involved a combination of traditional and innovative methods; academic professionals not only provided standard lectures but also managed group discussions and utilized interactive media and videos facilitated by the online platform. Lectures were recorded and made accessible to students, who could view them at their convenience to review materials and prepare for activities and exams. Digitalization—originally part of a five-year strategic plan—was achieved in under six months. The University also entered into partnerships with private companies to provide data access for staff and students, and a courier service was engaged to deliver laptops to students in rural areas. Within 24 hours of the lockdown announcement, working-from-home (WFH) protocols were issued by the University's Human Resources Department; line managers and staff members were provided with guidance, and they and their families were offered access to national and University psychosocial services. Communication between the University, lecturers and students became a top priority, as did the coordination of various on-campus activities.

As the University had students on campus and medical students working in the field, the institution's faculty and administrators understood the need to ensure the safety of the staff and students. One of its academic professionals developed a COVID-19 screening application (digital app), which was released within three months of the nationwide lockdown announcement. The app aimed to contain the virus and monitor reported symptoms among staff and students.[9] Through the app, students and staff were able to conduct a health self-check before entering campus by answering questions related to known symptoms associated with COVID-19. The app further recorded information on possible exposures and testing among students and staff members.[10] After capturing all the information, the app offered a risk assessment with relevant recommendations.[11] The take-up of the app was phenomenal, which was not surprising given the high levels of fear and anxiety during this period, so no lengthy change management plan was required for implementation.

Performance management in the time of COVID-19

Innovation requires implementation to bear fruit, and to achieve this an organization must rely on its people. To create the appropriate setting and space for innovation, the impact of the pandemic on the working environment at the University had to be considered. The suddenness of the lockdown and WFH instructions shook employees and line managers out of their complacency, challenging conventional approaches to identifying and setting objectives, driving and measuring performance, and interacting with fellow employees. New realities called for "redefining productivity in a fragmented work setup".[12] Employees scrambled to restore a sense of order, familiarizing themselves with digital technologies and online tools that would be needed for communication, teaching and learning, and leadership and management.[13]

Whether because employees were very conscious of their obligation to support the University's health professionals or because they were on the front lines of the crisis and worried about the rising fatality statistics, there was a rallying response from within the institution to move forward quickly. Online teaching and learning were implemented, with challenges being addressed faster than the strategic plan envisaged. The university started conducting online interviews (a practice not previously considered), which resulted in a more than 50 per cent reduction in administrative and logistical costs for recruitment. There was also greater collaboration among different administrative functions and self-driven accountability to deliver results. Employees managed their assignments independently with no need for continuous monitoring by supervisors, even though the latter could check their progress and performance online with the push of a button. There was often too much communication as a balance between intrusion and neglect was sought.[14]

A combination of factors conspired to drive strong performance. The anxiety and urgency surrounding the crisis spurred innovation and a collective sense of purpose and collaboration. Concerns surrounding status and hierarchy became secondary to working together to overcome emerging challenges and deliver the best education and support possible in a fluid environment. Traditional performance indicators and performance management were revised to focus less on logistics and more on quality and adaptability.

Conclusion

It has now been more than three years since the shock waves of the pandemic first ripped through institutions. These years have allowed time for introspection on how the pandemic and its attendant challenges offered an opportunity to innovate, how sustainable the innovations proved to be, and whether the shifting approaches to performance management have been maintained post-crisis. Some lessons and observations from the case study include the following:

- Many new opportunities were created by the pandemic, and a number of positive changes were made that were long overdue. One of the University's most important decisions was to commit substantial resources to setting up and strengthening digital capabilities and online systems, as this will have a long-lasting impact on areas such as institutional flexibility and performance management.
- The role of certain traditional performance measures (such as clocking in and fulfilling time requirements) diminished during the pandemic. Results orientation became increasingly tied to performance objectives that were largely driven by a sense of individual responsibility and accountability.
- The traditional culture at many universities is characterized by something of a silo mentality, with a focus on discrete change-management projects. The crisis created an *esprit de corps*, bringing the University's internal stakeholders together to work collaboratively on overcoming urgent challenges and achieving common goals.
- Strategic plans with time projections are important, but faster and better outcomes can be achieved when there is strong staff buy-in.
- Technology is a game changer in terms of educational delivery, costs and access, and the use of digital learning tools can help bridge the inequality gap. During the pandemic, students were provided with access to laptops and data to enable them to join online classes and continue with their studies.

Endnotes

1 Odette R. Ramsingh is on the Executive Committee of the Sefako Makgatho Health Sciences University responsible for Human Resources, and Dr. Jooste is the Director of Internationalisation at the same University.

2 United Nations, "Policy brief: education during COVID-19 and beyond" (August 2020), available at https://unsdg.un.org/sites/default/files/2020-08/sg_policy_brief_covid-19_and_education_august_2020.pdf.

3 Ibid.

4 Statistics South Africa, *COVID-19 and Barriers to Participation in Education in South Africa, 2020*, Education Series Volume VIII, Report No. 92-01-08 (Pretoria, 2020), available at https://www.statssa.gov.za/publications/Report-92-01-08/Report-92-01-082020.pdf.

5 Ibid.

6 South Africa, *Constitution of the Republic of South Africa, 1996*, available at https://www.gov.za/documents/constitution-republic-south-africa-1996.

7 Oette R. Ramsingh. "Adjusting to the new uncomfortable normal during COVID-19: re-orientating performance management systems in a crisis", paper delivered at the APS-HRM-net capacity-building virtual workshop, 24 July 2020.

8 Statistics South Africa, "General Household Survey, 2021", media release, 23 June 2022.

9 Yoliswa Sobuwa. "Sefako Makgatho University develops app to fight COVID-19 on campus", *Sowetan Live*, 10 May 2020, available at https://www.sowetanlive.co.za/news/south-africa/2020-05-10-sefako-makgatho-university-develops-app-to-fight-covid-19-on-campus/.

10 Ibid.

11 Ibid.

12 Discovery Health, "Tips for employers to support their teams during COVID-19" (20 July 2020), available at https://www.discovery.co.za/corporate/covid19-tips-for-employers-to-support.

13 Andrew R Mcllraine, "Performance management in the time of coronavirus", *Human Resource Executive*, 19 March 2020, available at https://hrexecutive.com/performance-management-in-the-time-of-coronavirus/.

14 Daantje Derks and Arnold Bakker, *The Psychology of Digital Media at Work* (New York, Psychology Press, 2012), available at https://doi.org/10.4324/9780203074145.