**Background**

- The COVID-19 (SARS-CoV-2) pandemic that started in the United States in 2020, has profoundly affected many lives, and the aftermath is still uncertain. Many aspects of life have been affected, including Physician Assistant (PA) education.
- On March 17, 2020, the Association of American Medical Colleges (AAMC) supported the decision to pause medical student clinical rotations and PA Programs followed this protocol.
- The collective efforts of students and faculty, perseverance, and optimism have allowed the uninterrupted preparation of the next generation of PAs.

**Objectives**

- The primary objective of this study is to understand PA students’ perceptions of the effectiveness of remote and/or virtual learning in preparing for clinical rotations.
- To understand PA students’ perceptions of the flexibility and life/school balance that remote and/or virtual learning can provide.
- To understand PA students’ perceptions of remote and/or virtual learning as a viable option for the didactic phase of PA education.

**Methods**

- IRB approval was obtained through Lincoln Memorial University (LMU) and the University of South Dakota (USD).
- The survey was conducted as a Mixed Method with quantitative and qualitative data.
- Qualitative data was collected using a 5-point Likert scale: 5=Strongly agree; 4=Agree; 3=Neutral; 2=Disagree; 1=Strongly disagree.
- The survey was disseminated in February 2022 and was closed in March 2022.
- 94 individuals from three accredited Physician Assistant (PA) programs responded to the 16-item survey with a response rate of 46.8%.

**Results**

**Remote/Virtual Learning vs In-Person Learning Preparing for Clinical Rotations**

- Concepts are difficult to understand through remote/virtual learning.
- Learning px exam skills with pre-recorded videos & Zoom sessions with faculty was as effective as in-person learning.
- Simulated encounters with standardized patients through videoconferencing were as effective as in-person encounters.
- I feel confident with my px exam skills learned remotely/virtually.
- Remote/Virtual learning prepared me well for clinical rotations.
- In-person and remote/virtual learning have similar learning outcomes.
- Switching to remote/virtual learning had a negative impact on my educational experience.

**Remote/Virtual Learning vs In-Person Learning Students’ Perceptions on Flexibility and Life/School Balance**

- Remote/Virtual learning allows for self-paced learning better than in-person learning.
- Remote/Virtual learning allows more time to prepare for written exams and skills lab.
- Remote/Virtual learning allows the student more flexibility than in-person learning.
- Remote/Virtual learning increases students’ opportunity to balance school and family life.

**Remote/Virtual Learning vs In-Person Learning A Viable Option for the Didactic Phase of PA Education**

- Remote/Virtual learning limits social interactions with peers and instructors.
- Remote/Virtual learning affects the development of skills like professionalism.
- Remote/Virtual learning is cost-effective (tuition, travel expense etc.)
- I favor remote/virtual learning vs in-person learning.
- I recommend remote/virtual learning for PA Programs.

**Conclusions**

- The COVID-19 pandemic necessitated the restructuring of PA education from traditional in-person learning to remote and/or virtual learning to prepare students in the didactic phase for clinical rotations.
- Overall, students felt in-person learning is more effective in preparing them for clinical rotations.
- Respondents highlighted the advantages of flexibility and an opportunity to balance school and family life with remote and/or virtual learning, however, they did not agree that it allowed better self-paced learning.
- Even though virtual and/or remote learning can be cost-effective, overall, students felt in-person learning is the better option.
- More research is warranted to study students’ perceptions on a larger scale to study the effectiveness of remote and/or virtual learning in preparing first-year PA students to progress into the second year to gain clinical experience.

**References**


**Acknowledgements**

Arsheen Surani
Caylor School of Nursing, Cedar Bluff, Lincoln Memorial University, Tennessee