**Why Hybrid Teaching does not work in Clinical Psychology and Psychological Therapies training: A post-pandemic retrospective.**

[Viewpoint Article]

***In the present article we use the term ‘hybrid teaching’ to refer to synchronous teaching in higher education where a lecturer delivers teaching to a physical audience but is also joined by a live, synchronous online audience.***

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**Introduction**

Within the educational sphere of Clinical Psychology and Psychological Therapies training, a key post-pandemic challenge has been to consider how training programmes, which ultimately aim to create a workforce that inherently works in a relational context, should balance online and in-person teaching methods in their curricula. The challenge presents itself from two perspectives. On the one hand, trainees in this field are training to work in a profession in which in-person clinical encounters are at the very heart of the work they do. Once qualified, they will be able to work in a range of in-person healthcare settings with varying clinical groups, and the training approach needs to prepare them for this. The delivery of talking therapies remains primarily a ‘human’ endeavour. On the other hand, the use of technology is also increasingly central to the work of many in this field, and requirements to support the development of ‘digital competencies’ are now embedded in the curriculum requirements of some psychological professions (HEE, 2023).

Universities must thus develop approaches to curriculum delivery that reflect this developing context. The way forward is likely to involve moves away from exclusively in-person teaching, incorporating online synchronous teaching and novel and creative asynchronous approaches alongside more traditional lectures. These will all be supplemented by practice-based learning in a workplace environment, which will itself – to a greater or lesser degree – incorporate elements of ‘online’ clinical practice. The pedagogical smorgasbord outlined, however, poses plenty of unanswered questions – which approaches best suit which elements of the curriculum? How do we ensure that trainees get a suitable exposure to both in-person and online skills practice? And how do we navigate these methods whilst still preserving the identity of our profession as something that is fundamentally ‘human’ and relational?

These bigger questions surround the principal focus of the present article, which concerns a particular pedagogic development – that of hybrid teaching – within our particular educational sphere. Ultimately, we conclude that hybrid teaching presents many practical challenges, is unlikely to be effective and therefore should not be routinely used in Clinical Psychology and Psychological Therapies training. The article will approach this issue by first considering our experience in relation to the emergence of online teaching, second considering the drivers towards a hybrid teaching approach, and third building on our experience to reflect on why we consider hybrid teaching to be a pedagogical problem.

***Pandemic Pedagogy: The emergence of online teaching***

The emergence of online teaching in healthcare education was a necessary step for the genesis of hybrid teaching. Because hybrid teaching by definition includes both online and in-person elements, it is necessary to introduce and review our experience of deploying online teaching methods in general from the perspective of a department experienced in in-person curriculum delivery.

Our early experience of online-only synchronous teaching was very much that of a double-edged sword. Positively, the different software platforms provided opportunities to use features to promote learner engagement such as live voting, immediately organized and randomized small group discussions, whiteboards, multimedia resources, and automated recording. As we learnt to use these features, we realised that some sessions - perhaps those focusing on technical information, policies, research and theory - seemed particularly well suited to the online environment. Moreover, some trainees seemed to genuinely appreciate the practical benefits that online teaching provided; trainees who lived a long distance from the university, or for whom the online teaching was helpful in the context of their personal lives (for instance, in relation to their role as a parent or carer, or in the context of a health condition or disability) appeared particularly welcoming of the development. For a university in a geographically remote area, the potential practical advantages of online delivery were significant. In addition, environmental and cost benefits were highlighted.

However, alongside these benefits, online teaching introduced a range of new challenges. For our lecturers – many working primarily as clinicians in local health services - significant induction was necessary. Practically, connection issues sometimes meant interruptions to the delivery of teaching (particularly in the early stages of the pandemic when we were all less equipped to deliver an online lecture). Moreover, we noticed that some content was fundamentally quite hard to adapt satisfactorily to the online environment – particularly anything involving live case discussions, role plays or skills practice. From a trainee perspective, learners sometimes spoke of screen fatigue, particularly after being asked to engage in consecutive online teaching days, and lecturers sometimes voiced the experience of ‘speaking into the void’ if trainees didn’t turn their cameras on or provide active contributions (though of course even before the pandemic the extent to which learners engaged and made contributions was something influenced by the way in which expectations were set, and material was structured).

***Hybrid Teaching: Emergence, Demand and Our Experience***

As with online teaching, hybrid teaching was also borne of a particular practical circumstance. For us, as the pandemic wore on, the question arose of how to best teach a group of learners who were required to isolate – meaning a potential absence across a large block of teaching – but who were fundamentally ‘fit to work’. Being able to link up a microphone and video camera to the lecture room to allow these trainees to follow the live lecture online certainly felt a better option than cancelling the lecture or running with only partial attendance. Indeed, perhaps it *was* the best option, in the acute and unusual circumstances of the time. However, having introduced the practice, we were faced with the question of whether we should continue it, and, if we did, under what circumstances. Having ultimately taken a departmental decision to not permit hybrid teaching under any circumstances, it is necessary to provide an account of our experience in teaching via a hybrid approach.

During our initial efforts to pursue hybrid approaches, we tried to offer a teaching experience that honoured and included both the online and the in-person audience equally – but the pragmatics proved enormously complicated. From the lecturer’s perspective, it meant attending to both virtual and physical ‘hands’, and comments placed in the chat as well as comments offered spontaneously by physical attendees. It meant setting up group tasks which would work effectively with both the available physical space and the – often unpredictably sized – audience at home. It meant not forgetting to mute the lecture at the right points, wearing a microphone that projected well enough to the physical room but which also allowed pickup by the lectern computer (usually meaning a very limited space in which one could stand), ensuring the audio controls meant the audience in the room could hear a comment offered by somebody at home, and typically repeating every single comment made by somebody in the room to allow relay to the audience at home. When members of the online audience forgot to turn off their microphones, it meant both audiences being interrupted by tapping, barking, or arrivals at the door – until the lecturer intervened and muted the participant. Taken together, these factors – the ‘clunkiness’ of engagement – meant that both the online and home audiences tended to say or respond much less in live discussion or ask questions, and it seemed much harder for trainees to learn with and from each other.

Moreover, the tools that actually made online teaching effective and engaging – the whiteboard and polls for example – were impossible to use without also asking the audience ‘in the room’ to log into the online lecture themselves; an experience that not only typically led to audio feedback, but more fundamentally defeated the point of offering an in-person lecture in the first place. It meant it was virtually impossible to stimulate debate between the two audiences, impossible to meaningfully engage the online audience in tasks such as role play, and severely compromised any opportunity for the trainees to benefit from spontaneity on behalf of the lecturer; not only because anything spontaneous might have been practically impossible to deliver, but also because the bulk of the lecturer’s cognitive resources were required just to actually deliver the lecture and attend to the basic gist of their planned content. The presence of an online audience also appeared impactful on ability of the classroom audience to actively and openly participate in discussion, particularly for highly sensitive or personal topics (e.g. childhood sexual abuse). The issues therefore appeared to be quite fundamental – including both human factors alongside the fact that technology was being pushed beyond its intended limits. Indeed, lecturers consistently told us that they found it impossible to simultaneously meet the needs of both an in-person and online audience; reflecting that combining the experiences felt like the worst of both worlds.

***Hybrid Teaching: Why it does not work in Clinical Psychology and Psychological Therapies Training***

Our decision to not offer hybrid teaching beyond the pandemic could therefore have been an easy one, except that we noticed that as we began to increase our offer of in-person teaching, we also began to receive increasing numbers of requests to access scheduled in-person teaching via an online platform. Many of these requests appeared reasonable, often reflecting the practical advantages to learners of being able to choose the location in which they conducted their learning. We therefore needed to resolve whether we would offer virtual access to in-person teaching under some circumstances, and if we did, what a ‘valid’ circumstance would be. What if the trainee has a cold, but not COVID? What if joining online helped a trainee better meet their childcare needs? What if hybrid access was presented as a formal Reasonable Adjustment to a disability? What if a trainee simply preferred joining the lecture online? And, if hybrid teaching was offered, would there be limits? Would it be OK if the trainee never came into the classroom at all?

Of course, it would have been a disservice to our trainees and profession to not approach these questions without closely considering the pedagogical costs and benefits of such an offer beyond those derived from our own experience. From one perspective, it might be reasonable to argue that the practical benefits of hybrid teaching are sufficiently important that they are worth some kind of pedagogical cost. However, accepting such a pedagogical cost inherently places the needs and preferences of individuals above the experiences of the wider group of learners. This felt a rather uncomfortable position in the context of academic leadership of a range of large NHS funded training programmes.

An apparent resolution to this might have been to suggest that hybrid teaching could be offered via a ‘broadcast only’ approach – i.e. prioritising the learners in the room, with the ‘audience at home’ simply listening to a ‘live recording’ and not partaking in the actual session. Indeed, a number of our academic colleagues tried such an approach. Yet it was quickly clear that this approach unavoidably created a ‘two-tier’ learning experience, with the potential for an adverse impact on learning shifted primarily to the audience at home. This negative impact could occur for any teaching designed to have a participatory element (small group discussions, classroom debates, or spontaneous responses to questions), but would be expected to be particularly significant for teaching that related to skills practice and role play. Learners who spent longer periods experiencing teaching in this way would be expected to be particularly impacted, a particular concern given emerging evidence that students attending teaching in a ‘hybrid virtual’ condition may be less motivated and feel less related to their peers than in-person students (Raes et al, 2020). If trainees were free to choose to attend whatever lectures they wished online, and attended exclusively remotely, the logical endpoint of training could be an experience little different than listening to a series of podcasts. This might be appropriate where academic success is primarily the concern of the individual student but feels unambiguously unacceptable in the postgraduate healthcare context. Within this context, not only do a wider range of people – the public and commissioners, for example – have a stake in the trainee’s educational success (and by implication the quality of their learning experience), but also, anything that impacts adversely on learning has the potential to matter in a way that it simply does not in many undergraduate degrees (a therapist who misunderstands Cognitive Behavioural Therapy is likely to cause far more social harm than a history graduate who misunderstands the medieval period).

There are also more fundamental pedagogic reasons why hybrid teaching is not well suited to the context of Clinical Psychology and Psychological Therapies education. A particular challenge hinted at already is in the delivery of clinical skills teaching. Skills practice should form a substantial amount of the teaching offer in Clinical Psychology and Psychological Therapies education, and whilst undoubtedly one can imagine that online teaching could be readily used for online skills practice, it is much less certain that online approaches would be as effective – or even practically possible – in supporting development of effective clinical skills for the in-person clinic and hospital. Even where clinical skills teaching could be delivered effectively online, the added complexities of hybrid teaching would mean significant practical challenges: skills tasks which work well for the physical classroom may not translate to the online environment, and the task of setting up pairs/groups of trainees to have similar learning experiences is complex (particularly if the pairs or groups mix online and in-person trainees).

Another point relates to the potential skill and competencies required by the lecturers. We know that synchronous teaching delivered exclusively online appears to require a specific range of competencies distinct from in-person teaching (Grammens et al, 2022; Na & Jung, 2021). Thus, it is reasonable to assume that even if hybrid teaching could be delivered well, it would require further training and competencies to deliver, and perhaps particularly so for material that is inherently ‘in-person’ in design. For programmes relying on lecturers who are practicing clinicians in health services, this may be a much harder task than programmes which can source teaching from a relatively discrete number of university-based staff. Moreover, the scope of online delivery is intrinsically limited by the functionality and limitations within the underlying technology as much as it is the ability of the lecturer to apply that technology.

A further point is that the fundamental effectiveness of hybrid teaching is unclear. This is important as we have frequently heard statements pointing towards the absence of evidence that hybrid teaching does impair learning. However, we must remember that an absence of evidence is not the same as evidence of absence, and it is worth considering whether such an evidence base even *could* be meaningfully developed. Doing so would be surprisingly complicated, and the existing literature is sparse, even for the question of non-inferiority of an online approach vs in-person. Moreover, the few studies which exist seem to focus on self-reported outcomes which are not necessarily good predictors of effective practice in the clinic. For example, drawing on one of the few efforts to compare teaching approaches in our field, Soll et al. (2021) reports an evaluation of an asynchronous CBT for Psychosis training package as non-inferior to in-person training, but bases this claim on self-report questionnaires completed by attendees and notes that ‘no objective evaluation of the skills learned during the training was assessed by the trainer’. This is understandable given the difficulty of completing an ‘objective’ evaluation, but it is also a significant limitation. Developing a more definitive study to properly address the question of non-inferiority would be rather complex; not only an enormous practical undertaking, but without measuring longer-term outcomes – i.e. the ‘downstream’ impact on clinical practice – discussions about ‘effectiveness’ seem rather premature. Similarly, research in the field is hampered by a lack of coherence in definitions – we acknowledge that what we have termed ‘hybrid’ teaching may well be referred to ‘blended’ elsewhere, and that ‘online’ teaching covers a wide range of potential approaches both synchronous and asynchronous. Each of these approaches could be associated with differential learning outcomes for different types of content, or different groups of learners, creating fertile ground for future research efforts. We would be optimistic that the plethora of pedagogical choice will keep alive the question of effectiveness of teaching methods in general, and we hope to see further scholarly attention develop in this area over time.

Most likely, it seems that both online and in-person approaches will have value in different ways, but that an unhappy fusion of the two approaches driven only by pragmatic considerations would be consistently problematic. One of the very few directly relevant studies (Ochs et al., 2024) has illustrated an interesting line of enquiry, demonstrating that in a large sample of students exposed to hybrid teaching, those in the online group spent more time engaging in ‘off task’ activities than in-person learners, and showed overall lower performance in a quiz afterwards. Interestingly, somewhat similar results were obtained in the study by Soll and colleagues; there was not sufficient evidence to demonstrate non-inferiority of perceptions of ‘active participation’ in the online group. This is not evidence of broad ineffectiveness of an online approach, but perhaps we already know enough that we can conclude that the online and in-person teaching environments are *different* and thus likely to be suited to different pedagogical objectives, each requiring their own careful, thoughtful, and separate consideration. Whilst the research remains under-developed, we must fall back on theory, logic, reason, and pragmatics, all of which point against any drive to offer hybrid teaching.

In conclusion, we argue that in the context of Clinical Psychology and Psychological Therapies training, there is simply no place for hybrid teaching as defined above. Nonetheless, despite our professional pedagogy being traditionally rooted in the classroom and the clinic, we are quite sure that there are opportunities for programmes to use online technologies to support learning, and as an educational group we are excited to see these approaches develop and improve in the years to come. Indeed, if we are to prepare our trainees to effectively deliver psychological interventions via online methods, our curricula must keep pace. These changes will take place alongside wider changes in the delivery of psychological therapies in the clinic. However, whilst these developments may bring with them welcomed practical benefits for groups of learners, in the context of publicly funded training for healthcare professionals, decision-making about teaching approaches should be primarily driven by pedagogic considerations. In a world where we have little data to support one teaching approach over another, it feels safer to remain close to well-worn territory. This may be a particularly important consideration in the context of HEIs developing wider efforts to offer ‘hybrid by default’ as part of an institutional initiative.

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