

April 04, 2013

[0 comments](#) [1]

# The Best of Both Worlds: Training Using Live and Virtual Tools

[Jarret Cassaniti](#) [2]

[Health Systems Strengthening](#) [3]

K4Health Blended Learning Guide



*“The illiterate of the 21st century will not be those who cannot read and write but those who cannot learn, unlearn and relearn.”*  
—Alvin Toffler







*Cross-posted with permission from the [K4Health blog](#) [4]. K4Health is a [USAID](#) [5] project, led by [Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs](#) [6] (JHU-CCP), with partners [FHI-360](#) [7] and [Management Sciences for Health](#) [8] (MSH).*

When Yahoo [rescinded their work from home policy](#) [9] a couple weeks ago they revitalized [the debate](#) [10] over the future of office work. Conversations in board rooms and chat rooms alike examined telecommuting's relationship to productivity, and in a recent blog post I discussed the vital [importance face-to-face meetings play in K4Health's eLearning work in Nigeria](#) [11].

Trainers and educators often encounter a dilemma similar to those faced by office managers and executives: live or virtual? The options for delivering education materials virtually have never been greater and more attractive. Just as the future of office work is fodder for pundits, the way formal learning will be delivered and consumed in the future is [generating thoughtful debate](#) [12]. At K4Health, we place a heavy emphasis on eLearning but recognize that both live and virtual approaches are needed.

The rise of the Internet, social media, and mobile technologies have made more information available to more people than ever before—but not everyone has equal access. While some people face challenges of **information overload**, others are still struggling with **lack of access** to information. K4Health serves a broad audience, including people at both extremes of the information spectrum. We strive to span the divide between the leading edge and the trailing edge by providing resources in a variety of online, mobile, and offline formats.

Since 2005, [USAID's Global Health eLearning \(GHeL\) Center](#) [13], developed by [Management Sciences for Health](#) [8] (MSH) and managed by K4Health, has provided access to over 72,000 registered learners on the latest program guidance on a variety of health and development technical areas. The vast majority (over 80%) of all learners come from developing countries. With such a large learner base and over 120,000 certificates of completion, GHeL has been a pioneer and leader in the field of eLearning, providing effective eLearning opportunities to large numbers of learners around the world for almost a decade. Now, as GHeL is re-launched with updated features and a new look, we stand ready for the next generation of eLearners but also cast an eye towards the offline formats and other training opportunities that our audience utilizes and seeks.

The [K4Health Blended Learning Guide](#) [14] explains how GHeL courses can be strategically and systematically combined with other learning activities to increase application of new knowledge in the workplace.

The Guide explains how GHeL courses can support *learning for action* and can be built into blended learning approaches that include activities and support for learners *in* and *from* action as well so that the GHeL courses are employed as part of a full learning cycle. The guide provides users with examples of ways to blend GHeL courses into other learning activities according to the resources and performance improvement needs of an organization, group, or individual.

The guide contains tools to help trainers design, implement, and evaluate a customized blended approach to meet their learner's needs. Theoretical approaches are supported with case studies that highlight the practical application of blended learning approaches.

The guide and associated Q&A contains tools to help trainers design, implement, and evaluate a customized blended approach to meet their learner's needs. Theoretical approaches are supported with case studies that highlight the practical application of blended learning approaches.

In a sample scenario in the Guide, "Ms. Chipego," an executive at an NGO delivering HIV/AIDS prevention services in Southern and Eastern Africa, faces a common training problem – her staff needs updated knowledge and skills on male circumcision counseling but she has a limited budget for training activities.

"Ms. Chipego" knows that the GHeL Center offers an online course about male circumcision and HIV prevention, and she thinks this could be a good option for her staff since they have regular access to computers and the internet (though access is frequently interrupted by power outages). However, she recognizes that taking a GHeL course alone may not build the full set of knowledge and skills they need to confidently and consistently refer clients for circumcision services.

"Ms. Chipego" identified a blended learning approach as the best way to address this challenge. The Guide describes the step-by-step process that "Ms. Chipego" takes to determine, design, and develop a blended learning training in the context of three phases of learning: **learning *in* action**, **learning *from* action** and **learning *for* action**.

My guess is that in the future all organizations and individuals will have live and virtual approaches in their training toolbox and all education consumed in the future will have an aspect of blended learning to it. Since I am finishing this blog post from home, I am also guessing that telecommuting will continue to have a major role in the office of the future. As world renowned entrepreneur Richard Branson tweeted last week, "In 30 years, as technology moves forward, people are going to wonder why offices ever existed."

*Jarret Cassaniti is a communications specialist at [Johns Hopkins University Center for Communication Programs \(JHU-CCP\)](#) [6].*

[blended learning](#) [15], [elearning](#) [16], [GHeL](#) [17], [Global Health eLearning Center \(GHeL\)](#) [18], [Johns Hopkins Bloomberg School of Public Health](#) [19], [K4Health](#) [20], [Karen Chio](#) [21], [knowledge management](#) [22], [Liz McLean](#) [23], [Nigeria](#) [24], [teaching](#) [25], [training](#) [26], [USAID](#) [27]

**Source URL:** <http://www.msh.org/blog/2013/04/04/the-best-of-both-worlds-training-using-live-and-virtual-tools>

#### **Links:**

[1] <http://www.msh.org/blog/2013/04/04/the-best-of-both-worlds-training-using-live-and-virtual-tools#comments>

[2] <http://www.msh.org/users/jarret-cassaniti>

[3] <http://www.msh.org/blog-categories/health-systems-strengthening>

[4] <http://www.k4health.org/blog/post/best-both-worlds-training-using-live-and-virtual-tools>

- [5] <http://www.usaid.gov/>
- [6] <http://www.jhuccp.org/>
- [7] <http://www.fhi360.org/>
- [8] <http://www.msh.org>
- [9] <http://newsroom.blogs.cnn.com/2013/02/27/yahoo-ceo-marissa-mayer-pulls-the-plug-on-telecommuting/>
- [10] <http://mashable.com/2013/03/02/working-from-home-2/>
- [11] <http://www.k4health.org/blog/post/dialogue-sustainability-implementing-continuing-professional-development-policy-nigeria-s>
- [12] <http://www.bbc.co.uk/news/education-11420119>
- [13] <http://www.globalhealthlearning.org/>
- [14] <http://www.globalhealthlearning.org/sites/default/files/page/b-learning-030813.pdf>
- [15] <http://www.msh.org/blog-tags/blended-learning>
- [16] <http://www.msh.org/blog-tags/elearning>
- [17] <http://www.msh.org/blog-tags/ghel>
- [18] <http://www.msh.org/blog-tags/global-health-elearning-center-ghel>
- [19] <http://www.msh.org/blog-tags/johns-hopkins-bloomberg-school-of-public-health>
- [20] <http://www.msh.org/blog-tags/k4health>
- [21] <http://www.msh.org/blog-tags/karen-chio>
- [22] <http://www.msh.org/blog-tags/knowledge-management>
- [23] <http://www.msh.org/blog-tags/liz-mclean>
- [24] <http://www.msh.org/blog-tags/nigeria>
- [25] <http://www.msh.org/blog-tags/teaching>
- [26] <http://www.msh.org/blog-tags/training>
- [27] <http://www.msh.org/blog-tags/usaid>