PROGRAM QUALITY AND FLEXIBLE MODE DELIVERY: BACHELOR OF HEALTH SCIENCES (ABORIGINAL HEALTH AND COMMUNITY DEVELOPMENT):
A CASE STUDY

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Abstract: This paper reflects on the issues that have a continuing influence on the development of an academic program that is responsive to the training and academic needs of the developing profession of Indigenous health work. It describes and discusses the influences on the development of the curriculum. It also outlines how an interactive teaching and curriculum evaluation process has been developed to facilitate the monitoring of course content and quality. Part of this process includes an intensive program of block by block student evaluations. These evaluations and the student responses to the Faculty-wide First Year Experience Questionnaire are analysed. The implications for curriculum design and mode of delivery will be discussed.

Responding to the Need
For almost two decades the Faculty of Health Sciences has been a leader in the field; producing graduates trained to provide health worker services for Aboriginal communities. During this period, the training of Aboriginal health workers has evolved from short in-service sessions for health workers on the job, to the development of the present comprehensive training model. This model includes an articulated undergraduate Diploma/Bachelor of Health Sciences (Aboriginal Health and Community Development) and an articulated graduate Certificate, Diploma and Masters program in (Indigenous Community Health). These programs represent academic innovation in the flexible delivery of Aboriginal health sciences programs.

The Articulated Diploma/Bachelor of Health Science (Aboriginal Health and community Development)
The articulated Diploma/Bachelor of Health Science (Aboriginal Health & Community Development) is a professional Aboriginal Health Worker training program. These courses weave together components of the traditional the face to face semester based on campus teaching model with the characteristics of the distance education approach to higher education. The course is of four years in duration. The first two years comprise the Diploma or Years one and two of the Bachelors program. Students who elect to enroll as Diploma students will graduate with the Dip Health Science, at the completion of year two. Diploma students are offered Automatic entry into year three of the bachelors program.
The challenge
In the absence of established guidelines that a traditional academic discipline or profession might have at the ready, the challenge here has been to develop a health worker training program from the start so. The program development needs to ensure that it,

1. Will provide the requisite technical skills required of Aboriginal Health Workers
2. Acknowledge that in most cases students enrolment in this program will also be their introduction to tertiary studies and life long learning
3. Acknowledge that students come from various backgrounds and represent diverse communities throughout the Australian continent.
4. Produce graduates who achieve a scholastic standard that is guaranteed by the University’s statement of the generic attributes of graduates
5. Contain curriculum content that is both current and relevant for the variety of work situations that fall in the role of the Aboriginal health worker
6. Develop strategies that ensure all students develop a love of lifelong learning
7. Provide students with a flexible course structure through the introduction of an elective mode of learning which enables specialization in professional areas, the development of specific skills, and increases the variety of subject choice

What do Health Workers Do?
The obvious starting point is to examine what skills and abilities are basic to the evolving Indigenous health worker profession. A number of reference points need to be considered. One starting point is The National Competency Standards for Aboriginal and Torres Strait Islander health workers (1996) (NCSATSI). These standards represent one of the first systematic attempts to describe the range of skills and abilities that every health worker who operates at the community level would be expected to have developed.

These standards have now been adopted by the Vocational Education and Training (VET) sectors. They are couched around the central issue of intra-cultural diversity. For example, they state that every community will have a “unique set of cultural values and traditions, as well as a unique location.” Hence the challenge for all Aboriginal health workers is to mould their practice so that it reflects the needs of their local communities.

The National Competency Standards for Aboriginal and Torres Strait Islander health workers identify the following roles for Aboriginal Health workers: (a) provide direct health services (b) promote wellbeing (c) improve the health of the community (d) develop strategies to meet the health needs of ATSI communities (e) promote empowerment, (f) have skills to perform and manage a number of different tasks, (g) respond to problems and non-routine events and (h) deal with all the aspects of the workplace including working with others.

The Standards are stated in relation to a broad framework that invokes a series of performance streams to describe the activities of health workers. The streams are, Clinical Care, Specific Care, Community Care, Management and Teams, Administration, and Research. The other component of the framework is the concept of varying degrees of task difficulty and requisite skill proficiency skill needed to perform each task listed by the Competencies. The degree of difficulty is described in terms of four levels. Levels A to D. Level A reflects a demonstration of basic proficiency that progressively increases to level D which is meant to reflect a demonstration of an advanced level of skill proficiency.
The limitation with relying on The National Competency Standards for Aboriginal and Torres Strait Islander health workers is that the focus is almost exclusively focused on the practical applications or, “doing or reactive” part of the profession. Very little is said about the cognitive skills that one would also expect to be part of the make up of a professional Indigenous health worker. An example of this is illustrated in the following extract from one of the explanatory sections of the introduction to the Competencies (page 1 Intro section 17): *The LEVEL(s) at which this Unit of competency is required by workers: Harder work is usually done by higher level workers. However, it is the GROUP (or “PACKAGE”) of units which a worker does that determines the level of the work, ‘easier’ units may be done by a high level worker in conjunction with ‘harder’ units. Some units describe work done at many levels. Some units describe work only done at one level. This extract is an example of the focus that the NCSATSI place on task difficulty. A further limitation to using only the NCSATSI to evaluate the role of the health worker is that the more complex aspects of Indigenous health work go unrecognised. More importantly the skills are couched in prescriptive language, thus leaving little room for the natural creatively in behaviour that one would expect in a true professional.

What are the attributes of Graduates of the University of Sydney?

A perhaps more comprehensive approach is to expand the concept of competencies to include cognitive and academic skills as well as basic vocational skills. To a large extent this happens at the University of Sydney. The University sets the basic attributes that should characterise all of its graduates. Furthermore it also requires specific application of the generic attributes of graduates to be related in specific terms to each course.

The following table describes the generic attributes of graduates of the Bachelor of Health Science (*Aboriginal Health and Community Development*) graduates. When reading this table one should note that students of this course are training for employment in various settings in Aboriginal health and community development. They are expected to cope with and facilitate change at the individual and the community levels; and will be developing individually, socially and spiritually. Graduates will display the following skills:
Table I. The generic attributes of the graduates of the Bachelor of Health Science

| Knowledge skills | Have a body of knowledge in Aboriginal health and community development. |
| Thinking skills   | Be able to exercise some critical judgement, be capable of rigorous thinking, able to account for their decisions, be realistic self-evaluators, adopt a problem solving approach and be creative and imaginative thinkers. |
| Personal skills   | The capacity and desire to continue to learn; The ability to plan and achieve goals in both the personal and the professional sphere, and ability to work with others. |
| Personal attributes| Strive for tolerance and integrity, acknowledge their personal responsibility for their own value judgements and ethical behaviour towards others |
| Practical skills  | Collect, correlate, display, analyse and report observations and apply results of research and systematic observation to new situations; and generate and test questions related to Aboriginal health and community development |
| Professional skills | Identify factors which impede or promote health in Aboriginal individuals and communities. Communicate effectively with Aboriginal and other people, organisations and communities |

The Market

Knowing how the consumers of an academic program feel about their studies is important. At this point it is appropriate to consider what students who are presently enrolled in the course have to say about their reasons for their decision to come to study at university. The data that will be discussed here was obtained from the First Year Experience Questionnaire. Each year the faculty conducts a survey of all first year students using a modified version of the McInnis, C. and James, R. (1995). *First Year Experience Questionnaire*, students are asked to complete the questionnaire in the second week of the second semester of study. Hence, by this stage most students have had the experience of one semester of university study and have developed a reasonable commitment to the course they have enrolled in. Appendix I extracts the results for some sections of this questionnaire that was administered in 1998.

Students (AHCD) were asked to indicate what were the important influences on their decision to study at university. The two most important influences reported by 96% of respondents were, being able to develop talents and creative abilities, and being able to study in a field that held high personal appeal. The need to train for a specific job was identified as being most important by 89% of respondents. The next cluster of responses involved issues such a being with people of a similar culture 68%, and getting a job with a good salary 71%. It is interesting to note that being with friends only attracted positive responses from 28% of respondents and expectations of family had even fewer positive responses at 7%.
Curriculum Evaluation and Course Development

Melrose (1998) defines curriculum evaluation as “the process by which a judgement is made about the worth or merit of a curriculum or its appropriateness for the individual, the group, the organisation offering it or the society within which it operates.” (p37). As this definition suggests the process will be multifaceted. It will focus on issues of immediate interest as well as pin-pointing issues that will have a longer term significance on the quality of the programs on offer. The objectives are to evaluate: (a) the degree of student satisfaction with the study block they are currently attending, (b) determine the level of satisfaction with individual classes that they have attended, (c) test the perception of progress based on the stage of the course students are currently enrolled in, (d) the extent to which expectations have been achieved and (e) the extent of student participation in related aspects of their studies.

Institutional integration

The questionnaire is administered three times a semester (each of the blocks students attend) and is kept in a similar format throughout the year. The questionnaire consists of three components. The first part (Part A) relates to the subjects that are currently on offer. This section asks students to respond to questions that relate to the perception of the effectiveness of the teaching/learning environment. The second component asks students to relate their performance and study to the social and personal environment. Issues such as social and cultural needs are canvassed at this stage. The third part asks students to both identify and comment on what they like most and least about their current academic experiences, as well as inviting the respondents to also suggest improvement. An important part of the process is that issues that were raised and discussed in previous blocks are represented for comment and affirmation. Hence rather than letting issues “go away”, issues are brought back in order to check on the extent to which resolution has been achieved.

A note on the selection of questions is that some issues remain relevant throughout the semester, whereas others occur in a temporal context. To reflect this situation some questions remain unchanged throughout the semester, others remain the same in essence but change in tense. For example in the first administration the following question; “I look forward to further study of this subject...” would be restated in the next questionnaire as, ‘I have continued to enjoy studying this subject...’.

Students complete the questionnaire on the last day of each block. The results are presented to them on the first day back of the next block and the issues generated are discussed at a staff student forum midway through the block. Immediately after students leave a staff teaching/learning meeting is called to discuss and action the results.

Learning Styles

The need to respond appropriately to issues related to student performance, flexible teaching and varying learning styles has been shown to be important to the process of effective curriculum development. Milem, J. F. and Berger, J. B. (1997) Students enrolled in the Diploma/Bachelor of Health Sciences were asked to indicate the frequency of various academic activities. One cluster of questions was focused on learning activities such as attending lectures and note taking. Over 80% of students responded that lectures were a valuable source of learning and stimulated their interest. It is interesting to observe that only 4% indicated that they often borrow lecture notes from friends. On the other hand 50% said that they never do. For the statement “Most subjects are really interesting” 89% agreed. Group work is favoured by the majority of respondents. A total of 64% of respondents say they discuss subjects with other students and reported that they were encouraged by staff to
work in groups. Over 70% believe that class discussions are worthwhile even though 68% of students did say that they were uncomfortable in group discussions. 89% said that they could not do well without attending classes regularly. 75% of respondents said that university has helped them to develop their learning skills. On the other hand 32% said that they had had difficulty adjusting to the university’s teaching styles.

Social and institutional integration
Students did express a clear preference for working with members of their culture. Seventy five percent of students reported that they preferred to mix with students of same cultural background. Nonetheless 40% of respondents said that they kept to themselves. However only 14% said that they had not made any friends at University. One of the features of returning to the next block was to link up with old friends. An important and positive note is that 82% of students reported that they regularly seek advice of teaching staff. 50% say that staff are available to discuss my work and 75% say that most academics are approachable. 54% say they really like the atmosphere of campus. Less than 20% of students say that university hasn't lived up to their expectations.

Expectations and Academic Quality?
Nodrvall & Braxton argue that the issue of quality is complex and suggest that a definition of Academic Quality. should ‘focus on fundamental course-level, academic processes and describe the quality of such processes in terms of the level of academic demands or rigor expected of students.’ They define academic demands or rigour in terms of the level of understanding of course content that is demonstrated by students whilst they are engaged in the learning process. The evaluation process for the Bachelor/Diploma Health Sciences in (AHCD) programs asks students to reflect and comment on their learning experiences during the block that they are currently attending.

Students enrolled in the Diploma/Bachelor courses in Aboriginal Health and Community Development have indicated that they have a very clear idea of why they hare attending college and what they expect to achieve as a result. To a large extent this is so because a large number are already working in the profession. For example, in 82% of cases students have indicated that they know the type of occupation they want to train in. Only 11% are using their enrolment in the course to help them to decide their future. Almost 90% have indicated that they have enrolled in their course to take training to become a Health worker.

CONCLUSIONS

This paper has outlined the important issues that have presented themselves over the period that the Aboriginal Health programs have been constructed. The need has been and still is for the training of health workers who are multi skilled. To provide an effective model for program development three issues have to be addressed. They are to:
1. Identify and teach the core skills
2. Provide training that produces personnel become effect agents of change
3. Ensure that the program is in keeping with the requirements of the faculty.

Like road construction, most of the AHCD program development has occurred simultaneously with teaching. Hence the market and student expectations have been in a state of constant evaluation. The block by block student evaluation program has provided the vehicle to assist and direct program development.

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REFERENCES


Community Services and Health Training Australia, (1996) *Aboriginal Health Worker and Torres Strait Islander Health Worker*. Final Draft National Competency Standards July 1996


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