

# Chapter 7

## Managing Project-Based Workplace Learning at a Distance: University–Health Service Partnership in a Master’s Program

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### **ABSTRACT**

*This case description outlines the development of a Master’s course in Clinical Leadership involving a partnership arrangement between the University of Tasmania and a New South Wales (NSW) Area Health Service, where partners are based in different states, and course participants complete their studies predominantly in distance mode. Workplace learning through project implementation is core to the course. The university takes responsibility for the development and delivery of online units, while the health service partner has major responsibility for the coordination and assessment of workplace learning assignments, with the academic moderation of the university teaching team. The integration of theory-based units with project implementation has been well received by course participants. Distance factors provide significant challenges for course implementation. Early course evaluations have informed revisions to unit structures, but changes in the client base may force revisions to course delivery to maintain participant access to study materials and activities. Lecturers, health service instructors, course participants, and their workplace supervisors are all affected by changing dynamics.*

### **BACKGROUND**

In 2006, the Faculty of Health Science at the University of Tasmania started working with a Sydney Area Health Service to develop a master’s course for emerging clinical leaders to develop

competencies in organizational improvement. This followed recommendations, emanating from several reports into adverse incidents in hospitals, for better clinical leadership and a recognition that improvement in health service delivery can only be achieved if senior health professionals are both engaged and knowledgeable about leadership and change (McGrath et al., 2008; Mountford &

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Webb, 2009; Stevens, Osborne & Walker, 2010). This conviction was underlined by the *Garling Report* into the New South Wales public hospital system that concluded:

*Senior clinician involvement from the outset in devising clinical reform is critical to its success. Clinical leaders are needed to drive this reform through persuasion, negotiation and clinician engagement. Non-clinicians have very little chance of successfully effecting change in clinical practice. Effective clinical leadership is essential and is the antidote to a system in which professionals operate independently (Garling, 2008, p. 229).*

Becoming an effective leader in a complex system requires an understanding of the multiple forces at work—political, ideological, economic, demographic, technological and sociological—as well as leadership knowledge and skills and the opportunity to develop and practice effective integration in the workplace. The Master of Clinical Leadership and Supervision course structure was agreed in collaboration between the Area Health Service (AHS) and the university to provide a clear pathway of progression to a formalized qualification through the development of context relevant clinical leadership incorporating workplace based project management. As participants nominating to the program are working full-time and studying two units per semester, it has been essential to structure authentic learning activities to integrate with their roles in the workplace. Teaching methodology is employed in a best-fit combination of online delivery (using Blackboard Vista ©) supported by Sydney-based group seminars (two or three days per semester). This fits with the occupational norm of ‘professional development days’ that participants can apply for from their employer.

Course participants comprise a multidisciplinary group—typically 50 percent are nurses in senior roles (usually nurse unit managers), the

remainder being allied health practitioners, social workers, dental officers and hospital medical specialists. Course intake is in July and the annual intake has been 30–35 students. The course commenced in 2008 with participants drawn from the most populous AHS in the south Sydney region; two more AHS in NSW have since joined in, now producing a catchment of over forty hospitals across a region stretching from the inner city to the ‘very remote’ outback. (This may expand further under the new Clinical Support Cluster arrangements for NSW Health commencing in 2011.)

## **THE PLACE OF WORKPLACE LEARNING IN THE CURRICULUM**

Workplace learning through project implementation is a particular feature of the course. In their first year, participants plan a workplace improvement project by following steps in a guided project management process. The project is then implemented over a semester of self-directed supervised workplace-based study that integrates theory and practice. Building on experience, formative feedback, and reflective practice, participants move on in years two and three to complete a major workplace project incorporating higher order knowledge of legal and ethical issues and risk management gained from later course units.

Workplace learning is commonly associated in Management literature with the ‘learning organization’, where principles of evidence-based practice are incorporated to inform organizational development and change. In Education we may call a similar process ‘action learning’, where the participant (an individual, group or organization) studies their own actions and makes strategic behavioural changes in order to improve performance and outcomes. Gunasekara (2003, then at Charles Sturt University) confirms that action learning is the conceptual basis of project-based workplace learning:

*[Action learning] has usually been applied in ad hoc problem solving, team development, leadership development, and professional or career development... Project-based workplace learning involves the application of an enhanced project management application to embed and develop corporate capabilities at a local level through performance-focussed, individual and team learning. This approach integrates work and learning and theory and practice in real projects, in real time (pp. 39–40).*

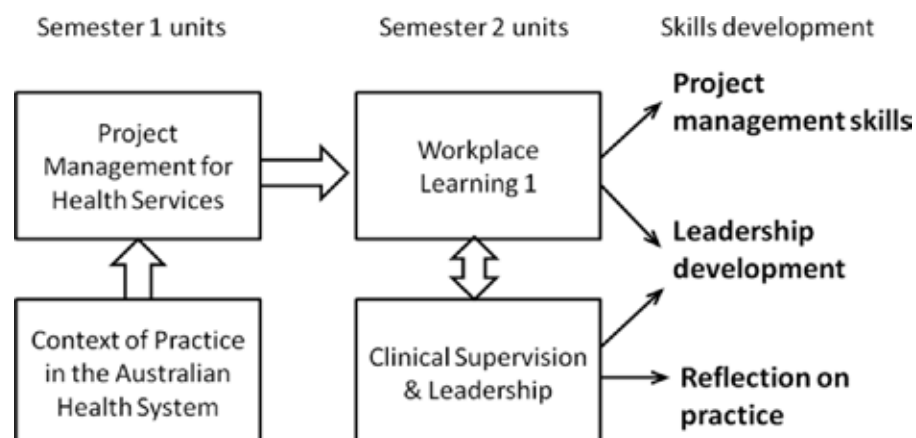
Not a great deal has been published on the use of project development and implementation as a means of integrating contextual knowledge and skills into workplace learning as part of the formal course curriculum. Rhodes and Shiel (2007) describe the experience of Northumbria University (UK) in forming partnerships with employers and using work-based projects to encourage learners to integrate academic theory and workplace practice. The overlapping concepts of project work and action learning, they point out, ‘create an exciting area of relatively uncharted territory’ (p. 174). A study of workplace learning in the United Kingdom National Health Service (Moore & Bridger, 2008) showed that the perceived benefits for the participants included ‘transformation’ as a learner (i.e.

increased confidence, improved self direction and motivation, increased effectiveness as a networker and collaborator) and an increase in organizational recognition of learning. This approach obviously requires an ongoing partnership arrangement between the educational provider and the client organization, with an emphasis on *process*, not just assessment. The unusual situation with the Sydney course discussed in this paper is that the actual project initiation, design, implementation and leadership activities that are the focus of learner participation are core competencies required of the clinical leader and essential outcomes from the course.

A conscious effort has been made to make the most of synergies between theory based units and practical skills gained through project management. In the first year of the course, participants study a unit on clinical leadership at the same time as engaging with their first episode of project-based workplace learning and are encouraged to make use of the opportunities afforded by their project activities in developing their leadership skills (see Figure 1).

Incorporating knowledge from further theory-based units in second and third year, participants refine project initiation and development capabilities with a focus on workplace improvement and team leadership.

*Figure 1. Unit integration for skills development in the first year of the course*



## MANAGING THE WORKPLACE LEARNING AT A DISTANCE

The university–AHS collaboration comes to the fore in the facilitation of the ‘workplace learning’ theme. Whilst university academics take full responsibility for the development and delivery of course content through predominantly online media, the health service partner has major responsibility for the coordination and assessment of workplace learning assignments, following guidelines and with the academic moderation of the university teaching team. A constructive relationship has been achieved by joint unit coordinators (from the university and AHS) in cooperating to meet the contextual needs of practice application by learners in a range of professional healthcare environments (Stevens, et al., 2010). Course participants each nominate a senior staff member from their workplace as supervisor and primary support person who takes a mentoring role and assists with negotiating for successful project implementation. The university provides a set of guidelines for each supervisor to explain their contribution to the participants’ learning and workplace assessment, and the AHS co-coordinator is the primary contact person during project implementation, with their particular knowledge of the NSW health context and closer relationship with the workplaces.

## EVALUATION AND COURSE IMPROVEMENT

All course units are evaluated annually by the participants who complete either formal evaluation surveys (university required) or informal (online survey) methods on alternate years. Response rate to formal surveys has varied from 74 percent (when completed at a seminar) to 42 percent (when returned by post). Response rate to informal online surveys has varied between 16 percent and 50 percent.

Feedback received on Workplace Learning 1 has been positive with 74 percent of all scaled responses indicate that participants were satisfied or very satisfied with all aspects. Responses to open ended questions have indicated that the implicit integration of unit content and workplace learning has been recognized and appreciated:

*The unit was extremely practical, and tied in well to the other unit. I was able to use the skills developed from both to allow for the project to develop successfully. This unit focussed more on the technical aspect of project success and implementation. Whilst the other unit married perfectly with developing the leadership skills to handle the staff conflict as change arises. I loved it! (Informal survey comment for Workplace Learning 1, June 2009).*

There has been positive educational spin-off in the workplace:

*The best [thing] was actually sharing the articles and discussions I had with my project supervisor. It really added to my experience speaking with someone who actually wanted to learn and share re project management and the actual subject as opposed to just critique it (Comment from formal evaluation of Workplace Learning 1, June 2010).*

Negative open-ended feedback has unsurprisingly pointed to the pressures associated with perceived work overload from taking a project leadership role but fortunately not with regard to resistance to project implementation from workplace colleagues. The only negative responses from formal surveys were from two participants who reported a lack of support from their workplace supervisors; others were satisfied or very satisfied with the support they received.

Workplace learning activities in the second year of the course (Workplace Learning 2) have not been so well received. Less structured connections have been made in the study materials

between theory and practice units and participants have commented that the projects they have been expected to develop and implement have been 'more of the same' despite the new knowledge they have been acquiring. (Second year evaluation has been from informal survey so far, and feedback received mostly verbal.) Amendment to content and structure of second and third year workplace learning units has commenced to make explicit connections with theory taught in co-requisite units and to reinforce an expectation of personal and professional development through workplace experience.

Reflection for practice improvement is central to development as a professional and several of the course units require learners to make use of personal journals to draw from for assessment purposes. While explicit instructions for project implementation state that project diaries should be kept as a management tool and to assist in reporting progress, some participants still fail to organize and document their workplace activities this way. Each unit's journaling tasks may be perceived by these participants as being unconnected, especially in the first half of the course while the notion of self directed learning for professional development is still taking root. To encourage participants to make the best opportunity of vertical and horizontal integration of developing knowledge and experience, first year learners will be introduced to the use of e-portfolio software (PebblePad ©) from the beginning of 2011 at the commencement of their second semester, moving into their first workplace learning project.

## **CHALLENGES OF DISTANCE**

All new course developments bring their own sets of challenges; those associated with this course related to differences in work culture between the university and health service partners in planning processes and implementation of education and training, as well as to the diversity of participants'

professions, working locations and local support. The focus here is on issues related to the physical separation of organizational partners and learners who are studying predominantly by distance learning.

### **Access Issues for e-Learning (and e-Teaching) Need to be Overcome**

E-learning technology is used extensively for course delivery and online interaction (learner-learner and learner-lecturer). Fortunately, the days of impossibly slow connectivity now seem to be behind us, but technical challenge continues. Access to Blackboard functions in the workplace are particularly problematic, especially because of firewall type barriers in the health service sector *and* slow development at their system level (software updates may lag a long way behind expectations of university delivery and even typical home computer systems). Course participants (typically aged in their 30s-40s) have adequate computer skills for participation in most routine online activities, but compounding requirements can become daunting as universities aim high in their attempts to engage students and keep up with developments. This is an issue for the health service instructors too! In teaching this course there is demand on participants to access different software media at an early stage in the first semester, but time is provided for early practice and problem identification, and some newer programs are introduced at a later stage in the course once participants have become more familiar with the learning system. (PebblePad for e-portfolios will for instance be introduced in the second semester for optional participation, providing structured activities to assist with project management.) Access to technical assistance over the phone from the university is very helpful but confined to usual working hours, while many health service employees are shift workers and cannot always receive the help they need when they need it.



## **Accommodating Distance Changes the Dynamic**

Broadening of the base to include participants from outside the original AHS is welcomed and contributes good diversity to online discussions, but also has implications for course delivery. The course seminars had been designed to make the most of face-to-face interaction, including role play, project showcases, assessment activities, peer feedback and guest speakers; they have been made useful and attractive for participants who have to give up a day to attend. Several participants from outside the area, however, face a flight and associated time and expense in order to attend face-to-face sessions. There are of course technical solutions for the equivalent delivery of most lectures and activities, but the same degree of synchronous group-work and cohesion cannot be achieved (and technical solutions will produce additional problems for some). Assessment of some units will have to be modified. The provision of optional assignments not requiring seminar participation is already breaking down the group identity as even participants in the closer area opt for individual assignments rather than group collaborations. Stacey, Smith, and Barty (2004) note the significance of different communities of practice which emerge to provide mutual support when adult learners communicate online across workplaces. Opting out of planning group presentations reduces online participation and disappoints those course members who benefit from collaborative activity.

## **Quality of Project Supervisor Support is Difficult to Manage at a Distance**

Coordination of, and communication with, individual project supervisors in the workplaces can be a time consuming job for the AHS coordinator. Each course-participant nominates their own workplace supervisor and, by necessity, this is

generally their line manager. Guidelines for supervisors' teaching and mentoring role expectations are provided, but reminders need to be sent. The assessment sheet they complete on each comprises clear criteria and standards, but the standard of the marking and learner-supervisor interaction is assumed. The only evaluation of supervisory support is what appears in evaluation surveys and verbal comments from course participants: from feedback already reported this is not always satisfactory. In the original partnership arrangement with only one AHS involved, the health service co-coordinator was familiar with most workplaces, knew many of the supervisors and was comfortable with solving issues arising; with expansion of the course's serviced area, however, there is no familiarity with the remoter services or staff. Assessment seminars for project supervisors have been suggested but this remains in the health service domain and poor attendance at such an event has been speculated because of the wide separation of workplaces and lack of incentive for supervisors to attend.

## **Study at a Distance Takes Time and Commitment**

Health services provide many training opportunities leading to formalized recognition by allocation of professional development 'points'. This also equates to the number of days for professional development that each employee can apply for. The cultural transfer required in studying for a university master's qualification is a personal barrier that has to be overcome, with a growing recognition that study cannot be confined to working hours. This comes as a particular surprise to many participants when realising that, despite the close integration of learning outcomes and workplace application we aim for, formal study at a distance makes particular demands of the individual and that they need to take responsibility for their own learning if they are to achieve their professional goals. The first clinical leaders will

graduate from this course in July 2011, and we hope that they will spearhead an attitudinal change in the workplace.

## CONCLUSION

Working on the development and delivery of this course has been a demanding exercise requiring the innovative growth of partnerships between organizations across significant distances. The client's organizational goal of clinical leadership development for workplace improvement has been accommodated by the integration of academic theory and project focused workplace practice.

Management of the workplace components at a distance has been challenging, achieved by joint university and AHS coordinators working with course participants and their workplace supervisors. The discussion highlights dynamics of the course experience which will continue impacting upon all players as:

- Learners adapt to study demands and new ways of learning;
- Educational design adapts course delivery to cope with client base and distribution; and
- Organizational partners react to management challenges, especially those presented by the workplace learning system.

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## KEY TERMS AND DEFINITIONS

**Clinical Leadership:** The practice of evidence-based skills and knowledge (in individual and team situations) to lead improvements in the safety and quality of health care delivery.

**E-Learning:** Education dependent upon, or supported by, computer-delivered materials and activities.

**Industry Partnership:** Formal arrangements between an ‘industry’ entity (service, manufacturing, etc.) and a learning provider to deliver context-dependent professional education.

**Professional Development:** Skills and knowledge delivered (by a learning provider) and attained (by an individual) for professional improvement and career advancement.

**Project-Based Workplace Learning:** Using project implementation in the workplace to develop management and teamwork capabilities, and reported on as a learning exercise.