A case study in mainstreaming flexible learning in health – perspectives from the bush

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Abstract

Our mission is to inculcate an ethos of online learning and communicating, moving it from the margins to mainstream. A skilled health workforce is crucial to better practices. Face-to-face teaching still dominates learning across NSW Health, despite remarkable developments worldwide in using technology for learning. Health is slow to embrace this renaissance due partly to lack of exposure among educators and learners, and the fact of course that learning is not its core business. The three staff comprising New England Area Health Service (NEAHS) Learning Services extensively researched NEAHS staff attitudes to flexible learning (2001) and Information Technology skills (2003). Amalgamating these data, with that from the first ever across-NSW Health online course we ran (2002) determined the appropriateness of our decision to instigate an external web-based discussion facility, previously not available in health, for supporting learning and for communicating within NEAHS and indeed across Area Health Services (AHS).

Background

Non-university post-secondary education (VET) has faced huge reforms over the past two decades. Once almost the sole domain of Technical and Further Education (TAFE) Colleges, some 5000 providers now tout for the market. Accreditation is mandatory but modus operandi vary, from face-to-face pedagogy, through distance education modes, to online and 100% flexible delivery. Consequently, VET is now more widely available to the workforce.

NSW Health is a case in point, having some 100,000 staff, many of who have no formal qualifications, yet who must continually strive to transform work practices to better meet evolving practice standards. NSW Health has no centralised learning function.

Without doubt, face-to-face teaching dominates learning throughout NSW Health. This is in spite of world-wide developments in technology for learning. Baseline data from focus groups held in each AHS late in 2001 indicated that the amount and type of flexible learning, including online, was less than 1% of all education provided in NSW Health. New England Area Health Service (NEAHS) stood out at the time as the sole AHS having demonstrable commitment to using more flexible learning models.

Learning Services in NEAHS has undergone several incarnations during the last decade (Cupitt 2000; Hartley 2001a, 2001b; Mills 2001). From seven staff to three, from ad hoc 'feel-good' teaching, to total reliance on flexible, now including online, learning. Much has changed in Learning Services since we published our foray into more flexible delivery (Hartley 2001a). This paper reports on subsequent innovations, for which the team

has won four awards: 2001 NSW Health Baxter Award for Embracing Innovation, 2001 Premier's Public Sector Commendation for Provision of Services to Regional/Rural NSW, 2002 NEAHS Quality Award for 'Better Value', and 2003 NEAHS Quality Award for 'Education & Training'.

Recent innovations

The aforementioned focus groups across health resulted in all Learning and Development Units collaborating in running the online foray – the first ever across NSW Health. Opposition to mustering innovative learning has several root causes, mainly lack of exposure among educators to more flexible learning practices. This we addressed by designing and running this short online experience, using facilitated discussion groups (their first experience for many). We used rudimentary technology – free, readily available, and, easy to use for the technophobes – a fortuitous choice as it turned out.

This was a logical follow-on from previous inter AHS collaboration. In 2000, all AHS Learning and Development Units relinquished rights to individual accreditation, uniting under the one Registered Training Organisation (RTO) to become arguably one of the largest industry-based RTOs in Australia (Hartley 2001b). Subsequently, learning resources, RTO policies, documents and forms, are now centralised on the NSW Health intranet. This represents a tangible and demonstrable commitment to efficiency and effectiveness in reducing duplication.

The reality nowadays is that sustaining ongoing classroom-based teaching for 100,000 health staff, on tight budgets, simply is no longer viable. Evaluations of our online foray indicated the majority (70%) of educators would now include some online delivery. The momentum generated, and birthing of our very own external rudimentary online discussion facility (www.neahs.nsw.gov.au/discus), has heralded unprecedented interest and uptake in more flexible learning.

The impetus for change was inequitable access to learning and communication (knowledge). Our work, based on quantitative and qualitative statistical analyses, and using quality improvement methodology, verified the efficacy of embracing technology for learning. Showcased at both ARCHI2003 and AUSWEB2003 national conferences (http://www.ntechmedia.com/ausweb/papers/refereed/mills/paper.rtf), our achievement is inexpensive and easily emulated.

This is a first in public health, arising to address rurality-specific issues including tyrannies of distance; shift, part-time and casual workforce; and child-locked staff. Our work was benchmarked across Australia though the Australian National Training Authority's Flexible Learning Leader network, which comprises organisations including TAFEs, universities, Qantas, BHP and Queensland Rail.

Online discussions proliferate outside health, allowing 'any place, any time, any pace, any where and any how' access. Such communication far surpasses, yet complements, the limitations of email, distance learning, videoconferencing and the like. Useful as a depository for documents, feedback, greenhousing ideas, support, mentoring, Learning Services' discussion facility inexpensively stop-gaps the nascent NEAHS internet and non-existent intranet sites. It also paves the way in NSW Health for considering the benefits of endorsed online discussions.

Well-being is core business in health, so unlike other agencies specifically funded for training, the learning budget in public health is miniscule, thus forcing innovation and thinking across the squares. Australian Bureau of Statistics indicates phenomenal uptake of computer and Internet technology in rural/remote areas.

Because NSW Health does not yet support online discussions, our initiative, costing less than $1,000, has opened communication and learning to more people, staff and community. It complements, not replaces, other models of learning and communication, thereby giving disenfranchised people a voice and opportunity, many for the first time. In bringing learning to the masses, the data are irrefutable indicating considerably more access and completion since flexible delivery became our mainstay.

All of this is revolutionary for us in Learning Services, but benchmarked against current better practices elsewhere, does identify a proliferation in health of unicorns, dinosaurs and flat-earth adherents. It's this traditional culture of classroom-based teaching that we are determined to change, by showing that flexible and online learning and communication works, and in giving staff the skills and confidence to join in.

Our immediate task is to revamp NEAHS in-house learning, starting with orientation and other mandatories, to provide more flexible models of learning to all agencies whose core business is not learning. Our work foreshadows, depending on goodwill, the potential for more centralised learning across AHSs and indeed agencies, thereby saving taxpayer dollars.

Applicability to other settings

NEAHS Learning Services has provided an external online facility for shared discussions and for supporting learning across a large, complex and disparate organisation as is NSW Health. Already, we host numerous discussions (public/private) and support six certificate/diploma qualifications – online (for candidates across the state). Clearly, online discussion is a tool with wide applicability. The potential for learning resources to be shared and harnessed nationally is tremendous; all it requires is some innovative planning and creative partnerships.

Our qualitative and quantitative data presaged major transformations in learning, resulting in a change management plan for flexible learning across NSW Health. Collaboration and sharing of scarce resources reduces duplication and inefficiency. It has particular application and merit in rural and remote facilities. Clearly, traditional teaching and learning models no longer meet the diverse needs of 100,000 health staff or employers, especially in the public health sector with competing budgets, burgeoning costs, the vagaries of distance and a shift and part-time workforce. Dynamic learning models must become mainstream, benchmarked with other industries, to increase access by staff to the smorgasbord of learning opportunities available. Remarkably, NEAHS has started this transformation on a budget of $1,000, in the absence of viable NEAHS internet/intranet sites.

References

Cupitt Margaret 2000, Using Flexible Delivery to Provide Education Programs in Rural Communities, *Education for Quality Healthcare Symposium*, Brisbane Australia, 12-14 November, Mater Hospital, Abstract No 25.

Hartley Ross 2001a, A case study in using VET qualifications to rejuvenate learning and change in a rural area health service, *Australian Health Review*, vol 24 (3), pp 141-147.

Hartley Ross 2001b, NSW Health becomes a Registered Training Organisation, *NSW Health Public Health Bulletin*, vol 12(6), pp 167-170.

Mills M 2001, Designing a flexible model of learning for a rural health organisation: a case study, *Education in Rural Australia*, vol 11 (1), pp 45 - 55.