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Transferring learnt knowledge to practice: an example from the health promotion field

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This paper discusses the teaching approaches undertaken in the field of public health and health promotion that prepare undergraduate students for the work environment. Although this degree is theoretically based, our experience along with student and health sector feedback has lead us to provide greater opportunities for students to integrate class room learning and field experience across the three levels of the bachelor degree. Thus, a greater emphasis is now placed on competency based learning, reflective practice and field exposure from first year through to third year to encourage self-directed and confident health promotion practitioners.

Keywords: authentic assessment, experiential learning, field work, health promotion, reflective practice.

INTRODUCTION

This paper is based on our experience as educators in the discipline of public health and health promotion (PHHP) in preparing undergraduate student’s to be public health and health promotion practitioners. It is reflective of our teaching approach to public health and health promotion practice and discusses the importance of linking pedagogy and practice in this discipline to prepare students for the challenges of their professional life.

THE FIELD OF PUBLIC HEALTH AND HEALTH PROMOTION

Public health in its traditional sense concentrated on improving people’s health at a societal level through policy and infrastructure developments to guard against disease. Contemporary notions of public health have shifted from the historical medical orientations of the 19th century to a broader understanding of health, which suggest health to be “a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity…” (WHO website 2008, no page number).

Given this shift, contemporary public health ideologies embrace the promotion of health, and in doing so acknowledge the interrelationship of social factors in determining health status. Framed by this broad philosophy of health and wellbeing, the practice of health promotion within the field of public health comprises values that embrace social practices such as social justice, equity, advocacy, empowerment, community engagement and policy change to promote health (WHO 2008).
DEAKIN UNIVERSITY BACHELOR OF PUBLIC HEALTH AND HEALTH PROMOTION

The public health and health promotion degree at Deakin University assists students to develop knowledge and practical skills in the analysis of, and action on the determinants of health and illness among communities and populations. A strength of the course is its vocational relevance which is maintained through the close association staff has established with practicing professionals from a wide range of sectors including health, education, environment and planning. Graduates are equipped to work in areas such as government and non-government departments, health foundations, community, primary and women's health services, health promoting settings i.e. schools, hospitals and workplaces, divisions of general practice, aged care and other human services. Depending on the electives students choose, they will be qualified to work as health educators, project officers, health promotion coordinators/managers, corporate health consultants, researchers, evaluation and policy officers, community development workers, community health nurses and public relations officers (Deakin University 2008).

HEALTH PROMOTION COMPETENCIES

Australia is considered as being at the forefront of professional education and practice in the health promotion sector. However, given the breadth and multi-disciplinary scope of health promotion practice the skill set that health promotion practitioners are expected to embrace continues to be debated at a national and international level (Shilton, Howat, James, Hutchins & Burke 2006). Such breadth creates challenges for educators who are guided by the field in developing and revising tertiary education courses that assist people to gain workforce roles in health promotion. In 2007, Australia’s key PHHP bodies developed a set of 31 core health promotion competencies to guide workforce structure and tertiary curriculum (James, Howat, Shilton, Hutchins, Burke & Woodman 2007).

Given the importance of establishing a competency based curriculum, the School of Health and Social Development have recently undertaken a review of the PHHP degree to ensure that this degree remains in line both the university’s goals of being progressive, relevant, innovative and responsive, and the field’s expectations of competent and skilled graduates in public health and health promotion (Social Health Group 2007). In particular, preparing students for the working environment and to be job ready in an array of competencies sets down challenges for teaching and learning in this complex and multi-disciplinary health field. Hence, integrating a more practical orientation to the undergraduate curriculum has been a key development of the School of Social Health and Development PHHP course in recent years. Although this degree is theoretically based, our experience along with student and host agency feedback has demonstrated an increased need for students to better understand how to transfer learnt knowledge to professional practice.

PEDAGOGY THAT PREPARES STUDENTS FOR PHHP PRACTICE

The competencies required for this field of practice are multi-disciplinary and thus, the course is informed by a range of teaching practices and pedagogies in recognition of this diversity. Feminist and constructivist pedagogy are key examples of the types
of paradigms that influence the course design and delivery. Feminist approaches are characterised by active student participation in the learning process and the classroom is characteristically - democratic, collaborative and participatory. This approach values individual growth and learning and recognises that culture and gender influences learning (Clifford 2002; Crabtree & Sapp, 2003). Similarly, constructivism is a paradigm adhering to the belief that learning is active, the learner is an informed constructor and new information is linked to prior knowledge, past experiences and values (Learning Theories Knowledgebase 2008). Preferences for these pedagogical positions means that teaching and assessment designs for the units are oriented towards reflective practice, experiential learning and authentic assessment modes.

In each year of learning, particular units that initiate mechanisms for experimental learning are undertaken. In the first year of study the focus is on learning the knowledge and values of the health care professions. At this point of their academic careers students are in still in what Ballard & Clanchy (1991) call the conserving model of learning associated with late secondary school. In recognition of this, the first year units of the PHHP degree endeavor to transfer students from surface learning to deeper learning styles which are associated with feminist and constructivist methods. For example, students are introduced to the philosophy and foundations of public health and health promotion whilst enhancing their ability too apply the theory in practice through group work, reflective journaling and fieldwork visits. In second year, students develop a range of health promotion professional practice skills necessary for effective health promotion action. The teaching methods are similar in design to the first year unit and characterized by experiential learning, authentic and portfolio assessment techniques. By third year, the degree offers an opportunity for students to participate in active learning processes which involve evaluating and questioning in the field through lived experience (Ballard & Clanchy 1991).

Experiential learning is used to facilitate student’s acquisition of a deeper knowledge and understanding of the discipline area and to enhance links with the professionals in the field (Deakin University 2006). Hence, students at each year level are required to undertake fieldwork activities in the context of preparing for authentic assessment tasks. As stated by Guilikers, Bastiaens & Kirshner (2004, p.69) “authentic assessment requires students to use the same competencies, or combinations of knowledge, skills and attributes that they need to apply in the criterion situation in professional life”. An example of the experiential learning and authentic assessment in practice can be seen in fieldwork activities in years one and two which involve developing student’s skills and competencies in research and consultation, effective communication and building professional networks. Some field work is conducted and assessed in a group which is indicative of the competencies required for collaboration and teamwork. The idea is that PHHP graduates will be proficient at performing the tasks they encounter when they graduate (Mueller 2006). In these units the fieldwork experiences also feeds into a three part portfolio of work submitted for assessment. The constructivist portfolio model is used because it appeals to a diverse range of learning styles and student profiles that value both the intellectual and social development of the individual (Johnston 2004).
In line with the approaches used in feminist pedagogy, these units also teach reflective practice skills using journaling as both a teaching and assessment method. Reflective professional practice skills (RPS) are highly valued graduate competencies in a range of healthcare disciplines and hence a core element of the PHHP degree. Fleming (2006) argues that reflection is a neglected art in health promotion and as such our course has endeavored to fulfill this gap through the design and implementation of core units with online journaling. Online journaling is used as it indicative of contemporary teaching practices and is consistent with needs of what Jonas-Dwyer & Popisil (2004) call the ‘millennial generation’ - a generation highly dependant and skilled in information technology computer use and learning technology). Journals encourage students to be in charge of their own learning, to reconstruct new knowledge in light of their existing knowledge and experience and to assess their own development (Clifford 2002). The journaling tasks inherent to these units develop the skills of self reflection and self assessment which are essential for a competent practicing professional. Fieldwork exposes students to real life practical experiences unto which they can develop their skills of reflection. The structure of journaling varies between units and year of study. A more structured and guided delivery characterizes the early years of the degree as students cultivate their reflective and critical thinking skills. For instance, students are required to complete weekly journal entries responding to specific questions about readings, classroom activities or lectures. In second and third year journals, the guidelines are more flexible and encourage students to define and reflect upon critical incidents. Journal entries at these levels relate to professional experiences that result from fieldwork or practicum placements and are supported by team reflection processes i.e. with the teacher, peers and/or practitioner.

Notwithstanding reflective thinking skills are of fundamental importance for life long learning and the development of a socially mature professional. Beyond graduation PHHP practitioners require ongoing training and development to remain effective in this dynamic field.

HEALTH PROMOTION PRACTICUM, THE THIRD YEAR EXPERIENCE

The first and second year units of the PHHP degree provide a foundation for third year students to be well equipped to undertake the work integrated component of their degree. The Health Promotion Practicum aims to provide students with an in-depth working understanding of key health promotion principles and approaches as applied in a working context. In addition to developing a practical understanding of health promotion, this field work opportunity aims to assist students build upon professional and personal skills required to work in a health promotion role.

Students are required to complete 120 hours of field practice in which they are assigned self-directed, task orientated projects that challenge the student to deliver tangible outcomes that draw on the principles of health promotion. The third year practicum unit differs from previous contact with the field where they undertake group activities and report on health promoting programs. The practicum unit calls on students to be embedded in the day to day activities of the host agency as a team member who has set tasks, targets and milestones which contribute to the working
practices of the host agency. Thus, this student engagement requires students to have a sound theoretical base so that they can actively engage and contribute to the needs of the working environment they are assigned to.

In addition to the field work component of the unit, students are required to undertake university assessments that ask them to prepare key documents that plan and manage their assigned tasks (project proposal), and evaluate their field experience in consideration to the goals that they set at the commencement of their placement (practicum report). These documents follow a Terms of Reference brief rather than a criteria sheet and impress upon the use of health promotion language, theory and principles in their response. Like the first and second year units described above the emphasis is on professional document development which is indicative of the day-to-day report writing graduates would be expected to undertake in the workforce after the completion of their degree. The outcome being that authentic and portfolio based assessment develops both written presentation skills and confidence for the student.

Another key aspect of the practicum unit teaching method is that they are required to journal their experiences of health promotion application throughout the placement period. In doing so students critique and question the ease or difficulty of transferring learnt knowledge, and consider what barriers hinder best practice in the application of health promotion theory. Given their exposure to reflective journaling throughout the degree by their third year of study PHHP students are well equipped to reflect on their practicum experience and critically examine professional practice in the context in which they undertake their placement.

The success of these combined methods in producing the learning outcomes can be found in the university lead quality assurance tool Student Evaluation of Teaching Units (SETU), qualitative feedback from students, agencies, and teaching staff. This information has provided a strong rationale for this work integrated approach in our teaching.

CONCLUSION

The linking of pedagogy and practice is important to the competency of students in the discipline of public health and health promotion. A teaching and learning environment that promotes theory to practice skills is valued by the public health sector as our graduates demonstrate confidence in their own abilities, and a greater appreciation of what is required by them as graduate practitioners. From our experiences, students gain a greater understanding of the profession when integrating theory and field work at each level of their degree. The Social Health Group's (2007) research indicates that this consistent use of teaching methods and approaches as well as the inherent synergy between subjects is a key strength of the PHHP degree.
REFERENCES


