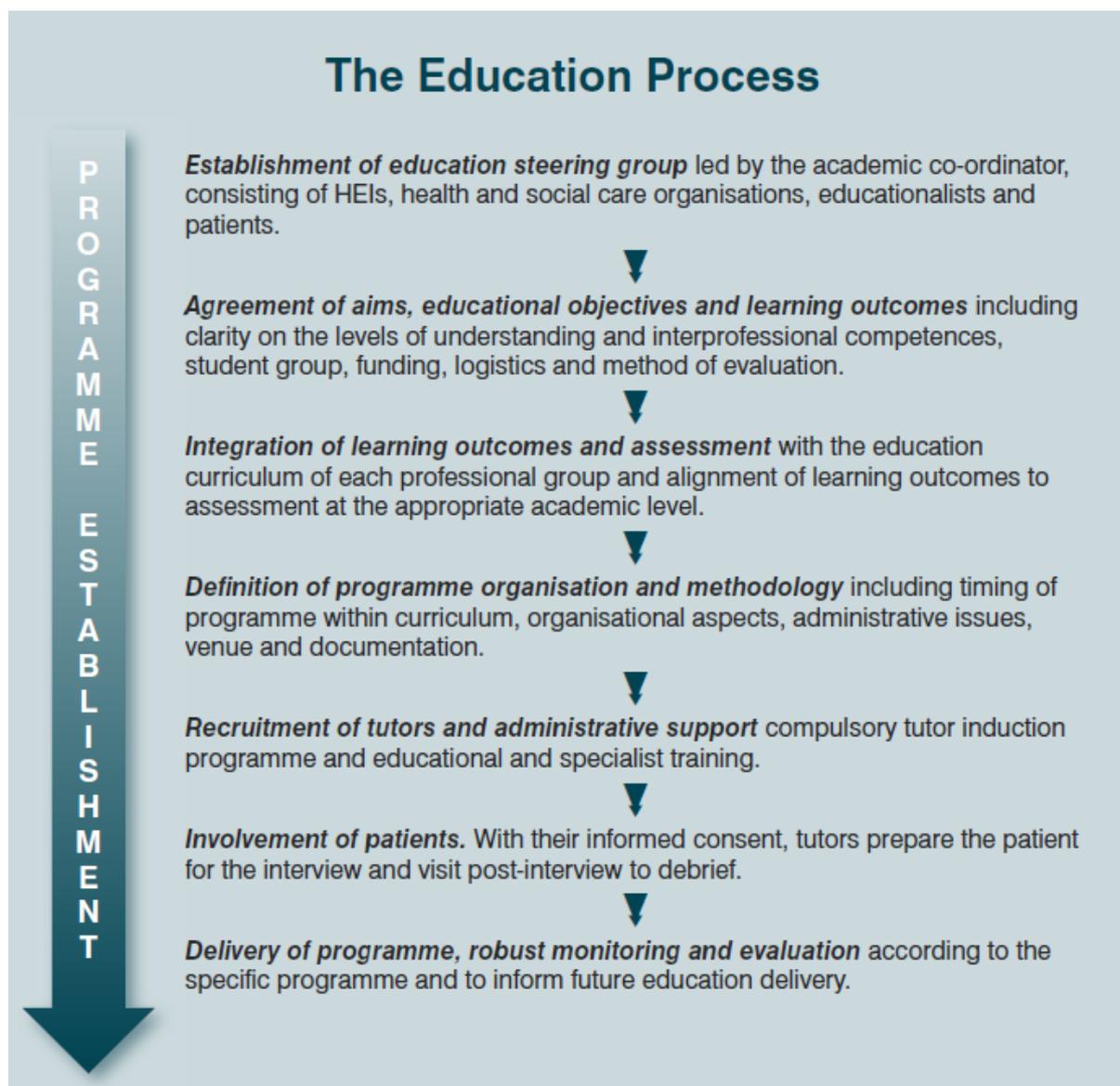


The Teacher Pathway

This section outlines the steps you would need to take to bring a groups of committed people together to replicate the model for your locality.

With the educational infrastructure established and academic coordinator in place, the education content is summarised in Figure 5.

Figure 5: The education process.



Stages of Programme Development

The educational steering group should meet before the programme commences, during or immediate post-programme and once more to receive the programme outcomes, including the results of the evaluation study.

The programme title, aim, outline content, timing in the curriculum, funding, and methodology should be clarified. Entry requirements and pre-requisites should be identified. The content should be influenced by local, national and professional body requirements of

the students. The learning outcomes should integrate with the educational curricula of each participating professional group.

For post-qualified learners, a statement should specify how the programme supports the workforce skills of their health or social care organisation. In the UK this is particularly pertinent for non-medical staff working towards an advanced (autonomous) practitioner role.

HEI regulatory processes need to be followed including the engagement of an external examiner.

Intended Learning Outcomes should be developed in the following way:

- the level of understanding should be clarified by specifying the type of knowledge required. For example declarative knowledge (e.g. learning about diseases or organisations) is focused more at undergraduate degree (level 3); Masters level knowledge should additionally be rated as functional knowledge, where learners put the declarative knowledge into a problem-solving exercise; and as the learner progresses, conditional knowledge where learners exercise active control over problems and decisions. Knowing why, when and under what conditions one should act;
- Bloom's Taxonomy¹ can be applied to the development of learning outcomes to specify the cognitive complexity;
- there are other domains of intended learning outcome. In the UK the Dearing Report² recommended four domains of higher education to ensure the development of transferable skills, namely: Knowledge and Understanding; Key Skills (communication, IT, numeracy); Cognitive Skills (critical analysis) and Subject Specific Skills;
- once the learning outcomes and cognitive level of study is identified, the assessment can be specified ensuring the methods align with each outcome and test the cognitive level of understanding.

Assessment planning should commence with clarification on the purpose and whether it is summative or formative.

- each programme requires the completion of a case study analysis. These case studies are a valid, reliable and practical assessment which acknowledges the diversity of learners and can be used for peer and self assessment and as part of presentation skills;
- in some programmes case studies will be complemented with a range of other assessment methods for example:
 - *multiple choice questionnaires for declarative knowledge, coverage of syllabus, with ordered outcomes providing hierarchies of understanding*
 - *performance assessment including objective structured clinical examinations (OSCEs) and oral presentations*
 - *reflective Portfolios*
- criterion referenced marking schemes are agreed across the relevant learner disciplines.

Methodology

- the Leicester Model of education is a small-group, problem-based learning (PBL), task-orientated, experiential learning experience, immersing students into the real lives of patients and the complexities of delivering integrated support services;

¹ Bloom, B. (1956). *Taxonomy of Educational Objectives Handbook I: Cognitive Domain*. McGraw-Hill, New York.

² NCIHE (Dearing Report) (1997). *Higher Education in the Learning Society, National Committee of Inquiry into Higher Education*, HMSO, London (Recommendation 21).

- this form of PBL is highly suited to a wide range of health and social care students across all academic levels because it develops professional attitudes and values. It does this by integrating subject areas which are traditionally taught separately from real practice, such as diversity, cultural sensitivity, patient vulnerability, team working and ethical principles;
- programme educational resources should include workbooks to guide the learners. This should include organisational information, programme content, pre-reading, references, education support, learning styles, activities, timetables, the assessment and evaluation;
- resources should also include provision of literature on locality organisations, academic publications and policy reports;
- students must be made aware of important tutor support roles including how to share concerns identified during the programme;

Processes

- educational venues and dates of delivery should be identified and booked. Locality representatives should be informed about the programme and presentation sessions;
- tutors, mentors and lecturers should be confirmed. Training and induction programmes should be organised and delivered;
- patients should be identified and given full autonomy in their involvement;
- robust processes should be in place to address and record any untoward incidents or issues. An annual report should be produced;
- an evaluation of the programme should be integral to the programme. The results are received by the education steering group.