The Faculty of Health Sciences

Evaluating Curriculum Change

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Summary

1. Context of Curriculum Change
   - policy changes
   - student outcomes
   - evidence-based decision making??
2. Curriculum?
3. Evaluation approach
4. Outcomes
5. Discussion: Evaluation, engagement and culture-change

Context of Curriculum Change

- University curricula must provide generic, essential skills including *"team work, flexibility, creativity, adaptability, communication …."'* (Industrial Research and Development Advisory Committee, 1990, p.43)
- Employability / skills agenda

  "while many of the criticisms of the skills agenda have some validity, the world in which graduates are expected to compete for jobs and then function as entry-level staff does not allow them the luxury of such a debate" (Washer, 2007, p.57-58)
- Pressure for consistent higher education qualifications to facilitate international transferability (European Ministers of Education, 1999; U.S. Department of Education, 2006; Department of Education, Science and Training, 2006; Asia Pacific Ministers of Education, 2007)

Context of Curriculum Change

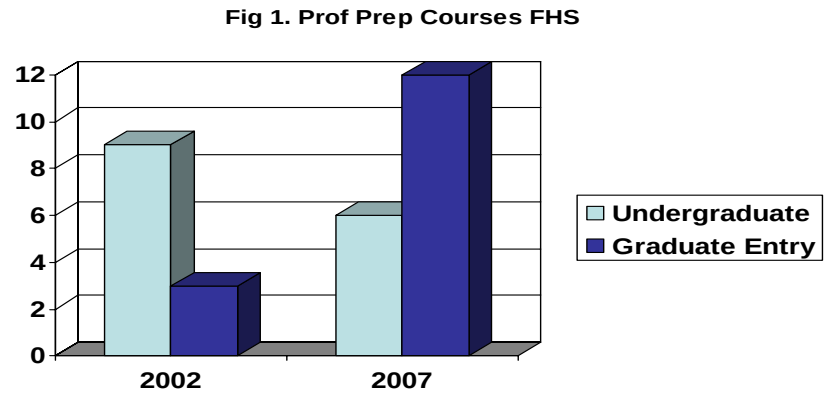
- Rise of evidence-based practice throughout the health sector (Evidence-Based Medicine Working Group, 1992)
- Rise of emphasis on cultural awareness in general and indigenous culture in particular
- Recognition of discrimination experienced in the health sector (LaVeist, Rolley, & Diala, 2003)
- Chronically poor indigenous health outcomes in Australia: 17 year gap in life expectancy (AIHW, 2008)

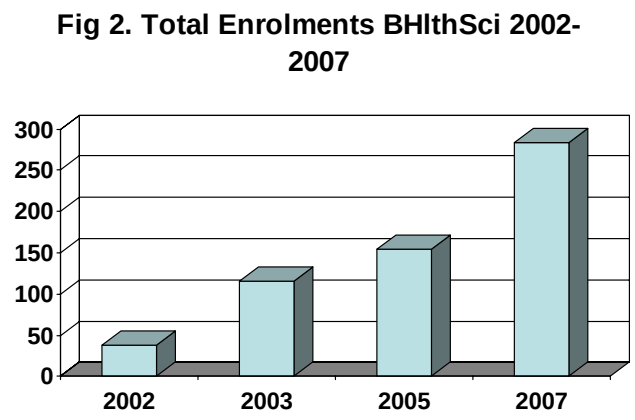
Context of Curriculum Change

- FHS graduates: curriculum not equipping graduates with
  - shared understanding of professional roles
  - skills for working in multidisciplinary environments (Adamson, Harris, Heard & Hunt, 1996)
- Inadequate communication between health service providers linked to serious patient outcomes including increased mortality (Department of Health 2001; Quality Interagency Coordination Task Force 2000)
- Rise of interprofessional learning and teaching practices (e.g., Barr et al., 2006)
- BUT rise in generic undergraduate health science programs with many professional preparation programs now partly or exclusively graduate entry (Harris et al., 2006)

FHS: 2002 and 2007

- Fig 1: change in UG: PG professional preparation courses FHS 2002
- Fig 2: Increase in total enrolments BHlthSci 2002-2007





What is curriculum?

- set of courses, course work, & content offered at a university
- *"the concept of 'curriculum' in the university setting was unfamiliar to many academics, who developed and taught …. to reflect their own interests with little attention to ensuring coherence or identifying the aims and objectives of teaching"* (Candy et al., 1994, p.60).

1. content focused discipline interests,
2. learning & teaching improvement initiatives
3. key issues in HE, eg 'internationalisation' (Hicks, 2007)

- "while the term curriculum is largely used in a narrow way in Australian universities …. the scope and complexity of curriculum is beginning to receive more attention (Hicks, 2007)

B Hlth Sci curriculum

1. content focused discipline interests (major in health & health services; 2nd major in related area)

2. learning & teaching improvement initiatives (“flexibility”, “modularity”, “Innovation (especially design, delivery and assessment)”, “Outcomes based”)

3. key issues in HE, (RELT, Interdisciplinary, Indigenous focus, International

Influences on Curriculum (Hicks, 2007)

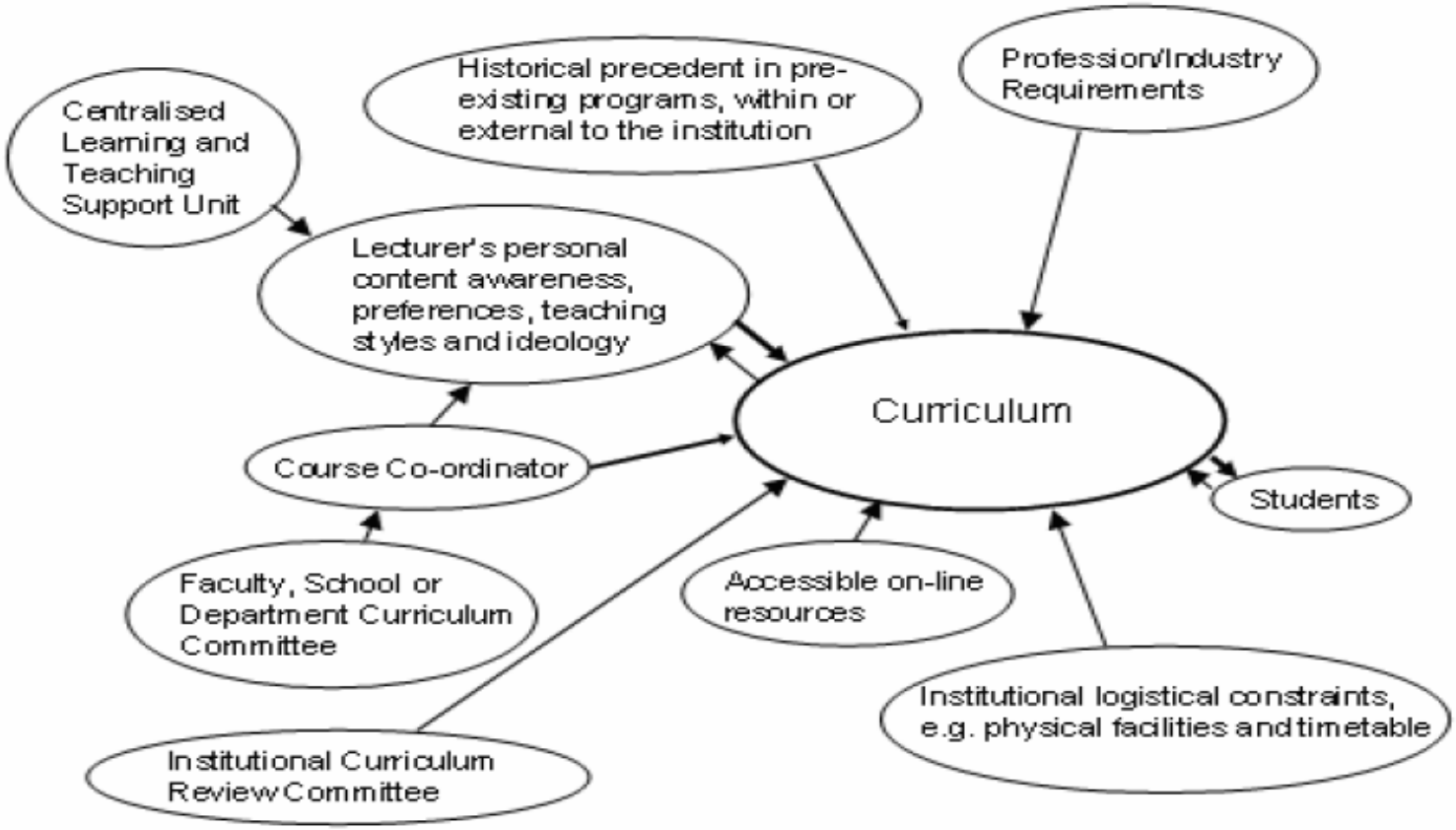
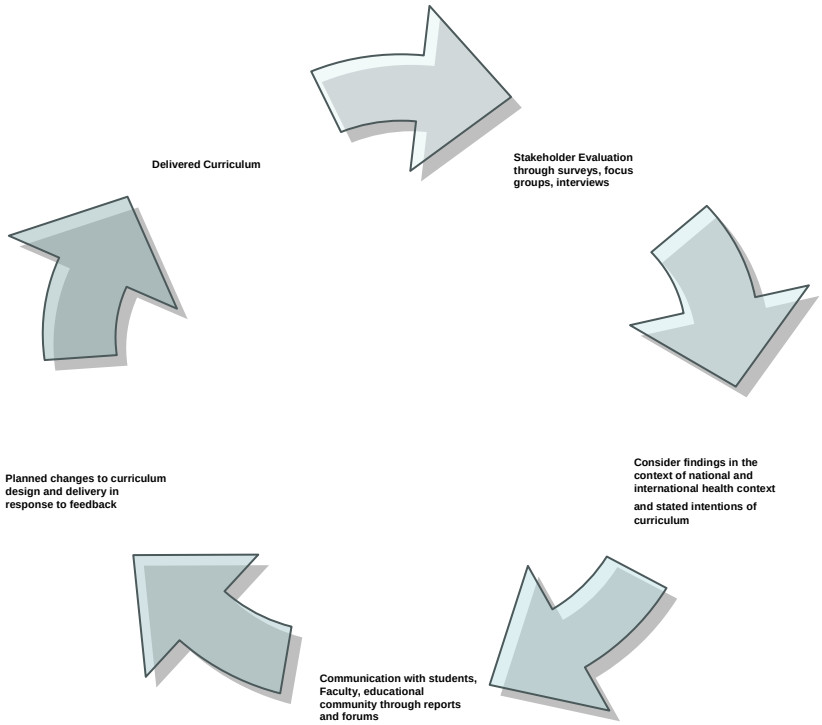


Figure 3: Typical Influences on Curriculum

Evaluation approach: Curriculum Evaluation Project (CEP)

- UNESCO *"trans-national cooperation in creating standards and indicators"* for evaluating higher education programs
- no set of proposed indicators available (Hamalainen, 2003)
- Comprehensive evaluation of a new curriculum must be longitudinal, developmental, and multilevel (Leathwood & Phillips, 2000)
- Search of online databases -> few reports of broad, comprehensive, whole-of-course or longitudinal evaluations that recognised a range of stakeholders
- CEP: aims to develop a virtuous cycle of evaluation, feedback, and improvement
- Feasible, repeatable, comparable, generalisable



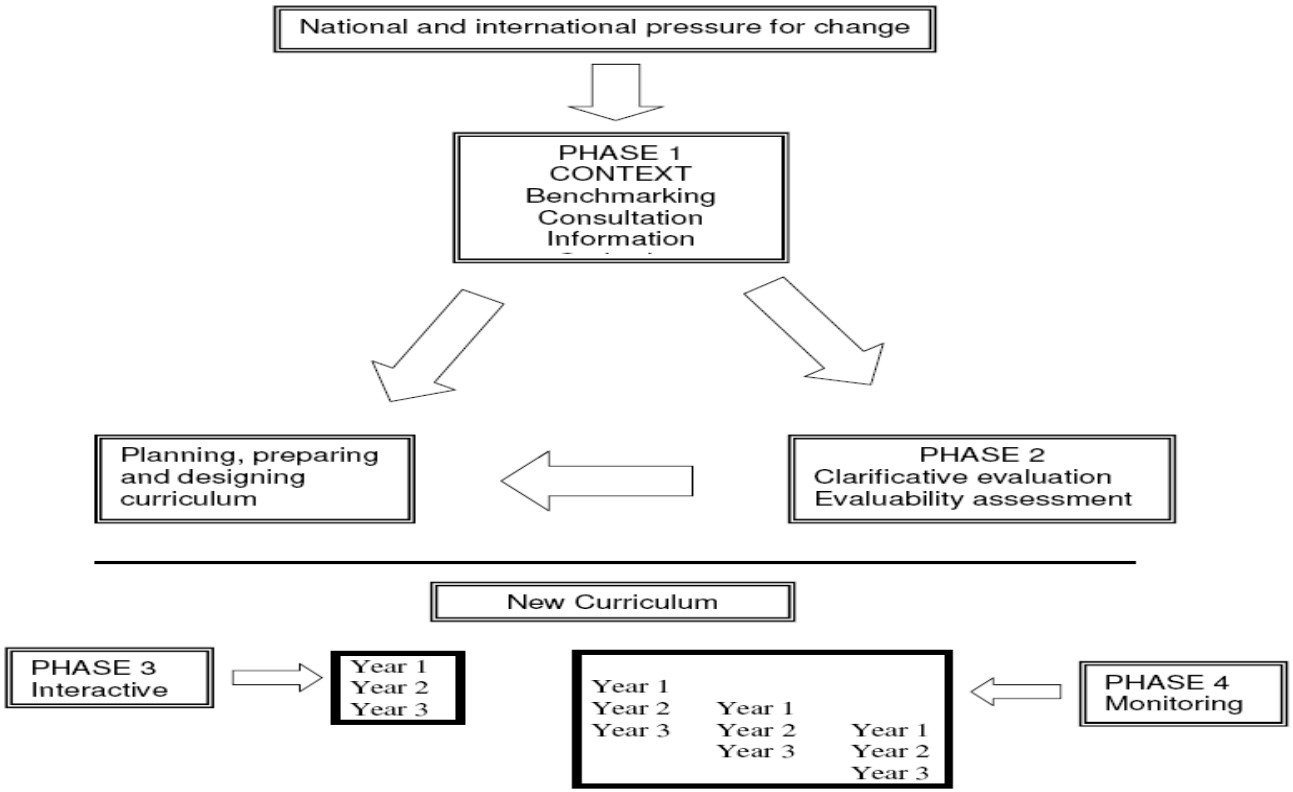


Figure 1. Summary of planned evaluation

Evaluability Assessment

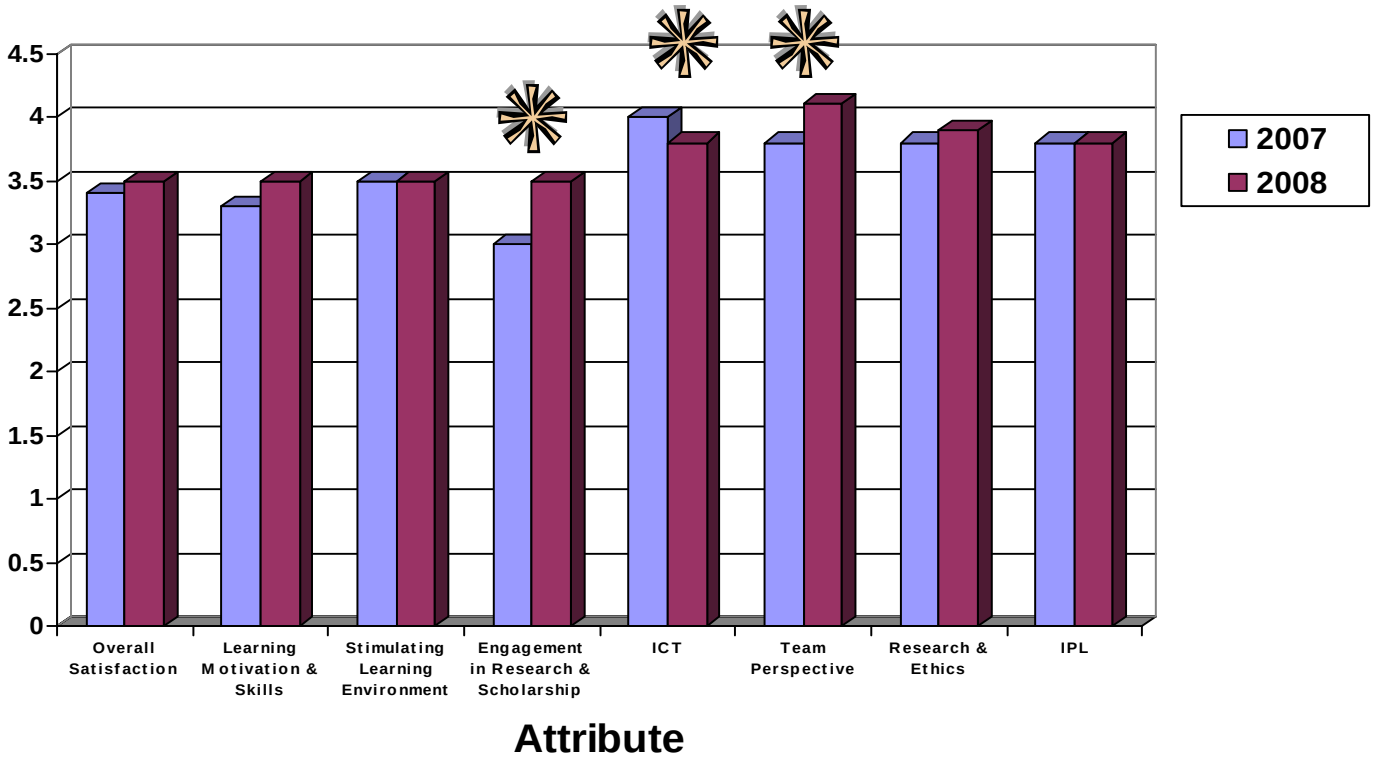
The Faculty of Health Sciences

Evaluation Activity or Data Source	useful and accessible	Useful, investment needed
Staff / student on-line Surveys		
Staff / student Focus Groups / Interviews		
Employer Focus Groups / Interviews		
Unit of Study Evaluation		
SCEQ (small numbers of students)		
CEQ and AGS (time lag)		
Curriculum Mapping		
University Records: Financial Data		
University Records: UAIs, enrolment, progression, retention data		

Outcomes

- Feasable? Evaluability Assessment, implementation manual √
- Repeatable? Two years data available √
- Comparable & Generalisable? Metrics used with other courses/ other faculties (not yet other institutions) √
- Informing curriculum change √
- CEP driving culture shift: Communication about evaluation (website, written reports, Faculty, University ..)√
- CEP driving intra-course staff engagement: meeting attendance, curriculum teams √
- CEP driving inter-course staff engagement √

p<0.05


Mean Rating BHlthSci Year 1 2007 and 2008
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Overall Satisfaction
Learning Motivation & Skills
Stimulating Learning Environment
Engagement in Research & Scholarship
ICT
Team Perspective
Research & Ethics
IPL
2007
2008
Attribute

Evaluation, Engagement and Culture Change

- Environment of change, more change! Building confidence, engagement, space and opportunity for interaction / communication.
- Challenges: diverse stakeholders with competing priorities
- Communication and feedback; managing stakeholder expectations
- implications for education and training in psychology
  - Psychology curriculum and graduate destinations
  - Issues of IPL
  - Psychology as a life science and psychology as a health science