Southern Cross University Case Study

Introduction/Background

Southern Cross University (SCU) endeavours to provide an environment for staff and students that embraces and supports knowledge of and respect for equity and cultural diversity and is free from harassment and discrimination. The universities Strategic Plan 2011-2015, includes a commitment to:

Social justice: *We advance human rights and are committed to providing opportunities for students and staff in an inclusive, culturally safe environment.*

Inclusive Language: *Inclusive language uses expressions and terms that are respectful of others and do not demean or stereotype them.*

Further evidence of SCU’s intent to be ‘inclusive’ is the university wide project: Inclusive Curricula by the Centre for Teaching and Learning. This case study focuses on courses offered by the School of Health and Human Sciences (SHHS). The SHHS aims to produce capable and creative practitioners, researchers and scientists. Our comprehensive range of undergraduate and postgraduate courses provides our students with the opportunity to be part of a growing and developing health and human sciences industry. The School works with professional associations to design and deliver contemporary courses that are industry-relevant. The School has over 2000 students, taught and supported by over 200 staff committed to providing high quality learning experiences. This case study explores issues related to student’s access and progression in Work Integrated Learning (WIL) in the following selected courses. In each of these health courses WIL is compulsory:

- Bachelor of Occupational Therapy
- Bachelor of Nursing
- Bachelor of Midwifery
- Bachelor of Health Science Podiatry
- Bachelor of Speech Pathology

Context

**The Bachelor of Occupational Therapy** develops an understanding of the theoretical and practical components of occupational therapy, with a focus on general and specialist knowledge and skills. Students gain clinical experience in all four years of the course in settings that may include aged care, hospitals, community health, mental health services, primary schools, industrial environments, private practice and a variety of health, education, and disability centres and services. Occupational therapy students undertake a minimum of 1000 hours of clinical experience in order to meet all regulatory requirements including national registration.
The Bachelor of Nursing provides students with a combination of foundational science, professional knowledge and clinical experiences to comprehensively prepare graduates for a career in nursing and health. The degree aims to produce graduates with the competence, confidence and flexibility to adapt to changes and contribute to innovation in the nursing profession and the health care system. Graduates are equipped to apply sound evidence-based reasoning skills to their nursing practice, provide therapeutic care to patients, coordinate nursing care to individuals and groups, and work independently as well as collaborate in multidisciplinary teams for effective outcomes.

Professional placement Supervised clinical placements provide students with experiences of nursing (totalling 1040 hours) in settings relevant to their areas of study in government and private hospitals and health agencies. This may include acute and low care health facilities; community settings; mental health facilities; extended residential aged care; GP practices; health promotion and education; intensive care; health clinics; accident and emergency; palliative care; primary health care settings and related nursing and health services within metropolitan, regional and rural areas principally throughout NSW and south-east QLD.

The Bachelor of Midwifery is specifically designed to develop graduates for entry to professional midwifery practice. Students are required to undertake a minimum of 912 hours supervised placements that will enable them to focus on woman-centred care and provide continuity of care with women across their pregnancies; attend antenatal and postnatal assessments/visits with women; provide direct care to women during labour, assist women during birth; support women and their babies with diverse needs across pregnancy, labour and birth, and the postnatal period; and experience the full scope of midwifery practice.

The Bachelor of Podiatry prepares students for entry into professional podiatry practice. Students will complete approximately 1000 hours of professional placement in various settings throughout the four years of study. These settings include but are not limited to public hospital rotations, private practice placements and rural health locations.

The Bachelor of Speech Pathology prepares students for entry into professional speech pathology practice. Students will complete approximately 1000 hours of professional placement in various settings throughout the four years of study. These settings include but are not limited to public hospital rotations, private practice placements and rural health locations.

Data about enrolled students in the nominated courses in 2013 was collected within the following categories: age, gender, declared Aboriginal or Torres Strait Islander, Country of birth, First in Family to attend university, Socio-Economic Status and declared disability. A synopsis of the available data is presented in Table 1.
Table 1. 2013 Student enrolments data for nominated courses

<table>
<thead>
<tr>
<th>Course</th>
<th>FEMALE</th>
<th>MALE</th>
<th>&lt; 20</th>
<th>&gt; 39</th>
<th>Indigenous First in family</th>
<th>SES Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bachelor Occupational Therapy</td>
<td>87%</td>
<td>13%</td>
<td>23%</td>
<td>10%</td>
<td>1%</td>
<td>64% 19% 72% 9%</td>
</tr>
<tr>
<td>Bachelor Nursing</td>
<td>85%</td>
<td>15%</td>
<td>23%</td>
<td>16%</td>
<td>3%</td>
<td>70% 28% 67% 6%</td>
</tr>
<tr>
<td>Bachelor Midwifery</td>
<td>100%</td>
<td>-</td>
<td>13%</td>
<td>17%</td>
<td>6%</td>
<td>60% 17% 75% 9%</td>
</tr>
<tr>
<td>Bachelor Health Science: Podiatry and Speech Pathology</td>
<td>75%</td>
<td>25%</td>
<td>38%</td>
<td>18%</td>
<td>3%</td>
<td>56% 19% 77% 4%</td>
</tr>
</tbody>
</table>

NB Separate degrees from 2015

Student attrition and progression in WIL

In most courses WIL placements of various lengths take place in every year of a course of study in the field of health. In the first year typically, in Session One there is a WIL component specifically placed to introduce students to the day-to-day practices of the discipline in relevant professional settings. It is well known that Session One has a high attrition rate and our university does not collect data that would indicate that student attrition from the course is related to the WIL component in any year of study. Throughout any course of study unless a student fails a WIL component in particular session and then leaves, staff are unsure of the effect of WIL on retention and progression at any point in time.

Course coordinators do not have ready access to demographic data about enrolled students. Unless there is a particular identified issue, a student’s WIL is planned using standard processes. That said, at any given point in time when a student’s particular needs come to the attention of staff, mechanisms are always put in place to accommodate students’ needs in their on and off-campus learning situations.
The student voice

One of the strategies of this Capacity Building project overall was to administer a survey to students in all the partner institutions and the data collected from SCU students is as follows. There were \((n=66)\) responses from Nursing, Midwifery and Allied Health (Occupational Therapy, Speech and Podiatry).

Of those, \((n=29)\) had children, \((n=5)\) declared a disability, \((n=17)\) declared as first in family and \((n=2)\) as Indigenous.

Health students typically undertake one or more blocks of one to several weeks of placement in every year of study. This highly valued repeated exposure to WIL is necessary to develop the expected clinical competencies and it requires substantial resourcing and organisation by all players in the WIL experience.

All students were asked in the survey what advice they would offer the universities and host organisations in relation to improving WIL. After manual analysis seven areas for improvement were identified and were, in rank order (highest to lowest) as follows:

- The need for host facilities staff/educators to:
  - Have a more inclusive and positive attitude toward students.
  - Have knowledge of the Scope of Practice of the students learning with them
  - Improve their teaching skills and strategies.
- The need for the university to:
  - Offer a wider variety of options for WIL, part-time, different locations, evenings, weekends etc.
  - Create longer placements so that students can build relationships and confidence
  - Be better organised earlier in the year as to what is involved
  - Prepare students better for placement in particular in relation to potential traumatic clinical events they might witness.

Clearly students would like to have greater choices in WIL placement offerings and for general organisation to be improved.

The voice of academic and professional staff

The WIL learning environment arguably has a different combination of learning challenges to the university environment, with variable educative support. When health students attend each new clinical setting as part of their WIL opportunity they are generally supervised by people they do not know. They are supervised in their work in providing various levels of health care to people who are unwell and in some cases also extremely vulnerable. Students work in a range of low – high risk clinical scenarios. To illuminate practice in this educational space a range of different academic and professional staff and student counsellors were asked to describe their knowledge of and experience in managing student access and progression in WIL, particularly when the student has atypical learning needs.
We are acutely aware of the importance of maintaining good relationships with local health care facilities. Growing placement options and offering sufficient learning opportunities allows the School to grow and increase enrolments. Hence, the relationship with our host partners is critical. The partnership with host organisations involved in WIL is typically collegial and based on good will to the mutual benefit of all. Student behaviour and performance can strengthen or at times undermine these links.

Across the school we know when a student does not perform satisfactorily on WIL, additional clinical hours may need to be undertaken and/or an alternative WIL placement may need to be found in order to provide sufficient opportunity for the student to demonstrate the improvements in performance required. This can be a very time consuming task, including the need to micro-manage the student.

Given health students have repeated WIL events throughout each year of their curriculum, in each discipline we have one or more designated academics who are known as Professional Education Lecturer (PEL). The PELs in each discipline locate the placements, prepare the relevant personnel at the facility for the student’s attendance and ensure the students are prepared to fully engage in the WIL experience. The PELs closely monitor students on placement and act as a conduit between the university, host organisation, clinical educator and student in all matters. This close liaison enables speedy response to any issues that arise in relation to student progress.

Even though each course has particular inherent requirements, the general consensus of key staff at SCU is that if the students disclose their disability or specific learning needs early during their course of study supportive arrangements can be made. When a student makes disclosure to Student Administration Services or other staff member(s) adjustments to tasks and assessments can then be made in order to facilitate successful educational outcomes.

When interviewed senior staff said:

*Of course we have room to improve – but on the whole SCU is fantastic in its approach to inclusivity – it’s one of the things we are incredible good at – because we are small we can, and because our attitude is all about open-doors and being supportive in every way.*

When students are not performing satisfactorily, or fail WIL, staff at a host organisation may not always be in a position to immediately identify the cause of the problem or resolve an issue. One counsellor advised that mental health issues, including anxiety, are key concerns among our students. The counsellor reported that students in the main are known not to want to show they are anxious and not able to cope, and so are often reluctant to reveal they have a problem. Those who have a learning difficulty such as dyslexia often find the WIL component is where they excel. In the main however, ‘the fear is that if they show that they’re not perfect they will be viewed as being a poor student’. The counsellor’s aim is to help students understand the difference between personal stress and professional stress is also very important as this enables appropriate strategies to be put in place to assist learning and development.
We have no data to indicate if student participation in WIL has an impact on student retention and progression. Going forward, SCU sees the benefit in putting data collection systems in place that would help identify students’ whose progress was affected by a negative experience in a WIL activity. We acknowledge it is also important to identify if those students who perform well during on-campus learning and assessment events have any particular difficulties with WIL learning events as this will inform debates regarding attrition and be able to further develop SCU infrastructure to better support students.