Chapter 7
Managing Project-Based Workplace Learning at a Distance:
University–Health Service Partnership in a Master’s Program

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ABSTRACT
This case description outlines the development of a Master’s course in Clinical Leadership involving a partnership arrangement between the University of Tasmania and a New South Wales (NSW) Area Health Service, where partners are based in different states, and course participants complete their studies predominantly in distance mode. Workplace learning through project implementation is core to the course. The university takes responsibility for the development and delivery of online units, while the health service partner has major responsibility for the coordination and assessment of workplace learning assignments, with the academic moderation of the university teaching team. The integration of theory-based units with project implementation has been well received by course participants. Distance factors provide significant challenges for course implementation. Early course evaluations have informed revisions to unit structures, but changes in the client base may force revisions to course delivery to maintain participant access to study materials and activities. Lecturers, health service instructors, course participants, and their workplace supervisors are all affected by changing dynamics.

BACKGROUND
In 2006, the Faculty of Health Science at the University of Tasmania started working with a Sydney Area Health Service to develop a master’s course for emerging clinical leaders to develop competencies in organizational improvement. This followed recommendations, emanating from several reports into adverse incidents in hospitals, for better clinical leadership and a recognition that improvement in health service delivery can only be achieved if senior health professionals are both engaged and knowledgeable about leadership and change (McGrath et al., 2008; Mountford &
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Webb, 2009; Stevens, Osborne & Walker, 2010). This conviction was underlined by the Garling Report into the New South Wales public hospital system that concluded:

Senior clinician involvement from the outset in devising clinical reform is critical to its success. Clinical leaders are needed to drive this reform through persuasion, negotiation and clinician engagement. Non-clinicians have very little chance of successfully effecting change in clinical practice. Effective clinical leadership is essential and is the antidote to a system in which professionals operate independently (Garling, 2008, p. 229).

Becoming an effective leader in a complex system requires an understanding of the multiple forces at work—political, ideological, economic, demographic, technological and sociological—as well as leadership knowledge and skills and the opportunity to develop and practice effective integration in the workplace. The Master of Clinical Leadership and Supervision course structure was agreed in collaboration between the Area Health Service (AHS) and the university to provide a clear pathway of progression to a formalized qualification through the development of context relevant clinical leadership incorporating workplace based project management. As participants nominating to the program are working full-time and studying two units per semester, it has been essential to structure authentic learning activities to integrate with their roles in the workplace. Teaching methodology is employed in a best-fit combination of online delivery (using Blackboard Vista ©) supported by Sydney-based group seminars (two or three days per semester). This fits with the occupational norm of ‘professional development days’ that participants can apply for from their employer.

Course participants comprise a multidisciplinary group—typically 50 percent are nurses in senior roles (usually nurse unit managers), the remainder being allied health practitioners, social workers, dental officers and hospital medical specialists. Course intake is in July and the annual intake has been 30–35 students. The course commenced in 2008 with participants drawn from the most populous AHS in the south Sydney region; two more AHS in NSW have since joined in, now producing a catchment of over forty hospitals across a region stretching from the inner city to the ‘very remote’ outback. (This may expand further under the new Clinical Support Cluster arrangements for NSW Health commencing in 2011.)

THE PLACE OF WORKPLACE LEARNING IN THE CURRICULUM

Workplace learning through project implementation is a particular feature of the course. In their first year, participants plan a workplace improvement project by following steps in a guided project management process. The project is then implemented over a semester of self-directed supervised workplace-based study that integrates theory and practice. Building on experience, formative feedback, and reflective practice, participants move on in years two and three to complete a major workplace project incorporating higher order knowledge of legal and ethical issues and risk management gained from later course units.

Workplace learning is commonly associated in Management literature with the ‘learning organization’, where principles of evidence-based practice are incorporated to inform organizational development and change. In Education we may call a similar process ‘action learning’, where the participant (an individual, group or organization) studies their own actions and makes strategic behavioural changes in order to improve performance and outcomes. Gunasekara (2003, then at Charles Sturt University) confirms that action learning is the conceptual basis of project-based workplace learning: