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The Palliators (Case Study of Cardiff University)

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Palliating and Supporting Student Needs in Distance Education: Case Study Cardiff University

Introduction

Palliative care is defined by the World Health Organization as “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (WHO, 2015, para 1). Increasing numbers of higher education institutions are offering advanced training in this growing field for health care providers (e.g., physicians, nurses, social workers, pharmacists, etc.). One such institution is Cardiff University (CU), which offers a Palliative Care MSc Program (PCP) primarily through distance education. The majority of learning in this program is conducted via online learning with minimal requirements for in-person interaction (approximately four to seven days) (Burrell, et.al, 2015). Some, but not all, students have an occasional face-to-face meeting with a tutor from CU, and an annual check-in conversation with a representative from CU or PCP annually (Burrell, et.al, 2015).

The PCP program at CU uses the Blackboard Learning Management System (LMS) which hosts posted recorded lectures (some of which are from 1989), tutorials, and a café discussion board to post concerns or questions. There are few, if any, opportunities for students in the same class to interact; the Blackboard LMS primarily serves as a repository for course materials. There is insufficient faculty to support this program; currently the PCP has four administrators, five instructors and one director although there are plans to increase to seven instructors (Burrell, et.al, 2015).

The CU PCP has been open since 1989, and there are approximately 75 students per annual entering class (Burrell, et.al, 2015). Despite these numbers, only a little more than 1,000 students have completed the program. Even accounting for lower entering classes in early days,

these data illustrate a concerning drop-out rate, particularly in light of the exponential growth of palliative care as a recognized field of practice worldwide. The budget of the PCP program is determined primarily by tuition from student enrollment. Higher class sizes would generate greater revenue. PCP follows few metrics that speak to programmatic quality and learner satisfaction (F. Rawlinson, personal communication, November 5, 2015).

Goals of Proposed Changes to Support System

The goal of this proposal is to increase student enrollment in the PCP, enhance learner retention and increase learner engagement. These goals are interrelated; increasing learner engagement will likely enhance learner satisfaction and reduce frustration, thereby reducing the drop-out rate. By restructuring student support services, student's feelings of being alone in this educational effort will be minimized and will contribute to achieving the stated goals. These goals can be achieved by enhancing learner support services.

Elements of Proposed Changes to Student Support

Brindley, Walti & Zawacki-Richter describe learner services as including "tutoring and teaching; counseling and advising including such services as orientation, learning and study skills assistance, academic advising, and career and personal counseling; and administrative activities such as admission and registration, library and information systems, and infrastructure support for activities such as peer tutoring and alumni organization" (2004, p. 9). Suggested strategies for enhancing student support in the PCP is to offer a process to award academic credit for prior learning through experience, and increasing active learning and student engagement with the teacher and co-learners.

The PCP at CU requires learners to complete six core modules, and several elective modules (select from six options). There are also several modules devoted to palliative care in pediatrics (as opposed to adult palliative care). The field of palliative care has evolved so quickly and exponentially that practitioners have often amassed considerable training “on the job” and completion of requisite or elective coursework may be duplicate work. Thomas (2000) defines prior learning assessment and recognition (PLAR) as “the practice of reviewing, evaluating, and acknowledging the information, skills, and understanding that adult learners have gained through experiential or self-directed (informal) learning rather than through formal education.”

Conrad describes how Athabasca University uses the PLAR process to recognize informal and non-formal learning (2008). Athabasca offers both a challenge-for-credit and portfolio assessment approach to PLAR. In the challenge-for-credit approach, students identify a course for which they feel they are competent in the expected outcomes, and work with the professor to meet challenge criteria. A potentially richer PLAR learning experience is the development of a portfolio that documents and illustrates learners’ prior learning in the petitioned content area. Conrad details the steps in the PLAR portfolio process in a subsequent paper (2010), including the challenges from both the student and faculty perspective.

It is proposed that CU develop an online tutorial that will guide learners in the development of an electronic portfolio of prior learning, designed to challenge required and elective coursework in the PCP. Students would work with an assigned faculty mentor, meeting regularly via Skype to monitor progress. This student service will enhance student satisfaction by earning academic credits for informal and non-formal learning, reducing the requirements to earn the PCP, and potentially enhance student retention. Walti described the further utility of web-based portfolios and learning journals as a student support tool (2004). Walti states that

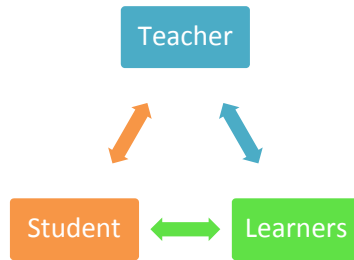
portfolios “demonstrate a learner’s expansion of knowledge and skills over time” (p. 157).

Reflection on these accumulated artifacts is a learning experience in and of itself (Walti, 2004, p. 159) and this proposal encourages the continued maintenance of an electronic portfolio for all learners in the PCP.

The second specific strategy for the PCP is to change the teaching and mentoring approach. There are far too few instructors; at present CU has 5 faculty members in the PCP, responsible for 6 required courses, 6 elective courses and a six credit master’s thesis project. In addition, there are a handful of tutors in Wales, the UK and India, but students frequently have difficulty connecting with these far-flung tutors. It is proposed that the number of faculty be increased to 8-10 faculty members, and a fully online approach instituted. The tutors can be repurposed to serve as course facilitators, assisting the faculty members. Education on principles and practice of online distance education is necessary for all faculty and tutors, particularly in the practice of incorporating active learning and engaging students.

Berge states that there are two types of interaction in learning: “interaction with content and interpersonal interaction (e.g., interaction with other people)” (1995, para. 3). CU has developed a system for learners to interact with content by simply posting learning content in the Blackboard LMS. This is a very static system, however, and merely serves as a repository. Further, the lectures posted in Blackboard in the current learning system were developed and recorded between 1989 and 1999, which makes them up to 25 years old (F. Rawlinson, personal communication, November 5, 2015). The field of palliative care has changed beyond recognition in the past 25 years, therefore content desperately needs to be updated.

The method of content delivery is as important as the content itself. Instead of just posting learning objects, the following interactive model would be far more preferable:



Berge describes pedagogical, social, managerial and technical roles and responsibilities for faculty in online learning, to accept “the responsibility of keeping discussions on track, contributing special knowledge and insights, weaving together various discussion threads and course components, and maintaining group harmony” (Rohfeld & Hiemstra, 1995, p. 91, as cited in Berge 1995).

Examples of teaching strategies designed to enhance student collaboration through active learning include small group discussions, debates, polling activities, and group projects. Vehicles that can be used include Blackboard Collaborate, Skype, conference calls, video conferencing, wikis (pbworks), the discussion board within Blackboard, google docs, and google classroom.

Organizing Staff and Services

Blackboard is an acceptable LMS, and can be taken to a higher level of utility by using Blackboard Collaborate. As discussed above, ancillary tools from Web 2.0 may also be operationalized (wikis, online conferencing, etc.).

As discussed above, more full-time faculty are needed to improve the CU PCP program. Each course requires a dedicated coursemanager who will be actively engaged in the course, participating in the discussion board, and performing the functions as described by Rohfeld & Hiemstra (1995, p. 91, as cited in Berge 1995). Many online courses also have an assistant or writing coach assigned to the course; for the PCP it is recommended the tutors be reployed to

assist the coursemanager in keeping students engaged in course content. Tutors could lead a synchronous case discussion weekly, for example, in the clinical courses (e.g., Pain Management).

Resource Management and Reallocation

The budget for the PCP at CU is primarily dependent on receipt of tuition dollars. Therefore, it is rather a chicken-and-egg situation to increase the number of faculty members and change teaching methods, in an effort to increase student enrollment and satisfaction. The two best options are to appeal to CU for a stipend to cover the additional cost of hiring and training faculty and tutors over the next 2-3 years, with the promise that increased enrollment will allow repayment in subsequent years. In addition, the PCP Program Director would be well advised to seek grant monies for these efforts.

Evaluation of Practice and Impact of Changes

After hiring and training additional faculty and tutors, and instituting new practices such as PLAR and active learning strategies, the best outcomes measures will be numbers of students enrolled, number of student graduates, and student satisfaction. The PCP Program Director has stated that CU is asked for a level of accountability from the PCP, and they will be assessed by metrics used in other programs (F. Rawlinson, personal communication, November 5, 2015).

Rationale

As discussed earlier, providing students with an opportunity to earn academic credit for learning acquired through informal or non-formal means increases student satisfaction, attraction

for the program as a whole, and likelihood of remaining in the program until it is completed. The more significant recommendation of updating learning objects and using active learning and collaborative learning exemplify constructivist learning pedagogy. Per Harasim, the “constructivist theory posits that people construct their own understanding and knowledge of the world through experiencing the world, and reflecting on those experiences (2012, p. 60). Harasim elaborates, stating that “knowledge is thus viewed as dynamic and changing, constructed and negotiated socially, rather than something absolute and finite” (p. 60). Clearly using active learning strategies where students read and reflect, and discourse ensues between learners is a much more engaging and viable learning strategy than viewing 25 year old video recordings in a vacuum. The use of a portfolio, either to assess prior learning, or as an ongoing tool moving through the PCP will further help learners construct their own knowledge.

Conclusion

Providing an opportunity for health care professionals to receive advanced training in palliative care is a noble goal. All human beings must die, and to do so free of pain and suffering is indeed the Holy Grail. Implementing strategies such as those described in this proposal will move CU’s PCP closer to their goals of increasing enrollment (and economic viability), student retention, and student satisfaction.

References

- Berge, Z. L. (1995). *The role of the online instructor/facilitator*. E-Moderators.com. Retrieved from http://www.emoderators.com/moderators/teach_online.htm
- Brindely, J.E., Walti, C., & Zawacki-Richter, O. (2004). The current context of learner support in open, distance and online learning: an introduction. In J.E. Brindley, C. Walti, & O. Zawacki-Richter (Eds.), *Learner support in open, distance and online learning environments* (pp. 9-27). Oldenburg: Bibliotheks-und Informationssystem der Universitat Oldenburg.
- Burrell, R., McPherson M.L., Ramzey, N., Reitor, J.R., Sistermans, I. (2015). *Case Study: Palliative Care MSc at Cardiff University*. (Unpublished case study). University of Maryland University College: Adelphi, MD.
- Conrad, D. (2008). Building knowledge through portfolio learning in prior learning assessment and recognition. *The Quarterly Review of Distance Education*, 9(2), 139-150.
- Conrad, D. (2010). Achieving flexible learning through recognition of prior learning practice: A case-study lament of the Canadian academy. *Open Learning*, 25(2), 153-161.
- Harasim, L. (2012). *Learning theory and online technologies*. New York, NY: Routledge.
- Thomas, A. (2000). Prior learning assessment: The quiet revolution. In A. Wilson & E. Hayes (Eds.), *Handbook of adult and continuing education* (pp. 508-522). San Francisco: Jossey-Bass.
- Walti, C. (2004). Implementing web-based portfolios and learning journals as learner support tools: An illustration. In J. E. Brindley, C. Walti, & O. Zawacki-Richter (Eds.), *Learner support in open, distance and online learning environments* (pp. 157-168). Oldenburg: Bibliotheks-und Informationssystem der Universitat Oldenburg.

WHO Definition of Palliative Care. (2015). Retrieved from

<http://www.who.int/cancer/palliative/definition/en/>

