

Mapping the attainment of health promotion competencies: Implications for credentialing and professional development



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This article documents the development of an evidence guide, which maps the attainment of nationally identified health promotion competencies by students completing the undergraduate or postgraduate course in health promotion at a large Australian university. Using an action research process an evidence guide was developed that met the needs of key stakeholders. This is the first time any Australian university has utilized the national competencies in this way. The evidence guide is a document that collates evidence of attainment of health promotion competencies. It can be used by students as a planning tool and as an aid to gaining employment. It also has the potential to be used as part of a credentialing process for health promotion practitioners.

Introduction

In Australia, over the past 20 years health promotion has been an emerging field within the domain of public health (Howat et al., 2000; Nutbeam & Lloyd, 2003; Salmond, 1992). Many courses have been developed for formal training of the health promotion work force.

Competencies have been used in many fields including health promotion as a tool to define professions and as a strategy in workforce development (Howat et al., 2000; Sheldon & Stoker, 1994; Shilton, Howat, James & Lower, 2004; Van Asselt, Howat, Henderson & Shilton, 1994). A competency can be defined as the possession of required knowledge, skills and abilities adequate for a specified task (Hicks, 1987). Accordingly, competency-based assessment then refers to the assessment of knowledge and skill and the application of that knowledge and skill to the standards of performance required in the workplace (Western Australian Department of Training, 2002).

Within the field of public health, competency standards have been used internationally to describe the profession and as a basis for education and training. The United Kingdom, New Zealand, Canada and the United States have all identified competency development as a strategy for strengthening the health promotion workforce, and as a starting point for the basis of national standards and quality assurance of the health promotion profession (Evans, Head

& Speller, 1994; Health Promotion Forum of New Zealand, 2000; Luebke & Bohlenblust, 1994; Raphael & Steinmetz, 1995). Furthermore, health educators in the United States have a credentialing system based on nationally recognised graduate level competencies (AAHE, NCHCEC & SOPHE, 1999; Allegrante, Auld, Butterfoss & Livingood, 2001; Luebke & Bohlenblust, 1994).

Competency development has been identified as a strategy for workforce development in the field of public health and health promotion (Howat et al., 2000) and competency based standards have been developed in both NSW (Sheldon & Stoker, 1994) and nationally (Shilton, Howat, James & Lower, 2004) to describe the health promotion profession and as a tool for capacity building. Competency-based training and assessment is already used in a number of health professions including dietetics, pharmacy and nursing, as the basis for both initial training and workforce development (Masters & McCurry, 1994).

Further, it has been suggested that health promotion should consider the development of a credentialing system for practitioners as a strategy to promote the profession and further develop the use of competencies (Rissel, Shilton & Wise, 1995). Redman and O'Hara indicated that no mechanism currently exists to ascertain the attainment of identified competencies (Redman & O'Hara, 2003). Many other professions in Australia use a credentialing system

that students must successfully complete to become a practicing member (Certified Practising Accountants, 2003; Fitness Institute of Australia, 2003).

This paper reports upon the development of an evidence guide that can be used to map the attainment of health promotion competencies by students in a large university health promotion course. Students in this course were already aware of the health promotion competencies and all units within their program clearly identified which competencies they contributed towards. However there was no formal way for students to record their own progress towards the attainment of these competencies, hence the need to develop the evidence guide. In this case the evidence guide is a self-assessment tool to assist the students in tracking their attainment of health promotion competencies throughout their studies, using course work and workplace experience as the evidence. The aim was to develop a guide that was user-friendly, that encouraged skills recognition and that could be used by students studying through both internal and external methods.

Method

An action research approach was used as the basis for developing the evidence guide. This included the development of a learning set, review of the literature, extensive consultation (via focus groups and semi-structured interviews), reflection and further development. This process is typical of action research and is based on the relationship between reflection and action, and uses past experience as the basis for the development of new ideas and changes (McGill & Beaty, 1995) (refer to Figure 1.).

The Learning Set

The 'learning set' consisted of the project coordinator and two senior health promotion staff who were key stakeholders in the project. The learning set's role was to carry out the action and critical review cycle in the action research process. The researchers were active participants in the research process, conducting cyclic consultation and project review process (Walker & Haslett, 2002).

Action Research Process

Figure two illustrates the action research process that was undertaken. As indicated in figure two a number of stakeholders were included in the project as the research directly impacted upon them. Direct stakeholders identified were teaching staff of the health promotion course, undergraduate and postgraduate students enrolled in the

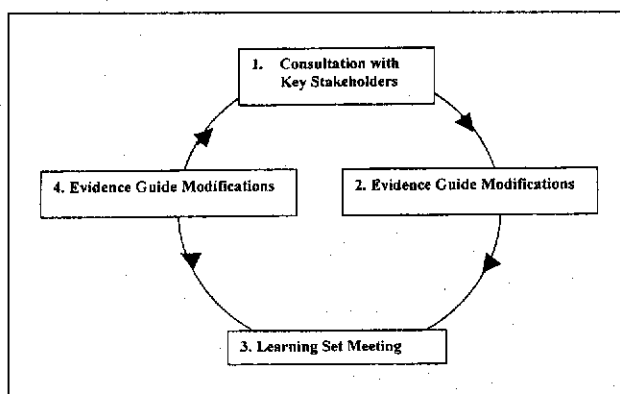


Figure 1: The action research process.

course, and health promotion professionals who employ health promotion graduates.

A comprehensive literature review was undertaken. It examined literature relating to the training of health promotion and public health practitioners, as well as other training bodies using competency based systems including the Australian National Training Authority (ANTA).

This was followed by a critique of an existing Health Promotion Logbook that had been previously developed for undergraduate students (Dearle, 2002). The Logbook was compared to evidence guides and performance criteria developed by ANTA (ANTA, 2001; Fitness Institute of Australia, 2003). Consultation with VET consultants currently working with evidence guides under a competency-based training system also assisted in this comparison. Based on the logbook review and consultations with VET consultants, the first draft of the evidence guide was developed. It was then reviewed by the learning set which recommended further modifications.

A cyclic process of consultation with key stakeholders, evidence guide modifications, learning set meetings, and further evidence guide modifications continued and included consultation with health promotion graduates, health promotion academic staff, current health promotion students and health promotion practitioners working in the field, as illustrated in Figure 2.

Graduates of undergraduate and postgraduate health promotion courses gave feedback via focus groups and semi-structured interviews on the value of the document at university and as a tool to assist with gaining employment. Health promotion academic staff and a teaching and learning specialist from the University reviewed the document in relation to the current health promotion competencies, as well as from a readability and presentation perspective. The next round of consultations included a presentation and discussion with a sample of current postgraduate (n=35) and third year undergraduate (n=40) health promotion students. The guide was then reviewed by both rural and metropolitan practicing health promotion professionals (n=5) who provided feedback from the view of a potential employer.

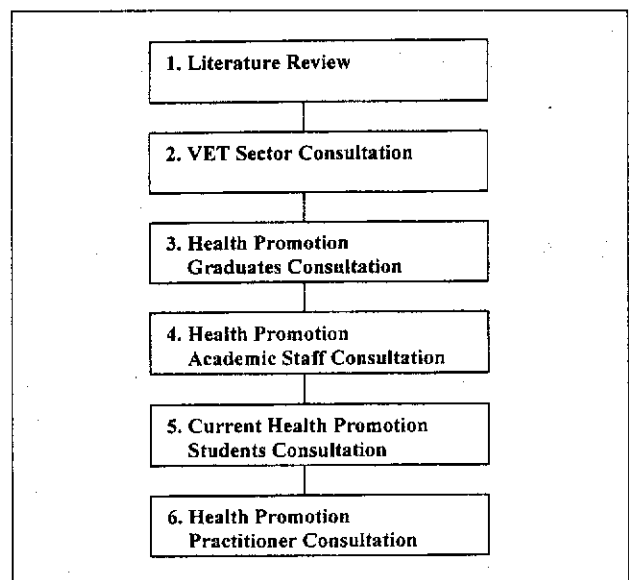


Figure 2: Key stakeholder consultations.

Results

Literature Review

The literature review identified several studies and reviews carried out to identify competencies that define the fields of health promotion and public health. Only a limited number of publications dealt with competency based assessment (Howat et al., 2000; Shilton, Howat, James & Lower, 2001; Van Asselt, Howat, Henderson & Shilton, 1994). NSW Health designed a training and assessment package for professional development of health promotion workers (Sheldon & Stoker, 1994). However, there is no evidence that this project was sustained. More recently Community Services and Health Training Australia have developed draft training packages for Aboriginal Health Workers and Population Health Workers (Community Services and Health Training Limited, 2003). Both these projects are targeted towards the Vocational Education and Training (VET) sector and are designed to fit within the National Training Framework up to the diploma level. No evidence was found for assessing health promotion competencies at a tertiary level in Australia.

Within the public health sector, there has been much support over the past decade for the development of competency standards as a strategy for workforce development (National Public Health Partnership Group, 2000; Nolan, Bryson & Lashof, 1999; Nurbeam & Lloyd, 2003). However, there has also been controversy over the use of competency standards and competency-based assessment for health promotion. Given the eclectic and diffuse nature of the profession, it has been suggested that it may be difficult to categorize the health promotion profession into a specific list of competencies (Masters & McCurry, 1990; Mendoza, Parker & Fresta, 1994). Although these concerns were acknowledged, the learning set agreed that health promotion competencies currently identified provide a base level of competence for health promotion practice from which to build upon and are appropriate in this context.

The literature review included a review of the National Training Framework developed by the Australian National Training Authority, which is currently used within the VET sector (ANTA, 2003). This review was completed to establish an understanding of current training frameworks and how they may be used to assist in the development of training frameworks for the tertiary sector. As the competency standards used by the university involved in this study are not used uniformly by health promotion courses within Australia and the competencies are not assessed, it was deemed inappropriate for the competencies and evidence guide to be structured in the same format as the National Training Framework.

VET Consultation

The initial logbook critique and comparison with ANTA units of competence highlighted three areas for consideration. The logbook was found to contain information that was not relevant to competency attainment. Furthermore, it was found to be a time-consuming document to complete. These factors were taken into consideration in the development of the first draft of the evidence guide. The Logbook was also not an assessed document, which was

an area of concern for the VET consultants. Assessment concerns were considered by the learning set. However, it was decided that the document through the examples chosen by the student would provide sufficient information for others to judge the competency attainment of the students.

The construct of the ANTA framework was assessed and considered as a potential model for the development of the current project. This framework includes units of competence, elements of competence, performance criteria, range statements and evidence guides. However, as discussed above, it was decided that at this stage the competency standards would not include an identified range of variables or performance criteria. Therefore, it would be inappropriate to frame the competency standards and evidence guide in the same format as the National Training Framework Model, as inaccurate comparisons may be made between the two frameworks.

The concept of skills recognition is a feature of evidence guides and assessment of competencies in the ANTA training framework. Skills recognition allows for the formal recognition of competencies that a person has acquired through previous training or work experience. This feature has been included in the evidence guides to give students the opportunity to include skills developed via other training or through work experience (refer Figure 3).

Consultation with Health Promotion Graduates and Academic Staff

The next cycle of participatory research involved a review of the evidence guide by health promotion graduates (n=6). Feedback indicated the document was too long and complex, and that there were too many specific competencies listed. They suggested that only general competency categories rather than specific competencies be displayed in the guide. The graduates were positive about the potential use of the evidence guide as a tool to track competency development whilst students studied in the university course. They also recommended that an example of a completed section of the evidence guide be included to assist students in using the guide. They noted that the evidence guide gave a general overview of the whole course, linking all units and knowledge learned.

Once these changes had been made the evidence guide was presented to a group of academic staff. This group (n = 8) was positive about the potential of the evidence guide to enable students to track the attainment of competencies during the course of their studies. They also recognized its use as the basis for individual students to develop a professional portfolio. However, questions were raised as to whether some competencies could be adequately covered in a university course. While all competencies were recognised as valid for professional practice, it was suggested that not all were needed for entry-level health promotion professionals. It was acknowledged that some would be more appropriately attained whilst working in the profession. Subsequently a review was undertaken by staff responsible for the academic program to refine the list of competencies. This review identified a modified list of competencies that the academic staff believed could be covered appropriately by their postgraduate course.

'A feature of the evidence guide for postgraduate students is the opportunity for skills recognition. Students may include skills learnt and developed in under-graduate studies and work place experiences to prove competence in areas, which they may not cover through postgraduate studies.'

Competency:

Planning
Plan appropriate health promotion interventions

Elements of Competence:

- P1 Critically analyse relevant literature
- P2 Involve community members and stakeholders in program planning and evaluation
- P3 Establish appropriate partnerships and facilitate collaborative action
- P4 Develop logical sequences and sustainable health program based on theory and evidence
- P5 Formulate appropriate and measurable objectives
- P6 Select and account-for the implementation of appropriate (proven/best practice) strategies
- P7 Develop funding proposals for large and small-scale health promotion projects
- P8 Advise health sector organisations on changes needed in health policy
- P9 Collaborate effectively with communities, organisations and other sectors to identify key components of effective policy to promote health

Level of Competency	<u>Assignment/ Work Example</u> (include title and topic)	Elements of Competence Applied
Skill Development		
Skill Application		

Figure 3: Extract of post-graduate evidence guide, showing Skills Recognition component.

Currently Enrolled Health Promotion Students

The evidence guide was then reviewed by currently enrolled postgraduate students (n=35) and third year undergraduates (n=40). The guide received positive feedback from students. The students recognised the potential of the guide to enhance their job applications and to form the basis of the development of their professional portfolios.

Health Promotion Practitioners

Finally, feedback was sought from both urban and rural practitioners. They indicated that the evidence guide was well constructed and user friendly. They saw the potential of the guide as a tool in the interviewing process. The evidence guide was identified as another strategy to further

legitimise the profession, through the clear outline of competencies for practice. Practitioners, like the university staff, also queried the appropriateness of including all of the competencies and suggested the exclusion of some.

The result of this process was the development of two evidence guides that met the needs of project stakeholders. The final documents were 22 pages in length and contained an introduction to the evidence guide and competencies, information for students and employers regarding how to use the evidence guide and examples of how to complete the various sections. The major categories of competency included were: needs assessment, planning, implementation, communication, knowledge, organisation and management, evaluation and research and use of

technology. The evidence guides were seen as succinct, user-friendly and similar in design and format but also reflected the different needs of undergraduates and postgraduates. A skills recognition component was included to reflect and acknowledge previous studies and work experience. The evidence guides were also appropriate for students studying through either internal or external modes.

Discussion

The identification of competencies is a useful strategy to ascertain the scope of a profession and to assist workforce training and development. Furthermore, a method to assess the attainment of competencies is essential if they are to be used as the basis for education and training. Traditional methods for assessment such as exams are generally insufficient to assess competency as these tools do not encourage education with an outcome focus and instead promote rote learning. Single assessment tools such as exams are not able to assess all elements of competence and should be combined with other forms of assessment as evidence for competency attainment. Evidence guides are an alternative strategy for assessment and have been used throughout Australia within the VET industry (Western Australian Department of Training, 2002).

As indicated the evidence guide developed in the current project is not currently assessable as there are components including competency standards and assessment criteria, which are yet to be developed. In order to develop a valid and accurate assessment tool there needs to be agreement throughout the profession regarding assessment standards for competency attainment. Performance criteria and variable statements have been used within the VET sector to define competency standards. The NSW Health Competency Based Standards for Health Promotion in NSW (Sheldon & Stoker, 1994) included these assessment standards as features of its evidence guide. The effectiveness of these standards is unknown, as there is no evidence of its continuation. Further research needs to be conducted to develop the potential of the current evidence guide as a tool for professional recognition of health promotion competency attainment.

As previously mentioned, questions have been raised as to the suitability of some of the current health promotion competencies at university level. Whilst previous research has identified all competencies as being appropriate for the profession (Shilton, Howat, James & Lower, 2004) questions arose in the current project as to the ability of a university course to adequately address all of these competencies. It is recommended that a review of the current competencies be undertaken, addressing those, which could be adequately covered at university level, and those that would be developed through post-graduation professional development and experience. Furthermore, it is desirable that these competencies be recognised and adopted at a national level, by universities involved in training health promotion practitioners.

The VET system in Australia is based upon competency standards developed by ANTA. These competencies are reviewed and modified every three years to maintain their relevance. This review process may be a beneficial policy for the Australian health promotion 'profession' should it

decide to establish a competency-based system. A policy such as this may help to relieve concerns that a competency-based system will date and become irrelevant (Bowden & Masters, 1993; Mendoza, Parker & Fresta, 1994).

As the graduates and health promotion practitioners concurred, the evidence guide has potential to be a useful tool for the assessment of competency attainment and may be relevant as part of a credentialing system of health promotion practitioners in Australia.

Conclusion

The project reported on in this paper outlines the identification, for the need and the consequent development of an evidence guide that maps the attainment of health promotion competencies. An action research process was used to achieve this. The research process also identified the potential for the evidence guide to be used as an assessment tool appropriate for a potential credentialing system. While the idea of a credentialing system for health promotion is reasonably new and potentially controversial for Australia, it is an opportune time to consider this prospect, as the issue has been discussed in the professional literature and there are indications that the federal government is moving to more competency-based education and training.

Acknowledgments

The Authors would like to thank the staff and Health Promotion Planning students for their contribution to the research, Laura Dearle for the development of the original logbook and Trevor Shilton for his editorial advice.

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Draft ACHPER Position Statements for Consideration by Members

ACHPER believes that an educated nation, comprising active and healthy young people is the best investment we can make in their future.

ACHPER believes that all young children should be literate, numerate, skilled in IT, prepared for work and study, appreciative of the environment, cognisant of indigenous and other cultures and immersed in the arts.

ACHPER applauds schools and parents' who support their child's learning around thinking, problem solving and communication, working in a group, developing independence and resilience. We seek wider recognition of the proven role that learning through Health and Physical activity can play in relation to the whole curriculum.

All of the available research trends on the health and physical activity patterns of Australian Children and Youth leads to the conclusion that action must be taken now to protect many of them from premature illness and death. The prospect of a new generation of children at risk of dying before their parents is not acceptable to ACHPER.

ACHPER believes in the value of active and healthy living and seeks to play an influential and supportive role in those settings where children and youth spend time - childcare centres, schools and community clubs.

ACHPER does this by supporting professionals and volunteers who work with children and youth.

ACHPER's Advocacy goes beyond the importance of daily physical activity for children. As an organisation we embrace frameworks and initiatives that are designed to deliver holistic outcomes (World Health Organisation and Health Promoting Schools). We are prepared to work with kindred bodies in order to multiply our chances to have real impact and influence.

ACHPER expresses its disappointment at education and school sector policies (or lack thereof) that have allowed the provision of Health and Physical Education deteriorate in primary schools since the 1992 Senate Inquiry.

ACHPER supports the integrity of the state and territory Health and Physical Education Curriculum/Syllabus Frameworks. We also expect that the designated learning outcomes will be delivered by qualified, competent and confident teachers.

ACHPER strongly believes in the provision of Daily Health and Physical education programs in the junior primary and primary schools. We are able to access the research and best practice models that clearly demonstrate the value of daily activity, programmed and delivered within a broader school health promoting school framework. As an organisation we will stand up for health and physical education against those critics who would ignore and undermine its importance and delivery.

ACHPER strongly supports the provision of specialist Health and PE teaching in the primary school. We believe that state and territory education sectors should consider the transfer of a proportion of secondary specialists to primary schools or at least re-assess the obvious barriers to delivery by many primary teachers.

ACHPER believes in supporting quality teaching and learning at every educational level. We advocate for improved professional teaching standards in schools and universities. We are available to assist individuals and organisations in their own advocacy.

ACHPER believes that parents and caregivers play a critical role in development of values and behaviours relevant to health and participation. We seek to influence the community through our advocacy and actions. We encourage volunteer participation within and outside of the school curriculum.

ACHPER respects the right of schools to make local decisions about how to enrich and enhance the curriculum but we do not support the replacement of teachers with private providers other than in negotiated short term programs that aim to improve the schools capacity to deliver the curriculum.