

Project ID No.	CP 75 / 2 / 1 / 27
GOAL	4 SUB-PROGRAM

## Effective Networking Communities of Practice

Action plans must be submitted online to [www.reframingthefuture.net](http://www.reframingthefuture.net) by COB Tuesday 20 June 2006.

Please refer to 'How to submit an action plan online' in the Reframing the Future handout or on the website.

All sections must be completed.

Please note: sections 1 – 9 of this document will be uploaded onto the Reframing the Future website. Details of participants in item 11 will be only be used in accordance with our privacy policy and will not be published on the website.

### Name of organisation funded by Reframing the Future

Community Services, Health, Tourism and Recreation Curriculum Centre
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### 1. Convenor's details

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### 3. Project overview (100 words maximum)

What outcomes do you hope to achieve in your project?

To develop a set of guidelines that support the delivery of inclusive and culturally appropriate learning and assessment pathways for the forthcoming revised Health Training Package Aboriginal and Torres Strait Islander Primary Health Care units of competence and consequent qualifications.

To establish an ongoing "community of practice" comprising of individuals from TAFE teaching sections and Aboriginal Health practitioners to maintain advice and mentoring that support teaching and learning for Aboriginal and Torres Strait Islander Primary Health Care students with an emphasis on cultural safety and clinical practice.

#### 4. Domain of knowledge

What aspects of the national training system will be addressed by your project?

(e.g. establishing relationships with industry clients; improving workplace assessment or delivery; implementing new Training Packages) (Please add rows as required)

The project will address:

- the nature of Training Packages, units of competency and qualifications
- the implementation of a new component of a training package
- customising of the assessment and delivery of units of competence to a cultural group
- the development of flexible assessment strategies
- establishing / enhancing partnerships between training and service organisations.

#### 5. Facilitating your community of practice

Please describe how you propose to facilitate your group progressing through the stages of growth of a Community of Practice (see Table 4.1 in the report: *The Potential for Communities of Practice to underpin the National Training Framework*):

##### Potential

There is a current core of full and part time Aboriginal Health Work teachers from 4 TAFE campuses in NSW. The part time teachers work in the Aboriginal Health or the general health sector working primarily with Aboriginal communities. They have already worked together to design support materials and have commenced planning to expand that group to include additional campuses (possibly 8) and health work organisations not currently in regular contact with TAFE campuses.

An initial workshop (for this CoP) will build on outcomes from these previous activities to:

- confirm the “body of knowledge” and the relationships that exist;
- define the tasks for the group;
- plan the potential expanded membership and strategies to connect the final CoP and
- prepare an action plan to establish a broader community.

This initial workshop will aim to provide each current member with a range of communication and other agreed tasks to implement with additional proposed members in order to expand the group with a view to preparing for and establishing two other “coalescing” sessions. It will commence discussions about communications across domains.

##### Coalescing

After verbal and written orientation and an expression of willingness the broader range of members will attend one or two workshops focussing on key assessment and learning methodologies and culturally appropriate approaches. The workshops and follow up will focus on establishing linkages across the participants that will foster sharing of knowledge and resources to support their teaching and assessment practice.

The facilitator will be aiming to identify small groups of shared interest and with the convenor establish the best method of supporting these professional relationships “out of session”, engaging participants managers in the process.

The preferred communication strategy of the group has largely been identified – it being verbal. This will impact on the nature of ongoing sharing that will take place. A key discussion that needs to be had at this point will focus on building communication strategies between indigenous and non indigenous participants. This is really the key question for the CoP.

##### Maturing

The facilitator or nominated person will seek feedback from participants about their learning and identify perceived successes and shortcomings. A follow up event – probably beyond the life of the current funding – would aim to refine mechanisms for continued sharing with a view to incorporating it into daily practice and to maintain a repository of resources.

## 6. Structuring your community

Please describe how you propose to support the development of the three components of your community: its domain of knowledge, community and practice (see *Effectively Structuring Communities of Practice in VET*):

### Domain of knowledge:

The existing community contains significant common professional knowledge about Aboriginal and Torres Strait Islander Primary Health Care – both clinical and cultural skill and knowledge. The aim of the COP is to enhance this and attract additional participants with various levels of knowledge to join and contribute.

The process of developing advice about delivery and assessment, particularly as it relates to clinical practice will require increased learning, research and sharing between the members that will result in more clearly identified common ground. This must be initiated through defined, but not necessarily prescriptive, workshop processes.

### Community

As well as bringing practice knowledge the participants share a community that extends beyond that into their shared culture of Aboriginality. This sense of community brings a stronger drive and commitment and a strong motivation to impart a domain of knowledge to non Indigenous members. It is this component that will inform the development of culturally appropriate learning and assessment and it is this component that will also require face to face interaction that can later be supported and maintained by other communication strategies.

### Practice

The CoP has over a series of joint activities shared ideas, tools, language, stories and other information that they understand as make up both Aboriginal and Torres Strait Islander Primary Health Care work AND teaching and learning practice. They have attempted to record this and have “validated” the outcome of attempts to document it. The consensus of the CoP has been the affirmation of the verbal and interactive mode of sharing and learning. Efficient methods to record and distribute verbal and visual records of the sharing will be explored. A longer term notion of the practice would be to integrate work and learning in Aboriginal and Torres Strait Islander Primary Health Care.

## 7. Anticipated outcomes (see Chapters 6-7 of *The Potential*)

Please describe the outcomes anticipated as a result of your project:

for participating individuals	<ul style="list-style-type: none"> <li>• deeper understanding of teaching and learning</li> <li>• confirmation of their own ability and professionalism as teachers and practitioners (empowerment)</li> <li>• skills to communicate across cultures</li> <li>• mentoring skills</li> <li>• stronger and broader linkages with a larger number of practitioners and teachers</li> </ul>
for participating organisations	<ul style="list-style-type: none"> <li>• a firmer base of skilled teachers</li> <li>• an integration of practice in work and learning</li> <li>• a pool of culturally appropriate learning and assessment resources and/or the means to develop these materials</li> <li>• stronger grounds to support RTO delivery against the AQTF requirement of the Health Work training package</li> <li>• stronger links between RTOs and Health Services to support workplace delivery.</li> <li>• trust across organisations to explore better ways of learning to identify best practice</li> </ul>

## 8. Evaluation

Please provide an outline of the methods you will use to evaluate the participants' learning and your project's efficiency and effectiveness.

- A baseline of familiarity and /or confidence for working with cross cultural guidelines will be established as well the initial level of understanding of relevant aspects of the National training system.

The CoP will be evaluated through a review of:

- Increased numbers of participants
- Self reported learning at workshops
- Teachers perception of changed practice and access to useful advice (verbal survey)
- Health services perception of relationship with RTOs (verbal/written survey).

## 9. Project timeframe

Please list project milestones and key dates

(Please add rows as required)

Milestone	Key date
Action Plan	20 June 06
Planning Workshop of previous participants Community Aims, Objectives, Roles and Responsibilities Identify potential broader CoP membership	20 and 21 June 06
Establishment of broader CoP membership	June – July 06
1 <sup>st</sup> Community Workshop – Expanded membership - development of communication strategies; development of teaching and learning guidelines.	7-8 August 06
Mid Term Report	
Consolidation via identified communication strategies; development of teaching and learning guidelines. Possibly via short workshop.	26 September
2 <sup>nd</sup> Community Workshop – Expanded membership Review of teaching and learning guidelines; review of communication strategies	30 October 06 – 1 <sup>st</sup> November
RTF Evaluation follow up	Late November 2006
Evaluation and Final Report	5 December 2006
CoP Monitoring Workshop	March 2007
CoP Evaluation Workshop	June 2007