

# Chapter 3 Process of Educational Module Design and Delivery

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The outcome of the inductive decision-making process of the leading project management group (PMG) was the proposal to develop three modules, *Human Resource Management and Knowledge Management*, *Quality Management and Intercultural management*, each for 10 ECTS credits.

As a result of the theoretical and organisational framework and analytical phase of the project, four strategies informed the development and implementation of the modules:

1. Collaboration as a principle stemming from EU collaborative policy and receiving it's expression on all implementation levels (designing the modules, modes of learning, delivering the modules, evaluation process).
2. Building on the Bologna process masters level framework to assure appropriate academic level of outputs.
3. Development of value-based leadership of students through transformational learning in a cross-cultural setting and continual reflection of theory in practice.
4. Continual evaluation and feedback among teachers and students as a strategy to achieve a high quality programme.

In the first phase of designing the modules the collaborative strategy in particular was applied, as each module was led by one university, but members from all other universities participated in the discussions and development of the modules. The Bologna process masters level framework and related standards and guidelines informed the form and method of designing the modules.

Gehmlich (2005) suggested that a common structure should be prepared for all modules and that this should be reflected in a pro forma. A module pro forma and guidance notes were prepared and used for this project based on the Bologna process, ECTS User Guide and Tuning guidance, which details that the following information should be available. This includes the target group, ECTS level and any prerequisites; the learning outcomes of the module, the educational activities to meet the requirements of learning outcomes; types of assessments to meet the learning outcomes; and overall hours needed for the module (Gonzalez & Wagnaar, 2005). Some additional information based on the norms of the partners was also added, such as contact details for module teams and reading lists. The modules were jointly designed with a lead partner and then at least three partner institutions participated in the writing and preparing of readers, manuals and learning logs. Each module was hosted by one university but all modules were assessed by a common quality assurance process.

Within the design of the modules, principles of the student-centred learning were emphasised to help support the development of transformational learning and support the original theoretical underpinning of the development. The introduction of social and collaborative learning in a model of transformative learning can enhance the level of reflection through exposure to other norms and traditions of other professionals and cultures that challenge the beliefs and assumptions of both the teacher and the student. The motivation of students to take responsibility for their own learning leads to the development of value-based leadership of students. The cross-cultural setting and continual reflection of theory in practice strengthened their ability to develop intercultural sensitivity

and grasping of theoretical concepts in their meaning for practice. This was supported by continual evaluation and feedback among teachers and students.

While there were challenges around the exploration of differences in learning, teaching and delivery norms for each country, the agreed framework provided a platform for discussion and development of teaching and learning strategies across the three modules. Developing a joint approach to module development and approval ensured that the theoretical framework was represented as all partners had to review and adapt some of their teaching and learning practices to align with it. In the spirit of collaboration, each university took their turn at leading a module with the support of colleagues from the other universities. The agreement to adopt a universal module descriptor also ensured that there was consistency across the modules in terms of aims, objectives, learning, teaching and assessment strategies and references to appropriate literature. The use of the specially designed part of the online space Moodle/Reppu at Lahti UAS to frontload the module material also helped to provide consistency. Other considerations included active as opposed to passive didactic learning, a focus on a critical and analytical approach transferable to practice, increased emphasis on the autonomy and responsibility for the students to be active learners and incorporation of critical reflection to develop student learning as part of the overall transformational learning framework. Finally, assessment procedures were specifically designed towards application of theory to practice and the use of real practice issues.

It was agreed that for the pilot of the jointly developed modules the hosting university would issue the credits, which could be transferred based on the principles of credit mobility of ECTS for short-term study to other partners. There were differences, such as overall hours for 10 ECTS credits between the partners, but in acknowledgement of the Lisbon Recognition Framework, 1999, non-substantial differences in level, work load, quality, profile and learning outcomes should be considered flexibly.

One area that required further action was in relation to the fair treatment and transparency of grading structure for students, as this could have implications for jobs or further study. The partners undertook an agreement in advance of the equivalency of grades and transfer and credit of grades, which was shared with the students in line with ECTS guidance (see Table 6).

**Table 6. The indicative equivalence of the grades between the five universities**

ECTS Grade	Edinburgh Napier University Grade	Lahti UAS Grade	University of Evora Grade	HAMK Grade	Charles University Grade
A	D5–D4	5	A 18–20	5	1
A	D3–D1	4	A 18–20	4	1
B	P5	3	B – 17	3	2
B	P4	3	C – 15–16	3	2
C	P3	2	C – 15–16	2	2
D	P2	2	D – 12–14	2	3
E	P1	1	E – 10–11	1	3
FX	F1–F5 (F6)	Fail	F – 0–9	Fail	4

**ECTS CREDITS**

1 module = 10 ECTS credits.

1 module equates to 200 to 270 hours of student work within the CareMan modules

As previously mentioned there was a common quality assurance approval process in place (as well as the processes for the home university). In addition, specific monitoring and review of the modules based on feedback from the students, teachers and in the longer term prospective employers was planned in line with the European Association for Quality Assurance in Higher Education

(2009). In addition to that, some of the universities' routine external examination and external assessment of the pilot modules was integrated into the project.

The construction and delivery of the modules was supported by the shared expertise from both social care and health care and business and combined in order to identify and implement best practices. It had contributions from the five partner universities that developed them in co-operation. The best evidence and most up-to-date literature about the themes was used in each of the topics. In the pilot run of the joint modules it was decided to deliver one module each semester in the following order:

- Module 1, Human Resource and Knowledge Management, was delivered from April to June 2015 and Edinburgh Napier University (ENU) took the lead responsibility;
- Module 2, Quality Management and Assurance, from the 5<sup>th</sup> October to the 18<sup>th</sup> of December and was the responsibility of University of Évora (UoE);
- Module 3, Intercultural Management, was delivered from March 2016 to June 2016 and Charles University, Faculty of Humanities (CU) held the key responsibility for this module.

Each module will now be briefly described using a common structure of its purpose, process of its development, overall overview, content, assessment mode and how it was delivered.

### **3.1 Human Resources and Knowledge Management Module**

#### **Purpose**

The purpose of this module was to develop the students' knowledge and understanding of the contribution of human resource management (HRM) and knowledge management within contemporary health and social care organisations and how these practices can facilitate organisational effectiveness and employee well-being.

#### **Module Development**

This module was the first to be delivered in the pilot and was built based on the previous experience of participating universities in a common ERASMUS programme. In addition, the scoping activities of the CareMan project identified key themes of HRM, performance management, knowledge management, learning organisation and leadership, with specific competencies within each.

#### **Module Overview**

This module gave an overview of the concepts and practices that underpin human resource management and knowledge management (HRKM) to help students build engagement with the dynamic and evolving nature of this topic area and its application to 21<sup>st</sup> century health and social care organisations. The emphasis of this module was to provide a critical reflection on research and approaches that underpin HRKM activities in contemporary organisations, to enable students to explore and evaluate their current practices and the debates surrounding them.

The module content, learning, teaching and assessment activities were formulated to allow students to:

- Critically explore contemporary research and debates in the fields of HRM and knowledge management and their application to leadership and management practice within health and social care organisations.
- Critically evaluate current organisational approaches and apply HRKM within health and/or social care organisations.
- Provide a management report on areas for improvement in the design, implementation and enhancement of HRM and knowledge management practices within a health or social care organisation.
- Propose strategies to implement strategic HRKM in social and health care management, which includes the critical evaluation of diversity management practices.

## Content

Human resource management (HRM) within Western societies has evolved from its early roots in paternalistic welfare movements, through the psychological developments of the human relations movement, to become a focus of strategic importance within contemporary HRM (Chartered Institute of Personnel and Development, 2016). During the last few decades there has been increasing recognition by academics and practitioners that organisational goals such as competitive advantage, organisational effectiveness and sustainability are only achievable through the effective management of people (Dimitrios, 2012). Students were challenged to look at models of, and approaches to, HRM and in line with the theoretical framework, critically reflect on the impact of different approaches on the individual employees, as well as the organisation. For example, to evaluate a 'hard' approach that is very focused on business needs and an assumption that the staff will want the same thing vs. a soft approach such as the Harvard model, which involves more stakeholders and acknowledges a range of contextual factors – a pluralist perspective (Bratton & Gold, 2012). Softer forms have been explored with multiple approaches such as high commitment HRM, high involvement HRM and high performance work practices that are aligned to certain characteristics (Storey et al, 2010).

Organisations are increasingly recognising the value of knowledge-based human capital due to the increasingly complex problems of those organisations. There is a vital need to build on the knowledge and capabilities of the employees to sustain the most efficient and innovative workforce that is possible (Pemberton, Stonehouse, & Francis, 2002). This module guided students to consider "how" best HRM practices can influence performance and how knowledge management and organisational learning can positively impact organisational capability (Theriou & Chatzoglou, 2008).

The module content and approach recognised that managing people is a core competence for all professional staff and particularly those involved in service delivery within health and social care, with complexities of environment and conflicting agendas. In the delivery of this module there was the opportunity to explore this within a diverse cultural and multi-professional group to facilitate reflection on actions and learning to enhance development. Through both formative and summative assignments, as well as group interaction during the intensive week, students were given the opportunity to reflect upon their current competencies and practice and focus on areas of personal development.

## Module Assessment

Formative assessment involved a number of interactive online activities such as identification of areas for development of competency in HRKM, asynchronistic discussions around 'hot' topics and informal assessment of knowledge of specific areas such as diversity management. The purpose of this was to engage the students in applying the knowledge of the module, but also to start to facilitate the peer interaction, which would help to challenge assumptions and consider new approaches to this subject in practice.

The formal assessments required each student to develop a learning portfolio that focused on reflection on a specific HRKM area from their work and/or the evidence base for this topic, including a reflection of their learning, feedback and HRKM competence. This was complemented by a group presentation on these topics that allowed the students to learn from each other in developing knowledge in this area. The second assessment was an in-depth essay to provide a critical analysis of an area of human resource and knowledge management that they have identified could be improved within a health or social care organisation of their choice. The use of practice-based assessments helped to facilitate a deep learning approach as students needed to research the theory and then look critically at this in relation to their practice.

## Module Delivery

This module was successfully completed by 21 students, who were enrolled in home programmes with each of the partner universities represented. The module was taught in a blended format (online and face to face). During the module the online content was supported with asynchronistic discussion forums, learning content, self-guided reading activities and other interactive activities (such as self-assessments). The teaching methodologies during the intensive week included lectures, visits to health and social care organisations, group activities and peer presentations. The evaluation was positive, with the interaction with peers and academics from other cultures being identified as highly beneficial. This module had a great deal of self-directed learning activities and some of the students highlighted this as being quite onerous. In future modules additional support and guidance for students, particularly those with English as an additional language would be beneficial for the online content.

## 3.2 Quality Management Module

### Purpose

The purpose of this Module was to enable registered health/social care practitioners to assume a clinical/professional leadership role in quality management in the health/social care sector. Most students were employed in this area, but in completing this module they will strengthen their effectiveness of management and in improving quality in health/social care services.

### Module Development

This module was the second module delivered and was based on previous work that confirmed its importance and defined key competences for it. The team built this module descriptor and undertook the responsibility to deliver it through an intended structure that facilitated the students' improvement of their quality management competencies, allowing better practice after the course.

## Module Overview

This Module provided a synthesis of the concepts and practices applied in quality management, so the students could understand the main steps, practices and tools applied in the field. This area is one that all professionals working in management at any level of health and social care organisations must master in terms of critically understanding or doing or participating in its management at any level. The module aimed to enable students to explore and evaluate the current practices and the debates surrounding them. They must be able to understand the research approaches already in use, but also that research is needed to develop new knowledge and to improve practices.

The module content, learning, teaching and assessment activities were formulated to allow students to:

- Critically appraise good quality of care at an organizational level;
- Critically reflect on care quality standards and criteria;
- Justify relevant techniques to plan quality assurance and improvement of processes;
- Engage in critical dialogue that demonstrates a holistic understanding of the social and health care system to develop continuous, customer-oriented services;
- Recommend strategies for implementing quality improvement within a health care or social care organisation.

The module was divided into three topics, which had to be completed in a 15-week timescale. This allowed five weeks for each topic. This was delivered in an e-learning environment using the Moodle platform and other tools such as introductory lectures, videos and texts to support the introduction to the module as whole and to each of the topics.

To develop depth in the module with respect to the three topics defined, we planned activities to fulfil and to ensure that the reading material was understood. Each of the topics has at least four activities to allow the teacher follow and support students' evolution and needs. This was not an assessment, but a strategy to engage the students in the content of the module.

## Content

Quality in health and social care services is a long-standing issue that is evident within the industrial environment, where it is widely used, and is gaining a prominent place within the health and social care system. So quality of health and social care share with industrial production and services management concerns, organisation purpose and overall objectives. This specifically comes from the fact that "Patients play four roles in health care systems that must be reflected when defining and measuring quality in these settings: patient as supplier, patient as product, patient as participant, and patient as recipient" (Lengnick-Hall, 1995, p. 25). This can equally be applied to social services and the interactive nature of responses used by care providers; and the context of professional group actions in which it is part of the system (Revez & Silva, 2010).

The topics developed here were the same as other areas but applied to health and social care reality: Quality management and policies in social and health care; Quality assurance in social and health care; and Continuous quality improvement in social and health care.

## Assessment

The formal assessments employed a learning portfolio that consisted of three reflections related to the three topics of the module. The portfolio was based on learning material and the students' own experience and reflections on quality

management and quality of care in social and/or health care organisations. The second assessment was a Case Study where the student used their organisation or an organisation they were familiar with to develop a case study analysis (drawing on relevant academic theory). The use of practice-based material for assessment facilitates a deep learning method to apply the theory and then look critically at the reality of their practice.

### **Module Delivery**

This module had 16 students enrolled, but only nine students completed it with success. The teaching methodologies, content and evaluation process were considered very good. The material produced for the module was very good for most of the students but we must have more regular support and motivating activities. The module in the future would benefit from having more interactive activities and interactive material, to facilitate the exchange of ideas and to engage the students.

## **3.3 Intercultural Management Module**

### **Purpose**

The purpose of this module was to develop the students' knowledge, understanding and sensitivity to intercultural management issues within contemporary health and social care organisations. This should enable students to assume a culturally sensitive leadership role in the health/social care sector within a culturally diverse environment in Europe.

### **Development**

Intercultural theories of Hofstede (2001) and Schwartz (2004) and contemporary principles of health care management (World Health Organisation, 2011) formed the theoretical background of a research study in the scoping phase of CareMan. This study acknowledged the effect of cultural values and background on a student's perception of managerial behaviour and actions in the social and health care sector (Havrdova, Huotari, 2014). The theory and findings of this research and the first-hand experience from intercultural collaboration during the CareMan project supported the development of content and learning methods in this module. Under the responsibility of Charles University, Faculty of Humanities, a module team comprising four members from the partner universities was established and through email and Skype communication a module descriptor and learning materials and methods were developed.

### **Module Overview**

The module is designed to provide students with underpinning knowledge, understanding and debates surrounding contemporary issues and practices in the area of intercultural management. The module will be organised into core units that will enable students to critically analyse each topic area and reflect upon practice, including that of organisations within the health and social care sphere. Students will be encouraged to contribute to online discussions and share knowledge through scheduled tutor-led discussions at key points. The implementation will focus on three areas:

- Part 1: Theoretical knowledge of Intercultural Management;
- Part 2: Intercultural Dimensions in Social and Health Care Management;
- Part 3: Intercultural Management in Practice in Social and Health Care Organisations

### **Module Delivery**

The module was delivered over 13 weeks in the spring of 2016. It consisted of three periods. The first period was dedicated to the core unit 1 and had a distant learning format. Participants were guided by instructions to complete eight tasks in a learning logbook, which was placed in Moodle. A forum space in Moodle was provided where students could share their perspectives. As a result, each student prepared a short presentation of their own learning outcomes that was presented in the second phase of the module.

The second period of the module consisted of an intensive week in Prague. This week was composed of theoretical presentations and group learning activities on core units 2 and 3. These activities enabled students to apply their knowledge and to gain sensitivity to intercultural issues to their organisations and management tasks and to their individual assignments. The work on individual assignments formed the third learning period of the module.

### **Assessment**

The formal assessments involved a learning logbook assessment with prescribed tasks fulfilled and an essay, which consisted of a theoretical and practical analysis of a Case Study. In the Case Study students used their organisation or an organisation they were familiar with to develop an analysis of intercultural issues. Clear criteria for assessment were part of the learning logbook.