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Health Occupations Education Teaching
Competencies for the Twenty-First Century

Beverly Richards¹

Abstract: The North Carolina Health Occupations Education Task Force on Teacher **Qualifications** analyzed current and projected trends and issues related to education and health care reform in order to discern appropriate current and projected teaching competencies for health occupations education teachers. Eight areas were reviewed: **program** planning, Health Occupations Student Association management, guidance and counseling, classroom management, school-to-work transition, program evaluation, professional development, and current issues and trends affecting education. Through a survey instrument, teachers were asked to examine each competency from two perspectives: how important is the

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competency in **the** position you hold, and how important will this competency be in your position for the year 2000 and beyond. For those competencies with **significant** differences between means, continual upgrading of education and skiUs is needed.

These competencies can be the basis for planning programs at yearly conferences. In addition, required courses for **secondary** health occupations education **licensure** can be revised or expanded to meet these needs.

The North Carolina Health Occupations Education Task Force on Teacher **Qualifications** was initiated by the State Department of Public Instruction (**SDPI**) to address turnover and lack of applicants for health occupations education teaching positions, to study current teacher education **certification/licensure** policies, and to analyze qualifications, roles, and functions of current health occupations education **program** managers. Members of the task force included representatives from teacher education, current health occupations education teachers, vocational directors, and the health care field. The task force members agreed to the following mission and purpose:

MISSION--The mission of the task force shall be to influence public policy in order to ensure **qualified** teaching personnel for **health** occupations education.

PURPOSE--The purpose of the task force shall be to contribute to effective and **efficient** preparation of potential health care workers through recommendations of state standards that represent appropriate qualifications for **health** occupations education program managers. Further, it shall be the purpose of the task force to develop a strategic plan that

incorporates innovative and creative directions for recruitment, professional development and retention of such personnel.

Four goals were developed by the task force:

GOAL 1. Analyze current and projected trends and issues related to education and health care reform in order to discern appropriate **qualifications** for health occupations education program managers.

GOAL 2. Research essential pedagogical and/or technical functions that reflect appropriate current and projected **qualifications** necessary to health occupations education program managers.

GOAL 3. Recommend revised teacher licensure standards to the North Carolina Board of Education.

GOAL 4. Develop an innovative and creative strategic plan that endorses an education and health care community partnership for the recruitment and retention of **qualified** secondary health occupations education program managers.

This paper addresses Goals 1 and 2.

Two research questions were raised during the **discussion** on these goals:

1. Are existing/known teaching competencies appropriate and complete?
2. What **qualifications** and teaching competencies are needed for health occupations education teachers in the twenty-first century?

Review of Literature

The review of literature focused on current and projected trends and issues related to education and health care reform. Student standards and competencies, as well as essential teacher competencies were reviewed.

Education

In the 1960s and 1970s, legislative educational initiatives in pursuit of equity reflected perceived societal needs. During the 1980s, attention moved away from prioritizing equal opportunity and shifted toward policies based on school improvement theories, such as choice. During these years, federal investment in educational research focused on instruction, learning, and ways to increase student success. In the 1990s, three major legislative issues have evolved: Goals 2000: Educate America Act of 1994, Improving America's Schools Act of 1993, and School-to-Work Opportunities Act of 1993 (Lewis, 1993).

In 1989, the President and governors adopted six national education goals. Two additional goals were added by Congress, and in 1994 Goals 2000: Educate America Act, with eight goals, was enacted. This umbrella piece of legislation formalized the national goals which set high standards to established new assessment systems for all students and determine if these new standards have been reached. It stressed the reeducation of teachers and provided improvement funds through state-approved plans based on local reform plans. Both plans included accountability measures. The act called for increased parental involvement and participation through parent-school partnerships.

Improving America's Schools Act of 1993 was a reauthorization of the Elementary and Secondary Education Act (**ESEA**) with a complete revision of Chapter 1. Retraining of teachers would include **all** teachers, not just teachers of math and science, and **all** programs would be held accountable for holding higher expectations of students and demonstrating that all students meet those expectations.

School-to-Work Opportunities Act, enacted in April, 1994, established a framework for states to create comprehensive systems to move young people from high school into the workplace. The act has five purposes:

1. integrate work-based learning and school-based learning, integrate academic and occupational learning and build effective linkages between secondary and postsecondary education;
2. provide all students opportunities to complete a career major;
3. incorporate program components;
4. provide students with strong experience in and understanding of all aspects of the industry they are preparing to enter; and
5. provide **all** students with equal access to the full range of program components.

The three components to which the act refers include school-based learning, work-based learning, and connecting activities. A National **Skills Standards Board** would focus on high expectations through the development of occupational skills standards to guide curriculum and instruction. These three acts served as the core for the administration's attempt to change **federal** policy and education.

Health Care Reform

The health care industry has been recognized as one of the fastest growing industries over the past decade. This rapid growth has resulted in several challenges. One challenge is the graying of America, which means that people are living longer, many with chronic or disabling diseases. The delivery of health care will continue to move away from hospitals and inpatient care to the home or outpatient centers in the community. Health care reform has become a national priority. In 1993, President Clinton presented his health care reform proposal to Congress and to the U.S. citizens. Six principles--quality, security, simplicity, responsibility, choice, and savings--provided the foundation for his proposal. Although many alternative reform plans have been proposed, these six principles appear to guarantee the delivery of quality health care at an affordable price. In 1994, Congress chose not to act on health care reform, but many states have initiated their own health care reform. Reform in health care has emerged as an important national, political, and economical issue (O'Neil, 1993):

The Pew Health Professions Commission summarized important characteristics of the emerging health care system:

1. Orientation toward health with a greater emphasis on prevention and **wellness** and higher expectations for responsible healthy behaviors by individuals.
2. Population perspective with new attention to risk factors affecting **large** segments of the community, including access issues and the physical and social environment.

3. Intensive use of information with reliance on information systems to provide complete, easily assimilated patient information, as well as ready access to relevant information on **current** practice.

4. Focus on the consumer with encouragement and expectations of patient partnerships in decisions related to treatment, facilitated by the availability of complete information on outcomes and evaluated in part by patient satisfaction.

5. Knowledge of treatment outcomes with emphasis on determining the most effective treatment under different conditions and dissemination of this information to those involved in treatment decisions.

6. Constrained resources with a concern over increasing costs, coupled with expanded use of mechanisms to control available expenditures.

7. Coordination of services with integration of providers and a concomitant emphasis on teams to improve **efficiency** and effectiveness across all settings.

8. Reconsideration of human values with careful assessment of the balance between the expanding capability of technology and the need for humane treatment.

9. Expectations of accountability with growing scrutiny by a larger variety of payers, consumers, and regulators, along with more formally **defined** performance expectations.

10. Growing expectations with further integration of domestic issues of health, education, and public safety, combined with a growing awareness of the importance of U. S. health care in a global context (O'Neil, 1993, p.6).

Student Standards and Competencies

Traditionally, academic performance standards have not been high. The standards that do exist differ from school to school and student to student. But in the past decade, two realizations have become clear: (a) the current standards do not match performance needs demanded by our society's citizen and employers, and (b) this minimal and fractured standards system is **significantly** lower than those of countries which are our competitors economically and politically (National Education Goals Panel, 1993). The need is evident for higher, national standards.

Education standards are defined as "what all students should know and be able to do with their knowledge" (National Education Goals Panel, 1993, p.4). Standards can be further divided into content and performance. Content standards refer to areas of knowledge. Content standards are currently being developed **separately** within different disciplines; however, the ultimate goal of content standards is to integrate the content among **all** disciplines (National Education Goals Panel). **Subject-specific** content standards are developed by national professional organizations for use in **specific** subject areas. State content standards are standards in a set of different subject areas. State and **subject-specific** content standards may **differ**, but if so, must be equally rigorous (National Education Goals Panel).

Performance standards assure that students have more than just basic knowledge of a subject by demonstrating how good is good enough (National Education Goals Panel, 1993). Such performance is normally judged in relation to **specified** mastery levels. By raising expectations in both content and performance standards, and by making such standards

similar nationwide, students will be better prepared for the highly competitive global economy, one objective of the National Education Goals.

The National Education Goals Panel (1993) has established five critical principles to ensure the development of quality standards:

1. The development of nationwide standards must be **highly** inclusive, blending expert classroom knowledge with that of researchers, **policymakers**, and the general public.
2. The standards must not be considered a uniform national curriculum.
3. The standards must be deliberately set **at high levels**.
4. The standards must be viewed as dynamic, subject to periodic review and change.
5. The importance of nationwide standards must be clearly and effectively communicated to the American people (p. xiv).

In relation to health care education, standards are **defined** as “statements which answer the question ‘what does a worker need to know and be able to do in order to succeed in the health care industry?’” (Far West, 1994, p. 1) Motivations for health care education standards are very similar to those of education standards in general. A fundamental element in **realizing** health care reform is the education and training of our country’s health care workers. In order for these workers to deliver responsible care characterized by consumer choice and savings, they must be workers who are knowledgeable and skilled. With this in mind, the U.S. Department of Education has funded the National Health Care Skill Standards Project (**NHCSSP**), a collaborative effort among health services, labor, and the education community to better prepare tomorrow’s health care workers by developing current **skills** standards today (Far West, 1994, p. vii). Ultimately, the attainment of national health care

standards has the potential not only to ensure better **health** care for consumers, but also to strengthen ties and provide benefits for health care employers, workers, students, and educators.

Quality health care requires a knowledgeable and skilled workforce. The level of knowledge and skill of current and future health care workers will be dictated by health care reform as well as by new and changing technology. Collaboration, effective communication, and teamwork will be the bywords of the **future**. Boundaries of health professions will change faster now than at any time before. There will be new roles and opportunities for some health professionals and limitations for others. A wide range of workers will be needed to coordinate and deliver quality health care. It is predicted that the job description of the future health care worker will not mirror the job description of the current health care worker.

Health care professionals of the twenty-first century are beginning to enter our educational system. The Pew **Health** Professions Commission addressed the following question: "How do we ensure that today's students will contribute to and thrive as practitioners in tomorrow's **radically** different and ever-changing new health care environment?" (O'Neil & Bader, 1991, p.vii) A variety of sources were used by the commission to gather information on the forces that will shape health care in the future. Twenty-seven individuals, interdisciplinary in their fields of expertise, from public and private sectors, considered the competencies that will be needed by health care workers in the future. The following 17 competencies were recommended to reform education and training in order to produce more effective and responsive health care professionals for 2005:

1. care for the community's health,
2. expand access to effective care,
3. provide contemporary clinical care,
4. emphasize primary care,
5. participate in coordinated care,
6. ensure cost-effective and appropriate care,
7. practice prevention,
8. involve patients and families in the decision-making process,
9. promote healthy lifestyles,
10. access and use technology appropriately,
11. improve the health care system,
12. manage information,
13. understand the role of the physical environment,
14. provide counseling on ethical issues,
15. accommodate expanded accountability,
16. participate in a racially and culturally diverse society, and
17. continue to learn (O'Neil & Bader, 1991, pp. 18-20).

These **competencies** should form the basis for developing health care practitioners who possess expanded abilities and new attitudes to meet society's evolving health care needs.

Teaching Competencies

Performance-based teacher competencies were developed from research conducted by The National Center for Research in Vocational Education at The Ohio State University. The

Center developed these competencies after being charged with the responsibility for finding methods to improve vocational teacher preparation. Research conducted by the Center determined that all were necessary for a valid vocational teacher education program. One hundred and fifty-five competencies were grouped in the following 13 categories:

1. Program Planning, Development, and Evaluation;
2. Instructional Planning;
3. Instructional Execution;
4. Instructional Evaluation;
5. Instructional Management;
6. Guidance;
7. School-Community Relations;
8. Vocational Student Organizations;
9. Professional Role and Development;
10. Coordination of Cooperative Education;
11. Implementing Competency-Based Education;
12. Serving Students with Special/Exceptional Needs; and
13. Assisting Students in Improving their Basic Skills (Cotrell, et al., 1971).

In 1985, the North Carolina State Department of Public Instruction used this research in selecting 67 competencies for practicing vocational education teachers. The competencies fell into 10 categories: program planning, student organizations, special needs students, public relations, guidance, classroom management, historical development, work experience

development, program evaluation, and professional development. These **competencies** became the basis for determining state licensure standards in vocational education.

Two research articles in **health** occupations education addressed teacher **competencies**. Witmer (1989) found that current survey instruments needed greater dimension and scope in five areas: (a) problem solving and creativity, (b) computer technology, (c) **recruiting** and marketing, (d) gerontological content, and (e) ability to **cooperate** with employers to produce graduates who are flexible and capable of meeting realistic job demands (p. 16). Southern, Walters, and Wilmoth (1990) **identified** three areas of **skills** which need to be emphasized in preservice, continuing education, or inservice education: coordination of cooperative education, professional role and development, and teaching adults.

Federal legislation and health care reform will have strong impacts on curricula and teaching methods as students are prepared for the health care arena. Teachers will need better preparation through educational programs or **inservice**, as they will be held accountable for helping students achieve proposed standards.

Methodology

Subjects

The subjects included **all** health occupations education teachers holding permanent secondary education **licensure** in North Carolina. Renewal of the license is required every five years with evidence of continuing education credits. Currently, 67 health occupations education teachers hold permanent secondary education **licensure**.

Instrument

The competencies selected by the North Carolina State Department of Public Instruction in 1985 became the basis for the preliminary draft instrument to determine current health occupations education teacher functions and functions for the **twenty-first** century. The 10 categories were program planning, student organizations, special needs students, public relations, guidance, classroom management, historical development, work experience development, **program** evaluation, and professional development (North Carolina State Department of Public Instruction, 1985).

Task force members reviewed current literature to determine appropriate **competencies**. Specifically, they reviewed current and projected trends and issues related to education and health care, student standards and competencies, and teacher competencies. Eight categories were identified: program planning, Health Occupations Students of America (**HOSA**) management, guidance and counseling, classroom management, school-to-work transition, **program** evaluation, professional evaluation, and current issues and trends. The category of special needs students was incorporated into HOSA management, guidance and counseling, and classroom management. The category of public relations was included in **program** planning and HOSA management. Current issues and trends were included to determine how important these topics are presently and how important they will be in the future. The second draft was amended to show these additions and submitted to the task force for review and consensus to establish face validity. After the task force reached consensus on the draft instrument, a second opportunity was provided to review the instrument for clarity and relevance. The instrument received 100 % agreement from task force **members**.

Data Collection

A packet containing the cover letter, questionnaire, and a stamped return envelope was sent to all teachers holding permanent licensure as secondary health occupations education teachers in North Carolina. The following schedule was followed:

January 21 Initial mailing date

February 17 Requested return date

February 14 Reminder post card sent to non-respondents

March 1 Final receiving date

Teachers were asked to examine each competency from two perspectives:

1. Present emphasis--how important is this competency in the position you hold?

2. Year 2000 and beyond--how important will this competency be in your position?

They were asked to circle the arabic numeral that best reflected their position on the level of importance using the following scale: 5 = very high, 4 = high, 3 = medium, 2 = low, and 1 = very low. Demographic data were collected in the following areas: gender, ethnicity, and education level.

Packets were sent to 67 teachers holding permanent licensure in secondary health occupations education. Completed questionnaires were received from 37 (55%) teachers by March 1.

Data Analysis

All statistical analyses were performed using version 6.04 of PC-SAS (SAS Institute, Inc., 1987). Group means were selected as the unit of analysis. T-tests were used to determine differences between pairs of means. The level of significance was set at .05.

Table 1 shows the 11 statements listed under program planning. Program **planning** means ranged from 3.82 to 4.73 for the present, and 4.17 to 4.86 for the future. T-tests revealed **significant** differences between present and future means in 9 of the 11 statements. The two exceptions were using the Vocational Competency Achievement Tracking System (VoCATS) annual plan and developing lesson plans.

Table 2 **identifies** the responses for HOSA management. HOSA management responses showed means ranging from 3.79 to 4.45 for the present and 4.03 to 4.65 for the future. T-tests revealed **significant** mean differences **between** present and future emphasis in 2 of the 6 functions: motivating students to accept leadership responsibilities and conducting community awareness activities.

Table 3 lists the statements for guidance and counseling. Guidance and counseling responses reported means ranging from 3.79 to 4.94 for the present and 4.71 to 4.97 for the future. T-tests indicated a significant difference between present and future means in 1 of the 4 **functions**: interpreting student interest and aptitude surveys for student recruitment and career counseling using four-year course plans.

Table 4 **identifies** the classroom management statements and responses. Classroom management responses showed means ranging from 3.67 to 4.88 for the present and 4.40 to 5.00 for the future. T-tests indicated **significant** differences between present and future means in 6 of the 8 functions. The two exceptions were instilling an appreciation in students for a safe, clean classroom and clinical environment, and preparing students to apply sound health care practices that emphasize efficiency and effectiveness. The highest mean in this

Table 1

Program Planning

No.	Statement	Present	Future
1.1	Interpret and use employment and follow-up data and trends.	4.09	4.47 *
1.2	Modify existing curricula based on student needs, data, and trends.	4.52	4.69 *
1.3	Conduct, distribute, and use findings of community occupations surveys,	3.82	4.17 *
1.4	Develop lesson plans for VoCATS units of instruction.	4.39	4.43
1.5	Evaluate and select instructional materials and equipment.	4.73	4.86 *
1.6	Plan, organize, and effectively use advisory committees.	4.03	4.37 *
1.7	Use VOCATS-HOE courses' annual instructional plans.	4.45	4.54
1.8	Design and prepare teacher-made instructional materials that emphasize higher order thinking skills,	4.48	4.80 *
1.9	Articulate VoCATS secondary HOE program course competencies/objectives with appropriate postsecondary programs.	4.18	4.63 *
1.10	Integrate academic and HOE curriculum.	4.38	4.76 *
1.11	Implement Total Quality Management strategies in team building, program management and evaluation.	4.03	4.54 *

*Significant difference in means per T-test, $p < .05$.

Table 2

HOSA Management

No. Statement	Present	Future
2.1 Implement HOSA as an integral part of the HOE curriculum.	4.27	4.26
2.2 Facilitate the development of a HOSA annual program of activities with students.	4.06	4.06
2.3 Instill an appreciation for HOSA in students, parents, and administrators.	4.27	4.29
2.4 Motivate students to accept leadership responsibilities.	4.45	4.60 *
2.5 Prepare students for competitive activities.	4.06	4.03
2.6 Conduct community public awareness activities through brochures, presentations , advisory committees, etc.	3.79	4.23 *

*Significant difference in means per T-Tests, $p < .05$.

section was in the rating of conducting classroom and instructional laboratory activities in a safe and **efficient** manner using OSHA, CDC, and **OBRA** guidelines.

Table 5 lists the statements and responses for school-to-work transition. School-to-work transition responses reported means ranging from 4.55 to 4.91 for the present and 4.74 to 4.96 for the future. T-tests indicated a **significant** difference in means between present and future emphasis for 1 of the 4 functions: preparing on site clinical **practitioners/mentors** for student **interns/mentees**.

Table 3

Guidance and Counseling

No. Statement	Present	Future
3.1 Interpret student interest and aptitude surveys for student recruitment and career counseling using four-year course plans.	3.79	4.71 *
3.2 Establish and maintain a positive rapport with students	4.94	4.97
3.3 Recognize the need for appropriate referral of students for professional counseling.	4.67	4.74
3.4 Deal effectively with legal, ethical, and moral issues.	4.70	4.80

*Significant difference in means per T-tests, $p < .05$.

Table 6 identifies the statements and responses for program evaluation. Program evaluation responses showed means ranging from 3.91 to 4.55 for the present and 4.34 to 4.65 for the future. T-tests indicated a **significant** difference between means in 4 of the 5 functions. The one exception was assessing effectiveness of the curriculum and the HOE program. Table 7 lists the statements and responses for professional development. Professional development responses reported means **ranging** from 4.09 to 4.79 for the present and 4.40 to 4.91 for the future. T-tests indicated significant differences between means in all four functions.

Table 8 **identifies** current issues and trends affecting education. Issues and trends responses reported means ranging from 2.36 to 4.62 for the present and 3.46 to 4.88 for the

Table 4

Classroom Management

No. Statement	Present	Future
4.1 Conduct classroom and instructional laboratory activities in a safe and efficient manner and in compliance with Occupational Safety and Health Administration (OSHA), Center for Disease Control (CDC), and OMNIBUS Budget Reconciliation Act of 1987 (OBRA) guidelines.	4.88	5.00 *
4.2 Instill an appreciation in students for a safe, clean classroom and clinical environment.	4,82	4.91
4.3 Develop and maintain computerized inventory of instructional materials and equipment.	3.67	4.40 *
4.4 Select and maintain instructional resources and materials such as interactive video, databases, and computer software.	4.13	4.71 *
4.5 Maintain VOCATS instructional management system.	4,48	4,69 *
4.6 Provide appropriate instruction for individual student differences.	4.30	4.69 *
4.7 Maintain an instructional environment conducive to learning and which provides for sex equity, bilingual and multicultural opportunities.	4.61	4.83 *
4.8 Prepare students to apply sound health care practices that emphasize efficiency and effectiveness.	4.88	4.97

*Significant difference in means per T-tests, $p < .05$.

Table 5

School-to-Work Transition

No.	Statement	Present	Future
5.1	Practice philosophical foundations of clinical education and perform the necessary skills related to the instructional program .	4.78	4.82
5.2	Plan, develop, implement, and supervise clinical internships and mentorships based on approved clinical affiliation agreements and student training plans.	4.91	4.91
5.3	Coordinate acquisition of student medical liability insurance and Hepatitis B Virus (HBV) immunizations.	4.82	4.89
5.4	Prepare on site clinical practitioners/mentors for student intems/mentees.	4.55	4.74 *

***Significant** difference in means per T-tests, $p < .05$.

future. T-tests indicated **significant** differences between means in 15 of the 16 issues and trends. The only exception was competency-basal education.

Conclusions

Program planning included 11 competencies. Two of these were not **significant** although the means increased slightly from present to future emphasis. HOE teachers have had VOCATS training workshops at yearly conferences which dealt with using annual instructional plans and developing lesson plans for VOCATS courses. With that training and their years of teaching experience, subjects' perceptions of these competencies would not be expected to differ greatly from the present to the year 2000. Changes in education and

Table 6

Program Evaluation

No. Statement	Present	Future
6.1 Develop an appropriate evaluation system for one's instructional program.	4.38	4.65 *
6.2 Collect and analyze appropriate data such as Vocational Education Information System (VEIS).	3.97	4.40 *
6.3 Interpret diagnostic data such as preassessment testing, Individualized Education Plan (IEP).	3.91	4.34 *
6.4 Assess effectiveness of the instructional staff (including self) in directing student learning.	4.27	4.51 *
6.5 Assess effectiveness of the curriculum and HOE program.	4.55	4.60

*Significant difference in means per T-tests, $p < .05$.

Table 7

Professional Development

No. Statement	Present	Future
7.1 Identify, support, and participate in the activities of professional organizations.	4.27	4.54 *
7.2 Use undergraduate work and/or previous occupational experiences as a foundation for further investigative study and professional development.	4.09	4.40 *
7.3 Recognize the need to stay abreast of technological advancements.	4.79	4.91 *
7.4 Evaluate self in terms of professional growth.	4.58	4.80 *

*Significant difference in means per T-Tests, $p < .05$.

Table 8

ISSUES AND TRENDS

No. Item	Present	Future
8.1 Interactive Video	3.15	4.41 *
8.2 Distance Learning by Satellite	3.16	4.61 *
8.3 Computer assisted instruction	4.79	4.71 *
8.4 Computer literacy	4.38	4.88 *
8.5 Database instruction	3.62	4.53 *
8.6 Total quality management skills/tools	3.85	4.47 *
8.7 Integrated learning strategies	4.24	4.63 *
8.8 Higher order thinking skills	4.50	4.80 *
8.9 Cooperative learning	4.26	4.57 *
8.10 Bilingual instruction	2.36	3.46 *
8.11 Cultural diversity	3.71	4.23 *
8.12 Program articulation (secondary-post secondary)	3.82	4.66 *
8.13 Team building	4.21	4.54 *
8.14 Competency-based education	4.62	4.74
8.15 Portfolio assessment	3.12	4.06 *
8.16 Classroom discipline/management of school violence	4.59	4.86 *

*Significant difference in means per T-Tests, $p < .05$.

health care delivery have influenced their present programs and will continue to affect program planning in the future.

HOSA management included 6 competencies. Of these, only two were significant: motivating students to accept leadership responsibility and conducting community public awareness activities. HOSA has been part of North Carolina's HOE curriculum since 1976. HOE teachers have done an excellent job in preparing students for competitive events as shown in the number of students who have received national recognition. A much smaller number of students have held leadership positions at the national level as would be expected. Both academic and vocational teachers have difficulty in motivating students to accept leadership responsibilities and in promoting their programs to the community.

In guidance and counseling, only 1 of 4 competencies was significant. HOE teachers continue to need assistance in interpreting student interest and aptitude surveys for recruitment and career counseling using four-year plans. The four-year plans were introduced during the last two years by the SDPI. As health care professionals, HOE teachers have many years of experience in (a) establishing and maintaining a positive rapport with clients; (b) recognizing the need for professional counseling; and (c) dealing effectively with legal, ethical, and moral issues.

In classroom management, six of the eight competencies had significant differences between present and future means. The other two competencies are an important part of the HOE teachers' health care background: instilling an appreciation for a safe, clean classroom and clinical environment, and applying sound health care practices that emphasize efficiency and effectiveness.

In school-to-work transition, only one of four **competencies** had a significant difference between means. Again, the health care background of HOE teachers prepares them to: (a) practice philosophical foundations of clinical education and perform the necessary skills related to the instructional **program**; (b) plan, develop, implement, and supervise clinical internships and **mentorships** based on approved clinical **affiliation** agreements and student **training** plans; and (c) coordinate acquisition of student medical liability **insurance** and Hepatitis B Virus immunizations.

In program evaluation, four of the five competencies had significant differences between means. Assess effectiveness of the curriculum and HOE program are skills taught in most occupations preparing health care **practitioners**.

In professional development, four of the four competencies had significant differences in means. With continued changes in education and **health** care, teachers consider on-going professional development an important concept in health occupations education.

In current issues and trends, 15 of the 16 competencies had significant differences between means. The one exception, competency-based education, has been an important part of education since the early 1970s. The HOE curriculum is competency-based, and HOE teachers apparently **feel** capable in using the curriculum. The lowest present and future means were in the area of **bilingual** instruction. This may be due to the low number of English second language students in North Carolina. Computer **literacy**, higher-order thinking skills, and management of school violence ranked highest **in** importance in this section.

For those competencies with **significant** differences between means, continual upgrading of education and skills is needed. These **competencies** can be the basis for planning programs at yearly conferences. In **addition**, required courses for secondary HOE licensure can be revised or expanded to meet these needs.

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