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Beverly A. Ransdell

Karen E. Gable Ed.D.

Indiana University School of Medicine

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A MODEL CURRICULUM FOR SECONDARY HEALTH OCCUPATIONS

Beverly A. Ransdell¹

Karen E. Gable

Abstract: This paper describes the process and product in the development of a model curriculum for Indiana's Secondary Health Occupations Education programs. A cadre of Health Occupations Education teachers from the state documented the integration of national and state skill standards and developed the activities for the model curriculum under the direction of Rosie Hicks, Indiana State Specialist in Health Occupations. The final product was a model curriculum which could easily be adapted for individual Health Occupations Education programs or serve as a model for other states interested in integrating national and/or state skill standards.

¹Beverly A. Ransdell is Educator, Health Occupations Magnet Arsenal Technical High School, Indianapolis, IN; Karen E. Gable, Ed. D., is Associate Professor and Program Director, Health Sciences Education, School of Allied Sciences, Indiana University School of Medicine, Indianapolis, IN.

The **first** phase of developing a model curriculum was to examine standards developed by four **different** resources. These standards included the National Health Care Skills Standards, the Secretary's Commission on Achieving Necessary skills (SCANS), Indiana Essential Skills and Technical Proficiencies for Health Occupations, and All Aspects of the Industry, also known as the Indiana Canyon **Inn** Document.

The **first** resource, National Health Care Skill Standards, were developed by the Far West Laboratory of Educational Research and Development, in participation with the National Consortium of Health Science and Technology Education, the Service Employees International Union, and other health industries, education, and **labor** organizations. The skills standards are statements that answer the question, "What does a worker need to know and be able to do to contribute to the safe and effective delivery of health care?" (Far West Laboratory for Educational Research and Development, 1995, p 1). Such standards are a keystone in providing the foundation for better worker preparation and performance. The standards were extensively reviewed and revised by working committees of health care experts representing industry, labor and education (Far West, 1995).

The second resource was the Secretary's Commission on Achieving Necessary Skills (SCANS) report which expressed concerns that American students lack basic academic skills, knowledge about the work environment, and the ability to adjust to a changing work environment. SCANS defined a common core of skills that constitute work readiness for the jobs of today and tomorrow. They were developed **by asking**

employers directly what were their work force requirements. The final report describes foundation skills, such as **reading and** writing and problem solving, as well as work place skills such as allocating resources, organizing information, interpersonal **skills** and an understanding of technology (SCANS, 1991).

The third resource, Indiana Essential Skills **and** Technical Proficiencies for Health Occupations, was a report developed by the Indiana Workforce Proficiency Panel, in response to Public Law 19-1992. This panel used a three-part process to **establish** work place essential skill standards and technical proficiencies, relying on the expertise of owners/employers, incumbent workers, and educators. On site visits, interviews and surveys were used to prepare drafts of proficiencies. The **final** product had linkages with voluntary national skills standards and SCANS (Indiana Department of Education, 1995, p 7). As a result, the SCANS **competencies** were incorporated into a model curriculum for Indiana's secondary health occupations education. For example, where SCANS stated an employee must be able to read, the Indiana Essential Skills and Technical Proficiencies said they must be able to read directions for operation of equipment.

The fourth resource was **All** Aspects of the Industry, also known as the Indiana Canyon Inn Document. This document was developed by an interdisciplinary team of Indiana industry leaders, vocational educators and teacher educators. It lists skills which are necessary for workers competing for jobs in a global economy (Indiana Department of Education, 1993).

Process

To begin the process of examining each resource and its relationship to the secondary health occupations curriculum, the cadre discussed different models which could be used to demonstrate this relationship. A chart was developed to demonstrate the integration of the four resources into the secondary curriculum. The selected cluster was listed at the top of each chart along with one duty for each cluster. Duty was defined as a group of related tasks performed by the worker. A listing of proficiency statements from the National Health Care Skill Standards were listed down the left side of the chart. The various tasks for the duty were listed at the head of the column on the right. Task was defined as a unit of work with definable beginning and ending (Indiana Department of Education, 1995). The tasks had to be measurable and observable and consist of two or more **definite** steps. Individual proficiencies were examined and **checkmarks** were placed on each proficiency addressing the particular task.

The **integration** of National Health Care Skills Standards with Health Occupations courses were documented using a similar charting system. An additional column was added to include four skills levels:

1. Exposure--presented at least once in the classroom,
2. Entry--skill adequate for entry level job,
3. Technical--proficiency gained from on-the-job experience, and
4. Professional--attained through advanced college degrees.

In a similar type charting system, SCANS proficiencies taught in each course and the level of skill achievement required were charted. A similar type charting system was used for the AU Aspects of the Industry document. The **integrated** charting system was time consuming but helped the cadre to focus on meeting criteria from all four resources to better prepare the future health care work force.

The second phase of the project was developing a format to show the relationship among the resources and the curriculum. A competency-based format was chosen for effective student evaluations and to allow additional contributions from classroom teachers as well as documenting the inclusion of existing state and **national** standards in the health occupations curriculum. The format for health occupations learning exercises can be found in Figure 1.

The learning exercise begins with an overview which categorizes the activity by several criteria; area (cluster), skill level, grade appropriateness, prerequisites, duty category, task, performance objective and goal. The duty describes a category of tasks, such as “Perform Basic Patient Care Skills”. The task then fits under that umbrella, such as “Measure Weight and Height”. The performance objective is stated in terms of what the student will do and the expected level of performance such as measure weight and height with 100 % accuracy. The goal reiterates the expected performance. Following the overview are the instructional steps, which contain four sections: knowledge steps, learning resources, application steps and evaluation. The knowledge steps **list** what information needs to be assimilated before the task can be practiced or applied. These might include readings, practice questions, a video or

Figure 1

HEALTH OCCUPATIONS LEARNING EXERCISE

AREA: Therapeutic/Diagnostic Core **SKILL LEVEL:** Entry **GRADE** 9-12

DUTY: Prevent Injuries

TASK: Explain dangers of bedrest and immobility

PERFORMANCE OBJECTIVE: Given simulated situations, recognize and explain dangers of immobility

GOAL: Demonstrates 80% proficiency on written test

PREREQUISITE COURSES: None

INSTRUCTIONAL STEPS

Knowledge steps:

1. Review text on care of dependent patients.
2. Review effects of immobility on each body system.

Learning Resource:

Text, visual aids of different stages of decubiti and contractures.

Application steps:

1. Discuss and list all consequences of immobility (physical & emotional).
2. Simulate short periods of immobility
 - a. sitting on hands
 - b. crossing legs
 - c. cross-legged sitting
 - d. lying in one position for set period
3. Discuss feelings and reaction.
4. Contrast and compare own reactions to reactions of compromised patients.

NATIONAL HEALTH CARE SKILL STANDARDS

HEALTH CARE CORE STANDARDS

- * Apply Academic Foundation Skill Standard
 - # Apply knowledge of life, physical, and behavioral sciences.

THERAPEUTIC/DIAGNOSTIC CORE STANDARDS

- * Apply Health Maintenance Practices Standard
 - # Apply preventive health practices
 - # Examine disease processes
 - # Promote client mobility

Figure 1 (continued)

INDIANA ESSENTIAL SKILLS & TECHNICAL PROFICIENCIES
FOR HEALTH OCCUPATIONS

Basic Skills:

Health Occupations Workers:

- | | |
|--------------|---|
| 1. Reading | Read any information pertinent to providing care. |
| 2. Writing | Write accurate information regarding patient care. |
| 5. Listening | Listen to other health care providers |
| 6. Speaking | Verbalize information to other health care workers. |

Thinking Skills:

- | | |
|-----------------------|---|
| 7. Creative thinking | Discuss patient's condition with others to perform better patient care.
Draw conclusions about obtained information. |
| 12. Reasoning | Use logic when drawing conclusions and evaluating assessment information. |
| 13. Responsibility | Set high goals and standards and pay close attention to details. |
| 15. Social | Empathize with patients. |
| 17. Integrity/Honesty | Accurately record information. |

Competencies:

- | | | |
|-------------|----|---|
| Information | 5. | Acquire and evaluate information.
Provide thorough scene and client assessment to <i>safely</i> provide a <i>basis</i> for patient care.
Assess clients for signs/symptoms of illness and acquire and evaluate information to identify problem areas. |
| | 7. | Interpret and communicate information.
Assess client's present level of functioning. |

ALL ASPECTS OF THE INDUSTRY

Health, Safety, and Environment

Essential Skills and Technical Proficiencies for Health Occupations (which has incorporated SCANS) and All Aspects of the Industry.

some other means of **taking** in information. Tools that will be needed to complete the task are listed in the learning resources, and the application steps list, **step** by step, how the task is to be performed. Finally, the evaluation steps describe how the student will be evaluated and what is considered to be the degree of accuracy or passing level. Following the instructional steps is a listing of the proficiencies which are met from each of the three **groups**: National Health Care Skill Standards, Indiana

One difficulty of this project was narrowing the list of skill standards taught. Of course it is true **many** significant skills, such as reading, writing, communication and following directions are taught in every skill just by reason of how the task is completed. However, we learned to focus on the uniqueness of each skill standard, and the proficiencies which contributed to that uniqueness. This was unquestionably the most difficult part of writing each **learning** exercise.

After the cadre finished its work, sessions were **held** around the state to train **additional** classroom teacher volunteers. Teachers used the format which had been developed and adapted activities they used in their classrooms for inclusion in the project.

Learning modules were also developed by cadre members. Learning modules were defined as culminating activities requiring integration of a wide range of knowledge and skills from the health professions. They were formatted **differently** from the learning exercises. Each module began with a goal statement, **which** is generally an application of classroom training to real-life situations. Directions indicate how students are to set about accomplishing the activity. Students may be instructed to form groups, research information, simulate situations, or any variety of techniques. A real-life problem is then described, as well as some resources which might be **used**, the tasks they will need to **complete**, and objectives for those tasks. The learning module ends with a listing of the integrated skill standards and proficiencies.

The final product was a 300-page book with four sections. The first section is an introduction which gives an overview of the document and describes the work of the cadre, with references to the various skills standards used in the development of the project. The second section contains 75 learning exercises which are indexed according to the previously described clusters. The third section contains four learning modules, and the fourth section is an appendix which describes the Indiana Health Occupations courses and provides a model for sequencing of those courses in a student's high school schedule.

The completed project is not meant to be a mandated curriculum, but a resource for all health occupations teachers in Indiana. It can serve as a model for development of curriculum by new teachers, or it can be a resource for teachers who have been in the classroom, but may want a fresh approach to topics. It helps teachers by providing course titles, descriptions and curricular areas for Indiana's health occupations programs. It serves as a basis for competency-based instruction encouraging the integration of the Indiana Essential Skills and Technical Proficiencies for Health Occupations, AU Aspects of the Industry, and National Health Care Skill Standards. Because it lists skill level, cluster and grade level with each learning activity, it may provide a resource in developing horizontal and vertical articulation models. Also, because of its structure, it can assist in the development of assessments for the technical certificate of achievement in health occupations education (Indiana Department of Education, 1995).

One strength of the project is that it documents the skills taught in each learning exercise. One can see by glancing through the book the skills which are the focus of each exercise. A second strength is that it was made to be adaptable to any curriculum. It is meant to be a supplement or a guide, not the entire curriculum. A new teacher entering the field of education may find a wealth of activities with instructions for their preparation, implementation, and evaluation. With these as a guide, teachers may prepare others as they develop their own curriculum. If a school system is using competency based instruction, these may be used as they are. If the

system is using another **curricular** approach, these may be easily adapted because all of the necessary information is contained in the exercise. Another advantage is that because of the format. many teachers have been able to contribute exercises.

There are some modifications which would improve this model. Cross-referencing the learning exercises by duty, by skill level and grade level would be useful. Then an instructor could use the index, for instance. to locate exercises for intermediate students, or for patient care. It would also be **useful** to cross reference the exercises by proficiencies being taught. Then an instructor could easily locate material for **remediation** or ascertain their inclusion in the **curriculum**. One **final** consideration, a table of contents which Lists the titles and page numbers of each **skill** standard would have added to the convenience of the final product.

In summary, this grassroots developmental effort, which was facilitated by state leaders. accomplished two major **goals**. **First**, it documented the integration of skill standards and proficiencies from four different sources with those being taught in health occupations courses in Indiana. Second, thanks to the contributions and involvement of a large number of teachers, it provided a model **curriculum** which can be easily adapted for a variety of proposes.

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