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UNIVERSITY OF ALBERTA

RESPONSIVE EVALUATION OF A COMMUNITY HEALTH REPRESENTATIVE PROGRAM

BY

E. MAVIS SWANN

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND

RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF EDUCATION

IN

ADULT AND HIGHER EDUCATION

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ADULT, CAREER AND TECHNOLOGY EDUCATION

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Dr. D.A. MacKay, Supervisor

Dr. J.F.D. Ilott

Dr. B. Young

DATE: October 5th, 1990

DEDICATION

This work is dedicated to my

husband,

Bob

You had faith in my endeavors and

encouraged me in my efforts.

Thank you, my friend, my companion.

ABSTRACT

A Community Health Representative program was recently implemented by the Arctic College in conjunction with the Northwest Territories Department of Health as one means to involve aboriginal people in the provision of primary health care services. This program was an innovative program, in its infancy and data were required on which to base future decisions about program modification.

The purpose of this evaluation study was to ascertain the effectiveness of the Arctic College Yellowknife Campus Community Health Representative program in meeting the needs of its participants and stakeholders. Stake's (1967) stance on the countenance of education provided part of the conceptual framework but the design relied heavily on his responsive evaluation approach.

The salient issues and concerns within this case study were identified in focus group discussions with the client group, the students and the program staff. The issues and concerns were categorized according to Stake's (1967) antecedent, transaction and outcomes typology. Data were collected through informal interviews with a purposive sample of students and all program staff, as well as from the analysis of relevant documents and direct observation.

The collected data were presented in a narrative, descriptive format consistent with a case study approach. Direct quotations and raw data excerpts were used wherever possible to portray the feelings, perceptions, experiences and opinions of the program participants.

An analysis of the data suggested that the students and the program staff perceived role confusion and the future working conditions of the community health representative as major concerns that were contingent upon each other and upon many of the other issues surrounding the program. The political climate contributed to the existing role confusion and was an important variable apparent throughout the evaluation.

Recommendations were made for program modification and the implications for program planners were detailed along with implications for further research.

ACKNOWLEDGEMENTS

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This study would not have been possible without the "voice" of the students and staff of the Yellowknife Campus Community Health Representative program. The essence of this study is yours. I would like to extend a sincere thank you for sharing your time, your thoughts, and part of your life with me.

Finally, this thesis represents the support, sacrifice and encouragement of my family. I want to sincerely thank my children Jill, Hayley, Jeff and Mike for their patience and understanding when I was preoccupied and to my husband Bob who kept the home fires burning in the North while I lived in the South. Thank you.

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THE PROBLEM

Introduction to the Study

Primary health care was officially sanctioned by the World Health Organization in 1978 through the Alma Ata Declaration. The concept of primary health care is more than a philosophical doctrine, it is a practical strategy that insists on local initiatives in which consumers of health services become active partners in the provision of those services rather than passive recipients.

Primary health care is:

> Based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford (World Health Organization, 1978, p. 429).

The aboriginal people of Canada's north have not been active participants in the externally imposed Euro-Canadian health delivery system. However, those responsible for the provision of health services in the north recognize that:

> The use of local people as health auxiliaries serves, apart from the actual delivery of health services, to inculcate a sense of self-reliance in the community. Instead of being passive spectators ... of the ministrations of fly-in experts, members of the community can become active participants in their own health care (Young, 1988, p. 131).

In an effort to involve the Native people in community-based primary health care the Northwest Territories Department of Health initiated and supported the development of an educational program for Native allied health care workers. That program is referred to as the Community Health Representative (CHR) training program.

The Yellowknife Campus of Arctic College in the Northwest Territories, in conjunction with the Department of Health, recently implemented this ten month educational program for community health representatives. This was the second implementation of the program. A pilot run of the program began in April, 1989 at the Arctic College Inuvik site. According to the program advisory committee, it was initially intended that this pilot run of the program would then, through formative evaluation measures, provide data to direct modifications for future program planning. The reality of the situation was that there was a demand, both politically and at the community level, to run simultaneous regional programs to fill the many vacant positions for CHR's across the Northwest Territories. As a result, the Yellowknife campus program began in September, 1989 and the Iqaluit program in the Eastern Arctic commenced in January 1990. This did not allow for a full evaluation of the initial program prior to implementation at other campus sites.

The impact of this "grass roots" program on community well-being cannot be assessed at this point in time as only one program has recently graduated students into the work force. However, a formative evaluation of the Yellowknife campus program would be appropriate at this stage. The agencies concerned with program funding, administration, implementation, and the hiring of program graduates have requested such an evaluation to ascertain what, if any, modifications are required.

Purpose of the Study

Since the CHR training program in the Northwest Territories is an innovative program that is still in its infancy, evaluative data is required on which to base future decisions about program modification.

Specifically, the purpose of this evaluation research was to collect descriptive data from participants and stakeholders of the program to assist with program revision towards meeting the needs of students, program staff, and employers of the program graduates.

Statement of the Problem

The central problem in this research study was to ascertain the effectiveness of the CHR training program in meeting the needs of participants and stakeholders.

Subproblems

Four subproblems were developed to guide this responsive evaluation.

1. From the perspective of participants and stakeholders, what are the important issues and concerns to be included in the evaluation?

2. What has been the experience of participants and stakeholders regarding these issues and concerns?

3. What are the intended and unintended side effects of the program?

4. What program modifications should be made to ensure that the program is meeting the needs of its participants and stakeholders?

Assumptions

It was assumed that the program staff, students and other stakeholders associated with the Yellowknife campus Community Health Representative training program would cooperate fully, freely and honestly in the evaluative study.

Delimitations

This study included only the students, program staff and other stakeholders of the 1989/1990 Yellowknife Campus, Arctic College, CHR training program. It did not include data from the other program sites.

Limitations

Given that a qualitative approach to evaluation was intended there was greater potential for researcher bias. A further limitation concerned the study's generalizability. Caution must be used in generalizing the findings to other program sites.

Significance of the Study

Arctic College, its program staff and the CHR Program Advisory Committee will find information arising out of this study useful for modification of future CHR training programs. It is also expected that results of this study will be of benefit to the employer of program graduates, the Government of the Northwest Territories Department of Health. A key concern of this agency is the future health care of the Native people. An evaluation of the CHR training program responsive to the concerns of the students and program staff with input from the field supervisors could lead to improved programming and ultimately improved community based health services.

An effective training program could also impact on the recruitment and retention of nurses for the Northwest Territories. At present there is a high turnover of nursing staff which is partly attributed to their lack of understanding of the Native culture. According to Gregory (1988) the CHR could provide a "vital link" between the health care system and the Native consumer of health care. In addition, information that leads to improved programming could reduce the turnover rate of practicing CHRs.

Furthermore, the Department of Health may find the results helpful in assessing the current CHR job description and in clarifying their intended role. Evaluations of similar programs have emphasized the under utilization of the CHR and the use of the CHR in an unintended role. The results of this study may provide information to confirm or deny that allegation. Goodwill (1988), in discussing the role of the CHR, comments that:

> Indian people often find it difficult to differentiate between a nurse and a community health representative -- to distinguish their respective duties, responsibilities, and reporting relationships (p. 510).

Definition of Terms

The following definitions were selected for terms that are used throughout the thesis.

Antecedent "An antecedent is any condition existing prior to teaching and learning which may relate to outcomes" (Stake, 1967, p. 112).

Evaluation Study "An educational evaluation study is one that is designed and conducted to assist some audience to judge and improve the worth of some educational object" (Stufflebeam and Webster, 1983 p. 24).

Outcomes Outcomes include such things as "the abilities, achievements, attitudes and aspirations of students resulting from an educational experience. Outcomes, as a body of information, would include measurements of the impact of instruction on teachers, administrators, counselors, and others" (Stake, 1967, p. 112).

Primary health care is defined as "meeting the basic needs of each community through services provided as close as possible to where people live and work, readily accessible and acceptable to all, and at an affordable cost" (World Health Organization, 1986, p.2).

Transactions "Transactions are the countless encounters of students with teacher, student with student ... the succession of engagements which comprise the process of education" (Stake, 1967, p. 112).

Organization of the Thesis

This evaluation research project is concerned with the opinions, feelings, perceptions and comments of the people involved with the

Community Health Representative training program. The thesis is organized into five chapters.

Chapter One introduces the purpose of the research study and the major questions that provided a guide for the evaluation research. As well, the assumptions, delimitations, limitations, and significance of the study are outlined.

Chapter Two reviews the literature that was used as a basis for this study. Program evaluation and the historical background of the CHR program are the two major categories discussed.

Chapter Three provides details on the evaluation perspective, the conceptual framework and the tentative design of the study. The methodology for data collection, the population, the pilot-testing, the data analysis process and the ethical considerations are all found within this chapter.

Chapter Four contains the descriptive findings and an interpretation of the collected data. This chapter focuses on the respondents' portrayal of the program. This portrayal was developed through content analysis of the data and classification of the issues and concerns voiced by participants and stakeholders into a descriptive format. Using Stake's (1967) perspective, a comparison was then made between the observations and the program intents resulting in recommendations. These findings are presented using direct quotations, where appropriate, which is

characteristic of the case-study design.

This thesis concludes with Chapter Five. The final chapter provides a summary, a discussion of the methodology and the findings, the implications for program planners and for future research and ends with a concluding statement from the researcher.

CHAPTER TWO

REVIEW OF THE LITERATURE

The purpose of this chapter is to provide a review of the literature that was used as a basis for this responsive, case-study evaluation of the Arctic College Community Health Representative training program. Two major categories of the literature are reviewed:

1. Literature related to program evaluation, and
2. Literature related to the CHR training program

Literature Related to Program Evaluation

A review of the literature on program evaluation indicated that the topic was broad in scope. This review is divided into four sections: (a) the historical development; (b) the definition and purpose; (c) issues of concern in evaluation studies; and, (d) the evaluation framework.

Historical Development. Guba and Lincoln (1989) use a four generation framework to describe the historical development of program evaluation over the last century. The first generation of evaluation originated prior to World War I and technically focused on measurement and the development of student-based tests. The most notable was the IQ test. Guba and Lincoln refer to this era as the "measurement generation" (p.26).

The second generation advanced evaluation from student-centered measurements to include the assessment of other areas of education. Program goals, objectives and the curricula came under scrutiny. Measurement was no longer a separate entity but became a tool of evaluation. This was the birth of program evaluation and continues to be referred to as the Tylerian-age (Stufflebeam & Shinkfield, 1985). Indeed, Ralph Tyler has subsequently become known as the "father of educational evaluation" (Madaus, Scriven and Stufflebeam, 1983).

The third generation of evaluation took place in the post-Sputnik days with a proliferation of evaluation models. At this time the focus was on some form of judgement. Many of these models are still used today with little change to the basic structure of the model. Examples of several "third generation" approaches to program evaluation follow.

Briefly, Stake's (1967) countenance approach to program evaluation focused on the need for description. Data about the program was divided into three domains, the antecedents, transactions and outcomes. The program goals or intents were described in these three domains. Observations were collected for each domain and then a judgement was made based on relative or absolute standards.

Stufflebeam's (1971) improvement-oriented model, referred to by the acronym of CIPP for context, input, process and product, focused on the belief that the purpose of evaluation was not to prove but to improve.

Stufflebeam's model is a systems oriented, decision-making model where information is geared to serving the needs of the decision makers, given the context in which the program exists.

Provus (1971) provided a discrepancy model that focused on working closely with education practitioners. One strength of this model was its ability to allow for program development and adjustments during the evaluation process.

Alternative models were also developed. Parlett and Hamilton (1972), focused on illuminatory description rather than on judgement. Eisner (1979) developed the connoisseurship model which centered on the opinion of subject/content experts. The responsive approaches of Stake (1975a), Patton (1978), and Guba and Lincoln (1981) were also considered alternative models.

To add to the complexity surrounding the choice between these "third generation" models or approaches, arguments among evaluation researchers also focused on the choice between qualitative or quantitative methods or some combination of both (Maxwell, Bashook, and Sandlow, 1987). Both methods, quantitative and qualitative, are legitimate paradigms for inquiry. However, the research question may respond better to investigation in one mode and not the other or a combination of both approaches. Borg and Gall (1989) support this statement by saying:

> Both qualitative and quantitative research have philosophical foundations, characteristics and techniques that make them

> ideally suited for the exploration of some questions and inadequate for the investigation of others (p. 380).

Reichardt and Cook (1979) contend that the polarization of the qualitative and quantitative issue serves no useful purpose. Instead they postulate that the demands of research could best be served by choosing the most appropriate method or combination of methods for the study in question. "Evaluators should feel free to change their paradigmatic stance as the need arises" (p.19).

In comparing quantitatively oriented research to more responsive qualitative approaches, Guba and Lincoln (1981) note that the methods for data collection in quantitative research are objective and involve testing whereas, the methods in qualitative evaluation are subjective and involve observation and interviews. Patton (1987) lists the three kinds of data collection techniques appropriate for qualitative evaluation research as interviews, observation, and document analysis. He describes the data collected as raw, descriptive information about the program and the people involved with the program.

Guba and Lincoln (1989) go beyond the debate over the choice between quantitative or qualitative methods to suggest that there is now a "fourth generation" of evaluation development. Their description of the fourth generation of evaluation appears to be only one step removed from Stake's (1975a) responsive evaluation approach. Guba and Lincoln describe the fourth generation approach as:

> An emergent but mature approach to evaluation that moves beyond mere science -- just getting the facts -- to include the

> myriad human, political, social, cultural, and contextual elements that are involved (p. 8).

In this so-called fourth generation evaluation the specific boundaries and parameters are negotiated as part of the evaluation process through interaction with the stakeholders. The claims, concerns and issues of stakeholders are the organizing foci rather than preordinate objectives or questions. This relates to the emergent design of responsive evaluation in which Stake (1975a) stresses that the evaluator must respond to the issues and concerns raised by the stakeholders.

Guba and Lincoln (1989) combine Stake's responsive approach with a constructivist methodology. The basic tenet of this strategy is the construction of reality from the perspective of the stakeholders. This is achieved through a "hermeneutic dialect process" of negotiation and confirmation within stakeholder circles. This is an esoteric title for a simple data collection strategy. The first respondent is chosen through purposive sampling and each subsequent respondent is suggested by the preceding respondent. Respondent number one is asked to nominate a respondent that holds a different or contrasting view.

Using this constructivist technique the evaluator adds to the emerging construction of data. Thus we get a "responsive constructivist paradigm" that begins with qualitative efforts but can collect data through quantitative measures when indicated. Research questions are not developed a priori for verification but rather a form of discovery learning is the operational goal.

Weiss (1986) discussed the origins and promises of the stakeholder approach to evaluation in her writings. She felt that this approach developed because of the many criticisms surrounding evaluation practices. For example, one criticism was that evaluation tended to be:

> Responsive to the concerns of influential people, such as bureaucratic sponsors, but blind to the wants of others lower in the hierarchy, such as front-line staff and clients (p. 145).

Weiss commented that evaluations often bypassed those who were most deeply affected by the strengths and weaknesses of the program. Instead, they focused on those at the highest level. Whereas the stakeholder approach, which is responsive in nature, legitimates the "competing interests and the multiplicity of perceptions" (p. 154).

The program evaluation literature, although vast, does not offer any startling new models or approaches. What it does offer are variations of old themes that suggest some innovation in the use of combined methods dependent on the purpose of the evaluation.

Definition and Purpose of Program Evaluation. The literature indicates that evaluation is defined in many different ways by many different people. There is no universally accepted definition. Tyler's definition of evaluation, as cited by Glasman and Nevo (1988), is: "the process of determining to what extent educational objectives are actually being realized" (p. 3). His concern is with the outcome.

Guba and Stufflebeam (1970) define evaluation as: "the process of obtaining and providing useful information for making educational

decisions" (p. 15). Whereas Popham (1975) states that "evaluation is the determination of the worth of a thing" (p. 19). This corresponds with The Joint Committee on Standards for Educational Evaluation's (1981) statement that evaluation is "the systematic investigation of the worth or merit of some object" (p. 12). Rossi and Freeman (1989) use the terms evaluation and evaluation research interchangeably to mean "the systematic application of social research procedures for assessing the conceptualization, design, implementation, and utility of social intervention programs" (p. 18).

Boone (1985) comments that the context of evaluation has become very broad since it was first defined by Tyler. Boone presents his operational definition of evaluation as:

> A coordinated process carried on by the total system and its individual subsystems. It consists of making judgments about planned programs based on established criteria and known, observable evidence (p. 179).

Stake (1983) puts this more simply by stating that "evaluation is an observed value compared to some standard" (p. 291).

Stufflebeam, in association with Webster (1983), advanced from an earlier definition to provide a definition that the authors argue is definitive and "should be widely accepted because it agrees with definitions of evaluation that appear in most dictionaries" (p.24). That definition is:

> An educational evaluation study is one that is designed and conducted to assist some audience to judge and improve the worth of

some educational object (p. 24).

The above definition has been adopted as the operational definition for the purposes of this study even though Patton (1988) opposes one sentence definitions of evaluation. He feels that they cannot "suffice to fully capture the practice of evaluation" (p.304). In addition to Patton's dissenting comment, Guba and Lincoln (1989) argue against any set definition of evaluation by stating:

> There is no "right" way to define evaluation,
> a way that, if it could be found, would forever
> put an end to argumentation about how evaluation
> is to proceed and what its purposes are (p.21).

These authors contend that there is no point in asking what evaluation is since there is no answer to the question.

Whatever definition is operationalized for the concept of program evaluation, the choice cannot be made without some consideration given to the purpose or function of program evaluation.

Scriven (1967) sees the purpose of evaluation as being either summative or formative. Collett (1981) distinguishes between these two purposes of evaluation by stating:

> The major purpose of formative evaluation is improvement. It is an evaluation approach suited for the development of new techniques or programs, or as an ongoing developmental approach. Summative evaluation, on the other hand, has been defined as a "final" or terminal evaluation of the worth or effectiveness of competing instructional programs (p. 17).

Smith and Glass (1987) further distinguish formative and summative evaluation by stating that formative evaluation occurs during

program development to improve the program and summative evaluation examines a finished product.

Stufflebeam (1983) does not use the terms formative or summative but agrees that the purpose of evaluation is to provide information on the effectiveness of a program which will aid in the decision to modify or terminate the program. There is an implicit reference to the formative and summative purposes. The evaluator seeking modification to a program undertakes a formative evaluation whereas the evaluator seeking to support or terminate a program is pursuing a summative evaluation.

Issues of Concern in Evaluation. Beyond operationalizing a definition, what else should be of concern to the evaluator? The literature emphasizes several key issues that are important to the success of any evaluation study (Braskamp and Brown, 1980; Cronbach, 1982; Grotelueschen, 1980; Guba and Lincoln, 1989; Patton, 1988). Green and Stone (1977) describe these features or issues as universal characteristics of evaluation models. A synthesis of these factors and questions, which have a bearing on the design of an evaluation study, can help to guide the evaluator.

What is the true purpose or objective of the evaluation? Who is the intended audience of the evaluation? What is the role of the evaluator? If the role is that of an internal evaluator, what additional problems does that create? How do you deal with those problems? What are the political implications of the evaluation results? What are

the interests and commitments of the stakeholders? What are the resources and their limitations? What design strategy best fits the needs of the evaluation study? What evidence should be collected? How should it be collected and analyzed? How should the results be reported?

In addition to these issues, Boone (1985) emphasizes that program evaluation is hard to do well. He pinpoints differing values and purposes held by stakeholders, and uncontrollable, confounding and intervening variables as having the potential of impacting on an accurate evaluation. Boone also stresses the concern of generalization of evaluation results. He cautions that teaching/learning activities have a nonrecurring nature. Different teachers, different learners and a different social context create a different scene that does not reoccur exactly the same. Guba and Lincoln (1989) contend that in naturalistic studies generalization should not be a concern since the study is site-specific.

Another important concern is mentioned by Borg and Gall (1989) who note that quantitatively oriented models do not satisfactorily address the politics of evaluation. Political and bureaucratic interests and policies shape the program by defining the setting in which the program takes place. As stated by McLaughlin (1987) "the relationship between program inputs and system outputs is indirect and achieved against a noisy and constantly changing institutional setting" (p. 81). Programs are dynamic and interactive. They react to an environment of internal and

external pressures. The interactions within a setting are site-specific and this means, according to McLaughlin, that "evaluators labor under the burden of 'cultural relativism'"(p. 83).

This cultural relativism is not usually considered in most preordinate quantitative research studies but the in-depth reasons for differences in the respondents' perceptions of worth may be very important. If the values of the people within the scope of the study and their perceptions of reality are important then the methodology must take this into consideration. All these concerns must be identified, addressed and where possible resolved before the evaluator can begin conducting the study.

Evaluation Framework. One solution, to ensure that attention is paid to these issues, is to adopt, adapt or develop a model or framework from which an evaluation design or strategy can evolve. Green and Stone (1977) differentiate between the model and the design by proposing that "a model of evaluation differentiate the 'what' is to be done from the 'how' it is to be done, which is the design" (p. 36).

The approach of this specific study was to use the classification typology proposed by Stake (1967) to differentiate the issues and concerns raised by the participants and stakeholders. This typology required that data be classified into antecedents, transactions and outcomes with the simultaneous structuring of the data into the "cells" of intents and observations. This approach is discussed more fully in Chapter Three

under the heading of Conceptual Framework.

A second approach, that of responsive evaluation, was integrated into the model. As described by Guba and Lincoln (1985):

> Responsive evaluation takes a pluralistic view and allows for the possibility that there may be conflicts among different value positions. Different audiences have different information needs precisely because their different value structures lead them to see different issues and concerns (p.29).

In other words, each respondent has a different construction shaped by their personal value system (Bogdan & Biklen, 1982).

The design or the "how" of this study was based on a condensed case-study analysis. Patton (1987) says:

> Case studies become particularly useful where one needs to understand some particular problem or situation in great depth, and where one can identify cases rich in information -- rich in the sense that a great deal can be learned from a few exemplars of the phenomenon in question (p. 19).

In a case-study done by MacDonald and his team of researchers (MacDonald, Adelman, Kushner & Walker, 1982) a bilingual program was studied in detail in a three-week time frame. The researchers described the case study as having the ability to "adapt to match the character of what they observe" (p. 260).

The strategy used by MacDonald et al. was a combination of issues-focusing, in-depth interviewing, observation, document analysis and the negotiation of accounts with participants and stakeholders. This was all done under the rubric of "democratic evaluation." Democratic evaluation is explained by MacDonald's team as:

> A political response to the bureaucratization of evaluation based upon procedures and principles for sharing control of evaluation data with the participants to the evaluation (p. 277).

Democratic evaluation resembles responsive evaluation in that both involve a negotiation protocol with participant control of the issues to be addressed. The focus is on process factors rather than on measured learning outcomes (MacDonald et al., 1982).

Patton (1987) describes the process of constructing case studies. Step one involves assembling the raw case data, step two is the construction of a case record by condensing, organizing and classifying the data into a manageable package and step three is the writing of a case report. Those steps were integral to the design of this specific study. Information was sought from those intimately involved with the program in order to fully describe the issues and concerns that form the reality of the program from the experience of the participants.

In the writing of a case study report Yin (1982) discusses the need for the narrative to be organized around specific activities or questions and then topic by topic integration of the interview segments from different respondents. Yin further states that the pitfalls of writing a case study might be avoided if the study relies on a clear conceptual framework.

Summary. A brief synopsis of the developmental history of program evaluation was presented in a generational framework. Examples of some of the more well known models and approaches used

in evaluation studies were briefly introduced. In each there are common threads that are either explicitly or implicitly woven into the fabric. There is a call for description, proof, judgement, and a suggestion of the goal of program improvement. The definitions and purposes of evaluation were also briefly discussed which led to comments on issues of concern.

To address the concerns which surround program evaluation, a conceptual framework must be adopted. This framework guides the design of the project. This evaluation study of the CHR program used the classification typology developed by Stake (1967) to structure and organize the data collected but relied more heavily on Stake's (1975a) responsive approach. The design is that of a condensed case-study.

Literature Related to CHR Program

Literature specifically related to CHR programs is sparse. However, it is vital to review what is available. The first section provides information on the historical background and setting of the CHR program and the second section describes the present CHR program as an innovative project in a culturally specific primary health care setting.

Historical Background and Setting. The provision of health care to the Indian and Inuit peoples of Canada has traditionally been a federal responsibility. This responsibility began with the "medicine chest" clause

of Treaty No. 6 signed in 1876.

> A medicine chest shall be kept at the house of each Indian Agent for the use and benefit of the Indians at the direction of such Agent (cited by Young, 1988, p. 82).

Since 1945 the Department of National Health and Welfare, now named Health and Welfare Canada, has been the branch of the federal government responsible for the provision of health services in the Northwest Territories. This provision of services became more evident during the post-war construction of the DEW line sites which focused federal attention on the north. With this attention came the forced move of the aboriginal people from their traditional land camps to year-round settlements. With the people living in communities, rather than their traditional nomadic life on the land, the provision of health, education and other social services was facilitated.

In 1966 it was reaffirmed that the department of Health and Welfare would continue to:

> Undertake duties relating to the medical and hospital care of Indians, Eskimos and other persons in the far North where such services are not otherwise available (Young, 1988, p. 84).

In 1979 the federal government adopted the Indian Health Policy with a commitment to promoting the capacity of Indian communities to play an active, more positive role in the health system and in decisions affecting their health.

Within a land mass that is one third of the total area of Canada, the Northwest Territories encompasses four time zones and has 63

communities that range in size from a population of about 30 inhabitants, to Yellowknife, the capital city, with a population of almost 14,000. The majority of the settlements are not accessible by road. In most instances where the population is more than 150, primary health care is available through a health centre, staffed by government employed nurses.

In 1988, in a move towards devolution and self-determination, the federal responsibility for the provision of health services in the Northwest Territories was transferred to the Territorial Department of Health. It was felt that the new "caretakers" were closer to the people being served and would be better able to respond appropriately to the needs of the aboriginal people. About the same time, and in keeping with their new role, the Territorial Department of Health financially supported a study of different health career opportunities for the Native residents of the Northwest Territories. Arising out of that study were recommendations for the development of a new and innovative Community Health Representative training program (Resources Management Consultants, 1988).

This would not be the first CHR training program in Canada or in the north. The first Canadian training program for Native Community Health Representatives was held at Norway House, Manitoba in 1961 under the joint sponsorship of the Department of Indian Affairs and Medical Services Branch of Health and Welfare Canada.

This training program was the result of a study by Health and Welfare Canada that forced the government to recognize that they were not effectively improving the health of the Indian and Inuit population (Martens, 1964). It was felt that perhaps by involving the people in their own health care provision, the health status of Natives would improve. It was an attempt to provide culturally appropriate community-based health care through Native providers. Over the years this approach has been supported by many research studies (Berger, 1980; O'Neil, 1981; Smith, 1976; World Health Organization, 1979).

Leininger (1977), a noted specialist in transcultural health care, reaffirmed this approach by stating that the health status of Native people would continue to remain far below that of the non-Native population unless cultural concepts and beliefs were included in the provision of health services. The move to train Native people to play an active role in the provision of health care was an effort towards improving their health status. However, O'Neil (1986), a medical anthropologist and researcher who has based the majority of his studies in the North, feels not enough has been done. He expressed his views strongly in an exposé by stating:

> ... and thus we have the ultimate paradox where a rural primary health care system, which by most standards could be a model for the rest of the world, is failing because it continues to exclude its clients from a fundamental involvement in its structure (p.126).

He went on to state that most of the CHRs trained in the 1970's are no longer working in the health field. He blames the political climate within which they experience role conflict.

O'Neil (1986) describes the north as a fourth world situation where Inuit and Dene populations have morbidity and mortality rates in some areas that are in excess of the poorest third world country. Postl (1986) also comments on the continued disparity between the health status of Natives versus non-Natives and feels that this disparity is in part due to the lack of opportunity for the native people to plan, implement and evaluate programs relevant to their communities. He further states that research is needed to:

> Sentinel new programs as they are developed and to judge programs as they exist. The process of enquiry must be carried out in a fashion relevant to the needs as determined by Native people (p. 254).

More recently, Young (1988) supports the need for the increased involvement of Natives in the provision of community-based health care services. He notes that in the past unrealistic demands were placed on the shoulders of the community health care workers. The result was that there was a high turnover of native allied health workers and the cost of training new workers was often prohibitive.

Over the years, CHR training programs have been offered in the Northwest Territories but often they were "one-shot" efforts. Postl (1986) sees the need for these programs to continue with "multidisciplinary enhancement and expansion" (p. 254). Johnson (1984) states:

> There must be adequate feedback between the education programs and the communities to ensure that CHRs are being appropriately prepared to meet community needs (p. 4).

The last CHR training program in the Northwest Territories was sponsored by Medical Services, Health and Welfare Canada. It was held in 1984 and was designed specifically for Inuit students of the Eastern Arctic. The program was not base-funded and as a result it was not implemented on a continuous basis.

So many of these programs have been implemented and then fallen into disuse. Some of the reasons, beyond lack of continued funding, include the lack of applicants and a high drop out rate. Spindler (1987), a noted educational anthropologist, argues one reason behind high drop out rates in cross-cultural programs is that the programs are often intrusive. They spring from a philosophical and cultural context that is different from that of their students. They encourage cultural discontinuity and yet, specifically in the CHR program, it is expected that students will return to their home communities and bridge two worlds.

Spindler goes on to note that:

> Conflicts ensue when the school and its teachers are charged with responsibility for assimilating or acculturating students to a set of norms for behavior and thought that are different from those in the community (p. 165).

McLaughlin (1987) says that "the acquisition of new norms and beliefs" is a type of learning that may never transpire (p. 77).

The program evaluation approach must incorporate an in-depth look based on a transcultural perspective which encourages the participants of the program to describe it from their point of view. Only through the voice of the participants themselves can the difficulties, barriers, and inconsistencies they face be accurately portrayed (Brownlee, 1978). The findings can then be used to make the program more culturally sensitive and more effective in meeting the needs of the participants and stakeholders.

An Innovative CHR Program. The present CHR training program was developed under the auspices of the Department of Health, the Arctic College and a program advisory committee. It is an innovative program which, according to Rossi and Freeman (1989), meets the following criteria: (a) the intervention is in an emerging stage; (b) the delivery system has not been adequately tested; (c) the targets of the program are new or expanded; and, (d) the program is to be continued or expanded.

It is hoped that the findings of a responsive, formative evaluation will assist decision-makers to identify areas of the program that will require modification to meet the needs of the people it serves. Specifically, the students enrolled in the program, the program staff and the employers of the graduates must all be active participants in the evaluation process to provide culturally sensitive information for decision-making.

Summary This section of the literature review focused on the historical and current development of native health care workers in the north. CHR training was discussed as a national and local strategy to increase involvement of native people in the provision of their own health care. The goal is to improve the health status of native communities. The literature indicates that critics of the situation, as it exists today, endorse a more responsive approach to meet the health care needs of the aboriginal peoples.

The next chapter presents the framework and design used to implement a responsive evaluation of the current Yellowknife campus CHR program.

CHAPTER THREE

DESIGN OF THE STUDY

This chapter outlines the evaluation perspective and conceptual framework assumed for the purpose of this study. As well, the evaluation design, the population, the methodology of initiating and organizing, the collection and analysis of data, the pilot-testing process, the validity of the data, and the ethical considerations are discussed. Planning charts, used to guide data collection and to organize the analysis of the data, are also described in this chapter.

Evaluation Perspective

The decision to approach this evaluation project from a qualitative perspective was based on a review of the relevant literature, discussion with the thesis advisor, conversations with those concerned with the undertaking of this study, and a serious look at what was demanded by the reality of the specific situation. Patton's (1987) "guiding questions for determining when qualitative methods are appropriate for program evaluation" were also helpful in determining the evaluation perspective (p. 40).

In considering the reality of this specific educational program, it became evident that a quantitative approach would not be sensitive to the need for rich, descriptive evidence of program activities, characteristics

and outcomes. The different pluralistic values and cultural views of the aboriginal students and the non-Native program staff were more likely to be revealed with a qualitative responsive approach.

A responsive approach allowed some control by the participants over the issues and concerns that they perceived as important to the study. In other words the respondents could tell their own "story" from their perspective, thus including the multiple realities of the program.

The conceptual evaluation framework provided by Stake (1967) in his countenance of educational evaluation was used as a beginning guide in combination with his later writings on responsive evaluation. Using this evolving perspective of Stake, a conceptual framework was "tailored" to meet the specific, initiating needs of this evaluative study.

Conceptual Framework

Stake's countenance perspective focused on the need for description followed by judgement. "In fact, they are the two basic acts of evaluation" (Stake, 1967, p. 109). Stake also states that "to be fully understood, the educational program must be fully described and fully judged" (p. 109). The components of description and judgement were subdivided by Stake into antecedents, transactions and outcomes. Data are collected on these three domains within the matrix of either description or judgement. Figure 1 illustrates the basic components of this perspective.

The description matrix has two sides. The intents column identifies

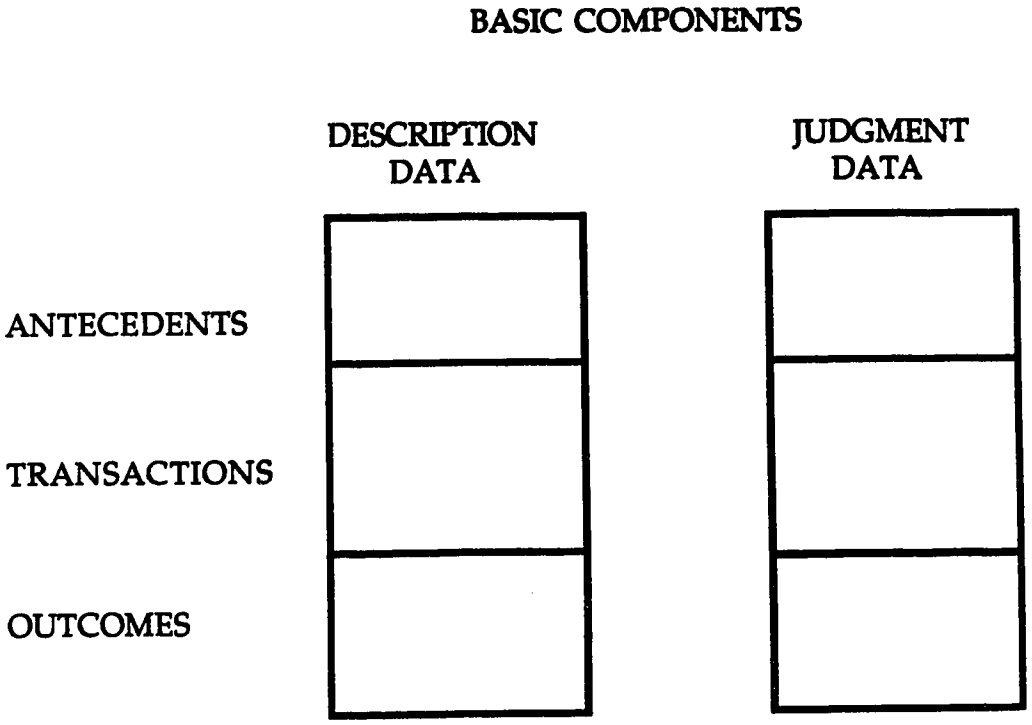

FIGURE 1: **Components of Countenance of Educational Evaluation.** Adapted from: Stake, R. (1967). The countenance of educational evaluation. Teachers College Record, 68, 523-540.

the program goals and categorizes them as either antecedents, transactions or outcomes. The observation side of the matrix illuminates what actually happened as noted through direct observation, interviews and/or from documents. Once collected, the data for the description matrix are to be processed in two ways. First, the contingencies between antecedents, transactions and outcomes are ascertained and second, the congruence between logical intents and empirical observations is determined. The discrepancy between the intents and the observations is the difference between "what should be" and "what is." This is illustrated in Figure 2.

The judgement matrix is also completed through data collection but the processing of this data differs from the method used in the description matrix. Data are collected and judged in one or two ways: (a) according to absolute standards of quality which Stake states are "benchmarks of performance having widespread reference value" (Stake, 1967, p. 120) and/or, (b) through comparison with the relative standards of other programs. Prior to judging, the standards must be confirmed and then the judgement is based on how important it is whether or not the standard is met. It is from this act of judging antecedents, transactions, and outcomes, according to absolute or relative standards, that the evaluator makes recommendations. Figure 3 illustrates the process of judging.

PROCESSING OF DESCRIPTIVE DATA

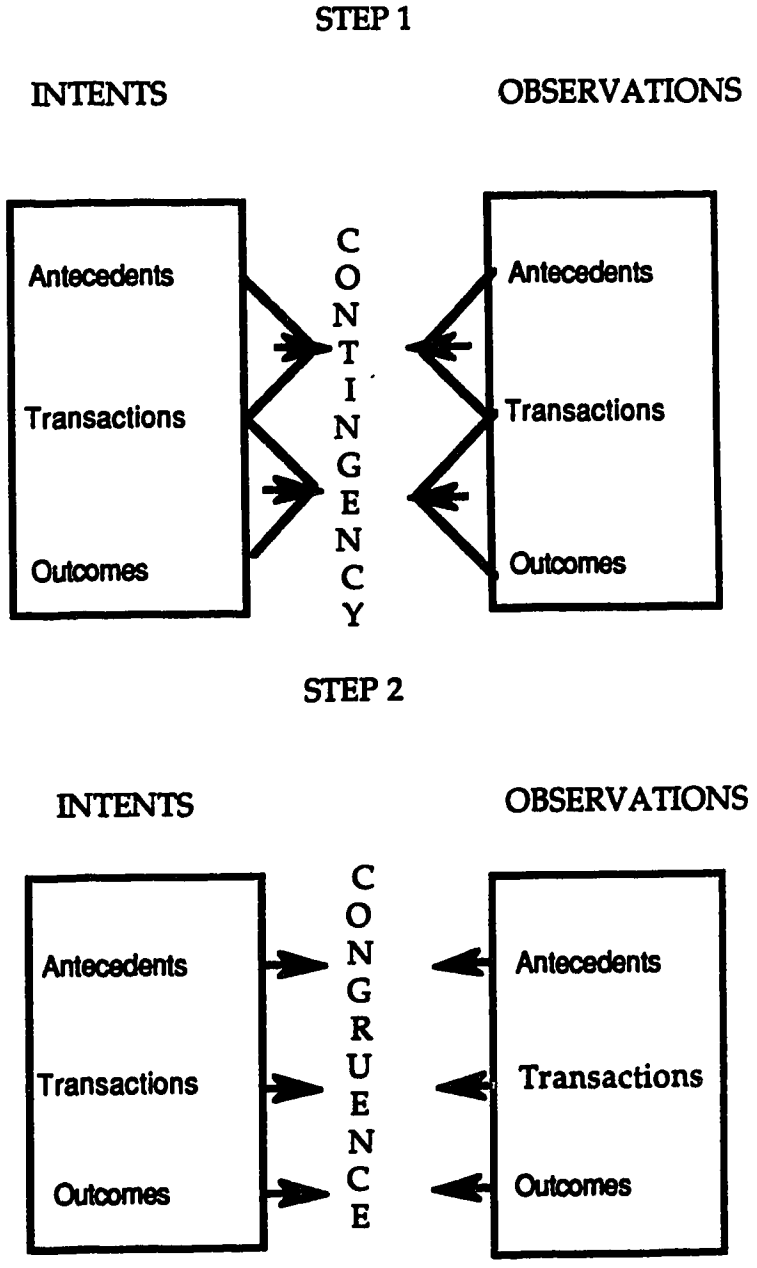

FIGURE 2: **The Processing of Descriptive Data**
Adapted from: Stake, R. (1967). The countenance of educational evaluation. Teachers College Record, 68, 523-540.

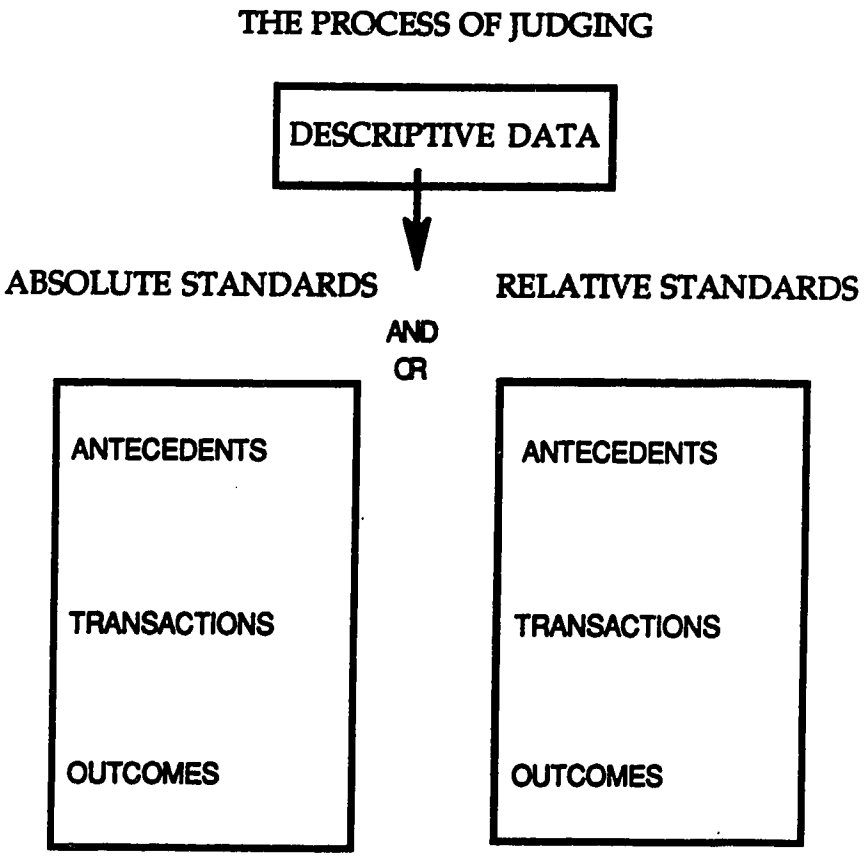

FIGURE 3: **The Process of Judging.**
Adapted from: Stake, R. (1967). The countenance of educational evaluation. Teachers College Record, 68, 523-540.

Using this generic approach as an initial conceptual framework offered some structural and organizational strategies but there were also weaknesses that had to be addressed. For example, the context or environment was not accounted for, consideration was not given to the program changes that occurred with implementation, the framework was static in nature and provided for a sweeping view of the program rather than a focused description. Stake's (1967) countenance perspective describes "what" happened but omits explaining "how" or "why" or "to whom."

These deficits were counterbalanced by integrating a more responsive approach. Indeed Stake recognized these weaknesses and subsequently shifted to a more responsive stance (Stake, 1975a &b). To integrate a responsive approach in this study, the organizing strategies were built upon the issues and concerns identified by those closely involved with the program. These issues and concerns then formed the underpinnings of the follow-up interviews. The process of responsive evaluation was illustrated by Stake (1975b) in a recurring events "clock" . An adapted version is depicted in Figure 4.

The initial focus group discussions with the program participants and stakeholders determined the salient issues and concerns that were to be included within the parameters of the study. These topics were then expanded upon through in-depth informal interviews and the findings analyzed from the point of view of congruence between program intents and observations. Within this process of analysis, the data was classified as

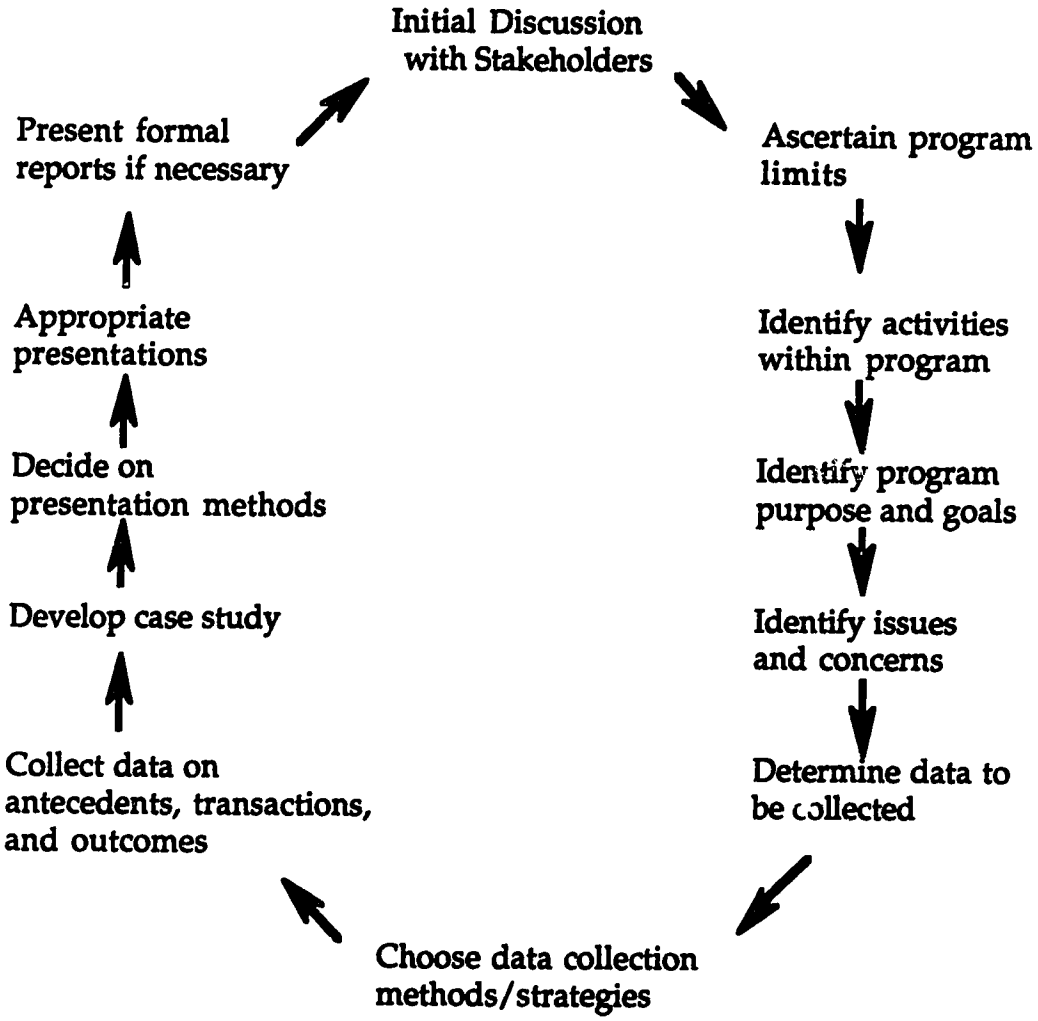

Figure 4: **Prominent Events in a Responsive Evaluation**
Adapted from Stake, R. (1975). Evaluating the arts in education: A responsive approach. Columbus, Ohio: Charles & Merrill Publishing Co.

to whether it was a program antecedent, transaction or outcome. Other inputs, from direct observations and document analysis contributed data within the framework.

The conceptual framework, based on the work of Stake, was developed to state "what" would be done. An evaluation design follows which illuminates "how" the study was done. The design operationalized the conceptual framework.

Evaluation Design

The evaluation design for this project was developed from the specific subproblems of the research study and incorporated the steps to constructing a case study supplied by Patton (1987) and the contributions of Yin (1982). It began as a tentative design. Bogdan and Biklen (1982) noted that design decisions in qualitative research are "made throughout the study -- at the end as well as the beginning" (p. 56). The following premise, stated by Borg and Gall (1989), also supports an evolving design:

> In qualitative inquiry, the investigator starts with a very tentative design ... and develops the design as the inquiry progresses. This permits adapting the design to include variables that were not anticipated prior to the start of observation. The rationale for emergent design is that it is impossible for enough to be known ahead of time to develop an adequate research design (p. 386).

Prior to beginning the study the population was identified; a description follows.

Population. The Yellowknife Campus, Arctic College CHR program was expected to graduate ten students in June 1990. Those ten students were in government trainee positions and would return to their home communities to be employed as CHRs. All ten students contributed to the identification of issues and concerns through participation in a focus group discussion. A purposive sample of five students were included in the follow-up interviews.

The purposive sample was selected by the instructor based on the following criteria: to include at least two Inuit and two Dene students; the students could be nominated as representatives by the class; selected students were to be articulate in English; and, from a variety of geographic regions. Also included in the study were the three non-Native program staff involved with the implementation of the program. The program administrator and the two instructors of the program formed the total population described as program staff.

The field practicum supervisors of the five students were initially to be interviewed during the data collection phase. These field supervisors were non-Native nurses working in the Community Health Centres where the students were placed during the field practicum. The decision to include this group in the program evaluation was based on the belief that the field supervisors spent a great deal of time with the students during the course of the program. The students were in class for four 4 week modules which

were interspersed with three 8 week field practicums. During the field practicums the Nurse-in-Charge of the practicum site assisted the program instructors with on-site supervision.

During the initial phase of planning for data collection, it was ascertained that many of these supervisors had: (a) spent little time with the student; (b) delegated the supervision; (c) recently terminated their employment; (d) applied for annual leave during the time of the study; or (e) transferred to other worksites. These factors contributed to the decision to employ an alternate strategy to collect data from this group. The field supervisors, at the end of each practicum unit, completed a written evaluation report. It was decided that their written submissions would be subjected to content analysis and the collected data would be entered on to the planning charts. Thus, the design was changed as a result of intervening, unforeseen variables as indicated might happen by Borg and Gall (1989).

Initiating and Organizing. Once the population had been identified several initiating and organizing tactics were used. These strategies were employed at the start of the study and some, like the planning charts, were used throughout the data collection and analysis phases.

Initially introductory discussion meetings were held. In one session, the evaluation plan was discussed with the client group to: (a) negotiate the study parameters; (b) gain permission for access to

documents; (c) clarify the evaluator's role; and, (d) discuss questions about the design of the study. An introductory meeting was also held with the students of the program to explain the purpose of the study, the ethical considerations and the intent of the focus group discussion. As well, a letter was sent by the client group to the Regional Health Boards to explain the purpose of the study and to request their support.

Field notes were taken at both of the initial meetings and following the meetings planning charts were drafted. The charts were flexible and tentative since the emerging data would dictate the format of the chart.

Data Collection and Analysis. A case-study approach was used in this research. Patton (1987) describes three steps in the process of constructing case studies. The first step is to assemble all the raw case data.

> Case data consists of all the information one has about a case, including all the interview data, the observational data, records, impressions and statements of others about the case -- in effect all the information one has accumulated about the particular case in question (p. 147).

Specifically for this study, the data were collected and compiled as field notes, which were used to identify key points evident in the documents, and as taped records of all the interviews. During the taped interviews notes were taken to supplement the recordings. The amount of data generated was voluminous. To reduce this mass of data the next step was taken.

The second step, as suggested by Patton (1987), was to construct a case record. At this point the raw data were condensed, organized and classified in a systematic way to provide a manageable package. To begin this process of data reduction or progressive focusing and to continue with the process of data analysis, the researcher relied on the previously described conceptual framework and the planning charts for each subproblem. These planning charts evolved to become data matrix charts and samples are presented in Appendix A.

According to Miles and Huberman (1984) the displays produced by entry of the collected data into the matrix cells can illuminate the data. These authors go on to state that "matrix formats set boundaries on the type of conclusions that can be drawn" (p. 26). The specific data matrix charts used in this study were the same as the planning charts but with the collected data entered. Each matrix chart was specific to a given subproblem.

Subproblem # 1. From the perspective of participants and stakeholders, what are the important issues and concerns to be included in the evaluation?

To collect data on this specific subproblem, focus group discussions were held: one with the client group, one with the student group, and one with the program staff. The focus group discussion undertaken with the client group identified the issues and concerns they specifically wanted

addressed in the program evaluation. Another focus group session with the ten students elicited the issues and concerns they thought should be included within the scope of the study and a third informal discussion was held with the program staff to solicit their input as to the issues and concerns for inclusion.

During the focus group discussion, the students were asked to first identify and then priorize issues and concerns that should be investigated in the evaluative research. The process of priorizing placed some boundaries on the scope of the study. The data collected from the focus group discussions were entered onto the planning chart.

Analysis of the data for Subproblem #1 began with study of the field notes taken during the focus group discussions. The field notes were scrutinized and coded as to what issues and concerns were mentioned and then whether the issue was an antecedent, transaction or outcome. It was through this sorting process that the list of issues and concerns to be covered by the interviews was developed and then entered onto the charts.

The antecedents that students saw as issues and concerns included student selection, role confusion, travel arrangements, scheduling, and the content of the course modules. The client group added to this list by identifying student recruitment and program design as issues to be included with the scope of the evaluation. The program staff added staffing as a concern.

The classification of the focus group discussion data into transactions resulted in the following issues and concerns. From the students' perspective the curriculum sequence, the field practicum, and student support services should be investigated. The client group added concerns about the teaching methods and the program resources and their allocation. The issues and concerns raised by the program staff under the category of transactions did not include anything that had not previously been identified by the other two groups.

The final category of issues and concerns to be included in the scope of the evaluation was the program outcomes. The students identified two outcome issues. The first was in regards to their working conditions once they became full employees, and the second was the continuing role confusion surrounding the position of CHR. The client group mentioned a concern about whether or not the program objectives were realized and a further issue about the tasks performed in the workplace following graduation. Although the latter issue was entered on the organizing chart, it was agreed that this factor could not be assessed at this point in time. Since the Yellowknife campus students would be new to the workforce during the course of the study this issue would have to be dealt with at a later date. Guba and Lincoln (1985) support the elimination of an issue or concern if it is not susceptible to inquiry. The program staff's issues and concerns did not include data in the outcome

include data in the outcome category.

The use of planning charts provided a framework for the subsequent follow up interviews with the five students and three program staff. Members of the respondent groups were interviewed based on the issues and concerns identified. This led directly to the second subproblem.

Subproblem #2. What has been the experience of participants and stakeholders regarding the identified issues and concerns?

The respondent groups interviewed were the same purposive sample of five students and all three program staff. The student interviews were approximately one hour in length and the program staff interviews varied from thirty minutes with the program administrator to one hour with the fulltime instructor and one hour with the part time instructor.

Rapport with the program staff had previously been established through an existing working relationship. The researcher had briefly met the student respondents on two separate occasions prior to the interviews. However, rapport was facilitated with this respondent group by the past experience of the researcher. Having worked as a nurse and an educator in native communities for twelve years and having nine years of association with CHRs or CHR training programs, the researcher had a background familiarity with the sociocultural environment.

In addition to the in-depth, exploratory interviews, an analysis of

specific documents also provided information that is interspersed throughout the evaluation case study report. Those documents included: (a) the program curriculum; (b) the module evaluations done by the students; (c) the evaluations done by instructional staff; (d) the evaluations of the field practicum done by the field supervisors and the students; (e) evaluation materials from other CHR programs; and, (f) documents pertaining to the development of the program.

Prior to the interviews an interview guide was developed for each respondent group. This guide was based on the issues that were brought out by the focus group discussions, the relevant literature, and the emerging data. The guides were pilot-tested, as described later in this chapter, and then revised according to the feedback received.

All interviews were taped and then verbatim transcriptions were planned followed by content analysis of the resulting transcripts. The objective was to elicit descriptive opinions, feelings, comments and experiences surrounding the issues and concerns previously determined by the focus group discussions. The initial student interview was transcribed as a verbatim report. The written document was then processed through several readings, coding and a trial entry of the data onto the chart. The transcription process was found to be extremely time consuming. As a result the second student interview was analyzed for the same coded content through repeated listening and the taking of notes. The analysis process went much quicker with the added

advantage of hearing the responses that were intended to be verbal not written. As a result the subsequent taped records were not transcribed but were dealt with through repeated listening and the taking of notes for eventual coding.

Observation of the classroom setting, the program setting and the available physical resources contributed additional information. All pertinent information was coded and entered onto the chart.

Subproblem # 3. What are the intended and unintended side effects of the program?

Although focus group discussions determined the issues and concerns that were to be investigated within the scope of this evaluation study, respondents were given the opportunity to fully describe their experiences during the interview. In many instances relevant information emerged that reflected on side effects of the program. Thus, the interviews and the document reviews produced these extraneous claims which were categorized as "side effects".

To ensure that the emerging data was organized and categorized in a useful and meaningful way, a third chart was developed. This chart provided space in which to note if the side effect was an antecedent, transaction or outcome, and if it was intended or unintended. To make this latter decision, the researcher relied on program documents which included minutes from program development advisory committee meetings and the program curriculum.

Subproblem # 4. What program modifications should be made to ensure that the program is meeting the needs of its participants and stakeholders?

This subproblem did not require the collection of additional data. What was needed was an additional chart with matrix cells for organizing and classifying the collected data. The chart that was developed provided space in which to note: (a) the antecedent, transaction or outcome issues and concerns which arose out of the focus group discussions; (b) the respondents' comments or observations about the issues and concerns which were obtained through the interviews and document analysis; (c) the current program intent as determined through the same sources; and, (d) recommendations for program modification.

This chart became quite cumbersome but initially it did help to organize the collected data. It also provided some guidelines for the writing of the narrative interpretation which is Patton's third step.

Reporting. Patton (1987) says it best when he writes about the case study report. He describes it as:

> A readable, descriptive picture of a person or program that makes accessible to the reader all the information necessary to understand that person or program. The case study is presented either chronologically or thematically (sometimes both). The case study presents a holistic portrayal of a person or program (p. 149).

Yin (1982) stipulated that the writing of a case study report requires topic by topic integration. The narrative should be built around specific

activities or questions with integration of the interview segments from the different respondents. Yin further states that the common pitfalls of writing a case study might be avoided if the study relies on a clear conceptual framework. The case study report for this evaluative project is provided in detail in Chapter Four.

Pilot-testing

A pre-test of the student interview guide was conducted with a student from the Yellowknife program but not in the purposive sample. The pre-testing of the program staff interview guide was done with a program staff member from another campus site. Given the distance and resulting cost of travel in the Northwest Territories, this latter pre-test of the program staff interview guide was not done in a face-to-face encounter but rather it involved a telephone interview. The student pre-test interview was face-to-face.

Feedback from the pre-test was used to redesign the interview guides. The respondents were asked to comment on the vocabulary, understanding of the questions, and their reaction to the format. The only major change centered around the comment that there were too many structured questions that guided the interview. Bogdan and Biklen (1982) advise that even when an interview guide is used, a qualitative interview should "offer the interviewer considerable latitude to pursue a range of topics and offer the subject a chance to shape the content of the

interview" (p. 136).

Subsequently, the researcher decided since the purpose was to allow the respondents to tell their own story, the guide would not direct the interviews but would instead provide a checklist to indicate if the specific issue had been discussed. An interview guide is presented in Appendix B.

Validity

In order to address the content and face validity of the interview guides, they were subjected to the above noted pilot testing. This was an effort to ensure that the guide would elicit the "hoped-for" descriptive responses. During the pre-test respondents were asked to comment on clarity, comprehension, content and format of the interview. In addition, by clearly stating respondents would not be identified by name or location there was a better chance that "true" experiences or perceptions would be shared.

Population validity or the degree to which a sample is representative of the population is difficult to establish in a case study approach to research. However, in this specific research study, half the population of students, all program staff and relevant documents pertaining to the program were included. This allows for some generalization of findings to the specific program site.

Triangulation through the use of interviews with different target groups, content analysis of documents and direct observation enhanced

the search for truth. Smith and Glass (1987) point out that:

> When evidence gleaned from interviews corroborates other evidence obtained by direct observation, or documents with interviews, documents with informant interviews, and the like, greater confidence can be placed in the conclusion (p.275).

Guba and Lincoln (1985) state that:

> The ultimate test of value in an evaluation is an increase in the audience's understanding of the entity that was evaluated (p. 37).

If one holds to that view, then one must wait for feedback from the client and stakeholder groups before judging the validity of the study.

Ethical Considerations

Written support for this research study was obtained from the Department of Health and the Arctic College. A research license was obtained from the Northwest Territories Science Institute. As well, informed, voluntary consent was obtained from the respondents with the understanding that they could withdraw without disfavour at any time during the evaluation study. Participants were asked for their signed consent to tape record the interview sessions. They were assured that the ethical safeguards of anonymity and confidentiality would be maintained as much as was possible given that the respondent groups were small. The consent form is presented in Appendix C.

Summary

This chapter presented the design and methodology of the study.

The evaluation perspective and conceptual framework were described to support the subsequent methodology and evaluation design. The steps taken in initiating and organizing the study; the data collection and analysis methods used; and, the reporting format were also included. A description of the population studied, the pilot testing process, and the issues of validity and research ethics were outlined in the final section of this chapter.

The findings, which emerged from the analysis of the collected data, are presented in Chapter Four. This presentation of the data is in a descriptive format with narrative statements, direct quotations, comparisons and recommendations based on the analysis.

CHAPTER FOUR

PRESENTATION OF THE DATA

> The evaluator will find that case studies of several students may more interestingly and faithfully represent the educational program than a few measurements on all of the students (Stake, 1975b, p. 25).

Introduction

The purpose of this evaluative study was to collect descriptive data from participants and stakeholders of the Yellowknife Campus CHR program which would assist with decisions on program revision. The evaluation was responsive to the issues and concerns raised by the client group, the students, and the program staff during focus group discussions and to the extraneous claims which emerged during the interviews with students and program staff.

One purpose of this chapter is to provide a narrative description of the collected data that portrays the experiences, feelings, perceptions and opinions of the participants and stakeholders about specific program issues and concerns. In other words, to portray the every day life perspective of the students and the program staff through their verbatim statements. A second purpose is to provide recommendations to decision makers for program modification in an effort to meet the needs expressed by the program participants and stakeholders. Thus, this chapter addresses the following subproblems:

Subproblem #2. What has been the experience of participants and stakeholders regarding these issues and concerns?

Subproblem #3. What are the intended and unintended side effects of the program?

Subproblem #4. What program modifications should be made to ensure the program is meeting the needs of its participants and stakeholders?

This chapter is divided into five major sections: the first section provides information on the issues and concerns that were classified as program antecedents; the second section deals with issues and concerns about program transactions; the third section focuses on program outcome issues and concerns; the fourth major subdivision discusses other issues and concerns; and, the final section describes program side effects. Each section presents the students' observations, the program staffs' observations, where appropriate, the observations of the field supervisors, the program intents, and recommendations for change.

The portrayal provided by the respondents during the interviews was depicted, wherever possible, in the respondents' exact words. Where these direct quotations were used, the grammar and syntax was not changed except for the addition of appropriate punctuation. The use of bracketed notations was restricted out of respect for the "voice" of the respondents. Bracketing was used only where necessary for clarification and not to denote grammatical errors.

The narrative text which follows was developed through the focusing, selecting and discarding of data. During this process of data reduction, many direct quote, raw data excerpts could not be discarded or paraphrased if the pluralistic values and cultural context were to be illuminated. However, in discussing the "agony of omission" Patton (1987) concludes that "even a comprehensive report will have to omit a great deal of the data collected by the evaluator" (p. 162). The ensuing presentation of the findings attempts to balance the need for data reduction with the need for in-depth, rich quotations.

In the framing of the case study, the researcher first constructed a case study record. Patton (1987) defines this record as "a condensation of the raw case data organizing, classifying, and editing the raw case data into a manageable and accessible package" (p.149). Next the data were scrutinized and decisions made for inclusion or exclusion in the case study report. As stated by Guba and Lincoln (1989) "the problem of selection, inclusion or exclusion can only be resolved on the basis of what is needed and appropriate in this setting, in this place, in this time, and for these stakeholding audiences" (p.137).

In this instance the responsive approach taken was primarily one of reporting the findings, providing some analysis of the data but also leaving some of the interpretation to the readers of the case study. As stated by Merriam (1985):

> The most troublesome issue in writing a case study report is determining the right combination of description and analysis; the literature reveals differing opinions concerning

> the proper balance. Some feel the report should be largely descriptive leaving the reader to interpret the findings; others call for a report that is heavily analytical (p. 209).

Where interpretations are provided by the researcher, they are based on and supported by the data sources.

ANTECEDENTS

Introduction

The antecedent issues and concerns that were identified by the focus groups were: recruitment and selection, role confusion, travel arrangements, program design, scheduling, program curriculum content, and staffing. These topic areas were used in the respondents' interview guides and the interviewees were asked to relate their experiences with each antecedent. What follows is a composite of their related experiences and the data collected from relevant documents.

Recruitment and Selection

The background organizational structure that impacts on the recruitment and selection of students for the CHR program is complex. Furthermore, from the viewpoint of one program staff member "there are problems."

The CHR program was developed by Arctic College for the Department of Health under the direction of an appointed CHR Program Advisory Committee. The Department of Health funded this development process then requested that Arctic College implement the

program. A submission was presented to and approved by Employment and Immigration Canada for implementation funding.

The Department of Education agreed to accept the students as part of their inservice training program. This program provided the students with 85% of their salary while they were in the CHR training program plus it paid all student transportation expenses. To assist the Department of Education with the high costs involved, the Department of Health transferred funds to the Department of Education.

The Northwest Territories is administratively subdivided into five geographic regions. Each region has regional bodies to represent central government agencies such as the Department of Health and the Department of Personnel. The regional bodies of these agencies played a role in recruitment and selection.

Students were selected through a competition process and were from communities that had vacant CHR positions. The communities were identified by the Department of Health through their regional bodies.

The Department of Education authorized the recruitment of students through the advertising of a competition and forwarded the necessary documentation to the regional personnel offices which are under the aegis of the Territorial Department of Personnel. The regional personnel offices then proceeded with the advertising of the inservice training positions and were responsible for receiving any applications. At the close of the competition it was also the responsibility of the regional

personnel office to set up interviews for the selection of the trainees from the list of applicants.

The selection committee consisted of a regional personnel staffing officer, representatives of the Department of Education and the Department of Health and, if possible, an aboriginal community leader. Arctic College was not represented in the selection process.

The students were unaware of all the behind the scene players. They saw the advertisement either in a local newspaper or on a poster and applied for the training position. As one student said:

> I had no idea about this Community Health Representative. I just some how come across it in the newspaper which is the Native Press. I read it and I wasn't too sure but it kept coming back to me if I should get into it. I brought it up to my husband and he said 'If you want'.

Beyond the complexity of this issue, several students expressed the concern that they were not given much notice between being told they had been successful in the competition and the actual start date of the program. One student commented that with only one week's notice it was difficult to arrange babysitters. As well, the students felt they had little background knowledge about the program and as a result they found the interviews intimidating.

> It was pretty hard for me to answer when I got interviewed cause I had no ideas. Good that there was just me.

That particular student was the only applicant from her community and she felt fortunate that there was no real competition.

The complexity of the selection process was highlighted by one of

the Arctic College program staff in the following statement:

> We did a schematic of all the players that were involved in the Community Health Representative program. Its amazing that we actually got students on the first day of classes as it was. There are lots of players, five organizations; the Department of Health, the Department of Education, the Department of Personnel, the Regional Health Boards and the Arctic College. Plus, there was an effort to get community leaders involved in the selection of students. So, it was amazing that we got students here at all. There was a lack of clarity in terms of the strategy to get students recruited and major delays in certain portions.

In discussing the recruitment and selection process, during the individual interviews with the program staff, it was noted by one respondent that the process should start sooner in the year because "we need more lead time to get organized." There were also suggestions made on possible solutions to the complexity of the process.

> What we may want to do in the future, due to the short comings of the network that's established, is look at student recruitment ourselves [Arctic College]. Some mechanism that's more efficient and clear cut.

The above observations cannot be compared or contrasted with the program intents since a recruitment and selection protocol was not established prior to the start of the program. Key players realized that the process was complicated and attempted to keep each other informed through telephone contact and informal meetings. The difficulties that arose were recognized after the fact and both the Arctic College and the CHR Program Advisory Committee attempted to address those concerns. As a program staff member stated:

> This year we started early and we had a funding proposal in and got approval in late April. We started the student

> recruitment process working through the various departments and had a plan laid out for when all the activities were to take place. Students were to be placed in the program by the end of June. We had a great plan.

Along with that there was reference to the complexity of the recruitment and selection process in the October 1989 minutes of a CHR Program Advisory Committee meeting.

> Based on the complexity created by the number of offices that require involvement in the process, as experienced by the Inuvik and Yellowknife courses, it was determined that the major purpose of this meeting would be to identify the stages involved, the timing, and each player's role (p. 2).

This recognition or appreciation of the difficulties with the recruitment and selection process suggests that, in the future there might be enhanced opportunities for change.

Recommendations. Based on an analysis of the collected data, an informational package should be prepared and made available in every Health Centre and personnel office. The material should explain the role of the CHR and describe the Yellowknife campus training program.

Based on the perceptions of the program staff, two changes should be made, one in the short-term and one in the long-term. First, the Yellowknife campus of Arctic College should be involved in the selection process. With this change, information pertaining to the program could be provided directly to other members of the selection committee, the applicants, and community members. Second, if in the future, the CHR program is to be offered in Yellowknife, the Department of Health and the Department of Education should transfer the administration and

funding for in-service training to the college. This would reduce the number of players and streamline the recruitment and selection process.

Role Confusion

The issue of role confusion was identified during focus group discussions with students and program staff. Although the collected data on role confusion indicated that this concern crossed the defined borders of the categories of antecedents, transactions and outcomes it was decided that a holistic picture would be more likely if role confusion was described under only one heading, that of antecedent. This decision was based on the fact that the Department of Health had released an updated job description prior to program implementation in an effort to reduce confusion about the CHR roles and responsibilities. Thus, it was determined that role confusion existed prior to any teaching or learning activities.

What follows is an account of what was said by each of the five students and the program staff about the confusion surrounding the role or duties of the CHR. The direct quotations are lengthy but serve to emphasize the depth of feeling surrounding this issue.

The Students' Observations. The student informants were asked what they thought the role of the CHR was and how the community perceived that role. The following direct quotations are the students' portrayal of their thoughts, experiences and perceptions about the role of the CHR. The real names of the students have been changed.

Leona's Comments

> I thought the job would be working mainly with the community itself but not at the nursing station. This is what I thought. I thought I would be having my own little office to work with the community but not with the nurse but under the government. I didn't know what Iwould do. I had no idea at all what I would be doing, nothing came to mind at all until I came here.

For Leona there was no prior concept of what the role of the CHR entailed. If that were to be the case across the Territories it would certainly impact on the number of candidates applying for the program. Leona went on to state her opinion on how the community perceived the CHR role.

> A lot of the reaction I got from my people were they thought I was training as a nurse. This is what they say to me. No, so I have to try to describe my role as simple as I can because everything that is written in the CHR role is really complicated because they uses such big words and we have to try to break it down to simply as we can to explain it to the people which is kind of hard. Words like participation and acknowledge and things like that....
>
> That's what is my difficulties in the community because people have no idea what is the job of the community health worker. They thought you were just there to tell them the news or something like that. It will probably take a while before they realize what is my role is. The band, chief and counsellors understand pretty much what my role is.

Leona attempted to explain the CHR role to the community members based on the current job description. That document was difficult for her to interpret into terms that could be explained in her native language.

Leona felt that the community leaders understood the role of the CHR. That understanding may have been a consequence of one of her

first field assignments which was to make a presentation on the role to the Chiefs, council members and mayor.

Sarah's Comments

Sarah felt the CHR would assist the nurse in a dependent role.

> I knew it had something to do with a health and I know more or less they would focus more or less on the elders is what I figured. I thought I would have to be doing interpreting for the nurses and the health team and do home visits with them but I never figured I'd have to do some of the work and home visits on my own.

She also found that the community members did not distinguish between the role of the CHR and the role of the nurse. Sarah has been working towards clarifying any misconception.

> Community thinks I'm there to give them a physical checkup or something like that. We joke about it. They are getting to realize that I am to do promotion. They tell me their illness and they want me to go to the nurse and ask the nurse and they figured I'll go back to them with the medications. When they start telling me I tell them maybe its better if they do go to the nurse them. If they didn't want to go then I ask if I can tell the nurse about it.
>
> I did my presentation on role to the band and hamlet so I think people picked up on it. They ask me what I do and I tell them about it. We made a video. The video is good because they are trying to promote the CHR's role. People don't really know what the role of the CHR is.

Bella's Comments

For Bella there were community members who held to the belief that the CHR was an assistant to the nurse. This was due, in part, to previous experiences with past CHRs. Similar to Leona's and Sarah's

experiences there are those in Bella's community that think she is training to become a nurse.

> The chief and mayor, they know what we're there for, like they come and relate that to the old CHR. She left about 15 years ago but they remember what she did. But I always tell them its different now. We are mostly health promoters. Before, she was almost assisting the nurse. The role is not the same as before.
>
> Right until now they think I'm becoming a nurse. From past CHR they have an idea. Sometimes I go on the radio to tell them and they meet me on the road and say they heard me.
>
> The community most of the time they think I work with the nurse all the time. Because they never had it for so long they are not sure what our role is but I think one of our goals is for the next six months to promote the work of CHR. Pretty sure in my mind what I should do. Basically I could tell the nurse my role. 'Ve have to let them know.

Bella cites two examples of how she applied her knowledge about the role of the CHR to the work situation.

> They [the nurses] ask me to see this guy and give him some papers because he needs these papers, he's leaving tomorrow for medical reasons and I said "no". Like I've got other things to do. Couple of times they asked me to help with housekeeping. I would do it if its not busy. It's important to work as a team too. If I need help they would help me too.
>
> Also, this guy came in and said "there's been an oil spill out there, what you going to do about it? It smells and it is right in the middle of the road where kids are going to school" and I thought now what. I went to the nurse in charge. She said that based on the situation Renewable Resources are the ones to deal with it and I thought these new things come up and I guess you find a way to learn along the job. I think you have to experience something often before you become comfortable with it.

Bella's last comment really holds the essence of the problem. The

changed role of the CHR is new to the people of the Northwest Territories and "you have to experience something often before you become comfortable with it." There have been so many rapid changes in northern communities with the relentless creeping north of technology. Technology that brings its own suffering. It takes time to adapt.

Julie's Comments

Julie had had previous experience working in the health centre and had the most accurate view of the intended CHR role.

> I thought I'd take water samples, put up posters, and home visits and helping the nurses out and when the environmental health officer come in I help them out and for interpreting. Now I know I can counsel people too.

An additional difficulty that was introduced by Julie was the constant change in nursing staff. She felt that just as soon as one nurse understood the role a new and uninformed nurse would replace her and the orientation would have to be repeated. She spoke from experience when she said:

> Nowadays, we have had so many different nurses already, I don't even bother to tell them what my job is. I just walk in. I walk out. They see me like a lot of them will ask what my job is and I will explain to them. A lot of them don't assume things about me, they just let me do what I am doing. They don't ask questions. But there are some nurses that are very interested in what I'm doing. I'll explain to them and they use me to their advantage. Like say somebody went to them and wanted to go on a diet or count calories, nutrition counselling. Because they know now what my job is they'll refer those people to me.

Mary's Comments

Mary also discussed some of the frustration that goes along with trying to establish a role identity in the community.

> It was kind of frustrating because nobody knows what you are doing and I explained myself over and over and it seems like still to this day they don't know what my role is. Before the training I thought it would be more clinic. Previous CHR's were just assisting the nurses. The nurses are good. They know the role of the CHR.
>
> I asked my sister "What do you think I do in my work"? She said, "home visiting but what do you do when you are there in the home? Do you take his blood pressure"? She didn't know.
>
> People in the community wanted me to write a support letter so they could have a better house. Another time the elders invited me to a meeting and wanted me to be a resource for their elder home care. I felt it was more of my job and you know I was glad that they felt that way about me and not just see me as a nurse and that's what I didn't like, for them to see me as a nurse. My biggest job is being out and getting community, not only a few people but the majority of the community, to see me as a community health worker or representing them.

The students clearly stated the difficulties they have faced so far in trying to establish an identity in their communities.

The Program Staff's Observations. The program staff were also asked to comment on the role of the CHR and any confusion that surrounds that vocation. Throughout this case study, to protect the anonymity of the three program staff, their comments have not been attributed to any one respondent but instead their experiences, feelings, perceptions and opinions are all under one umbrella heading.

The following statements were made by the program staff and

indicate that they were aware of the issue. The comments of the staff, however, focus on the lack of understanding by the nurses. They did not mention the students' confusion or that of the community members. One of the program staff admitted that part of the responsibility for clarifying the CHR role was theirs.

> Not only do students have to go out to the public in the community and say "Here I am, I'm a CHR, this is my job and this is what I want to do hopefully, for my community and for you," she also has to do this with the nurses. Someone needs to teach the nurses what their role is. I don't know whose responsibility that is but it is a problem.
>
> Right now there is a problem. ... The material that was sent to the nurses is still unopened seven weeks later when the instructor goes out. They had not read anything about the student role, the nurse in charge role or the instructor's role.
>
> They [the nurses] saw the CHR as an employee so they could get them to do whatever they wanted them to do. They didn't see them as health educators or community animators and the role is primarily health promotion and that is a fact. They do have a role that is independent in collaboration with the nurse and other agencies in the community. That is the focus of the program.
>
> This program is on health education and health promotion strategies to help people to change their lifestyle. The development is of that particular occupation as an independent occupation from nursing. CHR, nowhere in that title does it say assistant to anyone. It is an independent occupation.
>
> They aren't totally lost in the field but because of the turnover of nurses, the attitude and lack of understanding of the CHR role and purpose, as assisting the nurse, they have to do the "joe" jobs.
>
> Initially there was some problem with the interpretation of the role of the CHR on behalf of some of the head nurses but there was an effort taken during the year to try and address that back through the program staff through education of the senior nurse. We [Arctic College] have a

> major role in that too when we are sending out a student to a practicum setting, very clearly indicating what the role is of that person that is coming to you and in fact what your role is as a senior nurse to assist the person to the practicum.

In addition, the program staff noted that those with the power to determine the roles of health care workers are in a state of flux.

> There is a bit of a move in the Department of Health to reconsider the roles of all the health individuals in the community so whether there's a long term future there's certainly a need for this type of training. Whether its just a finite set of training that's just CHR or if it extends into a clinical area with the same individual it may evolve in that direction. There's still certainly a need for the training that was provided to CHR's. What or how its packaged and who gets it may change.

In opposition to the program staffs' perceptions, the field supervisors' observations presented a different view. Their comments indicated that they were aware of the independent role of the CHR as community health promoters and health educators. From reading their evaluation reports it was evident that the field supervisors spent time with the students and were supportive of their efforts.

There was also evidence that the supervisors were knowledgeable about the students' role, the program content and the program expectations. For example one supervisor wrote, "she [the student] is keen to teach using various methods including radio and class presentations as well as individual counselling." Another example of a field supervisor's comment that indicates knowledge of the program content was "she [the student] needs to enlarge her knowledge base about

the body which will be done in the next module in Yellowknife."

Program Intent. The CHR Program Advisory Committee was composed of representatives of each Regional Health Board. It was intended that, through representation on this committee, each regional board would have a clearer understanding of the current role of the CHR and would communicate that information to others in their regional jurisdiction.

Furthermore, the Department of Health developed a thirteen page CHR job description prior to the course start date. It was intended that this document would assist in clarifying the role and duties of the CHR, for students, program instructors, field supervisors and other stakeholders. As previously mentioned by one of the students, the job description is difficult to interpret and indeed it is quite lengthy.

There is an additional discrepancy between the observations and program intents. The program curriculum includes an introduction for the instructor, hereafter referred to as the Instructor's Guide, which states "your role and your understanding of the role of the CHR is vital to the success of the program" (p.4). In addition, the Instructor's Guide contains fourteen recommendations for program planning strategies. One of these recommendations specifically refers to the CHR role. It states:

> The Nurse in Charge and Hamlet council members should receive an orientation to the role, responsibilities and training program to assist in student selection, retention and success. This should be done prior to program start but should be reinforced throughout (p.6).

This document assigns the responsibility for orienting the nurses about the CHR role and the program, to the program instructors. If, as indicated by the program staff, the nurses are uninformed then instructional staff should reassess their orientation strategies.

Recommendations. A clear definition of the role of the CHR must be established by the Program Advisory Committee and that definition reflected in a job description that clearly describes the position, is easily understood, written in the aboriginal languages and widely circulated.

The video tape made by the students to explain the roles and duties of the CHR should be made available to all health committees, band offices, health centres, personnel departments, Department of Health officials and Arctic College campuses. It should be shown at orientation sessions for any new members of the health team including nursing staff, visiting physicians, environmental health officers, regional health board members, human resource management personnel and program instructors.

In addition to the above, the Department of Health should launch a marketing strategy through brochures, newspaper, radio and television to clarify and support the CHR role. The Arctic College should have representation at high school career days to promote this vocation.

Travel Arrangements

The issue of arranging for transportation of students and instructors to and from the program site was identified by both the students and the program staff as an area for investigation. Travel poses unique problems in the Northwest Territories because there are no developed road systems between most of the communities. Of the ten communities represented in the Yellowknife Campus CHR program only one was accessible by road. For students from the other communities there were difficulties associated with infrequent or nonexistent scheduled air transportation.

The Department of Education Inservice Training Program was responsible for the funding of travel and for the initial travel arrangements. However, once the students completed the first four-week classroom module in Yellowknife and began to plan for their return to the community for the field practicum, the travel arrangements became their own responsibility. The Department of Education provided the needed travel warrants and paid student travel expenses.

Because the arrangements for travel were to be in place prior to any teaching and learning activities, this topic was considered an antecedent. However, travel and transportation could also have been discussed as a program transaction. As noted by the following student and program staff comments, the issue was not about arranging transportation so much as it was concerned with other related factors such as the initial arrival of students in Yellowknife.

The Students' Observations. The students all came from different locations. One student was from a community on the road system and was able to drive her own vehicle back and forth. Two students came from communities with frequent scheduled air service and the remaining student interviewees came from communities where the air service was intermittent and charter services had to be arranged. These differences were illustrated by the comments made when students were asked about their experience of travelling to Yellowknife.

Mary's Comments

> I had no problem with transportation. The first time I had to pay part of my plane fare and get my money back later. That was hard.

Mary had gone to high school in Yellowknife and was familiar with the city.

Leona's Comments

> The only way to get here [Yellowknife] was to charter a plane. They [Department of Education] told me to try to get a ride, maybe with the grocery plane because it was going back empty. I didn't like to. I went to the airport and we had to phone around. They phoned around for me a couple of times. I say that if this situation comes up for me I won't come back, forget it cause I don't like this kind of situation. They said they would work it out. Now its not a problem.

To Leona, her frustration was related to seeing other students being provided for whereas she felt singled out for exclusion simply because her community was not accessible by scheduled air service.

Sarah's Comments

> On the first day I didn't have an idea where I was to go when I came in. I didn't know where I was to go and stuff like that. I couldn't get hold of anybody I knew.
>
> I called for a cab and asked him I wanted to go to the United Place [residence] wherever it was and I think he kind of took me the long way round. It's kind of hard when you are trying to get everyone in and someone's not there. If you know that a person was coming in that day then someone should have been there to meet that person.

In Sarah's situation, she had been given the phone number of a government contact person however, she arrived on a holiday and all offices were closed. Alternate arrangements had not been made. Julie experienced the same situation.

Julie's Comments

> They just called me and told me that I would probably be staying at the "Y" or the nurses' residence, but it still hadn't been a solid thing so I didn't really know which way I was going. I just took a chance and went to the "Y". I just thought someone would be at the airport. Lucky for me I had a room there, otherwise....
>
> I arrived about eight in the evening. Like, I was given the name of a personnel and he doesn't have anything at all to do with the CHR program except for the personnel stuff like pay and benefits and that's it but it would have been nice to know who your instructor, whomever was going to be mostly with you was going to be. It would have been helpful to have a phone call before I came and somebody to meet me. I'm going just to know somebody here then or who to contact.

Program Staff's Observations. The program staff recognized that there was a problem with the arrangements for arrival of the students

and they offered suggestions for improvement. Once again, the observations made by the program staff are collectively reported.

> They came over a 10 day span the first time due to lack of communication between the Department of Health, Department of Education, Arctic College and not knowing when or how to get here.
>
> The biggest way to improve is to know the students six weeks in advance. Give them a list of things to bring, an itinerary for what happens the first week. Get documentation done. Start this in the middle of July and say they will be here on September 4th.
>
> Half of the students arrived late. Don't know why. Then going home for first field practicum had problems. It got better. Now they have to make their own arrangements and I think we have to start that right away at the very beginning. You make your own arrangements. This should be done half way through the module. Then give the Department of Education person the date, locator number, and cost. He writes out a travel warrant and takes it to the travel agent. Do this again two weeks before they come back. I wish we could take a return ticket but we don't know if they will return. It's got some kinks but it will always have some kinks because they come in from such a diverse area with different travel arrangements.
>
> I think there were a couple of students that were a bit late just because they were notified late. In terms of travel arrangements some issues with students coming to the program not totally prepared for the program. One of the situations was early on in the year. A student or a couple of students showing up in town and having no money in an accommodation where they had to buy their food.
>
> So, some emergency measures had to be taken there. We had indicated to personnel that as soon as students were placed in the program their first contact beyond that point would be Arctic College and we would pick them up, give them direction of where to go and who to contact. There was a short fall in that. I don't think there's anything more that can be done other than saying that and giving that to the student, to personnel to give to the student that, here's the person to contact.

Program Intent. A student handbook was written and prepared for mail out prior to the selected candidates leaving their home communities. It was intended that the handbook would provide students with not only the name of a contact person but would detail where they would be staying and what they should bring with them. The discrepancy between the intents and the observations existed partly because of the delay in student selection and also because of the delay in hiring a fulltime course instructor. The instructor did not begin until after some of the students had already arrived in life.

Recommendations. A Student Handbook should be readily available in the communities for distribution to any interested parties. That handbook should include information on the role of the CHR, the program design, housing, travel, what to bring, and a number to call for further information.

The student counsellor should contact each successful candidate at least three weeks prior to the program start date to explain travel arrangements, to find out their arrival date and time and to make arrangements to meet the students at the airport.

Program Design

The issues identified for inclusion in the evaluation study were often interrelated. For example, the client group requested information

be collected on the design of the program. The term "program design" was not clearly defined and so it was assumed to mean the program schedule, the planned curriculum sequence, the content, the field practicum, the suggested instructional methods, and the resources. Thus the issue of program design was discussed not as a whole but in its component parts either as antecedents, transactions or outcomes. The comments of the students and the comments of the program staff on specific components of the program design are therefore included under the less broad categories of Scheduling, Program Curriculum Content, Field Practicum or Resources.

Scheduling

The client group, the students and the program staff all identified the timing or scheduling of the program as an issue that should be within the scope of this evaluative study. This topic area refers to the scheduling of four 4 week modules in the classroom setting, interspersed with three 8 week field practicums in the student's home community. This schedule was set within the initial design of the program, and thus, was considered an antecedent of the program.

Students' Observations. The following statements were made by the students when they were asked to comment on the scheduling of the courses. For those students who were not sure what was meant, it was explained that they should comment on the four week class sessions and the eight week field practicums.

Mary's Comments

I think our courses were far too short a time and the field work was too long with a lot of wasted time at work where we didn't know what to do.

The courses are too jammed pack. Otherwise it was just great. Its our lifestyle to stay busy in the day. It felt good to be a student, it brought me back to life.

Julie's Comments

Four weeks in class I think is kind of short because everything is so tight squeezed we have to try to get everything done in the short four weeks. Its pretty hard trying to understand everything we covered from the beginning to the end which is not long.

I would say, five weeks at home because even before eight weeks comes up, three weeks before, we are ready to go back. So, we are in home for about five, six weeks, our assignments are all done and we have nothing else to do just observing clinic area or help with the nurse.

I would say six weeks here and six weeks at home. Even it out because in four weeks you come here you're trying to understand it all at the same time. Its pretty hard on the mind and you can't concentrate too.

Leona's Comments

Its the weeks that it doesn't interest me at all; the four weeks here and the eight weeks at home. The four weeks here is pretty heavy. Understanding all of it and trying to put everything together, trying to understand every little thing we covered day to day. Six weeks at home would be really good.

The weeks that we come back here should be equal to home. The short four weeks for all the modules is pretty heavy and we're just trying to combine everything together and to a certain extent you can't.

Bella's Comments

> We could use more time here. There are some areas we need more time on. If you really want to do the course it doesn't matter if you are away four weeks or six weeks.

All of the above student responses were supportive of extending the four week classroom sessions. There was only one student that dissented.

Sarah's Comments

> One of the best things was working in the field for two months. It would have been really bad if it had been that whole time away from home but the two months we get to stay in our community makes it really worthwhile to look forward to coming back again.
>
> Four weeks here is long enough. I think that's enough time, that two months, to get your assignment done and your presentation to the school.

Program Staff's Observations. Although the program staff had expressed a concern about the timing or scheduling of the program, they did not speak in any depth about the issue. Their comments centered around the need for better planning and flexibility to meet the needs of the students and the requirements of the program.

> The first module we wasted one week getting students settled in Yellowknife. It needs to be longer to help them get into student role and to prepare them for the first practicum. We need five weeks. Week number one, orientation to the city, college and then a four week class. The last three days of the module is spent preparing for the field practicum but with flight schedules some were leaving one or two days before.
>
> Each module, five weeks, I would like to see that happen. The students are then better prepared and less rushed. We need to finish the module then prepare for the field practicum. The eight weeks, because of the size of the area

> for the field practicum, we need that time for travel. The students don't need it. Week one is orientation to work and to home and the last is spent getting ready to come back, last minute responsibilities at home. They are only concentrating on the job for six weeks so, is it wise to cut back because we are really going to be effective then for four weeks?

From another staff member there was a differing view.

> Four weeks [in class] is as much as they can manage if they have families. They are saturated, tired of the pressure of the academic situation which was new. It was overload.
>
> The first practicum was only seven weeks. Six or seven would be sufficient. Got assignments done and looking for things to do so they fall into the trap of being a gopher or filling in the gaps as an interpreter. The last two weeks they were bored. "What do I do now"? They didn't know what to do and depended on nurses for direction. The nurses are busy.
>
> There is some flexibility about the practicum. We can adapt them [the practicums].

The program staff support change and flexibility in the timing of the field practicum but do not agree on the length of the classroom sessions.

Program Intent. Evaluation documents of past CHR programs state that often aboriginal students do not remain in a program if they are away from their home community for more than a three or four week time frame. This was taken into consideration by the Program Advisory Committee in the design and development of the program. Taking into account what the majority of the students had to say, there is a discrepancy between the intent and the observations.

It was also written in the Instructor's Guide that travel time should be built into the program schedule to allow for travel to and from

Yellowknife without interfering with the actual four week classroom session. This directive was confusing since the established program schedule of four weeks class time followed by eight weeks field placement did not allow for travel other than on the weekend.

Since the students were in government trainee positions, the weekends were their days off and travel was expected to be during working days. To add another dimension to the problem, most scheduled flights did not go into the specific communities on the weekends. Therefore, travel time had to be taken from the scheduled class time or the field practicum. In most instances it was subtracted from the class time as students did not want to spend the weekend in Yellowknife waiting to go home.

Recommendations. Based on the opinion of the majority of students, the in-class modules should be increased from four to five weeks in length. The field practicum should be reduced from eight to seven weeks and within that seven weeks, student travel should be accommodated.

Program Curriculum Content

The students identified the program content as an issue for inclusion in the evaluation study. This was a large topic to investigate and perhaps should have been broken down into specific modules or courses. However, if that had been done the focus of the study would

have changed and the emphasis would then have been on evaluating the content rather than the overall effect of the program. Instead a very general question was used. The respondents were asked what they thought about the content of the program.

The advantage of this approach was that students and staff brought out their perceptions of the major strengths and weaknesses of the curriculum content. They did not focus on the minute details that comprise the content of the program.

The students had a curriculum outline to refer to during the interview. This facilitated recall of the modules studied over the past ten months. The program staff did not have the outline present during their interviews.

In classifying the taped records of the interviews it was difficult to decide which comments about the content of the program curriculum to [illegible] Both students and program staff had a great deal to say about [illegible] components of the curriculum and suggestions for change. As well, the respondents discussed the sequence of courses within the topic of curriculum content.

The decision was made to include comments that were directed at specific courses in the curriculum as well as the observations about course sequence even though sequence was considered a transaction.

Students' Observations. The following direct quotations offer valuable insights into the students' perceptions of the relevance of the program content to their needs.

Mary's Comments

> Nutrition, I like it but you need to offer more in a longer period than just two days. St. John Ambulance was good. Also, it would be nice if it was taught so we could teach it as well, to be instructors. In my community they wanted more teaching of CPR.
>
> A and P [anatomy and physiology] could be more covered as well. It was interesting. I had difficulty with program planning and I didn't like the idea of charting. We can do follow up if we witnessed or suspected something in the community. It is our job to report it but not to write it down. I don't want to write a report on the person.

Although Mary was the only student to comment on the issue of charting, it should be noted that a political decision was handed down late in the program that stated CHR's would be expected to chart on the client files. There was some dissension surrounding that decision that will be elaborated on later in the chapter.

Leona's Comments

> The first module was the most interesting. I didn't like module three. Professional development I really didn't understand that so I just kept quiet. I really didn't enjoy that.

According to the literature on aboriginal cultural ways, Leona's response is to be expected. When faced with the unfamiliar they react with withdrawal and quiet observation (Pauktuutit, n.d.). Leona did find other parts of the course more relevant.

> A and P and diseases, it was really interesting because I have no idea how this human body system is when I first came and it was really amazing all these parts that works and what doesn't works.

St. John Ambulance was okay. I took it two or three times before. The Home Health Care its good. I find it very interesting too because maybe in the long run if they have the home care I'll get myself involved with that.

That first course we took on communications really helped cause I had no idea on this. Self-esteem was pretty good and really helped me with my relationship and my son.

I liked pretty well everything we covered. A few things that I brushed off and didn't pay attention to cause it wasn't my area to work out in the community. I don't know which.

The one thing I really didn't enjoy was public speaking but the second time we did it I was nervous like hell. I said this is what I wasn't going to get into but then I was encouraged to come back here to spoke in the class and I stuck to the course till now. In a way it helps because now I am just out in the open and I have more confidence in myself.

Sarah's Comments

Sarah too, made sense of her experiences and offered suggestions for change.

I learned a lot, more than enough. Maybe after awhile what I said about more than enough will come in handy for me down the road.

Presenting was hard because you have to gather material and find resource people and especially when you are new to Yellowknife itself and you are scared to talk to even a resource person. It was like butterflies that standing up. I was so shaky the first time. I never stood up in front of the class in the first part when I first joined. Then we had to do a presentation for our group on the stuff that we did for our community.

The manual is good and the field practicum is good but the first aid should be done at last module instead of beginning. Home health care is really helpful. The proposal writing wasn't useful. I don't think we will ever use it.

> Counselling was really good. Some stuff you know what they are talking about and you didn't know how to go around dealing with it which is really good cause even now when I come to that kind of a position I don't think, it never crossed my mind, that I would be the one to help them and their grieving and dying and stuff like that.
>
> The one thing I don't mind learning about the abuse of medication that the people are taking because I find that a lot, not only the elders, but some others, the middle aged that do take medications without no reason at all. Always taking it for something or other. We didn't talk of that.

Bella's Comments

Bella's description of the course content was very pragmatic. She was very clear and articulate in stating what content was of value to her and what was needed in her community.

> Some of the things are in the wrong place like Survival. I think we should do it in winter. The section on nutrition we need longer days on it. When I got back I had to do a lot of reading on it. For communications we need to talk in public for health promotion. A lot of presentations and that is where we were lacking and we corrected that. We need more promotion.
>
> I don't see how we need that proposal writing. Just need the name of a resource person who could help us along if we were to be part of a project. It's important in one way, the knowledge is good to help the health committee but we won't do it often.
>
> The environmental health that's what we really need people to teach in the community. There's a lot of people who need it. Also, anatomy and diseases and body parts, where they are located because sometimes the doctor explains it but you don't really know where. If you can use body language and point, it helps to show where the pain is. We need more time on it in class.
>
> The make-believe family, what was the idea of all that? Every time we came back from field practicum we added to our family. The instructor asked what happened to your

family. Most things were positive because of the things the CHR did. That was good to think we made positive change.

Need more time on death, dying, grieving. It's hard for us talking about it. Telling us in order for you to help another client or patient at that time you have to deal with your own or you will break down and that's not really showing a good role as a CHR. The CHR is to help me and if he breaks down he isn't helping me. Everyone has problems. I needed more in this area.

Counselling was a week but it was too short. Some communities has high suicide rates and it would be really good to have training on pregnant teenagers. A health fair would have been good to do.

Julie's Comments

Julie's observations provide additional information on the relevance of some of the course content to the actual situations that exist in isolated communities.

Like that "family", I thought personally, the family, I didn't know what that thing was supposed to do. I thought it was a waste of time.

We should start problem-solving right from the beginning.

I enjoyed the body systems but to me it was short and I also enjoyed the communications, like I learned quite a lot from the communications especially about myself. I, like I didn't think it was important for me to know about myself in order to have this job, but now that I know more about myself through this self-concept thing it was like it was easier for me to understand other people.

I didn't enjoy that St. John Ambulance Home Health. It was about the only thing I remember that I don't enjoy. Like it is interesting to know how to make the bed like when there is a patient there but then I don't use that in the work field. We had a terminal ill man stay at our house, we changed their sheets and everything even without the St. John's whatever it is. It was common sense. They showed us films, if I remember those films, they are not really, you

> know. They had special kinds of beds and things like that aren't real. We don't have those kinds of beds, even at the nursing station. If someone stayed there they are only in bed for a day at the most, cause everyone gets sent out if they have to be in the hospital.

The following excerpt, also from the interview with Julie, describes her insight into what was of particular importance to her.

> Now it will be easier to counsel people, like people came to me before I had the training. I was always scared and well, I'm not the right person to counsel this person but after coming here I find that its going to be easier to counsel these people. Deep in my heart I had this answer, not answer but like I wanted to say this but I wasn't too sure if I had to say it, if it was the right thing to say. But now I know it is the right thing to say.

The comments made about specific courses in the CHR program were supported by in-class evaluations done by the students during the program. For example, the written course evaluations showed that the counselling course was thought to be of great benefit as was the communications course and the nutrition component.

Program Staff's Observations. The program staff expressed their view of the strengths and weaknesses of the curriculum content. Their viewpoint did not differ greatly from that of the students rather the difference was in the emphasis. There was one reference to the issue of charting and additional comments were made that reflect on the contingency between the antecedent of role confusion and the course content.

> I think it is excellent. I think its absolutely excellent if I could keep the clinical stuff out of it like charting, taking B/P's, doing lab work, doing filing, writing requisitions, if we can. I didn't teach any of those things. I did go over

> charting briefly and they have a beautiful handout to go with them that they can refer to because that's going to be controversial until its settled.
>
> St. John, CPR etc. shouldn't be in the first section, office procedures needed right away and could be part of communications. For Growth and Development we need more time with different age groups. Do prenatal and toddler in the first module because this is who they work with. They can then have things to do during field practicums.
>
> Elderly comes at the end and they need it sooner. Also, they need more Inuit cultural input. They need more on counselling and need it sooner to build on it. The Home Health Care, they could leave out the films and practice more. The certificate at the end was wonderful.

Program Intent. Decisions on curriculum content were made by the Program Advisory Committee. This content was to be evaluated following the first pilot run of the program in Inuvik and then the suggested changes implemented in the Yellowknife program. That did not happen take place. The Yellowknife Campus program began prior to the completion of the Inuvik program. It is now expected by the client group that the findings of the Inuvik program evaluation will be combined with those of this study to provide a comprehensive package of recommendations for program revision. The following recommendations arising out of this study include comments on the sequence and the content of the curriculum.

Recommendations. Based on the observations of the students and the program staff, the St. John Ambulance courses should be revised. First, basic first aid and CPR should be offered in the second module and

then instructor level courses should be offered in the fourth module. The Home Health Care course should be either deleted or revised to be more culturally relevant.

Proposal writing should be dropped from the curriculum, as should the imaginary family. With the increase in class time, the additional time should be used to discuss and add to the content of the nutrition course, the counselling course, growth and development, and anatomy and physiology.

The survival course should be offered during the winter months.

Staffing

The issue of staffing was identified by the program staff as an area of concern. This issue referred to the number of staff involved with program implementation. For this program, one instructor was hired as a ten month term employee to teach fulltime in the program. A Senior Instructor with Arctic College's Health Programs contributed on a part time basis and a casual employee was hired to assist during the field practicum component. The Senior Instructor was responsible for a portion of the program administration but that role was ultimately the responsibility of the campus vice-president.

Students' Observations. The students' observations about the issue of staffing focused around the need for additional help. The specific comments which exemplified that were:

> If they had always two instructors instead of one it would make a really big difference since they can both travel to

> each different community. For it is really a lot of work and to try to cram everything into the time schedule is really hard. So, if we got two persons they can both work hard.

and,

> I was thinking maybe the instructors could have a secretary or something because she is trying to do everything on her own and we're demanding her attention. I feel sorry for her because she's got so much to do and she's doing secretarial things too. A school teacher just never worries about anything except teaching the students. That's how she should be. She tries to keep everything together. She must be stressed out by now.

Program Staff's Observations. The opinions of the program staff on the issue of staffing were strongly stated as indicated by the following comments.

> Administration of the course is enormous with three departments involved, the nurses in the field, Regional Nursing Officers, a great deal of people to be in contact with. No clerical help. It was needed.

> If there are two instructors then you are sharing the administration functions and shouldn't have to go through so many people.

> There is lots of administration like writing letters, thanking guests, getting students involved in the national CHR organization. You need support for the administration functions. Lots of correspondence with health and education so you need some secretarial support.

> There absolutely has to be two fulltime instructors. One person can't do it. You need at least two instructors for travelling. If we just had our region then it would be okay but the size of the area one person can't do it.

> Staffing was an issue. We planned on a homogeneous group of students from relatively close, to decrease the difficulties of travel. The contact hours were not a difficulty. The problem was with the practicum travel. The solution

> may not have been what was wanted. We contracted additional instructional help on a casual basis.

Program Intent. When the original proposal to offer the program in Yellowknife was submitted, it was expected that the selected students would be from the MacKenzie Region which encircles Yellowknife. What actually occurred was that students came from four of the five Territorial Regions. Thus there was a discrepancy between the intent and what actually happened. By taking in students from a vast area there was a significant impact on the staffing requirement for the field practicum travel.

Recommendations. Based on the opinions of the students and the program staff, it is recommended that there be more than one fulltime program instructor during the classroom modules. The options are to have two fulltime instructional positions if there is no clerical assistance or one and a half positions with part time clerical help.

During the field practicum the instructor to student ratio, if one or two regions are represented, should be 1:5, thereby allowing for adequate field visits by the program staff. If more than two regions are represented in the program that ratio should become 1:4.

TRANSACTIONS

Introduction

The transaction issues and concerns that are within the scope of this evaluative study include: the field practicum experience, student support services, teaching methods and resources and their allocation. As previously mentioned the program sequence was included under the heading of program content. These topic areas were discussed during the interviews with both students and program staff and the responses were analyzed to identify important patterns and examples.

Field Practicum

The students spend four weeks in the classroom and return to their home communities for an eight week structured field practicum. There were a total of four classroom modules interspersed with three field practicums. Each practicum required that certain assignments be completed as well as the routine of doing a daily diary of activities. Each student was assigned to an off-site field supervisor, usually the Nurse in Charge of the Health Centre. The program instructors made weekly phone calls and one field visit.

Students' Observations. The students spoke at great length, throughout their interviews, about their experiences during the field portion of the program. Each student's perception of that reality is reported in her own "voice".

Mary's Comments

Mary spoke of her frustrations with the continual confusion about her role but she also described the support she received from the nursing staff.

> It was kind of frustrating because nobody knows what you are doing. The nurses are good. They were interested. They thought of areas I never thought of like botulism. That is a major problem. I knew a little bit about it but they really helped me. It's a nice atmosphere. Everybody works along really good and support each other.
>
> The community profile [assignment] was really good. I still want to use it. The daily diary, that's something I'm going to keep for my lifetime. I'd be lost without it. I can fall back on it so easily. That's my bible.

Leona's Comments

> The nurses are very helpful. I usually sit down with them the first day. It was really good.
>
> Some of the assignments were hard. In a small community like mine its pretty hard to get more information on what your assignment is. You have to phone and by the time they send you information it takes two or three weeks before you get it. I usually just phone one of the CHRs and they usually helped me out.
>
> The instructor came in field practicum number one and two but none in number three. In a way it helps to have an instructor come but sometimes it doesn't. If I'm not having a problem she doesn't need to come.
>
> I'm glad we worked with elders. A lot of them really enjoyed talking about the old way.

The positive experiences that Leona spoke of were off set later in the interview when she felt comfortable enough to state:

> The last two field practicums the nurses weren't really supportive. The first one too was really good. The second

> one the nurse wasn't very supportive because when sometimes I'm stuck with some kind of my assignment, I needed just an information or advice from her and she didn't want to help me at all because she say she just give me a page of information on what I have to do. She's pretty strict to the rules and including me. I just stay out of her way and go on with my work and if she wants me to do a few errands like going to home visits and see the elders and see all their medical and health conditions and see how they are doing and that, this is part of my assignments and I almost quit a couple of times because I couldn't handle working with her. Some days she's got a good personality. It depends on the weather, I guess.
>
> Another thing, she didn't like me being late because when in the winter months I was late a couple of times because of the cold weather which the truck couldn't start in the morning. Sometimes the truck would just freeze up and we can't get it out. I'm late ten to fifteen minutes.

Sarah's Comments

Once again, with Sarah's comments, the issue of role confusion is brought to the fore. It seems to envelope the program. Sarah also describes her difficulties with the nurses and with the associated high turnover of staff.

> The second field practicum was hard. No instructor visited. They came for the third. When she came I had more than enough work. Even some ones that I didn't get done last time I completed this time.
>
> Not really much support from nurses cause we didn't know what the CHR role was. Even though they were given a booklet to read, even though they had that to go along with, they still didn't really know what kind of things we were supposed to be doing and stuff like that.
>
> They tried making me go out on my own to do some stuff but me I was just lost cause it wasn't really explained to me which made it really hard for me. They couldn't help with my assignments because of them not knowing what I was supposed to do. I feel more comfortable than before because

> now we learned all this information. The first time it was hard.
>
> Every time the nurses went out on a home visit or the school, I would just go along with them and sit back and watch the way they did their presentation and stuff like that which was good. I liked the home visits to the elders. Not ill but I'd just go over especially if they are widowed and I'd just sit there and ask them if they are okay or if they need help about their living conditions and stuff.
>
> The assignments were good because they made you get into contact with people that you wouldn't have. The daily diary, that one I find really useful. I use that one a lot. It was really good. I didn't like it if I didn't have nothing to do and just sitting around.
>
> The nurses changed a lot. They often decide to up and leave. It is hard for the people cause they always refer back and say where's the other nurse that was just here to see me last time. How come there's another person now? It's so hard for them to tell, for them to open up, especially when you see a stranger walk in the door and she's doing a home visit.

Bella's Comments

Bella had a positive view of the support she received from the nurses. She describes the climate she worked in as:

> It was really good the first time. The nurse really helped me out and had things for me to do. If I needed any help they'll ask me. There's changes all the time in nurses. Every time I came back I explained to them what were my assignments and that. When I needed them for help in some areas they were good. It was very helpful to have the Instructor come and meet the Nurse in Charge and explain.
>
> The community profile was really good because it got us around to meeting all the resource people and explaining to them about our role and promoting our role and seeing the leaders. I got to know my community better. Like I lived there but I didn't know enough. Like the people too, RCMPs and that, they are always changing.

> One thing, the door-to-door campaign [AIDS campaign] was tough doing it in the middle of one assignment and I had to do it for my region. In a way it was okay but I had to do my assignments first and I get marked on that.
>
> Couple of times I had trouble in my practicum. I was checking and a mother barged in and said "who do you think you are checking my kid for lice?" We need support from the nurse then.

Julie's Comments

> The field practicums went all right except like I said it was busy, busy time trying to finish our assignments and having other people trying to tell us to do this or that. I mean, I can turn things down if I want to but I don't feel good about turning people down. Like if they ask me to do something I can't say no to them. I still have to learn to say no.
>
> I had really good support from the nurses. They expect me to do some things but then I remind them also that I have to do all these assignments. They were very helpful.

Julie goes on to describe experiences that were frightening for her but that allowed her to learn and to grow.

> I found it hard, especially doing a presentation, actually doing a presentation in front of a group of people. Like there was a sexual abuse meeting and the whole community was invited and I was invited to be on the panel. I was wondering what am I going to say if someone asks me a question. I sat up there, people were very emotional. They were crying and everything. They are big people and they cry. If someone ask me a question and if I open my mouth I'm going to cry. But luckily for me nobody addressed a question to me and then after that since nobody asked me a question up on the panel like that, I'm just going home right after that. Everyone started walking out and people kept stopping me. What about this and this about child abuse? This is a lot easier, one to one, instead of in front of a group of people.
>
> The community profile I wouldn't find very useful because I wasn't like that. What I just assume this person's job was

> this and this and this. They don't have anything to do with me and I don't have anything to do with them. But when I went out to interview them, our resource people, they invite me in to their work and they asked of me to be involved in their work and that made me feel really good. Like so when you graduate we can work together, whatever, and make me feel a lot better. I learned a lot about what they said about their job. Now I know who I can approach so and so to do that. I didn't know you could do that, like, say alcohol workers, like I know they counsel people but I didn't know they could send people out for treatment. I found that out too and from social services, like all these people like RCMPs, and even the elders, I didn't think why do they think of elders as resource people, but when I started interviewing the elders it was really fun.
>
> I could talk with them [the elders]. The best resource people I ever talked to. They were really glad. I always think older people don't want to talk to the young people because they're too rowdy or whatever. When I started talking to the old people they were really, really happy. I'm so glad you asked these questions. They were really happy to give you information. They say I'm so glad you came over because, they always, every house I went to, all the elders, a cup of tea or coffee or have something to eat and just felt at home.

Program Staff's Observations. The program staff also spoke at length about their perceptions of the field practicum experience. They identified weaknesses and made suggestions for change. Again, there is reference to role confusion.

> There are some problems with work space in the nursing stations. We went to the station and there wasn't one for them and they had to find a spot for themselves and they [nurses] were not prepared for this or for any deviation from the picture. We need to educate nurses and the Department of Health. They [CHRS] need space to call their own.
>
> The students who had worked in a nursing station before the training were much more relaxed and comfortable during the practicum. Perhaps students could spend a week there

before coming here or even one or two days.

Nurses were busy and were not prepared for the students coming. They didn't understand their role and so didn't know how to contribute to their [the student's] learning.

There is not a practicum after module four. They've learned some things in this module that we can't assess. Lots of loose ends. I don't think we have to extend the length of the course. I was thinking rather that we have a six week field practicum all along. Eight weeks is too hard to come back, very hard to come back.

The students appreciate the phone calls during the practicums. It's not difficult to maintain. The students also talked to each other. It's important for the students to be able to contact each other during the practicum. Access to the phone was sometimes a battle. We did draw a line and the students did not abuse it but even with restrictions of once a week and they had a designated person to call and it was just to get ideas of assignments etc. some of students had problems with phoning.

We need a close working relationship with nurses. Not all the nurses but only one. We need to build a friendship, relationship with one nurse. The change, turnover in stations, we have some nurses who are inexperienced and are insecure so they shouldn't be a preceptor.

One nurse watched the clock and every time the student was five minutes late she phoned us at the College. That's not much assistance to the student and the student suffered badly. She fought with the student and frequently had her in tears. The student was trying so hard, she is an exceptional student.

One Nurse in Charge had trouble sitting down with the CHR student at a specific time of the day. They were able to work something out and would go over assignments, duties, feedback, difficulties etc. and they got really positive results from those meetings.

The travel is incredible. Organizing, scheduling, and trying to work it out. Then two days in the communities is not enough. Often it takes two days to travel there. Two days isn't enough to support the student.

> There isn't time in the module to support them. Need a lot of time to spend with the nurse.

Program Intent. The CHR program instructor or instructors were to visit each student once during each of the three practicums. It was expected that the instructor would spend several days on-site with each student during each practicum. The instructors were to assist the student with their assignments and demonstrate tasks. During the same community visit it was also expected that the instructor would spend time with the field supervisor who, in most instances, was the Nurse in Charge of the health centre. Where possible the instructors were to also visit with the chiefs and mayors. The collected data reveals that there were intervening variables or barriers that interfered with these intents of the program. For example, travel time was reduced because of the additional distances that had to be covered and at one point the fulltime instructor was ill and unable to travel.

Recommendations. An initial orientation to the role of field supervisor should be done with the nurses in the Health Centres. This could be done through teleconferencing prior to the start of the program.

The successful student candidates should also receive an initial orientation to the field practicum site prior to attending the program. This would be of one or two hours duration and include a tour of the Health Centre and an introduction to the health team members. Students can then visualize their work setting when references are made about the Health Centre during the first in-class module.

Work space should be made available within the Health Centre for the students and graduates of the program.

The instructional staff should visit each student each field practicum for guidance, support and clarification of the CHR role.

Student Support Services

Student support services for Arctic College's Yellowknife Campus are provided by one counsellor. The counsellor's office was not located in the same building as the classrooms and was thus not easily accessible. The student counsellor was open to individual appointments with the students and visited the classroom site once a week to discuss any concerns with the student body. Student accommodation, personal and vocational counselling are part of the responsibilities of this position.

Students' Observations. When the students were asked to comment on their experiences with student support services they did not understand that title. It was explained that the researcher wanted information on their relationship with the counsellor. For the most part the students stated they did not utilize this service. For example:

> I didn't really have any contact. I called her once on my room and board. What we need is to know what goes on in the community for something to do. The class needs to do some social things together. They all go their separate ways so we need some social things.

> The counsellor has been very good. She only dealt with housing concerns. She came to the class but we didn't need her.

Program Staff's Observations. Program staff reinforced what the

students had expressed. Student support services was not a well used resource. The following comments were made by the program staff.

> We didn't use student services at all. The counsellor came to the class once a week but no one went to see her. I don't think they knew what her role was. I recommended to a couple of them that maybe it would be good if they had a chat with her with their personal problems but in their own way they were dealing with it in a satisfactory way.
>
> She helped with housing. She met them [when they came back to Yellowknife] and if she didn't meet them I met a couple a couple of times or they would take a cab.
>
> The first two weeks two students came with only twenty dollars and no food. They needed an advance and now need to have this advance waiting for them when they come.
>
> Certainly the accommodation issue was addressed all through the student services section. Counselling was available, not all students accessed counselling although some did.

Student support services should have been an overused resource. The students were women returning to school, away from home and support groups, living in a culturally different environment, and yet they managed without great reliance on counselling services. They were amazing women.

Program Intents It was expected that the Yellowknife Campus Student Support Services would provide personal and vocational counselling to the students as well as coordination of housing and travel. Evaluations of other CHR programs have emphasized the need for support outside of that provided by the instructor. There is a vast

amount of literature which elaborates on the needs of adults returning to the academic setting which includes the need for counselling services. Although it was available, in this instance, it wasn't accessed.

Recommendations. The student counsellor should be responsible for contacting students prior to the program start date to clarify transportation arrangements, arrival times, housing issues, and to ensure that the students are met upon arrival in Yellowknife.

At the start of the program, the student counsellor should meet individually with each student to explain the role of the counsellor and the services available both through the college and through other agencies.

Throughout the program student support services should be responsible for student travel, housing issues, individual and group counselling sessions, and assistance where needed with study skills and problem solving. The students should be made aware of how to contact the counsellor if problems arise during the field practicum as should their field supervisors.

If the student counsellor is nonnative then that person should be knowledgeable about the cultural perspective of the students. For example, aboriginal people value noninterference and feel "no obligation to explain their behaviour or to inform others of their plans as this would be considered compromising their independence" (Pauktuutit, n.d., p.17). These beliefs and values must be understood if counsellors are to assist

students during the program.

Teaching Methods

The client group and the program staff requested that the in-class teaching methods be included as an item for investigation. It was not mentioned by the students as an issue or concern. Nevertheless, several comments were made by the students that reflect their feelings about the approach of the instructors.

Students' Observations. The following excerpts provide insight into the relationship that existed between students and instructional staff.

> The staff are pretty helpful in class. Anything we don't understand, anything we covered in the module that is pretty difficult, some of it is, but then she will just sit down with us and talk it over until we get it right.

> She's pretty helpful, it was really good if we had any problem we could talk to her.

Additional comments written by the students in their course evaluations reenforce the notion that there was genuine appreciation by the students for the instructor's teaching approach. For example, some of those comments were "keep up the good work," "you are doing great work," and "you help me lots by explaining."

Program Staff's Observations. The program staff contributed information about specific teaching techniques or methods used in the classroom.

> They [the students] did a lot of group work and group discussions. Didn't do too much role playing. To do role playing you need a lot of preparation. They did some with

> guests, especially in the counselling sessions. Brain storming worked well.
>
> In the small groups someone was the recorder and someone was the facilitator and someone was the spokesperson. Three people in the group and they all had something to do.
>
> If they worked on their own they got up and wandered around. Lectures were not chosen too often. Discussion groups were much better.
>
> The methods varied for the material. It was group work and group projects mainly. A lot of visitation from professionals doing presentations in the classroom. There was a bit of stand-up instruction but there was not a lot of technical data that had to be transferred from one to the group. My perception is that the approach was successful.

In reviewing the relevant documents, field notes, and taped records, there were no adverse comments noted about the teaching methods that were employed.

Program Intent. It was intended that specific instructional approaches would be used in the program. The Instructor's Guide states:

> The course must be based on discussion and interaction rather than the "student listen to teacher" approach. Small group work produces more discussion and input from more individuals than does the larger group approach.

In addition, the guide provides the following directive:

> Use the "traditional" approach of story-telling and role playing. This non-formal, participatory learning technique, central to the curriculum approach, should be maintained, expanded, experimented with and documented for future evaluation and improvement of the program. Frequent use of visual aids like posters, films, photos, etc. is an important teaching method.

The guide also states:

> Use local resource people where possible. This allows for

> professionals to teach their area of expertise and the students become more aware of community resources.

The above written directives indicate the intent of the program in the domain of teaching methods. It seems that the suggested strategies were used effectively by the program instructors.

Recommendations. The teaching methods used should be continued and where possible enhanced with additional inclusion of aboriginal resource people.

Resources

This topic area was brought forward by the client group and the program staff as an issue to be discussed further. The subject included both human and nonhuman resources available and utilized in the program.

Students' Observations. As with program design and teaching methods, the students did not see this as a salient issue from their viewpoint and therefore it was not included in the student interview guide. Their comments were made in association with other topics and were extrapolated to be included here. They were brief in their comments as were the program staff.

> The student manuals I would say it was helpful. When we went back to the community it helped but it was so thick when we started. It was written okay for me, it's not too hard, it's not too easy and the things they have down here it helped a lot too.

> The best thing about resources was learning how to use resources, especially the nutritionist here in Yellowknife.

Program Staff's Observations. Even though this subject was viewed by the program staff as an issue or concern and was included in the interview, the comments made were very brief. For example, one staff member had only this to say about the financial resources:

> We were a bit limited. We had to pay for accommodation of the students which was a large cost not normally in a program budget so we were limited somewhat.

Several factors could account for the brevity of the responses. First, the topic of resources and their allocation is very general and perhaps should have been subdivided into smaller and more specific categories by the researcher. Second, the instructional staff may not have viewed financial resources as a primary concern and third, information on this topic also falls into the domains of "staffing" as a human resource, as well as into the "other" category that explores the issue of housing.

Program Intent. The initial program budget was set at $125,000 which was to cover salaries, instructor travel expenses, and other purchased operational supplies such as resource texts, printing costs and telephone expenses. It was intended that one fulltime instructor would do the in-class modules and a part time instructor would assist during the field practicums. With the intake of students from several different regions, the programming costs increased proportionately in the areas of travel costs and salary costs.

The final cost of the program was not available at the time of the study but even a cursory look at the accounts indicates that the program

went over budget.

Recommendations. Adequate base funding should be sought to ensure the continuation of the program at the Yellowknife campus site. As well, there should be a transfer of funds from the other government agencies involved to the Arctic College to reduce the number of players and thus simplify program planning.

OUTCOMES

Introduction

As defined, outcomes include such things as "the abilities, achievements, attitudes and aspirations of the students resulting from an educational experience" (Stake, 1967, p. 112). The outcomes that were presented as issues and concerns by the client group and the students were: the transfer of abilities to the workplace, the question of whether or not the major program objectives were achieved, future working conditions, and role confusion.

In hindsight there were difficulties with the inclusion of outcomes criteria in this responsive evaluation. Several of the topic areas brought foreword by the stakeholding groups could not be adequately assessed. For example, the transfer of skills from the classroom to the worksite was an issue and concern brought out by the client group. However, since the students had not yet entered the workforce as fulltime employees investigation at this point would have been premature. Through

negotiation of accounts, the client group agreed that this area of concern should be addressed at some future date.

Nevertheless, it should be noted that during each field practicum the on-site supervisors completed a Field Experience Evaluation. In all instances, comments were made on areas done well by the student and areas needing improvement. These documents indicated that overall the students worked well in the community but needed to become more self-confident.

Program Objectives

Another issue that the client group suggested for inclusion in the evaluation study was the question of whether or not the four major program objectives were attained by the students. These program objectives stated that students would acquire and demonstrate specific knowledge, skills, and attitudes related to the CHR role. They are presented in Appendix D.

The instructional staff were responsible for developing and implementing effective strategies to ensure that the intended outcomes were achieved and to assess the degree of achievement. The assessment of achievement was addressed by asking the question "What evidence would let you know the objectives had been attained"?

The assumption made by the researcher, after reading the many internal evaluations done during the course of the program was that, if a student successfully completed the requirements of the program then

the major objectives were attained to a satisfactory degree. The difficulty however, was determining whether or not the objectives attained in the classroom would be transferred to the work place and also whether or not the program objectives were appropriate for these participants. Those latter two questions were not answered.

Students' Observations. Several comments were made by the students which suggest that the objectives were attained. The students were very confident that they had acquired the knowledge and skills necessary to fulfill their perception of the role of a CHR. They expressed this in comments such as:

> I have a plan to work with the youth and the elders. I want to get them together and I have a plan to start in the fall.
>
> I think I will help my people in the community to look at their self and their health.
>
> I need to change my work hours because I won't be able to do any health promotion working just two hours a day.
>
> I feel more comfortable than before because now we learned all this information.

Program Staff's Observations. The instructional and administrative staff associated with the CHR program also felt confident that the students were leaving the program with the required knowledge and skills. As one program staff member stated:

> Actually I'm quite confident that students are prepared quite well academically and for the setting that they are going out to, in terms of the program, I think it did an excellent job of that.

Program Intent. An interesting note, found in the CHR curriculum guide, had some bearing on the evaluation of student learning towards meeting the overall objectives of the program. The CHR curriculum guide pointed out that the evaluation of student learning was best done through means other than exams. Individual and group assignments, quizzes, presentations, demonstrations and observation were the strategies to be used in class to assess student learning.

A further point that reflects on student achievement is that the final grade point average achieved by students at the end of the program ranged from 84% to the high 90's. In addition, feedback from the students and the field supervisors, was requested during the course of the program. The field instructors were asked to evaluate the field practicum through a check list which asked whether or not specific objectives were achieved during the student placement.

In reviewing all the evaluative documents completed by the field supervisors on the students in the study, there was only one instance where specific micro objectives were not achieved by a student in the field. In all other instances the micro objectives derived directly from the more broad macro objectives of the program were noted as met.

Recommendations. If a more comprehensive assessment of the appropriateness of the program objectives and the attainment of same is considered necessary, this should be done later in the life of the program. McLaughlin (1987) states:

> Assessment of project effects on student achievement is

> inappropriate to a project still struggling to get off the ground (p. 8).

Working Conditions

To initiate discussion with the students about the issue of working conditions they were asked to comment on the difficulties they think they will have to face in the nursing station and the community as new employees. Program staff were also asked to comment on difficulties CHRs will face in the workplace. Frequent mention was made of the issue of role confusion.

As stated earlier in this chapter, role confusion crossed the boundaries set by the categories of antecedents, transactions and outcomes. Throughout the interviews this issue presented a reoccurring theme that flowed across categories. This subject was discussed previously under the heading of Antecedents to avoid fragmenting the issue and to enhance the likelihood of a holistic view.

With the exclusion of role confusion as a difficulty facing new program graduates, the collected data focused on the working conditions that exist in the communities. Large segments of the actual interview data are included in order to truly portray the respondents' perceptions of that concern.

Students' Observations. The students spoke freely about the difficulties that they expect to face once they graduate from the program. Because each student had unique areas of concern, their comments are presented individually to better depict their differing values.

Mary's Comments

> I don't even know if I have a job. When I first heard about it was my understanding that I took the training and I would have to work in the region. I would have my community as a base. That was kind of my understanding. I assume there is a position somewhere for me but maybe I'll walk in the door and there won't be a job.

Although the students entered the program as trainees for a specific position, the job offers were not received until the last week of the training program.

Leona's Comments

> I would like to get the community more involved. I put up health promotion posters for health education and no one shows up. The Doctors said just keep trying. Its hard.

Leona had previously mentioned her difficulties with the nurse in her community. That issue resurfaced when she described her concerns for the future.

> Another thing that's hard, a lot of people were telling me to help support to get rid of the nurse and help with the health committee to get her to some meeting so we can ask her to go. Then I was told to not get involved while I'm on my training so I just stay out of it. I'll think about it now once I finish my training course. I don't want to deal with that.

Beyond having to deal with a difficult position as a liaison between the community and the health team, Leona identified her feelings about returning to a community with a very high level of unemployment as one of the few with a job. She felt she had worked hard to get through

the training but that this would not be appreciated by the community residents.

> I have trouble. I know you would have trouble in the community because people would be jealous of what you are doing. We have the courage and we even have the commitment to even go into the course and completing it and now I will run into a situation like this but I know I would.
>
> When I begin work I will have difficulty with the health committee too. Because just before I came back the health committee phoned the nurse and the Regional Director and the Regional Nursing saying I was not doing my job. I have been doing it and trying to get people to come and last minute they say they can't make it. I tried my best but they are not well organized, they complain about me, even though now I'm just a student.

Bella's Comments

Bella shared the same concern as Sarah about whether or not she actually had a job to go to.

> So far we don't see it in writing or nothing saying that we have a job. When we were interviewed we thought we did.

Bella also spoke of the factors that would pose problems for her once she returned to her community. She clearly saw the expectations of the community as presenting a problem.

> People will ask me all the time to help. We need to tell people our working hours or they'll always be saying "when is the eye Doctor coming, my glasses are broken."
>
> Someone comes to my house with a rough problem Mom comes to my house and I say I'd really like to help you right now but the house, with the kids, and you just can't. There's some times you can open up your house but its got to be the right case. It is in your mind to help though so I take her for a walk.

Julie's Comments

Julie described the work site.

> I had a phone of my own until I had to be moved from my office then they took that phone away and they never put it in that little room. It's so small. Now I have to use a regular phone at the nursing station.

She continued talking about what it will be like to work as part of the health team. The commitments and conflicts and real life problems that she will experience were so very clearly described.

> I can't do everything and when tragedy strikes and death happens I'm glad I'm not a nurse. And because the nurses are so short staffed in the north all the time, like when there is an emergency they are relying on us to get that and that for them. Like sometimes I want to just get things for them without being told what they want. I just want to know what they want so I can go get it for them. Because the nurse is busy trying to do everything she doesn't need to waste time to be setting things up or to tell you what to get or describe it for you. A lot of the time the nurse has to describe this for you and it makes you feel guilty. I wonder if I'm going to remember everything. That part is scary.
>
> If there happens to be an emergency, I'm not going to remember everything, I always feel.
>
> I have been having problems, ever since I became a CHR, with [a co-worker], because I think she finds it hard for her to do things for me now. She gets sarcastic. I find that a big problem.
>
> Now that I have my own office like I have the housemaid, like a janitor, and everyone comes in. They gossip or they talk about their personal problems. I find that difficult. I did talk to the Nurse in Charge. We had meetings about that. It never changes. Like for instance, once we had a meeting with the Senior Nursing Officer to solve any problem that we might have. "So is there any problems"? she said. Nobody said anything at all, I was so upset because all these people come to me with their problems and they wouldn't say anything, and like so the Senior Nursing Officer said well this is so and so's job and this is

> so and so's. This is what they are supposed to be doing. They're not supposed to over lap into other people's jobs unless you have the time and you want to do it. And then after the meeting, as soon as the door closed, they all started complaining at each other, bickering at each other. That's what the meeting was for and that's going to be hard.

Julie's past experiences in the Health Centre have prepared her for what is to come. Her reflections show her determination and her concerns about the future.

Sarah's Comment

Sarah also had concerns about the future.

> Without this course what can we do out there? There's no jobs. I hope I have a job.

Program Staff's Observations. The program staff expressed serious concern in the area of future working conditions for the CHR program graduates. It was in this area that they were most forthcoming with comments as the following excerpts indicate.

> If the Nurse in Charge forgets the role then they [CHRs] will interpret, sweep steps, deliver parcels. They need to have some link for another four to six weeks. They need someone to help them swing back. A bridge is needed by having someone, in Arctic College or ideally in the Department of Health, that has been involved with the program. We need a liaison person. Otherwise we are going to lose them [CHRs] because they are easily intimidated and don't have the strength.

The program staffs' judgement of the character of the students with regard to their vulnerability and lack of strength is a value laden view. In direct opposition to that view is the fact that these students have

survived a difficult transition in their lives. They have left family and friends to venture into a culturally different environment. They have demonstrated stamina and courage in overcoming many barriers to completion of the program.

From another perspective, the program staff saw the students as being immersed in a bureaucratic pool without the support which would keep them afloat.

> These people are an important cog in a very big wheel. We could use a strong graduate or CHR travelling as a buddy to see if they are on track. Perhaps a senior CHR with experience. We need someone or they will become discouraged and slide into the interpreter role or quit.
>
> They aren't totally lost in the field but because of the turnover of nurses, the attitude and lack of understanding of the CHR role and purpose, as assisting the nurse, they have to do the "joe" jobs.
>
> I think that if there is not a central support for them [CHRs], I think we are going to lose [them]. Its too late now to not have someone who is going to coordinate CHRs in the future almost immediately. I don't know where that is going to come from, the native organizations, the Department of Health.
>
> The Regional Health Boards are not sufficiently grounded for a regional coordinator but absolutely must have an NWT coordinator. There is not support for them and no where for them to turn. There are no guidelines for the Senior Nursing Officers to deal with nurse/CHR conflict. The CHR lives there, the nurse is a guest.
>
> They have an independent role. Program planning and health promotion takes a great deal of time for preparation and they must be given that time without other demands place on them. One nurse's comment was "it looks like you are just sitting here reading. You could be delivering someone's pills."
>
> I hate to think of what's happening to some of those ones

> where the nurse is organizing or teaching them how to do B/P's, how to do dressings, pap smears, X-rays, all of these things.
>
> I'm a bit leery of where they are headed in that they are heading into really a vacuum. There's no real setting for a CHR in the community. There's no structure. There's no support for them beyond the completion of the program so I'm quite concerned about that. We need some strategy to follow up with the student once they get out and are firmly placed in a community.
>
> It really is a problem to find out a day before you graduate that your position is only thirty hours and not fulltime like you expected. It's devastating. The job offers should have been in much sooner. They will have to tell them this during the interview that their position is only .25 or .75 or even in the advertising. That could rule out some people from applying. All of them thought they had fulltime positions.
>
> When they [the students] are going out on each of the practicums, really they are a student, and the expectations and the support is all coming from the program. But, at some point there is still a point where the training institution has to sever the tie and another organization has to pick up the support for the continuance of the program so that would enhance or allow the student some time to phase into the actual work setting.

All of the above comments indicate the concern that the Arctic College program staff have for the future of the program graduates. There is an interconnectedness between the concerns of the students and those of the instructional staff. Perhaps most important is the central concern that reflects on the lack of ongoing support for those outside the positions of power. Without getting into a controversial discussion of oppression and domination of the native peoples, in general, the reality portrayed by the informants indicates that serious consideration must be given to

valuing the role of these community workers.

Program Intent. As early as 1964 there have been comprehensive evaluations done of Federal CHR training programs. One such report, released in 1971 stated that:

> The success of the program has been limited due to discontinuities between the information communicated at the training program and the situation in the field. Nurses still have little time to devote to the program; nurse turnover often remains high; and, thus, supervision of the health worker becomes erratic. The isolation of the communities and the shortage of staff has meant that visits by supporting personnel are infrequent. Nurses tend to define the Community Health Worker as an assistant to them rather than as an assistant to the community (Chevalier, J. and Paltiel, A., 1971, p. 124).

The intent of the Yellowknife Campus program was to ensure that a comprehensive orientation to the program preceeded implementation and was provided to students, field supervisors, employers, health committee members and the community. As previously indicated this did not occur due to the constraints of time and the political pressures to implement the program forthwith. Once again political forces intrude.

Recommendations. The job should be fully described to all who apply for the trainee positions.

The work site should include work space and a phone for the CHR, whether a trainee or a full employee.

The empoyer should develop and provide an orientation to the Health Centre for implementation before the successful candidate enters the

training program and once they become full employees.

The training program should offer the Survival in the Health Centre course earlier in the program.

The Department of Health should establish a position for a CHR coordinator at least at the headquarters level in the short term and plan for regional coordinators in the long term.

OTHER ISSUES AND CONCERNS

Introduction

Although the interviews were guided by the issues and concerns highlighted during the focus group discussions, there were additional issues and concerns that were raised during the interview process. It was decided by the researcher that extraneous claims would be included in the case-study report if they were mentioned by at least two of the eight respondents and if they did not fall into the category of program side effects. There were three issues and concerns that met this criteria, program location, student housing and program standards. The issues of program location and student housing were mentioned in the first two student interviews and as a result the researcher asked for comments in the subsequent interviews. The concern about program standards was raised by two of the instructional staff and the third staff member was also asked to comment.

Program Location

The CHR program was offered at Aurora Campus in Inuvik, now at the Yellowknife Campus and currently there is a program underway in the Eastern Arctic at the Arctic College Nunatta Campus in Iqaluit. The following comments were made about the location of the program

Students' Observations. The first interviewee mentioned that she was pleased the program was in Yellowknife. She had this to say:

> I'm used to Yellowknife. I didn't want to go to Inuvik to take it. I thought no, I don't want to be in Inuvik. There's not much resources there. I know Yellowknife and I know there's so many good things and I want to get my hands on.

Subsequently, other students supported having the program in Yellowknife.

> It was really good to be in Yellowknife because I knew people around and people I know come through here.
>
> I went to school here in Yellowknife so it was good.

Program Staff's Observations. Because the issue of program location was raised during the student interviews, the program staff were asked to comment on the location of the training. Their comments follow.

> I felt it should be here in Yellowknife. The resources are all lined up banging at the door.
>
> The location depends on where the students are from, as well, you have to counterbalance the students from the Baffin who are reluctant to come all the way West with the matter of whether or not you can find all the resource people in a community like Iqaluit. So that situation is one that you really have to weigh the various factors. The other thing you want to consider is practicum travel and the sheer cost of practicum travel. For example,

> bringing nine students from the East would be a significant cost when you have to send all the students back for each practicum plus send the Instructional staff from the West over to the East. Certainly for the Western Arctic I would think this would be the most logical delivery point.

Program Intent. As previously mentioned, the initial intent was to offer the program as a pilot test in the Inuvik region. Then, following an evaluation, future decisions would be made on changes to the program. The decision to expeditiously implement concurrent programs in Yellowknife and Iqaluit was a political one based on the need to quickly fill vacant CHR positions across the Territories. And again, political decisions intrude on programming.

Recommendations. Long term program planning must take place to identify future training needs. It is recommended that once the established vacant positions are filled that programs be planned to run alternate years in the Eastern Arctic at Nunatta Campus and the Western Arctic at the Yellowknife Campus. The interim years, at campus sites where there is no program implementation, then short advanced skills courses should be implemented.

Housing

Yellowknife Campus of Arctic College does not have a student residence. Most programs offered in the city do not bring students in from outside the city's jurisdiction. Therefore when programs which require student accommodation, such as the CHR program, are offered

there are no residential facilities readily available. For this specific intake of students, arrangements were made to use the Stanton Yellowknife Hospital's Nurses' Residence and cluster accommodations at the YWCA. Initially eight students stayed at the "Y" and two students at the nurses' residence. By the end of the program all students were housed at the "Y".

The facilities at the "Y" were communal except for sleeping space which was a shared bedroom for two people with two single beds on the top floor of a ten floor building.

Students' Observations. A student first introduced this topic at the end of her interview when asked if there were any additional comments she would like to make. She prefaced her experience with the words "another thing you should really look into is the housing thing. Its really been a problem."

Since it was a major concern for that student, the topic was introduced in subsequent student interviews. The students' views, which are reported below, were such that this concern was deemed relevant to the evaluative study.

> It was not the best. It would have been nice to have a place of your own. To share with someone that's the hardest part.
>
> Sometimes it is hard if you haven't shared a room before. As the weeks go by you get to know each other then it gets better.
>
> I don't really like where I am staying at but then, its not like living in a dumps either. It would have been nice, it sometimes scares me like when I'm up there there's people

> drunk in the hallways or something it scares me sometimes and I worry about people trying to get in at the doors or something.
>
> About sharing rooms, some of us have completely nothing in common. I think if they found out what they liked it would be better. The first time I slept here I couldn't sleep. It was too noisy a city.

An anecdotal comment, that had real significance for one student, centered on how different it was to sleep in a highrise.

> The housing was really good, I had no problems except I have never slept that high up before. That was scary at first and I didn't sleep good.

Program Staff's Observations. The program staff were also asked to comment on the issue of housing to determine if there was a difference in their perception of the issue in comparison to that of the students. The program staff had this to say:

> The housing was adequate. They all had a room with a bed. They had to share the room. Sharing is not ideal if homework, studying and together all day. They need at least a bedroom to themselves but they didn't complain. They dealt with the counsellor if there were problems. When families come to town they stay with the student and they don't get a hotel. They stay in the same bedroom. Its part of the culture that you could add five more people with all the guests.

In this instance a nonnative program staff member commented on her perception of cultural mores. A discrete check with several students after the interviews indicated that it was the high cost of hotels in Yellowknife that resulted in having guests share accommodations. As previously indicated by the students they valued their privacy.

To continue with the comments of the program staff on the issue

of housing and in support of the above:

> Housing was not very good. Two women living together in one tiny room for four weeks. Some of them have family that pass through and stay which upsets the other.
>
> None of them really complained until the end when she said "Oh I am so sick of staying in the room. She's always got her family in and they're up all night."
>
> I just recommend them so highly for tolerating that kind of living in that kind of confine and for four or five weeks. The nurses' residence would have been better but they didn't want to stay there. They had ghosts in the ceiling and all kinds of not secure doors and it was further to walk and at -40° C that was tough. They can't afford taxis.

One final comment, made by staff member, portrays a different view of the situation.

> There were no major problems which could have led to termination of a student. There may have been some housekeeping problems in terms of matching students. I've heard some of those concerns coming out. It was fairly clear that when students came in it would be single rooms with double accommodation. In the future it will be more of the same. We have five apartments, four single and one bachelor and back at the "Y".

Program Intent. It was known prior to program implementation that housing would be problematic. Similar Yellowknife Campus health programs, that have required residential facilities, have had students express the same concern that having to share limited facilities with another person impinges on privacy. Even though this appears to be a legitimate concern from the perspective of the students and program staff, there have been no steps taken to resolve the problem.

Recommendations. The student accommodations must be improved. To accomplish this, the major government departments should provide either funding for additional housing units or housing space. Arctic College has access to five single apartments, the Department of Health should be approached to designate additional government housing units for the students.

Program Standards

This issue was not mentioned by the students but it was brought foreword as a concern by two of the program staff. From the data collected during the program staff interviews and subsequent reading of pertinent documents, it became evident that the problem emerged because of confusion in the interpretation of the role of the CHR and their training needs. So many of the difficulties encountered within the program seem contingent on the confusion that surrounds the role of these health care workers.

Program Staff's Observations. Although this evaluative study focused on the Yellowknife Campus program, there were indications that the Inuvik program veered from the established curriculum which was an area of concern for the Yellowknife instructional staff. Standardization of the core training program was viewed as essential as one instructor stated:

> Nationally the CHR's are looking for standards and they are looking for accreditation and a career path for CHRs. There needs to be standards with criteria to make the program

standardized across the Territories.

Another staff member commented that:

> A starting point for standardizing a program is to have a standardized curriculum. What we had, the fact that we did develop a standardized curriculum, and it's provided to the various program delivery points. There will be some local adaptation points in terms of the individual instructor taking the program and making it what they see fit but the base materials still must be covered. We [the Advisory Committee] should approve any changes to the standardized curriculum.

Program Intent. The program was planned, designed and implemented based on two curriculum documents, the Student Modules and the Instructor's Guide. The intent was that each program site would follow the set curriculum with allowance for regional differences. If, in fact, the standardized curriculum is not being followed at the three program sites then that should be a concern for all stakeholders. Since comparison of programs is outside the scope of this evaluation, that issue must be left for future study.

Recommendations. The Arctic College should designate one staff member as coordinator of the CHR program. This would not be a fulltime position but rather a role assigned to ensure that program guidelines and standards are followed at all program sites. This person would also be a resource person for instructional staff from the various campuses, for nursing personnel and a liaison for government agencies that may have questions about the program.

As previously recommended the Department of Health should establish a CHR coordinator for the CHRs in the field to liaison with and to assist the Arctic College with decisions on future educational needs.

PROGRAM SIDE EFFECTS

Introduction

The third subproblem asked what were the intended and unintended side effects of the program. The method used to address this subproblem was to again listen to the taped records, reread the field notes and review documents in an effort to find themes of program side effects that were side issues not falling under any of the previous headings. The plan was to categorize these thematic units as either program antecedents, transactions or outcomes. That plan proved to be an impossible feat since the program side effects were either intended or unintended "outcomes" of the program.

The method was changed. On reviewing the collected data the side effects of the program were highlighted and then entered on an organizing chart which described the effect and if intended or unintended. Four categories of program side effects were detected in the data: cultural learning, cultural relationships, personal growth, and personal difficulties.

Cultural Learning and Cultural Relationships

The Aboriginal peoples of the Northwest Territories are classified as either Dene or Inuit. Both groups have different "tribes" or bands within that broader group. The Metis, although a distinct group of people, are frequently included within the Dene cultural group.

The mixing of Dene and Inuit students in the CHR program was not mentioned in the focus group discussions as an issue for inclusion in the evaluative study. During the student interviews, however, cultural issues were brought up by several of the students. What follows is a verbatim account of what the students and program staff had to say, first about cultural learning on the part of both students and program staff, and then about cultural relationships within the program

Cultural Learning

The acquisition of knowledge and the acknowledging of culture-based attitudes was an intended side effect of the CHR program. This is supported by documentation in the program curriculum. An unintended side effect of cultural learning was the students' increased understanding about the role of the elders. As one staff member stated:

> They really feel separated from their elders and set their mind to get to know them through home visits. They really enjoyed it and learned a lot from the elders.

Students' Observations. The increasedd knowledge about culture and its importance is reflected in what the students had to say. There

is reference to learning about their own culture, about the need to learn the cultural background of the nurses, and about the need to share that knowledge. Although the following raw data excerpts are lengthy brevity would not serve to portray the vicarious experience of that student. Editorial comments were omitted so as not to interrupt the dialogue of the student.

Julie's Comments

> What I learned about culture is very important. Like before I came to this training course I thought culture had nothing to do with my job but then after I took that culture part of the course it made me feel guilty for thinking that culture wasn't part of my job. It made me see that people do feel better talking to someone within their own language. Even I feel better if someone talks to me in Inuktitut and it is easier for me to communicate in Inuktitut.
>
> When we first came to the program I didn't realize that we had to orientate the nurse about the cultures too. You live in the community every day, you don't know what sort of information the new nurse wants but after learning that part.... It involves orientating the nurse about your community, your culture. After I orientated my first nurse she was so happy she appreciated me so much for orienting her and she like, when I first started going out on the field practicum I like to interpret for the nurse when she first comes in just to see how she is. I interpreted for her and she didn't seem so comfortable. I orientated her.
>
> She looked more confident and she went about like if an Inuk said this or that and I translated for her she would understand more and I know now what to orientate the nurse on because its just everyday living.
>
> It's not interesting and stuff like that but I know what it is very different for the nurse and I try to think about myself. What if I go down south, what would I want to know? How would I feel about not knowing all this? It made me see what we have to do for all the new nurses that come from the south, especially tell about the north. But when

the new ones come in from the south, a lot of them are coming from the south, they are sort of quiet, scared or something. I always think they don't have anything to be scared about. But when I try to place myself in their shoes, like if I went down south, I would be scared too. Down south it would be every day living for them but I'd be scared because its a new environment for me.

And like our Nurse in Charge, she's been living there since last summer. She's all this time living up north. Last summer through the fall, the winter and then spring comes along. I say I'm going fishing and then she asks me little things like how do you make a hole through the ice? And then how do you get the fish out? This is strange, she's been living here for so many months now. She still doesn't know. I go, you don't know how they pull a fish out of the ice? How they make the hole in the ice? She was really serious, she said she knows it must be silly after living all these months here.

Then I thought about it and this was the very first spring that she has ever spent up here so I started telling her about all the fishing, what they do. She found it interesting, like you don't think it's interesting but you mention something she will want it to be elaborated on so I'm beginning to learn more of what they want to know about culture.

So this book says it used to be this way and that way and you actually go to the elders themselves. it is more interesting that way for me.... I learned we have five different tribes in our community, like a lot of young people are prejudice against each other because of the tribes. But when I talk to all the elders they talk of themselves as one group of people, just different customs. You shouldn't do this because its not good that way or this is the way it has to be. They all share the same common denominator I guess. They weren't against each other, just different ways of making their things or caribous or different things.

I feel a lot closer to the elders. But about their values too, about the elders' values. It makes me feel a lot like the community should be pulled together by the values and a lot of the young people don't really know the values.

Leona's Comments

> We covered enough culture. But could be mentioned one topic in each module. With the elders a lot of them really enjoyed talking about the old way. They didn't think I would be interested. I'm the one that was interested in that background, in back in the old days, and having it compared to today's society. They were really amazed.

Sarah's Comments

> About culture, it's okay in the classroom to talk about culture and we compare somebody's culture to our culture. It's good. The Inuit and Dene. It's most important to talk about culture. It is kind of a losing battle with it now.

Mary's Comment

> We need to get some of our own people [resource people], Inuks.

Program Staff's Observations. Specific questions about culture were not included in the interview guide. The following comment, made by one of the program staff, about the issue of cultural learning was made during discussion on curriculum content.

> We talked about culture. We had ten very fine women who are much more aware of how valuable their culture is and cultural health practices and can marry the two, the modern and the old. I didn't teach culture but it was very present and it is throughout the whole curriculum. We did it almost as its written and we did it through discussion not book learnin' [sic] but they want more of white man's information.

Recommendations. Dene and Inuit elders should be used as resource teachers in the program. Future consideration should be given to having an experienced CHR as part of the instructional team.

Cultural Relationships

There are frequently comments made about the historical conflicts that have existed and persisted between the Inuit and the Dene people of the north. Whether this is in fact truth or fiction, the students did comment on the integration of the two cultures in the classroom. Some of these comments were made in a specific context, such as in discussing the housing issue or in responding to questions about the program content. The responses have been presented here in isolation from that context for added emphasis.

There is no mention in any of the analyzed documents that refer to this subject as a possible side effect. On that basis the data that were collected and presented were ascertained to be unintended side effects of the CHR program.

Students' Observations. One student stated: "there's a lot of conflict between Inuit and Dene. There always has been and there always will be. It caused some problems." That statement was not supported by any other interviewee.

In fact the opposite point was made. "The Dene and Inuit was not a problem" said a Dene student. Another Dene student stated "in mixing the Inuit and Dene we communicate good. We like to know more about each others' backgrounds."

In more depth one student commented:

> About the Dene, even now I'm still finding out the Dene people do this, you do that. Like I see arts of work, I didn't really appreciated it until I learn what they do to get

> that work. I appreciated their art work more. I appreciate their background. Their culture is almost the same as us. They have their own little beliefs but we have our own little beliefs but common. The beliefs are common about the foods, the animals, like what they believe about their animals and what they believe about their food. They're common things in the north.
>
> I find Dene are interested too just as I am with her culture. I've always wondered what a smoke house was. Like you hear about tepees and stuff like that you never really think about them but then when you're actually in one you see how much work it is.

Program Staff's Observations. The program staff did not perceive any cultural disharmony. Instead it was noted:

> There was no problem with the Inuit and Dene mix. We had them living together through the whole four modules and they really enjoyed that.

Recommendations. The sharing of cultural differences and similarities between the Dene and Inuit should be encouraged throughout the program.

Personal Growth

Personal growth was not addressed as a separate issue in the student or program staff interviews. Personal growth was expected as a consequence of learning and as such it was an intended side effect of the CHR training program.

The excerpts and comments that are presented here emerged from the collected data as a program side effect in the area of personal growth. Several of these comments appear in other sections of this chapter as

well.

Students' Observations. The taped records of the student interviews were analyzed to detect areas that could be coded as personal growth. The following comments reflect on areas of growth.

> I felt a lot closer to the elders...
>
> I think I got quite a bit of confidence about myself...
>
> I feel more comfortable than before because now we learned all this information....
>
> This has helped me with my own family too....
> Self esteem was pretty good and really helped me with my relationship and my son.
>
> There was trouble getting everyone to talk in discussion. Some talk all the time or people get mad and walk away. Scared to discuss problems because they thought it would be about them. That went better later.
>
> I also enjoyed the communications, like I learned quite a lot from the communications especially about myself.
>
> I think I got quite a bit of confidence about myself. I just feel more ready like mostly in the area of counselling and like we have a lot of suicides and it scares me to be just at the nursing station when someone is trying to commit suicide or when someone has just committed suicide. But now that I understand more about suicide and that these people that are trying to commit suicide are calling out for help, its like these people don't want anyone to talk to them. Now I know that they are calling for help and just go over to them and talk to them, listen to them or whatever they might need.
>
> Mental health things don't frighten me anymore. I used to be scared about that, but after I learned about myself and what other people do, I'm not frightened about that but I think its the most difficult.

Program Staff's Observations. The program staff made several comments about personal growth in the students as well as their own growth. For example, "Having to communicate with the elders gave them confidence." This indicates personal growth within the students. The following comment indicates personal growth within a staff member: "I learned a great deal also from the students."

Recommendations. The course content that focuses on self-esteem, self-concept, assertiveness and problem solving should continue to be an emphasis of the program.

Personal Difficulties

It was expected that, as returning adult students, studying away from their support groups, in an unfamiliar and culturally different surrounding, the students would experience personal difficulties. It is therefore classified as an intended or expected side effect of the CHR training program. This fact was acknowledged in several documents pertaining to program development, program implementation and program evaluation. Also, in several instances the field supervisors' evaluation reports mentioned personal difficulties which interfered with the field practicum experience.

Students' Observations. The issue of personal difficulties was not part of the interview. The following direct quotations briefly indicate that students did in fact experience personal difficulties. However, the

difficulties are only hinted at since the students were not asked to discuss this issue. The data which follows was thematically expropriated from the taped records.

> The first time I had to pay part of my plane fare and got my money back later. That was hard.

Financial difficulties were experienced by this student who was the sole source of family income.

> It was difficult at first to come in here because of a situation I got into. I couldn't get a babysitter.

In this situation both parents were outside of the home and the responsibility for babysitting arrangements was the mother's. The selection process left little time for making the necessary arrangements for child care.

Another student experienced personal difficulties during the field practicum component and was without easy access to personal support or counselling from either the program instructor or the student counsellor. Her comment was:

> I had a lot of problems because I was having family problems at the same time.

From another student:

> The kids like, well family, didn't like it at first. It was really hard on them [mother leaving for school]. This last module was kind of too hard on them. I kept saying to myself it was the last four weeks, three weeks, two weeks.

Program Staff's Observations. The staff seemed to be aware of the external pressures and difficulties that the students had to overcome if they hoped to successfully complete the program. However, as indicated by the following comments, there was some discrepancy as to whether or not the students were given assistance in coping with those personal difficulties.

> A lot of them have kids and are anxious to be home and not paying much attention some days, just homesick. I understand that.

> All of us forgot that they are away from home and left kids. For some its the first time in Yellowknife. We need to take some time to listen, having an open ear, sit down and talk if someone says "my little girl phoned last night." Some of us were negligent in this area.

As an observation, the researcher became aware that one of the students was hospitalized just prior to the interviews and was told she would have to remain in Yellowknife for at least one month for follow up care. The required medical services were not available in her home community. Without family support, this is an additional difficulty that the student had to deal with in the last few weeks of the program.

The field supervisors also commented on the personal difficulties experienced by the students during the field practicum. One student had family problems that resulted in having to spend time in court and had requested a transfer out of her home community because of that situation.

Program Intent. It was intended that when personal difficulties were encountered by the students they would be referred to the student

counsellor for assistance. In several instances students were given that guidance. However, the students chose to either discuss their difficulties with the program instructional staff or to deal with the problem on their own.

A search of the documents pertaining to the program indicated that there were no contingencies for situations where trainees or graduates requested a transfer to another community. Each student was selected and under going training for work in their specific home community.

Recommendations. A stronger relationship needs to be built between the students and the Arctic College student counsellor to assist with adjusting to their role as students in Yellowknife and during their field practicum.

Summary

There is a complex network within which the CHR program must exist. There are cultural as well as social and political factors and constraints within which it operates. The resources, the content, the time frame, the location of the program, the location of the home communities, the supports available, governance, the roles and experiential backgrounds of staff and students, field site managers, regional managers, governing boards, and community members all impact on the program.

The purpose of this chapter was to present the experiences, perceptions and opinions of the participants and stakeholders of the

CHR program about issues and concerns associated with that program. The format of the data presentation was that of a case-study report. The report was organized by the categories of program antecedents, transactions and outcomes issues and concerns previously identified in focus group discussions. Further to those categories, the case study was expanded to include issues that became evident during the interview process and to include intended and unintended program side effects.

Wherever possible, exact quotations were used to depict the reality of the lived experience of the participants of the program and where appropriate comparisons were made between the observations and the program intents. Interspersed with the data collected from the interviews was additional data provided by the relevant documents and direct observation. Judgments and recommendations were made in this chapter based on an analysis of the collected data.

Chapter Five follows and provides a summary of the evaluative study, a discussion of the findings and implications for program planning and future research. A final statement by the researcher concludes that chapter.

CHAPTER FIVE

SUMMARY, DISCUSSION AND IMPLICATIONS

Introduction

This chapter includes a summary of the evaluative study undertaken, a discussion of the findings and the methodology, and implications for program planning and for further research. A concluding statement from the researcher about the study completes the chapter.

SUMMARY

The conceptual framework for this research was based on Stake's (1967) perspective on the countenance of education and on his approach to responsive evaluation. As an evaluative study, it was responsive to the issues and concerns identified by the participants and stakeholders of the Yellowknife Campus CHR program.

Purpose

Specifically, the purpose of this evaluation research was to collect descriptive data from participants and stakeholders of the CHR program to direct modifications toward meeting the needs of students, program staff, and employers of the program graduates.

The Problem

The central problem in this research study was to ascertain the effectiveness of the CHR training program in meeting the needs of participants and stakeholders.

Subproblems

The study was developed around four exploratory questions or subproblems.

1. From the perspective of participants and stakeholders, what are the important issues and concerns to be included in the evaluation?

2. What has been the experience of participants and stakeholders regarding these issues and concerns?

3. What are the intended and unintended side effects of the program?

4. What program modifications should be made to ensure that the program is meeting the needs of its participants and stakeholders?

Literature Review

The literature that was reviewed for this research focused on two major areas. First, the literature on program evaluation was reviewed

to include the historical background, definitions and purpose, and the concerns associated with evaluation. Second, a review of the literature on the historical background and setting of past and present Community Health Representative training programs was presented.

Design of the Study

This evaluative case study of the 1989/1990 Yellowknife Campus CHR program was bounded by the salient issues identified in focus group discussions with the client group, the students and the program staff. The list of issues thus generated was the basis of the interview guides and was also used as a checklist during the content analysis of relevant documents.

Informal interviews were held with a purposive sample of students and all program staff. As well, evaluation submissions from the field supervisors along with other relevant documents were included as a source of data. Where possible the collected data was categorized into the antecedent, transaction and outcome typology and then entered onto an organizing chart or matrix.

Presentation of the Data

The findings of this study were reported in a descriptive, narrative format consistent with a case study approach. Wherever possible direct quotations were used to portray the experiences, feelings, perceptions, and opinions of the respondents.

Findings

Subproblem #1. From the perspective of participants and stakeholders, what are the important issues and concerns to be included in the evaluation?

From the focus group discussions the antecedent issues and concerns that were identified for investigation were: recruitment and selection; role confusion; travel arrangements; program design; program curriculum content; and, the issue of staffing. The areas of concern that were categorized as transactions were: the field practicum; student support services; teaching methods; and, resources and their allocation. The outcomes that were identified as issues and concerns were: future working conditions; role confusion; the transfer of abilities to the workplace; and, the question of whether or not the major program objectives were achieved.

Subproblem # 2. What has been the experience of participants and stakeholders regarding these issues and concerns?

The experiences and opinions of the people involved in the program were sought out and reported using many direct quotations. In addition, extraneous claims, brought out during the interviews, were included in the case study. These additional concerns were: the location of the program, the issue of housing and the problem of program standardization.

Subproblem # 3. What are the intended and unintended side effects of the program?

The researcher also searched the data for intended or unintended program side effects. The collected data revealed that cultural learning, cultural relationships, personal growth and personal difficulties were either planned or incidental elements associated with the program.

Subproblem #4. What program modifications should be made to ensure that the program is meeting the needs of its participants and stakeholders?

The suggested program modifications arose out of an analysis of the data. The interpretation or analysis of the collected data was an interactive process between the researcher and the data. On occasion, descriptions, through the use of raw data excerpts, were simply presented and the task of judging was left for the reader. Beyond description, an attempt was made by the researcher to use direct quotations from the respondents to support the conclusions or judgments reached and the resulting recommendations. The intent was not to imply a causal linkage but rather to provide data-based speculation. House (1980) supports this strategy by stating that what the case study must do is present the reader with information by which to judge the soundness of the conclusions and recommendations.

DISCUSSION

This discussion portion of the thesis focuses on a discussion of the

findings and on the methods used to construct the realities of the program.

Discussion Related to the Findings

The findings and recommendations arising out of this responsive evaluation of the Yellowknife campus CHR program were implicitly and explicitly embodied within the description of the issues and concerns in Chapter Four. Therefore, a restatement of each of those findings would be repetitive. It is appropriate however, to highlight the key issues and concerns that were ascertained to either positively or negatively reflect on the program.

Stake (1975b) affirmed that an evaluation "... should not fail to discover the best and the worst of program happenings" (p. 15). The major strengths of this program were in the category of intended or unintended side effects. The students gained from the cultural learning and cultural relationships associated with this educational experience. Personal growth was viewed as a positive side effect with an increase in student self-confidence and self-esteem. In addition, the teaching methods used were also ascertained to be a program strength.

The findings indicate that there were difficulties associated with all of the selected antecedents. Changes are required in the domains of student recruitment and selection, travel arrangements, program content and the with the issue of staffing. Curriculum sequence and student support services

were two of the transactions that require modification.

Major difficulties were detected in the area of role confusion and the outcomes issue of working conditions. These two domains were found to be contingent, one upon the other. That was the way with many of the issues. They were interrelated. For example, with the illumination of the issue of role confusion, it became evident that not only was it connected to the future working conditions of the graduates but there was an interconnectedness between it and the recruitment of students and between it and the field practicum experience. The effects of any alterations in this one aspect of the program would have an impact on other program areas.

An additional finding was that politics plays an important role in this program and the climate surrounding it. Given that politics is an important variable in the "context" of any evaluation and that politics equates with power and influence, its impact on the antecedents, transactions and outcomes of this particular program is not surprising. Lincoln (1986) says that:

> Organizational politics is not just "noise in the data" nor is it inescapable contamination or confounding. It is integral to and inextricably intertwined with the functioning of all human organizations (p. 3).

In this instance political realities have quietly, stealthily but forcefully permeated the program and it appears that in some areas the political climate was a major deterrent to the success of the program in meeting the needs of its participants. This conclusion is supported not

only by the data but by the literature on CHR programming generally (Goodwill, 1988; O'Neil, 1986; Postl, 1986; Young, 1988). O'Neil (1986) specifically blamed the political climate for the high attrition rate of CHRs. He stated that the climate was one in which they experienced role confusion.

The Territorial Department of Health is held responsible for the health care status of the aboriginal people in the Northwest Territories. They are attacking the problem from many different angles. One strategy, to involve the native people in the provision of their own primary health care services, was to reestablish the CHR training program. The position of the CHR serves an important political purpose. It provides a link between the community and the health care professionals. It provides jobs to aboriginal community members. It is one indicator that the Department of Health is concerned about the health status of the aboriginal people.

The Department of Health supports the program both financially and administratively. Do they support it ideologically? An analysis of the data collected seems to indicate that they do not. The students tell of their experiences: with role confusion in the communities; with the difficulties encountered in the work place; with the struggle to understand and interpret a complex job description; and, on a less obvious level, they express a need for support in the field. They need someone to turn to when, for example, the health committee wants them to turn against the nurse.

> I'll think about it once I finish my training course. I don't want to deal with it right now (student interview).

The lack of field based support was also noted and criticized by the program staff who see the students becoming graduates with no structure to assist them. As stated by one staff member, "they are heading into really a vacuum, there's no real setting for a CHR in the community."

The findings of this evaluation were not intended to be generalized to other program sites. As described by Guba and Lincoln (1981) generalizability is an important concept albeit a fragile one that decays over time. In spite of the fact that the findings of this evaluation study are site-specific and cannot be generalized to other program sites, readers of the report may see both positive and negative similarities to programs that they are familiar with. Thus, a certain amount of transferability to similar programs may be valid.

Discussion Related to The Method

The method used in this evaluation study was both appropriate and useful for gaining an understanding of the effectiveness of the program in meeting the needs of the participants and stakeholders.

Responsive Evaluation. The responsive approach provided an appropriate method for portraying the issues and concerns of importance to those in or concerned with the program. Furthermore, by being responsive to those issues and concerns it was possible to capture the

lived experience of the respondents in relationship to the program and to portray that vicarious experience in a hermeneutic form.

As Stake (1975b) said of responsive evaluation "it is an approach that trades off some measurement precision in order to increase the usefulness of the findings [illegible] and around the program" (p. 14).

Data Collection. This study relied on three sources of data. The informal interview, document review and direct observation. Each respondent was interviewed once and in retrospect the study might have gained from additional contact with each interviewee. The limitation of having only one interview session was due to the constraint of time. The student interviews were completed on the last week of their program and many of the students were leaving either on a "southern" holiday or to go "out on the land". In either event they became inaccessible to the researcher for follow-up responses.

No difficulty was encountered in gaining access to the relevant documents. Student evaluations, field supervisor evaluations and instructor evaluations had all been compiled by the course instructor. Evaluations that were completed on similar national CHR programs were on hand as they had been used in the development of the NWT program. The same ease of access held true for visits to the classroom setting.

Recording Data. Several mistakes of a novice occurred during the pilot testing of the interview guides. First, the adaptor for the tape recording

device did not fit correctly and had to be replaced. Second, the interviewer forgot about turning the cassette and missed recording several minutes of the pilot interview. During actual data collection these difficulties did not reoccur.

Field Notes. A log or notebook was kept that had a section for each respondent, for each document, and for additional notes. The notes taken during the interviews were restricted to nonverbal interactions that might not have been obvious on the taped record and to points that were given particular emphasis or pause by the respondent. Added to these were key phrases transcribed while listening to the taped records. The notes made on the documents were guided by the established categories.

Data Analysis. Once data collection was complete the many pages of notations were scrutinized and colour coded according to the established categories. Where direct quotations were needed the tapes were played and replayed to ensure accurate transcription. The time required for transcription of the tapes was substantial when compared to the advantages. As a result, data reduction and preliminary analysis was done through repeated listening to the taped records and the taking of notes rather than verbatim transcription of the entire tape.

The use of organizing charts or a matrix was beneficial at the outset but during the later stages of analysis it was found to be cumbersome and was put aside.

Writing the Report. This was perhaps the most difficult task associated with the case study. As noted by Merriam (1985), "few sources touch upon how one goes about actually writing a case study" (p. 210). The researcher read a great number of case studies during the initial drafts but was unable to find a definitive source that stipulated the balance needed between description and analysis. This component of case study qualitative research has been noticeable neglected in the literature.

The use of direct quotations however, is supported by many well know qualitative researchers (Bogdan & Biklen, 1982; Guba & Lincoln, 1985; Merriam, 1985; Patton, 1987). Bogdan and Biklen state that using direct quotes "helps to convince the reader; it also helps your reader get closer to the people you have studied" (p. 177).

IMPLICATIONS

The data provided by this evaluation study resulted in some significant findings. The case study provided a "mirror" of the reality as viewed by those intimately involved with the program. The truth of the findings cannot be questioned if value is placed on the words of the contributors. However, this truth is not global, it is specific to a time, a place and a program. Therefore the suggestions concerning implications for program planning must be considered with caution. There was no intent on the behalf of the researcher to state a causal linkage but rather the interpretations were data-based speculations.

Implications for Program Planning

The World Health Organization (1987) says that, in reviewing the role of community health workers in a primary health care program, the first step is to ascertain if the population is ready.

> To begin training community health workers before their place has been carefully planned and prepared in the health care system would be wrong (p. 452).

The World Health Organization goes on to state:

> Left to themselves, without proper supervision and guidance, community health workers might very quickly lose the discipline and motivation needed to perform effectively tasks expected of them (p. 452).

They warn that:

> The concept of community health work should be well understood and accepted by health personnel, community leaders, and the population, if their support and participation are to be obtained. Lasting success cannot be achieved without their support and participation (p. 452).

In order to effect positive change in the Yellowknife campus CHR program, the decision makers must acknowledge that value pluralism exists within the context of the program and that it is possible and legitimate to accept those differing views and local meanings.

The experiences of both students and program staff suggest that changes must be given serious consideration by those with the power to modify the program. The structural changes to the program content can be easily made but the more significant changes to program philosophy, rationale and support cannot be done in isolation from the community the program is intended to serve. This program can be adapted to meet

the local conditions if community participation and local support is encouraged. Steps must be taken towards building a closer working relationship between the program planners and those who live and work in the community. For the problems associated with role confusion, field management, and future working conditions, commitments must be made at the highest decision-making level.

Implications for Further Research

There is a need for ongoing, additional and follow up study of different aspects of the program. There is a need to explore the views of the bureaucratic sponsors, pursue indepth interviews with the nurses in the field, hold discussions with community members who are the receivers of the CHR's services. As well, additional research is needed to ascertain if the program objectives are appropriate for the intended outcomes. It is also suggested that program site comparisons are needed. Further to this, additional research should be done to ascertain what tasks are currently being performed in the workplace by graduates of the CHR program. A follow-up study could investigate the perceptions of the graduates one year after the training program to get a picture of what else they think they should have been taught and what skills they were taught that they don't use.

A related area for study is the perception of the nurse about the role of the CHR and what nurses feel their role is in relation to the CHR. Future research could be done on the effect of the nursing turnover on

the CHR as well as the effect of the CHR role on nursing turnover. What does the Department of Health envision as the role of future community health care workers? The voice of the community should be heard by investigating their perception of what the CHR should do and by determining the community's level of satisfaction with the current CHR role.

There are many areas for additional research in this field. One question answered leads to another that needs investigation. The process of program evaluation is ongoing. As Lincoln (1986) states:

> Evaluations are never over, they are merely terminated at some time because of the lack of funds, lack of time or the necessity to make a programmatic decision (p. 5).

CONCLUDING STATEMENT

There are many forces which shape and mold educational programs. These forces also come into play when an evaluator is faced with reviewing strengths and weaknesses of such programs. The pluralistic value positions of key stakeholders of the program, the distribution of power surrounding the program and the reality of the impact of politics are some of those forces.

Taking such forces into account in a program evaluation presents a dilemma. There is an inherent tendency to want to protect the status quo. No one wants the evaluation report to reflect negatively on "their" program or on "their" organization. The message this evaluation brings to the

client group is meant not to be critical but to be useful.

This responsive evaluation attempted to reconstruct the reality of the Yellowknife Campus CHR program as lived by those closest to it. There are changes that have been suggested. Those changes may be viewed favorably by one group and not so favorably by another. Nevertheless, it is important that consideration be given to where the call for change originated. It came from the legitimate stakeholders of the program, those whose lives are affected by it daily; the students and the staff. The evaluator was merely a broker between those whose voice should be heard and those who must hear it.

The students and staff of this program saw difficulties with the expectations placed on the graduates. On one hand they are to represent the Department of Health and on the other they are to represent their community. They are expected to bridge the gap between these two groups but what happens if the gap is too wide. Are they the ones that fall? How can they work for their people and yet have the nurses directing and evaluating their performance? What happens if cultural values are not considered within the Health Centre? Take for example the nurse who was openly critical of a student for being five minutes late. Will consideration be given to the after hours put in when a distraught woman comes to the CHR's home and "I take her for a walk"?

Within this responsive evaluation study the views of the program administrators were not given more weight than those of the students.

The emphasis was on telling what happened from the different points of view. The results of this evaluation should provide a stimulus for looking a little more closely at our understanding of the different value perspectives of the aboriginal people; a salient issue at this time of unrest. Their involvement in the provision of primary health care services must be sought, supported and strengthened. To use the words of Van Dyke (1988), a lecturer on cross-cultural issues, "the objective is to serve the community not to control the community" (p. 18).

To assume that those with power know what is best for someone with less power is an injustice and the consequence of such thinking is domination and oppression of one over the other. It is hoped that by presenting an evaluation that is responsive to the pluralistic views of the stakeholders that such repression will not be sustained.

The data was collected, reported, and the findings supported by an analysis of the data and the literature. That should be all that is required for the recommendations to be given serious consideration. However, as stated by House (1980) that is not always the case. In his words:

> What if the evaluator feeds in impartial reports reflecting all interests, and some interests are continually ignored?... To that degree, the radical critics of liberalism are correct. Power really decides the issues, and the evaluation is only cosmetic (p.187).

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APPENDIX "A"

PLANNING CHARTS

PLANNING CHART

Subproblem # 1. From the perspective of the participants and stakeholders, what are the important issues and concerns to be included in the evaluation?

PARTICIPANT STAKEHOLDER	ISSUE/CONCERN	DATA COLLECTION METHOD
Client Group	Program Objectives Application of Skills Student recruitment, selection & support Program design & content Teaching methods Program schedule Resources & Allocation	Interviews Documents Observation
Students	Selection Role confusion Travel arrangements Timing/scheduling Content of Modules Student services Field Practicum Working conditions	Interviews Documents Observation
Program Staff	Travel arrangements Field Practicum Curriculum sequence Timing & scheduling Staffing Resources	Interviews Documents Observation

PLANNING CHART

Subproblem # 2: What has been the experience of participants and stakeholders regarding these issues and concerns?

Source of Data _____

	ISSUES/CONCERNS	OBSERVATIONS/DATA COLLECTED
ANTECEDENTS	Role confusion	
	Travel Arrangements	
	Timing/Scheduling	
	Staffing	
	Design/Content of Modules	
	Student recruitment/selection	
TRANSACTIONS	Student Services	
	Field Practicum	
	Teaching Methods	
	Resources	
OUTCOME	Objectives met	
	Tasks Performed	
	Working conditions	
	Role Confusion	

PLANNING CHART

Subproblem # 3: What are the intended and unintended side effects of the program?

SIDE EFFECT	DATA COLLECTION METHOD	INTENDED/UNINTENDED
ANTECEDENT	Interviews Observation Document Analysis	
TRANSACTION	Interviews Observation Document Analysis	
OUTCOMES	Interviews Observation Document Analysis	

PLANNING CHART

Subproblem # 4: What program modifications should be made to ensure the program is meeting the needs of its participants and stakeholders?

	ISSUE/CONCERN	OBSERVATION	INTENT	RECOMMENDATION
ANTECEDENTS	Role confusion			
	Travel Arrangements			
	Timing/Scheduling			
	Staffing			
	Design/Content			
	Recruitment/selection			
TRANSACTIONS	Student Services			
	Field Practicum			
	Teaching Methods			
	Resources			
OUTCOMES	Objectives met			
	Tasks Performed			
	Working conditions			
	Role Confusion			

* Add Side Effects

APPENDIX "B"

INTERVIEW GUIDE

STUDENT INTERVIEW GUIDE

Opening Statement: The purpose of this conversation is to talk with you about your experiences with the CHR program. I am really interested in what the program has been like for you. By learning more about your experiences and that of the other students maybe we can make the program better for the next students.

I would like your permission to tape record our discussion so that I won't have to write a lot of notes while we are talking. The information will be used by me to write a report and the tapes will be destroyed once I have finished the report.

I will not identify you in the report by name or by location.

TRANSACTIONS

You started the program last September and in just a few days you will be a graduate. How does that feel?

What has being in Yellowknife been like for you?

What has taking this program meant to you?

What were the best things that you got from the program?

What has been the most difficult for you?

What do you think about: the student manuals; the modules; the teaching methods; the field practicum; the schedule; the student support services?

ANTECEDENTS

Lets go back to the very beginning and talk about before you entered the program.

How did you hear about the program?

What did you think the job of a CHR would be? What does the community think?

What difficulties did you experience? (selection, travel arrangements, relocation)

OUTCOMES

How do you feel now about being a CHR?

What difficulties do you think you will face in the health centre when you get home? In the community?

What sort of things do you think you will be doing?

What do you think the community members will want you to do?

What will you enjoy the most about your job? The least?

CLOSURE

Are there any other things you would like to see changed in the program?

What would have made it a better experience for you?

Is there anything else you think I should know about?

CLOSING REMARKS

I want to thank you for helping with this evaluation. Your opinions and feelings are very important. If you have any other comments that come to mind you can reach me through Arctic College.

Please take a minute to read over the consent form and sign your name if you agree to participate in the study. I will use the information you have shared to write up a report.

Again, your responses will be kept confidential in that I will not identify you by name or by location. If you have any questions or concerns about the study there is a name, address, and phone number of a contact person that you can call.

APPENDIX "C"

SAMPLE CONSENT FORM

CONSENT FORM

I agree to participate in an evaluation study of the Community Health Representative training program. Participation includes a group discussion to find out the issues and concerns of students in the program, and a taped interview to discuss those issues and concerns.

I understand that any information provided to the researcher is for use in a written report of thesis. I also understand that every effort will be made to protect my identity. Real names will not be used in the report and I will not be identified by location.

I am aware that I can voluntarily withdraw from the study at any time. If I have questions about the research I will be provided with the name, address and phone number of a contact person at the University of Alberta with whom I can discuss my concerns.

Signed: _____

Date: _____

APPENDIX "D"

PROGRAM OBJECTIVES

PROGRAM OBJECTIVES

Upon successful completion of the CHR program the graduate will:

1. Be able to assess community health needs and will have acquired knowledge and skills to work with the community to meet these needs as an effective member of the health care team.

2. Have acquired knowledge and skills to be a promoter of community health through community development and community education.

3. Have acquired knowledge and skills necessary to assist in the provision of treatment to community members as an effective member of the health care team.

4. Demonstrate the ability to apply the knowledge, skills and attitudes necessary to assume the role of CHR and to uphold the standards of safe, ethical practice.