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UNIVERSITY OF ALBERTA

THE TUTOR'S ROLE IN A DISTANCE BASED PROGRAM WITH A

CLINICAL COMPONENT

BY

SUSAN M. HOWELL GAUTHIER



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

DEPARTMENT OF EDUCATIONAL POLICY STUDIES

EDMONTON, ALBERTA FALL, 1995



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UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled THE TUTOR'S ROLE IN A DISTANCE EDUCATION PROGRAM WITH A CLINICAL COMPONENT submitted by SUSAN M. HOWELL GAUTHIER in partial fulfillment of the requirements for the degree of MASTER OF EDUCATION in ADULT AND HIGHER EDUCATION.

Professor Arthur K. Deane

Dr. David J. Collett

Dr. Dana Hames Wertenberger

DEDICATION

I would like to dedicate this thesis to my parents John and Sheila Howell, who were lifelong learners before the phrase existed. Their constant interest in learning something new has molded my view of learning and education.

ABSTRACT

The purpose of this study was to identify and analyze the role of the tutor in the Inservice Training Program for Personal Care Aides (P.C.A.) which is delivered through Alberta Vocational College - Edmonton (A.V.C. - Edmonton). This home study distance delivery program provides nurses as tutors in the work place who are available for individual concerns, group discussion and assessment of clinical skills described in the program. The tutors receive a one to two day orientation at A. V. C. - Edmonton, they then tutor in long-term care facilities throughout Alberta. One tutor in each facility is designated as the contact tutor for administration purposes, and other tutors are non-contact tutors. Their roles differ according to different job responsibilities and facility administration.

The research for this study was done in two parts, the first being a D.A.C.U.M. workshop to develop a competency profile of the role of the P.C.A. tutor. The second part consisted of a questionnaire with questions to validate the competency profile, as well as demographic information, and open ended questions addressing the tutor's opinions about their role.

The role of the tutor was identified in seven categories which encompass fifty-two cornpetencies. The categories included: demonstrate professional conduct; communicate effectively; participate in teams; organize the learning activities; facilitate learning; motivate learners; and evaluate learner's progress. The competencies which the tutors perceived as most important were counseling or interpersonal skills competencies followed by teaching or facilitation

competencies.

The tutors expressed a moderate to low need for training, and the competencies which were perceived as moderate were skills which are not a large part of a basic nursing education. These included: conflict management; keeping current in the field of teaching and nursing; understanding and using motivational techniques, developing negotiation skills; managing stress effectively; and creating supplementary teaching aides.

The study recommends increased communication between tutors, facility administrators and A.V.C. - Edmonton. A structured and continuous inservice education is recommended to be available for tutors, and tutor recognition be communicated to tutors, facility staff, and facility administrators. A means of self evaluation using tutor evaluation forms completed by the learners, as well tutor self evaluation tools would encourage ongoing assessment and improvement of program delivery.

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Most importantly, I would like to thank my husband Dave, my children

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When I didn't believe in myself, you believed in me! You gave me the opportunity to stretch my limits.

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CHAPTER I

OVERVIEW OF THE PROBLEM

Introduction

The provision of education for healthcare workers across a large geographical area can present problems related to the accessibility of programs. Distance education has created the means for providing this education and allowing the learners to remain in their own community and work at their own pace.

In 1982, the Alberta Nursing Home Review Panel presented a report and recommendations regarding the adequacy of patient care in nursing homes in Alberta. It was found that "there are very few registered nursing assistants working in nursing homes because the policy is to pay them the salary of ward aides. They therefore work in auxiliary and active treatment hospitals where their extra training is recognized and by additional salary." (p.46). A course for nursing aides was canceled in 1979 and there was then no training for these workers. "Often nursing aides would have only two days of orientation under a more experienced aide". (p.45) The recommendations in this report included "that structured and continuous in-service training programs be provided for staff of all continuing care facilities" (p.18) and that a training program in basic geriatric care be provided for nursing aides working in continuing care facilities. As a result of this study, a distance education program called the Inservice

Training Program for Personal Care Aides (P.C.A.) was established by Alberta Vocational College (A.V.C.) - Edmonton to provide this education and increase the quality of care provided for the elderly and disabled persons of Alberta. The program is delivered by distance to the learner using print-based home study modules from A.V.C. - Edmonton. The clinical components are taught and evaluated in the work setting by nurses who are trained as tutors. The tutors are available to provide assistance regarding the home-study component, mark the examinations at the end of each unit, communicate the progress of the learner to A.V.C., conduct on-the-job clinical demonstrations, and evaluate clinical competencies. Learners enter the program at a variety of times including prior to patient care, after the probationary period, or later if the facility considers the program non-mandatory.

When the program was first designed, the tutors were given a four day workshop discussing their role, the learner material, and course documentation. In 1989 the workshop was shortened to one and one half days. It was felt that the tutors had a good knowledge base in teaching either from past experience or previous course work, and that a change of format would better suit the needs of the tutors. The Co-ordinator of Inservice Training Programs is now concerned that the Train the Tutor Inservice may not be meeting the initial needs of the tutor, or meeting needs that may develop later in their experience.

The P.C.A. tutors are of two types based on their role with A.V.C.
Edmonton. The contact tutor is the individual tutor at each facility who is

designated as the person who stays in contact with A.V.C. - Edmonton regarding

enrollment, documentation, and delivery of the P.C.A. program. Each facility carries out the delivery of the P.C.A. program in 't's own way. The role and job responsibilities of the contact tutor is also very individual to each facility. It is therefore very difficult to provide an exact description of the role of the contact tutor. Often the contact tutor is also the Inservice Coordinator for the facility, but not always. He/she may also carry out a variety of other job responsibilities.

It is equally difficult to provide the reader with an exact description of the role of the non-contact tutor. She/he is any other tutor at the facility who is not responsible for the administrative tasks required by A.V.C. - Edmonton. Most often the job responsibility of the non-contact tutor is to carry out a full patient care load, and to carry out supervision and evaluation of the learner as the need arises and as time permits.

Please note the terms contact and non-contact tutor are based on the contact existing with A.V.C. - Edmonton, and not the contact experienced with the patients and learners in the P.C.A. program. Both types of tutors will have varying amounts of learner and patient contact as outlined by each facility. It should also be noted that the terms contact and non-contact tutors were constructs developed by the researcher to assist with the analysis of the role of the tutors.

Statement of the Purpose

The purpose of this study was to identify and analyze the role of the tutor in the Inservice Training Program for Personal Care Aides which is delivered through Alberta Vocational College - Edmonton. This distance delivery program

uses nurse tutors in the work place who are available for individual concerns, group discussion and assessment of clinical skills described in the course. A description of the tutor's role, as perceived by the tutors will be created. This description could be used to examine and possibly update the tutor orientation and inservice provided for the tutors in this program.

Research Question

The research question which guided this study is: What is the role of the tutor in the Inservice Training Program for Personal Care Aides?

Sub questions

- 1. What is the role of the P.C.A. tutor as perceived by the tutors?
- 2. What aspects of their role do the P.C.A. tutors consider to be most important?
- 3. In what aspects of their role do the P.C.A. tutors express a need for further training?

Assumptions of the Study

It is assumed that participants in this study answered the survey questions honestly.

Significance

The Inservice Training Program for Personal Care Aides successfully used a distance delivery program with a clinical component. Seven thousand

learners have completed the P.C.A. program (Fjerwold, 1994). With the financial restraints imposed by the present government policy, more health care will be carried out in the community than ever before. P.C.A.'s may be used in a wide variety of health care settings including the home. The tutor's role can affect the quality of the learning which takes place in this type of delivery system.

Since the tutors may function in isolation, it is of importance to determine what it is they do as a tutor, develop an orientation that addresses these functions, consider the development of inservice for the tutors and at some later date establish a means of evaluation using the knowledge, skills and attitudes gathered through this study. This would facilitate ongoing education and evaluation of the tutors to maintain the quality of the program delivery.

In the document Inventing Our Future: An Action Plan for Canada's Prosperity developed by the Steering Group on Prosperity, the authors stress the importance of building a learning culture in Canada. In building the learning culture they stress the importance of establishing learning systems with closer ties to the community and the vorking world (p.35). The establishment of learning systems that focus on key skills and competencies is considered to be the first step involving all stakeholders including "learners, parents, employers and labor unions, as well as educators at all levels" (p.36). "This competence-based approach makes it easier to tailor learning to individual needs, lets learners move at their own pace, provides clearer indications to employers of the skills of potential employees, and makes possible a system of portable qualifications for individuals working anywhere in Canada" (p.37). "These

systems must apply new ways of teaching, and make full use of innovation and available technologies, as well as new models of delivery such as distance learning" (p.35).

The P.C.A. program delivers a competency-based educational program which meets the needs of the employer, is available in a variety of settings and provides qualifications that can be recognized anywhere in Canada. If the role of the tutor in this learning system can be identified, educational support for the tutors can be more accurately designed, and also be used in the evaluation process.

The present study will examine the role of the tutor as perceived by the tutors involved in this program.

Limitations

This study was limited by the perceptions of the tutors contacted during the time of this study.

Delimitations

An examination or evaluation of the tutor's present orientation program will not be considered in the present study. Tutors who have left the position were not contacted due to the lack of identification by A.V.C. - Edmonton. This study will not identify the specific differences between the roles of the contact and non-contact tutors as they may differ in each facility. The study was limited to the examination of the role of the tutor in the Inservice Training Program for Personai Care Aides as offered by A.V.C. - Edmonton.

Definition of Terms

- Auxiliary Hospitals: "are designed and operated for persons usually chronically ill or disabled, who require a less intensive level of care than is provided in acute care hospitals" (Long Term Care Committee, 1988, p.105).
- Clinical Supervision Component: The practical application of information gained through the home-study modules. The tutor demonstrates and supervises clinical skills, and evaluates the competency of the learner in carrying out the skills outlined in the clinical skills checklist.
- Competency: The "skills, knowledge and attitudes thought to be essential to the performance of professionally related functions" (Collett, 1994, p.4).
- Contiguous education: Education which takes place with the teacher and his/her students "adjacent to, in close proximity to, or in actual contact" (Rumble, 1989, p.28). Distance education is then considered non-contiguous.
- Contact Tutor: One tutor at each facility who is responsible for communication with A.V.C. Edmonton on a regular basis regarding all matters pertaining to the delivery of the Inservice Training Program for Personal Care Aides in that facility.
- Distance Education: An educational process in which there is some form of separation of the teacher and learner, technical media is used to facilitate the learning process (i.e. print), communication between the

teacher and learner is facilitated, and most learning takes place individually with the potential for occasional group meetings between the learners and teacher (Keegan, 1990).

- Long Term Care Center: "a single institutional system including nursing homes, auxiliary hospitals, and extended care centers" (Long Term Care Committee, 1988, p.105).
- Non-Contact Tutor: is any P.C.A. tutor who is not designated the contact tutor at his/her facility. These tutors often carry out a full patient care load as well as teach and supervise P.C.A. learners in the work setting.
- Nursing Home: "provides supervised, personal care for people who are not ill enough to require hospitalization in an acute care or auxiliary hospital, but require assistance with the activities of daily living" (Long Term Care Committee, 1988, p.106).
- **Roles:** "The functions performed by an individual in a particular situation, process, or operation. Also, roles may be seen as the patterns of behavior which flow from one's status, occupation, or character" (Devins, 1991, p.4).
- **Tutor:** "A person who discusses course content, answers questions, provides individualized instruction and evaluates" (Anderson, 1989, p.6).
- **Tutoring:** The support given to learners by the tutor to enhance their learning experience, and as required by the program, evaluation of the learner's written examinations and clinical skills.

Organization of the Thesis

This thesis is divided into five chapters. Chapter 1 provides an introduction to the study. Chapter 2 reviews the literature related to the study. Chapter 3 describes the research methodology and the administration of the survey instrument. Chapter 4 presents the results and data analysis in text and table form. Chapter 5 provides a summary, a discussion and conclusions of the findings, as well as recommendations arising from the study.

CHAPTER II

REVIEW OF RELATED LITERATURE AND RESEARCH

The purpose of this study is to identify and analyze the role of the tutor in a vocational, distance education program with a clinical component. This chapter will provide an overview of the literature related to this study in six sections. An overview of distance education will be provided to examine the context of the tutor's role in this study. The learners in this study are adults, and the second section will review the literature surrounding the adult learner. The third section will discuss the use of distance delivery for vocational education in Canada. The role of the tutor, as portrayed in the literature, will be reviewed in the fourth section. A review of some of the current research will follow and a surnmary of the chapter provided.

Definition of Distance Education

The field of distance education has evolved over the years from an earlier version of study, the correspondence school. Today it is a rapidly changing, diverse field of study struggling to identify itself and secure a place in the future of adult education.

Correspondence education is "the older term, reflecting the origins of distance education as a product of the development of a cheap reliable postal service and the fact that the early means of communication was by letter.

Nowadays correspondence education can be regarded as a particular form of distance education based on print and written assignments and letters, whereas

distance education uses a wider range of media" (Rumble, 1989a, pp. 28-29).

Rumble (1989b) reviewed Keegan's (1986) definition of distance education and critiqued each point with relevant literature from leading authors in the field of distance education. Some areas in which his opinion differed from others included: the insistence on separation between the teacher and the learner; the possibility of occasional meetings; the influence of an educational organization in the planning of learning materials; the use of technical media; the provision of two-way communication; industrialized education; and privatization of learning (absence of the group). Rumble's (1989b) revised definition of distance education is as follows:

- 1. In any distance education process there must be: a teacher; one or more students; a course or curriculum that the teacher is capable of teaching and the student is trying to learn; and a contract, implicit or explicit, between the student and the teacher or the institution employing the teacher, which acknowledges their respective teaching-learning roles.
- 2. Distance education is a method of education in which the learner is physically separate from the teacher. It may be used on its own, or in conjunction with other forms of education, including face-to-face.
- 3. In distance education learners are physically separated from the institution that sponsors the instruction.
- 4. The teaching/ learning contract requires that the student be taught, assessed, given guidance and, where appropriate, prepared for examinations that may or may not be conducted by the institution. This must be accomplished by two-way communication. Learning may be undertaken either individually or in groups; in either case it is accomplished in the physical absence of the teacher.
- 5. Where distance teaching materials are provided to learners, they are often structured in ways that facilitate learning at a distance. (Rumble, 1989, p.18-19).

Thus distance education can take on many different forms in which tutors work in a contiguous or non-contiguous context. The relationship between the learner, the tutor and the institution is a fundamental part of the learning process.

Holmberg (1980) stresses the importance of communication throughout the distance learning process. For Holmberg (1980), "distance education is seen as a guided didactic conversation that aims at learning and it is felt that the presence of the typical traits of successful conversation will facilitate learning. The continuous interaction between the student on the one hand and the tutors and counselors and other representatives of the institution administering the study program is seen as a kind of conversation" (Keegan, 1990, p.89).

Unlike many authors who feel distance education, open education and classroom education are separate and very different, Catchpole (1992) agrees with Taylor (1992) who suggests that "one might more accurately speak of degrees of openness, structure, distance and didactic methodology rather than attempt to maintain sharp lines among the three approaches" (Catchpole, 1992, p. 35).

Distance Education in Canada

Distance education in Canada is not new. Queen's University began correspondence courses in 1889; the Antigonish Movement and Farm Radio Forum generated "discussion groups that used educational broadcasts, study clubs, regional organizers and printed materials to widen peoples' horizons and help improve farmers' conditions during the depression" (Sweet, 1989, p.4).

Distance education today is delivered by a variety of institutions. It is available through "ministries of education, universities and colleges, through training programs offered by business and industry, and from proprietary schools specializing in correspondence instruction" (Sweet, 1989, p.3).

Learners in Distance Education

Distance education addresses the needs of those who might have difficulty in a traditional setting, not only because of distance, but also in relation to other barriers such as "gender socialization, age, race, job, interpersonal relationships, educational level, cognitive and affective styles, personal maturation levels, home life" (Burge, 1988, p.15) and physical/emotional disabilities. Coulter (1989) stresses the importance of distance education for women who's education is often compromised by "child-bearing and child-rearing, or by the need to support a spouse through school or to follow him to various provinces or countries through job transfers or changes" (p.12). Paulet (1989) discusses the cultural and geographical implications of distance education among the Native Canadians who stave to gain an education within the context of their culture and home environment.

The P.C.A. program is delivered at a distance and provides a learning environment for those who might not otherwise have the opportunity. Tutors may work in isolation, and learners carry out a large portion of their studies alone. The tutors provide contiguous and non-contiguous support dependent upon whether the learner is working on the home study component, or is participating in the clinical component of the program. A clearer understanding

of the different functions carried out by the tutors in contiguous and noncontiguous situations is important for the description of the tutors role.

Adult Learners

Characteristics

In the past, adult learners were considered to be in a rather stable and at time stagnant stage of their lives. Many authors now believe that adults are evolving constantly through their own stages and life situations (ie. Havighurst, Erikson, Levinson). With these changes, often comes the need for education. But adult students come to the learning situation with many different experiences, roles and life-situations. "How people perceive comes from within them - their previous experiences, their childhoods, and their formal schooling" (Apps, 1991,p.39). "Overall, the importance of recognizing and accommodating the diversity of abilities, backgrounds and needs that adults bring to the learning situation is now a dominant theme" (Hayes, 1990, p.31).

Apps (1991), brings to light several characteristics of adults that are important for educators. These are some of the characteristics discussed in his book Mastering the Teaching of Adults:

- 1. "Adult learners prefer some control over the place, pace and time they learn.... Adults, because of busy schedules, want some say over how fast or how slowly they learn something....[and] when they learn" (Apps, 1991,p.41).
- 2. "The majority of adults participate in learning because of some trigger event in their lives: a divorce, a new job, a lost job, a new baby, loss of a loved one, moving to a new location, retirement, or some similar major event." (Apps, 1991, p.41)

- 3. "Understanding the nature of the developmental phases adults pass through in their lives also helps us understand motivation for learning. As adults go from one phase to another, they often seek understanding of the new phase in light of the experience and knowledge they gained from the previous phase" (Apps, 1991, p.42).
- 4. Adult learners are often quite unsure of themselves, they expect feedback, honesty and diplomacy, and may need assistance with changes of aging such as larger visuals, and a bit more time. (Apps, 1991,p.42).
- 5. "Most adults have a practical reason for their learning. They want something they can apply immediately" (Apps, 1991, p.42).
 The characteristics discussed above demonstrate that adult learners are unique individuals with a variety of special needs and consideration in the learning process. Learning through distance education can meet the need for flexibility and provide the setting for learner-centered instruction.

Implications for Distance Education

Distance education deals with barriers to learning. Barriers of time, space, income, and past experience deny many adults access to an education. Adults often have very complex and busy lives with many responsibilities in which a traditional classroom education might not be possible. Hayes (1990) suggests that working with adult learners in distance education requires "(1) assessment of the learners needs, (2) determining active learner involvement, (3) accommodating and relating instruction to adult roles, and (4) promoting developmentally related outcomes" (p.32).

When discussing the assessment of the learner's needs, Hayes (1990) suggests that the adult learner's needs fall into two categories, content and process. Content related needs are knowledge and skills the learner requires.

An assessment of the learner's related knowledge, attitudes and experience would be useful. Process related needs deal with instructional approach. An understanding of the learner's preferred learning styles would help the tutor personalize the learning experience.

Darkenwald and Merriam (1982) found that "more meaningful and permanent learning occurs when the adult learner is actively engaged in the learning activity" (Hayes, 1990, p.33). By encouraging the adult learner to become involved in the planning and implementation of the learning process, the learner's unique background and interests can be incorporated to provide a more meaningful educational experience.

Flexibility is of utmost importance to most adult learners who carry out a variety of roles (Cranton, 1989; Anderson, 1989). By accommodating and integrating adult social roles into the planning and implementation of the learning process, the learner can be assured an opportunity to obtain an education while fulfilling his/her many different obligations that are inherent in the life of most adults. When dealing with the barriers of time, space and income, the adult learner will be more able to complete the learning obligation if given flexibility of course completion time and deadlines.

Hayes (1990) suggests that an awareness of adult developmental theory provides the tutor with additional goals within the learning process that go beyond the acquisition of new knowledge and/or skills. She suggests that " a number of theories stress the adult's capacity to develop increasingly complex ways of thinking and greater awareness of the contextuality and relativity of

knowledge" (p.34). Through communication between the tutor and the learner, the development of these more complex ways of thinking can be achieved by challenging the student's current set of knowledge and beliefs through individual and group discussion. The development of critical thinking can be encouraged.

The tutors in the P.C.A. program work with adults who have had a variety of work and educational experiences and who are at different stages in their lives. An awareness of the unique characteristics of the adult learner can influence the way in which the tutor facilitates the learning process.

Vocational Education in Distance Education

The present economic climate of recession, the increased use of technology and the restructuring of many organizations has rendered many positions of employment obsolete. Consequently, there are many Albertans and Canadians who have been relieved of their positions and are in search of new employment opportunities. In the document Success in the Works: A Profile of Canada's Emerging Workforce developed by Employment and Immigration Canada (1989), it is suggested that by the year 2000, 60% of the labor force will still have no more than secondary school education (p. 20), and 60% of the labor force will be over the age of 34 (p. 14). It is noted that "given the evidence of rising skills demands, this suggests that a large portion of the workforce lacks the educational preparation and training for the majority of new jobs in the nineties - unless their education is supplemented with substantial vocational training to acquire new skills" (p. 20).

Apps (1991) states that "the majority of adults participate in adult education because of a relationship to vocation. They want to improve on their current job, they seek a promotion, they want a different job, or they must keep up to date to retain their present job." (p.41). For those who experience the barriers of time, location or family responsibilities, distance education can fulfill the need for further education. Hayes (1990) has found that "adult education for work-related purposes is now predominant in the United States . . . there are indications that the growing need for education to meet demands of a rapidly growing workplace and broader societal changes are moving adult education to a more central position in many organizations" (p.27).

Everett and Pershing (1989) suggest that vocational and distance education could interface to provide vocational education at a distance. They "view vocational education as a setting for the application of distance education technology as it exists today. . . . They note that as small institutions, vocational settings can be more responsive, flexible, creative and adaptive than larger institutions" (Konrad, 1993, p.18).

In reviewing the literature surrounding distance education and vocational education, McClelland and Saeed (1986) suggest that distance education is a very viable medium for the delivery of vocational education. The potential for reaching students, for whom education is surrounded by too many barriers, can be increased. They point out that those who might benefit the most from distance vocational education are learners who are presently "under-represented in adult education programs . . . [including] the elderly, minorities, poor and

persons who have not completed high school. Time, cost, location of residence, institutional policies, information about adult education and attitudes about one's self as a learner are barriers that inhibit participation" (McClelland & Saeed, 1986, p.29). These are the learners who might benefit the most from the delivery of vocational education through distance delivery.

The learners of the P.C.A. program may or may not have completed twelve years of schooling, and may or may not have had any post-secondary education. This program provides these people access to a viable occupation which is available in eighty institutions in Alberta, and provides a certificate that can be used for employment elsewhere. The learners can also go on to the Licensed Practical Nurse program receiving credit for the P.C.A. program. Not only does it provide an entrance but also can lead to higher levels of education in the same area. The tutor plays an important role in facilitating this first step into a healthcare occupation.

The Role of the Tutor

Deutsch and Kraus (1965) define role in this way: "In the process of interaction with his social environment a person not only takes on characteristics as a consequence of the roles he enacts, he also begins to experience a sense of self" (Devins, 1991, p.9). Webster's Dictionary defines role as "the part a person or thing plays in a specific situation, operation etc." (p.862).

The role of the tutor is varied in many ways, these are dependent upon the personal experiences, beliefs and expectations of the tutors themselves.

Another factor which influences the role of the tutor is the expectations of the employer. "Whether they interact with students by mail, by phone or in person, tutors are regarded as an important part of the communication network in most distance education systems" (Holmberg, 1974, p 33).

Coldeway (1982) suggests that the distance education tutor carries out many functions including: teacher, administrator, counselor, facilitator, motivator and record keeper (p.33). Clarke, Costello, and Wright (1985) state "the array of key competencies for tutors is formidable: current and credible subject expertise; good counseling and communication skills; availability and flexibility in working; an informed awareness of learning psychology and learning styles" (p.63). Forsythe (1983) proposes that "the tutor who deals with students ceases to be master of the content and becomes the guide, mentor and catalyst to aid the students' journey through a pre-structured or open-ended learning experience" (p.163). Anderson (1989) found the most frequently used description used by tutors of their role was motivator, teacher, facilitator, subject expert and coach (pp.48-49). She found that the most common skills and knowledge required by tutors was content knowledge and interpersonal skills (p.58). Devins (1991) described the literacy tutor role to include that of friend and role model (p.78).

In describing Knowles' (1975) concept of self-directed learning,

Langenbach (1993) characterizes the role of a facilitator as dealing with content
acquisition instead of content transmission. "The emphasis in the new role is on
the process of helping (facilitating) the learner to acquire the knowledge and

skills chosen" (p.171). Clawson (1985) defines several mentoring roles "including teacher, coach, positive role model, developer of talent, opener of doors, protector, sponsor and successful leader" (p.36). McGuire (1988) suggests the use of a social mentor as well as a task mentor in the initial periods of tutor orientation to their new role to "assist the individual through the complexities of organizational life" (p. 70). An introduction to both formal and informal socialization activities could ease the transition into the tutor role.

Waterhouse (1991) defines tutoring as "the intensive support given to learners, usually in small groups, which is designed to enhance the quality of their learning. It recognizes that learning is a subjective matter and so its role is to nurture, to encourage, and to minister to processes that are already going on within each student. Its repertoire of styles and techniques is a broad one, drawing on the best practices in teaching and counseling. Its long-term goal is the autonomy of the learner" (p.8). Waterhouse sees the role of the tutor as an integration between teaching and counseling activities and skills (Fig. 1).

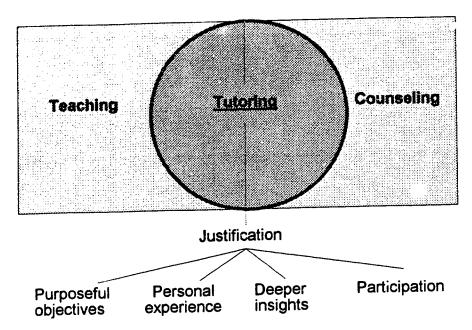


Figure.1 Definitions and Justifications (Waterhouse, 1991, p.8)

Waterhouse (1991) describes the justifications for tutoring (Fig. 1) as such:

"The tutorial is guided by well defined objectives . . .

The tutorial is a more personal experience for the participants . . .

The tutorial enables the tutor to penetrate more deeply into the student's thinking and feeling . . .

The tutorial encourages high levels of student participation . . .

The tutorial is an educational experience in its own right" (pp.10-11).

It may be suggested that tutoring is just small group teaching. In response to that statement, Waterhouse (1991) suggests that tutoring: delivers a much wider range of styles and techniques than teaching ie. small group to individual learning; extends much more into the affective and social domains, often with the learning being student lead; is concerned with managing the students' individual work vs. classroom management; and emphasizes the importance of

the student's contributions to the learning process thereby learning to take on responsibilities (p.9).

To distinguish between the roles of the counselor and that of the tutor, Waterhouse (1991) describes several differences. Whereas counseling is usually conducted on an individual basis and focuses on personal issues, tutoring is conducted individually and in small groups. Tutoring focuses on individual learning and intellectual development, and tends to be lead by learning objectives (p. 10). The provision of social support for the learner can be carried out in an individual or group setting. Social support is defined as "resources (actual or perceived by focal person) available from one or more others to assist the focal person in the management of stress experiences and to increase the experience of well-being" (McIntosh, 1991, p.202). House (1981) identifies four types of supportive behavior: emotional support (empathy, caring, esteem and trust); instrumental support (time, money and help); informational support (advice, assistance used in coping with personal or environmental problems); and appraisal support (feedback). A tutor may be called upon from time to time for the provision of social support for a student to assist them in coping with student learning needs combined with many other roles and responsibilities. Anderson (1989) notes that social support was required by many students in the distance education setting (p.69).

Waterhouse (1991) sees a difference between tutoring and independent study. He suggests that tutoring should not be put into an ancillary role with independent work being the main objective. Rather he sees tutoring as

inter-dependent, "working as a member of a team, and collaborating with people, and working within systems, rules and conventions" (p.10). This is similar in many ways to Holmberg's didactic conversation. He suggests that tutoring is a training ground for team work and taking responsibility.

Although Waterhouse is discussing the role of tutoring within secondary and open education, it can be very nicely applied to the tutoring role of the distance program of this study which incorporates independent study, small group work and clinical supervision.

Burge (1988) supports a learner-centered approach to adult distance education which views the learner holistically "rather than considering them solely as learning machines" (Strang, 1987, p.27). She identifies guidelines for the facilitator which are a "set of concepts for a recast of assumptions and key generic principles for learner-centered practice" (p.17). These include: responsibilities which are shared between the learner and facilitator; relevance, which suggests a relationship between content, process, past experience and learning outcomes; relationships occurring in three dimensions including interpersonal, "the integration of cognitive and affect, ...the relativistic and contextual nature of higher order thinking, and the learner's personal relationship to knowledge" (p.18); and rewards which include personal mastery and transformation (pp.17-19).

The role of the tutor can be viewed as an integral part of the learning process, and a very important component in successful distance education.

There are differences in how the tutor perceives his/her role, and how the

learner perceives the tutors role. But reflecting upon the definition of role presented earlier, the tutor takes on characteristics as a result of his/her social environment and the roles enacted.

Because the tutors work in a variety of work settings, with a varying number of learners, and have a variety of experiences themselves, they come to the role of tutor with possibly very different perceptions of how this role should be carried out. An examination of the many different contexts and personal perceptions will hopefully shed light on the variety of functions included in the tutors role. This awareness will assist in the preparation and continued education of the tutors in the P.C.A. program.

Current Research

Anderson (1989) describes a qualitative research project which was aimed at discovering the self-perceived roles of the telephone tutor at a distance education university. Through in-depth interviews with eight tutors, several themes emerged: tutors personally shaped their own roles; tutors defined their own relationship with the learner; the tutor role was full of uncertainty; and that tutors experienced marginal socialization (pp.80-87).

Devins (1991) carried out a quantitative study of the desired roles of literacy tutors as perceived by the tutors and learners. "When given the choice of friend, guide, teacher, or partner, tutors tended to view themselves as friends and guides whereas learners more often viewed them as teachers . . . tutors were expected to take a leading role in planning, controlling, motivating, and

evaluating the learner within the tutoring sessions" (p.76).

Each of these studies views the role of the tutor in a different context.

Anderson (1989) describes self-perceived roles of distance tutors who work with structured university level print-based courses and who communicate with the learners by telephone. She addresses the feelings of isolation, and also the individual interpretation of the role of the tutor. Devins (1991) describes a situation where the tutors worked face-to-face with their learners, with perhaps a less structured program of learning.

Konrad (1993) evaluated a Recreation and Leisure diploma program in Saskatchewan which is a distance education program. Although the majority of the thesis dealt with course evaluation, it was noted that instructor and peer contact was important for the distance learners.

St. Pierre and Olsen (1991) analyzed students' perceptions of instructors and instruction impact in terms of student satisfaction with the delivery of college credit correspondence courses. They found seven statistically significant factors which affect student satisfaction. The instructor related factors included motivation from the instructor, experiential learning and knowledge, and didactic conversation. "Two primary indicators of student satisfaction were the recommendation of an instructor by students and the belief that course content contributed to the student's knowledge and understanding of the subject" (p.69).

McGuire (1988) carried out an ethnographic study which examined the experiences of faculty members as they acquired the role requirements of an open university. Several areas of concern were identified for new faculty

including difficulty with course development, course delivery, the year-round monitoring of students, the isolation, and that even after two-to-four years, they had not achieved a 'comfortable fit'. Recommendations included monitoring the progress of new professionals as they adapt to their new roles, generating formal and informal activities for the faculty and the appointment of a social mentor as well as a task mentor (p.70).

Dillon and Walsh (1992) reviewed 225 research articles related to faculty in distance education. They cite studies which describe the benefits (as seen by the tutors) of teaching through distance education including: "the ability to reach new populations of learners, the opportunity to work with better prepared and more motivated students, flexibility in work schedule, and pedagogical advantages such as the necessity for more efficient organization and the ability to use a broader range of media-based resources" (p.10). They found the effectiveness of a program was dependent upon the amount of support and recognition the faculty received from those at higher administrative levels. The degree of support was often reflected in the degree of agreement between the mission statement of the institution and that of the distance education program. Support needed for faculty included "monetary support, teaching assistants, instruction design and technical support and training" (p.11).

The preparation of faculty members was shown in these studies to be lacking. "It appears that few efforts are made to train faculty, and the training programs in existence concentrate primarily on the operation of technology rather than how to teach at a distance" (Dillon and Walsh, 1992, p.12). The

authors support the opinion that distance education teaching requires a different set of skills to that of classroom teaching. Distance student satisfaction was found to increase as contact with the tutor increased. "Faculty indicate that distance teaching requires a personalized, empathic rapport with the students in both verbal and print communications" (p.13). They describe a common theme emerging from all the studies as the "need for faculty to understand about student learning and motivation, particularly as these relate to heterogeneous, motivated distance learners" (p.14).

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Stinehart (1988) suggested that faculty attitudes toward distance teaching are influenced by an "awareness of distance teaching, perceptions regarding the use of technology for instruction, logistics, quality of materials, institutional support, and control over the teaching/learning process" (Dillon & Walsh, 1992, p.15).

Burge, Howard and Ironside (1991) carried out a quantitative study which dealt with the role of the tutor in distance education programs from four Canadian universities as seen by tutors and learners. They found that communication was often uneven between tutor and learner. The learners found distance education to be a cold environment with little affective support and a felt sense of isolation. The tutors often perceived their impact to be greater than what was reported by the learners. A model of the interaction between the learner, institution and tutor was proposed. Recommendations for tutors and the institution were outlined. The ultimate hope was to bring the partners in the learning experience closer together through communication thus improving the

quality of the distance education program.

Summary

The focus of this chapter has been on several areas of the literature that pertain to the role of the P.C.A. tutor. The tutors in this program carry out a variety of functions, they: work with learners who are completing learning modules through a distance delivery system; provide the teaching and supervision of learners in the clinical setting; are responsible for the marking of the module examinations as well as the assessment of competence of clinical skills; and some are a liaison between the institution of employment, the educational institution (A.V.C - Edmonton) and the student. Consequently, the literature in the areas of distance education, adult education, vocational education and the role of the tutor were explored.

The literature in the area of distance education indicates that this type of delivery can take place in a variety of settings, with contiguous or non-contiguous contact with the tutor. Effective communication is imperative for a successful learning experience. Learners are provided the opportunity of gaining further education regardless of the barriers that might exist in traditional learning situations which include "gender, socialization, age, race, job, interpersonal relationships, educational level, cognitive and affective styles, personal maturation levels, home life" (Burge, 1988, p.15) and physical/emotional disabilities.

Literature in the area of adult education describes the adult learner as one

who carries a variety of "baggage" (past work, educational and family experiences) into the learning setting. He/she may have a variety of roles and responsibilities that may influence his/her ability to carry out the educational process. An awareness of and sensitivity to these factors may influence the way in which the tutor carries out his/her teaching functions and the amount of flexibility that is built into the teaching/learning relationship. This respect for the individual needs of the adult learner will improve the opportunity for a successful learning experience.

Distance education has been functioning in Canada for many years, and has the potential to provide not only university level instruction, but also vocational training and upgrading linked with the institutions of employment. The rapid change of technology, the aging working population and the entrance of many new groups of workers (including immigrants, aboriginal, and women returning to the workforce) suggests that the provision of training and upgrading will become an important part of the worker/employer responsibilities.

When tutors work in isolation, or with little peer support and supervision, it becomes more important to identify what the role of the tutor is, how the educational organization can facilitate this role, and at some point, how levels of competence can be ensured for the benefit of the learner, the educational organization and the employer. Ultimately, the quality of care provided to the patient by the personal care aid should reflect the quality of instruction.

CHAPTER III

DESIGN AND METHODOLOGY OF THE STUDY

The method of research was of a survey type which "typically employs questionnaires and interviews to determine the opinions, attitudes, preferences, and perceptions of persons of interest to the interviewer" (Borg, Gall & Gall, 1993, p.219). The questionnaire in this study was used with a variety of openended and closed-ended questions to elicit the perceptions of the tutors. This chapter describes the construction of the questionnaire, a description of the population, administration of the instrument and data analysis.

The Survey Instrument

This questionnaire was designed with input from a variety of sources. Previous research pertaining to the role of the tutor (Anderson, 1993; Devins, 1991; Burge et.al, 1991) was consulted, literature related to this study was reviewed, and direct input from tutors involved in the P.C.A. program was collected. The role of a tutor is made up of a variety of competencies. These competencies have been presented under several categories for the sake of organization of material, not because these duties are isolated or distinct. The role of the tutor is a complex blend of all the competencies discussed.

Process of Creating the Survey Instrument

There were two teams involved in the generation of an instrument for this study. The first team met for two sessions to guide the process of using a focus group to gather information regarding the tutor's role. This team consisted of

my supervisor, the Coordinator of Inservice Training Programs in the Health Careers Department - A.V.C. Edmonton, a graduate student who is a DACUM facilitator, and myself.

The second team consisted of nine urban and rural tutors meeting as a focus group, with group facilitation carried out by two facilitators experienced in the DACUM (as described below) process and me. The goal of this one day workshop was to generate a description of the role of the lutor in the P.C.A. program.

DACUM (Developing A CurriculUM) is a method of occupational analysis which determines, through input from expert members of that occupation, the skills, knowledge and attitudes possessed by a successful member of that occupation, which make up their role. A group of eight to twelve expert members of the occupation are to attend a one to two day session. A trained facilitator works with the group to develop a profile outlining all the competencies needed to do a particular job. "Modified brainstorming techniques are used to obtain the collective expertise and consensus of the committee" (Norton, R., 1993, p.2).

The initial contact with the agency was with the administrator to explain the research. A request was then made for the nomination of the contact tutor in their agency to participate in the study (documentation found in Appendix A). Consent from both the administrator and tutor were requested at the time of nomination (Appendix A). Of twenty one agencies contacted, eleven agreed to participate with two last minute withdrawals.

A focus group of nine tutors was gathered, based on recommendations by the Inservice Coordinator, and using criteria established for diversity and quality of input from the tutors and are outlined in Appendix A. The participants included tutors from: three urban agencies and six rural agencies (consistent with the characteristics of the present tutor population); six agencies with greater than sixty beds and three agencies with less than sixty beds; four tutors with less than five years experience and five tutors with greater than five years experience; five agencies were "for profit" and four were "not for profit".

During the focus group, three facilitators participated in the DACUM process. One facilitator lead the group discussion around the tutor's role, assisting them in generating the items to be used in the competency profile. The second facilitator captured the participants ideas on cards which were then placed on the wall to provide visual representation of their ideas which could then be ordered and/or changed as the participants indicated. The third person recorded discussion carried on around the process to capture any information or feelings which would not be reflected in the profile (Appendix B). This data will be discussed throughout the study.

Construction of the Items in the Tutor Questionnaire

A questionnaire was created from the competency profile generated by the focus group of tutors (Appendix C). The questionnaire consisted of an explanation of the DACUM process followed by a description of the competency profile (categories and competencies) and a list of focus group participants.

Instructions were given for the completion of the questionnaire with a repeat

profile (categories and competencies) and a list of focus group participants. Instructions were given for the completion of the questionnaire with a repeat explanation of the Likert-type scale at the top of each page. The questionnaire cover and back page was heavy weight paper, the questionnaire was bound by surlock coil to allow the document to lie flat for ease of use. The importance of the respondent's contribution was stressed in the introductory letter, tutor updates which were communications sent to the tutors with monthly documentation from A.V.C. - Edmonton (Appendix B) and within the questionnaire.

Section 1 - Questions Validating the Competency Profile

This section confirmed each of the tems found in the competency profile for P.C.A. tutors (Appendix B). Seven major categories with associated competencies, were listed numerically. The respondent was asked to comment on each competency on a Likert - type scale format, as well as an open-ended question requesting comments regarding each category.

The respondent was asked to select the level of importance of each item to their role as a P.C.A. tutor, and their personal need for training, for each item by circling a number on the scale (Fig. 2).

C Participate in teams

1 Communicate with mutual respect

a) NI 1 2 3 4

b) NN 1 2 3 4

Figure 2. Example of Categories and Competencies

The respondent was instructed to circle a response that:

a) best describes how important each competency is to your current role as a P.C.A. tutor.

NI 1 2 3 4
Not important Low Importance High Importance

b) best describes your need for training in each competency.

NN 1 2 3 4 No Need Low Need High Need

Section 2 - Background and Opinions

These questions were aimed a addressing information about the tutor (as discussed in the literature) and her/his role I relation to the competency profile.

Demographic information was requested to develop an understanding of the nature of the P.C.A. tutor population. The tutor's personal perceptions about their role were requested in four items.

Pilot Study

The questionnaire was pilot tested with four P.C.A. tutors, requesting the completion of the questionnaire as well as comments or suggestions regarding

the clarity of the items. The researcher was present for all but one pilot testing. The questionnaire was tested with two contact tutors who attended the focus group, one contact tutor who did not attend the focus group, and a non-contact tutor. The instrument was then modified in response to suggestions made. Revisions included graphic changes ie. rearranging Sections 1 and 2, some minor rewording to improve clarity, and the addition of question 12 which emerged from discussion with the tutors during the pilot testing.

Population Sample

Questionnaires were sent to 280 tutors. All (140) contact tutors in active (students presently in the program) agencies received a questionnaire. An equal number of non-contact tutors were randomly selected from a list supplied by A.V.C. - Edmonton, and updated by the researcher, using a random numbers table.

Data Collection Techniques

The questionnaires were sent to each contact tutor. The tutor was given a questionnaire for him/herself along with a list of the randomly selected non-contact tutors at his/her agency and a request that she/he distribute the questionnaires and collect them when completed. A pre-stamped, addressed envelope was supplied for the return of each completed questionnaire.

The questionnaires were sent to the respondents with a letter of explanation of the study. Two weeks later a "P.C.A. Tutor Update" was sent with the monthly communication from A.V.C. - Edmonton to all contact tutors,

explaining the progress of the project and requesting return of the questionnaires (Appendix C). The questionnaires were numbered for the purpose of tracking the return of responses. Those agencies which had not returned the questionnaire three weeks after the initial mailing were contacted by fax to encourage their response. This contact was very effective in eliciting more replies (approximately 60 more). Two weeks following, another fax was sent to the remaining agencies who had not responded, very few extra responses followed this fax. The respondent's name did not appear anywhere on the response sheet, an identification file number was assigned to each response. The participant was informed that they could withdraw from the survey at any time, and that confidentiality would be maintained throughout the study. Results were not associated with the participant's name or institution.

Data Analysis

Specific Treatment of the Data for Each Sub question

Demographics and Opinions

The Data Needed. The demographic data provides information regarding the context of the tutor employment, as well as a description of the tutors, their background and opinions regarding the questions provided. The responses were analyzed to determine if the contact and non-contact tutor groups were similar.

The Location of the Data. The demographic data was located in Section

2, questions #1 - #8 in the tutor questionnaire.

The Means of Obtaining the Data. Permission for contact with this population of tutors was granted from A.V.C. - Edmonton with the assistance of the Co-Ordinator of the Inservice Training Programs.

The Treatment of the Data. An item analysis was performed on each of the questions #1 - #8 in Section 2 of the questionnaire. Each questionnaire was coded with an identification number and each questionnaire response was numerically coded for computer analysis. The quantitative data were analyzed using the Statistics Program for the Social Sciences (SPSS) with the assistance of an advisor from CRAME (Center for Research on Applied Measurement and Evaluation) at the University of Alberta. The data generated were primarily descriptive, expressed in frequencies and percentages.

The data were presented using frequencies and percentages. Results have been displayed in a pie diagram or bar graph. For ordinal data generated, the measure of central tendency was the mean, and the measure of dispersion was expressed as the standard deviation (S.D.). Table format was used showing rank as well as mean, sum., S.D. and frequency.

Qualitative data from open-ended questions were first coded into categories. Those with some connection were grouped into topics. A topic is found throughout the notes, and is a descriptive unit of the particular aspect of what is being studied (Bogdan & Biklen, 1992, p. 186). These topics were found throughout the data. The topics were then presented for each open-ended question with respondent comments from each topic. These topics were ranked

using the ranking provided by the respondents through frequency of response and presented in table format (qualitative data has been summarized in Appendix E).

Using cross tabulation, the Pearson Chi-square test (used with nominal data) was used to determine the independence of the contact and non-contact tutor groups (Norusis, 1994, p.249). "Two values are independent whenever knowing the value of one variable tells you nothing about the value of the other variable" (Norusis, 1994, p.255). Although the size of the non-contact tutor group of respondents is smaller (N = 57) than the contact tutor group (N = 123), it is larger than 50 and therefore considered able to represent the population (Norusis, 1990. p.177; CRAME advisor).

Sub question 1. What is the role of the P.C.A. tutor as perceived by the tutors?

This question determined the actual role of the tutor in the P.C.A. program, from the tutor's perspective.

The Data Needed. The data needed for sub-question #1 was the Competency Profile (Appendix B) created by the focus group of expert P.C.A. tutors. The profile was validated by the responses of the tutors to questions in Section 1 of the tutor questionnaire.

The Location of the Data. The data for the competency profile was obtained from the work done by a focus group of P.C.A. tutors in creating the Competency Profile. Validation of the profile was requested from all the contact tutors who were actively teaching in the P.C.A. program, and an equal number of

non-contact tutors who were randomly selected.

The Means of Obtaining the Data. Permission for contact with this population of tutors was granted from A.V.C. - Edmonton with the assistance of the Co-ordinator of Inservice Training Programs. The focus group was gathered with the permission of the Co-ordinator of Inservice Training Programs, the tutor's facility administrator, and the tutor.

The questionnaires were sent to the tutors using a mailing list which was provided by the Inservice Co-ordinator of Inservice Training Programs in the Health Careers Department A.V.C. - Edmonton, and was updated by the researcher (Appendix C).

The Treatment of the Data. An item analysis was performed on each item in Section 1. Each questionnaire was coded with an identification number and each questionnaire response was numerically coded for computer analysis. The quantitative data was analyzed using SPSS with the assistance of an advisor from CRAME at the University of Alberta. The data generated were primarily descriptive, expressed in frequencies and percentages.

For interval data, the measure of central tendency identified was the mean. The measure of dispersion used was the standard deviation (S.D.). The results have been displayed in table format (ranked competencies are listed with means and S.D. in Appendix D).

Qualitative data from open-ended questions were first coded into categories and grouped as topics. These topics were found throughout the data.

The topics were then presented for each open-ended question with respondent

coding categories they included were: 1) program (concerns and/or comments regarding program changes, suggestions, course content); 2) facility (concerns and/or comments regarding employer issues, facility differences, cutbacks, time); 3) tutor needs; 4) support (agreement with competency; no need for training).

These topics were then ranked using the ranking provided by the respondents through frequency of response and presented in table format.

Respondent comments for each topic are presented in no particular order, to capture all comments related to each topic.

Sub question 2 - What aspects of their role do the P.C.A. tutors consider to be most important?

This question determines the competencies the tutors perceive to be most important to their role as tutor in the P.C.A. program.

The Data Needed. The data needed for sub-question 2 were found in the responses of the tutors to the tutor questionnaire (Appendix C). Section 1 item a).

The Location of the Data. The responses were requested from 140 active contact tutors and 140 randomly selected non-contact tutors in 80 health care agencies in Alberta.

The Means of Obtaining the Data. Permission for contact with this population of tutors was granted from A.V.C. with the assistance of the Coordinator of Inservice Training Programs.

The Treatment of the Data. An item analysis was performed on each item in the questionnaire. Each questionnaire was coded with an identification

number and each questionnaire response was numerically coded for computer analysis. The quantitative data were analyzed using SPSS with the support of an advisor from CRAME at the University of Alberta. The data generated were primarily descriptive expressed in frequencies and percentages.

For interval data, the measure of central tendency identified was the mean. The measure of dispersion was the standard deviation. Table format was used to display the results obtained (ranked competencies with means and S.D. are presented in Appendix D).

A two tailed t-test was used to determine the significance of the difference (p < .05) between the means of the contact tutors and the non-contact tutors. This test was used to identify differences in perception of importance based on tutor type. "The t-test is used to determine whether the observed difference between the mean scores of two groups on a measure is likely to have occurred by chance or whether it reflects a true difference in the mean scores of the populations represented by the two groups" (Borg et.al., 1993, p.158).

Qualitative data from open-ended questions were analyzed by the researcher, searching for topics or clusters of responses. These topics were then ranked using the ranking provided by the respondents. The results were displayed in table format. Respondent comments regarding each topic were presented in no particular order. Comments summarize all comments made regarding each topic, and were written verbatim when possible.

Sub question 3 - In what aspects of their role do the P.C.A. tutors express a need for further training?

This question determined the competencies for which the tutors expressed a need for training.

The Data Needed. The data needed for sub-question #3 were the responses of the tutors in the P.C.A. program to the tutor questionnaire (Appendix C), Section 1, item b).

The Location of the Data. The data were obtained from questionnaires sent to 140 actively teaching contact tutors and 140 randomly selected non-contact tutors in eighty healthcare institutions throughout Alberta.

The Means of Obtaining the Data. Permission for contact with this population of tutors was granted from A.V.C. - Edmonton with the assistance of the Co-ordinator of Inservice Training Programs.

The Treatment of the Data. An item analysis was performed on each item in the questionnaire. Each questionnaire was coded with an identification number and each questionnaire response was numerically coded for computer analysis. The quantitative data were analyzed using SPSS with the support of an advisor from CRAME at the University of Alberta. The data generated were primarily descriptive expressed in frequencies and percentages.

The interval data were analyzed using mode, median and mean as the measure of central tendency, the measure of dispersion used was the standard deviation. A two tailed t-test was used to determine the significance of the difference (p < .05) between the means of the contact tutors and the non-contact

tutors. This test was used to identify differences in perception of importance based on tutor type. Data have been displayed in table format (a list of ranked competencies with means and S.D. is found in Appendix D).

Qualitative data from open-ended questions were analyzed by the researcher, searching for topics or clusters of responses. These topics were then ranked using the ranking provided by the respondents. These data have been displayed in table format. Respondent comments regarding each topic have been included in the table in no particular order, representing all comments made regarding each topic. A summary of qualitative data is found in Appendix E. All comments pertaining to each topic have been grouped to present an overall summary.

CHAPTER IV

PRESENTATION OF RESULTS

Review of the Statement of the Purpose

The purpose of this study was to identify and analyze the role of the tutor in the Inservice Training Program for Personal Care Aides which is delivered through Alberta Vocational College - Edmonton. This distance delivery program has tutors in the work place who are available for individual training needs, group discussion and assessment of clinical skills. A description of the tutor's role, as perceived by the tutors was developed. This description and other research findings could be used to examine and update the tutor orientation and inservice provided for the tutors in this program, as well as a tool for evauation.

Review of the Research Question

What is the role of the tutor in the Inservice Training Program for Personal Care Aides?

Sub question 1. What is the role of the P.C.A. tutor as perceived by the tutors?

The role of the P.C.A. tutor was defined by the focus group of P.C.A. tutors and set into a competency profile (Appendix B). The elements of the profile were then confirmed by the respondents of this study. The profile was comprised of seven categories and within these categories, 52 competencies were defined. Listings of these categories and competencies appear later in this chapter.

Subquestion 2. What aspects of their role do the P.C.A. tutors consider to be most important?

The tutor's perception of the 'importance' of each competency to their current role was indicated in Section - 1, item a) 'importance' under each competency in the questionnaire. The means for the competencies were ranked (Appendix D). The difference between the highest and lowest mean was determined, and then divided by three. Means of 3.95 - 3.60 were labeled most important; means of 3.59 - 3.25 have been labeled moderately important; and means of 3.24 - 2.89 have been labeled least important.

Subquestion 3. In what aspects of their role do the P.C.A. tutors express a need for further training?

The tutor's perception of their 'need for training' in each competency was indicated in Section - 1, item b) under each competency. Each competency was ranked by mean (Appendix D). The overall resulting means from this study ranged from 2.20 - .45 indicating no high needs for training. To categorize the data for discussion, those competencies with means of 2.20 - 1.5 were considered as a moderate need for training, and those competencies having means below 1.5 were considered as indicating a low need for training.

Description of the Tutor Population

A description of the tutor's backgrounds and opinions was described in data from Section - 2 of the questionnaire. The population surveyed consisted of contact tutors and non-contact tutors for the P.C.A. Inservice Training Program

as delivered through A.V.C. - Edmonton at long-term healthcare facilities in the province of Alberta. The return rate was 67% of those tutors contacted.

Demographic information requested of the respondents included: type of tutor (contact/non-contact); type of facility at which they are employed; the number of students they had supervised; the length of tutor orientation they received for the P.C.A. Inservice Training Program; whether the P.C.A. program was mandatory at their facility; the level of nursing education received; whether they had attended continuing education surrounding their role as a tutor, and employment status.

Other questions included in Section 2 requested the respondent's opinion regarding: the amount of time they had to carry out their role as a P.C.A. tutor; how they perceive their role; how they would change their role; and recent changes that have affected their role.

Demographic Questions

Tutor Type

As defined earlier, the contact tutor is the tutor who is designated to communicate with A.V.C. - Edmonton on a monthly basis regarding the registration of new students, the progress of students and the completion or termination of the students at his/her facility. She/He generally is responsible for setting up the program with the learner and following her/his progress. These persons are often, but not always, the Inservice Coordinator for the facility. In this role, the person is responsible for inservice education for the hospital staff of

the facility. Contact tutors made up 68.3% of the total responses.

The non-contact tutor are generally nurses who work in patient care areas, and are available to supervise, instruct, and evaluate students for the P.C.A. Inservice Training Program. They generally function as a staff nurse with a full patient load on any given day. Non-contact tutors made up 31.7% of total responses.

Mandatory Training

In long-term care facilities in Alberta, not all facilities consider the P.C.A.

Inservice Training Program mandatory as a condition of employment for aides.

Generally speaking, facilities which are not-for-profit consider the P.C.A.

Inservice Training Program a condition of employment, while the for-profit facilities can choose to mandate the program or not. In the population surveyed, 64.4% of the long term health care facility employers considered the P.C.A.

Inservice Training Program mandatory for aides, whereas 33.3% considered the program optional for aides employed at their facility. (Missing Data 2.2%)

Type of Facility

Three types of long term care facilities were identified in question 2, Section 2 (Fig. 3). 32.8% of respondents were employed in nursing homes. This is considered the least acute form of care center.

Auxiliary care facilities employed 22.3% of the respondents. These facilities provide more acute care.

Combined care facilities provide long term care which is a combination of

care provided in both the nursing home and auxiliary care. 43.3% of the respondents were employed in this type of facility. (Missing data 3.4%)

Length of Orientation

When the P.C.A. Inservice Training Program began in 1986, the tutor orientation was four days in length. Later, it was decreased to two days and then one and one-half days. The co-ordinator cited the tutor's nursing background and experience and the difficulty arising from absence from her/his facility as reasons for decreasing the length of the program. 8.3% of the tutors attended the four day tutor orientation, 62.8% attended the two day orientation, and 27.2% attended the one and one-half day orientation (Fig. 4) (Missing data 1.7%).

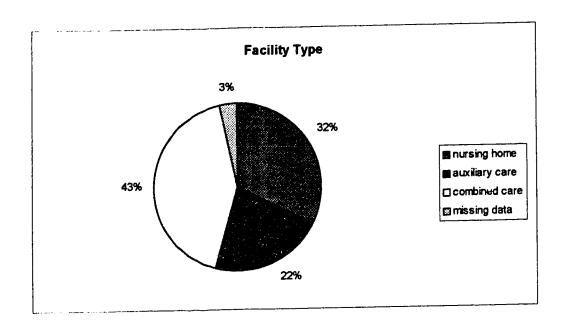


Figure 3. Type of Facility where Tutors are Employed

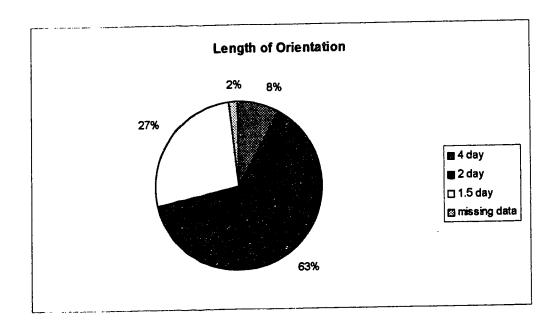


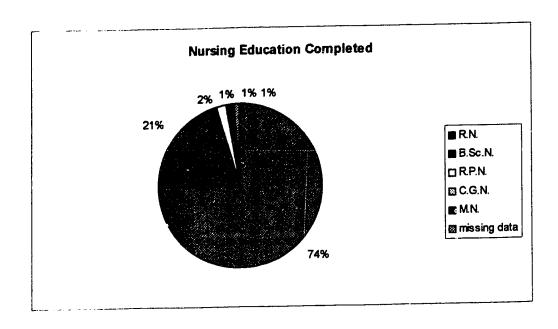
Figure 4. Length of Tutor Orientation Attended by P.C.A. Tutors

Nursing Education

The majority of the tutors (75.0%) were Registered Nurses (R.N.), 20.6% had completed a Bachelor of Science in Nursing Degree (B.Sc.N), 1.7% were Registered Psychiatric Nurses (R.P.N.), 1.1% had completed a Master of Nursing (M.N.), and .6% were Certified Graduate Nurses (C.G.N) (Fig. 5) (Missing data 1.2%).

Employment Status

The majority of the tutors (60.9%) work in a full time position, while 37.4% work part-time, and 1.7% work on a casual (as needed) basis (Fig. 6).



Eigure 5. Highest Level of Nursing Education Completed by Tutors

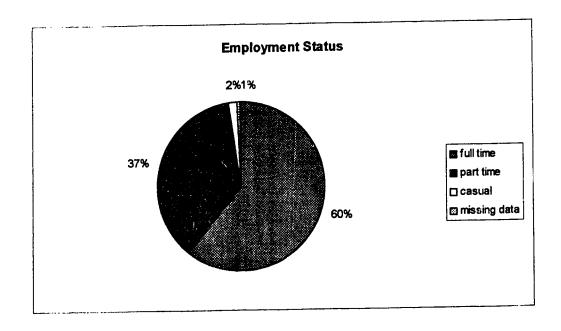


Figure 6. Employment Status of Tutors

Continuing Education

This question was presented with a multiple choice portion, yes or no, as well as an open-ended portion allowing those who had attended continuing education to elaborate. Within the tutor population as a whole, 70.1% stated they had not attended continuing education surrounding their role as a P.C.A. tutor, and 28.9% stated they had attended some form of continuing education.

When the groups were broken down further into contact tutors and non-contact tutors, there was a significant difference (p>.05) between the groups when examined in cross tabulation using the Pearson chi-square statistical test of variance (Fig. 7). More contact tutors attended continuing education than non-contact tutors.

Information provided in the open-ended portion of this question (Fig. 7) indicated that the primary forms of continuing education practiced by those who responded included: participation in the yearly Inservice Coordinator "Education Day" sponsored by the Long Term Care Resource Center (Alberta Health); adult education courses through Athabasca University, University of Alberta, University of Calgary and Grant MacEwan Community College; gerontology courses including the Grant MacEwan Gerontology Nursing Program; and administrative courses ie. Total Quality Management/Improvement, team building, motivation and performance appraisal.

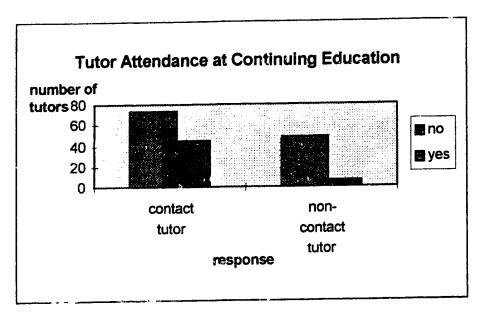


Figure 7. Comparison of Attendance at Continuing Education by Contact and Non-Contact Tutors.

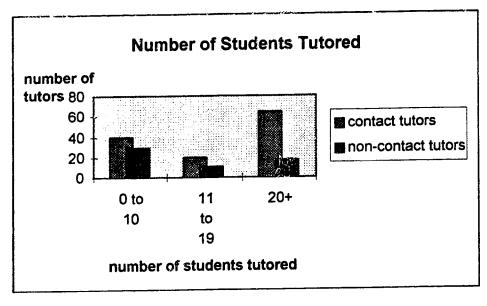


Figure 8. Comparison of the Number of Students Tutored by Contact Tutors and Non-contact Tutors.

Experience

The tutors were asked to identify the number of students they had worked with as a P.C.A. tutor as a measure of experience. The categories were 0-10 students, 11-19 students and 20+ students. These categories were developed with the assistance of the Inservice - Coordinator for the P.C.A. program and a tutor who had worked for many years with students prior to joining the administrative staff for the P.C.A. program. A natural division was identified, noting a difference in tutors who were least experienced (0-10 students), tutors with some experience (11-19 students), and tutors with the most experience (20+ students). Of the total tutor population, 37.8% were least experienced, 17.2% had some experience, and 45% were considered most experienced.

When comparing the contact and non-contact tutor groups using cross tabulation and chi-square test of variance there was a significant difference between the two groups (Fig.8). The contact tutors worked with more students in the 20+ category, and less students in the 0-10 category. The non-contact tutors had worked with more students in the 0-10 category and less students in the 20+ category. This suggests that the contact tutors were the more experienced of the two groups of tutors.

Opinion Questions

Adequate time

The majority of the tutor population sampled did not feel they had adequate time to provide the support their students need (62.1%), while 36.9%

felt they did have adequate time to provide support for their students.

Tutor Role

The tutors were asked to rank six tutor roles numbering the role they see as most important as #1 to the least important role as #6. The ranking of these roles is listed in Table 1. This ranking was based on a comparison of the sum, mean, median and SD of each role listed.

Tutor Role Ranked from Most Important to Least Important

	Ranking	N	Sum	Mean	SD
Role model	1	176	471	2.68	1.56
Motivator/coach	2	177	482	2.72	1.39
Teacher	3	177	524	2.96	1.47
Guide	4	177	557	3.15	1.47
Mentor	5	177	699	3.95	1.54
Friend	6	177	932	5.27	1.47

Recent changes

The tutors were asked to comment on whether there were any recent changes that may have affected their role as a P.C.A. tutor. Ninety-five respondents commented on this question (73 - contact tutors, 22 non-contact tutors). The responses to this open ended question were grouped according to topics. The topics are listed in Table 2 identifying the topics in rank order of frequency mentioned. The predominant message given by the tutors was that due to recent changes in the healthcare system, tutors have less time, support and recognition in carrying out their role which they continue to perceive as

and recognition in carrying out their role which they continue to perceive as important. Another impact of budget cuts is the increase in the use of P.C.A.'s as the providers of a large portion of the patient care in long term care facilities.

Table 2

Topics Surrounding Recent Changes that have Affected the Role of the Tutor

Topic	Respondent Comments
Changes in Healthcare	- budget cutbacks
	- staffing cuts
	- regionalization/ facility changes
	- increased job demands and responsibilities
	- job restructuring
	- not enough time to provide quality teaching, supervision, support
	- decreased work hours for the same tutoring job
Lack of recognition and/or	- lack of recognition of work done
support for tutor	 lack of emotional, financial, or physical support from administration and/or staff
	- teaching on days off
	- lack of recognition of administration of importance of program
	(continued)

Program concerns

- casuals can't take P.C.A. program leaving a large group of aides untrained
- need to teach learners to prioritize care when time is short
- some components of program obsolete
- need for ESL assistance
- being a P.C.A. tutor can only take a small amount of our time due to other responsibilities
- exams test reading skills more than knowledge
- learners have heavy workload, difficult to coordinate study time, home life and a stressful work environment
- survival of P.C.A. program and its standards depend on A.V.C.'s effective monitoring system of their tutors and delivery system

i ote: topics ranked from most frequently mentioned to least often mentioned

Role Changes

Tutors were asked to identify aspects of their role they would like to change (Table 3), and were provided with an opportunity to identify other suggestions in an open-ended format. The tutors indicated a need for a clearer definition of their role and more contact with tutor peers. They indicate an interest and willingness to be more involved in the program, its development, and to improve their abilities to carry out their role as tutors.

Changes to Role of Tutor Ranked from Most Frequently Selected to Least Selected

Changes Selected	%	Valid %
1. Have more contact with other tutors	16.1	25.9
2. Have a more clear definition of my role	15.6	25
3. Have more input into the course content	11.1	17.9
4. Other (see topic analysis below)	11.1	17.9
5. Receive more professional recognition for my job as a tutor	8.3	13.4
6. missing data (more than one answer given)	12.8	-
7. missing data (no answer)	25	-

The 'other' category (#4 in Table 3) responses were analyzed for topics.

By far the most often mentioned change needed was to have more time to spend with the students. Other changes mentioned included more inservice for tutors; more help from staff nurses; and employer and program issues as outlined in Table 4. The topics are listed in order of most frequently mentioned to least often mentioned.

Topics Surrounding Role Change

Topic	Respondent Comments
Time*	 more time to spend with learners on daily assignments, supervision, and observation
	- time allocated for teaching vs. 'as you have time'
	 time specifically to teach, not added to daily nursing duties
	- time for more one-on-one teaching
	- more time to set up and manage the program
No change	- no need to change tutor role
	- course is excellent
Tutor education	- annual workshops/meetings with peers
	- newsletter, updates
	 inservice/workshop when introducing new modules
	 feedback from A.V.C./learners for self-evaluation of own skills, by tutors
	- more tutor training in teaching methods
Assistance	- make learner supervision a team responsibility
	 utilize the supervisory and leadership skills of the R.N.s on the unit
	to observe clinical performance
Course content	- streamline course content and teaching materials so each student is not so time consuming
	- time limit for course completion
	- course taught in 1-2 weeks at A∀C
	- update course content
Employer issues	- make P.C.A. course mandatory
• •	- take P.C.A. course prior to hire

Note: Topics listed from most frequently mentioned to least often mentioned *Note: 61% of responses to "other" indicated this topic

Focus Group Field Note Summary

The focus group members discussed a number of issues surrounding their role as P.C.A. tutors. This discussion was carried out during the one day DACUM workshop, interwoven among the participant's discussions related to the profile brainstorming sessions.

Comments about the P.C.A. program

Comments made about the P.C.A. course dealt with the positive aspects of the program as well as concerns. The tutors felt the program was a great morale booster which is set up for success and promotes an increase in self-respect for the learners.

Concern was expressed regarding the policy of not charging the learners for course materials, it was felt that the learners did not value the material because it was free leading to a waste of resources. Suggestions included delivery of each new module after the previous one was completed instead of providing the whole course at the beginning. Or perhaps the students should pay a fee for the course material which may or may not be reimbursed at course completion.

Another program concern was surrounding facility policy regarding whether an aid was able to take the course. In some facilities, casual employees did not qualify for the course, but provided plenty of patient care. The working habits gained and consequently the quality of care provided by these untrained aides was dependent upon the staff member they were "buddied" with during

obselete.

Comments about their role

The tutors expressed a keen interest and willingness to participate in development and delivery of the program. They expressed an interest in involvement in program revisions, and a need for inservice to assist them in supporting the learner's needs. They felt they were not always prepared for the particular needs of the learners. A need to interact with other peer tutors was also noted.

The contact tutors expressed concern about the non-contact tutors. They expressed concern about their preparation for teaching, keeping them motivated and keeping then connected with A.V.C. - Edmonton. The other p. oblem which exists is that due to the healthcare cutbacks, the non-contact tutors are finding less time to supervise learners which results in an increased workload for the contact tutors.

Comments surrounding category headings

Category A. Demonstrate professional conduct: No further comments.

Category B. Communicate effectively: The tutors found that they often must provide other kinds of support for the learners including counseling and referral to other services such as social workers or a literacy agency.

Category C. Participate in teams: Teamwork appears to be a difficult and sensitive issue for most tutors. They felt there should be a teamwork band added to the program.

added to the program.

Category D. Organize the learning activities. There is a great variety in the manner in which the program is carried out between the facilities. Some prefer group sessions versus individual sessions; some learners carry out their course work on work time, and some must complete it on their own time.

Category E. Facilitate learning: The tutors expressed a need for more information about the principles of adult learning and facilitation of the adult learner.

Category F. Motivate learners: It is at times difficult to motivate learners to take the program particularly when it is not deemed mandatory by the facility. The tutor must then try to 'sell' the program to potential learners. Recognition of completion also varies between facilities, some provide a very lavish occasion, and some provide no recognition.

Category G. Evaluate learner's progress. An issue surrounding the role of the tutor and ongoing evaluation of the learner arose. The tutors were questioning whether they should continue to monitor learners after they had completed the program. It was found that although a procedure or an attitude was demonstrated as being adequate at the time of testing, some slip into unacceptable practices while still in the program as well as after completion. Is this an issue for the tutor or the individual's supervisor, and who is responsible for ongoing monitoring of aides? They felt it was important to communicate with the supervisor regarding student performance. The tutors found the 'attitude' components of the program difficult to assess, monitor and evaluate. Is attitude

checklist for use while in the patient care areas would be useful.

Closing Comments: The tutors involved in the focus group appreciated the opportunity to interact with their peers, and found the D.A.C.U.M. process to be very effective. They would have found this profile helpful during their own orientation to the positon of P.C.A. tutor.

They said they would like tutor inservice on a regular basis and a mechanism in place to review the program, review their teaching methods, and network with other tutors. Most agreed that there would be, in their opinion, many people willing and able to attend such an inservice which would help them stay current and provide renewed interest.

It was mentioned that the Competency Profile would be useful to describe their role to their facility adminstrators and to justify their need for more time to carry out the program.

Subquestion 1. What is the role of the P.C.A. tutor as perceived by the tutors?

A description of the role of the P.C.A. tutor is outlined in the P.C.A. Tutor Competency Profile created by the tutors who attended the D.A.C.U.M. workshop (Appendix B). The opportunity for tutors to validate the profile was found in Section 1 of the questionnaire. The means around the 'importance' of each competency ranged from 3.95 - 3.37 which indicate a high level of agreement regarding the importance of the competencies in their role as a tutor, and a validation of the competency profile. A brief discussion of each category will follow. Table 6 outlines the seven categories of the Competency Profile.

will follow. Table 6 outlines the seven categories of the Competency Profile.

Table 6

A list of the Categories in the Competency Profile for a P.C.A. Tutor.

Categories

- A. Demonstrate professional conduct
- B. Communicate effectively
- C. Participate in teams
- D. Organize the learning activities
- E. Facilitate learning
- F. Motivate learners
- G. Evaluate learner's progress

The tutors who participated in the focus group were very committed to their role as tutors, and discussed a variety of issues surrounding that role. They felt that it was important to capture their role for a variety of reasons including orientation purposes, justification for their employers regarding the time and resources needed for this role, and inservice needs (Appendix B - field notes). These categories reflect the components which make up the role of the P.C.A. tutor as seen by the participating tutors.

Category A - Demonstrate Professional Conduct

This category encompasses the commitment the tutor shows to her/his profession and to her/his role as a P.C.A. tutor. As a role model, he/she demonstrates the qualities he/she hopes to pass on to the learner. Table 7 lists the competencies ranked from the highest mean to the lowest. The first two

competencies deal with personal, ethical behavior; the second two deal with the demonstration of professional conduct; and the last a more general competency.

Table 7 Category A - Demonstrate Profession Conduct

	Competency	Mear
A2	Be a positive role model	3.95
A3	Maintain confidentiality	3.91
A4	Keep current in the field of teaching and nursing practices	3.83
A1	Demonstrate commitment to the P.C.A. program	3.77
A5	Manage stress effectively	3.55

Note: 'Importance' component of question ranked from highest to lowest mean

Of the twenty five responses to the open-ended component of category A, ten indicate an agreement with professional conduct as a category, personal tutor needs were identified, as well as facility differences and program comments and concerns (Table 8). These four topics (support, tutor needs, facility, program) have been identified throughout the open-ended responses, and will be used to describe the responses following each Category.

Table 8

Topics Surrounding Professional Conduct

Topic	Respondent Comments
Support	- nurses are already trained as professionals
••	- agreement with content of this category
Tutor needs	- presentation skills
	 how to provide guidance in stress management and be a positive role model
	- "update workshop"
	- teaching/tutoring skills for adults
Facility	- hard to fit into work routine with other commitments
	 difficult to stay current when employer does not support any educational program outside the facility
	- time and human resources limited due to cutbacks
	 higher stress due to uncertainty of own position and that of others due to cutbacks
Program	 newsletter specifically addressed to PCA tutors with articles re: current nursing practice, PCA program statistics
	- find out how other tutors have carried out their programs
	- student needs to feel tutor is personally interested in their success
	- how is to to compliance with competency profile determined?

Note: Topics listed from most frequently mentioned to least often mentioned

Category B - Communicate Effectively

Competencies which are important in individual and group communication are the primary focus of this category. The skills used in the teacher/learner/administration relationship seem to have the highest rank amongst these competencies, with group skills following (Table 9). The first five priorities appear to be different interpersonal communication skills.

Documentation (B8) is not a contiguous form of communication, but it remains an integral part of distance communication in the delivery of this program. The communication in this case is between the tutor, the course administrators, and the learner. The last three competencies focus on skills which are actively used in facilitating the delivery of the P.C.A. program, and often used with groups.

Table 9

Category 5 - Communicate Effectively

	Competency	Mean	
B2	Listen Actively	3.90	
B1	Express themselves clearly: written, verbal	3.88	
B8	Maintain documentation as required	3.72	
B3	Use humor effectively	3.54	
B7	Promote the advantages of the P.C.A. program	3.53	
	Develop negotiation skills	3.37	
B4	Develop regoliation came Develop conflict management skills	3.36	
B5 B6	Operate communication equipment e.g. audio-visual	2.95	

Note: 'Importance' component of question ranked from highest to lowest mean

Many of the comments made in Table 10 relating to communication appear to stem from the context in which the program is being delivered. Program concerns were equal to expressed needs by the tutors and overall concerns were based on the delivery of the program in their particular work setting.

Table 10

Topics Surrounding Effective Communication

Торіс	Respondent Comments
Program	- PCA's should not be required to accument on the legal chart
	- documentation process is 'picky'
	 written notices from A.V.C. to the learners should be directed to the learner directly
	 a guide paper with written protocol for communication about PCA's progress is needed
	 PCA course should be taught at another facility prior to employment
	- need a provincial move to negative charting
	- ongoing communication is appreciated
	- need feedback from college to 'reassure tutor's performance : kills'
Tutor needs	- assistance in phrasing questions
	- conflict management skills
	- communication skills like Toastmasters
	 would like to know how other tutors keep track of their students (ie. documentation)
	- mediation and negotiation skills
Support	- magnitude of situation often determines case of management
• •	- should already have these skills from training as ar RN
	- constant work is needed in this area
	- important to be a good listener and friend
	 some of PCAs without the course are naturally more professional and competent than those with the course.
Facility	- difficulties due to tack of time to communicate
	 difficulties due to many more responsibilities (ie. occupational he and safety nurse, infection control nurse as well as staff development coordinator)
	- difficulties due to large numbers of learners

Category C - Participates in Teams

Category C deals with attitudes and skills which are required to communicate effectively with the learner in the context of a team. This category deals with the importance of the tutor and learner becoming an active part of a health care delivery team. The first five competencies noted in Table 11 deal with personal attitudes and skills which are basic to communication with individuals. The last five competencies deal more with skills and attitudes necessary for effective interaction in the group or team setting.

Table 11

Category C - Participate in Teams

	Competency	Mean
C10	Be approachable	3.93
C1	Communicate with mutual respect	3.89
C8	Demonstrate a positive attitude	3.89
C9	Demonstrate patience and understanding	3.87
C4	Be supportive of one another	3.84
C6	Be accessible to the team	3.81
C2	Be aware of the roles of team members	3.80
C3	Recognize the importance of the individual roles of the team members	3.79
C5	Demonstrate flexibility	3.77
C7	Cooperate with team members on team activities	3.77

Note: 'Importance' component of question ranked from highest to lowest mean

Topics identified in Table 12 express an agreement with the difficulty of team work and the need for ongoing assistance and practice in communication

in the context of a team, which describes a large part of the health care activities in long term care facilities.

Table 12

Topics Surrounding Team Participation

Торіс	Respondent Comments
Facility	- changes within the healthcare field mean increased staff stress
•	 all teaching is arranged by the contact tutor and carried out by 3 non-contact tutors, interacting only with the lab and physiotherapy
	- most interactions are on a one-to-one basis
	- difficulties arise due to students working shift
	- difficulties due reduction of tutor's working hours
	- facility needs to allot time for teaching PCAs
	- work redesign to 'service delivery team' makes these skills very important
Support	- these skills are critical and need constant improvement and practice
	- all points in this category are important
Needs	- assistance in dealing with uncooperative team member with negative attitude
	- 'team building' workshop
	- would like to see how other tutors organize group sessions
	- how many hours should be committed weekly?
	- training on working with and in teams
	- dealing with learner responsibilities
Program	- must be approachable
	- difficult to assess attitude changes
	- assessment difficult with short exposure to learner
	- team competencies should be taught to PCAs

Note: Topics listed from most frequently mentioned to least often mentioned

Category D - Organize the Learning Activities

This category addresses the smooth operation of the program delivery between the tutor and the learner. As see in previous categories, interpersonal skills appear to have higher means than physical and logistical activities required to deliver the P.C.A. program. In Table 13 the first three competencies deal with the communication which takes place between the tutor and learner which facilitates the learning process. The last four competencies deal with the activities involved in the delivery of the program.

Table 13

Category D - Organize the Learning Activities

	Competency	Mean
D6	Monitor the progress of learners (where they are at)	3.66
D3	Explain the roles and responsibilities of the tutor and the learner	3.56
D2	Explain the expectations of the P.C.A. program	3.55
D4	Distribute the learning materials	3.51
D7	Coordinate the learning activity and work time	3.50
D5	Schedule subsequent meeting sessions	3.42
D1	Schedule an orientation session	3.38

Note: 'Importance' component of question ranked from highest to lowest mean

Organization of the learning activities appears to be individualized by the tutor and the facility in which she/he works. Table 14 illustrates the need for further information for the tutors in program delivery and teaching strategies, as well as some needs for networking around how the learning activities are carried out in different locations and by different tutors.

Table 14

Topics Surrounding the Learning Activities

Topic	Respondent Comments
Program	- students don't allow themselves enough time without putting pressure on the tutor
	 large amount of documentation required to keep AVC informed about learner progress
	- learners are left very much on their own
	 almost impossible for some learners to do the program learning on their own time
	- difficult to meet with all learners at one time
	- guideline/timeline should be developed as a reference
	- how does each healthcare facility track all of the PCA modules?
	suggestions
	- writing memos to learners with positive notes is helpful
	 our facility does a two day classroom orientation for PCAs prior to them working on the units - works well
	- learners need to be responsible for their learning, and set their own pace
	- schedule a performance orientation with the orientation of the program
	- an individual task check list for each module wcাধ be helpful
Facility	- difficult in small institutions to have orientation meetings, individual work is usually done
	 Contact tutor does organization of program with the learner, the non- contact tutor follows through with monitoring, testing, performance appraisals etc.
	- educational department takes on these responsibilities
	 as only RN, there is little time to observe learners, coordinate demonstrations and testing
	 heavy work load, other responsibilities, schedules and patient care come first, difficult to coordinate demonstrations and testing and not enough time available to do same.
	 staff cutbacks make it hard to have staff long enough to do performance testing
	(continued)

Tutor needs

- need to update on PCA program
- how to deal with cancellations and procrastination of learners
- how to motivate learner
- would like continued inservice for tutors
- time management seminars
- organization skills around teaching

Support

- adults need self-motivation
- the workshop and manual provides much of this information
- adults are competent and independent learners

Note: Topics listed from most frequently mentioned to least often mentioned

Category E - Facilitate Learning

The competencies discussed in this category deal with the interaction between the tutor and learner. These range from the initial assessment and negotiation of the learning contract, to the facilitation of the learning. Once again the interpersonal, or counseling aspects of this role occur in the first five competencies listed in Table 15, followed by the more technical competencies.

Table 15

Category E - Facilitate Learning

	Competency	Mean
E2	Develop a positive working relationship with the learner	3.88
E1	Understand the principles of adult learning	3.80
E3	Assess and identify learner needs	3.79
E 5	Assist learners in learning activities as required	3.73
E4	Facilitate the development of individual, realistic learning plans	3.44
E6	Demonstrate teaching techniques e.g. video, group discussion, lecture etc.	3.35
E7	Identify additional learning resources e.g. tapes, books, articles, videos	3.31
E9	Be aware of available services in the community e.g. ESL, social/mental health	3.08
E8	Create supplementary teaching aids	2.89

Note: 'Importance' component of question ranked from highest to lowest mean

There seems to be a variety of comments indicated in this category (Table 16). The more individualized comments and requests reflect the variety of backgrounds and facilities in which the tutors and facilities in which the tutors and facilities.

Table 16

Topics Surrounding the Facilitation of Learning

Topic	Respondent Comments
Tutor needs	- Information on adult learning
	 resource list, and/or assistance in teaching learners with a language barrier (ESL)
	 tutor upgrade/refresher (ie. 2-3 hours every 2-3 years)
	- how to use supplementary teaching aides
Program	 guidelines on the frequency a skill should be performed to state competency
	 have not used outside learning or community services
	- would like some secondary material
	 better for Education Coordestor to deal with the course, a great deal of time is spent at home on teaching the course causing conflict between home and work
	 some use Long Term Care Resource Center for supplementary materials some are pleased, and some have difficulty
Facility	- education department does most of these activities
	- not enough time
	- limited human resources to support learners
	- stat work of students makes group work difficult
	- difficult for students to get through material, work and have ε personal life
Support	- nurses teach everyday and only need a quick review
	- no need for training in this area
	- other educational courses have supplemented my learning
	- have past experience in teaching nurses

Note: Topics listed from most frequently mentioned to least often mentioned

Category F - Motivate Learners

The P.C.A. Inservice Training Program is mainly an independent study

format, with intermittent contact between the tutor and the learner. Some facilities require the learner to take the training, while other facilities consider the P.C.A. program optional. The first two competencies noted in Table 17 are more interpersonal skills, and the last three deal more with teaching methods used in the delivery of the program.

Table 17

Category F - Motivate Learners

	Competency	Mean
F4	Encourage and praise the learner	3.87
F3	Build confidence in the learner	3.81
F5	Coordinate recognition upon program completion	3.64
F1	Understand and use motivational techniques	3.60
F2	Establish realistic learning goals with the learner	3.58

Note: 'Importance' component of question ranked from highest to lowest mean

Table 18 outlines the topics which were mentioned in relation to motivation of the learner, and for the most part are individual needs and concerns, rather than contextual concerns.

Table 18

Topics Surrounding Learner Motivation

Topic	Respondent Comments
Tutor needs	- motivational techniques
	- confidence building for the adult learner
	- how to provide constructive criticism
Program	 some learners "do " the course because it is mandatory, some say they have learned nothing new
	 core modules should be tested last to allow time for attitude changes
	- would like to hear how other facilities recognize completion of course
	 graduation ceremonies are held once a year, some are elaborate and some are according to the learners wishes
	- recognition should come through the hospital organization
Support	- extra certification in adult education helps tutor
••	- recognition and praise is important
	- praise and encouragement importan' আধু দুর্গাল্যােt to provide to learners on night shift
Facility	- more time needed
	 animosity exists between LPNs and PCAs and recognition of completion
	is difficult to plan.

Note: Topics listed from most frequently mentioned to least often mentioned

Category G - Evaluate Learner's Progress

In order to ensure the learning process is taking place, the tutor must provide feedback and evaluation on an ongoing basis as well as at the end of each section of the program. As has been seen in other competencies, the interpersonal aspect of this category appears to have a higher priority for the tutors as seen in the first three competencies in Table 19. Activities which are

related to the official documentation required for completion of the program follow in the last four competencies.

Table 19

Category G - Evaluate Learner's Progress

	Competency	Mear
G3	Provide constructive feedback by focusing on learner's strengths	3.82
G4	Rate performance in a consistent manner	3.79
G2	Observe performance skills	3.77
G5	Monitor performance on an on-goiny basis	3.66
G6	Liaise with the learner's supervisor regarding performance	3.62
G1	Administer written test(s)	3.54
G7	Evaluate learning materials	3.37

Note: 'Importance' component of question ranked from highest to lowest mean

Table 20 outlines the topics which emerged regarding the evaluation process. The tutors expressed a need for some clarification and networking around the finer points of evaluation of the learner. Difficulties experienced on the job appear to make evaluation sometimes a difficult process to carry out.

Table 20

Topics Surrounding the Evaluation of the Learner's Progress

Topics	Respondent Comments
Program	- PCAs fear evaluation and it affects their motivation
	- some learning materials
	- competency is sometime and est, and is sometimes better to be closely tied to performe an est where improvement is the key issue
	- sometimes it is beneficial to gradexams for those who have trouble with written tests.
	 how much on-the-job monitoring should be done outside skills demonstrations?
	- tutors are sometimes a sounding board for staff
	- where is there room for learner 'attitude' to be assessed in the program?
	- at graduation, continuing education is encouraged
	 our tutor group made flash cards with required performance standards listed in order, for use by all tutors
	- it took much time to learn the learner tasks I needed to monitor
	 most of learners are part-time or casual and monitoring them consistently is difficult
	- staff aductions have lead to increased work load which makes consistent mornയനും difficult
	 tutor is not always available to monitor learners due to other job responsibilities, other roles, part-time tutor position
	- not enough time
	- ongoing learner performance is monitored by unit supervisory staff
Support	 performance issues would be addressed by me only if the individual is not competent in a certain procedures, time management, communications
	- this category is important and should continue after completion
	- the learning materials provided for this program are excellent
	(continued)

Tutor needs

- need to know how strict or lenient a tutor should be
- how to evaluate learners who are inconsistent
- good idea to liaise with other tutors
- guidelines on how to evaluate learning materials
- need a checklist to use at bedside to evaluate the demonstrated skills

Note: Topics listed from most frequently mentioned to least often mentioned

Subquestion 2. What aspects of their role do the P.C.A. tutors consider to be most important?

To answer this subquestion, the categories were ranked according to the average mean of the competencies within each category (Table 21).

Table 21

Categories in P.C.A. Tutor Competency Profile Ranked According to
'Importance' Means

Category	Rank	Mean (importance)
C. Participate in Teams	1	3.83
A. Demonstrate Professional Conduct	2	3.80
F. Motivate Learners	3	3.70
G. Evaluate Learner's Progress	4	3.65
B. Communicate Effectively	5	3.53
D. Organize the Learning Activities	6	3.51
E. Facilitate Le∌rning	7	3.47

The difference between the highest and lowest mean was determined, and then divided by three. Means of 3.95 - 3.60 were labeled most important; means of 3.59 - 3.25 have been labeled moderate importance; and means of 3.24 - 2.89 have been labeled least important.

A closer look at the competencies considered to be most important are listed in Table 22. The first eleven competencies focus on interpersonal skills, the next twelve competencies deal with a variety of team skill and interaction with the learner, the last eight competencies deal more with technical aspects of teaching skills.

Table 22

Competencies Considered to be Most Important

	Mean	Competency
A2	3.95	Be a positive role model
C10	3.93	Be approachable
A 3	3.91	Maintain confidentiality
B2	3.90	Listen Actively
C1	3.89	Communicate with respect
C8	3.89	Demonstrate a positive attitude
E2	3.88	Develop a positive working relationship with the learner
B1	3.88	Express themselves clearly - written, verbally
C9	3.87	Demonstrate patience and understanding
F4	3.87	Encourage and praise the learner
C4	3.84	Be supportive of one another
A4	3.83	Keep current in the field of teaching and nursing practice
G3*	3.82 (3.90/3.66)	Provide constructive feedback by focusing on learner's strengths
F3	3.81	Build confidence in the learner
C6	3.81	Be accessible to the team
E1*	3.80 (3.86/3.66)	Understand principles of adult learning
C2	3.80	Be aware of the roles of team members
		(continued

C3	3.79	Recognize the importance of the individual roles of the team members
G4*	3.79 (3.91/3.51)	Rate performance in a consistent manner
E3	3.79	Assess and identify learner needs
G2	3.77	Observe performance skills
C5*	3.77 (3.82/3.66)	Demonstrate flexibility
C 7	3.77	Cooperate with team members on team activities
A 1	3.77	Demonstrate commitment to the P.C.A. program
E5	3.73	Ascist learners in learning activities as required
В8	3.72	Maintain documentation as required
D6*	3.66 (3.80/3.35)	Monitor the progress of learners (where they are at)
G5	3.66	Monitor performance on an on-going basis
F5*	3.64 (3.75/3.38)	Coordinate recognition upon program completion
G6	3.62	Liaise with the learner's supervisor regarding performance
F1*	3.60 (3.69/3.41)	Understand and use motivational techniques

Note: * identifies competencies in which there is a significant (p < .05) variance between the contact and non-contact tutor responses using a two-tailed t-test. (contact/non-contact) means are provided.

Note: 'Importance' component of question ranked from highest to lowest mean

Some of the competencies above have an asterisk to indicate a significant difference between the contact tutor group and non-contact tutor group responses (see Appendix D for a complete list). The category with the largest number of competencies noted as demonstrating a significant difference between the two groups was category D - Organize the Learning Activities with contact tutors considering these competencies more important than the non-contact tutors.

Most of the differences noted between contact and non-contact tutors can be linked with the role the individual takes in the delivery of the program. As was mentioned earlier, many of the responsibilities surrounding course administration, testing and evaluation, and recognition fall in the hands of the contact tutor. These would include competencies G4, D6, F5. Often the non-contact tutors are staff members with a full work load each day and therefore flexibility is not an option for them (C5). The other factor which may have had an effect on the responses of the two groups is the increased attendance, and access to additional education surrounding the Inservice Coordinator position, which is held by some contact tutors as part of job responsibility in the facility. The competencies included here would be G3, E1, F1.

Subquestion 3. In what aspects of their role do the P.C.A. tutors express a need for further training?

The categories have been ranked according to means of the 'need for training' component of the questions (Table 23). In general, the tutors did not express a very high need for training in any of the categories. The tutors seem to indicate they have more of a need around the counseling types of competencies, and less relating to the teaching skills competencies. Perhaps team participation (category C) was considered least important because of the team nature of nursing practice as a whole. The tutors may feel more comfortable in this area therefore requiring less training than in motivation and facilitation skills.

Table 23

Categories in P.C.A. Tutor Competency Profile Ranked According to 'Need for Training' Means

	Rank	Mean (need)
Category	nank	
B. Communicate Effectively	1	1.33
F. Motivate Learners	2	1.23
E. Facilitate Learning	3	1.16
A. Demonstrate Professional Conduct	4	1.11
D. Organize the Learning Activities	5	.98
G. Evaluate Learner's Progress	6	.90
C. Farticipate in Teams	7	.77

Note: 'Need for training' component of question ranked from highest to lowest mean

When comparing the rank and means of the categories in relation to both importance and need components, it is interesting to note the change in rank of category C (Table 24). Perhaps the high rank of the importance of participation in teams reflects the team nature of nursing, and because it is so integral to the profession, there is little need for training. In category B, effective communication is indicated as an area of need, but is not considered to be high ranking in the realm of importance.

This table also demonstrates the extremes of the mean values in comparing importance and need components.

Table 24

Comparison of Rank and Means of Categories Regarding Importance and Need

Importance Mean	Importance Rank	Category	Need Rank	Need Mean
3.53	5	B. Communicate Effectively	1	1.33
3.70	3	F. Motivate Learners	2	1.23
3.47	7	E. Facilitate Learning	3	1.16
3.80	2	A. Demonstrate Professional Conduct	4	1.11
3.51	6	D. Organize the Learning Activities	5	.98
3.65	4	G. Evaluate Learner's Progress	6	.90
3.83	1	C. Participate in Teams	7	.77

The means of the 'need for training' in all of the competencies ranged from 2.20 - .45. Means of 2.20 - 1.50 were labeled as a moderate need for training, and means of 1.49 - .45 have been labeled as a low need for training.

Competencies which have been identified as those demonstrating a moderate need for training are listed in Table 25.

Table 25

Competencies Ranked as Moderate Need for Training

Variable	Mean	Competency
B5	2.20	Develop conflict management skills
A4	2.08	Keep current in the field of teaching and nursing practice
F1	1.85	Understand and use motivational techniques
B4	1.84	Develop negotiation skills
A5*	1.70 (1.56/1.98)	Manage stress effectively
E8	1.62	Create supplementary teaching aids

Note: 'Need for training' component of question ranked from highest to lowest mean Note: ' identifies competencies in which there is a significant (p < .05) variance between the contact and non-contact tutor responses using a two-tailed t-test. (contact/non-contact) means are provided.

The competencies identified as indicating a moderate need for training appear in areas which may not have been covered extensively in basic nursing education programs, in particular at the P.N. level. These are also areas where continuing education may be needed as new situations arise. It is difficult to comment on why non-contact tutors perceive a higher need for training surrounding stress management. It could be that their job is more stressful due to their active role in patient care as well as tutoring; or perhaps due to concern over cutbacks and increased job requirements due to layoffs; or that contact tutors have had more opportunities to attend stress management inservices through their position as inservice coordinators.

The competencies noted as having significant difference (p<.05) between the contact and non-contact tutor groups indicate a higher perceived need for

training by the non-contact tutors than the contact tutors (see Appendix D for the complete list of ranked competencies). This can possibly be linked with the contact tutor's Inservice Coordinator position (when it applies) and his/her access to continuing education opportunities (Fig. 7), as well as the increased responsibility for the organization and delivery of the program. It may also be linked to the data presented earlier (Fig. 8) indicating that the non-contact tutors have less experience tutoring than the contact tutors.

CHAPTER V

SUMMARY, DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Review of the Statement of Purpose

The purpose of this study was to identify and analyze the role of the tutor in the Inservice Training Program for Personal Care Aides which is delivered through Alberta Vocational College - Edmonton. These tutors facilitate a distance education program with a clinical component.

Review of the Research Question

The research question which guided this study is: What is the role of the tutor in the Inservice Training Program for Personal Care Aides?

Introduction

A competency profile was developed by a focus group of P.C.A. tutors, and the tutor population surveyed was asked to describe the level of importance of each competency to their present role, as well as give an indication of their need for training in each of these areas. This chapter will summarize the findings, draw some conclusions, make recommendations, and suggestions for further research based on the results of this study.

Summary of the Results

The summary of the findings will be organized under headings which

reflect the organization of Chapter IV namely: demographics, opinions, and three subquestions which deal with defining the tutor's role, importance of the components of this role, and the tutor's need for training.

Demographics

This survey received a 67% return rate of which 68.3% were contact tutors, and 31.7% were non-contact tutors. 65.9% of the tutors work in long term care facilities where the P.C.A. Inservice Training Program is considered mandatory as a condition of employment. 34.1% of the tutors work in facilities where the program is considered optional. This context can affect the ease with which the tutor can motivate learners to take the program, and their willingness to participate. In general, most of the tutors have earned their R.N. as their highest level of nursing education. The majority attended the two day tutor orientation workshop, and 70% of the tutors have not attended continuing education surrounding their role as a tutor. A larger proportion of the contact tutors have attended continuing education programs than the non-contact tutors. When using the number of students tutored as a measure of experience, the contact tutors have more experience in tutoring than the non-contact tutors.

Tutor Opinions

The majority of the tutors felt they did not have enough time to provide support for their learners. They perceived their most important role to be a role model, then a motivator/coach, a teacher, a guide, a mentor and least important a friend. Regarding recent changes that have affected the context in which they

healthcare administration (including budget cutbacks, regionalization, increased job demands and responsibilities, and less time). The second most often mentioned topic was the lack of recognition and support for the tutors, and the third topic was program concerns which have affected their ability to carry out their role.

The changes in their role they would most like to see included: more contact with other tutors; a clearer definition of their own role; more input into course content; and more professional recognition for the role of the tutor. Some other comments included: the need for more time; no felt need for a change in their role; the need for more tutor education; the wish for more assistance from nursing staff; changes in course content and the need to address employer/facility issues (ie. taking PCA training prior to working with clients).

Focus Group Field Note Summary

The contact tutors who attended the focus group were interested in quality delivery of a quality program through more involvement and interaction with A.V.C. - Edmonton. They expressed interest in having increased input into P.C.A. program changes. They indicated a need for: regular inservice to assist them in supporting the learner's needs; interaction with peer tutors to review the program, review their teaching methods and network with other tutors; documentation which would support their program activities in the eyes of their administrators. Because each facility carries out the program in a slightly

administrators. Because each facility carries out the program in a slightly different manner, networking would be helpful for the tutors to deal with different tutoring situations through consultation with their peers.

A variety of concerns were raised regarding issues which can impede the quality of the learner support provided by contact and non-contact tutors. They expressed concern over the preparation and motivation of non-contact tutors as well as the diminishing time the the non-contact tutors seem to have for the learners. They also expressed concern about the inconsistency of care provided by those aides who do not take the P.C.A. program (facility policy), such as casual employees or those who choose not to take the course. Several issues arose around the program itself such as performance testing methods, obsolete material, and difficulty in the assessment of the learner's attitude. The tutor's role in ongoing monitoring of the learner was considered to be lacking clear boundaries.

Subquestion 1 - What is the role of the P.C.A. tutor?

The P.C.A. tutor role consists of seven categories which complete the stem: A P.C.A. tutor should be able to: demonstrate professional conduct; communicate effectively; participate in teams; organize the learning activities; facilitate learning; motivate learners; and evaluate learner's progress. The competencies within these categories received high means surrounding the importance component throughout, which validates the profile created by the focus group of tutors.

Subquestion 2 - What aspects of their role do the P.C.A. tutors consider to be most important?

When the competencies were ranked, a trend emerged indicating the interpersonal or counseling competencies generally ranking higher in importance than the teaching and administrative competencies. Of the fifty-two competencies, thirty-one were considered of high importance. The first eleven ranked competencies were related to interpersonal or counseling abilities. The next grouping of competencies were based on teaching or facilitating skills and the majority of the lower third were based on the administrative skills required to run the program smoothly. Eighteen competencies were considered of moderate importance and only three were considered least important. The least important items were related to the use of a variety of teaching techniques, creation of supplementary teaching aides, and the use of external services, all of which are probably considered the 'little extras' used when time permits.

A significant difference of opinion (p < .05) existed rarely between the contact and non-contact tutor populations. Most differences could be attributed to the difference in the daily work responsibilities of the contact vs. the non-contact tutor. The contact tutor is often responsible for the administration of the program and monitoring learner progress, he/she is often the Inservice Coordinator for the facility with possibly more access to continuing education. The non-contact tutor is often responsible for some or all of the clinical component of the program, while carrying out full time patient care responsibilities.

Subquestion 3 - In what aspects of their role do the P.C.A. tutors express a need for further training?

The tutors did not indicate a high need for training in any of the competencies listed in this profile. The competencies for which the tutors expressed a moderate need for training appear to be those areas which an R.N. may not ordinarily receive extra training i.e. conflict management skills, staying current in the field of teaching and nursing practice (an ongoing need), motivational techniques, negotiation skills, stress management and the creation of supplementary teaching aides.

A significant difference of opinion (p < .05) was seen once among competencies perceived as moderate need for training, that of stress management. The differences of perception which occurred between the contact tutors and non-contact tutors were most likely related to the difference in their daily work responsibilities.

Discussion of the Findings

Subquestion 1 - What is the role of the P.C.A. tutor?

The P.C.A. tutor's role is carried out in a variety of contexts related to the healthcare facility at which the tutor is employed. The responsibilities of the position held by the tutor, the learning activities in which they are involved, and their designation of contact or non-contact tutor will affect their role. Dependent upon their facility and job responsibilities, they carry out all or portions of the Inservice Training Program for P.C.A.s. They facilitate this program in a variety

of healthcare facilities throughout Alberta, having contact with the course administrators (A.V.C. - Edmonton) by mail and by phone.

As was described by Waterhouse (1991), and confirmed by the results of this study, the tutor's role involves the knowledge, attitudes and skills related to both teaching and counseling. The tutors in this study are nurses who facilitate the home study and clinical components of this program, and see themselves as role models, coaches, and teachers.

The tutors of the focus group identified seven categories of competencies which encompass their role as a P.C.A. tutor and these included: demonstrate professional conduct, communicate effectively, participate in teams, organize the learning activities, facilitate learning, motivate learners and evaluate learner's progress. These categories were then validated by the tutor population surveyed.

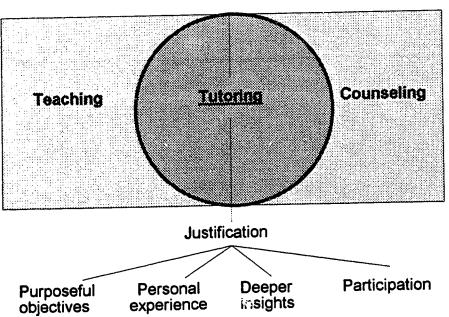


Figure 9. The Role of the Tutor: An Integration of Teaching and Counseling Activities and Skills (Waterhouse, 1991, p.8)

Waterhouse suggests that the role of the tutor is an integration of teaching and counseling skills and activities (Fig. 9). The data received from the P.C.A. tutors supports this description.

The purposeful objectives in this program are determined through collaboration between tutor and learner in the integration of course material and clinical experience. The facilitation provided by the tutor can customize the learning experience around the course requirements, and also around the individual needs and previous experiences of the learner. Because the interaction between the tutor and learner is individual or in small groups, the learner's thoughts, feelings and attitudes can be explored more effectively than if the learning were to take place in a large group session. Learner participation is facilitated through the clinical component of the program where knowledge gained in the individual study component can be applied in the real setting. Supervision and evaluation ensures the competencies meet acceptable standards of practice.

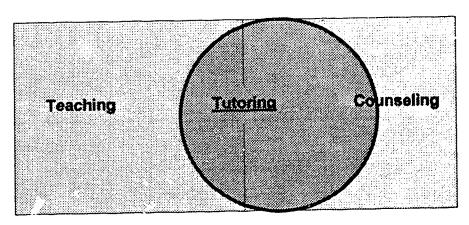


Figure 10. Waterhouse's Model of Tutoring Modified to Reflect the Role of the P.C.A. Tutor.

Waterhouse's model could be modified to reflect the P.C.A. tutor's role, by shifting the tutor circle toward counseling to reflect the perceptions of the P.C.A. tutors in this study (Fig. 10). The tutors indicated a higher level of both the perceived level of importance and the need for training in the area of counseling or interpersonal relations. The home-study component of the program provides much of the content. The knowledge, attitudes and skills needed by the learner are provided in the work context requiring a more interpersonal or counseling role of the tutor. The tutor is not only a content expert and facilitator, but also a role model and provider of personal support.

The most important factor which has affected the tutor's ability to carry out his/her role has been changes in healthcare administration which often means increased job responsibilities in other areas, leaving less time for learners. After their tutor orientation at A.V.C.- Edmonton, many of the tutors function alone, or with little contact with other tutors. Their responses to opinion questions and open-ended questions (Appendix E) reflected the effects of their felt isolation from peers, and their need for more connection with their tutor peers, facility administration and A.V.C. - Edmonton. These findings support similar findings by Anderson (1989) and Burge Howard & Ironside (1991) in the role of distance education tutors. Although the tutors work daily with other nurses, they may not often have the opportunity to converse with other tutors thus a similar sense of isolation occurs. A sense of connectedness is needed to provide a more consistent and cohesive delivery of the program.

The tutors also spoke of the need for more recognition and support for their role as a tutor. Dillon and Walsh (1992) found the effectiveness of the distance delivery program directly related to the support and recognition provided by those at higher administrative levels. Perhaps this also addresses the feeling of isolation felt by the tutor. Support needed can include "monetary support, teaching assistants, instruction design and technical support and training" (Dillon and Walsh, 1992, p.11). Support needed by the P.C.A. tutors includes more time, continuing education, a commitment by administrators to the program, recognition of their role and assistance from staff members.

Subquestion 2 - What aspects of their role do the P.C.A. tutors consider to be most important?

The tutors validated the competency profile created by the focus group. The most important competencies were related to counseling and/or interpersonal skills. This supports the move of the tutor circle in Fig. 10 indicating counseling as a larger component of tutoring in this program, perhaps due to the large proportion of content acquisition occurring through a home study component. This may also reflect the nature of the program as a basic skills program, some of which the learners may have acquired from previous experience. If the content were at a higher level, perhaps the tutor's role would remain central or move towards the teaching side of Waterhouse's model (Fig. 10).

Subquestion 3 - In what aspects of their role do the P.C.A. tutors express a need for further training?

Through the competency profile questions, the tutors indicated a moderate need for counseling or interpersonal skills. Through the open-ended question, they identified a variety of needs and interests which reflect the changing nature of their field, their felt isolation and their need for ongoing, continuing education (Appendix E). They also identified program and facility concerns which ultimately affect their ability to carry out their tutoring role. Many of these concerns c uld be dealt with through a more open flow of communications between the tutors, the facility administrators, the learners, and A.V.C. - Edmonton.

There appears to be a discrepancy between the very low scores noted from the 'need for training' component of the the questionnaire, and the needs expressed in the open ended comments and focus group field notes. It is difficult to determine whether the respondents truly have low needs, or whether their responses are a function of their personal nature and self concept, or the construction of the questionnaire.

Conclusions

The following conclusions are based on the findings of this study:

- 1. The tutors validated the tutor competency profile as representative of their role as P.C.A. tutors.
- 2. The tutors indicated that competencies related to counseling and interpersonal skills are most important in their role as P.C.A. tutors. The next

most important are the teaching/facilitation skills, and least important the competencies related to administration of the program. This trend surfaced throughout the results, with the counseling and interpersonal skills competencies showing higher means within each category, as well as when the competencies were ranked as a group.

- 3. The tutors indicated a need for training in areas which deal with interpersonal relations and professional development in the teaching and nursing field. These needs reflect areas of concern which may not have been covered in basic nursing education, but arise because of their role as tutors. They also reflect the changing context of their working environment.
- 4. The recent changes in the Alberta healthcare system have negatively affected the tutor's ability to carry out their role as a P.C.A. tutor. Budget cuts and restructuring within healthcare facilities have resulted in increased job responsibilities and work load, and decreased time and human resources available. Another trend which may increase the workload of tutors is the increase in utilization of P.C.A.s for the provision of healthcare in a variety of settings.
- 5. Where differences of opinion occur between the contact and non-contact tutor groups, different job responsibilities account for most of the discrepancies. The contact tutor is often responsible for administering the program, following the learners progress and clinical supervision. The non-contact tutor is often responsible for portions of the clinical component (clinical teaching, supervision and evaluation).

- 6. The majority of P.C.A. tutors have not attended continuing education related to their role as a tutor. Contact tutors have participated in more continuing education surrounding their tutoring role, than non-contact tutors. Contact tutors may also be Inservice Coordinators, and may have more access to continuing education (ie. the annual Inservice Coordinator Education Day sponsored by the Long Term Care Resource Center).
- 7. Most of the tutors indicate a moderate need for continuing education surrounding their role as P.C.A. tutor, with non-contact tutors expressing higher needs than contact tutors. Non-contact tutors, due to their job responsibilities, may not have access to the time, opportunity or resources needed for continuing education surrounding their tutoring role.
- 8. The tutors indicate they do not receive appropriate recognition and/or support from the administrators, and facility staff. Recognition of work done, and the importance of the program is lacking, as is the provision of time to carry out the program, and assistance from facility staff working with the learners.
- 9. Often the tutors perceive themselves to be operating in isolation of their peers and would like more tutor peer contact. The tutors can be operating on their own, or with other tutors depending upon the size of their facility. In perceiving a lack of support from those around them in the work place, they indicate an interest in sharing ideas with other tutors regarding the program delivery.
- 10. The tutors have indicated changes that are needed in the program, and have expressed interest in providing feedback for its revision.

Recommendations

The present communication pathway is between A.V.C. - Edmonton and the contact tutor on a monthly basis. In order for the non-contact tutors to feel more connected and part of the tutor team, it is important that all tutors receive communication from A.V.C. - Edmonton regarding learner statistics, and program changes.

Recommendation 1: Ongoing individual communication from A.V.C. - Edmonton be carried out with all tutors.

As a means of providing support and encouragement for the tutors, a regular newsletter would provide a sense of connectedness for the tutors as well a provide them with valuable information.

Recommendation 2: Generate a newsletter which would update the tutors on program changes and learner statistics, as well as provide discussion of tutoring methods, and address questions and suggestions from tutor peers in the program.

The competency profile developed and validated by the P.C.A. tutors, has provided valuable information and insight into the role of the P.C.A. tutor.

Orientation material can be presented as a pre-orientation study module, as well as a workshop. Continuing education and communications can be gathered through ongoing inservice programs.

Recommendation 3: Review present tutor orientation program using the profile developed in this study, and make changes as needed in light of the information provided by this study.

The tutors have indicated a need for continued learning surrounding their tutoring role. Changes are occurring in the healthcare system as well as in the field of healthcare provision and education. Learners and their needs are changing (ie. ESL). An inservice and continuing education program could provide a means through which their training needs could be addressed, and provide the opportunity for networking among tutors. The tutor needs identified by this study could be used to develop some of the inservice material.

Recommendation 4: A structured and continuous inservice education program should be available for P.C.A. tutors to facilitate peer interaction and support as well as updating content information and tutoring skills.

Using a broader perspective, the needs of tutors practicing in a variety of healthcare settings could be addressed through the development of a central 'clearing house' for tutoring educational material. Learning modules could be prepared for a general perspective on tutoring which could be applied to a variety of different tutoring contexts.

Recommendation 5: A provincial resource center could be created to address the needs of all tutors in the health care field, who provide assistance to learners at a distance, with or without a clinical component. The development of tutoring modules, the regular dissemination of current tutoring information, and perhaps the development of inservice programs would be available to all tutors.

To address the need for peer contact, and the sense of isolation, a mentor or peer tutor could be assigned to be available to the new tutor for support and guidance in their new role.

Recommendation 6: Assign a mentor or peer tutor for each new tutor to provide support, and encourage the sharing of ideas between the tutors.

Evaluation is an important component of any job, and tutors are no exception. Evaluation can be in the form of an evaluation by the learner upon course completion. Self-evaluation can be a tool to encourage a review of one's own practice, and set goals for self-improvement. The competency profile is an outline of the tutor role, and could provide cues for areas of improvement.

Recommendation 7: A evaluation of the tutor should be included with each learner's completion documentation. This information could be used as feedback for the tutor regarding his/her delivery of the program.

Recommendation 8: A self-evaluation form, or performance management tool could be used for tutors to evaluate their own skills and areas of need, with goal setting and an annual review.

The P.C.A. tutors function in a variety of healthcare facilities. They operate within the guidelines of the administration of the facility. The commitment of the administration to the tutor and the P.C.A. Inservice Training Program is vital to the success of the program, and the well being of the tutors. *Recommendation 9:* Communication between A.V.C. - Edmonton, the tutor and the administration of the facility should be encouraged. The provision of a description of the role of the tutor (competency profile), and the support (ie. time, staff support, resources) needed to carry out that role should be provided to increase awareness and support for the program and tutors.

Recommendation 10: Some form of tutor recognition should be created by

A.V.C. - Edmonton and communicated to the administration and staff of the facility in which she/he is employed.

Suggestions for Further Research

The researcher would recommend:

- 1. The perceptions of the learners and the administrators involved in this program be examined to provide a different perspective on the tutor's role.
- 2. The effects of learner characterisitics (i.e. culture, education level, or other adult roles) on the facilitation of learning in the P.C.A. program be examined.
- 3. The effectiveness of the existing distance delivery program with a independent study component, compared with an experimental group who receive the inservice training program in a classroom setting.
- 4. The competency of the aides who have completed the P.C.A. program compared with those who have not (ie. casual employees, non-mandatory facilities), this might include an assessment of the impact on the clients.

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APPENDIX A: AGENCY COMMUNICATIONS

Th	nis appendix includes:	page
1.	letter to the administrator	105
2.	criteria for selection of the focus group	107
	nomination form for focus group	
	the DACUM process	
	letter to the focus group participant	
	thank-you letter to the focus group participant	

4119-126 St., Edmonton, AB, T6J-2A6, August 13, 1995.

«AdminName», «Position», «AgencyName», «Address», «City», «Province», «PostalCode».

Dear «AdminName»,

Your institution presently participates in the delivery of the Inservice Training Program for Personal Care Aides (P.C.A.) which has been very successful in the development of well trained aide level personnel providing quality service for your residents. The tutor's role in the facilitation of this program is vital and can affect the quality and efficacy of learning in this type of delivery system.

I am a graduate student at the University of Alberta and would like to examine the present role of the tutor and develop a competency profile as well as a list of perceived training needs of the tutors. The information gathered may in some way assist Alberta Vocational College Edmonton (A.V.C.-E.) in providing the orientation program best suited to the needs of the new tutors, and as well address the continuing education needs of the practicing tutors. It is hoped that the information gathered in this study will have a positive impact on the tutors you employ, the P.C.A.'s you employ, and your residents through training programs which will focus on quality education and care-giving.

In consultation with Fernelle Fjerwold, Co-ordinator Inservice Training Programs, Health Careers Department at A.V.C.-E., we have identified twenty tutors whom we feel meet the criteria as outlined by my research proposal (please refer to the enclosed document outlining these criteria). "TutorName" from your institution can contribute valuable input for the development of the competency profile. A competency profile will be generated from the focus group using a DACUM process. A questionnaire to validate the profile will be developed from the work of the focus group, this profile will be distributed to a larger group of tutors for validation (please refer to the enclosed document discussing the DACUM process). The quality of the profile developed is directly related to the quality of input provided by the tutors at the focus group session.

Your assistance would be greatly appreciated in the release of this individual for a one day focus group session which will take place September 20, 1994 in Edmonton at the Center West Building, 10035-108 St.

If you are willing to participate in this study, please share the information included in this correspondence with "TutorName". If she/he is also willing to participate, please complete the nomination form and return it to me by mail or FAX by Aug. 31/1994. A focus group consisting of 7- 9 tutors will be selected based on representation of a variety of locations, size of institution, and years of tutoring experience. A follow-up letter will be sent to notify you regarding the final selection of the focus group. Thank you for your time and consideration.

Yours truly,

Susan Gauthier, Graduate Student, Adult and Higher Education, University of Alberta Edmonton, Alberta

CRITERIA FOR SELECTION OF THE FOCUS GROUP

The individuals in the focus group should have the following characteristics:

- 1. Competence in her/his abilities as a tutor
- has demonstrated skill in tutoring in the Inservice Training

 Program for Personal Care Aides (P.C.A.), and has an awareness of the important aspects of his/her position.
 - 2. Good communication skills and an ability to work in groups
 - is able to, and comfortable with sharing ideas effectively,
 - is able and willing to work as part of a group.
 - 3. Contact tutor
 - designated the person who maintains communication with

 Alberta Vocational College, Edmonton regarding the Inservice

 Training Program for P.C.A.
 - 4. Participants are employed in an urban or rural setting
 - urban is described as being in Edmonton or Calgary
 - rural is described as being in communities outside Edmonton or Calgary
 - 5. Participants are employed in larger or smaller facilities
 - larger facility is described as more than 60 beds
 - smaller facility is described as equal to or less than 60 beds.
 - 6. Participant has had a number of years experience as a tutor
 - longer tutor service is described at greater than 5 years
 - shorter tutor service is described as 1 5 years.
 - 7. Able to attend the entire one day workshop on Sept. 20, 1994

NOMINATION FORM FOR SELECTION OF INDIVIDUALS OR FOCUS GROUP Please print or type: NAME OF TUTOR: NAME OF ADMINISTRATOR: **INSTITUTION NAME AND ADDRESS:** ____postal code _____ TUTOR FAX NUMBER:_____ TUTOR WORK PHONE NUMBER: OTHER ROLES YOU CARRY OUT BESIDES THAT OF A TUTOR: SIZE OF INSTITUTION: LARGER THAN 60 BEDS EQUAL TO OR SMALLER THAN 60 BEDS NUMBER OF YEARS SPENT AS A TUTOR WITH THE INSERVICE TRAINING PROGRAM FOR PERSONAL CARE AIDES ______YEARS. I have reviewed the material regarding my participation in this focus group and am willing to participate. Administrator signature Tutor signature Please mail to: Susan Gauthier 4119-126 St.

Please return by Aug. 31/1994
If you have any questions, please contact me at 403-436-4994
Thank-you for your assistance!

Edmonton, AB. T6J - 2A6

THE DACUM PROCESS What is the DACUM Process?

- a means of DEVELOPING A CURRICULUM
- an analysis of an occupation and identification of skills and competencies performed by that group of individuals
 - a process that involves a group analysis of an occupation
 - a competency profile is created to visually represent the many aspects of an occupational area

Overview of the DACUM Process

- A focus group consisting of 7 9 contact tutors will be selected from a
 variety of backgrounds. They will participate in a facilitated group to identify
 all the different skills and competencies they require to carry out their job.
- The method used predominantly is "brainstorming". All suggestions are
 accepted without judgment, and participants are encouraged to participate
 freely. These ideas are recorded on cards for all to see.
- Once the initial brainstorming session has concluded, major categories are drawn from the collection of cards, and the concepts are organized,
 reworked, and reworded until all members are happy that no competencies have been missed.
- The finished product is a selection of major categories with individual task statement cards outlining every aspect of the occupation being described.
- Finally, the major categories are sequenced in a manner selected by the focus group such as chronologically, from simple to complex etc.

Important notes about the DACUM process

- The quality of the profile generated by the focus group is based on the input provided by its members. The profile stands on its own, with no changes made without group consensus.
- The profile is created by those who are presently working in the field.
- The profile created will be presented to a larger group of tutors from across Alberta for their validation of its content.

4119-126 St. Edmonton, AB T6J-2A6 August 13, 1995

«TutorName», «AgencyName», «Address», «City», «Province», «PostalCode»

Dear «TutorName».

Thank you for agreeing to participate in this research study. I am confident that your contributions will be very valuable in helping me examine the role of the tutor. It is my hope that this information will be of some value to Alberta Vocational College (A.V.C.), Edmonton and will contribute to the excellent standards already set by the Inservice Training Program for Personal Care Aides (P.C.A.).

The focus group workshop will meet on Sept. 20/1994 in the Centre West Building 10035-108 St. 6th floor conference room, Edmonton. It will commence at 9:00 a.m. and will finish by 5:00 p.m. Parking facilities are available in several locations including: behind Audrey's Bookstore on the NW corner of Jasper Ave. and 107 St., east of Audrey's Bookstore, or on the corner of 108 St. and 100 Ave. The meters require loonies. Lunch will be provided at the workshop.

I look forward to making your acquaintance and working with you on this project. I hope your participation in the focus group proves to be an interesting and thought provoking experience for you.

To help you start to think about how you can contribute to this focus group, ask yourself this question: As a tutor for the Inservice Training Program for P.C.A.s, what is it that I must be able to do? Think about the knowledge you must have, the attitudes that are conducive to good tutoring, and the skills you must possess to carry out this role.

If for any reason you are unable to attend the workshop, please contact me as soon as possible. It is important that we keep the group at 7-9 members, and I will need to find a replacement. If you have any questions at all, please contact me by phone at 403-436-4994 or by FAX at 403-436-4994. Thank you again for your participation.

Sincerely,

4119-126 St., Edmonton, AB, T6J 2A6, August 13, 1995.

```
«AdminName»,
«AgencyName»,
«Address»,
«City», «Province»,
«PostalCode»
```

Dear «TutorName»,

Thank you very much for your assistance in creating a fantastic profile of what you do as a tutor for the P.C.A. program. Your hard work and contributions will provide me with the basis for a survey instrument which will be distributed to a sampling of the general population of tutors. This profile will also be forwarded to Fernelle Fjerwold for her information.

Once again, thank you for taking time from your busy schedule. Please find a copy of the tutor competency profile included with this letter. If you have any questions, comments or concerns please feel free to contact me by phone at 403-436-4994 or by FAX at 403-436-4994.

Sincerely,

Susan Gauthier

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APPENDIX B: TUTOR COMPETENCY PROFILE

Th	nis appendix includes:	page
1.	P.C.A. tutor competency profile	.114
2.	field notes from the focus group	.115

PERSONAL CARE AIDE (P.C.A.) TUTOR COMPETENCY PROFILE

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Summary of Discussion During Focus Group for P.C.A. Tutors Sept.20/94

Comments about the P.C.A. Program

- the program is a great morale booster for the students and is set up in such a way that they can be successful in learning.
- the students gain respect for themselves
- there is a felt need for a band on teamwork
- it is felt that the course material is not valued because it is free, consequently students will quit after just beginning the program and take the entire set of material with them. It was suggested that the students pay for at least the production cost which may or may not be reimbursed at course completion.
- at present, in most locations, the P.C.A. program is only offered to full or part-time staff. There are casual staff who may work many hours but are not entitled to take the course. Consequently, they pick up the working habits (good/bad) of the person with whom they are buddied, and may never be trained properly. It is a potentially dangerous situation.
- some components in the program are obsolete ie. diabetic urine testing
- some of the audio tapes are out of date and need revision.

Comments about the Tutor and her Role

- the tutors would like to be involved in program revision
- they felt it was important to talk about the needs of the tutors
- there are sometimes problems with secondary tutors regarding their preparation for teaching, keeping them motivated, keeping them connected with A.V.C.
- secondary tutors on the floor are finding less and less time to supervise students, and therefore the responsibility is falling more on the contact tutor/inservice coordinator
- the tutors need inservice for themselves, they find they are not always prepared for what they need to support the student's learning needs

Comments Surrounding Category Headings

Organization

- there is great variety in the way in which the program is carried out ie. a preference for group sessions vs. individual sessions; some learners may carry out learning on work time, and others must complete during off time

Evaluation

- a check list would be helpful for the tutors to be used when performance testing to be used as a guide to assure consistency in assessment
- there is sometimes an issue regarding whether it is the tutor's responsibility to continue to monitor competencies that have already been completed. It has

been found that although a procedure or an attitude was demonstrated as being adequate at the time of testing, some may slip into old, unacceptable practices while a student is still in the program. Is this an ongoing issue for the tutor, and/or does it become an inservice issue? Regarding this same issue, the responsibility of monitoring the individual may fall in the hand of the tutor, or the individual's supervisor.

- It is important to communicate with the supervisor regarding student performance.
- attitude components of the program are difficult to assess, monitor and evaluate.
- Is poor attitude a tutor issue or an employment issue?

Teamwork

- teamwork appears to be a difficult/sensitive issue for most; most felt the P.C.A. program needs a band on participating in teamwork

Communication

- The tutor often must provide other kinds of support for the learner ie. counseiing, referring to other services such as a social worker, literacy agency etc.

Motivation

- different agencies provide different forms of recognition of course completion from none to a lavish occasion; it is very important to recognize the learner's accomplishment in some way.
- this course is an option in some institutions and the tutor must be able to "sell" the program.

Facilitate Learning

- more information about the principles of adult learning, and facilitating the adult learner would be useful.

Closing Comments

- a frequent comment was that the tutors really enjoyed working with each other and feel that the opportunity to network with other tutors is very important.
- they found the DACUM process to be very effective, and it was commented that they would have found this kind of profile helpful when they were orienting to see the whole picture of what they do.
- most participants felt they would like tutor inservice on a regular basis (twice a year was suggested) to review the program, review their teaching methods, and network with other tutors. One person suggested it be a mandatory attendance.
- most agreed that there would be many people willing and able to attend such an inservice which would help them stay current, and provide renewed interest.
- this profile will be useful for the tutor to describe to their administrator what their job entails, or justify why they need more time allotted to do their job.

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- they would like to see a copy of the research upon completion, it was suggested that perhaps a copy could be placed in the AARN library
 if the tutors are brought together again at another time, it would be nelpful to
- if the tutors are brought together again at another time, it would be helpful to know who is attending to allow people to coordinate car pooling, and to give comfort in knowing others who will be in attendance.

APPENDIX C: QUESTIONNAIRE

This appendix includes:		page
1.	letter to the contact tutor	. 119
2.	letter to the respondent	. 120
3.	questionnaire	. 121
1	tutor undates	. 134

4119-126 St. Edmonton, AB December 22, 1994

Dear Contact Tutor,

As was discussed in the Tutor Update you received recently, this package contains the questionnaires that will validate the great work done by the Tutor Focus Group (which examined the role of the P.C.A. tutor) in September, 1994. If you did not receive a copy of the Tutor Update describing the project, please contact me at 403-436-4994 and a copy will be faxed to you.

Please find enclosed in this package a questionnaire for you and a questionnaire for the person/persons listed below. I would be very grateful if you would distribute the questionnaires as well as collect the completed questionnaires and return them to me using the pre-addressed, pre-stamped envelope enclosed.

In the event that the person listed is no longer with your agency, please notify me immediately by phone or FAX at 403-436-4994 and another non-contact tutor will be selected in his or her place. Thanks.

Sincerely,

Susan Gauthier Graduate student Faculty of Educational Policy Studies University of Alberta

- 1. Non-contact tutor name
- 2. Non-contact tutor name

4119-126 St. Edmonton, AB December 13, 1994

Dear Respondent,

On Sept. 20/1994, a group of tutors were gathered for a DACUM (Developing A CurriculUM) workshop in Edmonton, to create a competency profile for the Personal Care Aide (P.C.A.) tutor. This workshop was run by a team from the University of Alberta as part of a graduate research project, with assistance from the Inservice Training Programs, Health Careers Dept. staff at Alberta Vocational College (A.V.C.), Edmonton. As a result of some very hard work and creative brainstorming a profile was designed. In order to validate the profile created, this questionnaire has been developed and distributed to a sampling of the P.C.A. tutor population of Alberta. You will find a profile in this package which you may keep.

The results of this questionnaire will be returned to me, Susan Gauthier, graduate student, and will be compiled and analyzed with the assistance of the research personnel at the University of Alberta. Your name and location will not be identified, you will be assigned a number to ensure your responses will remain anonymous. By completing and returning this questionnaire, it will be assumed that you consent to participate in this project. If at any time you wish to withdraw, feel free to contact me at the phone number listed below. The only information that will be supplied to A.V.C. Edmonton, is the results of the data analysis with no reference made to any person or agency.

Your contribution will be useful for the staff at Inservice Training Programs, for a review of the Train-the-Tutor orientation program, as well as providing feedback for future continuing education opportunities for currently practicing tutors.

Please note, a Contact Tutor is the person who is designated to carry out the administrative tasks for the Inservice Training Program for P.C.A. Non-contact tutors are any other tutors for the P.C.A. program who are not contact tutors. Your tasks may be different, so please consider your personal role as a P.C.A. tutor when completing the questionnaire. Not everyone will carry out all competencies.

Thank you very much for your time, I realize it is precious. The questionnaire should take approximately 20 minutes. Please return the completed questionnaire to me by **January** 20, 1995 in the stamped envelop provided. If you would like a summary of the findings, please enclose a stamped, self addressed envelop with your questionnaire. Yours truly,

Susan Gauthier Graduate student Department of Educational Policy Studies

P.C.A. Tutor Project

Validation Survey

TUTOR RESEARCH PROJECT: AN EXPLORATION OF THE ROLE OF THE P.C.A. TUTOR

On Sept. 20/1994, nine practicing P.C.A. tutors attended a workshop to describe all the different competencies that make up the role of the P.C.A.tutor.

Purpose of the Tutor Project

To identify the competencies/skills that are involved in the role of the P.C.A. tutors, and to identify how the tutors perceive themselves in that role.

The Process

Tutors were selected based on criteria aimed at having varied representation from urban/rural agencies, large/small agencies, for-profit/ not-for-profit agencies, and a variety of years of experience.

A workshop was held using the DACUM (Developing A Curricul LM) process. This process is used with practitioners in the field to identify the many competencies they should have to carry out their role effectively. Brainstorming is carried out throughout the workshop to identify competencies, group them into meaningful categories, and place them in a meaningful or chronological order. The facilitator of the workshop is just that . . . a facilitator, and consequently the information collected comes solely from the participants. The end result is the creation of a Competency Profile which is created by those in the field.

A questionnaire was designed to validate the competency profile developed by your peers, and give you the opportunity to add your comments if you feel items have been missed.

A sampling of tutors will be asked to complete the questionnaire which is directed at two main questions. Is this competency important for you in your current job responsibility? Do you feel you have a need for training surrounding this competency? The responses will be analyzed and used in a graduate research study at University of Alberta, and the results will then be forwarded to the Inservice Training Programs Department at A.V.C., Edmonton. This information may them be used to tackle the needs of the tutors who are presently employed, as well as those who will be attending Train-the Tutor orientation workshops in the future. A summary of the results of the study will be available upon request.

DACUM WORKSHOP TEAM MEMBERS - SEPT. 20/1994

Linda Lack
Extendicare South Alberta Ltd., Edmonton

Lois Swan
Extendicare Alberta Ltd., Leduc

Jackie Laun
Thorhild/Westlock Hospital and Nursing Home, Westlock

Diane Perkins Jasper Place Central Park Lodge, Edmonton

Elaine Grinde Extendicare Alberta Ltd., Viking

Ann Riavitz Capital Care Mewburn, Edmonton

Vicki Robinson Youville Nursing Home, St. Albert

Betty Sawchenko Tofield Health Center, Tofield

Ann Thompson Vegreville Nursing Home, Vegreville

A.V.C. Edmonton Suppor'.

Fernelle Fjerwold Marg Lomheim

THE SURVEY

The survey was designed to review the competency profile of the role of the P.C.A. tutor developed by your peers during the DACUM workshop. The profile consists of seven major categories of competencies and the competencies performed under each of the categories. These categories are:

- A. Demonstrate Professional Conduct
- B. Communicate Effectively
- C. Participate in Teams
- D. Organize the Learning Activities
- E. Facilitate Learning
- F. Motivate Learners
- G. Evaluate Learner's Progress

The stem we worked with for the creation of this profile is:

A tutor for the P.C.A. program should be able to:

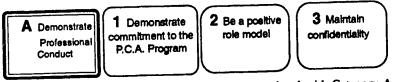
CATEGORIES

The major category of responsibility is identified by a single bold letter of the alphabet and is found in the box with the double lined border. In the example below, Category A heads a group of competencies surrounding: A tutor for the P.C.A. program should be able to: Demonstrate Professional Behavior.

COMPETENCIES

Each major category has a number of competencies which describe the nature of the category more completely.

In this example, A tutor for the P.C.A. program should be able to:



items 1, 2, and 3 are individual competencies associated with Category A -Demonstrate Professional Conduct.

The number of competencies will vary with each major category.

INSTRUCTIONS

SECTION - 1 Competency Profile Validation

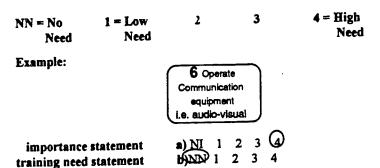
The survey asks you to respond to two statements for each of the competencies based on your current role as a P.C.A. tutor, not all competencies will necessarily apply to all tutors. The statements and the corresponding scale will appear at the top of each page of the survey for your convenience.

Statement a)

Using the scale that follows, please circle a response that best describes how important each competency is to successfully carry out your current role as a P.C.A. tutor.

Statement b)

Using the scale that follows, please circle a response that best describes your need for training in each competency.



In this example, the respondent has identified a priority of 4 = High importance for statement a), and a priority of NN = No Need for training in statement b).

SECTION 2 - Background and Opinions

This section contains questions about your background and personal reflections about being a P.C.A.tutor. Instructions will be provided with each question in

b) - Best d	NI Not Important	1 Low imports	npetency is to your current 2 3 unce in each competency. 2 3	133 role as a P.C.A. tutor. High Importance High Need	Please do not write in this column
	advantages Pro	mote the of the P.C.A.	8 Maintain documentation as required		
	a) NI 1 b) NN 1		a) NI 1 2 3 4 b) NN 1 2 3 4		26-29
	B Please	add any other o	comments you may have abo	ut category B.	
C Participate in teams			2 Be aware of the roles of team members a) NI 1 2 3 4 b) NN 1 2 3 4	3 Recognize the importance of the individual roles of the team members a) NI 1 2 3 4 b) NN 1 2 3 4	30-35
		another	5 Demonstrate flexibility	6 Be accessible to the team	
	a) NI 1 b) NN 1		a) NI 1 2 3 4 b) NN 1 2 3 4	a) NI 1 2 3 4 b) NN 1 2 3 4	36-41

b) - Best describes your need for training in each competency: NN 1 2 3 High Need 7 Cooperate with team members on team activities a) NI 1 2 3 4 b) NN 1 2 3 4 b) NN 1 2 3 4 b) NN 1 2 3 4 c) NI 1 2 3 4 b) NN 1 2 3 4 c) NI 1 2 3 4 b) NN 1 2 3 4 c) NI 1 2 3 4 c)		describes how <u>impor</u> NI Not Important	tant each compo 1 2 Low importance		134 role as a P.C.A. tutor. 4 High Importance	Piesse do not write in this column
team members on team activities a) NI 1 2 3 4 a) NI 1 2 3 4 b) NN 1 2 3	b) - Best	describes <u>your need</u> NN	for training in a	each competency.	4	
D Crganize the Learning Activites 1 Schedule an orientation session 2 Explain the expectations of the P.C.A. program a) NI 1 2 3 4 a) NI 1 2 3 4 b) NN 1 2 3 4 b) NN 1 2 3 4 a) NI 1 2 3 4 b) NN 1 2 3 4 b) NN 1 2 3 4 b) NN		team memb	ers on team	8 Demonstrate a positive attitude	patience and	
a) NI 1 2 3 4 b) NN 1 2 3 4 C Please add any other comments you may have about category C. 1 Schedule an orientation session 2 Explain the expectations of the P.C.A. program a) NI 1 2 3 4 b) NN 1 2 3 4 c) NI 1 2 3 4 c) NN		•		•	•	42-47
D Organize the Learning Activites 1 Schedule an orientation session 2 Explain the expectations of the P.C.A. program a) NI 1 2 3 4 a) NI 1 2 3 4 b) NN 1		10 Be ap	pproachable			
D Organize the Learning Activites 1 Schedule an orientation session 2 Explain the expectations of the P.C.A. program a) NI 1 2 3 4 a) NI 1 2 3 4 b) NN 1		-				48-49
D Organize the Learning Activites a) NI 1 2 3 4 b) NN 1 2		C Please	add any other co	omments you may have abo	out category C.	
b) NN 1 2 3 4 b) NN 1 2 3 4 b) NN 1 2 3 4 4 Distribute the learning materials 5 Schedule subsequent meeting sessions 6 Monitor the progress of the learners (where they are at) a) NI 1 2 3 4 a) NI 1 2 3 4 a) NI 1 2 3 4	D Organize the Learning Activite	orientati		expectations of the	and responsibilities of the tutor and the	
subsequent meeting progress of the learners (where they are at) a) NI 1 2 3 4 a) NI 1 2 3 4 a) NI 1 2 3 4 b) NI 1 2 3 4 56-61					-,	50-55
a) N1 1 2 3 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				subsequent meeting	progress of the learners	
December, 1994 7					b) NN 1 2 3 4	

a) - Best descril	es how impo	rtant each com	petency is to your cur	rent role as a P.C.A. tutor.	Please do
NI		1 Low importan	2	4 High Importance	this column
b) - Best descri	nportant oes <u>vour need</u>	for training is	n each competency.	4	
NN No no		1 Low Need	2 3	High Need	
No no	eu.	20.11.11.1		-	
				\sim	
		dinate the	8 Coordinate and schedule performance	·)	
	learning a	ctivity and	tests		
				J	
		2 3 4	a) NI 1 2 3	4	
	a) NI 1 b) NN 1	•	b) NN 1 2 3	4	62-65
	<i>D)</i> 1414 -	•	·		
	Please	add any other	comments you may hav	e about category D.	
			(3. B d	ive 3 Assess and iden	ntify
E Facilitate		erstand the es of adult	2 Develop a positi working relationsh	, , , –	ls
Learning		rning	with the learner		
	a) NI I	2 3 4	a) NI 1 2 3	4 a) NI 1 2 3	4
	•	2 3 4	b) NN 1 2 3	4 b) NN 1 2 3	4 66-71
	4 Fac	ilitate the	5 Assist learners in learning activites a		
		opment of ual, realistic	required	ie. video, grou	
		ing plans		discussion, lecture	ac.)
			-> >17 1 2 2	4 a) NI 1 2 3	4
	a) NI	1 2 3 4	a) NI 1 2 3 b) NN 1 2 3		
	NN (O	1 2 3 4			_
	7 Ident	ify additional	8 Create	9 Be aware o	4)
	learnin	g resources	supplementary teach	available services	
		es, books,	aides	community: ESL, services, mental h	
	and	es, videos			
	-> >0	1 2 3 4	a) NI 1 2 3	4 a) NI 1 2 3	4
	#) MI				. 200
		1 2 3 4	b) NN 1 2 3		3 4 <i>78-</i> 83

a)	- Best describes how imp	portant each con	npetency is to <u>vour current</u>	role as a P.C.A. tutor.	136 Please do
-,	NI	1	2 3	4	not write in this column
	Not Important	Low importa	nce	High Importance	
b)	- Best describes <u>your ne</u> NN	ed for training i	2 3	4	
	No need	Low Need	•	High Need	
F Motivate	Learners 1 Unde mo to to NN b) NN 4 E prais a) NI b) NN	erstand and use stivational chniques 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4	2 Establish realistic learning goals with the learner a) NI 1 2 3 4 b) NN 1 2 3 4 5 Coordinate recognition upon program completion program completion a) NI 1 2 3 4 b) NN 1 2 3 4 comments you may have about	3 Build confidence the learner a) NI 1 2 3 b) NN 1 2 3	4
	<u> </u>				

NI No. In	es how important each con inportant Low important es your need for training i I Low Need Low Need	nœ	role as a P.C.A. tutor. 4 High Importance 4 High Need	lease do ot write in nis column
G Evaluate Learner's Progress	1 Administer written test (s) a) N1 1 2 3 4 b) NN 1 2 3 4	2 Observe performance skills a) NI 1 2 3 4 b) NN 1 2 3 4	3 Provide constructive feedback by focusing on learner's strengths a) NT 1 2 3 4 b) NN 1 2 3 4	94 -99
	4 Rate performance in a consistent manner a) Ni 1 2 3 4 b) NN 1 2 3 4 7 Evaluate learning materials	Monitor performance on an on-going basis a) NI 1 2 3 4 b) NN 1 2 3 4	6 Liaise with the learner's supervisor regarding performance a) NI 1 2 3 4 b) NN 1 2 3 4	100-105
	a) NI 1 2 3 4 b) NN 1 2 3 4 G Please add any other	comments you may have abo	out category G.	106-107

		139
through 6, the follo	describe yourself in your role as a tutor? Please rank with numbers 1 owing descriptions in order of what best describes your opinion of your as your most important role; #6 as your least important role.	Please do not write in this column
1) Ment 2) Teach 3) Guid 4) Motiv 5) Friend 6) Role	ner e vator/coach d	116-121
10. Do you feel y Please circle the r 1) Yes 2) No	you have adequate time to provide the support your students need? number of your response.	122
1) have more 2) have a more 3) have more	eu change your role as a P.C.A. tutor? Please circle the item you would ed. e input into the course content re clear definition of my role e contact with other tutors ore professional recognition for my job as a tutor	123
5) other	ng that has recently affected your role as a P.C.A. tutor?	
Please return to:	Susan Gauthier 4119-126 st. Edmonton, AB.	
questions?:	T6J-2A6 403-436-4994 (fax or phone)	

THANK YOU!

P.C.A. Tutor Project Update

On September 20, 1994 nine tutors were gathered to participate in a focus group to look at their role as a tutor for the P.C.A. program. The DACUM process (Developing A CurriculUM) was used to identify all the competencies you require to carry out your job as a tutor. The group spent a full day brainstorming around the stem: A P.C.A. tutor should be able to: . . .

As a result, there were seven major categories defined with forty competencies within these seven categories.

Why would we do this? First of all, this is the ground work for a graduate thesis around the role of the tutor. More importantly, this information will be shared with the folks in the Inservice Training Programs, Health Careers Dept. at A.V.C. Edmonton.

What's next? In the near future, a questionnaire will be sent out to a sampling of contact and non-contact tutors in urban and rural settings. I hope you will feel comfortable in contributing your time to this project, it will be greatly appreciated.

Once the data has been analyzed, another P.C.A. Update will be sent out to keep you informed regarding the results.

For those of you who receive a questionnaire, I really appreciate your time spent in helping us understand more about what you do and what you need as tutors. Thanks!

Please post this update so that it can be shared with all tutors in your agency, feel free to make copies.

Participants in the Tutor Focus Group included:

Linda Lack, Edmonton; Lois Swan, Leduc; Jackie Laun, Westlock; Diane Perkins, Edmonton; Elaine Grinde, Viking; Ann Riavitz, Edmonton; Vicki Robinson, Edmonton; Betty Sawchenko, Tofield; Ann Thompson, Vegreville.

P.C.A. Tutor Project Update

Dear Tutors,

In order to have an accurate list of tutors for the up coming survey, I have listed the names of tutors that A.V.C. - Edmonton currently has listed at your facility. These names may not be accurate, as they are based on a list of persons who have taken the Train-the-Tutor workshop.

Please correct the list below including deletions and additions, and return it with your module statistics in December. Thanks, and Merry Christmas.

Agency Name

TUTOR NAME

P.C.A. Tutor Project Update

Dear P.C.A.tutors:

It is time again to let you know how the P.C.A. Tutor Project is progressing!

In December, 280 questionnaires were sent to contact and non-contact tutors throughout Alberta. Although Christmas was a busy time, I hope that those of you who were randomly selected, have had a chance to review the packages for the study.

The completed questionnaires are now coming in, and I am very excited about the information you have provided for the study. Please remember, the results are only as good as the information provided by you. This is your opportunity to share how you feel about your role as a P.C.A. tutor and your opinions are important! You are the practitioners, and therefore you are the experts regarding what kind of education is needed for an effective P.C.A. tutor.

Thank you so much to those of you have sent in your responses, I really appreciate the time and thought put into your replies. For those of you who have not yet had a chance to complete the questionnaire, please take 20 minutes and give me your personal thoughts on your role as a P.C.A. tutor. I would really appreciate your input! There is still time, but Jan. 20/94 is not far off.

If you have any questions or concerns, please feel free to phone or fax me at 1-403-436-4994.

Please return the completed questionnaires by Jan. 20/95 Thanks Very Much!

APPENDIX D: COMPETENCIES RANKED BY MEAN

Th	nis appendix includes:	page
1.	ranked 'importance' means and SD	. 138
2.	ranked 'need for training' means and SD	. 140

Descending Means regarding 'Importance' of the Competency

	Mean	SD C	Competency
A2	3.95	.0.22	competency Be a positive role model
C10	3.93	.0.25	Be approachable
			Maintain confidentiality
B2	3.90	.0.31	Listen Actively
C1	3.89	.0.32	Communicate with respect
			Demonstrate a positive attitude
F2	3.88	0.34	Develop a positive working relationship with the learner
B1	3.88	.0.36	Express themselves clearly - written, verbally
C9	3.87	.0.36	Demonstrate patience and understanding
F4	3.87	.0.40	Encourage and praise the learner
C4	3.84	.0.43	. Be sup portive of one another
A4	3 83	0.43	Keep current in the field of teaching and nursing practice
G3*	3.82	0.52	Provide constructive feedback by focusing on learner's strengths
E3	3.81	0.47	Build confidence in the learner
			Be accessible to the team
E1*	3 80	0.46	Understand principles of adult learning
C2	3 BU	∩ 44	Be aware of the roles of team members
C2	. 3.80 3.70	 0 43	Recognize the importance of the individual roles of the team
O3	. <i>G. I 3.</i>		members
G/*	3 70		Rate performance in a consistent manner
E2	.0.73 3 70	 0.50	Assess and identify learner needs
C2	.0., g 3 77	 0.56	Observe performance skills
CE*	. 3. 7 <i>7</i>	0.56 0.46	Demonstrate flexibility
C7	. 3. 7 7 3. 77	0.53	Cooperate with team members on team activities
Δ1	. 3. 7 7 3 77	0.53 	Demonstrate commitment to the P.C.A. program
CE	. 3. 7 /	0.55 n 63	Assist learners in learning activities as required
E3	. 3. 7 3 3 7 2	0.63 0.64	Maintain documentation as required
D6*	. 3. 7 <u>2</u>		Monitor the progress of learners (where they are at)
OE	. 3.00 2 66	0.72	Monitor performance on an on-going basis
G5	. 3.00 3 64	U.02	Liaise with the learner's supervisor regarding performance
C6	. 3. 04	0.09	Coordinate recognition upon program completion
GO	. 3.02 2 60	0.75	Understand and use motivational techniques
F1"	. 3.60 2.50	0.74	establish realistic goals with the learner
FZ	. 3.56	0.76	establish realistic goals with the issumer explain the roles and responsibilities of the tutor and the learner
D3"	. 3.50	0.91	manage etrope effectively
A5	.3.55	0./5	manage stress effectively explain the expectations of the P.C.A. program
02*	.3.55	89	explain the expectations of the r.o.n. program
G1	.3.54	0.92	administer written tests
B3	.3.54	0.67	use humor effectively
B7	.3.53	0.89	promote the advantages of the P.C.A. program
D8	.3.51	93	coordinate and schedule performance tests
D4*	.3.51	1.05	distribute the learning materials
D7	.3.50	0.87	coordinate the learning activity and work time
E4	.3.44	0.98	facilitate the development of individual, realistic learning plans
D5*	.3.42	0.95	schedule subsequent meeting sessions
D1*	.3.38	1.02	schedule an orientation session
B4	.3.37	0.89	develop negotiation skills
G7*	.3.37	1.03	evaluate learning materials
B5	.3.36	0.94	develop conflict management skills

_	-	
7	45	
	_	

E6*	3.35	1.03	demonstrate teaching techniques i.e. video, group discussion,
			lecture
E7	3.31	0.92	identify additional learning resources i.e. tapes, books, articles, video
F9	3.08	1.08	be a sees of available services in the community i.e. ESL.; social,
			mental health
B6	2.95	1.26	operate communication equipment i.e. audio-visual
E8	2.89	1.27	create supplementary teaching aides

Note: * identifies competencies in which there is a significant (p < .05) variance between the contact and non-contact tutor responses using two-tailed t-test of variance.

Descending Means Regarding 'Need for training'

Madable Mass CD	Commetance
variable Mean SD	Competency . develop conflict management skills
B51.31	. develop conflict management skills
A42.082.08	. keep current in the teaching and nursing practices
	. understand and use motivational techniques
B41.841.23	. develop negotiation skills
A5*1.701.70	. manage stress effectively
	. create supplementary teaching aides
	. be aware of available services in the community ie. ESL;
	social/ mental health
	. facilitate the development of individual, realistic learning plans
E3*1.451.23	. assess and identify learner needs
E11.401.30	. understand principles of adult learning
	demonstrate teaching techniques i.e. video, group discussion,
	lecture
F21.371.28	. establish realistic learning goals with the learner
B11.271.27	. express themselves clearing - written, verbal
E7* 1.26 1.26	. identify additional learning resources i.e. tapes, books, article,
	videos
	. build confidence in the learner
G7*1.201.25	
R9 110 125	. maintain documentation as required
D7 117 131	. coordinate learning activity and work time
D1* 1 1/	schedule an orientation session
B31.111.25	
DOX 440 420	explain the roles and responsibilities of the tutor and the learner
EE 4.00 4.09	assist learners in learning activities as required
E51.091.23	assist learners in learning activities as required operate communication equipment i.e. audio-visual
Bb" 1.09 1.32	operate communication equipment i.e. audio-vioudi
D2"1.091.29	explain the expectations of the P.C.A. program monitor performance on an ongoing basis
G51.051.29	monitor performance on an ongoing basis
D51.051.22	monitor the progress of learners (where they are at)
B21.011.14	
G41.011.2/	rate performance in a consistent manor
B7"1.17	promote the advantages of the P.C.A. program
F51.27	coordinate recognition upon program completion
D81.21	coordinate and schedule performance tests
G3*1.17	provide constructive feedback by focusing on learners strengths
C41.15	be supportive to one another
G6*1.16	liaise with thelearner's supervisor regarding performance
C2*1.08	be aware of roles of team members
D51.18	schedule subsequent meeting sessions
C51.11	demonstrate flexibility
G2*1.11	observe performance skills
C10.801.12	communicate with mutual respect
C61.08	be accessible to the team
F41.17	encourage and praise the learner
C90.781.02	demonstrate patience and understanding
E20.761.02	develop a positive working relationship with the learner
C80.751.07	demonstrate a positive attitude
C31.07	recognize the importance of individual roles of team members
C7 0.71 1.06	cooperate with team members on team activities
Δ1* 0.60 1.15	demonstrate commitment to the P.C.A.program
A1	in manifestation and institution of the state of the stat

D4*	0.63	1.05	distribute the learning materials
A2*	0.63	1.01	be a positive role model
C10	0.60	0.92	be approachable
G1*	0.47	0.92	administer written tests
A3*	0.45	0.96	maintain confidentiality

Note: * identifies competencies in which there is a significant (p < .05) variance between the contact and non-contact tutor responses using a two talled t-test of variance.

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APPENDIX E: TOPIC DATA

A Synthesis of tutor responses (open-ended questions) and comments from DACUM session focus group field notes

Tutor Needs

Ongoing Needs

- update/refresher workshop meeting with peers
- continued inservice for tutors
- newsletter specifically addressed to each P.C.A. tutor with article re: current nursing practice, statistics etc.

Counseling Skills

- how to provide guidance in stress management and be positive role model
- assistance is phrasing questions
- conflict management skills
- communication skills like Toastmasters
- mediation and negotiation skills
- assistance in dealing with uncooperative team member with negative attitude
- 'team building' workshop
- dealing with learner responsibilities
- how to deal with cancellations and procrastination of learners
- motivational techniques
- confidence building for the adult learner
- how to provide constructive criticism
- need to know how strict or lenient a tutor should be
- how to evaluate learners who are inconsistent

Teaching and Administrative Skills

- presentation skills
- teaching/tutoring skills for adults
- would like to know how other tutors keep track of their students (ie. documentation)
- would like to see how other tutors organize group sessions
- how many hours should be committed weekly?
- time management seminars
- organization skills around teaching
- information on adult learning
- resource list, and/or assistance in teaching learners with a language barrier (ESL)
- guidelines on how to evaluate learning materials
- need a checklist to use at bedside to evaluate the demonstrated skills

Program Comments/Concerns

Tutor evaluation

- survival of P.C.A. program and its standards depend on A.V.C.'s effective monitoring system of their tutors and delivery system
- need feedback from college to 'reassure tutor's performance skills'

- how is tutor compliance with competency profile determined?
- feedback from A.V.C./learners for self-evaluation of own skills, by tutors
- contact tutors expressed concern about the non-contact tutors regarding their preparation for teaching, motivation, and connectedness with A.V.C.

Course concerns

- need a band for learners about team work
- exams test reading skills more than knowledge
- need to teach learners to prioritize care when time is short
- documentation process is 'picky'
- written notices from AVC to the learners should be directed to the learner directly

course taught in 1-2 weeks at AVC

- a guide paper with written protocol for communication about PCA's progress is needed
- team competencies should be taught to PCAs
- ongoing communication is appreciated
- guideline/timeline should be developed as a reference
- would like some secondary material
- some learning materials are outdated
- shift work of students makes group work difficult
- difficult for students to get through material, work and have a personal life
- more time rieeded
- Contact tutor does organization of program with the learner, the non-contact tutor follows through with monitoring, testing, performance appraisals etc.

General comments/concerns

- streamline of course content and teaching materials so each student is not so time consuming
- learners have heavy workload, difficult to coordinate study time, home life and a stressful work environment
- being a P.C.A. tutor can only a small amount of our time due to other responsibilities
- need a provincial move to negative charting
- PCA's should not be required to document on the legal chart
- -PCA course should be taught at another facility prior to employment
- difficult to assess attitude changes
- assessment difficult with short exposure to learner
- students don't allow themselves enough time without putting pressure on the tutor
- large amount of documentation required to keep AVC informed about learner progress
- almost impossible for some learners to the program learning on their own time
- difficult to meet with all learners at one time
- would like to hear how other facilities recognize completion of course
- how does each healthcare facility track all of the PCA modules?

- have not used outside learning or community services
- better for Education Coordinator to deal with the course, a great deal of time is spent at home on teaching the course causing conflict between home and work
- some use Long Term Care Resource Center for supplementary materials, some are pleased, and some have difficulty
- some learners "do " the course because it is mandatory, some say they have learned nothing new
- PCAs fear evaluation and it affects their motivation
- how much on-the-job monitoring should be done outside skills demonstrations?
- tutors are sometimes a sounding board for staff
- where is there room for learner 'attitude' to be assessed in the program?
- it took much time to learn the learner tasks I needed to monitor

Suggestions

- graduation ceremonies are held once a year, some are elaborate and some are according to the learners wishes
- recognition should come through the hospital organization
- core modules should be tested last to allow time for attitude changes
- competency is sometimes difficult to test, and is sometimes better to be closely tied to performance appraisal where improvement is the key issue
- sometimes it is beneficial to give oral exams for those who have trouble with written tests
- at gradലത്തെ, continuing education is encouraged
- writing memos to learners with portion notes is helpful
- student rieeds to feel tutor is personally interested in their success
- learners are left very much on their cwn
- our tutor group made flash cards with required performance standards listed in order, for use by all tutors
- must be approachable
- our facility does a two day classroom prientation for PCAs prior to them working on the units works well
- learners need to be responsible for their learning, and set their own pace
- schedule a performance orientation with the orientation of the program
- an individual task check list for each module would be helpful
- guidelines on the frequency a skill should be performed to state competency

Facility Comments/Concerns

Additional job responsibilities

- -when working at a facility where the P.C.A. program is optional, the tutor must "sell" the program to entice learners
- hard to fit unto work routine with other commitments
- difficulties due to many more responsibilities (ie. occupational health and safety nurse, infection control nurse as well as staff development coordinator)
- heavy work load, other responsibilities, schedules and patient care come first, difficult to coordinate demonstrations and testing and not enough time available to do same

- tutor is not always available to monitor learners due to other job responsibilities, other roles, part-time tutor position

Effects of cutbacks

- time and human resources limited due to cutbacks
- higher stress due to uncertainty of own position and that of others due to
- staff cutbacks make it hard to have staff long enough to do performance testing
- staff reductions have lead to increased work load which makes consistent monitoring difficult
- -increased job demands and responsibilities
- job restructuring

Limited time

- more time to spend with learners on daily assignments, supervision, and observation
- time allocated for teaching vs. 'as you have time'
- time specifically to teach, not added to daily nursing duties
- time for more one-on-one teaching
- more time to set up and manage the program
- difficulties due to lack of time to communicate
- not enough time
- not enough time to provide quality teaching, supervision, support

Individual facility comment

- difficult to stay current when employer does not support any educational program outside the facility
- casuals can't take P.C.A. program leaving a large group of aides untrained
- difficulties due to large numbers of learners
- difficult in small institutions to have orientation meetings, individual work is usually done
- educational department takes on these responsibilities
- as only RN, there is little time to observe learners, coordinate demonstrations and testing
- education department does most of these activities
- limited human resources to support learners
- animosity exists between LPNs and PCAs and recognition of completion is difficult to plan
- most of learners are part-time or casual and monitoring them consistently is difficult
- ongoing learner performance is monitored by unit supervisory staff

Lack of recognition and/or support for tutors

- lack of recognition of work done
- lack of emotional, financial, or physical support from administration and/or staff
- teaching on days off

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- lack of recognition of administration of importance of program
- make learner supervision a team responsibility
- utilize the supervisory and leadership skills of the R.N.s on the unit to observe clinical performance

Note: A full copy of all comments made by respondents listed by topic is available from the author

APPENDIX F

CURRICULUM VITAE

CURRICULUM VITAE

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EDUCATION

M.Ed. (candidate)	University of Alberta	1995
B.Sc.N.	University of Alberta	1981
R.N.	Royal Alexandra Hospital, Edmonton, AB	1974

CAREER EXPERIENCE

Hospital Nursing: Neonatal Intensive Care; Maternal Child (antepartum, labor & delivery, postpartum); Paediatrics; Physio-Rehabilitation; Surgery; Neurology.

Community Nursing: Community Healthcare; Congenital Anomalie Research Interviewer; Early Discharge Postpartum Program; Camp Nurse.