A TEAM-BASED APPROACH ENSURING QUALITY CURRICULA

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- Priority Focus and explanation of PATS variation

The focus was Quality Assurance (to provide peer review and input into Unit Outlines, assessment rubrics, the development of learning outcomes and to ensure constructive alignment of curricula). A secondary focus was Quality Improvement in second and subsequent iterations/deliveries of curricula.

Why
The Bachelor of Dementia Care is a new, fully online, course that has been developed by the Wicking Dementia Research and Education Centre, Faculty of Health. The development and delivery occurred within a very short time-frame with minimal staff who, in some instances, were inexperienced staff in curriculum development, especially for teaching large numbers online. Curriculum development, in the initial semesters occurred in a 'just in time' space. Team-based peer review was an efficient, inclusive and opportunistic approach that aimed to ensure constructively aligned curricula and was a way in which quality improvement could be integrated with ongoing curriculum development.

The Peer Assisted Teaching Scheme (PATS) provided a framework for our team to apply a peer lens and engage in critical reflection (Brookfield, 1995) during the curriculum development stage. PATS was a strategy to support staff in the Bachelor Dementia Care to connect with the Faculty of Health's strategic initiative to improve units/teaching/ensure quality of curricula. Engaging in PATS was also was a clear way of staff demonstrating evidence of meeting Teaching Performance Expectations (TPEs).

People
A teaching team including ongoing academic, fixed-term contract and casual, as well as professional, staff members.

Timeframe
Ongoing.

Scope: Course
Unit curricula developed for first delivery of the Bachelor of Dementia Care.

- Key Outcomes

PATS Variation – outputs and outcomes – outputs and outcomes
This PATS variation has provided the course coordinator with a framework to mentor staff and scaffold a range of activities that ensured quality in the continuing development of curricula in a new fully-online course. An unintended and positive outcome was the establishment of collegial, supportive team committed to the delivery of a quality course (a community of practice), demonstrating the benefits of creating a culture of collegiality around quality

The course coordinator introduced team reviews as a peer-led quality activity and staff members worked on other projects, for example, an online space for students and staff that is dedicated to supporting and communicating about the team's educational and discipline research. The practice of a planned approach to evidence gathering for a course and units, to evaluate quality and engage in scholarship, has extended beyond the immediate Bachelor of Dementia Care team.

Additionally, in 2014, due to a strong focus on alignment of unit learning outcomes with course learning outcomes, the course was able to demonstrate compliance with the Australian Qualifications Standards (AQF) framework, with evidence at the level of what was taught and assessed. The team continues to engage in formal and informal peer review practices and the collegial culture where peer review is valued contributes to the ongoing quality assurance of the course.

System level impacts
Within the Faculty of Health, this Bachelor of Dementia Care PATS Variation aimed to have impact at IMPEL levels 1, 2, 3 and 4.

1. **Team members:** collegial culture supports professional development, meeting TPE's, engaging in scholarship.
2. **Immediate students:** delivering quality, peer-reviewed curricula that enables course and unit outcomes to be met by students.
3. **Spreading the word:** dissemination of this practice through the production of guidelines, conference presentations and providing staff opportunities.
4. **Narrow opportunistic adoption:** uptake of peer led quality activities in other courses in Faculty of Health.

- Learning

1. Barriers and opportunities
Time to engage in peer assisted quality assurance activities is the major barrier for a course that is offered on a trimesterised basis and where its curricula is developed and delivered concurrently.

2. What worked well
Distributing the load of peer review ensured least workload impact. Including all team members, including professional staff, was instrumental in developing a sound, strong team in the Bachelor of Dementia Care. The course coordinator took on the role of initial mentor, guiding the process and ensuring that workload was fairly distributed. All team members had the opportunity to

contribute and take a lead in a range of activities. This example of transformational leadership (Pearce, 2004) resulted in the Bachelor of Dementia Care team creating and fostering a shared vision and goal of developing and delivering quality curricula that supports a positive student learning.

3. What didn't work well

The time frame to implement peer review of curricula in the Bachelor of Dementia Care has always been limited, but nevertheless an important and integral element of developing a new course. More time to review material and a greater number of reviewers would strengthen the process and the outcomes.

4. What was learnt

This is a valuable, important, approach that can support the development of quality curricula (which enhances student experience, learning) but also valuable in team building. A distributed/shared leadership method for engaging teaching teams was an ideal approach however safeguards to protect collegiality needed to be in place as it was recognised that individualistic, vertical, leadership approaches may limit the success. Differing management styles may/could impact the way in which the peer assisted process is driven (i.e. top down, rather than flat structure, inclusive approach).

5. National System Impact

IMPEL Level 4: Changes by opportunistic adopters at participating institutions leading to changes for students who are directly influenced.