LEARNING STRATEGIES GUIDE FOR
HLT HEALTH TRAINING
PACKAGE

For Aboriginal and/or Torres Strait Islander primary health care qualifications see separate guide

Release 3.0 December 2015
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Purpose of this Guide

This *Learning strategies guide* is one of several guides produced to help with the implementation of the HLT Health and CHC Community Services Training Packages.

HLT units of competency, assessment requirements, qualifications and skill sets can be found on the national register [www.training.gov.au](http://www.training.gov.au).

In addition, the following non-endorsed Training Package components (companion volumes) have been developed:

- The *Implementation guide* is a mandatory requirement for Industry Skills Councils to develop. It is available at [www.cshisc.com.au](http://www.cshisc.com.au) and contains overview information about the entire Training Package, including a list of all units, skills sets and qualifications. It also contains key implementation advice for use by registered training organisations (RTOs).

- Other guides and resources to assist implementation, include:
  - This *Learning strategies guide* describes potential strategies for working with a diversity of learners and possible learning strategies.
  - A *Knowledge strategies guide* identifies knowledge requirements of the units of competency, a glossary of terms and provides information about potential resources as well as links to useful information.
  - An *Assessment strategies guide* provides guidance on implementation of the Assessment Requirements as well as general advice about assessment.
  - A *Foundation skills guide* provides guidance about identifying foundation skills and developing them in students in the context of the sector in which they work.
  - A *Work placement guide* provides guidance on how to set up work placements, the roles and responsibilities of RTOs and industry partners, how to ensure that the placements are good learning experiences for students and are run effectively in organisations.
Feedback and contributions

In time, these companion volumes will provide an opportunity to showcase best practice from RTOs and provide a forum for sharing information and resources. If you have any ideas, resources, case studies or feedback to contribute to the companion volumes, please provide your feedback via the CS&HISC Continuous Improvement Feedback Register.

Designing training

Designing training for the Training Package units and qualifications involves various stages. While these stages are represented sequentially in the diagram below, they often overlap or need to be revisited should changes in requirements and needs occur.

Consultation with industry

To develop and deliver a training program that is current, relevant, valid and credible, it is vital that RTOs maintain contact and regularly consult with industry. Training needs to represent the current requirements of industry. It is essential for trainers to understand the needs and expectations of industry if they are to successfully prepare learners for the job role. Regular communication should be maintained between RTOs and industry throughout the training process.

To ensure that training always meets the needs of industry (who will eventually employ competent graduates) it’s important that industry representatives are consulted in the design stage of training preparation, and also throughout the training cycle, to ensure that industry needs are met. This sounds simple, but it’s easy for RTOs or trainers to be ‘out-of-the-loop’ when it comes to changes to industry requirements.

There are different ways to consult or keep connected to industry and ensure that training is up-to-date and relevant, for example, some RTOs form partnerships with employers or advisory groups and devise a regular meeting schedule.

RTOs need to maintain strong connections to industry in order to:

- keep up to date with the latest equipment, techniques and processes being used
- understand industry standards
- understand changing demands on industry and the skills and knowledge required to meet those demands
**Trainer’s skills**
Under the Standards for Registered Training Organisations (RTOs) 2015, trainers need to maintain currency and competency in the units they deliver. This can happen in a number of ways, including:

- visiting work sites – trainers regularly attend industry sites to supervise learners, consult with workplace supervisors and observe work operations and conditions; all tasks that provide opportunities to keep up to date with industry practice
- industry placements – some RTOs encourage trainers to take up industry placements
- working closely with industry representatives – bringing industry people into the RTO as guest speakers, as observers of class activities, or to meet with trainers to discuss real life situations where competencies are required and to work with the RTO personnel to create realistic scenarios that students can learn from
- engaging in professional development activities that provides industry updates for trainers, which could include validation sessions or training advisory groups.

The regulators of RTOs provide further information about what is required to achieve and maintain vocational competency:


**Validating learning materials**
Another requirement of the Standards for Registered Training Organisations (RTOs) 2015 is that RTOs need to have learning materials validated by industry. This can be achieved in different ways - through the arrangement of formal meetings or validation sessions, online forums, or by asking for direct feedback during industry site visits. The ASQA website also contains a fact sheet about industry validation: [http://asqa.gov.au/media-and-publications/conducting-validation1.html](http://asqa.gov.au/media-and-publications/conducting-validation1.html).

**A learning strategy**
All accredited training against the Training Package must be carried out by an RTO who has training package qualifications or specific units of competency on their scope of delivery, or who works in partnership with another RTO who does, as outlined in the Standards for

The same standards specify that all providers must have strategies in place to deliver quality training. These strategies, including learning and assessment strategies must be developed in collaboration with industry, as must the training and assessment materials.

A learning strategy is an organising framework for the delivery of a unit of competency, a group of units or a qualification. It provides an overview about how components of training packages can be delivered, and may also include information about pathways and training materials.

A typical learning strategy would include:

- information about the learner group and their characteristics and needs
- the selection of units of competency, or a qualification with electives identified, as defined by the packaging rules
- options for structuring delivery including broad content structure
- pathways for learners
- delivery approaches (on the job, off the job, blended)
- assessment information
- staffing
- operational requirements.

A learning strategy template, showing typical content headings, is provided on the next page.
Although the template shown above assumes it is a one page document, when completed it will contain much more information.
Choosing electives
Due to the quite specialised nature of many health qualifications, the amount of flexibility offered through electives varies greatly. Broad qualifications such as those in health administration tend to allow for more electives than specialised qualifications in technical areas.

However, every qualification in the HLT Health Training Package offers some level of elective choice, and learners can select electives that reflect their vocational interests, role requirements or professional development goals. The packaging rules of a qualification offer options, and learners should be guided to select units of competency that:

- are identified by industry as needed skill areas and therefore will boost their chances of gaining meaningful employment
- are areas of interest for personal and professional development to the learner
- relate to prospective or current job roles and responsibilities
- can lead to specialisation or further study.

Sometimes providers cannot offer all the units that are listed as electives in qualifications due to restricted resources or the skills of their trainers. Where providers limit the range of electives, they should always make sure that prospective learners know they could have other options at other RTOs, and explain why the elective range has been both limited and chosen.

EXAMPLES

**HLT37315 Certificate III in Health Administration**
The range of health administration roles is vast and varied in organisations of different sizes and types. The qualification has 5 core and 8 electives units of competency with up to 5 of those electives able to be selected from any Training Package or accredited course. Outcomes can therefore be tailored to suit local needs. Those needs may be focused on areas such as information technology, client service, recordkeeping or financial administration through the use of electives. Multi-skilled outcomes are also possible.

**HLT57915 Diploma of Anaesthetic Technology**
The role of the anaesthetic technician is highly technical and very specific. Therefore the national qualification has limited flexibility with 15 core units and only 2 electives.

**HLT51015 Diploma of Paramedical Science**
The role of pre-hospital and out-of-hospital workers employed by State/Territory ambulance
authorities, the Australian Defence Force and the private sector varies in each of these work contexts. The qualification has 9 core and 8 electives units of competency with up to 4 of those electives able to be selected from any Training Package or accredited course. The needs of each target group can be tailored to suit local needs providing multi-skilled outcomes focused on front-line emergency healthcare or healthcare needs of rural and remote and industrial/mining sites where distance from specialised medical treatment is life-threatening.

**HLT65015 Advanced Diploma of Dental Prosthetics**
The role of the Dental Prosthetists is highly technical and very specific. Therefore the national qualification has limited flexibility with 11 core units and only 1 elective. This qualification also has an entry requirement to meet national registration requirements for Dental Prosthetists.

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**Factors contributing to elective choice**

**Specialisations**
Some qualifications allow for different specialisations. By choosing appropriate combinations of units an individual may complete the program with one or more specialisations, identified in the qualification.

**EXAMPLE 1**

**CHC33015 Certificate IV in Allied Health Assistance**,
Is designed for those who provide therapeutic and program related support to allied health professionals. The qualification allows for six specialisations, depending on which group or groups of electives the individual chooses:

- Physiotherapy
- Podiatry
- Occupational Therapy
- Speech Pathology
- Community Rehabilitation
- Nutrition and Dietetics

Where 2 (or more) specialisations are completed, award of the qualification would read, for example, *Certificate IV in Allied Health Assistance (Physiotherapy, Occupational Therapy)*
EXAMPLE 2

HLT45015 Certificate IV in Dental Assisting

Is designed for those who assist dental or oral health professionals. The qualification allows for five specialisations, depending on which group or groups of electives the individual chooses:

- Radiography
- Oral health promotion
- General anaesthesia and conscious sedation
- Technical records
- Dental practice administration work

Qualifications may allow the option of choosing electives so as to specialise in one or more areas. See the qualification documents themselves for more information about this.

In choosing a specialisation, the RTO (and the individual) must make sure that it will be possible to actually achieve competency in that area. Often the units require at least some assessment to be undertaken in the workplace, so the workplace must be able to offer the opportunity for the student to gain experience within the area of work most relevant to the unit of competency. The Assessment Conditions within the Assessment Requirements for each unit of competency states where assessment must take place and any other conditions. The availability of relevant work placement opportunities may in some cases constrain elective choice. For more information about work placements, please see the companion volume Work placement guide.

Regulatory requirements

All units must be considered in the context of regulatory requirements in the particular jurisdiction they are being used. While RTOs must be aware of requirements for all units they deliver, there are some units where particular care needs to be taken.

EXAMPLE

There are three medication units, which are available as electives in a number of qualifications in the Training Package:

- HLTAPS006 Assist clients with medication
- HLTAPS007 Administer and monitor medication
- HLTENN007 Administer and monitor medicines and intravenous therapy

Jurisdictional requirements do vary and RTOs should research and confirm current requirements before delivery.

Work role boundaries and scope of practice
In some areas of the Training Package, there are multiple units addressing different aspects of work in a given functional area. Examples of this would include units in the following areas:

- anatomy & physiology
- communication
- infection control
- legal and ethical practice
- policy and research

This also applies to specialised units. In all cases, individual units of competency have varying levels of complexity and task autonomy. The process of qualification development has ensured that core units are appropriate for the nominated job roles. RTOs need to make judgments about the appropriateness of elective units for those job roles, especially where these are chosen from outside the qualification elective listings or from another Training Package.

RTOs should never base elective decisions on the unit of competency title alone and a detailed review of content is required to make an informed judgment about the most appropriate unit to select.

The application statement in the unit of competency should provide a clear indication about content and scope.

**EXAMPLES**

**Anatomy & Physiology Units**

Clear differences are highlighted in application:

- **HLTAAP001 Recognise healthy body systems**
  This unit describes the skills and knowledge required to work with basic information about the human body and to recognise and promote ways to maintain healthy functioning of the body. This unit applies to any worker who needs to use and interpret information that includes references to client anatomy and physiology.

- **HLTAAP002 - Confirm physical health status**
  This unit describes the skills and knowledge required to obtain and interpret information about client health status and to check a client’s physical health. It requires a detailed knowledge of anatomy and physiology. This unit applies to individuals working directly
with clients and who assist in the provision of health care services.

**Medication Units – clear difference highlighted in application**

- **HLTHPS006 Assist clients with medication**
  This unit describes the skills and knowledge required to prepare for and provide medication assistance, and complete medication documentation. It also involves supporting a client to self-administer medication. This unit applies to community services and health workers with authority in their state or territory to assist with the administration of medication.

- **HLTHPS007 Administer and monitor medication**
  This unit describes the skills and knowledge required to administer medications to people and monitor them, as per the delegation from a relevant health professional, in accordance with legislation and the employing organisation’s medication and delegation policies and practice.
  This unit applies to community services and health workers with the relevant authority in their state or territory to administer medication and monitor them as per the delegation from a relevant health professional. Ongoing requirements to demonstrate competency in drug calculations may apply, and users should refer to relevant state/territory regulatory requirements.

- **HLTENN007 Administer and monitor medicines and intravenous therapy**
  This unit describes the skills and knowledge required to administer and monitor medications and intravenous (IV) therapy, including calculating dosage requirements, interpreting written instructions from an authorised prescriber, assessing the person for medication effectiveness and side effects, and responding to an allergic pharmacological reaction.

**Relationships between sectors of work**

Boundaries between many industry sectors are blurring and people are working with different combinations of skills in areas that used to be siloed. Good connections with industry will ensure that RTOs are aware of crossovers and interrelationships between sectors. This information supports good elective choices.
EXAMPLES

Complementary health and aged care
Many complementary health practitioners work with older clients either in their own homes or in aged care facilities. Qualifications allow for this type of practice.

Optical dispensing and retail
In some business models there is a focus on the need for optical dispensers to have strong retail skills. The qualification allows for retail electives and can be selected according to local industry needs.

Massage therapy and sport/fitness
While preserving the integrity of massage practice through a strong core requirement, qualifications allow for selection of some sport/fitness units. Depending upon local industry needs, these units could be appropriate.

Dental technology and business
In some business models there is a focus on the need for dental technicians to have strong customer service standards and business management skills. The qualification allows for business skills electives and can be selected according to local industry needs.

Minimising duplication
The duplication across units in HLT has been significantly reduced. However, qualification flexibility means that it would be possible to select elective units that cover similar content.

Best practice RTOs will select electives that minimise duplication and provide learners with the broadest range of skills possible.

Developing a training program

What is a training program?
A training program supports the implementation of learning or training strategy. It provides detail about how units of competency will be delivered and how the training outcomes will be achieved.

Training programs usually include:
• the purpose of the training
• the target group, their needs and characteristics
• the target units of competency
• the structure and sequence of the training, including timeframes
• the learning materials to be used
• the resources required, including personnel.

General guidelines to consider when developing a training program include:

| Needs of learners | It is essential that training meets the needs of learners, including an understanding of where the learners are in terms of current skill and knowledge levels and where they have been in terms of past experiences, work and training. Also, there needs to be an awareness of any particular requirements the learner may have such as language, literacy and numeracy (LLN) needs or, if the learner is in a work role, their job requirements and responsibilities. For specific information about identifying learner needs, refer to the section titled ‘Establishing and meeting learner needs’. |
| Resourcing | When designing training, it’s important to consider the resources available for delivery, including personnel, equipment and time. The availability of such resources can impact on how and when content is delivered. |
| Common content areas | Sometimes a needs analysis will show that individuals need skills and knowledge that can be found in several units of competency, in which case the content could be addressed in a common learning activity. |
| On or off the job training | The training may be on the job (or within a work placement), off the job, or include a blend of both. No matter which mode is adopted, trainers need to work closely with industry to ensure that activities and resources used in training are realistic and transferable to the work context. |
| Learning activities | These should meet actual industry conditions and address the standards of performance required by the organisation. It is important to note that every industry and individual workplace has its own set of guidelines, processes, methods and resources, and these need to be taken into consideration when identifying learning activities to suit a particular audience. |
| Available learning resources | RTOs will need to examine the learning resources they used for previous versions of these units and qualifications, to determine if they can still be used. The unit mapping information in the companion volume Implementation guide will be helpful to identify changes that have been made to units. For many units the learning material you have will still be useful provided they have been kept up to date with current approaches and service delivery models. Assessment requirements, however, will be significantly different. |
Resources
The resources required to deliver a training program include both the materials and items that are the focus of the learning, such as equipment or documents that learners need to know about. When designing training give careful consideration to what happens in a real workplace and also the documents and materials. For example manuals, common workplace forms, policies and procedures, and equipment. These items should be included in the learning process as it consolidates the link between training and industry.

Many of the units and qualifications within this training package require workplace assessment which will require some experience of working in that workplace. Many of the qualifications require a work placement for those not already in work in this sector. Many students will complete their programs by a combination of learning in the workplace and learning within a training environment.

If you are delivering the learning program in a workplace, there are some issues you will need to consider.

<table>
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<th>Equipment</th>
<th>Is the required equipment accessible at all times or are they used in the organisation’s daily operations? Does equipment need to be altered to meet the additional needs of learners?</th>
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<td>Personnel</td>
<td>Who is available and appropriately qualified to supervise the learner’s undertaking of workplace tasks? Do workplace schedules allow for the supervision and mentoring of learners or do they have to be re-arranged?</td>
</tr>
<tr>
<td>Documentation</td>
<td>Are workplace forms easily accessible? Are they written in a language that the learner understands? Are visual aids available? What forms does the RTO need to supply to the organisation to prepare them for training?</td>
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Some units of competency from the HLT Training Package include skills and knowledge that will be difficult to deliver in a real context, for example, skills and knowledge that relate to emergency situations or dealing with unpredictable behaviours.

EXAMPLE 1
The unit HLTAIN001 Assist with nursing care in an acute care environment, includes the following performance criteria:

2.1 Provide support, assistance and technical care according to the nursing care plan and appropriate protocols in order to meet activities of daily living

2.2 Use appropriate equipment and aids when providing assistance and support
Planning a training program for this unit could include a learner working beside an experienced worker. It may be very difficult to provide a learner with the full range of contexts and situations that may occur only rarely. For instance, as each individual is different, their requirements for support will vary.

It would also be necessary for the learner to be taught how to do a task before they are in the healthcare environment.

An assessment requirement for this unit is that the candidate provides ‘assistance with breathing devices, under the direct supervision of a health professional’. Before the learner can do this with an individual in need of support, they would need to be shown how to do it, and to practice doing so, most probably on a mannequin, then on themselves, then on fellow learners.

**EXAMPLE 2**
The unit **HLTENN013 Implement and monitor care of the older person**, includes the following performance criteria:

4.5 Provide care for the deceased person using standard precautions and in accordance with organisation policy and procedures.

It may be very difficult to provide a learner with the full range of contexts and situations that may occur only rarely. It would be necessary for the learner to be taught how to perform this task, most probably on a mannequin, then on fellow learners to be assessed as competent in the skill.

Simulated learning environments can work well in such situations. Simulated learning environments should always reflect a real working environment that allows an opportunity for learners to develop skills and knowledge that would usually be performed. Scenarios and case studies can be used to help build a picture of what’s real. Although note, it is important to always follow the assessment conditions of each unit of competency.

**Contextualising units**
Contextualisation of units of competency is about modifying units to suit specific needs. Units of competency define job tasks, and the way those job tasks are completed can vary from workplace to workplace. Units of competency may be contextualised to align with different:

- organisations or workplaces
- locations
- equipment
- procedures
• client types / profile

The important point to make is that any contextualisation must not change the intent of the unit of competency. Any modifications made to units of competency ‘must maintain the integrity of industry skill and portability requirements, including all legislative licensing and any other regulatory requirements.’

If units of competency are not contextualised, industry may not get the learning outcomes that best suit the need. Units need to be contextualised so that performance standards, terminology, facilities, equipment and operating procedures specific to jurisdiction, organisation or learner needs are clearly articulated in the training program.

Examples of contextualisation could include:

• substituting organisation terms for generic terms in the performance criteria, for example, the names of particular workplace policies
• adding to the range of conditions, for example to specify a particular type or brand of equipment
• making reasonable adjustments to suit learner needs.

The contextualisation process
The following process is recommended for contextualising units.

Step 1: Determine the units of competency that are relevant to the work of the organisation (which may be all the units in a qualification).

Step 2: Identify an industry expert to work with.

Step 3: Review and contextualise the entire unit, including the assessment requirements, in collaboration with an industry expert.

Step 4: Complete the process by asking: How will we know if the task has been done well? Also consider:

• Who are the people who support or inform the task (if any)?
• When and for how long the task occurs?
• Where does the task happen?
• What materials, equipment or information are required to complete the task?
### Sample Contextualisation

The following is an extract from **CHCLEG001 Work legally and ethically**. As a cross sector unit, this appears in many HLT qualifications. The notes in the right column are questions that a trainer could use to start the contextualisation process.

<table>
<thead>
<tr>
<th>Element</th>
<th>Performance criteria</th>
<th>Contextualisation notes</th>
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| 1. Identify and respond to legal requirements | 1.1 Identify, access and interpret sources of information about the legal requirements that apply to the work role  
1.2 Identify the scope and nature of own legal responsibilities  
1.3 Adhere to legal requirements in work practice according to workplace policies and procedures and scope of role  
1.4 Recognise potential or actual breaches and report according to organisation procedures | • How will sources of information differ across roles and organisations and sectors?  
• How will the scope of legal requirements differ across sectors (e.g. ambulance versus operating theatre) and across jurisdictions (e.g. Queensland versus Victoria).  
• What are the policies and procedures of this organisation? Where are they kept? How are they organised?  
• What are examples of common breaches in this particular organisation or sector? |

### Delivering training

**Establishing and meeting learner needs**

According to the Standards for Registered Training Organisations (RTOs) 2015 all RTOs must have a strategy in place that outlines how it will establish learners’ needs. Establishing the needs of learners can be achieved in different ways – through an informal or formal interview, by completing a questionnaire or pre-training assessment, or combinations of those approaches. Interviews allow for learners to be asked directly about their learning preferences and any additional needs they may have. Other times, the needs of the learner may be self-evident, for example a learner with a mobility aid will need access to lifts and ramps to access rooms and other facilities. RTOs should cater for learners with additional needs wherever possible in order to allow these learners to participate in training.
Understandably, there will be learners who are embarrassed or self-conscious of their additional needs or current skill levels. Some learners will be adept at masking their additional needs, especially in relation to low levels of language, literacy and numeracy skills; this can be a challenge for trainers and will require thorough observation of learners’ progress.

For further details about assessing a learner’s language, literacy and numeracy skills, refer to the companion volume *Foundation skills*.

Wherever possible, RTOs should provide options for learners with particular needs to participate in training.

**Training for people with a disability**

Under the *Disability Discrimination Act 1992*, the Disability Standards for Education were formed in August 2005. They specify the requirements of education and training providers in ensuring that learners with a disability have access to education and are able to actively participate in learning without experiencing discrimination.

Quality vocational training is often about making adjustments to suit the particular needs of learners. The following information is aimed at assisting trainers and assessors to meet the needs of learners who have a disability in terms of making reasonable adjustments.

**Adjustments in training**

While adjustments can be made to training and assessment procedures, the integrity of the unit of competency and/or qualification must be upheld. Learners still need to achieve the standards that employers and training providers expect. As such, making reasonable adjustments is centred on identifying what adjustments can be reasonably made and how they may be put into place, within the learning environment.

A learner with a disability can have training and assessment that is fair depending on the RTO’s attitude, preparation and application of adjustments.

**Attitude**

The attitude of others is often the most significant barrier to people with disability. Most people with disability will only require small adjustments or supports put in place to ensure that equitable access to learning and a positive experience. There are many support agencies that can provide advice but trainers will need to find time to ensure that training meets the needs of all individuals.
Creating or establishing an environment based on respect and understanding is essential to overcoming barriers and difficulties. The use of positive and inclusive language in learning and work resources and documentation can make a significant difference in how disabilities are perceived. For example, use language that refers to the ‘person’ instead of language that identifies people by their characteristics. For example, the term ‘person with disability’ versus the term ‘disabled person’. People should be identified by their abilities and job tasks, not by what they are unable to do or their physical characteristics.

**Preparation**
RTOs and workplaces need to be prepared to accommodate all learners and make adjustments to accommodate their needs. It is important to identify any functional issues arising from the nature and extent of a learner’s disability. This can be achieved through a formal or informal conversation with the learner and identifying any reasonable adjustment requirements. In some cases, professional support or input from experienced personnel may be required.

**Application**
Reasonable adjustments that have been implemented into the training program need to undergo frequent monitoring and evaluation. This is to ensure that at all times the learner has access to the best environment for continuous learning. Some reasonable adjustments may need improving, reinforcing or may only need to be put in place temporarily. These types of adjustments can be deduced through an informal discussion with the learner. However, if adjustments are substantial or the learner is not acquiring the level of competence required for a unit, a more formal process may be required. This can include:

- the use of performance indicators – the training provider, trainer, learner and workplace should have agreed performance indicators which can be quantified and monitored
- gaining independent support – the involvement of a third party, not connected to the workplace or training provider, may be required
- experimentation – trial and error can be used to find a strategy that works, if the current strategy is not producing required results
- continuing review – formal monitoring processes should be in place to check if adjustments need changing and the degree of change required.

Disability Coordination Officer Program and provides useful information, coordination and referral services for people interested or enrolled in a post-school education and training program.

**Clustering**

Clustering involves the grouping of competencies into combinations for training and/or assessment purposes for efficiency, to reflect a role or to meet the needs of the enterprise.

The way that skills and information are presented to learners will depend on the context of the learning environment, whether it is on the job, off the job, or blended delivery. Whichever mode, it will sometimes be appropriate to cluster delivery and create single activities that cover aspects of two or more units, where common skills and/or knowledge exist. For example, the assessment requirements in many of the units may include knowledge of legal and ethical considerations, for example:

<table>
<thead>
<tr>
<th>Units</th>
<th>HLTAIN001 Assist with nursing care in an acute care environment</th>
<th>CHCCOM005 Communicate and work in health or community services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge requirement (extract)</td>
<td>• legal and ethical considerations:</td>
<td>• legal and ethical considerations in relation to communication:</td>
</tr>
<tr>
<td></td>
<td>- codes of conduct</td>
<td>- privacy, confidentiality and disclosure</td>
</tr>
<tr>
<td></td>
<td>- dignity of risk</td>
<td>- discrimination</td>
</tr>
<tr>
<td></td>
<td>- duty of care</td>
<td>- duty of care</td>
</tr>
<tr>
<td></td>
<td>- human rights</td>
<td>- mandatory reporting</td>
</tr>
<tr>
<td></td>
<td>- privacy, confidentiality and disclosure</td>
<td>- translation</td>
</tr>
<tr>
<td></td>
<td>- work role boundaries – responsibilities and limitations</td>
<td>- informed consent</td>
</tr>
<tr>
<td></td>
<td>- work health and safety (WHS), including manual handling</td>
<td>- work role boundaries – responsibilities and limitations</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- child protection across all health and community services contexts, including duty of care when child is not the client, indicators of risk and adult disclosure</td>
</tr>
</tbody>
</table>

So it would make sense to cluster when this requirement appears across units rather than repeating the training again and again. It is important to note that even when you cluster you will still need to meet the requirements of each unit and this will mean covering this knowledge requirement in the context of the specific tasks reflected in individual units.

For trainees and apprentices, elective choices are usually included in a training plan.
Standard training plan templates for traineeships and apprenticeships are available from State Training Authorities (STAs), who are responsible for the delivery of apprenticeships/traineeships in their jurisdiction. For further information and resources available, visit the STA website in your state or territory – links are available at: www.australianapprenticeships.gov.au/state-training-authorities

**Chunking**
To ‘chunk’ information is to break down the main information/knowledge block into smaller parts where each part is addressed separately. This makes information easier to follow and understand.

Ideally, no more than five chunks of information should be presented to learners at any given time. The average learner will only retain five to nine different pieces of information at any one time. Time is also important in this regard – learners will retain more information if they are alert and awake. Retention of information also increases if learners are familiar with the concepts covered and terms used, and the information is logically sequenced and simple.

**Sequencing**
Sequencing refers not only to the sequence in which units are delivered but also to the way that information is sequenced or ordered for delivery. Below is a common approach to sequencing the delivery of content:

<table>
<thead>
<tr>
<th>From known to unknown</th>
<th>Once learners’ knowledge and skill levels are established, begin training by covering content that learners are already familiar with and then introduce new material. Learners will be more receptive to new information if it is connected to familiar content.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>For example, in groups, learners brainstorm what they know about improvement plans. Once the group shares their answers, the trainer provides more detail by providing examples and explaining the components.</em></td>
</tr>
</tbody>
</table>
| From global to specific | This involves starting with the ‘big picture’ or larger issue and moving towards more specific pieces of information. Learners will gain a better understanding of the specifics if they have an understanding of context and background which comes with examining the issue at a macro level.  

For example, learners are provided with information on nutrition – once learners are comfortable with the terminology and content, the trainer can then thoroughly explain aspects such as carbohydrates, fats, protein, nutritional guidelines for adults and children; diseases related to malnutrition etc. |
| --- | --- |
| Beginning from workplace examples | Learners are taught content by working with real or simulated examples from the workplace. Theory is taught alongside the application. This helps gain learners’ interest and grounds theory in the practical.  

For example, learners are shown examples of responses to allergies – learners are then given information about what to do if they observe a reaction, and some information about the physiological explanations. |
| Sequencing set by industry | The Dental assisting industry has requested that the following sequencing of the specialisation radiology units be adhered to in the delivery of these units;  

HLTDEN007  
HLTDEN008  
HLTDEN009 |

**Activities to develop skills**

Well-planned delivery utilises a variety of activities to engage learners and facilitate their learning. Well-designed learning activities allow learners to:
• understand the level of performance expected of them, according to industry performance standards and qualification requirements – it is essential that expected levels of performance are made clear
• understand how the training will improve their own work practices and how this relates to their ability to meet industry requirements
• observe a demonstration of the skills or competencies required
• practise the skills or competencies required and receive feedback to improve performance
• review and understand the criteria for evaluation or assessment, prior to undergoing assessment or evaluation.

The observation and practise of skills can be carried out in different ways and often includes a variety of settings:

• formal training settings such as classrooms or simulated environments where learners have the opportunity to use equipment and carry out tasks as they would in a workplace
• on the job or clinical settings, where learners can work beside qualified people to observe and where appropriate, take on real tasks, duties or projects with support available

Activities to develop knowledge
Your delivery plan will also incorporate learning activities that develop knowledge. You will want to ensure that you provide students with the opportunity to develop knowledge of current approaches, philosophies and service delivery models.

EXAMPLES

Beyond information
A learning strategy that only delivers information, and then tests it in a theoretical way has limited value. Competency is about applying knowledge and being able to draw links between knowledge to work effectively. Activities should focus on this. For example:

• knowing about mandatory reporting requirements is of limited value in itself, a person also needs to know how the requirements are applied in the organisation, the implications of failure to report, and the scope of role in this area
• knowing about scope of practice for a massage therapist is important but the therapist also needs to know the implications of working outside that scope, how to
address situations requiring judgment about what falls within scope and how scope of practice issues arise in everyday work situations

- being able to describe the function of each body system needs to be complemented by knowing how systems interrelate
- principles of person-centred practice is important, but how do those principles associated to other areas of knowledge such as: scope of practice, reporting and privacy, confidentiality and disclosure

Using current and credible industry sources

Professional associations, government departments and industry bodies are all key sources of credible and current information that informs the knowledge base for work in both health and community services. Resources produced by these organisations can be used as the basis for developing knowledge and familiarising learners with concepts that can then be applied to different workplace scenarios. A list of various sources for different sectors can be found in the companion volume Knowledge guide.

Organisation policies and procedures

Obtain and use samples from real organisations wherever possible. What would the implications be of not following organisation procedures to the worker, client and the organisation?

Accreditation standards

Obtain and use accreditation standards documents to ensure that assessment conditions meet the standards for equipment and resources.

Standards for practice

Obtain standards for practice for job roles that are registered with National Boards of Australia under the Australian Health Practitioner Regulatory Agency to ensure that the standards are mapped to the qualification.

Developing knowledge before practical application

There is no hard and fast rule that applies, but there is some knowledge that must be taught before a learner is able to apply skills, especially if this involves interaction with other people in a clinic or work placement.
**Linking knowledge and skill**

The HLT Health Training Package units of competency and their associated assessment requirements set out what skills and knowledge must be assessed, and the sections above have focussed separately on each of these. However in the real world the graduate needs to be able to integrate their knowledge and their skill. The knowledge evidence within the assessment requirements specifies what the individual must know in order to safely and effectively perform the work task described in the unit of competency. By continually linking the ‘theory’ or knowledge that is being taught, with the skill or workplace performance expected, the student will be able to better integrate the two and work more effectively.

**EXAMPLE**

**Beyond the online workbook**

Use of an online workbook is a commonly-used delivery mode for some units of competency, such as those dealing with anatomy and physiology. Workbooks are useful ways of delivering knowledge content. However, they are usually not adequate by themselves. If the workbook tests the theoretical knowledge of body systems and how they interrelate, the application of that knowledge needs to be developed in practical work situations. For example, training delivery should show how particular aspects of anatomy and physiology knowledge are used in the process of actually providing a massage treatment.

**Evaluating the training**

**The 4 step approach**

Best practice indicates that evaluations of training should be conducted, not only at the completion of a training program, but throughout the entire program. As reflective practitioners, trainers should be constantly monitoring their own and learners’ progress and identifying areas requiring further improvement. Evaluations can provide evidence that:

- program inputs (cost, personnel, time, materials and facilities) are being used advantageously and effectively
- training has been effective and met the outcomes
- stakeholders, including learners are satisfied with the outcomes.
Donald Kirkpatrick developed a four level model to determine the effectiveness of training sessions that can equally be applied to evaluate learning strategies and training programs. The four levels of his model are outlined below.

**Reaction**  
At the first level, trainers measure how learners reacted to the training program. It is a measure of learner satisfaction and is commonly evaluated by a ‘tick and flick’ sheet asking learners to respond to questions, such as,

- Did participants enjoy the training program?
- Was content covered relevant to their respective job roles?
- Was training material easy to understand?
- Was the trainer engaging?

While it is understood that a positive experience for the learner does not guarantee learning, a negative experience almost certainly reduces the likelihood of learning.

**Learning**  
This level attempts to shed light on whether a learner has improved skills and knowledge, usually determined by ‘testing’ or assessing learners in some way, which may include, for example, written or oral questioning or asking a learner to demonstrate a skill.

**Behaviour**  
Training strategies and programs set out to change behaviour. In other words, rather than learning how to operate equipment more effectively (skills), employers want to see that the individual operates the equipment safely and effectively to produce accurate results for clients. Rather than just remembering hygiene policies, employers want to see individuals applying the policies to their work. Some of this behaviour change depends on the learning program; some depends on the workplace itself. Kirkpatrick believes that for behaviour to change, the person must:

- want to change
- know what to do and how to do it
- work in the right environment
- be rewarded for changing.

The first two requirements can be met in a training program; the remaining two are dependent on the workplace conditions.
Results
The final level attempts to measure training effectiveness in terms of successful outcomes for learners as well as meeting skill needs of industry. In other words, measurements at this level are expressed in terms of increased productivity, increased quality of work, cost savings, and reduced time of work from decrease in frequency of accidents and injuries. These are really the measures for a return on investment in training, which are often more difficult to evaluate.

References

i Government Skills Australia, 2009. Contextualisation and packaging of training packages – fact sheet, p 1


Standards for Registered Training Organisations (RTOs)2015

Australian Health Practitioner Regulation Agency