"If you're happy and you know it raise your hand (and answer the question)" Learner centered strategies for teaching Army junior health officers on the pilot Health Officer Basic Course.

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Introduction

The Australian Army employs a range of specialist service officers (SSOs) and general service officers at junior level (Lieutenant or Captain) across four health corps and 12 trades. Currently, new Junior Health Officers (JHOs) are required to undertake a range of health and logistics training courses in addition to all-corps training.

During the past 10 years, five reviews have recommended substantial changes to Army JHO training.[1-5] Key findings included a current lack of an identifiable and streamlined package for all health trades, absence of an introductory Special to Profession course and out-dated curricula. It was also identified that Psychology Officers were not included in any JHO courses provided by the Army School of Logistics Operations. As a result, the Army School of Logistics Operations tasked the Army School of Health to develop a stand-alone Health Officer Basic Course (HOBC) to provide skills and knowledge required by JHOs commencing their health support duties in Army.

The pilot HOBC provided the Army School of Health an opportunity to design and trial an enhanced learning experience addressing the previous reviews key themes. An integral part of this process was to evaluate whether the curriculum met the requirements of JHO's with different skillsets, experience levels and corps backgrounds.

While the actual course subjects are not discussed extensively in this paper, the subjects delivered intended to provide the assumed skills and knowledge of the JHOs commencing their new role, but not yet taught in one streamlined curriculum. The course, held over two weeks, was designed from scratch with no formal learning management package, including timetables, lesson content, trainee handbook and practical activities.

This article aims to provide a brief overview of the course delivery and the educational methods applied to the design.

Panel diversity and content design

Sixteen trainees attended the course. The original panel was three Royal Australian Army Medical Corps General Service Officers who had recently graduated from the Royal Military College Duntroon. In order to obtain constructive input as to the pre-existing level of knowledge and experience among JHOs, while enabling constructive evaluation, 13 additional JHOs with varying degrees of experience and skills were selected to attend (Table 1). It was considered that these extra participants would also provide a collaborative and interactive learning environment for the three new Duntroon graduates. It is noted that the mixture of skillsets and experiences resulted in difficulty in establishing a clear level of 'assumed knowledge' for the course and this was provided as part of the feedback for future panel design.

The course design was not done in isolation, with a number of key stakeholders sent the drafted curriculum for feedback including Directorate of Army Health, Joint Health Command and Royal

Table 1 - Overview of trainees attending the pilot HOBC

RANK	CORPS	STREAM	COMPLETED LOBC	COMMENTS
LT	Royal Australian Army Medical Corps	GSO	2019	
LT	Royal Australian Army Medical Corps	GSO	2018	
LT	Royal Australian Army Medical Corps	GSO	2018	
LT	Royal Australian Army Medical Corps	GSO	2019 - Army Reserve component only	Gap year Lieutenant
LT	Royal Australian Army Medical Corps	GSO	2019 - Army Reserve component only	Gap year Lieutenant. Is a civilian Paramedic.
LT	Royal Australian Army Medical Corps	GSO	2017	
LT	Royal Australian Army Medical Corps	GSO	2019	Was previously an Army medic and commissioned in 2018.
LT	Royal Australian Army Medical Corps	GSO	2019	Corps transferred from Cavalry end of 2018. Completed first year of Bachelor of Nursing.
CAPT	Australian Army Intelligence Corps	GSO	N/A - Corps transfer from Australian Army Intelligence Corps.	Corps transfer from Australian Army Intelligence Corps. Completed Regimental time in Royal Australian Artillery corps.
LT	Royal Australian Army Medical Corps	GSO	2019	
LT	Royal Australian Army Medical Corps	GSO	2019	

Military College, Australia. A Likert-scale self-assessment was sent to each trainee six weeks out from the commencement of the course, which provided the Officer in Charge an opportunity to identify consistent gaps in knowledge for the trainees.

Results were utilised to adjust the timetable, where possible, to dedicate additional time on the subjects that the majority of the course had indicated they had limited knowledge on (Table 2).

Training transformation

The increasing emphasis on training transformation within the Australian Defence Force (ADF) has required leaders to adapt and react to different learning methods. As highlighted in The Ryan Review, Army training continuums should consider the balance of command and influence for developing leaders.[2] This includes the exploration of alternative learning models for leadership development if necessary. The design of the HOBC focused on intertwining the development of leadership ability and the knowledge and adaptability required to perform their roles.

The nature of a JHO role (often regardless of trade), is having to inform, educate and lead non-health commanders in often austere or complex environments and situations. Learning is a social and collective process whereby knowledge is co-constructed.[3] This was considered during the design by incorporating aspects of Albert Bandura's theory of social learning.

Social learning theory

Bandura's theory encourages learning in a more social and informal setting than traditional education environments. The opportunity to trial new and innovative training delivery methods was afforded as part of this pilot course. As such, design consideration for the HOBC included creating an interactive learning experience. This was achieved through the creation of theory lessons linked to practical demonstrations and activities. Further consideration applied was the suitability of instructors (emphasising current experiences) and incorporating several informal and formal networking events.

Attention and interaction

To learn from observation, individuals must first attend to the important components of the behaviour that is being modelled. If a lesson or task is seen as being novel or different somehow, the likelihood of it being focused on is higher. A challenge when applying this variable to the HOBC was that the panel comprised JHOs with different experiences and expectations.

An adult learning environment was established early on with the introductory brief from the Commanding Officer to keep the course panel engaged. Trainees were briefed on how valuable their input to the possible establishment of a formal HOBC would be and identified that the non-assessed course was designed to be engaging, positive and meaningful. Emphasis was given to challenging and promoting self-directed learning for each participant to bridge at least one self-assessed gap in knowledge provided from their initial self-assessment.

Table 2 - Trainee responses for Likert-scale self assessment. The above scope of learning were not exhaustive and the curriculum included additional topics.

Scope of learning/experience	No exposure	Taught but not yet applied the knowledge	Require more training and education	Requires support from a qualified member to complete	Fairly confident but have some questions	Very confident	Complete regularly as part of my role
Understanding of MT training continuum – e.g. *Do you know what courses MTs undertake, their roles in a unit, promotion/ career progression reqs?*	3	1	2	2	3	1	2
Understanding of NO training continuum – e.g. *Do you know about entry methods to Army for NOs, what roles they can fill in units, career progression reqs?*	2	3	2	2	2	1	
Understanding of MO training continuum – e.g. *Do you have an understanding of the various medical levels for MOs, progression through ML1 – ML 4 and what their roles are at each level?*	2	3	2	4	1	1	1
Mental health support – e.g. *Do you have an understanding on CIMHS, how to write a PM008, what external mental health support services you could recommend to your soldiers?*	1	2	3		6		2
Credentialing/OPNOMS/Waivers – e.g. *Are you aware of the various requirements to credential a clinician, the nomination process of deployments and how to apply for a waiver for courses/ exercises/operations?*	3	1	2	2	3	1	2
MEC status/MECRB/IWB/UWB – e.g. *Do you have an understanding of the different MEC status', when/why a MECRB is initiated, the purpose of an IWB/UWB and how to create an action plan?*		1		3	7		3
Casualty Regulation Cell – e.g. *Do you have an understanding of the various roles within a CRC, how to action an AME, who commands a CRC?*	2	2	1	2	6	1	
Clinical incidents – e.g. *Do you have an understanding of what entails a clinical incident, the reporting process and Severity Assessment Codes?*	4	2	2	2	6		
DACC/CONFE – e.g. *Do you have an understanding of the various contingency forces for health, what DACC is and the levels that it is enacted at?*	4	5	3	3	1		
RBG/RCT – e.g. *Do you have an understanding of the RBG/RCT orbat, likely tasks and actions on it being enacted.*	4	4	3	3	2		
Health Support Plans – e.g. *Do you have an understanding of how to write an effective HSP for a Coy sized activity?*	4	3	4	1	3	1	
SCA management – e.g. *Do you have an understanding on management of clinical equipment including technical inspections, consumables and medications?*	4	2	2	4	2	1	1
PCNB writing – e.g. *Do you have experience in writing PCNBs, the PAC process and incorporation of technical reports into soldier reports?*	5	4	2		2	2	1

So what, therefore?

Lessons were designed to focus on the 'so what, therefore' of why the content was necessary for a JHO to know and understand. Instructors were selected based on their previous experiences and ability to apply relevant and recent examples or case studies. An example of this selection basis is the conduct of the mortuary affairs lesson.

Mortuary affairs

This lesson focused on the response of a death of an ADF member in a benign environment and used a recent case study of death in training to identify where a JHO may be required to provide support or technical input, both during and post-death of an ADF member.

Historically, mortuary affairs is not taught until Captain level, except that it is a logistics role and managed at a higher rank than Lieutenant. The Officer in Charge acknowledged this when designing the course but used the opportunity of this lesson to provide a relevant case study to demonstrate that if a death is to occur, and a health officer is present, more often than not they will be required to take charge and provide advice prior to the logistics response.

Lessons learnt

Adjusting a level of tension to meet the level of importance keeps learners engaged and paying attention.[4] This was incorporated during the lesson design. The instructor delivering the lesson, the senior clinician in the Treatment Team who received and treated the patient prior to being declared deceased, provided a detailed and frank recap of the event, including equipment issues, communication systems and the role that the junior Royal Australian Army Medical Corps General Service Officer played in managing the event. This included 'Lessons Learnt' and incorporated the methods used to initiate a Critical Incident Mental Health Support response (which was taught the day prior). This exemplifies the design of a basic conceptual structure for the HOBC. As the course progressed, more complex material progression occurred with links between the previous lessons and incorporation of admissions of 'learnt helplessness'. Included in this lesson was the role that the JHO played in coordinating the response, in the absence of a senior health planner outfield, which enhanced relevance to the trainees and maintained interest throughout the lesson.

Behaviour reproduction

Retention and reproduction are crucial to the learning process. All lesson content taught was imperative for JHOs to retain so that it may be used at a later date. As each trainee came to the HOBC with different levels of prior knowledge, skills and motivation, this influenced their personal learning outcomes. The course design considered this with an emphasis on active learning techniques and reduced information taught.

There is a requirement of a cohesive team when working among the different health corps trades and dynamics. The current training structure does not incorporate the JHOs training together, limiting this cohesion from the early onset. The utilisation of a narrated Role 1 scenario provided an opportunity for the trainees to observe the professionalism and clinical skills required of each member in the team, and the synchronicity required through the actions of the General Service Officer, outside of the Role 1 physical setting.

The trainees observed the clinicians' technical performance within a Role 1 team (including medical technicians) and the interactions between the medical officer, nurse, medics, patient and General Service Officer. This enabled reciprocal determinism and creation of cohesion through the emphasis of teamwork, a notion which was first raised by Bandura. The trainees were then required to demonstrate an understanding of what they had observed by reproducing the narration in their own words.

Motivation

Motivation refers to the trainee being inspired to repeat the learnt behaviour. It can occur in many ways, including vicarious motivation, which is when one learns from others' successes and failures. This learning variable was a key consideration in selecting instructors and the conduct of several informal (peer support) and formal (superior support) networking events during the latter end of the course. A formal networking event was conducted during the Canberra component of the HOBC with over 40 senior health officers attending. Self-determination theory posits that to feel connected and belong is one of the three basic human needs. The purpose of these networking events was to provide the opportunity for the JHOs to meet a base of dedicated and competent health officers from all health streams to further motivate them in the pursuit of professional and personal development. It facilitated the sharing of knowledge and leadership for the trainees to be mentored by

senior health officers. Senior health officers were encouraged to share their lessons learnt during their time as a JHO to enable the trainees to learn from previous experiences.

Conclusion

A learning organisation is founded on the learning process of the individual within the organisation.5 The inclusion of predominantly practical activities and interactive lessons in the design of the HOBC enabled positive changes to the conduct of initial training for JHOs (individual and cohort). The course design encouraged reflection and evaluation and demonstrated the benefits of a positive learning environment. It has also provided a baseline for identifying current practice in JHO development and mentoring and is a step in the right direction for quality assurance of the existing health officer training continuum (with opportunities to recommend changes). This is reflected in the decision to incorporate the HOBC as part of the future formal training continuum.

> *'With the short notice task of deploying in support of OP BUSHFIRE ASSIST and faced with a void of information for a seemingly huge task, I fell back on the lessons I had recently learnt at HOBC. Namely, don't make decisions alone; call in the experts for help. During HOBC we had some excellent opportunities to learn about how health elements can be employed outside of the traditional green role and this information armed with a solid foundation going in to a Defence Aid to the Civil Community response.'*
>
> First year Lieutenant (General Service Officer)

The feedback received from the trainees was that this course was highly relevant to the skillset and level of understanding required of them from their respective Units and that it provided a sound understanding of the application of strategic health planning and support across Army. Recommended changes included increasing the length of the course, providing prereading for use of class discussions, the inclusion of more case studies and that the course delivery would be best suited after approximately 4 – 6 months in the trainee's respective unit. Above all, the HOBC was acknowledged by the trainees of building inclusiveness and for the members to establish a positive culture and cohort. This inclusiveness which will contribute towards empowerment and creating a cohesive environment across all health trades and junior officer ranks.

Note - Encouraging feedback and lessons learnt from the first pilot has informed the development of further HOBC in 2020. Unfortunately, the April 2020 course was unable to be conducted due to COVID 19 restrictions. A HOBC was conducted virtually in August 2020.

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