Mandatory training in aged care- issues for Australian organisations and workers

Graham Blaxell B.A. Dip. Ed.

Macquarie University, Australia

ABSTRACT

There are significant issues related to the implementation of Mandatory Compliance Training in Not For Profit Aged Care provision in Australia. This paper provides an overview of those issues through an autoethnographic approach based on my 4 decades as an educator. It critiques the application of Mandatory Compliance Training using contemporary understandings of adult learning.

Keywords: Aged Care, Australia, Autoethnography

*Correspondence to Author:
Graham Blaxell
Email: blaxellg @ gmail.com

Introduction

This paper is an autoethnographic account of my career as an educator in aged care that seeks to explain my position on the needs of adult learners in relation to Mandatory Compliance Training in the Not for Profit Aged Care Sector in Australia. It links my background in education more generally to my understanding of the theoretical frameworks in Adult Education and how these influences have directed my thinking and actions.

Le Roux (2017), identified five criteria for determining the effectiveness of autoethnography, AE. I have used these criteria throughout this paper to ensure the quality of both the process and product of the autoethnographic methodology. The first criteria is Subjectivity. In the case of this paper I directly link my own experiences as both a school teacher and later adult educator to the development of my understanding of the needs of adult learners. In doing so I attempt to explain and clarify my particular philosophical point of view in relation to Mandatory Compliance Training.

In relation to Reflexivity, for over 40 years I have reflected on my practice as an educator and how this has changed and developed to become a mature and well formulated understanding of how individuals learn and what learning strategies best meet their specific needs. In this paper I consciously accept my role as both researcher and subject of the research and how my physical presence and actions in the learning environment, have contributed to the outcomes I am discussing.

Le Roux's third criteria is Resonance. The story I am about to tell relates to the experience of many individuals. Whether in a school classroom, a training room or a virtual classroom, we have all experienced times of dissatisfaction, frustration and even exasperation in relation to the way we have been asked to learn. The results of these experiences may even have resulted in creating broader negative outcomes not only in relation to the specific content of a lesson but to learning in general.

My professional career has spanned four decades and taken me from primary school classrooms, to the role of school principal and as a practitioner, manager and consultant in adult education across a number of industries and with several organisations. All of these experiences speak of my Credibility in relation to Mandatory Compliance Training in Aged Care in Australia.

Finally, the criteria of relating to Contribution. The aim of this paper and the subsequent one, is to propose a different approach to the learning opportunities provided in Mandatory Compliance Training; an approach that is aligned to adult learning principles and my own experience of the specific audience within the aged care sector. In doing so this paper offers a new and exciting alternative to the existing training regime and one that may better meet both the needs of the workers and of the organisations that employ them. To the best of my knowledge this strategy has not previously been proposed as a solution to a significant issue in the aged care sector, the need to protect employees and to enhance the lives of clients and residents.

Ethical Considerations

According to Adams, Holman Jones and Ellis (2013), AE is inquiry that is ethically motivated and grounded, and aims to make a difference. It focusses on relational ethics of caring values, that holds dignity as central, seeks understanding, reciprocity and communal well-being [3]. It is my intention to fulfil these requirements within this current work.

Although Wall (2016), suggests ethical permissions in the traditional sense are not required for autoethnographic research, as the subject and the researcher are one and the same, it is still necessary to consider the other characters in the researcher's study and to ensure their anonymity. In this study I have consciously deidentified any individuals,

organisations and places that may have enabled the identification of any person or group of people. I have discussed my research with my friends and family to ensure they are comfortable with my level of disclosure around my personal and professional life. In addition, when working in a consultancy role I have ensured all participants are aware that their responses would be used for the purposes of generalised commentary and aggregated data and that no individual comments or discussions would be disclosed at any level.

My Early Experiences in Aged Care

After 30 years in school education, I became one of eight Regional Learning and Development Managers in a large Not for Profit, provider of Aged Care Services. My first foray into Adult Education was confronting. Although as a school principal one of my key roles was ensuring the ongoing professional development of my staff, I had never worked as an outsider coming into the workplace to train adults regarding their roles, about which I had no understanding or experience.

My lack of understanding of the roles of individuals was palpable and my anxiety well placed. These were adults, who in some cases had worked for many years in this industry. They knew what was expected of them, I did not! Armed with a PowerPoint presentation and a few pages of notes, I was supposed to educate them around issues of Health, Safety and Wellbeing, Emergency Evacuation, Prevention and Reporting of Abuse and Safe Handling of residents.

What I did not understand was that they had done this all before. This was part of an annual, mandatory program. The content changed little from year to year. The approach did not change at all; talk and chalk with an occasional busy activity to ensure the audience was still alive! The fact that I was new was the only difference from what this group had endured for years. Engagement with the learning was minimal. Why would it be otherwise!

At morning tea, I chatted with some of the participants and they shared that they would prefer to be working "on the floor" than be in training. They were concerned for the residents and their colleagues. Everyone else would have to work harder because they were in training and not working. They were not replaced when they were in training. Budgets and scheduling did not allow for the employment of relief staff, everyone else just had to take up the slack.

Some of the group had just completed an overnight shift. Some were working afternoon shift that day. They started real work at 3pm after a full day in the training room. Some had come in on their day off because they were directed to do so by the boss! Another woman complained she was unable to attend her other job because she had to do training. The other job was with another provider and she had to ring in sick because of this training. Some of the participants were not even clear if they would be paid for their attendance!

Another participant had just completed a double shift, started work at 3pm on the previous day then worked all night because another staff member had called in sick. She was at training prior to working her regular, afternoon shift later that day. That would have been 32 hours continuous work. I found her manager and asked for her to be sent home!

By lunchtime, half the participants had left and would not return. There were any number of excuses but basically, they did not want to be there and so they took whatever options were available to leave. There was no understanding that training was important work.

Another thing I noticed was the demographics of the group. There were many more women than men. Most of the group were 40 years of age or older with a smattering of younger people. The majority of the group were of Culturally and Linguistically Diverse, CALD, background. There were a number who struggled with written tasks and a few who just did not contribute or complete any tasks at all.

By the end of the day I was shell-shocked. By my own standards, the day had been a disaster both on a learning and on a practical level. I did not believe any of the participants went away knowing more than what they did when they arrived. I could not imagine they would go back "on the floor" and change their practice! It was a complete waste of my time.

Worse still I was concerned that it had reinforced their view that attending training was a waste of their time. In fact, training detracted from their role, about which many were passionate, that being caring for the older people in the service.

A Broader Perspective of Aged Care in Australia

The Aged Care Workforce in Australia is divided into two main groups: residential care and home care. Residential care is provided in facilities specifically designed to support older people no longer able to meet their needs in their own homes. Home care services are provided to continue to support older people to live in their own homes and therefore not requiring residential care services. According to The Australian Institute of Health and Welfare, (2017) there are currently 240 000 Aged Care employees in Australia engaged in direct care activities, with 178 000 of these in residential care.

The most comprehensive review of aged care workers in Australia was undertaken in 2016 and released the following year, by The National Institute of Labour Studies, NILS, at Flinders University on behalf of the Australian Government Department of Health. The report revealed a positive outlook for the Aged Care Workforce indicating stability and commitment and relatively high levels of job satisfaction, (Mavromaras, Knight, Isherwood, Crettenden, Favel, Karmel, Moskos, Smith, Walton and Wei, 2016, p.xviii). In my view this does not reflect the stress and anxiety experienced everyday by many workers in aged care due to the perception of poor staffing levels, insufficient training and poor remuneration.

The key findings of the Aged Care Workforce Report 2016 are summarised in the table below.

Table 1 – Aged Care Workforce Summary

(2017, Australian Government, Department of Health, pp. 10-48 and pp. 67-103).

Criteria	Residential	Home Care
Total Workforce	235 764	130 263
% female workforce	87%	89%
% of direct care workers	63%	84%
Largest occupational group	Personal Care Assistants (70%)	Community Care Worker (84%)
Median age	46 years	52 years
% Born overseas	32%	23%
% post-secondary qualifications	90%	88%
% permanent part time employment	78%	75%
% of workers with multiple jobs	10%	16%
% participated in training in previous 12 months	80%	75%
% sustaining work related injury in past 12 months	14%	12%

A closer inspection of the above data may clarify some of the current and emerging issues in the sector.

- In 2016, 63% of the workforce in residential care were involved in direct care provision,

this is a steady decrease over time from 74% in 2003.

- Personal Care Assistants and Community Care Workers are employed to provide basic care requirements for clients in

residential care and home care respectively. These workers increasingly have a Certificate III level qualification in Personal Care which contributes significantly to the percentage of post-secondary qualifications. Certificate III is a basic level of post-secondary training and for the vast majority of employees, this is their highest level of qualification.

- The vast majority of the Aged Care Workforce is employed on a part time basis. There is very little full-time employment available in this sector, meaning that more than 10% of employees have more than one job.

- A significant majority of staff reported participation in training during the preceding 12 months. This was primarily Mandatory training that must be renewed annually.

- A significant proportion of staff are from overseas. In the residential care setting this number increases when the data are focussed on new starter employees, to around 40%. The large proportion of new starters who are Culturally and Linguistically Diverse background, CALD, contributes to a range of communication difficulties that are of concern industry wide.

- The average hourly rate for Aged Care Workers is under $21 and does not change dramatically based on years of experience [7]. This places aged care amongst the lowest paid occupations in Australia.

- The workforce is ageing which will create issues with capacity and distribution in the near future.

Doing It Better

My first experiences in the training environment of aged care were difficult to say the least. This was partly as a result of my own lack of background and understanding of the aged care space. The environment in which the training was provided, including the potential for staff to be following on from a full shift "on the floor" with a day's training and my lack of understanding of the working arrangements of primarily part time

staff in a 24/7 service delivery model, did not help. I also quickly became aware of the demographic of the aged care workforce including the CALD background and the percentage of employees with few or no qualifications beyond secondary school.

Few of these factors were within my control. One aspect of the training I was undertaking and managing that I could influence was the method of delivery. Using existing PowerPoint presentations as annual refreshers for mandatory training was in no way motivating to participants. Trying to provide a learning environment where participants were actively engaged and moving away from didactic teaching became a key objective.

Over 30 years in schools, I had become very focussed on what has become known as Constructivist Learning Theory (Merriam and Bierema, 2014). This theory focusses on the construction of meaning by utilising multiple channels of information. It is an attempt to move away from the "sage on the stage" mentality that was evident in the learning resources that were currently in use. It was around this time I became aware of the work of Malcolm Knowles and his Assumptions for Adult Learning [9].

I managed a team of 6 learning facilitators with various backgrounds and expertise. Mostly they were former "on the floor" staff who had moved into education They had excellent knowledge of the work of aged care staff but in most cases little if any understanding of education. The PowerPoint regime I hoped to supersede had been specifically designed to support the team in the delivery of content to what I believed was the detriment of learning.

As a team we met monthly and at each meeting we undertook the review of a specific training resource. I introduced the work of Knowles to the group in an attempt to get some traction for change. Progress was slow at first. The group was sceptical about the need for change, after all the material that was in use was much the same as what they had learnt from many years ago. At the same time, they acknowledged with

a degree of resignation, that staff endured rather than enjoyed training and that attendance, not to mention participation, was very difficult to assure. Attendance rates for mandatory training were around 70%. Please note this was mandatory training! Participation from my observation, would be lucky to be 25%.

So how could we make learning more enjoyable, motivate staff to attend and participate and ensure improved outcomes for staff and clients alike? What lessons could we learn from Knowles? We started with valuing the experience of the participants and changed our focus from telling to asking. This simple change had an immediate positive response. My team reported improved engagement and one even complained that they were late going home because of the amount of discussion that had taken place. This was a great first step!

Adult Learning in the Workplace

The pre-eminent importance of the learner must be considered in any learning activity. Knowles identified Four Principles of Adult Learning that in my experience are still used as the basis of modern adult education [10]:

1. Adults are self-directing. This principle suggests that adults should be active participants in their learning. They should have input into the identification of their learning needs and the planning of their learning experiences.
2. Adults have many and varied experiences. This principle focuses on the need for learning experiences to reflect the background the learner. The experiences of the adult learner should be acknowledged and incorporated into their learning.
3. Adults learn as a result of real-life circumstances, based on their needs not the needs of the sponsoring organisation i.e. what the learner needs to learn not what the organisation needs to teach.
4. Adults prefer problem centred learning. If the learning involves solving a real problem for the learner, it is more likely to be successful.

Knowles' Principles are especially relevant when we consider mandatory training within Aged Care. As discussed earlier, mandatory training in Aged Care is focussed almost exclusively on the needs of the organisation to provide evidence of compliance to a regulatory body and as a result is inconsistent with all four of Knowles Principles.

Mandatory training is not self-directed but imposed on learners from above. The content is mandated, the timeframes for completion are mandated and the forms of demonstrating compliance are mandated. Mandatory training does not take account of individual or even group experiences. It is a one size fits all model where only strict compliance with the rules is considered appropriate. Regardless of their role in the organisation, their academic qualifications, years of experience or proficiency in English, the rules are the same; complete the identified learning on an annual basis and in most cases complete some type of quiz or assessment activity with 100% accuracy.

Finally, Knowles points to the need for adult learners to be engaged in problem solving or performance enhancing learning, learning that has relevance to their current needs in the workplace and where the learning will help solve specific issues. Mandatory training focusses on issues that generally have been identified in other workplaces. It is about preventing issues from arising rather than solving existing problems. It is often seen by learners as having no impact on the learners' existing circumstances.

Mandatory Training

It is difficult to find a precise definition of mandatory training in the literature and equally difficult to identify a list of what mandatory training involves in the Aged Care sector. As a general working definition, mandatory training is a training activity defined by a legislative or regulatory framework that is required to be undertaken on an annual basis. Providers may be audited by a variety of state and federal bodies, such as WorkSafe Australia, on their provision of such training and may be sanctioned

in the event of an injury or death to an employee, client, volunteer or visitor, if it is subsequently found that adequate training was not provided [11]. Providers are also accountable under the Aged Care Accreditation Standards for residential services and the Home Care Standards for Home Care providers [12]. There are also areas of mandatory training where criminal law applies especially in relation to Elder Abuse.

Some organisations will include organisational training within their package of mandatory training, to ensure staff keep up to date with organisational priorities and values. Additionally, mandatory training is generally a key component of all Induction Programs and most Aged Care providers have a set policy framework that describes the mandatory training required by the organisation to be conducted on an annual schedule.

In my experience mandatory training in Aged Care covers the following topics:

- Introduction to Work, Health and Safety
- Hazardous Manual Tasks
- Privacy – Know your boundaries
- Hand Hygiene/Infection Control
  - Elder Abuse and Reporting and
  - Emergency Evacuation Procedures.

For staff in the aged care sector, engaged in food handling there are also compliance training requirements in this area [13].

There are a variety of methods of providing mandatory training within the Aged Care sector, these include, discreet inhouse training courses, full day mandatory training programs, "on the floor" coaching, eLearning and online courses, external providers or any combination of these.

Contextualising Adult Learning in the Aged Care Setting – 70/20/10

The role of the aged care worker is extremely complex. Choy and Henderson (2016) point out aged care workers operate in a dynamic social environment where they are in constant interaction with residents or clients. This results in the requirement for aged care workers to constantly review and adapt their knowledge to the circumstances of each individual client. For example, technically the task of showering an individual may be the same however the attitude of the person to be showered, their physical and emotional situation at the time and their ability to communicate their needs to the care worker, make every event unique and different. Aged care workers need to understand the technical knowledge to complete a set task but also need the ability to engage and reflect the needs of the individual in their care. This is not something that is fully learnt in a classroom setting but rather from one's own experience and the experience of others "on the floor".

The following table outlines the Legislative or Regulatory Framework within which mandatory training in Aged Care is implemented [11–14].

Table 2: Mandatory Training in Legislation and Regulation

Area of mandatory training	Federal Legislative or Regulatory Framework
Work, Health and Safety	Work, Health and Safety Act, 2011
Prevention and Reporting of Elder Abuse	Aged Care Act, 1997
Emergency Evacuation	Australian Standard AS3745:2010
Hazardous Manual Tasks	Work, Health and Safety Act, 2011
Infection Control/Hand Hygiene	National Infection Control Guidelines, 2010
Privacy	Privacy Act, 1988
Food Safety	Food Standards Australia and New Zealand Act, 1991

The importance of "on the floor" learning became popular following the work of Michael Lombardo and Bob Eichlinger as part of a Leadership Development course at the Centre for Creative

Leadership in the late 1980s [16]. This study and the subsequent plethora of discussions that developed as a result, enshrined the 70/20/10 meme into the conscience of the learning and development fraternity worldwide. Thirty years on, the 70/20/10 model has evolved to encompass all aspects of workplace learning. In the contemporary workplace environment, it is interpreted more broadly (Kajewski and Marsden, 2013):

- The experiential domain, learning from challenging assignments (70%)
- The social domain, learning from others (20%) and
- The formal domain, learning from coursework (10%)

Experiential learning in the workplace is bound together with learning from coursework and learning from others. These are not separate strategies but part of a bigger more extensive learning environment.

Recently the importance of learning "on the job" has been highlighted (Choy, Billett and Kelly, 2013; Choy and Henderson, 2016; Tennant and McMullen, 2008). The study by Choy, Billett and Kelly was particularly clear regarding their findings. This research involved 51 aged care workers and focussed on their preferred approach to learning. The three key findings of their research were that aged care workers learnt:

i.   At work rather than off-site
ii.   In and through work activities and
iii. By interaction with their peers.

These findings support the 70/20/10 approach to workplace learning.

Along Came the LMS

With great fanfare my organisation introduced a Learning Management System, LMS. The great advantages of the LMS included:

- Access to content 24/7 and at locations that suited the learner;
- Consistency of the message, now delivered by eLearning and therefore not changed by the individual preferences of the facilitator;

- Cost saving to the organisation as fewer facilitators were required to disseminate the mandatory training and
- Recording and reporting of attendance. The LMS allowed this to be conducted in an automated fashion.

Mandatory Training had become a series of 10 eLearning modules to be completed annually, online. Typically, an online learning module takes between 30 and 45 minutes to complete. It contains attractively presented information on the particular topic. Depending on the content some interactive activities such as "drag and drop" or "highlight a hazard", are included in the modules. A 10 question multiple choice quiz at the end, where staff are required to achieve 100% in order to be considered compliant, is included. We later added a pre-quiz option where staff who achieve 100% in the pre-quiz are considered compliant for another 12 months and are not required to complete the online course. Compliance is simple, precise and easily reportable.

Having noted these advantages listed above, I was not overwhelmed by the introduction of the LMS. I recall a conversation I had with a Service Manager at the time, although pleased with the ease of tracking compliance and reporting to the agency; the regulatory body; they were not convinced their staff were learning much or even completing the eLearning themselves.

There were many stories of staff avoiding completing the learning. Some suggested that family members were being paid to complete the learning on behalf of their parent. Others involved sharing of log on details and completion of Mandatory Training by peers in return for a range of favours! Yet another story involved screen shotting the answers to the quizzes and selling this information to colleagues.

I spoke with a number of managers and their senior staff, they were all concerned about individuals finding ways around the compliance rules but more concerned that they saw no evidence of improved outcomes for clients as a

result of the introduction of the LMS even though they acknowledged greater levels of completion.

Managers were concerned about the "one size fits all", out of the box, solution that valued completion and compliance above learning. They also were unhappy about the reduced opportunity for staff to ask questions and discuss issues in the face to face context.

The LMS was considered an excellent tool to monitor and report on Mandatory Training but the other side of this coin was the reduction of Learning and Development team members available to Service Managers to customise the learning to the needs of particular individuals or groups of individuals. One manager with around 80% of CALD background staff was particularly concerned about her staff's ability to engage with the content online. Yet another raised the issue of those without appropriate technology at home or without the appropriate skills to access the online learning thus negating the anywhere/anytime advantages of the LMS. There was general concern amongst managers and their staff that the implementation of the LMS had prioritised proving compliance above the effectiveness of learning.

Over the next two years I conducted an informal evaluation of the LMS and its implementation.Typically, there were a range of responses, both positive and negative. The nature of the online platform ensures greater access to learning for all staff regardless of their location or their rosters. The LMS is a great bonus for overnight and weekend only staff who had previously been excluded from face to face workshops. Compliance rates jumped by about 10% almost immediately and plateaued over the years to around 85%. The LMS provides reliable data around staff who complete online learning and this data is easily reported and distributed across the business.

On the negative side however, managers in particular were still sceptical about how some staff were completing their Mandatory Training.

They saw practices "on the floor" that were contradictory to the principles outlined in the modules and simply did not believe the data that the system was generating. A number of managers suggested there had actually been an increase in falls involving clients, more work-related accidents and associated Workers' Compensation Claims, a larger number of allegations of Elder Abuse and more unplanned hospital admissions, since the introduction of the LMS.

Although there is no evidence of a direct link between these opinions and the introduction of the LMS, the implication is of serious concern. One manager told me that in relation to mandatory training, the LMS was a waste of time for his staff and he had implemented his own inhouse training program to ensure the safety of his staff and the residents was being maintained. Another manager had secured the services of a local physiotherapist, at considerable expense, to train her staff on safe handling practices.

Some staff were very impressed by the LMS. It allowed them to complete their mandatory training at home and did not require them to ignore the residents as was previously the case to attend face to face training. One staff member told me he could complete all his mandatory training for the year in one hour as opposed to the six hours he had previously "wasted" attending face to face training.

My feedback to the business covered all the opinions shared with me however to my frustration no changes were made. The increase in compliance across the organisation was sufficient to determine that the LMS had been an effective initiative that had met its key objectives of increasing transparency and improving completion of mandatory training.

Issues for Australian Organisations and Workers

Tennant and McMullen (2008, p.522) comment:

> "In recent times increasing emphasis has been given to the need for contemporary workers to be highly-skilled, adaptable and

flexible, able to readily apply existing knowledge and skills to new situations, and prepared and capable of engaging in new learning as circumstances warrant."

In light of this quote, the following questions need to be addressed in regard to ensuring mandatory training is effective within the Aged Care sector.

How do organisations engage all workers in a time poor and inflexible learning environment?

Aged Care providers need to develop a culture where learning is a valued part of quality care not an additional activity that detracts from quality care! As pointed out by Choy and Henderson (2016) care workers are expected to learn as part of their daily routine to minimise time away from the floor and disruption to normal routine. The key questions here are:

- What structures have been created to allow staff to learn on the job?
- Who is responsible for facilitating the learning?
- What are the guidelines for assessment of achievement of learning?
- How is all of this recorded?

A further complication regards residential care workers who complete shifts when staff with the role to support learning are not available. Community care workers with little access to their offices suffer from the same lack of support to engage in mandatory training. Given what we know about the preferred learning activities of care staff; "on the floor" supported by more learned colleagues and through shared task accomplishment; how do services provide such resources 24/7?

How should mandatory training be designed to promote learning?

There needs to be a problem-solving approach to mandatory training that integrates directly with the daily work of the learners, where previous experiences are valued and recognised. This would result in learning that promotes real changes in the lives of the residents and clients. Providers could introduce levels into mandatory

training programs instead of relying on the one size fits all approach.

How do providers supply proof of compliance that is not percentage completion rate?

Providers need to identify key performance indicators at a service level that supply evidence of organisational development across the mandatory training areas. Such indicators might include:

- A decrease in unplanned hospital admissions in relation to Work, Health and Safety training
- Fewer incidents of elder abuse in relation to Elder Abuse training
- Less outbreaks of infection to support Hand Hygiene training.

These are real measures of increased awareness, improved learning and changed behaviours as opposed to simply a percentage of staff who have complete a mandatory training course.

A New Direction?

At the beginning of my current study at the University of New England, I enrolled in a course focussing on using technology in learning. This was a challenging course for me, firstly I had not undertaken any involvement in a formal university setting for around 20 years and secondly, I was very aware of the many exciting developments in using technology for learning that had taken place in recent times but I had no practical experience of these. I did not even use Facebook!

Once I had negotiated online the online enrolment and navigated through Moodle for the first time, I was feeling quite pleased with myself. I then engaged with my first online learning experience expecting to find a list of references or some online notes, even audio or video files of lectures. Some of these I found but it was the explanation of the first assignment that left me anxious. I was required to go into a Blog and introduce myself to my classmates online. Having never been a social media user, I was

not quite sure how this would pan out. It was all pretty simple in the end. Task one completed!

The next activity was to select from amongst a number of predetermined topics based on the course readings, something I would like to learn more about and to write a couple of hundred words about why I chose this topic. Again, I achieved this although the idea of sharing my limited knowledge with all the members of the group rather than just the lecturer, was a huge leap in faith. Did I mention I don't do social media! But there was more.

The final and major part of assignment 1 was to form an online team to prepare a joint submission around the topic I had chosen. This was a revolutionary task for me. I reached out to the lecturer and expressed my anxiety and my lack of knowledge around how to accomplish this task. I received a friendly response and a few tips but I was still concerned that I had set myself up for a mammoth fail.

I read the contributions of the rest of the group, there appeared to be about 30 to 40 of them. I identified a few with whom I might have something in common; background, age, experience; and I contacted them in order to work out how to complete this task. Did I mention I don't do social media!

All but one responded and we exchanged a few posts within the application. We decided to break the assignment into separate tasks of around 1000 words and to each write our own section then to use a collaborative writing tool to put it all together. I could do the first part but using the collaborative writing tool was a mystery. More anxiety and higher stress levels.

One of the group gave me a quick run through of the tool and off we went. I wrote my section of the paper and posted it to the collaborative writing tool site. Others did the same. We began to chat online about how we could make each section fit with the style and approach of the other members of the group and we adjusted some of the content so we were all saying basically the same thing.

I found it a bit frustrating leaving messages and never knowing when I would get a response but in true student fashion it all came together the day the paper was due to be submitted. To my absolute surprise it read well and came across as a single coherent argument. More surprising still, we achieved a distinction for the paper!

I had certainly surprised myself and had learnt not only about the topic we had chosen but about how to collaborate online and how to use a collaborative writing tool. Then I realised the journey I had been taken on by the skilful if not obviously present, course facilitator. I remember writing in the evaluation of the course how I felt I had been taken on a wonderfully choreographed dance and how I had learnt so much, not from the readings and the course notes themselves but from working with the tools and applications and the engagement and support of my fellow students.

It occurred to me, that what I had experienced was in fact very similar to my own understanding of how learning takes place; sharing experiences, learning from all the participants, taking risks and learning by doing rather than just reading or listening to what others had to say. What surprised me most was that all of the above took place in an online, virtual environment.

Could this same approach be used in the workplace?

Conclusion

A key element of ensuring effective mandatory compliance training in the aged care sector, is understanding the nature of the aged care workforce; average age, level of education, CALD, gender, multiple roles with multiple employers. Considering the decrease in physical resources available across the sector, could this type of learning be conducted in a virtual classroom setting? What changes to the design and implementation of mandatory training programs to align the learning environment more closely with acknowledged and reputable approaches to adult learning, would ensure a

safer workplace for care workers and an improvement in the quality of care for residents and clients? These questions remain to be addressed.

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