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# Student experience in combined and accelerated Master level programs

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*Context and setting:* Tertiary education in Australia has undergone significant change in the last two decades. In health, generic undergraduate programs have proliferated to align with graduate-entry professional preparation programs. In health sciences and nursing at the University of Sydney an innovative degree structure enables students to undertake a generic undergraduate degree combined with a professional preparation Master level program, commencing graduate-level units of study as early as Year 2. This new approach is being adopted at La Trobe University in 2009. These accelerated professional preparation programs have implications for teaching practices and student support. This paper considers student experiences in graduate entry and combined degree programs in health sciences and nursing.

*What was done:* Students enrolled in (a) combined Bachelor/Master professional preparation programs in health sciences and nursing and (b) graduate-entry professional preparation programs in health sciences and nursing completed a survey to examine the student experience during the transition from graduate-level units of study.

*Evaluation and impact:* The findings indicated that students in both graduate-entry and combined degrees had a similar understanding of graduate-level study, and many were making a smooth transition. For graduate-entry students, workload and managing work–life balance were key concerns, while students in relatively new combined degrees were apprehensive about how their qualifications would be received after graduation.

**Keywords:** health professional education, graduate-entry study, transition

Health professional education in Australia has undergone significant change in the last two decades. Generic undergraduate programs have proliferated to complement ‘accelerated’

professional preparation programs, where students undertake shorter, Master-level professional preparation programs, usually following completion of an undergraduate degree (graduate-entry model; Harris, Matthews, Everingham & Lewis, 2007). These changes in education for health professionals have occurred in response to significant shortages in the health workforce nationally and internationally and the recognised role of innovation in health education in recruitment and retention of the health workforce (Productivity Commission, 2005; OECD, 2008). The increased emphasis on graduate-entry health professional education is also consistent with educational practices in the United States (e.g., U.S. Department of Education, 2006), and with the direction of the European Bologna Declaration that called for consistency in higher education qualifications to facilitate international recognition and movement of graduates (European Ministers of Education, 1999).

Along with the graduate-entry professional preparation model, combined Bachelor/Master programs, either designed for individual students or as structured programs for larger numbers of students, have been available for some time across a broad range of disciplines in the United States, and to a lesser extent the United Kingdom. These programs are offered to undergraduate students who are performing well academically and allow graduate-level units of study to be commenced before the completion of the undergraduate degree, with some graduate-level units counted for both degrees, 'saving time and money as they prepare for their chosen careers' (The George Washington University, 2009). Since 2006 the Faculties of Nursing and Midwifery and Health Sciences at the University of Sydney have implemented a suite of four-year flexible, combined Bachelor/Master ('combined') degree programs in Nursing, Rehabilitation Counselling and Orthoptics. Students in the combined programs must maintain a credit average and commence graduate-level units of study in Year 2. Students complete two thirds of the units of study necessary for the stand-alone undergraduate degree and all of the units of study for the equivalent stand-alone Master program. The popularity of combined Bachelor/Master programs in Australia is increasing, and in 2009, LaTrobe University will offer four-year combined Bachelor of Health Science/Master degrees in Health Information Management, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry, Clinical Prosthetics and Orthotics, Social Work and Speech Pathology (La Trobe University, 2009). The structure of these degrees is very similar to that offered at the University of Sydney. As accelerated professional preparation programs are taking up an increasing share of student places in the health sector it is timely to consider the experiences of students in these accelerated degree programs.

### **Accelerated programs and student transition**

The transition from high school to higher education has been a focus of higher education providers for some decades. Hunter (2006) locates the roots of the 'first-year experience movement' in the United States in the expansion of access to higher education following World War II, with the sudden increase in 'first generation' higher education students who were ill-prepared for the culture and expectations of higher education. Concern about the first-year experience was largely driven by concerns about retention and attrition, and initiatives to induct and support first-year students are now commonplace (e.g., Wingate, 2007) and academic books, journals, and conferences concerning the first-year experience and students in transition have proliferated in recognition of this. Similarly, preparation programs have been designed to support the transition into graduate-level study. A brief examination of 22 Australian University websites revealed that the support programs directed to postgraduate students in transition were mainly focused on advanced research skills and thesis preparation. In health, transition into the workplace has been a major focus (e.g., Duchscher, 2004; Le

Maistre, Boudreau, & Pare, 2006; Wall et al., 2006), recognising that workforce attrition is most common among new graduates (e.g., Cowin & Hengstberger-Sims, 2006).

Understanding students' perceptions regarding their transition and progress is essential for developing appropriate strategies to support students in accelerated degrees developed partly in response to concerns about low demand and high attrition in some health professions. Both the graduate-entry and combined models of accelerated professional education require that students make the transition to Master-level professional education without extensive preparation in terms of course content. Students enter the degree either having completed an undergraduate degree of at least three years duration in an unrelated area (graduate-entry model) or having completed only one year of undergraduate education (combined models). The very different educational and life experiences of students in the graduate-entry and accelerated degrees suggests that the transition experiences and support needs of students in these programs will be very different. The present study aimed to compare the student experience during transition into graduate-level study among students in graduate entry and combined Bachelor/Master degree programs.

## **Method**

### **Design**

The study used a cross-sectional, correlational design. A survey was distributed to students in graduate-entry and combined accelerated degree programs at the beginning of their second semester of graduate-level study (year 1 for graduate entry students, year 2 for combined students).

### **Participants**

A total of 445 students from the Faculties of Health Sciences and Nursing and Midwifery enrolled in graduate-entry programs (Year 1;  $n=309$ ; 69.5%) and combined Bachelor/Master programs (Year 2;  $n=136$ ; 30.5%) were invited to participate. The final sample comprised 113 students (98 female and 15 male; see Table 1). Of these, 79 (70%) were enrolled in graduate-entry programs and 34 (30%) were enrolled in combined Bachelor/Master programs. The average age of students was significantly higher in the graduate entry degree group ( $t_{111}=7.4$ ,  $p<0.001$ ) but the proportion of males and females in the two groups was not significantly different ( $\chi^2_{1,N=113} = 0.84$ ,  $p=0.36$ ; see Table 1). A larger proportion of students in graduate entry programs reported that they had dependents than in the combined programs but this difference was not significant ( $\chi^2_{1,N=101} = 1.67$ ,  $p=0.20$ ; see Table 1). Almost all students reported that they were enrolled full-time (91% and 100% of those enrolled in graduate-entry programs and combined programs, respectively). Those in the graduate-entry programs reported significantly higher hours of scheduled classes ( $t_{110}=4.01$ ,  $p<0.001$ ) more time spent in study outside classes ( $t_{110}=2.77$ ,  $p=0.007$ ) and less time in paid work ( $t_{110}=2.80$ ,  $p=0.006$ ) than those in combined programs (see Table 1).

The overall response rate was 25.4% (25.6% and 25% for graduate-entry and combined degree students, respectively). Students were enrolled in a range of graduate-entry programs (Diagnostic Radiography, Health Informatics, Nuclear Medicine, Nursing, Occupational Therapy, Orthoptics, Physiotherapy, Radiation Therapy, Rehabilitation Counselling, and Speech Pathology) and combined Bachelor/Master (Arts/Nursing, Science/Nursing, Health Sciences/Nursing, Exercise and Sport Science/Nursing, Health Sciences/Clinical Vision Sciences, Health Sciences/Rehabilitation Counselling, Health Sciences/Health Informatics).

Table 1: Characteristics of the sample

|                                   | Degree type                       |                             |
|-----------------------------------|-----------------------------------|-----------------------------|
|                                   | Graduate entry<br>( <i>n</i> =79) | Combined<br>( <i>n</i> =34) |
| Number of females (%)             | 67 (84.8)                         | 31 (91.2)                   |
| Mean age in years (SD)            | 30.1 (9.1)                        | 21.2 (3.8)*                 |
| Number reporting dependents (%)   | 35 (48.6)                         | 10 (34.5)                   |
| Mean hours scheduled classes (SD) | 16.8 (7.2)                        | 11.9 (5.2)*                 |
| Mean hours outside study (SD)     | 20.7 (13.8)                       | 13.2 (11.8)*                |
| Mean hours paid work (SD)         | 10.1 (10.7)                       | 15.6 (9.1)*                 |

\*  $p < 0.05$ 

### Materials

The survey was divided into three sections. Section 1 comprised ten closed-ended questions about the demographic and background characteristics of students (age, sex, family/community commitments, enrolment status (full-time or part-time), method of entry (e.g., school leaver), country of previous study, number of scheduled teaching hours per week, number of hours personal study per week, number of hours paid work per week, number of hours per week spent travelling to place of study). Section 2 asked about the student experience of Master-level study. All questions allowed open-ended responses. The questions concerned student expectations and experience of studying at Master level, their preparation for the workload, information that would have helped them prior to commencing study and how the information would best have been provided. The final section comprised eleven closed-ended questions about the importance of developing a range of generic skills during the course. The importance of each skill was rated from 1 (completely unimportant) to 5 (essential).

### Procedure

The study was approved by the Human Research Ethics Committee of the University of Sydney. All students in year 1 of graduate-entry professional preparation courses in diagnostic radiography, health informatics, nursing, occupational therapy, orthoptics, physiotherapy, radiation therapy and speech and language pathology and in year 2 of combined professional preparation courses in health informatics, nursing, orthoptics, and rehabilitation counselling received an email explaining the purpose of the survey and inviting them to participate. Those who chose to be involved were able to access and complete the survey on-line.

### Results

Participants were asked to rate the extent to which their course was meeting their expectations on a scale from 1 (not meeting) to 7 (fully meeting). There was a marginally significant difference between the graduate entry and combined groups in ratings of expectations, where the graduate-entry group had a higher mean rating than the combined group ( $t_{109}=1.9$ ,  $p=0.06$ ; see Table 2). Less than half of the graduate entry and combined groups said that they were

prepared for studying at graduate-level and less than half said that their understanding of graduate-level study was unchanged (see Table 2).

Table 2: Understanding of and preparation for graduate-level study

|                                                     |        | Degree type              |                    |
|-----------------------------------------------------|--------|--------------------------|--------------------|
|                                                     |        | Graduate entry<br>(n=79) | Combined<br>(n=34) |
| Course meeting expectations: mean rating (SD)       |        | 5.1 (1.3)                | 4.6 (1.2)          |
| Understanding of graduate-level study changed: n(%) | Yes    | 29 (38.7)                | 17 (50)            |
|                                                     | No     | 32 (42.7)                | 12 (35.3)          |
|                                                     | Unsure | 14 (18.7)                | 5 (14.7)           |
| Prepared for studying at graduate-level n(%)        | Yes    | 34 (44.2)                | 12 (35.3)          |
|                                                     | No     | 28 (36.4)                | 15 (44.1)          |
|                                                     | Unsure | 15 (19.5)                | 7 (20.6)           |

The open-ended comments were examined to illuminate the student experience beyond the information offered by the quantitative findings. In light of this aim, all open-ended responses were compiled by question (*student expectations and experience of studying at Master level; preparation for workload; information that would have helped prior to commencing study and how the information would best have been provided*) and student group. Following this, the authors of this paper independently examined the comments for emergent themes, in particular looking for those that were (a) specific to degree type (graduate-entry or combined) or to program of study (nursing, physiotherapy etc.); (b) similar across degree types and programs of study. The themes presented here reflect comments frequently made by students in response to the questions.

### Expectations of the course

Consistent with the higher number of hours of scheduled classes and outside study reported by the graduate entry students (see Table 1), the open-ended comments of students in the accelerated graduate entry degrees emphasised that workload was a problem for many:

*“I did not expect the course would be so demanding in terms of workload”; “very large expectation of workload”; “huge workload”; “high workload”; “The workload however is massive”.*

Workload was less of a concern for students in the combined degrees, where the competing demands of different Faculties and of the two degrees were more concerning:

*“Masters teachers don’t realise we are doing a bachelor at the same time”; “everything is due at the same time, which clashes with my Bachelor degree”.*

The workload concerns of the graduate entry students were associated with difficulties maintaining commitments outside university:

*“... expectations for all students to be available full time ... and for all students with jobs to be enrolled as part time”; “I was expecting a bit more free time to be a Mum”; “...feel like my whole life is just circled around doing this course”.*

They were also concerned with adjustment to significant changes in the learning context for students, many of whom were returning to study after some years:

*“I find it really daunting to be a student again after so many years”; “I just wish I had my study and computer skills updated”.*

These concerns were not shared with the combined degree students, many of whom were school leavers and who were on average about nine years younger.

### **Studying at Master level**

The graduate-entry and combined students appeared to have a similar understanding of what it means to study at graduate level. Students from the graduate entry group referred to a: “higher level of studying”; “higher standard of work”; “higher level of learning”; that required students to be: “independent in their learning”; “becoming independent and critical thinker(s)”. Students in the combined degrees described: “studying at a level that has higher expectations and at a higher level than an undergraduate degree”; “studying at a level beyond that of a normal undergrad degree”; in a way that was: “independent, self directed”, a “higher, more independent, intense level of studying”.

### **Information that would have helped**

The key themes that distinguished the graduate-entry and combined students largely concerned work–life balance (graduate-entry students) and the workplace they would enter after graduation (combined students). Graduate-entry students suggested that reading lists and materials be provided earlier to allow the workload to be more spread out; “receive the work manuals before the degree began in order to prepare for work” and requested support with time management: “time frames, time management options”; “feedback on how to study and cope with the studying”. Students in the combined degrees that are relatively new in the Australian health professional preparation context were concerned about how their degree would be understood in the workplace: “especially upon graduation”; “what we are to expect in terms of employment after we graduate”.

### **Making a good transition**

Many students in both the graduate-entry and combined groups expressed satisfaction with the accelerated programs. Graduate entry students commented:

*“I am happy with the course of study”; “Overall I have had a good student experience...for those that can commit to the hours of the course it can be rewarding.”*

Combined students stated: “I am enjoying it so far”. Although, as noted above, many students complained of the heavy workload, other students in both groups commented that the work was easier/less intense than they had expected: “It is a little easier than I thought it would be”; (graduate-entry student); “I had no idea it would be so easy” (combined student).

### **Importance of skills**

Average ratings of the importance of key skills for graduate-entry and combined students are presented in Table 3. The average ratings for all skill domains for both groups were above 3

(neutral), indicating that on average, both student groups perceived these skills as important. The only significant difference between the groups in importance rating was for 'Skills in research', where the graduate-entry group rated these as less important than the combined group ( $t_{105}=2.20, p=0.03$ ). In terms of order of importance, both groups rated 'understanding of methods used in a range of academic disciplines', 'understanding of indigenous health and culture', 'understanding of international issues', and 'learning with, from and about students from other professions' as relatively less important than 'understanding of a range of health professions', 'ethics and social justice', 'skills in research', and 'understanding of research'. Both groups rated 'skills in problem-solving and independent learning', 'spoken communication skills' and 'written communication skills' as most important to develop during their course.

Table 3: Importance of developing key skills during the course

|                                                                  | Degree type                       |                             |
|------------------------------------------------------------------|-----------------------------------|-----------------------------|
|                                                                  | Graduate entry<br>( <i>n</i> =76) | Combined<br>( <i>n</i> =31) |
| Skills in problem-solving and independent learning               | 4.53 (0.81)                       | 4.45 (0.77)                 |
| Spoken communication skills                                      | 4.49 (0.96)                       | 4.52 (0.72)                 |
| Written communication skills                                     | 4.37 (0.96)                       | 4.48 (0.68)                 |
| Understanding of a range of health professions                   | 4.17 (0.81)                       | 4.13 (0.92)                 |
| Ethics and social justice                                        | 4.11 (1.01)                       | 4.16 (0.93)                 |
| Skills in research                                               | 3.93 (0.98)                       | 4.35 (0.61)*                |
| Understanding of research                                        | 4.05 (0.95)                       | 3.97 (0.75)                 |
| Understanding of methods used in a range of academic disciplines | 3.84 (0.87)                       | 3.77 (0.76)                 |
| Understanding of indigenous health and culture                   | 3.83 (0.92)                       | 3.86 (0.99)                 |
| Understanding of international issues                            | 3.66 (0.92)                       | 3.55 (1.03)                 |
| Learning with, from and about students from other professions    | 3.76 (1.07)                       | 3.48 (1.06)                 |

\*  $p<0.05$

## Discussion

Understanding students' perceptions regarding their transition and progress is essential for developing appropriate strategies to support students in accelerated degrees. The findings of this study highlighted the diversity of student expectations and experiences both within the two accelerated groups and across the two different accelerated models of delivery. While 'course-specific' themes did occur, the key issues described above were generic, and not specific to a health professional program. On average, students felt that their course was meeting their expectations, and students from both graduate-entry and combined degrees had a similar understanding of what study at Master-level might mean. The demographic characteristics of the student cohorts meant that workload and work-life balance were more of a concern for the older graduate-entry cohort, while those undertaking the combined programs, new to the Australian context, expressed apprehension about how their degree would be accepted after graduation. These concerns were not universal, and some students

from both cohorts expressed relief that the course was not as difficult as they had thought, and appeared to be enjoying the curriculum.

Tailoring support for students with diverse needs is a challenge for educators in all settings, and these cohorts were no different. The information from this preliminary study provides direction for targeting support for students in accelerated programs in the transition to graduate-level study. Further work is needed to identify the characteristics of those students having difficulty adjusting to graduate-level study and to develop a deeper understanding of the student perspective of transition.

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