

Guide to Planning Cancer Professional Development

PART 4

A Cancer Network Train the Trainer
Initiative from Cancer Australia

Welcome to PART 4 of the Guide to Planning Cancer Professional Development, a Cancer Australia initiative to support Cancer Networks.

Presentation Structure

PART 1:

Using the Cancer Learning Website

PART 2:

Drafting a Cancer Professional Development Plan

PART 3:

Planning and Carrying Out an Evaluation

PART 4:

Delivering a Professional Development Program

The complete presentation is divided into 4 parts, each guiding you to explore key documents, templates and resources through the Cancer Learning website. The aim is that by the end of PART 4 you will have a first draft Cancer Professional Development Plan that you can refine after your online discussions with colleagues and planning experts.

PART 4: Delivering a Professional Development Program

Find
Learning Activities
Find information and learning activities in key themes of cancer care.



Build
Educational Programs
Build educational programs, activities, and resources.



Plan
Professional Development
Plan individual and network professional development and learn about work/life balance.



<http://www.cancerlearning.gov.au>

In PART 4 we come to grips with the selection of learning activities and resources and consider some of the program delivery issues that will influence the successful implementation of your professional development plan.

Program Delivery Issues

1. Overcoming barriers to participation
2. Potential accreditation with professional bodies
3. Collaborative planning across service jurisdictions
4. Organisational support for the plan
5. A timeline for piloting and evaluating PD locally

Program Case Studies based on the:

Multidisciplinary Care (MDC) Toolkit

Frontline Psychosocial Support Module

There are any number of issues that have the potential to impact on the running of a PD program. We are going to focus on some issues that are likely to be present well before the program gets underway and then look at how dealing with those issues might play out in two cancer professional development case studies. First the delivery issues.

Overcoming barriers to participation

- Time poor professionals
- Over committed, under resourced system
- Personal and professional motivation for participation
- Logistics of attendance

Making a careful analysis of the real time cost of the program you are proposing is an essential issue to address:

- “Time poor” professionals is a common concept. What does it actually mean in your service context?
- Can the system cope with another time demand?
- What are the drivers that will motivate individuals to participate?
- What is the delivery mode that is likely to suit the time constraints of the majority of participants?

Potential accreditation

- Increased requirement to register for CPD points
- Points systems vary across professional bodies
- PD Programs can seek point system accreditation
- Check with bodies relevant to program participants

See the document in **PLAN** which gives details of:
Continuing Professional Development Programs

[Home](#) > [Plan](#) > For Networks

3. How do we find out what suitable or relevant professional development activities are available?
Consider how your professional development activity might be accredited with professional bodies. [Click here](#) for information on professional bodies

Requirements for health professional CPD involvement are changing. There is a increasing move away from highly individualised requirements to annual or bi-annual points systems as a requirement for registration with a professional body.

Make yourself familiar with the CPD requirements for your target group. In the PLAN section you will find a link to a useful summary of professional body requirements:
http://www.cancerlearning.gov.au/docs/college_cpd_info_for_hub_060508.pdf

Collaborative planning across service jurisdictions

- Diversity of stakeholder groups
- Pooled resources for sustainability
- External funding for a broader initiative

It may be that you already have a diversity of health professional groups as part of your plan. How can this be best exploited to optimise outcomes?

- Does your PD plan overlap with the plans of other groups?
- Are there opportunities to pool resources, existing programs for instance, to ensure sustainability?
- Can your plan be made more attractive to external funders if it has a broader target group?

Organisational support for the plan

- Feasible resource costs
- Availability of opinion leaders
- Alignment with existing health promotion or service strategies

Considering the implications of your proposed PD plan for the organisations involved is essential:

- How much organisational support can be expected?
- Will it include staff release for example?
- Can the organisation reinforce the motivation to participate and in what way?
- Are there champions in the organisation who can influence participation?
- Is there an opportunity to 'piggy back' on an existing health service promotion or service strategy?

A solid timeline

- Timeline is essential but can't be inflexible
- Follow the planning and evaluation sequence
- Keep others informed

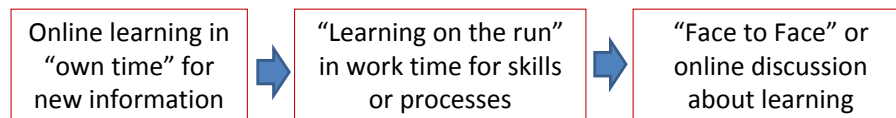
Detailed project planning is an art form! However an up to date and easily understood timeline is a planning tool that anyone can manage.

It should be realistic, capable of accepting changes and above all widely available to all stakeholders, including potential participants, for all the implementation reasons mentioned earlier.

Choosing optimum delivery modes

- “Own time” or “work time”
- Face to face workshops or individual learning
- Structured sessions or flexible timetable

Or a method that uses a mix of delivery modes



One of the most important delivery decisions you will make in implementing your plan will be whether or not you are requiring participants to use their own time or part of their existing work time. Both have issues.

- ‘Own time’ has the attractiveness of being dedicated downtime and can have a professional networking value.
- ‘Work time’ has the advantages of being already budgeted for and the potential to include directly work related learning. Its downside is obviously time pressure and competing demands.
- ‘Face to face’ has real costs whereas ‘work time’ may be a more relevant learning environment.

Learners may actually need a ‘structured session’ because of other time pressures, but flexibility gives them options.

Often the answer may be to design a CPD program that combines these options to get the best of several delivery modes.

Program Delivery: Case Study 1

CANCER LEARNING Home | About | Contact Us | F.A.Q.
Multidisciplinary Care Toolkit

Getting started | MDC Fundamentals | Setting up a team | Running a team

Getting Started
Find out how to use this toolkit effectively, access key documents and provide feedback.
- How to Use this Toolkit
- Site Map
- Key Resources
- Toolkit Evaluation

MDC Fundamentals
Explore the benefits and principles of MDC and how to form effective teams.
- Why MDC?
- The Principles
- Why 'Secret'?
- Team Models
- Futures

Setting up a Team
Explore how to set the groundwork to promote a functional team with a shared vision.
- Membership & Consent
- Team Roles
- Involving GPs
- Goals and Outcomes

Running a Team
Discover how to optimise team communication, documentation and improve existing processes.
- Optimising Teams
- Treatment Plans
- Documentation & Evaluation
- Data & Review

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This site is freely available but you need to register.
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Using the MDC Toolkit as Part of a CPD Program

Example only – not an actual program

<http://www.cancerlearning.gov.au/mdc.htm>

The following two case studies give examples of how delivery strategies might be put into action.

➤ Case Study Example One: MDC Toolkit: <http://www.cancerlearning.gov.au/mdc.htm>

➤ Case Study Example Two: Frontline Psychosocial Support Module:

<http://www.cancerlearning.gov.au/frontline/index.htm>

They are supported by existing resources from Cancer Learning. Please read them through at your own pace.

Program Case Study 1:

Program rationale:

“We are hoping to use the MDC Toolkit to support the setting up of a new multidisciplinary team which will directly involve GPs”

Program Case Study 1:

Specific evaluation goals:

To what extent has the program resulted in participants being able to:

- Understand team members roles and how cases are selected for discussion
- Communicate MDT discussion outcomes to patients and other professionals
- Obtain "informed consent" from a patient for their case to be discussed by the MDT
- Involve GPs in the operation and care planning of the MDC team

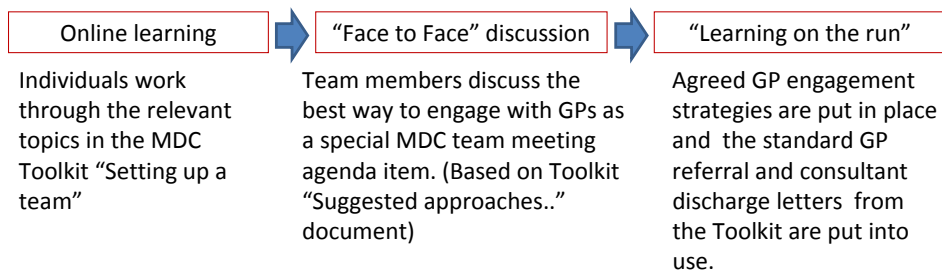
Adapted from outcomes MDC Toolkit "Setting up a team"

Program Case Study 1:

Participation issues

The driver for participation is a professional one in that there is general agreement that GPs are not currently engaged and that patient care plans would benefit from this.

Most of the expected participants are busy health professionals who may only meet face to face during MDC team meetings so the following program delivery model has been developed.



Program Case Study 1:

Accreditation potential:

Several team members have approached their professional college to use the program as a CPI project that will attract professional development points.

Hospital administration has also undertaken to explore with the RACGP the potential for CPD accreditation for participating GPs

Program Case Study 1:

Organisational support:

- Electronic versions of the standard GP referral and consultant letters are to be made available via the online hospital administration system.
- A teleconference with the Director of CPD at the RACGP is arranged to discuss the program's potential.

Program Case Study 1:

Potential for Collaboration:

- An observer from an MDC team in an adjacent organisation will attend the team discussion.
- The RACGP has also expressed interest in the evaluation finding for use in future CPD programs and possible grant applications.

Program Case Study 1:

Timelines:

Team participants will be given 2 weeks to explore the relevant parts of the MDC online Toolkit before the discussion meeting.

Follow-up strategies with GPs will run for two months before evaluation.

Program Case Study 1:
The Evaluation Plan

PLANNING	DATA COLLECTION	REPORTING FINDINGS
<p>What is the Rationale:? To determine the effect of the program on the participation of GPs in MDTs and the effect on the quality of care plans.</p> <p>Who are the Stakeholders? Team members; GPs; patients; professional colleges</p> <p>What questions will be asked? Questions around team participation and care plan contribution</p>	<p>What data will be collected and how?</p> <ul style="list-style-type: none"> <input type="checkbox"/> GP team participation rates <input type="checkbox"/> Standard letter usage rates <input type="checkbox"/> Care plan quality audit <input type="checkbox"/> Team member, incl. GPs, satisfaction survey (Collection tools to be finalised) 	<p>How will it be reported?</p> <ul style="list-style-type: none"> ▪ Cross reporting of findings between consultant and GP team members ▪ Findings available to professional colleges ▪ Final report to organisation management, including recommendations for future programs.

Program Delivery: Case Study 2

The screenshot shows the Cancer Learning website interface. At the top, there is a blue header with the Australian Government logo and 'CANCER LEARNING' text. Navigation links for 'Home | About | Contact Us | FAQ' and 'Frontline Psychosocial Support' are visible. Below the header, a central box contains a video thumbnail of a woman and descriptive text: 'The frontline psychosocial support module has been created to raise awareness on how to respond to a cancer patient experiencing acute distress and in need of immediate psychosocial support. This series of case vignettes is designed to be used by all health professionals involved in the care of patients with cancer.' Below this box are 'Not Registered?' and 'Register Now' buttons, and a 'Login' button. A note states: 'This site is available freely but you need to register.' The main heading reads 'Using the Frontline Psychosocial Support Module as Part of a CPD Program' with a sub-note 'Example only – not an actual program'. A blue link box contains the URL <http://www.cancerlearning.gov.au/frontline/index.htm>. A final note says 'NB. You will need "Flash" to play videos in this toolkit'.

The following case study gives an example of how delivery strategies might be put into action. It is supported by existing resources from Cancer Learning. Please read it through at your own pace.

Program Case Study 2

Program rationale:

“We want health professionals who have shown an interest in psychosocial issues to be introduced to practical supportive techniques when responding to a patient who is either angry, distressed or in a state of depression”

Program Case Study 2

Specific evaluation goals:

After completing the workshop, participants should be able to:

1. Devise responses in immediate crisis situations to alleviate the patient, family member or carer's immediate symptoms of psychosocial distress
2. Provide patients with information about available support services

Adapted from outcomes Frontline Psychosocial Support Module "Learning objectives"

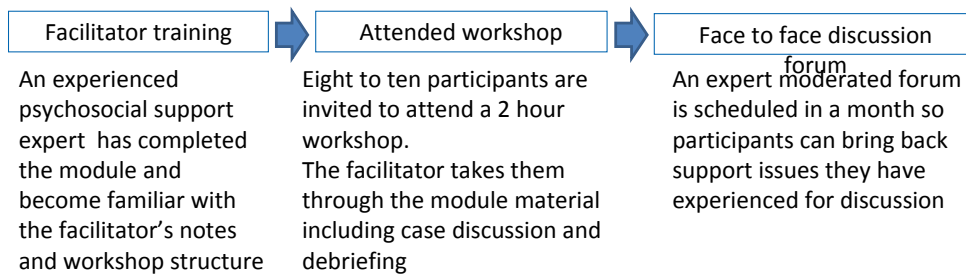
Program Case Study 2

Participation issues

The driver for participation is professional interest which has been gauged by inviting participants who have already completed the Strengthening Cancer Care: Psychosocial Support module

http://www.gplearning.com.au/free_activities/psm.html

The program delivery model will focus on a single workplace to maximise locally based skills in the field.



Program Case Study 2

Accreditation potential:

- The Frontline Psychosocial Support Tutorial is yet to be formally recognised as an accredited learning activity.
- Host organisation has been approached to recognise individuals who have completed the Frontline Module as psychosocial resource people that other health professionals can call on.

Program Case Study 2

Organisational support requested:

- Host organisation to provide work release or replacement staff so that the 2 hour workshop can be held in the participants' workplace.
- Recognition as a workplace psychosocial resources person for participants successfully completing the module.

Program Case Study 2

Potential for Collaboration:

- Interested organisations invited to participate in a "train the trainer" workshop with the aim to widen the availability of psychosocial support for people with cancer in the network.
- Funding in collaboration with the RANZCP may be sought for a longer term study of the response of patients and carers to the psychosocial support provided.

Program Case Study 2

Timelines:

The 2 hour workshop and the follow-up forum will be scheduled with a month's notice once the facilitator training has been completed.

Program Case Study 2:
The Evaluation Plan

PLANNING	DATA COLLECTION	REPORTING FINDINGS
<p>What is the Rationale:? To use the program to give interested participants the skills to become local psychosocial resource people.</p> <p>Who are the Stakeholders? Participants, fellow health professionals, patients and their carers</p> <p>What questions will be asked? Questions around confidence in skills and readiness as a resource person</p>	<p>What data will be collected and how?</p> <ul style="list-style-type: none"> <input type="checkbox"/> qualitative data on attitude and skills acquisition <input type="checkbox"/> Longer term evaluation study of patient and carer responses to support provided will be considered if funding available. 	<p>How will it be reported?</p> <ul style="list-style-type: none"> ▪ Anonymous compilation of data will be provided to management of the host organisation with recommendations for future programs

What to do now?

- Think about the delivery possibilities reflected in these case studies for your own planning
- Make any adjustments on your draft planning template
- Register for the online forum to join in the discussion about planning and delivery issues with your colleagues and experts