

Aboriginal Cancer Partnership Project

Training Needs Analysis:

Snapshot Report

A brief investigation into the training needs of health professionals in Aboriginal Community Controlled Health Services (ACCHS) and mainstream cancer services in regards to delivering appropriate cancer care and support for Aboriginal patients and families in NSW.

Background

The *Aboriginal Cancer Partnership Project* is a three-year collaboration between the Aboriginal Health & Medical Research Council (AH&MRC), Cancer Institute of NSW and Cancer Council NSW. A primary aim of this project is to enhance cancer care and outcomes for Aboriginal people by building the capacity and knowledge of health professionals across the spectrum of cancer control.

The Training Needs Analysis is a foundational activity for this project, intended to build knowledge in this area and inform related elements of the project. AH&MRC commissioned Clear Horizons Consultancy in 2013 to undertake this study.

Purpose of the Training Needs Analysis

- Increase understanding of the roles of different groups of health professionals in providing cancer care and support to Aboriginal people.
- Identify what training these groups of health professionals require in order to provide appropriate cancer care and support for Aboriginal people.
- Investigate the preferred methods for the delivery of training.

What did we do?

In-depth qualitative interviews were conducted in a range of urban, rural and remote locations. 53 participants were interviewed, between May and July 2013. These included:

- 28 staff of ACCHS, including managers, nurses, Aboriginal Health Workers, transport and administration staff
- 14 staff from mainstream cancer services, including specialists, nurses, management and social workers
- 9 Aboriginal-identified positions sitting in hospital and Local Health District services, such as Aboriginal Liaison Officers
- 1 participant and 1 trainer of the Aboriginal Health College accredited Cancer Awareness Training Module (2009)

Overview

The study found that cancer is becoming a priority concern for ACCHS, yet few staff have completed any cancer specific training. There is currently a strong interest among staff and management for training in this area, even amongst competing training needs.

Cancer was viewed by the ACCHS workers who participated in this study as being different to other health issues that fall within their remit. This is largely due to the delivery of cancer treatment in a tertiary setting and the relative lack of integration or collaboration between cancer services and primary health services.

In addition, against a background of widespread fear and fatalism associated with cancer among Aboriginal communities, cancer is considered a highly sensitive issue, one that creates different support needs for both patients and their families. It also requires knowledge and navigation of an extensive range of different support services, many with complex criteria or processes for referral.

ACCHS staff reported a need for cancer-specific training to build a general understanding of treatment processes, the different stages of a patient journey and the ways they can provide support at each stage. Training that would improve their ability to communicate and partner with mainstream services was also identified as a priority need.

The staff of mainstream cancer services also reported needs for further training, however these needs were focused on developing cultural competency, rather than clinical knowledge related to cancer. While all participants reported that they had completed some form of cultural awareness training (mostly online), many felt that this was insufficient. Further training to increase their understanding of the needs of Aboriginal patients and improve confidence in applying appropriate communication was requested. Staff expressed a desire to work more collaboratively with Aboriginal colleagues and learn more about the range of services provided by ACCHS.

This study was approved by the Aboriginal Health and Medical Research Council ethics committee application 925/13: Aboriginal Cancer Training Needs Analysis April 2013.

SUMMARY OF MAIN FINDINGS FROM ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES

Current roles of ACCHS along the cancer control spectrum

- Prevention and promotion of healthy lifestyles.
- Promoting and conducting screening.
- Referrals to specialists for diagnostic testing.
- Practical assistance to facilitate access to treatment, such as transport or financial support.
- Providing reassurance and social and emotional support to clients and their family.
- Answer basic questions about treatment processes.
- Limited input at other stages, such as recovery, survivorship and palliative care.

Training content needs for ACCHS staff

- To develop greater confidence in the understanding of cancer to be able to share quality information with clients and their families.
- Increased clarity around referral and treatment pathways.
- Delineation of responsibilities for cancer care between ACCHS and mainstream services. This includes how to work better in partnership and better integrate respective services.

- Specific training needs varied across roles:

Management, including CEOs and Practice Managers (n=5):

- > The importance of early diagnosis and the need to develop effective referral pathways.

Clinical staff, nurses (n=9), GPs (n=1):

- > Specifics of screening programs, such as age, frequency and process for each.
- > Clinical knowledge about treatment types and processes, plus management of side effects.
- > Greater details of recovery and follow-up stages.
- > The use of traditional and complementary therapies.
- > Where to access credible cancer information.

Aboriginal Health Workers (n=10):

- > Risk factors and signs and symptoms of cancer.
- > General overview of cancer care pathway, including basic understanding of treatment processes and what patients may expect.
- > Providing social and emotional support and awareness of available services.
- > Palliative care.

Operational staff, including transport and administration staff (n=3):

- > General understanding of prevention to pass on to community.
- > General knowledge of cancer to be able to answer basic questions and reassurance for families.

Preferred training delivery methods

- Highly interactive face-to-face training, delivered in block format or in-service.
- Use of technically skilled trainers with specialised cancer knowledge of highest importance, acknowledging that these may not be Aboriginal. Co-facilitating with Aboriginal trainers was considered the ideal.
- Important that training is continued, regular and ongoing, rather than one-off.
- Informal collaborative learning, such as local workshops, were also recognised as important in building knowledge and confidence.
- E-Learning had some appeal for nurses as a delivery method because of the flexibility it offers. However, Aboriginal Health Workers (AHWs) reported little interest in e-Learning due to issues such as poor internet access; lack of computer literacy; and the potential for disruption.
- Preferred location and duration of training was not strongly indicated. The majority of participants indicated that they would undertake training wherever it was offered.

Potential barriers to staff undergoing cancer-specific training

- Few existing opportunities to undertake training specific to the needs of Aboriginal people around cancer.
- Competing training priorities amongst a multi-skilled workforce.
- Lack of available time to release staff and backfill their positions.
- Cost

SUMMARY OF MAIN FINDINGS FROM TERTIARY CANCER SERVICES STAFF

Current roles of tertiary services along cancer control spectrum

- Specialised cancer care, including radiology and oncology diagnostic and treatment services.
- Least active in prevention and screening.

Training content needs for Tertiary Cancer Service staff

Staff in non-Aboriginal identified positions, including nurses (n=4), Cancer Nurse Coordinator (n=4), Radiation Therapist (n=2), manager and director (n=3), social worker (n=1) report needs for:

- Increased confidence in communicating with Aboriginal patients and understanding of how to deliver more appropriate services for Aboriginal people.
- Greater understanding of the range of services ACCHS offer.
- Delineation of shared responsibilities and roles for cancer care between ACCHS and cancer services. This includes how to work better in partnership and improve integration of respective services.
- Greater understanding of the preferences and needs of Aboriginal patients and families and the barriers they may experience in accessing cancer and support services.
- Greater awareness of the disparities between Aboriginal and non-Aboriginal outcomes for cancer.

Staff in Aboriginal identified positions, including Aboriginal Liaison Officers (n=2), Aboriginal Health Managers (n=4), Aboriginal Health Education Officers (n=1), nurse (n=1), palliative care coordinator (n=1) report needs for:

- Further training in cancer care, with a focus on technical aspects of treatment.
- Greater knowledge of options for referrals to a range of support services.
- Skills in palliative care.

Preferred training delivery methods

- Face-to-face learning emphasised as being the most appropriate for cultural awareness training.
- Preference for a combination of both Aboriginal and non-Aboriginal trainers for training in cultural competency.
- On-the-job learning alongside Aboriginal staff members.
- Forums and conferences with networking opportunities and open discussion with Aboriginal health professionals.
- Localised training if possible.

Potential barriers to undertaking cancer care training

- Time constraints in attending face-to-face training and backfilling positions.
- Travel costs.

Possible limitations to this Training Needs Analysis

The relatively small sample size of each interviewed workforce group may limit the ability to draw statewide conclusions regarding training needs from this study.

In addition, all participants self-selected into the study, potentially resulting in a bias towards staff who had an existing interest in improving cancer care for Aboriginal people.

Throughout the Training needs analysis (TNA), many participant responses also focused on needs not directly related to training, such as the need for culturally appropriate resources and increasing the number of Aboriginal identified positions in cancer services. Exploration into these needs was beyond the scope of this TNA.

Conclusion

This study demonstrates that there is widespread interest from both ACCHS and cancer service workforces in increasing understanding of the needs of Aboriginal patients along the spectrum of cancer care, and in developing the capacity of all health professionals to meet these needs.

As cancer is increasingly viewed as a priority health concern for Aboriginal people, the need for regular, ongoing and specialised training would build clarity across services, increase understanding of roles and shared responsibilities along a cancer care pathway that integrates ACCHS and mainstream sectors. Drawing on the need for further opportunities and resourcing for training initiatives in this space.

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The Project is being implemented by the following project partners:

