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State-wide allied health workforce education

Providing support for disease management and interprofessional collaboration

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Allied health professionals work in primary health care setting and play an important role in the prevention and management of chronic disease.

CDM requires teamwork. Contents has an interprofessional focus and is of interest to more than one discipline.

The CPD program is evidence-based and has a comprehensive evaluation framework.

The program is expanding to other jurisdictions and is supported by professional groups.

### Eligible Professional Groups

- Allied Health Assistants
- Art Therapy
- Audiology
- Biomedical Science
- Dietetics
- Health Promotion
- Hospital Pharmacy
- Medical Laboratory Science
- Medical Physics
- Music Therapy
- Nuclear Medicine
- Occupational Therapy
- Optometry
- Orthoptics
- Physiotherapy
- Podiatry
- Prosthetics/Orthotics
- Psychology
- Radiation Therapy
- Radiography
- Social Work
- Speech Pathology
- Others (e.g. mental health, management)
Technology layers

- Rich Media Presentations
  - Web streaming
  - On demand recordings
- Portal
  - Access
  - Discussion, peer interaction
  - Feedback
- To come...
  - Additional portal items (wiki, repository etc)
  - Statements for purpose of mandatory CPD

Recording Presentations

- Interactivity at event (face-to-face and VC) is recorded and made available for viewing
- Web viewing is retrospective unless bandwidth permits to stream out live
- The recording
  - CBOX3
  - 6 x Video Sources
  - 4 x Audio Sources
  - A/V output
  - VGA screen & video capture
Rich Media Presentation

Web portal www.cpdforalliedhealth.org

Personalised access to CPD information
Archive of presentations and other material
Online discussion board
Announcements
Calendar
Evaluation
Possible program outcomes

- **Values**
  - Beliefs, attitudes and attributes that drive performance

- **Competencies**
  - Specific abilities and activities that would be expected to be performed within an occupation or function

- **Behaviour**
  - Display of values and competencies in work conduct

- **Effectiveness levels**
  - Personal, group, organisational

Evaluation framework

- **Pre-program survey (PPS)**
  (incl. acceptability of VC and Rich Media access)

- **Follow-up survey**

- **Evaluation of each session** (learning objectives, relevance, impact, skills competencies)

- **Other** (e.g. number of registrations, viewings, discussion points)
PPS - Research questions

- What are relevant values and behaviours that apply in everyday rural work and competencies that are used?
- What do professionals want to get out of CPD?
- Does CPD access assist career goal achievement and prolonged rural practice?
- Are there IT barriers and or issues with retrospective access?

PPS - Data collection

- Ongoing
- Professionals are invited to complete the survey when registering
- Data collection started in May 2007
- Approx. 400 account holders in January 2008, with 165 completed surveys
Results

- 38% is 30 years of age or younger
- 16 professions (PT 38.8%, OT 15.8%)
- Most work in public sector (11.8% private, 8.5% NGO)
- 35.8% work in acute setting
- 59.4% supervise students
- 30.3% manage other professionals
- 72.7% is member of a professional group

Continued ...

- 70.3% expect that program access assists with becoming part of a network
- 56.4% think that access is likely to make them to stay in rural practice for longer
- 80% favour work exchange with others to increase knowledge and skills
- 80.6% think that CPD access assists with achieving career goal
- Professionals recognise relevance of values, competencies and behaviours, although there are differences between groups
Age and values, competencies and behaviours

- Age groups:
  1. 20-30 (n=60)
  2. 31-45 (n=60)
  3. ≥46 (n=45)
- Emotional IQ
  - 3 > 2 > 1 (p 0.001)
- Vision, environmental awareness
  - 3 > 2 > 1 (p 0.018)
- Courage
  - 3 > 2 > 1 (p 0.043)
- CPD and achieving career goal
  - 1 > 2 > 3 (p 0.030)
- CPD and staying in rural practice for longer
  - 1 > 2 > 3 (p 0.020)

Age continued ...

- Age groups:
  1. 20-30 (n=60)
  2. 31-45 (n=60)
  3. ≥46 (n=45)
- Increased confidence in role
  - 1 > 3 > 2 (p 0.003)
- Working with diverse populations and needs
  - 3 ≥ 1 > 2 (p 0.013)
- Managing difficult conversations
  - 3 > 1 > 2 (p 0.045)
- Giving and receiving feedback
  - 3 > 1 > 2 (p 0.036)
CPD and IT access

- 65.2% have no problems with e-conferencing
- 61.8% have no problems with VC
- 81.4% have no problems accessing retrospectively via the web
- 74.2% find VC or e-access acceptable to excellent
- 34.2% find that maximum proportion of VC or e-access = 41-60%

Personal effectiveness training – Follow up
(Training format: Face-to-face)

- Using time more effectively (68%)
- Communicate more effectively one to one (80%) and in groups (72%)
- Listening when communicating (68%) and dealing more effectively with conflict (72%)
- Working more effectively in teams (60%)
Discussion

- Role of AH in chronic disease management (e.g. understanding older people and the disease)
- Working in rural and remote areas (i.e. greater variety of conditions, being a generalist specialist)
- Working effectively (personal, team, organisation)
- Number of young professionals starting rurally
- Age & values, competencies and behaviours
- Age & propositional (theory, research) versus non-propositional (experiential – professional, personal) forms of knowledge (or tacit versus intuitive)
- Acceptance of IT (VC and web access)
- Potential effect on rural health service capacity

Direction of the program

- More platforms
  - Existing platform of IP education
  - Discipline-specific CPD (with possible mutual access between specified groups)

- Sustainability
  - Jurisdictions – national program
  - Professional groups
References


- O’Toole K, Schoo AMM, Stagnitti KE, Cuss K. ‘Rethinking policies for the retention of allied health professionals in rural areas: A social relations approach’. Health Policy [Accepted on 30 January 2008].