Optimal Care Pathway for Aboriginal and Torres Strait Islander People with cancer learning program

Final Project Report

February 2023

Statement of acknowledgement

We acknowledge the Traditional Owners of Country throughout Australia and their continuing connection to the land, sea and community. We pay our respects to them and their cultures and to Elders past and present.

"Hope and Connection - Bunjil over Wurundjeri Land"

"This painting represents the growth from the time we arrive on the land to the time we go back to it. As we connect to the lands and country we travel through life from birth to death. This painting shows us the hope and the journey we face. Ultimately we are all one with the environment we share and our connection is vital to that"

Artist - Vegas Fitzmaurice, 2022

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Acknowledgements

We acknowledge the following for their support and contribution to the development of this package

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Contents

Optimal Care Pathway for Aboriginal and Torres Strait Islander with cancer learning package project:
Final Report February 2023

1 Background

1.1 Context

The Victorian Cancer Plan 2020 – 2024 (Department of Health and Human Services, 2020) recognises inequities for Aboriginal Victorians across the entire cancer pathway, with higher incidence and mortality rates (Cancer Council Victoria, 2022). Multi factorial reasons have been identified as contributing to these results, including, lower participation in screening programs, later diagnosis, lower uptake and completion of cancer treatment, the presence of chronic diseases and entrenched racism in the health system (Emma V. Taylor, 2018).

The Optimal Care Pathways (Cancer Australia, 2018)(OCP) developed with the aim of understanding the cancer journey in its entirety, provide guidance for a consistent approach to the delivery of quality cancer care. The Aboriginal and Torres Strait Islander OCP specifically highlights the importance culture plays in the delivery of culturally appropriate care and also its vital role to assist in the reduction of disparities for Aboriginal and Torres Strait Islander people. (Cancer Australia, 2018)

In 2020, Monash Aboriginal Health services requested Southern Melbourne Integrated Cancer Service (SMICS) to help Aboriginal Health Liaison officers increase their awareness of the cancer journey. Prior to this, Gippsland Regional Integrated Cancer Service (GRICS) partnering with Dr Elica Ristevski (Senior Lecturer, School of Rural Health, Monash University), conducted a study into the learning needs of health professionals to meet the clinical practice requirements of the OCP. (Ristevski E, 2022). Partnership between the two Integrated Cancer Services (ICS) and their health service partners resulted in the development of the current pilot learning program on delivering optimal cancer care for Aboriginal and Torres Strait Islander people living with cancer and their families.

A project team was formed consisting of representatives from SMICS, GRICS, Aboriginal health workers and cancer specialists from Monash Health, Peninsula Health, Latrobe Regional Hospital and Bairnsdale Regional Health Service. The project aim was to collaboratively co-design a learning program for both Aboriginal Health and liaison workers and cancer clinicians. A learning program was developed which consisted of four learning modules, student and facilitator manuals and a self-reflection tool and a gap analysis tool suitable for Aboriginal and non-Aboriginal clinicians.

The four learning modules used fictitious scenarios based on current cancer data and known access barriers for Aboriginal and Torres Strait Islanders and aligned to the Aboriginal and Torres Strait Islander OCP framework. All modules were reviewed for cultural appropriateness, Aboriginal health service needs and cancer related care. They were designed to facilitate discussion about the gaps, barriers and enablers in delivering cancer care to Aboriginal and Torres Strait Islander people and their families

The pilot program was conducted in June 2022 consisting of a facilitator's course and a learning course.

The facilitator's course was a one-day session based on the Cancer Council Victoria facilitator training package. Clinicians and Aboriginal Liaison Officers from participating health services were invited to attend. The course was designed to prepare facilitators to deliver the learning program.

The learning program consisted of an online learning package and a one-day face to face session. The online learning program was self-directed and designed to provide an introduction to optimal cancer care to Aboriginal and Torres Strait Islander peoples. The face-to-face session presented 3 modules that explored the cancer stages from diagnosis to treatment and survivorship. Facilitated group work enabled students to network and share their knowledge on the delivery of optimal cancer care for Aboriginal and Torres Strait Islander people.

1.2 Project Aims

The aim of the project was to:

1. Develop a Learning program that was suitable for Aboriginal and Torres Strait Islander Health workers and cancer care clinicians, based on the optimal care pathway for Aboriginal and Torres Strait Islanders with cancer
2. Conduct a pilot program to test the learning methods used
3. Evaluate the pilot program and provide recommendations for a sustainable learning program

1.3 Learning Package Aims:

The learning programs aims were to bring together Aboriginal Health and liaison workers and cancer clinicians to:

- Explore participants beliefs and knowledge of the optimal care pathway for Aboriginal and Torres Strait Islanders in a safe and non-judgemental environment
- Facilitate networking between health care professionals delivering cancer care to Aboriginal and Torres Strait Islander patients and their family
- Explore resources available to support the needs of Aboriginal and Torres Strait Islander people and their families with cancer
- Discuss the gaps and barriers in care delivery for Aboriginal and Torres Strait Islanders identified by participants and available strategies to support a continuous quality improvement ethos.

1.4 Program Learning Outcomes

At the completion of the learning program, students will be able to:

1. Understand the cancer journey as outlined in the Optimal care pathway for Aboriginal and Torres Strait Islander patients being treated in the acute care sector for the following key stages of cancer:
    a. Diagnosis, staging and treatment planning
    b. Treatment
    c. Care after initial treatment and recovery
2. Identify and discuss strategies for delivering quality care relating to:
    a. Patient centred care
    b. Safe and quality care
    c. Multidisciplinary care
    d. Supportive care
    e. Care coordination
    f. Communication
    g. Research and clinical trials
3. Understand the impact of Aboriginal culture when planning and delivering cancer treatment.
4. Understand strategies for supporting effective communication between health care providers.
5. Identify tools and resources available to assist in identifying and managing the patient's needs, the gaps and barriers in delivering care and managing complexities and strategies to improve the patient and their family's cancer journey.

1.5 Project Deliverables

The deliverables of the project included the development of the following components (see Figure 1):

i.   Pilot Program
   o   A facilitators course (train the trainer)
   o   A Learning program
ii.   Learning packages
iii. Evaluation plan

Optimal Care Pathway for Aboriginal and Torres Strait Islander
People with cancer learning program
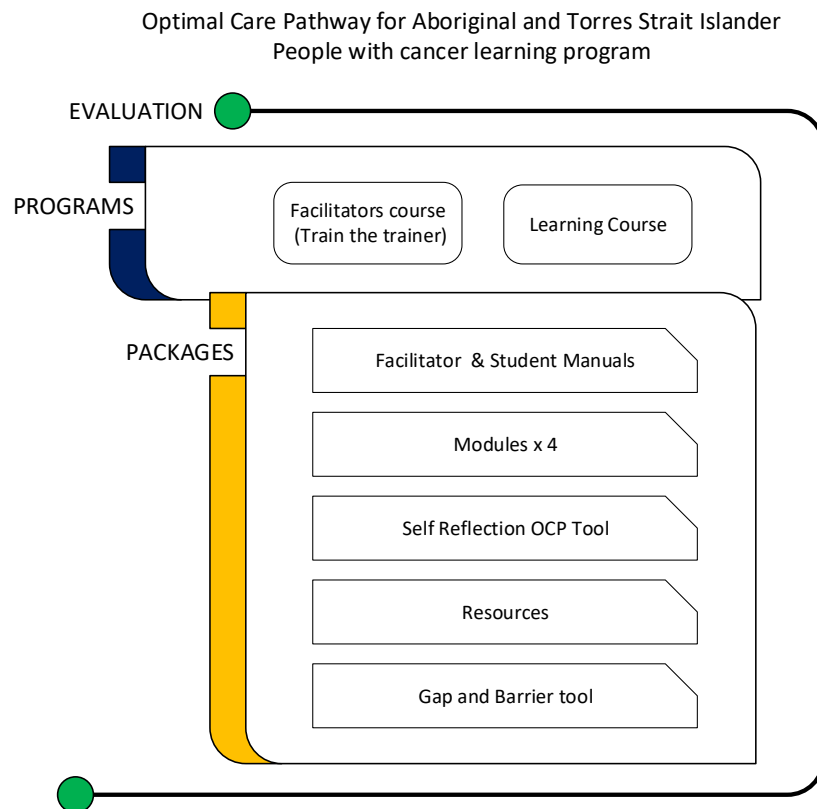
Figure 1 Project Deliverables

1.5.1 Pilot Program:

The pilot program consisted of:

i.   **Facilitator's course (train the trainer)** which was a one-day face to face session. The purpose being to prepare facilitator's who would deliver the learning course. Facilitators were introduced to general facilitation skills and the requirements of the learning course. Facilitation skills were applicable to all types of group facilitation not just restricted to delivery of the learning course. A facilitator's manual was developed and provided to all facilitators.

ii.   **Learning course** which consisted of an online module and a one-day face to face session that included presentation of three modules. Through discussion and group work, students explored three different scenarios, identifying gaps, barriers and enablers in their practice.

1.5.2 Learning Packages:

The learning packages consisted of a range of i) four modules, ii) resources and iii) assessment and reflection tools.

Four modules were developed which scaffolded the learner's knowledge of the optimal care pathway for Aboriginal and Torres Strait Islander people with cancer. Figure 2 illustrates the sequence and content of delivery of the modules.
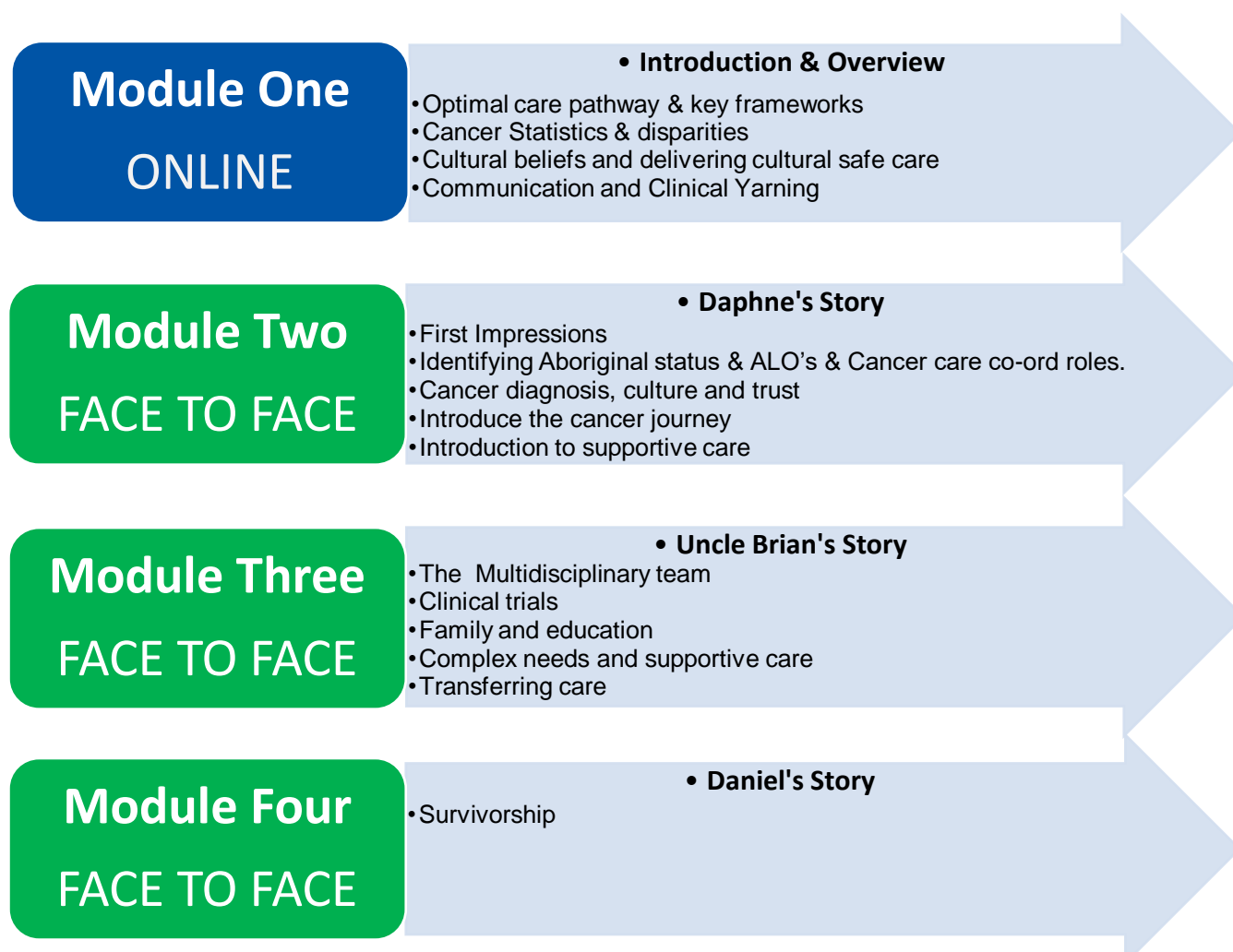
Module One
ONLINE

- **Introduction & Overview**
- Optimal care pathway & key frameworks
- Cancer Statistics & disparities
- Cultural beliefs and delivering cultural safe care
- Communication and Clinical Yarning

Module Two
FACE TO FACE

- **Daphne's Story**
- First Impressions
- Identifying Aboriginal status & ALO's & Cancer care co-ord roles.
- Cancer diagnosis, culture and trust
- Introduce the cancer journey
- Introduction to supportive care

Module Three
FACE TO FACE

- **Uncle Brian's Story**
- The Multidisciplinary team
- Clinical trials
- Family and education
- Complex needs and supportive care
- Transferring care

Module Four
FACE TO FACE

- **Daniel's Story**
- Survivorship

Figure 2: Diagrammatic representation of Modules developed

Manuals:

Two manuals were developed:

i. A facilitator's manual: which includes the training session, guides for delivering the modules and relevant resources. Facilitators received the manual at the beginning of the Facilitators course.

ii. A student manual: which includes notes relating to each module and relevant resources. Students received the manual at the beginning of the learning course.

Configurable listings of resources:

Available resources and tools are incorporated throughout the modules and designed to support students not only during the learning program but also throughout their practice. A list of freely available patient educational material, references, as well as local policies or procedures relevant to student's organisations was developed. The list was designed to be reviewed and updated as part of the course roll out. Refer to Appendix A for an example of the resource list.

Self-reflection OCP tool:

Dr Eli Ristevski was commissioned to develop a self-reflection OCP tool for the course. It used the OCP for Aboriginal and Torres Strait Islander people with cancer, National Aboriginal and Torres Strait Islander cancer framework and the National Safety and Quality Health Service standards: User Guide for Aboriginal and Torres Strait Islander Health (NSQHS Standards) to assist students to reflect on their own practice, practice within their service and practice within the wider health system. The tool was distributed to students with the online learning package. Students were encouraged to complete the tool twice, once prior to undertaking the course and then on completion. It is designed to be used by both Indigenous and non-Indigenous practitioners. A copy of the tool can be requested from the project coordinators.

Gap and barrier tool:

This tool was used throughout the program to assist students to document identified gaps and barriers and to plan strategies for change. A standard gap analysis tool was adopted for this purpose. An example of the tool used can be found in Appendix B.

1.5.3 Evaluation Plan:

A multiphase evaluation plan was developed. It included an evaluation plan of the deliverables of the project and evaluation of the students learning experience. Information from both has been collated into this final report.

1.6 Scope

1.6.1 Inclusions

The following was in scope for this project:
- The learning package included only three of the seven critical steps of the OCP for Aboriginal and Torres Strait Islander with cancer.
  - Diagnosis, staging and treatment planning
  - Treatment
  - Care after initial treatment and recovery
- Participation in the facilitator's course and learning course was open to any health professional from the participating health services. The only prerequisite was that students needed to provide care to Aboriginal and Torres Strait Islander people and their families living with cancer. It was required that both courses had adequate representation from both Aboriginal health services and cancer services.

1.6.2 Exclusions

The following was out of scope for the project:

- The following OCP critical steps were not included in the development of the pilot learning package:
  - Prevention and early detection
  - Presentation initial investigations and referral
  - Managing recurrent residual and metastatic disease
  - End of life care

- This learning program was not designed as a cultural awareness program. It was strongly recommended that students completed a cultural awareness program prior to attending this course.

2 Approach

2.1 Course development method

A combination of methods and frameworks were used for the development and implementation of the learning package. These included:

- Collaboration
- Content
- Approach
- Quality Assurance

2.1.1 Collaboration

The development of the learning package was co-planned, co-designed, and co-delivered. Experts from Aboriginal health services and cancer services were brought together as a team to plan and design the learning packages. The scenarios were also vetted for cultural appropriateness by an external cultural advisor and the modifications made accordingly. The scenarios were also vetted for cancer related accuracy.

Facilitators delivering the learning program were recruited from both Aboriginal Health/Liaison workers and cancer coordinators. Co-facilitation of the learning program further promoted the importance of the collaborative model of this learning program.

Collaboration is a key framework for the ongoing review, implementation and delivery of the program.

2.1.2 Content

Key frameworks used to guide the development of the content included:

- Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer, Cancer Australia August 2018
- National Aboriginal and Torres Strait Islander Cancer Framework, Cancer Australia 2015
- National Safety and Quality Health Service standards: User Guide for Aboriginal and Torres Strait Islander Health 2017

2.1.3 Approach

The learning package used a problem based learning (PBL) approach to deliver the content. This approach was selected for the following reasons:

- Empowers students to be active participants
- Requires students to bring current and past expertise to the learning environment
- Group work encourages students to solve problems through networking and commuincation
- Allows students to set the pace and content of the learning
- Increases motivation to learn by the use of real life scenarios

2.1.4 Quality Assurance

The NSQHS standard user guide for Aboriginal and Torres Strait Islander health (2017) was used to provide evaluation strategies for measuring the delivery of high quality safe and evidenced based care within the health services.

Optimal Care Pathway for Aboriginal and Torres Strait Islander with cancer learning package project: Final Report February 2023

2.2 Evaluation method

The method used to evaluate both the project and the program were as follows

i.   Evaluation of the project deliverables.
ii. Evaluation of the students learning experience.

2.2.1 Evaluation of the Project deliverables

Evaluation of the project deliverables aimed to appraise the developed outputs and the ability to reproduce and sustain the program. This was conducted by members of the project team. The evaluation included review of:

a)   content and structure,
b)   resources required for delivery and timing.

Evaluation of the projects deliverables was conducted by the project team using the following methods 1) electronic questionnaire, 2) post session reviews 3) project team observations.

Pre and post questionnaires were sent to students participating in the facilitator's course via Survey Monkey. The same questions were used for both questionnaires with a total of 8 questions. (Appendix C). Feedback evaluated the student's self-perception of their level of confidence relating to facilitation. Recommendations and enhancements for future programs were also collated.

Post session reviews were conducted with the facilitators of both the facilitator's course and the learning program. Informal discussions were conducted and content, delivery and timing for the session delivery reviewed. All recommendations were collated and documented.

Project team members attended both the facilitator's course and the learning program as observers. Feedback was collated and recommendations documented.

2.2.2 Evaluation of the students learning experience

This was conducted externally by Dr Eli Ristevski from Monash Rural Health, Monash University, with the aim of:

a)   Examining participant's learning experiences in:
- Completing the online self-directed learning module (Module One)
- Participating in the face to face session facilitated session (Modules Two, Three and Four)
- Completing the practitioner self-reflection tool (provided in Module One)
b)   Identifying what worked well in the learning program
c)   Identifying what could be improved for future delivery of the learning program.

This evaluation used the following methods to collect the data: (1) an electronic questionnaire, (2) semi-structured interviews and (3) evaluator observations.

At the completion of the face to face module, participants were sent a link to an electronic questionnaire to complete via Qualtrics. The questionnaire contained 47 items and was anonymous to complete. (Appendix D).

Semi-structured interviews were conducted with participants who attended the face to face facilitated session one to three weeks after the session. Interviews were conducted via phone or Zoom and were approximately 30 minutes in duration. See Appendix E for questions.

Dr Ristevski also attended the train the trainer session and face to face facilitated session as an observer.

3 Results

The following details outline the results of the facilitator train the trainer and the learning program.

3.1 Facilitator Train the Trainer Program

Figure 3: Facilitator train the trainer participants

3.1.1 Program Details

- **Date of course:** 17th May 2022
- **Venue:** Century Inn, Traralgon, Victoria
- **Total in Attendance: N = 15**

Presenters: n = 3
- Jane Auchettl: Education and Training Coordinator, Cancer Council Victoria
- Jenny Thresher: Senior Project Manager, SMICS
- Michelle Pryce: Senior Project Manager, GRICS

Participants: Total, n = 12
- Student Facilitators: n = 8
- External Evaluator: n =1
- Observer: n =1
- VICS Program Managers   n = 2

Content:
The facilitator training included the following content:
- Facilitation Learning:
    a. Adult learning
    b. Communication styles
    c. Health literacy
    d. Activities and resources
    e. Knowing your audience
    f. Learning environments

- Introduction and overview of the OCP learning program:
    a. Background
    b. Overview of the package
    c. Available resources
    d. Putting theory into practice

3.1.2 Key findings

The following findings were collated from the questionnaire and post session reviews:

What worked well

- Students indicated an overall improvement in their level of self confidence with facilitating small groups following the session.
- Students were given the opportunity to practice new skills by co-faciliating in the planned pilot learning program. Four of the eight students accepted and two wanted to participate as students in the learning session. Co-faciliation provided support whilst enabling students the opportunity to practice newly developed skills.

Recommendations

The following improvements were recommended:

- The online learning package was not available prior to conducting the train the trainer course.
- Confidence of using the OCP could be improved for facilitators.
- The sequence of the program was completing the facilitator course followed by the learning course. Participants suggested participating in the learning course first would provide better understanding of the collaborative model and the content and method of delivery, before becoming a facilitator.
- More time, information and practice in using the available tools e.g. Gap analysis tool and resource list.

3.2 Learning Program

Figure 4: Learning program participants

3.2.1 Program Details

Date of course: 9th June 2022
Venue: Centry Inn, Traralgon, Victoria
Total Attendance: N=23
Facilitators: n=4

- Clare Jeans: Clinical Nurse Educator, Monash Health
- Bonnie O'Shannassy: Aboriginal Health Liaison Worker, Latrobe Regional Hospital
- Lynette Bishop: Aboriginal Health Liaison Worker, Latrobe Regional Hospital
- Lauren Marshall: Cancer Educator, Latrobe Regional Hospital

Participants: N = 19

• Students:	n = 14
• External Evaluator: -	n = 1
• Observers:	n = 2
• Apologies	n = 3
• Program Managers	n = 2

Optimal Care Pathway for Aboriginal and Torres Strait Islander with cancer learning package project: Final Report February 2023

3.2.2 Key findings

The following information has been taken from the "Evaluation of the Optimal Care Pathway for Aboriginal and Torres Strait Islander People with Cancer Learning Package" report by Dr E. Ristevski. The full report is available on request.

Module 1: Online self- directed module:

What worked well:

1. The online module was
   - easy to use
   - delivered at an appropriate learning level
   - was intellectually stimulating
   - incorporated activities that helped to reflect on learning.
2. Learners had a greater awareness of
   - the key frameworks that can support health services to provide culturally appropriate care
   - the statistical differences in cancer outcomes for Aboriginal and Torres Strait Islander Australians compared to non-Indigenous Australians.
3. Learners understood
   - the importance of Culture for Aboriginal and Torres Strait Islander people
   - how culturally safe practice can improve outcomes for Aboriginal and Torres Strait Islander people
   - how to incorporate culturally safe practice in their own work.
4. The module was relevant to participants practice as either an Aboriginal Health/Liaison Officer (AHLO) or Cancer care practitioner (CCP).

Recommendations

1. The module took longer to complete than stated
2. More specific information about Aboriginal and Torres Strait Islander people in their local area was recommended
3. Additional activities to practice the clinical yarning framework were needed
4. Incorporate more formative assessment of learning activities to enhance active learning

Module two, three and four: face to face facilitated session

What worked well

1. Was pitched at an appropriate learning level
2. Was intellectually stimulating
3. Incorporated activities that helped reflect on learnings
4. Covered OCP phases relevant to understanding Aboriginal and Torres Strait Islander people's (i) experiences with cancer and (ii) experiences with health services.
5. The icebreaker activity on clinical yarning was critical to building trust, and a safe and respectful learning environment for participants in the session

Recommendations

1. Discussion and communication around palliative and end of life care.
2. Discussing diagnosis and prognosis
3. The importance of listening and silence in the clinical consultation
4. How to help patients ask questions and let them know there is no shame in asking.
5. More psychosocial context to the scenarios. Particularly understanding;
   - The patient's journey is not just their own journey, it's the whole family's journey too and how family can be included in the process.
   - How to humanise treatment and not only focus on the clinical factors around treatment,
6. Understanding more about the AHLO role and elevating the AHLO role to the same level as the cancer clinician

Learning Environment

Participants thought the face to face session was well run and organised for a pilot.

Networking and collaborative learning

What worked well

1. Participants highly valued the mix of professions (different CCP and AHLOs), people from different organisations and regions (rural and metro).
2. Participants also highly valued the opportunity to speak with, and learn from, the AHLOs

Recommendations

1. Ensure small group discussion tables contain a mix of Indigenous and non-Indigenous professionals

Facilitators

What worked well:

1. Participants highly valued the co-facilitation between the CCP and the AHLOs.

Recommendations

1. The session would also benefit from the inclusion of Indigenous perspectives of teaching and learning, and using props and tactile activities.
2. Consideration about the sustainability of the program in recognition that the health workforce, particularly AHLOs, are already at capacity and stretched in commitments.

Case studies

When participants were asked "what worked well", the case studies and accompanying discussion were overwhelmingly the most beneficial elements of the face to face session.

Recommendations

Format

1. Include visual/audio representation into Uncle Brian's story.
2. Give participants access to the video (Daniel's story) after the session.
3. Add written script to the video which participants can download after the session.

Uncle Brian's Story

4. Review the content and learning outcomes related to Uncle's Brian's story.
5. Add visual/audio representation to Uncle Brian's story.
6. Provide further information to explain how a current multidisciplinary meeting (MDM) works and activities to brainstorm how these processes could be improved for Aboriginal and Torres Strait Islander people with cancer and their families.

Daniel's Story

7. Review the time allocated to Daniel's story.
8. Reframe Daniel's story to reflect Aboriginal and Torres Strait Islander perspectives on cancer survivorship.

Discussion

Recommendations

1. Review the number of case studies that can be covered in the session
2. Review the number of questions to be covered in each case study, ensure these compliment the learning outcomes.
3. Incorporate active listening principles, or principles of yarning into the session.

3.3 Manuals

The manuals were developed in house by SMICS. The layout, content and method of delivery will be reviewed following the evaluation.

3.3.1 Key Findings

What worked well

1. The resources provided in the student manual were useful to the participants learning
2. The student manual was a resource they could use at a later time

Recommendations

1. Formatting of the manuals needed attention
2. Paper based version restricted access to the hyperlinked website resources, access to an electronic copy would be beneficial
3. Additional imagery to reflect the collaboration between VICS and Aboriginal organisations/people.

3.4 Self Reflection OCP for Aboriginal and Torres Strait Islander tool

3.4.1 Key findings

The tool was identified as useful by participants and who felt that it could be used in their clinical practice. However, completion of the tool was an issue for them.

What worked well

1. Highlighted what I didn't know
2. Made people think about their practice and practice within their organisation
3. Prompt tool for change.

Recommendations

1. Due to limited completion of the tool, wider testing for face and content validity with cancer care practitioners and Aboriginal Health/Liaison Officers is needed to establish the utility of the tool and ensure culturally safe practice.

4 Discussion

The purpose of piloting the learning program was to evaluate the method, content and delivery and to understand the requirements for developing a sustainable learning program. Reviewing the recommendations has provided an understanding of what worked well and the ability to consider enhancements to future courses. The following discussion outlines how the recommendations were collated, to inform the enhancements required for future delivery of this learning program. The recommendations have been grouped under the following headings

A. **Recommendations to be implemented:** Includes those recommendations that can be linked to a specific learning activity with an achievable enhancement that can be prioritised according to effort and impact for successful implementation. These enhancements should be implemented or commenced before any further courses are conducted.

B. **Recommendations requiring further considerations**: Includes recommendations that have the potential to impact time, content and or competency and/or require changes to the delivery of the program. These require further consideration by a working group to discuss the best approach for the enhancement; and should be considered after further courses are conducted.

C. **Enhancements for the future:** Includes the recommendations that were not within the original scope of the learning program and/or should be considered part of future planning.

Optimal Care Pathway for Aboriginal and Torres Strait Islander with cancer learning package project: Final Report February 2023

4.1 Recommendations to be implemented

The following list of enhancements are considered achievable and should be implemented prior to the commencement of further courses. The following matrix was developed to assist in prioritising the recommended enhancements. The matrix considers the impact and the effort required to implement the enhancement.

Effort \ Impact	Essential (High) (The program requires changes to ensure delivery	Required but workarounds available (Medium) (enhances delivery of program)	Nice to have (Low) (extends audience reach or content)
Low (minor effort; requiring low to no cost, minimal in house resources and minimal time 1-5 days)	Complete as soon as possible	Complete as soon as possible	Prioritise and complete when resources available
Medium (moderate effort; requiring up to 2 of the following; Cost > $500, external resource to complete, Between 5 – 10 days to complete)	Complete as soon as possible	Prioritise, seek funding and allocate time to complete	Prioritise, evaluate impact and effort, seek funding only complete if approved
High (Significant effort, requiring all of the following; Cost greater than $1000, external resources to complete, greater than 10 working days to complete	Prioritise, seek funding and approval to complete	Prioritise, evaluate impact and effort, seek funding only complete if approved	Continue to monitor impact and effort

4.1.1 Facilitator Program

Recommendation	Enhancement	Effort	Impact	Implement
Online learning package available prior to conducting the train the trainer course	Participants sent online learning package 2 weeks prior to face to face session.	Low	High	Complete as soon as possible
Facilitator's knowledge and confidence in using the OCP.	As above plus include review session of the OCP in face to face session	Low	High	Complete as soon as possible
Facilitator's knowledge and confidence in using the tools in the program.	Develop activity in face to face session using program tools e.g.: the gap analysis tool, the resource list	Low	High	Complete as soon as possible

4.1.2 Learning Program

Online learning

Areas for improvement	Enhancements	Effort	Impact	Implement
• Module took longer to complete than stated • More specific information about Aboriginal and Torres Strait Islander people in local areas • Additional activities to practice clinical yarning framework • Incorporate more formative assessment of learning activities to enhance active learning	Update online package to include recommendations	High	High	Prioritise, seek funding and approval to complete

Case Studies

Areas for improvement	Enhancements	Effort	Impact	Implement
Incorporate principles of yarning into the session	Change the activity 8 Establishing trust and communication to activity that students are to list open ended questions that could be used to establish diagnostic yarning technique	Low	Medium	Complete as soon as possible
Add written script to the video which participants can download after the session	Include the synopsis of Daniels story into the manuals	Low	High	Complete as soon as possible

Networking and Collaboration

Areas for improvement	Enhancements	Effort	Impact	Implement
Ensure small group discussion tables contain a mix of indigenous and non-Indigenous professionals	In the facilitators manual include section on setting up the learning programs environment. Include table set up	Low	High	Complete as soon as possible

Overview of program

Areas for improvement	Enhancements	Effort	Impact	Implement
Ensure completed cultural awareness/safety training prior to participating in the training. Otherwise direct them to complete this first, then come to the training.	Create an application form. Include cultural awareness training course completed and date. If not completed provide recommendation that this is completed prior to doing the course	Low	Medium	Complete as soon as possible
Review the title of the learning package to illustrate the collaboration between Indigenous and non-Indigenous teachers and learners. Seek cultural advice if needed.	Arrange representatives to develop title for the learning package	Low	High	Complete as soon as possible
Include Indigenous signage and visuals at training venues to demonstrate the collaboration	Arrange appropriate indigenous signage from all participating groups when delivering learnings	Low	High	Complete as soon as possible

Manauls

Areas for improvement	Enhancements	Effort	Impact	Implement
Format of manuals confusing, layout needs improving • Engage a graphic designer to format the student manual • Create an electronic version of student manual • Provide a copy of the student manual prior to the session	Update and reformat manuals	High	High	Prioritise, seek funding and approval to complete

Self reflection OCP tool

Areas for improvement	Enhancements	Effort	Impact	Implement
Due to limited completion of the tool, wider testing for face and content validity with CCP and ALOs is needed to establish the utility of the tool and ensure culturally safe practice.	Formal evaluation and ethics evaluation needs to be developed and submitted	High	Medium	Prioritise, evaluate impact and effort, and seek funding. Only complete if approved

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4.2 Recommendations requiring further consideration

Some recommendations require further consideration before the appropriate enhancement can be implemented. The content and the delivery of the learning package are interwoven, balancing time, content and competency. Enhancements must be carefully considered to ensure this balance is maintained and the aims and objectives of the course achieved.

The problem-based learning (PBL) methodology supports student's to be in control of the learning process through promoting self-reflection, teamwork, communication and the use of available resources. Key interrelating pillars of this method include; scenarios to provide the learning triggers, group work activities to engage students to question their knowledge, facilitation to provide direction and the balance of the delivery, and learning objectives to ensure expected content is raised. (Virk, Mahajan, & Singh, 2022). These pillars support the students learning outcomes providing a balance between content, time and competence. Any enhancement impacting these pillars needs to be considered carefully to ensure the agreed balance is maintained.

4.2.1 Content and timing

Some recommendations identified the need to provide more time to discuss specific content, or add additional content or activities. Due to time constraints not all content planned was able to be delivered. There are potentially many reasons why this was the case and simply adding more time to deliver new content or cutting content to fit into the agreed time will not necessarily achieve the improvement required. When looking at content and time it is important to consider all pillars of the PBL. For example, could the scenarios be altered to reduce the number of triggers thus reducing time and content? Could the group work activities be more effective, reducing the discussion? Given this was a pilot, closer observation of discussion and delivery of content and student and facilitator's feedback is required.

It is also important to consider the importance the facilitator plays in managing time and content. The facilitators were both new to delivering the course and to facilitation. Experience can assist facilitators to better control discussion, plan the content delivery and use tools to manage students learning needs. It would be advisable to repeat the course with the same facilitators supporting them to monitor timing with the delivery of the content and to balance this with the students learning needs. After the facilitators have gained sufficient experience then a review of the content and timing should be considered.

4.2.2 The facilitator role

The facilitator's role is one of the pillars of PBL. Unlike a "presenter" who does most of the talking with a clear direction of the content and time, the facilitator must have the skill to know the expected destination but supports the students to do most of the talking as they navigate the learning journey. Careful consideration of having a qualified facilitator is an important success factor for the successful delivery of this course.

The pilot program was based on a train the trainer model using internal health care staff who had awareness of the challenges within the health care services. It was also believed that these staff could be considered champions who would be able to promote change within the health service. It became evident that these staff are already time poor and are not always available to commit to delivering the learning package. Alternative models and staffing the role of the facilitator must be considered without losing benefits gained by engaging champions with local knowledge.

4.2.3 Uncle Brian's Story and complexity:

The purpose of Uncle Brian's story in module three was to introduce students to complex situations and provide them with the opportunity to discuss how they need to work as a team to support the patient and their family. This module covered a wide range of areas including team work, clinical trials, family and education, complex supportive care needs and transferring care. A number of recommendations have been proposed to support the student in this module. These include reviewing the content, improving the visual and audio aides and additional information about current practices.

Making multiple changes to simplify a complex scenario has the potential to dilute the experience of working through complex situations. Before reviewing the content it may be better to provide improved audio and visual tools that will provide more structured activities that will guide the students learning. This would include group activities that involve identification of who is best suited to help Uncle Brian and his family and how best to communicate with the family and provide the necessary education about the treatment plan. Following the implementation of changes student and facilitators feedback will guide whether or not content should be further reviewed.

4.2.4 Power and Privilege

This learning program aimed to provide a safe learning environment where students could reflect on their practice and identify gaps and barriers in the delivery of optimal cancer care for Aboriginal and Torres Strait Islander people and their families. Understanding privilege and power is an important concept that can assist in self-reflection and support individuals deliver culturally responsive health care.

It was recommended that students complete a cultural awareness course prior to doing this course. While the online learning module also included additional readings and material on power and privilege, the evaluation suggests this was insufficient. It is recommended that a working party be established to reflect on the overall course and to provide strategies that support improved understanding of privilege and power.

4.3 Enhancements for the Future

Following the pilot a number of recommendations have been proposed and following the development of a sustainable delivery of the program these recommendations should be considered as future developments.

4.3.1 Collaborative program preparation

The learning package was designed, developed and implemented in collaboration with cancer services and Aboriginal Health services. This collaboration enabled staff to be part of the development of the course and ensured the learnings aligned with current health service practices. Future organisations need to be provided the same opportunity to view the learning objectives, understand and feel comfortable with the problem-based learning method and ensure local policies and procedures are available as resources. An information package, advertising the course and explaining how it aligns to the health service is an important addition to the future planning of this program. It must also stress that the learning environment is delivered in, is a safe environment where students are all supported. Currently such a package does not exist.

4.3.2 Respected Resources

The resource list supported students during the course it also a useful tool for delivering care. As part of the planning to conduct the course, the resource list should be reviewed and updated to include relevant policies and procedures relevant to the topics covered. This activity is resource intensive to maintain and there are a number of websites that are specifically designed to provide access to some of these resources. The format used for the pilot was paper based, making links to websites difficult for the student to access. Benefits of the resource list and the format need to be considered as part of the future planning.

4.3.3 Additional Modules

The pilot only had three of the seven OCP steps and interest was expressed to include other areas, in particular, managing recurrent residual or metastatic disease, end of life care, and presentation, initial investigation and referral. Additional modules could be developed and provided as either stand-alone sessions or specialist options. This should be considered once the sustainability of the program has been confirmed.

4.3.4 Administrative costs

The actual costs associated with running this program were not included in the evaluation of this pilot. Maintaining a program such as this will require ongoing costs including expenses associated with delivering and updating the packages as well as the facilitator's time to prepare and deliver the course. Specific administrative costs that should be considered include:

- Updating and maintaining manuals
- Updating and maintaining resources
- Advertising and promoting the program
- Supporting and communicating any changes or updates to facilitators
- Booking new courses and registering applicants
- Training and recruiting new facilitators
- Monitoring and evaluating the course
- Enhancing the program
- Maintenance of the online package.

4.3.5 Online Package

Currently the online package is located on a temporary in a Learning Management System (LMS) owned by the developer BSI. When considering the sustainability of the learning program, enhancements to the online package and the permanent location of the online module, need to be considered.

4.3.6 Service to deliver the program

The Southern Melbourne and Gippsland Regional Integrated Cancer Services (ICS) funded the pilot program and packages in collaboration with four health services. The aim was to develop a sustainable training package that would benefit a range of health services and improve the delivery of care to Aboriginal and Torres Strait Islander people with cancer. Providing education is not part of the ICS business and therefore this learning package needs to be handed over to an alternative organisation that is equipped to provide education. Such an organisation would need to:

- Be committed to supporting a strong culture towards training and professional development of staff.
- Establish relationships with local Aboriginal community and Aboriginal organisations.
- Have an established strategy and governance structure to delivering the Optimal Cancer Care for Aboriginal and Torres Strait Islander People learning program.
- Have commitment to supporting and fostering growth and development of facilitators of a program.
- Have contacts and/or partnerships that promote the delivery of the learning programs.
- Have established resources that can support ongoing administrative requirements of a learning program.

5 Benefits

Conducting a pilot program has allowed the testing of the learning program and provided the ability to evaluate and make necessary adjustments. The pilot has not provided sufficient information to measure actual benefits in the delivery of optimal cancer care to Aboriginal and Torres Strait Islander people. It has provided an insight into potential benefits that could be achieved. The following are examples of some potential benefits:

Improving identifying of people of Aboriginal and /or Torres Strait Islander origin in health records
As a mandatory requirement for health services, the recording of Aboriginal and Torres Strait Islander status is important for planning and supporting patient care. It also helps organisations to measure equity, plan services and allocate budgets. Pivitol to this is that Aboriginial and Torres Strait Islander people feel culturally safe to disclose this information to the health service. The learning program raises this issue and allocates time to discussing the current processes relating to gaining this infromation. In the pilot, students identified barriers relating to the actual process of notifying the Aboriginal Hospital Liason Officer (AHLO) of a patient's admission and alternative strategies were discussed. Monitoring the effectiveness of this learning can be difficult. It was noted that at one hospital prior to the training there had been no identification of Aboriginal status in the multidisciplinary team meeting. Following the training, Aboriginal status was being reported. This is suggestive that people did use the knowledge gained from the training and implemented it into practice.

Networking
A key aim of the learning package was to bring Aboriginal health/liaison workers and cancer care workers together. It was not directly possible to evaluate if networking directly improved patient care. However, following the pilot a number of examples suggests that staff developed closer ties that promoted a positive working environment and fostered greater teamwork, helping to streamline the patient's experience.
The following examples were provided by students where they used the knowledge gained from the course and implemented it into practice:

- Referral of an Aboriginal person to one of the few male prostate cancer nurse coordinators (CNC) who previously had not been in contact with a CNC.
- An AHLO contacting a CNC to seek advice relating to the referral process and contacts to support a patient.

Alignment to Reconciliation Plan
Reconciliation Australia defines reconciliation as strengthening relationships between Aboriginal and Torres Strait Islander peoples and non-Indigenous peoples, for the benefit of all Australians. The Reconciliation Action Plan assists businesses to embed the principles and purpose of reconciliation. This learning program assists in identifying and bringing together staff and raising innovative strategies to empower and deliver culturally appropriate cancer care and supporting reconciliation. Following participation in this program staff have become involved in supporting the development of the hospitals reconciliation action plan

Enhancing practice/service
A number of new projects or changes were implemented by participants

- Update of a health service cultural awareness training package
- Close the gap pharmacy project; where one health service learned about implemented another's "Close the gap" pharmacy project.
- An Aboriginal artist was commissioned to develop paintings that cancer patients visiting the cancer clinic contributed to. The pieces were then hung in clinic areas.
- Business case development for a cancer specific Aboriginal cadetship program. A new initiative to promote cancer nursing as a career path and support the development of an Aboriginal Cancer Coordinator role in the district

6 Conclusion

This pilot has provided evidence that the aims and objectives of this learning program are achievable. It has provided recommendations that if implemented can support the delivery of a successful learning program. The continuing delivery of the program is reliant on finding a suitable organisation that is willing and able to commit to its maintenance.

Both SMICS and GRICS recognises the importance of this program and sees it as a positive initiative towards improving cancer care and outcomes for Aboriginal and Torres Strait Islander people with cancer. The enhancements and continuation of this program will continue for both organisations.

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Optimal Care Pathway for Aboriginal and Torres Strait Islander with cancer learning package project: Final Report February 2023

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Optimal Care Pathway for Aboriginal and Torres Strait Islander with cancer learning package project: Final Report February 2023

8 Appendices

8.1 Appendix A: Example Resource List

Name	Info
Palliative care It's the beginning or your health care Dreaming	VACCHO Brochure
Cancer council WA Aboriginal health professional	https://www.cancerwa.asn.au/professionals/aboriginalhealth/
Caner Survivor guide : Aboriginal health Pod cast from Aboriginal health workers from Ballarat base	https://omny.fm/shows/cancer-survivorguide/cancer-survivor-guide-aboriginal-health
SCNAT- IP Supportive care needs Assessment tool for Indigenous People	http://www.scnatip.org/
DHS Aboriginal and Torres Strait Islander cultural safety framework	https://www.dhhs.vic.gov.au/publications/aboriginal-and-torres-strait-islander-cultural-safety-framework
Australian Indigenous Health Infonet Cultural perspectives https://healthinfonet.ecu.edu.au/learn/health-topics/cancer/cultural-perspectives/	The findings from a number of studies highlight the need for: • training to increase health professionals' confidence to apply culturally safe practices • the development of supportive care needs tools specifically for Aboriginal and Torres Strait Islander people with cancer, to inform appropriate supportive care • encouragement of patients to embrace their spiritual and cultural practices • creation of an open door policy at health care facilities and waiting rooms to make them more welcoming • employing Aboriginal Health Workers and translators in clinical settings • the provision of culturally appropriate health promotion literacy [7][8][9][5].
Cancer Victoria Aboriginal Communities programs pamphlets etc.	https://www.cancervic.org.au/about/aboriginal-communities#support-services
Gwandalan Supporting Palliative care for Aboriginal and Torres Strait Islander communities	https://gwandalanpalliativecare.com.au/
Cancer council Pamphlets	What is cancer Understanding cancer talk Surgery Chemotherapy Radiotherapy How family can help Transport help Money help
Cancer Australia Communications skills	https://www.canceraustralia.gov.au/culturally-safe-communication-skills-tips-for-non-Indigenous-health-professionals

Name	Info
Edcan Cancer care for Aboriginal and Torres Strait Islander peoples 2018	https://www.edcan.org.au/edcan-learning-resources/supporting-resources/aboriginal-and-torres-strait-islander-peoples Note (all videos seem to be unavailable)
Resources for Health care professionals working with ATSI Communities https://www.prostate.org.au/publications/resources-for-healthcare-professionals working-with-atsi-communities/	PCFA is proud to release a series of three flipcharts, designed to engage Aboriginal and Torres Strait Islanders on the topic of prostate cancer. PCFA has worked with Aboriginal and Torres Strait Islander communities and specialist workers to develop resources for this community, with the aim of creating resources to discuss current health issues and raise awareness of prostate cancer.

8.2 Appendix B: Gaps Barriers and Enablers

| Current state | Future state | Resources | Gap |
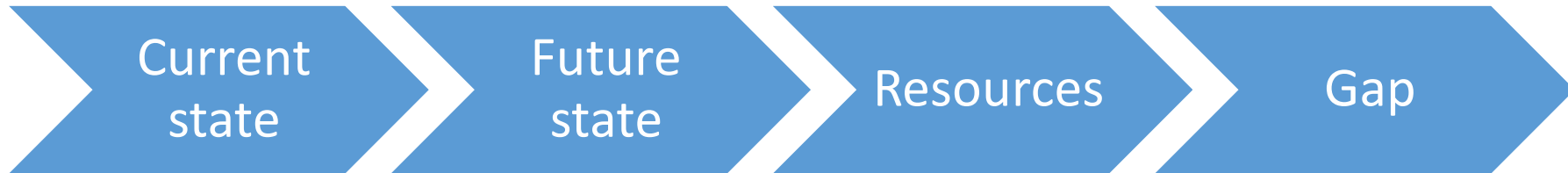
Current State	Future state	Gap	Resources
What is the current situation, how does it impact the patient, the family, the staff?	Ideally where do you want to be?	What are the actionable steps that need to be taken? Include who we should pass this on to	Who are the groups or the people involved?

8.3 Appendix C: Facilitators train the trainer Online Pre Survey

Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer Learning Program

Facilitator Course Pre- Evaluation

The following survey has been designed to help evaluate the train the trainer facilitator course. This pre-evaluation survey will provide us with an understanding of the level of confidence you have prior to the commencement of this course. On completion of the course, we will again seek your feedback understand the effectiveness of the course.

* 1. Please provide the following details

        Name
        Contact details (email)
        Health Service
        Profession / Work role

2. Do you identify as Aboriginal and/or Torres Strait Islander?

☐ Yes,
☐ No
☐ Prefer not to answer

3. Do you have any experience in running group education programs and/or training? (please explain)

☐ Yes
☐ No
☐ Please explain

4. How would you rate your level of confidence with the following

	Not at all confident	A little confident	Confident	Very confident	Extremely confident
Facilitating a small group	☐	☐	☐	☐	☐
Facilitating with a co-facilitator	☐	☐	☐	☐	☐
Knowing how adults learn	☐	☐	☐	☐	☐
Managing challenging participants	☐	☐	☐	☐	☐
Creating or setting up a safe learning environment	☐	☐	☐	☐	☐

* 5. Have you read or will you read before the facilitator training the following:

	Will read before the training	No	Yes
The optimal care pathway for Aboriginal and Torres Strait Islander people	☐	☐	☐
"Yarn with me": applying clinical yarning to improve clinician-patient communication in Aboriginal health care	☐	☐	☐

6. How would you rate your level of confidence with the following w

	Not at all confident	A little confident	Confident	Very confident	Extremely confident
Your knowledge of the Optimal Care Pathway for Aboriginal and Torres Strait Islander people	☐	☐	☐	☐	☐
Your knowledge of the challenges experienced by Aboriginal and Torres Strait Islander people living with cancer	☐	☐	☐	☐	☐
Communicating well with Aboriginal and Torres Strait Islander people living with cancer	☐	☐	☐	☐	☐
The resources developed for this program	☐	☐	☐	☐	☐
Co-facilitating the learning program to health professionals within a train the trainer model	☐	☐	☐	☐	☐

7. What do you hope to achieve as a result of attending this training?

(Please list 1-3 specific expectations that you have for this training)

8. How do you hope to use what you learn from this training?

8.4 Appendix D Online questionnaire – Dr. E. Ristevski

Optimal care pathway for Aboriginal and Torres Strait Islander people with cancer learning program
Thank you for participating in the Optimal Care Pathway for Aboriginal and Torres Strait Islander people with Cancer Learning Program.

Dr Eli Ristevski from Monash University, School of Rural Health - Warragul, is undertaking an independent evaluation of the program.

The evaluation consists of:
1) an online questionnaire (questions below) and
2) an interview - to be organised at a time and place convenient to you.

This questionnaire is confidential and only Dr Ristevski will only see the responses. The responses will be collated in a final report for GRICS and SMICS. Similarly in the interview, only Dr Ristevski will know what you have said and no identifying information (name, role or place of work) will be used in the final report.

This questionnaire asks you to reflect on the content, structure and your learning experiences in the program.

There are three sections to this questionnaire:
1. The Online Module
2. The Practitioner Self-Reflection Tool (contained in the Online Module)
3. The Face to Face Session.

If you have any questions, please contact Eli on 0401 841 687.

Thank you for your participation.

ROLE
Q1.   What is your main role:
- Cancer Care Provider
- Aboriginal Health, Liaison or Community Worker/Officer

ONLINE MODULE
For the following questions, think about your experiences in completing the following sections in the Online Module.

Introduction to the module
Q2.   The introduction to the module on Australian Indigenous history was useful in setting the scene and framing my thinking for the learning package.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)
Q3.   The introduction video to the Optimal Care Pathway increased my understanding of the role for this specific Optimal Care Pathway.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Frameworks
Q4.   I have a greater awareness of the key frameworks that can support health care services to provide culturally appropriate care.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Cancer Statistics
Q5.   I have a greater awareness of the statistical differences in cancer outcomes for Aboriginal and Torres Strait Islander Australians compared to non-Indigenous Australians.

- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Delivering culturally safe practice

Q6. I understand the importance of Culture for Aboriginal and Torres Strait Islander peoples and how it can help to improve cancer treatment and recovery.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q7. I understand how culturally safe practice can improve outcomes for Aboriginal and Torres Strait Islander peoples who are undergoing treatment for cancer.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q8. I understand how to incorporate culturally safe practice into my own work.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q9. I feel confident in applying the clinical yarning framework in my work.
- Very confident (1)
- Confident (2)
- Neither confident nor not confident (3)
- Somewhat confident (4)
- Not confident (5)

Content, structuring, time of the module

The Online Module:
Q10. Had a balance of activities, readings, videos and reflections.
Q11. Was intellectually stimulating
Q12. Was delivered at an appropriate learning level.
Q13. Incorporated activities that help me to reflect on my learning?
Q14. Could be completed within the recommended timeframe
Q15. Was easy to use online
Rating scale for questions 10-15:
- Strongly agree (1), Somewhat agree (2), Neither agree nor disagree (3), Somewhat disagree (4) Strongly disagree (5)

Application to practice

Q16. The Online Module was relevant to my practice as either an Aboriginal Health/Liaison/Community Officer, Cancer Care/Service Provider?
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

PRACTITIONER SELF-REFLECTION TOOL

For the following questions, think about your experiences in completing the Practitioner Self-Reflection Tool.

The Self-Reflection Tool asked you to reflect on your own practices and those of your service in relation to the Optimal Care Pathway and National Quality and Safety Standards.

Q17.   In the Self-Reflection Tool, I could complete:
- Most of the questions (1)
- Some of the questions (2)
- A few of the questions (3)
- I did not complete any of the questions (4)

Q18.   The Self-Reflection Tool increased my awareness of areas for changes in my practice.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q19.   The Self-Reflection Tool increased my awareness of areas for changes in the service I work in.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q20.   I can use the Self-Reflection Tool to guide change in my own practice.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q21.   I can use to Self-Reflection Tool to guide change in the service I work in.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q22.   Any other comments about the Practitioner Self-Reflection Tool?

FACE TO FACE SESSION

For the following questions, think about your experiences in participating in the Face to Face Session.

Content & Structure

Q23.   The Optimal Care Pathway phases covered in the session were relevant to understanding Aboriginal and Torres Strait Islander people's experiences with cancer.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q24.   The Optimal Care Pathway phases covered in the session were relevant to understanding Aboriginal and Torres Strait Islander people's experiences with health services.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Optimal Care Pathway for Aboriginal and Torres Strait Islander with cancer learning package project: Final Report February 2023

Q25.   The format and delivery of the following case studies was engaging:
a.   Daphne's story (written case)
b.   Uncle Brian's story (written case)
c.   Daniel's story (video)

Responses were rated on the following scale:
- Strongly agree (1), Somewhat agree (2), Neither agree nor disagree (3), Somewhat disagree (4), Strongly disagree (5)

Q26.   Any comments about the case studies you would like to add?

Learning environment
The session ...
Q27.   Incorporated activities that help me to reflect on my learning?
Q28.   Provided opportunities to learn with and from others.
Q29.   Provided a non-judgemental environment for discussion.
Q30.   Provided a comfortable environment to ask questions.
Q31.   Was pitched at an appropriate learning level?
Q32.   Was intellectually stimulating?

Responses were rated on the following scale:
- Strongly agree (1), Somewhat agree (2), Neither agree nor disagree (3), Somewhat disagree (4), Strongly disagree (5)

Time
Q33.   There was enough time within the session to cover all the material
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)
Q34.   I could keep up with the activities during the session.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)
Q35.   For future sessions, I recommend the time allocated should be:
- Much more (1)
- Somewhat more (2)
- About the same (3)
- Somewhat less (4)
- Much less (5)

Student Manual
Q36.   The student manual was easy to use.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)
Q37.   The resources provided in the manual were useful to my learning.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Optimal Care Pathway for Aboriginal and Torres Strait Islander with cancer learning package project: Final Report February 2023

Q38.   The student manual is a resource I can use at a later time?
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)
- Delivering culturally safe practice

Q39.   The session made me think critically about culturally safe practices within my service.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q40.   The session helped me to reflect on the gaps and barriers in cancer are for Aboriginal and Torres Strait Islander people in my service.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q41.   The session made me think critically about the care I provided/can provide to Aboriginal and Torres Strait Islander people with cancer and their families.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Q42.   I have an increased knowledge of the resources available to support Aboriginal and Torres Strait Islander people and their families.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Networks

Q43.   The session provided opportunities to network with others within or across services.
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Application to practice

Q44.   The session was relevant to my practice as either an Aboriginal Health, Liaison or Community Worker/Officer, Cancer Care Provider?
- Strongly agree (1)
- Somewhat agree (2)
- Neither agree nor disagree (3)
- Somewhat disagree (4)
- Strongly disagree (5)

Final comments

Q45.   I would have liked more information/activities on:
Q46.   I would have liked less information/activities on:
Q47.   Any other comments about the Face to Face session?

Thank you for completing this questionnaire!

Optimal Care Pathway for Aboriginal and Torres Strait Islander with cancer learning package project: Final Report February 2023

8.5 Appendix E: Interview Questions – Dr E Ristevski

TO RECAP: Your Name, Organisation, Role

THINK ABOUT THE FACE-TO-FACE SESSION

General:

1. Off the top of your head, what are your initial impressions about the session?
2. What worked well?
3. What could be improved?
4. Was there anything you felt that was missing? e.g. topics, OCP phases, resources.

The session used 3 case studies: x2 written and 1 video

1. Do you have any feedback on the case studies?
2. What did you think about the format; written vs video? Do these formats work?
3. Is it worth having more videos? Do the videos enhance the learning experience?
5. What did you think about the questions and discussion around these case studies? Any suggestions for improvements?

Time: Future sessions:

• Keep as one day or split into multiple sessions?
• Any suggestions for face to face sessions? Online modules?

Culturally safe practice:

1) One of aims of the learning package was to get people to think about and reflect on culturally safe practice, either their own practice or that within their health service…
   a) How much do you think this is achieved? Can you explain that a bit more?
2) Another aim is to get people to think about how to improve services - reduce gaps and barriers - for Aboriginal and Torres Strait Islander people with cancer…
   a) How much do you think this is achieved? Can you explain that a bit more?
3) Another aim of the session was to learn with and from others….
   a) How much do you think this was achieved? Any suggestions for improving this?

Practitioner self-reflection tool:

1) There was a practitioner self-reflection tool with the online learning module…
   a) What are your views about further developing this to be used by practitioners and health services

Future developments – implementation into practice

Is there anything else that needs to go with this session? Either in preparation prior to the session, or after the session?