Chronic Care

TRAINING NEEDS ASSESSMENT TOOLKIT

A step-by-step guide for:

PLANNING
IMPLEMENTING
& REPORTING

inner east
primary care partnership

NOVEMBER 2012
We would like to acknowledge the valued contribution of the Statewide PCP Workforce Development Planning Project Advisory Group, Victorian Primary Care Partnerships, particularly the Integrated Chronic Disease Statewide Network, and the Victorian health services who have participated in planning and development activities.
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The Chronic Care Training Needs Assessment (CC-TNA) Tool has been developed to assess knowledge and skills relating to the provision of chronic care. It collects data about non-clinical care offered by health providers assisting consumers with chronic conditions better manage their health and care. Within the context of the CC-TNA Tool, chronic conditions include the 12 conditions identified in the National Public Health Partnerships paper (2001; Preventing chronic disease: a strategic framework). From a national perspective these conditions “pose a significant burden in terms of morbidity, mortality and health care costs in Australia, and are amenable to preventive measures”1.

Objectives and scope of CC-TNA Tool

The CC-TNA Tool provides a mechanism for health providers and organisations to identify practice strengths and opportunities for professional development. It primarily includes questions about knowledge and skills relating to core competencies. It also includes questions about health providers’ recent training, and some demographic information to assist with the interpretation of findings.

Therefore, the CC-TNA Tool does provide data about:

- areas of training recently undertaken by health providers;
- areas in which health providers would like to improve their knowledge and skills;
- core competencies in which health providers feel confident and competent;
- areas in which health providers might benefit from professional development;
- post-training outcomes for health providers.

The CC-TNA Tool does not provide data about:

- particular training activities recommended for health providers or teams;
- the style of training that would best suit health providers;
- competencies associated with the provision of medical or clinical care.

It is intended that the CC-TNA Tool:

a) be simple and quick to complete;
b) effectively measure competencies for the provision of chronic care;
c) include sufficient items to cover key core competencies; and
d) contain items that are easy to read, interpret and understand.

The CC-TNA Tool can be found in appendix A.

Potential uses of the CC-TNA Tool

Several potential uses for the Tool have been considered:

- Health providers – may use this Tool to identify their own training needs;
- Organisations – may use this Tool to identify team training needs; and/or
- Regional partnerships – may use this Tool to identify common training needs across organisations to inform regional or sub-regional workforce development planning.

Objectives and scope of the CC-TNA Toolkit

The Chronic Care Training Needs Assessment (CC-TNA) Toolkit (the guidance package you are now reading) has been developed to support administration of the CC-TNA Tool.
The CC-TNA Toolkit does provide information and/or guidance about:

- the definition and principles of self-management support used to guide the Tool’s development;
- the background to the development of the CC-TNA Tool;
- potential uses for the CC-TNA Tool;
- how to recruit participants for a training needs assessment;
- how to distribute the CC-TNA Tool to participants;
- how to collect and analyse the CC-TNA Tool data;
- how to report the results of the training needs assessment and disseminate the findings; and
- how to decide upon recommendations and next steps.

The CC-TNA Toolkit does not provide:

- information about training providers;
- recommendations about the types of training available;
- information about how to evaluate training programs.
Improving care for consumers with chronic and complex needs is a key priority for many health and community services. The Wagner chronic care model (CCM) has been endorsed by the Victorian Department of Health as a framework to guide these quality improvement efforts. The CCM articulates six interrelated elements that should be considered when redesigning care:

1. Community;
2. Health systems;
3. Self-management support;
4. Delivery systems design;
5. Decision support; and
6. Clinical information systems.

There is no central element within the CCM; however, self-management support often receives particular attention given its relative novelty. The self-management support element of the CCM is dependent on providing quality clinical care and quality improvement in the remaining five CCM domains.

When focused on the role of health providers in improving chronic care we are focused primarily on their capacity to deliver quality clinical care and provide effective self-management support. Given that the CC-TNA Tool is not focused on assessing skills and knowledge related to medical and other clinical treatments for any particular chronic condition, we are primarily interested in core competencies associated with the provision of effective self-management support.

Self-management support

Aside from medical and discipline-specific competencies, chronic care depends on the self-management-support competencies of health providers. Self-management support is defined here as:

“the assistance caregivers give to patients with chronic disease in order to encourage daily decisions that improve health-related behaviors and clinical outcomes. Self-management support may be viewed in two ways: as a portfolio of techniques and tools that help patients choose healthy behaviors; and as a fundamental transformation of the patient-caregiver relationship into a collaborative partnership... The purpose of self-management support is to aid and inspire patients to become informed about their conditions and take an active role in their treatment.”

(Tom Bodenheimer)

Key principles of self-management support

The principles of self-management support that have guided the identification of core competencies and the development of the CC-TNA Tool are summarised here:

- Expertise is shared between consumer and provider.
- Care is planned around a consumer’s circumstances, needs and preferences.
- Responsibility for outcomes is shared between the consumer and service providers.
- The goal is to empower the consumer and enhance their capacity to engage in activities that will improve their health.
- Long-term change is addressed and care is an iterative and self-correcting process.
- Collectively, the healthcare team supports self-management by providing assistance with:
  - the development of knowledge, skills, resources, confidence and motivation needed by the client to engage in activities that improve their health and care;
  - the planning, implementation, and monitoring of self-management activities;
  - the identification of opportunities, barriers and facilitators to change.
About the development of the CC-TNA Tool

While the developers had a broad concept of what they wanted to achieve and the nature of the tool they wished to develop, it was necessary to undertake an extensive process of consultation and review in order to develop a measure that would allow this concept to be realised. The development process for the CC-TNA Tool involved several key activities, as outlined below:

<table>
<thead>
<tr>
<th>Development activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Literature review</td>
<td>The focus of the literature review for this project was on chronic care competencies and training needs assessment</td>
</tr>
<tr>
<td>Review of existing tools</td>
<td>Examination of known training needs assessment tools relating to chronic care</td>
</tr>
<tr>
<td>Expert opinion</td>
<td>Academic experts in the fields of chronic disease management and measurement design provided input into the tool development. Members of the project advisory group similarly provided expert advice and input.</td>
</tr>
<tr>
<td>Project worker input</td>
<td>Potential tool administrators provided detailed advice about tool scope and requirements.</td>
</tr>
<tr>
<td>Clinician input</td>
<td>Primary healthcare providers provided detailed input into survey design and item selection.</td>
</tr>
</tbody>
</table>

Core competencies

Any defined ‘competency’ is a description of skills, abilities and/or knowledge that depicts a construct upon which value is placed. The outcomes or indicators of core competencies are measured to assess the performance of an individual, a team, or an organisation, and can be used to direct quality improvement.

Presented below is a list of general core competencies, as recommended by the literature, for individual practitioners, teams of health professionals, and organisations providing care to people with chronic and complex needs. Some effort has been made to indicate which competencies are expected from each individual health provider (individual), and which are perhaps more appropriately assessed at the team or organisational level (team/organisation).
### INTRODUCTION (cont.)

<table>
<thead>
<tr>
<th>Competency</th>
<th>Individual</th>
<th>Team</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communicate and engage with clients and service providers&lt;sup&gt;5,11,12,14,15,16,17,18,19&lt;/sup&gt;</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involves synthesising and providing information; communicating and asserting care boundaries; making clients feel confident in the care; eliciting, reading and responding to client cues; promoting motivation and self efficacy; encouraging active participation in care; and listening and responding actively and empathetically to questions and concerns.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Conduct comprehensive, holistic assessments&lt;sup&gt;12,15,16,17,20&lt;/sup&gt;</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Including assessment of client health risk factors, psychosocial concerns and supports, and self-management capacity (i.e. enablers and barriers for their self management).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Plan and provide care collaboratively&lt;sup&gt;1,12,14,15,16,17,18,19,20,21,22,23&lt;/sup&gt;</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Collaborating with clients and other service providers to define problems, set goals and actions, and problem solve.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4. Support and empower clients<sup>11,15,17,18,20</sup> | | | ✓
| To: | | | |
| i) access appropriate information; | v) access and use available self-management tools; | | |
| ii) develop skills for self management; | vi) access support networks; | | |
| iii) develop and maintain health behaviours; | vii) manage health risks; | | |
| iv) use available technologies to support self management; | viii) communicate their needs and choices; and | | |
| v) the range of self-management support tools available to clients; | ix) understand their strengths, areas for development, and capacity and willingness to self manage. | | |
| vi) the range of support networks available to clients; | | | |
| vii) health promotion approaches; viii) models of health behaviour change; | | | |
| ix) evidence-based guidelines for clinical care; | | | |
| x) the roles of other members of the health care team; and | | | |
| xi) how to access and incorporate knowledge into practice. | | | |
| 5. Deliver care using a variety of approaches<sup>12,16,17</sup> | | ✓ | |
| Including groups, individual sessions, phone and web-based support, and the use of other technologies to support care. | | | |
| 6. Possess chronic care knowledge<sup>11,12,13,14,18,19</sup> | | ✓ | |
| Awareness of: | | | |
| i) the interaction between factors that influence client behaviour; | v) use available technologies to support self management; | | |
| ii) the importance of personal, religious and cultural beliefs, and their impact on individual choices; | vi) the range of self-management support tools available to clients; | | |
| iii) the impact of one’s own beliefs on one’s ability to support clients; | vii) health promotion approaches; viii) models of health behaviour change; | | |
| iv) the range of services and treatments available; | ix) evidence-based guidelines for clinical care; | | |
| v) the range of self-management support tools available to clients; | x) the roles of other members of the health care team; and | | |
| vi) the range of support networks available to clients; | xi) how to access and incorporate knowledge into practice. | | |
| vii) health promotion approaches; viii) models of health behaviour change; | | | |
| ix) evidence-based guidelines for clinical care; | | | |
| x) the roles of other members of the health care team; and | | | |
| xi) how to access and incorporate knowledge into practice. | | | |
PLANNING a Training Needs Assessment Initiative

This section outlines how you can go about planning your training needs assessment. It includes information about recruitment, delivering your survey, data collection and analysis, report writing, and delivering results to stakeholders.

Who to recruit?

Who you recruit to participate in your training needs assessment will ultimately depend on your objectives and your role. As a team leader or coordinator, you might be interested in the training needs of your own team. As a facilitator of inter-agency activities you might be interested in the training needs of primary health care workers across multiple teams and organisations. It is critical that, prior to initiating your training needs assessment, you articulate your objective(s) and target group. Use the following statements as a guide:

- I am interested in better understanding the training needs of...
- I would like to use the outcomes of the training needs assessment to...
- A training needs assessment in my area is important because...

There is no minimum or maximum number of health providers you should recruit. However, you should keep in mind your objectives and ensure that your sample is as representative of your target group as possible. For example you might like to ensure that your sample includes health providers from all the types of organisations you are interested in, and/or most of the clinical disciplines in your area.

How to recruit?

The recruitment approach you adopt will depend on your role and relationship with your target audience. If the clinicians you wish to recruit are members of your team, you would perhaps discuss the idea in a team meeting. However, if you are a facilitator of inter-agency activities you will perhaps be focusing on the recruitment of agencies.

In this instance you would make contact with an appropriate manager or coordinator within each agency and provide preliminary information about the proposed initiative. See appendix B for an email template you can adapt. For those agencies interested in participating, you could request a meeting time in which to give a short presentation about the opportunities and benefits of a training needs assessment and the process that is involved. See appendix C for a PowerPoint presentation template you can adapt.

Potential participants will probably want to know about how their survey responses will remain confidential. There is information in the ppt and email templates that will help you explain this. Once an agency is a confirmed participant, you would generally ask for a key contact person. This individual would take responsibility for a) seeking the necessary organisational approvals; b) raising awareness of the initiative within the agency; c) distributing the assessment tool to clinicians within the organisation; and d) communicating the final results within the agency.
Web-based delivery vs paper-based delivery?

Traditionally, assessments are distributed to (and returned by) participants in paper form. If you select a paper-based delivery model, you will need to allow time and funds for the following: a) postage; b) return postage; c) coordination of returned responses; and d) manual entry of survey responses (into Excel or statistical analysis software).

An alternative to paper-based delivery involves taking advantage of one of the web-based survey tools available (e.g. www.surveymonkey.com). Generally, these tools allow you to construct a survey online and email a web link to potential participants. Follow the instructions provided in appendix D to upload the survey questions ready for distribution. In appendix E you will find an email template you might like to adapt and distribute with the survey web link.

Appendix A is an interactive PDF. A third distribution method is to send this PDF via email for participants to complete. Participants will need to save their changes and send the completed survey back via email or post. As with paper based delivery you will need to allow time for coordination of returned responses, and manual entry of survey responses (into Excel or statistical analysis software).

Prior to distributing the assessment tool, consider the following questions:

- Is it more appropriate to a) collect email addresses and distribute the CC-TNA Tool directly to health providers; or b) distribute the survey via agency key contacts?
- How much time should I allow health providers to complete the survey?
- How will I follow up, either directly with health providers or with my key contacts, to ensure as many providers as possible complete the CC-TNA Tool?

Data collection

When the CC-TNA Tool is delivered online to participants, the administrator of the survey can monitor the responses that come in over time and, once the defined survey period has finished, the full responses can be either viewed online or downloaded. Usually there are a few download options, including reports and Excel spreadsheet.

If you have adopted a paper-based delivery model you will need to manually enter responses into a spreadsheet prior to analysis. Please see appendix F for a spreadsheet you might like to use for this purpose. It includes prompts regarding what analysis to run and what figures to report. If you have used an online survey tool you can copy and paste downloaded data into the spreadsheet in appendix F prior to analysis.

PREPARING YOUR DATA FILE

If you have used SurveyMonkey to deliver your survey, you should find that the Excel spreadsheet you download from SurveyMonkey (if you select the ‘all responses collected’ option) has a similar format to the data spreadsheet provided for you in appendix F. There will however be some distinctions. For example the spreadsheet provided in appendix F contains additional columns for you to place calculations of scores for each section of the CC-TNA Tool, formula to assist with calculations, and instructions to assist your analysis and reporting.

When transferring your data from the SurveyMonkey spreadsheet to the spreadsheet provided in appendix F, do so cautiously to ensure data appears in the appropriate columns. You can delete instructional rows and reduce the column widths in the spreadsheet once your data has been successfully transferred and you have completed the suggested calculations. If you find that some data columns (for example the rating scale responses) contain a mix of text and numbers, use Excel’s ‘replace’ function (found in the ‘edit’ menu) to replace with numbers to allow analysis. Also note, that SurveyMonkey reports many of the percentages you are asked to calculate. Refer to the ‘response summary’ on SurveyMonkey and enter these calculations into your data spreadsheet where indicated.

continued...
MANAGING MISSING DATA

If you have followed the guidelines in appendix D for uploading the questions into SurveyMonkey, you will have little or no missing data, as respondents will have been required to complete each question before moving on in the survey. If however you have delivered your survey using the paper-based methodology, or you find you do have missing data in your file, follow these guidelines:

- Where respondents have entered only demographic information – delete the row containing their responses from your final data file
- Where respondents have provided two responses to a given question (e.g. ‘no’ and ‘not sure’) - select the most conservative option. A ‘not sure’ response will usually be the most conservative, followed by ‘no’, then ‘yes’. For rating responses, the more conservative option will be the one closest to the middle.
- Where respondents have skipped a rating scale question – calculate an average for their responses across the other questions within the same section. Place this average in the missing data cell. You may wish to highlight these cells in another colour to indicate this is not data direct from respondents.

MANAGING QUALITATIVE DATA

Mostly respondents are asked to provide rating or yes/no responses within the CC-TNA Tool. The spreadsheet provided in appendix F has been set up to manage counts of ‘yes’ responses, so there is no need to replace these responses with numerical data. There is however one key question (relating to ‘other’ recent training undertaken by respondents) within the CC-TNA Tool that requires you to examine qualitative responses.

Furthermore, there are opportunities throughout the survey for respondents to comment. These comments provide useful information to assist you in your interpretation of the quantitative data you have collected. Unless your sample size is quite large you do not need to code and analyse these comments. Simply read and use them to support the interpretations and conclusions you draw in your report.

If you do wish to code and analyse the qualitative data you collect (and it is recommended you do this for the question relating to ‘other’ recent training), follow these steps:

- After reviewing the qualitative responses you wish to code, determine an appropriate set of categories to capture the meaning of the responses. Keep the number of categories to a minimum, whilst ensuring they are meaningful.
- Assign each response to one or more categories
- Count the number of responses in each category, calculate as a percentage of respondents, and present these results in a table in your report.

Data analysis

The following gives an overview of the sections of the CC-TNA Tool and potential uses.

SECTION 1: DEMOGRAPHIC INFORMATION

The first section of the CC-TNA Tool asks participants some demographic questions. This information should be used with caution. Analysis of this information is simply a matter of reporting counts and percentages (e.g. 5 participants [20%] reported a dietetics background). Please follow the guidelines below:

- 1.1 Email addresses should only be used to:
  - enable you to provide individual health providers their own results. Participants should be given the opportunity to access their results in order to assist their own professional development planning.

continued...
**IMPLEMENTING a Training Needs Assessment Initiative (cont.)**

- enable you to match pre- and post-training data. If you intend to re-administer the Tool following a training activity in order to evaluate the impact of training, you can use the participant’s email address to assist.

- 1.2 & 1.3 Organisation, service and team can be used to enable you to examine the training needs of specific organisations, services or teams, and provide them with a copy of results pertaining to their staff.

  - Please note that prior to providing an organisation or team with data, you will need to remove reference to all other demographic information if less than 10 of their health providers participated. This ensures the privacy of those participants.

  - Please also note that you should not attempt to make any comparisons between different organisations, services or teams where you have less than 30 participants from each. Comparisons made between groups smaller than this are unreliable.

- 1.4, 1.5 & 1.6 Clinical discipline, role or position, and years of clinical practice can be used to assist you (and those you report to) to understand the participants, and interpret your results. This information should be used cautiously however, particularly where your sample size is small. This information will mostly be useful where you have a sample size in excess of 150 health providers.

  - Please note that you should not attempt to make any comparisons between different clinical disciplines or roles where you have less than 30 participants from each group you are comparing. Comparisons made between groups smaller than this are unreliable.

**SECTION 2: RECENT TRAINING**

It is often important to know the training the health providers in your team or region have already received. This ensures that your workforce development initiatives build upon the existing knowledge base rather than duplicate past initiatives (including past training). You should not attempt to make comparisons on the basis of this information, but rather use it to better understand and describe your participants. Analysis of this information is simply a matter of reporting counts and percentages (e.g. 5 participants [20%] reported previous training in Motivational Interviewing). Where qualitative responses are provided, you will need to first assign each response to a meaningful category, and then count and calculate percentage of responses in each category.

**SECTION 3: DECISION SUPPORTS**

There are four questions under the heading ‘decision supports’ that are designed to determine whether or not organisations are making use of standardised processes for assessment, care planning, GP feedback and record keeping. This is an organisational-based competency.

To analyse the results, calculate (for each question) the percentage of participants responding ‘yes’ (e.g. 20% of participants reported their organisation has a standardised assessment form).

**SECTION 4: ENGAGEMENT AND COMMUNICATION**

From Section 4, a case study (Greg) is used to assist health providers to relate the questions to a clinical practice scenario. There are five questions under the heading ‘engagement and communication’ that are designed to indicate the level of competence shown by individual health providers to build rapport and communicate effectively with consumers.

To analyse these results, start by calculating the average rating for each question (the average question ratings). Next, calculate the average section score, by adding the five average question ratings and multiplying this sum by four (to reach a score out of 100).

Examine the average question ratings. If the average question ratings are more or less the same across the five questions you may choose not to include this level of information in your report. Instead you can simply report the average section score. If one or more average question rating is markedly different from the rest however, you will want to present both the average section score and the individual average question ratings in your report.
This section also asks health providers to indicate whether or not they believe they need training or support in the area of ‘engagement and communication’. To analyse these results, calculate the percentage of participants who indicate they do require further training or support.

SECTION 5: ASSESSMENT AND CARE PLANNING

There are ten questions under the heading ‘assessment and care planning’ that are designed to indicate the level of competence shown by individual health providers or health care teams to conduct comprehensive and holistic assessments and collaboratively plan care for a patient. This can be considered a team-based competency because the entire process can be shared amongst members of a health care team.

To analyse these results, start by calculating the average rating for each question (the average question ratings). Next, calculate the average section score, by adding the ten average question ratings and multiplying this sum by two (to reach a score out of 100).

Examine the average question ratings. If the average question ratings are more or less the same across the ten questions you may choose not to include this level of information in your report. Instead you can simply report the average section score. If one or more average question rating is markedly different from the rest however, you will want to present both the average section score and the individual average question ratings in your report.

This section also asks health providers to indicate whether or not they believe they need training or support in the area of ‘assessment and care planning’. To analyse these results, calculate the percentage of participants who indicate they do require further training or support.

SECTION 6: SUPPORT AND EMPOWERMENT

There are five questions under the heading ‘support and empowerment’ that are designed to indicate the level of competence shown by individual health providers to support consumers to build their capacity for self-management.

To analyse these results, start by calculating the average rating for each question (the average question ratings). Next, calculate the average section score, by adding the five average question ratings and multiplying this sum by four (to reach a score out of 100).

Examine the average question ratings. If the average question ratings are more or less the same across the five questions you may choose not to include this level of information in your report. Instead you can simply report the average section score. If one or more average question rating is markedly different from the rest however, you will want to present both the average section score and the individual average question ratings in your report.

This section also asks health providers to indicate whether or not they believe they need training or support in the area of ‘support and empowerment’. To analyse these results, calculate the percentage of participants who indicate they do require further training or support.

SECTION 7: CLINICAL RISKS

There are four questions under the heading ‘clinical risks’ that are designed to indicate the level of competence shown by individual health providers to identify and respond to clinical risks. To analyse these results, start by calculating the average rating for each question (the average question ratings). Next, calculate the average section score, by adding the four average question ratings and multiplying this sum by five (to reach a score out of 100).

Examine the average question ratings. If the average question ratings are more or less the same across the four questions you may choose not to include this level of information in your report. Instead you can simply report the average section score. If one or more average question rating is markedly different from the rest however, you will want to present both the average section score and the individual average question ratings in your report.
This section also asks health providers to indicate whether or not they believe they need training or support in the area of ‘clinical risks’. To analyse these results, calculate the percentage of participants who indicate they do require further training or support.

SECTION 8: CHRONIC CARE KNOWLEDGE

There are 20 questions under the heading ‘chronic care knowledge’ that are designed to indicate the level of competence shown by individual health providers in relation to knowledge of key chronic conditions, their care, and the service providers that typically make up a health care team. To analyse these results, start by calculating the average rating for each question (the average question ratings). Next, calculate the average section score, by adding the twenty average question ratings (to reach a score out of 100).

Examine the average question ratings. If the average question ratings are more or less the same across the twenty questions you may choose not to include this level of information in your report. Instead you can simply report the average section score. If one or more average question rating is markedly different from the rest however, you will want to present both the average section score and the individual average question ratings in your report.

This section also asks health providers to indicate whether or not they believe they need training or support in the area of ‘chronic care knowledge’. To analyse these results, calculate the percentage of participants who indicate they do require further training or support.

SECTION 9: LOCAL SERVICE OPTIONS

There are four questions under the heading ‘local service options’ that are designed to determine whether consumers in a particular local area have access to multiple forms of self-management support. This is an organisational- or regional-based competency.

To analyse the results, calculate (for each question) the percentage of participants responding ‘yes’ (e.g. 20% of participants reported group-based support was available).

This section also asks health providers to indicate whether or not they believe access to appropriate self-management support is a problem in their local area. To analyse these results, calculate the percentage of participants responding ‘yes’ to this question.

Within this section there are also 10 questions designed to indicate whether consumers in a particular local area have access to condition-specific education. This is an organisational- or regional-based competency. To analyse the results, calculate (for each question) the percentage of participants responding ‘yes’ (e.g. 20% of participants reported asthma education was available).

SECTION 10: PROFESSIONAL DEVELOPMENT PRIORITIES

This final section asks health providers to indicate the area in which they would most like (or benefit from) professional development. To analyse the results, calculate percentages for each of the five professional development areas (engagement and communication; assessment and care planning; support and empowerment; clinical risks; and chronic care knowledge) (e.g. 20% of participants identified engagement and communication as the area in which they would most like professional development).
REPORTING a Training Needs Assessment Initiative

It is recommended that you produce a brief report following your training needs assessment. This will assist you to document and communicate your findings, and it will provide information you can use to discuss and plan potential workforce development initiatives. It is recommended that you provide a copy of your report to participants and all key stakeholders. Consider the following guidelines while drafting your report:

- Thinking about your original objectives, identify what you hope the report will achieve. Keep this goal in mind while you write the report.
- Identify your audience(s) for the report (e.g. managers of local health services, clinicians, or government). Understand the interests of your audience and write a report that is relevant and meaningful to them.
- Be succinct and keep the report as brief as possible. If your report is too long your audience may not read it, or they may miss the key messages you are trying to communicate.
- Limit the number of conclusions and recommendations you make and ensure each is well supported by the data. If you present too many recommendations, or unsupported conclusions, you might find none of your arguments get considered.
- Conclude your report with some suggested next steps for the audience to consider and apply your recommendations.

Generating a report

A report template in appendix G has been provided for you to use if it will assist you with your report writing. The recommended structure includes a brief introduction; an outline of your methods; a description of your participants; a summary of your results; your conclusions and recommendations; and your suggested next steps.

INTRODUCTION (APPROXIMATELY 200 WORDS)

This is where you summarise your responses to the questions on page 9 of this Toolkit package. The answers to these questions will help you to briefly discuss your objectives and why a training-needs assessment was necessary.

METHODS (APPROXIMATELY 200 WORDS)

Briefly describe the process you undertook to conduct your training needs assessment. Include information regarding recruitment of agencies and clinicians, a brief description of the CC-TNA Tool, your data collection strategy, and the data analysis techniques you used.

PARTICIPANTS (APPROXIMATELY 100 WORDS)

Briefly describe who participated in your training needs assessment, including the names of the organisations that participated (where appropriate) and the type of organisations they are (e.g. hospital, community health service). Also list the clinical disciplines of participating health providers (or display in a pie chart if your sample size is large enough) and give an indication of years of practice. Also relevant here are the types of recent training that participants reported.

RESULTS (APPROXIMATELY 500 WORDS)

Briefly present the data from your training needs assessment. Use the template provided or report of your results based on the sections of the survey. You don’t need to present the responses for each question because this is too much information for the reader to absorb. If you wish to document the average score for each question (across participants) consider presenting this in a series of tables.

In the body of your report, it is sufficient to provide a brief description of each section (i.e. how many questions it contained and the general focus of these questions), the average section score, and if participants reported a training or support need in this area. For sections 2 and 9, use tables to report the additional information relating to organisational-based competencies. Within the text you can highlight any interesting results presented in these tables. 

continued...
CONCLUSIONS (APPROXIMATELY 100 WORDS)

Briefly present the two-to-five key conclusions you feel are reasonable to draw from the data you collected. This might relate to key strengths or deficits evident with respect to health provider competencies, or organisational/regional assets or concerns. Your conclusions should be followed with your two or three recommendations regarding training needs and/or quality-improvement initiatives.

RECOMMENDATIONS (APPROXIMATELY 100 WORDS)

How general or specific you are in your recommendations will depend on your role. If you are a facilitator of inter-agency activities you will mostly want to avoid recommending particular training options or providers at this point, and focus on recommending which competencies need to be addressed. Decisions regarding how to address these competency gaps would then be the focus of inter-agency discussions. You might like to offer to host a workshop or meeting in which you present the findings of your training-needs assessment, and then facilitate a discussion about how to proceed (the next steps) in light of your recommendations.

Supplying agencies with results

If you have collected results from health providers on behalf of local agencies, you may be obliged to provide these agencies with the results of your training needs assessment. It is recommended that you supply your agencies with two things:

1) a copy of your report, which will contain a summary of results across participating agencies; and
2) a copy of the de-identified raw data relating to that agency.

To de-identify the raw data, ensure that your spreadsheet contains no email addresses, or information that might reasonably be used to identify any particular participant. So, for example, say that you have five health providers participating from a given organisation and only one of them is a podiatrist. If you provide the organisation with data that has reference to clinical disciplines then the podiatrist’s responses can be identified and are no longer confidential.

Next steps

Appropriate next steps will depend largely on your objectives for initiating the training needs assessment. A training needs assessment is usually a small step in a larger project. Reflect back on what you hoped to achieve by this process, and consider how to proceed now that you have data and recommendations. Consider where and when you can present your findings, and whose attention you need to capture.

Using the CC-TNA Tool to evaluate training outcomes

If you wish to use the CC-TNA Tool to evaluate a training activity and the training outcomes, start by identifying the core competencies that your training activity intends to address. Cross reference these core competencies with those used to develop the CC-TNA Tool and identify relevant sections of the Tool. You will only need to re-administer relevant sections. The initial results you have collected can be referred to as pre-test results, and those you collect after the initiative can be referred to as post-test results.

You will probably want to combine these CC-TNA sections with questions from other sources that relate to the assessment of the quality of training. It is also advisable to explicitly ask health providers if they believe their competence in the focus topic/area has improved and if they attribute that improvement specifically to the training provided. Once you have collected post-training data, you can examine whether or not there has been an increase in competence following training.
REFERENCES


continued...
REFERENCES (cont.)

### 1. Demographic Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Email address:</td>
<td></td>
</tr>
<tr>
<td>1.2 Organisation:</td>
<td></td>
</tr>
<tr>
<td>1.3 Service or Team:</td>
<td></td>
</tr>
<tr>
<td>1.4 Clinical discipline:</td>
<td></td>
</tr>
<tr>
<td>1.5 Position or Role:</td>
<td></td>
</tr>
<tr>
<td>1.6 Years of clinical practice:</td>
<td>Years (approximate)</td>
</tr>
</tbody>
</table>

### 2. Recent Training

#### 2.1 Have you undertaken any of the following training? (you may select multiple options)

<table>
<thead>
<tr>
<th>Training</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Coaching Australia/Health Change Australia workshop</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Motivational interviewing 2-day introductory workshop</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Smoking cessation training</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Flinders Model 2-day workshop (or online equivalent)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Mental Health First Aid (or equivalent)</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Better Health Self-Management training course</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

#### 2.2 Please list any additional training you have received in the past five years relating to the provision of chronic care

*continued...*
3. Decision Supports

3.1 Does your organisation provide you with:

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A standard assessment form</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>A standard care planning tool</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>An agreed format and process for providing feedback to a client’s GP</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>An agreed format and process for documenting clinical notes</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

3.2 Comments:

4. Engagement and Communication

CASE STUDY

GREG is in his mid 40s, has several chronic health conditions, and recurrent depressive episodes. Greg tends to see GPs at one of two local practices when feeling unwell, and has presented to Accident and Emergency at his local hospital four times in the past six months. Greg has received advice from his GPs about lifestyle changes he could make to improve and manage his health, but Greg has been able to implement very few of these recommendations. Furthermore, he has difficulty managing his medications and appointment schedule. Greg lives alone and has few meaningful relationships.

Respond to the questions below as if Greg has been referred to you for support.

4.1 Please rate how competently, while working with Greg, you would:

<table>
<thead>
<tr>
<th>Task</th>
<th>1 Not at all</th>
<th>2 Somewhat</th>
<th>3 Moderately</th>
<th>4 Very</th>
<th>5 Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjust your manner to build rapport and relate to Greg effectively</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Frequently reflect back to Greg information he provides</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Express clinical concerns and recommendations in a non-confrontational and non-judgmental manner</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Use open questions to elicit information from Greg</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Read Greg’s body language and other non-verbal cues to identify concerns or rapport issues</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

continued...
4.2 *Do you believe you need training or support in the area of ‘engagement and communication’?*

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

4.3 *Comments:*

5. **Assessment and Care Planning**

5.1 *Please rate how competently, during assessment with Greg, you would:

<table>
<thead>
<tr>
<th>Activity</th>
<th>1 Not at all</th>
<th>2 Somewhat</th>
<th>3 Moderately</th>
<th>4 Very</th>
<th>5 Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask Greg about his medical history</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ask Greg about his mental health history</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ask Greg about lifestyle risk factors (i.e. diet, exercise habits, smoking, alcohol use)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ask Greg about current treatments and services involved in his care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ask Greg about his social supports</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ask Greg about his sleep patterns</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ask Greg about his concerns and priorities for care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ask Greg about difficulties undertaking activities of daily living</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Negotiate priorities for care with Greg</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Collaboratively set clear goals for Greg’s care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

*continued...*
5.2 Do you believe you need training or support in the area of ‘assessment and care planning’?

No Yes

5.3 Comments:

---

6. Support and Empowerment

6.1 Please rate how competently, while working with Greg, you would:

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>Moderately</td>
<td>Very</td>
<td>Extremely</td>
</tr>
</tbody>
</table>

- Assist Greg to develop goal-setting and action-planning skills
- Assist Greg to develop problem-solving skills
- Assist Greg to understand barriers to his progress
- Assist Greg to understand and access health information, services and supports
- Assist Greg to establish plans to maintain his progress following discharge from your care

6.2 Do you believe you need training or support in the area of ‘support and empowerment’?

No Yes
### Appendix A: Chronic Care Training Needs Assessment (CC-TNA) Tool (cont.)

#### 6.3 Comments:

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 7. Clinical Risks

**7.1 Please rate how competently, while working with Greg, you would:**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify and respond to potential medication-related problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and respond to signs of undiagnosed depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assess Greg’s risk of suicide</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identify and respond to a decline in Greg’s health status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7.2 Do you believe you need training or support in the area of ‘clinical risks’?**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7.3 Comments:**

continued...
8. Chronic Care Knowledge

8.1 Please rate your level of knowledge, about:

<table>
<thead>
<tr>
<th>Knowledge Area</th>
<th>1 Not at all</th>
<th>2 Somewhat</th>
<th>3 Moderately</th>
<th>4 Very</th>
<th>5 Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Type 2 diabetes and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Coronary heart disease and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Stroke and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Arthritis and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Osteoporosis and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cancer and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Depression and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kidney disease and its care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Oral health</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dietary guidelines for adults</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Physical activity guidelines for adults</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol consumption guidelines</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The services a physiotherapist provides</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The services a psychologist provides</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The services a podiatrist provides</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The services a pharmacist provides</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The services an occupational therapist provides</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The services a dietician provides</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

continued...
Appendix A: Chronic Care Training Needs Assessment (CC-TNA) Tool (cont.)

8.2 Do you believe you need training or support in the area of ‘chronic care knowledge’?

No | Yes
---|---
[ ] | [ ]

8.3 Comments:

9. Local Service Options

9.1 Could Greg access self-management support in your local area if:

<table>
<thead>
<tr>
<th></th>
<th>Not sure</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>He had a preference for group-based support</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>He had a preference for one-on-one support</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>He had a preference for phone- or web-based support</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>His capacity to attend appointments is restricted (e.g. due to care responsibilities, work, or mobility issues)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

9.2 Do you believe access to appropriate self-management support is a problem for clients in your local area?

No | Yes
---|---
[ ] | [ ]

continued...
### 9.3 Comments:

### 9.4 Could Greg access detailed education about his condition and its management in your local area if:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Not sure</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>He has diabetes</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>He has coronary heart disease</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>He has had a stroke</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>He has asthma</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>He has arthritis or osteoporosis</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>He has cancer</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>He has depression</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>He has obstructive pulmonary disease (COPD)</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>He has kidney disease</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>He has an oral disease</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

### 9.5 Comments:
10. Professional Development Priorities

Throughout this survey you have been asked to reflect on your knowledge and skills in a number of areas relating to the provision of chronic care:

- Engagement and communication – for example building rapport, reflective listening, eliciting information, challenging respectfully, and reading non-verbal cues.
- Assessment and care planning – comprehensively assessing a clients needs and preferences and collaborating with them in the establishment of appropriate care goals.
- Support and empowerment – including assisting clients with the development of goal setting, action planning and problem solving skills, building insight and health literacy, and establishing relapse prevention plans.
- Clinical risks – identifying and responding to clinical risks that chronic care clients commonly present with.
- Chronic care knowledge – understanding common chronic conditions and their management, lifestyle guidelines, and the services provided by key members of a chronic care team.

10.1 Which area would you most like (or benefit from) professional development in (select only one response)?

<table>
<thead>
<tr>
<th>Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement and communication</td>
</tr>
<tr>
<td>Assessment and care planning</td>
</tr>
<tr>
<td>Support and empowerment</td>
</tr>
<tr>
<td>Clinical risks</td>
</tr>
<tr>
<td>Chronic care knowledge</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

10.2 Please explain your response.

END OF SURVEY
Chronic Disease Workforce Training Needs Assessment

Improving care for clients with chronic and complex needs is a key priority for many Victorian health and community service agencies. One essential element of chronic care is the delivery of self-management support. This approach requires that service providers have the skills and knowledge necessary to facilitate clients’ active engagement in their health and care. Developing and maintaining staff skills to facilitate effective self-management support is therefore a quality improvement priority.

In response to this priority (your organisation’s name) is facilitating a chronic disease workforce training needs assessment. The objective of the training needs assessment initiative is to identify competency-based strengths and gaps within the local primary healthcare workforce in the area of chronic care provision.

The opportunity for your service

In the coming months we intend to undertake an assessment of the training needs of the local primary healthcare workforce. Your organisation is invited to take part in this initiative.

There are three potential uses of the outcomes of this assessment:

Clinicians – may use the Tool to identify personal training needs;
Organisations – may use the Tool to identify team training needs; and
Regions – may use the Tool to identify common training needs across organisations to inform regional or sub-regional workforce development planning.

What participation will involve

A training needs assessment survey (Chronic Care Training Needs Assessment [CC-TNA] Tool) will be made available to health providers to complete online. The nominated key contact within your organisation will be asked to distribute an email containing the survey link and some basic instructions to appropriate health provider. It is expected that the survey will take approximately 15 minutes to complete. Clinicians will have a week to complete the online survey.

The Chronic Care Training Needs Assessment (CC-TNA) Tool has been developed in Victoria to assess the training needs of health practitioners providing care to consumers with chronic conditions. It covers eight core competencies required of individual providers, teams and organisations.

What will happen with the data?

De-identified data across services will be analysed to identify common training needs in the local area. A report containing the findings and recommendations regarding future training will be made available to participating organisations.

Service- or organisation-specific data will be made available to those organisations that request it. This will be presented in a de-identified raw data form (in an Excel spreadsheet) so that services can extract and analyse information in a way that is meaningful for them.

Please note: (your organisation’s name) reserves the right to not supply a service or organisation with survey data (or to remove certain identifiable information such as clinical discipline) if only a small number of health providers participated. This is to safeguard the privacy of these health providers.

continued...
How to access further information or express interest in participation

If you would like further details, or are interested in participating, please contact:

Name: 
Role: 
Phone: 
Email: 

{contact person's name} from our project team will make contact over the coming weeks to discuss the project with you further.

Kind regards,

{Your name}
APPENDIX D: Detailed guide to uploading the Chronic Care Training Needs Assessment (CC-TNA) Tool onto SurveyMonkey

Note 1: the task of uploading the CC-TNA Tool may have been undertaken by other organisations within your network of contacts. You may be able to obtain a copy from them rather than repeating the exercise yourself.

Note 2: you will find tutorials, responses to frequently asked questions, user manuals, and a help service at www.surveymonkey.com. The link to the 2012 version of the SurveyMonkey User Manual is shown below for your convenience. For guidance relating to downloading survey data once all your responses have been collected, please refer to the relevant section of this manual.

SurveyMonkey User Manual 2012

STEP 1. Establish an account with www.surveymonkey.com. You will need a ‘Select’, ‘Gold’ or ‘Platinum’ account. The features you need from your account are: a) unlimited questions and responses; and b) capacity to export results to Excel.

STEP 2. Click the ‘+Create Survey’ button to commence population of your survey questions. Select ‘Create a new survey’, add the title (Chronic Care Training Needs Assessment Survey) and select a category (i.e. healthcare). Click ‘next’ when you are ready to proceed.

STEP 3 (optional). Change the look of your survey by selecting a colour theme from the drop-down menu on the ‘edit survey’ page. Add your organisation’s logo from this page.

STEP 4 (optional). From the ‘edit survey’ page navigate down to ‘page 1’. Select ‘edit page information’ from the ‘edit page options’ drop-down menu and add some background information to assist respondents’ to orient themselves to the survey they will complete. See below for an example:

Page Title: Background

Page Description: [your organisation’s name] is engaging in a chronic care training needs assessment initiative. This initiative aims to identify the competency-based strengths and gaps of primary health care workers in [the area’s name] and make recommendations about the types of training activities that might usefully be provided.

The Chronic Care Training Needs Assessment (CC-TNA) Tool has been developed in Victoria to assess the training needs of health practitioners providing care to consumers with chronic conditions. It covers eight core competencies required of individual providers, teams and organisations.

Your participation in this initiative is much appreciated, and will assist in ensuring that appropriate and sufficient training and support are provided to clinicians providing care to consumers with chronic and complex needs. If you would like further information about the initiative, please contact [your name] on [email address and phone number].

Please note: To protect your privacy, only de-identified survey data will be presented to organisations, or in reports or presentations.

STEP 5. Add a second page to your survey by selecting ‘add page’. Select ‘edit page information’ from the ‘edit page options’ drop-down menu and add the page title: Demographic Information (section 1 of 10). Proceed to add a further nine pages in this fashion and title them as follows: Recent Training (section 2 of 10); Decision Supports (section 3 of 10); Engagement and Communication (section 4 of 10); Assessment and Care Planning (section 5 of 10); Support and Empowerment (section 6 of 10); Clinical Risks (section 7 of 10); Chronic Care Knowledge (section 8 of 10); Local Service Options (section 9 of 10); Professional Development Priorities (section 10 of 10). continued...
APPENDIX D: Detailed guide to uploading the Chronic Care Training Needs Assessment (CC-TNA) Tool onto SurveyMonkey (cont.)

STEP 6. For pages 5 (Engagement and Communication), 6 (Assessment and Care Planning), 7 (Support and Empowerment), 8 (Clinical Risks), and 10 (Local Service Options) add the case study text below into the ‘page description’:

CASE STUDY

GREG is in his mid 40s, has several chronic health conditions, and recurrent depressive episodes. Greg tends to see GPs at one of two local practices when feeling unwell, and has presented to Accident and Emergency at his local hospital four times in the past six months. Greg has received advice from his GPs about lifestyle changes he could make to improve and manage his health, but Greg has been able to implement very few of these recommendations. Furthermore, he has difficulty managing his medications and appointment schedule. Greg lives alone and has few meaningful relationships.

Respond to the questions below as if Greg has been referred to you for support.

For page 11 (Professional Development Priorities) add the text below into the ‘page description’:

Throughout this survey you have been asked to reflect on your knowledge and skills in a number of areas relating to the provision of chronic care:

• Engagement and communication – for example building rapport, reflective listening, eliciting information, challenging respectfully, and reading non-verbal cues.
• Assessment and care planning – comprehensively assessing a clients needs and preferences and collaborating with them in the establishment of appropriate care goals.
• Support and empowerment – including assisting clients with the development of goal setting, action planning and problem solving skills, building insight and health literacy, and establishing relapse prevention plans.
• Clinical risks – identifying and responding to clinical risks that chronic care clients commonly present with.
• Chronic care knowledge – understanding common chronic conditions and their management, lifestyle guidelines, and the services provided by key members of a chronic care team.

STEP 7. Using the ‘add question’ function available for each page, proceed to add the questions corresponding to each section of the CC-TNA Tool. Use the instructions on the following pages to assist you to create each question and select the most appropriate corresponding response options. Please also note where options (such as ‘require an answer to this question’) are recommended. You will find that by following these recommendations your data entry and analysis tasks will be much simpler.

STEP 8. Using the ‘collect responses tab’ select the method you would like to use to collect responses. Once you have chosen your method, click next step. Click on ‘change settings’ and ‘change restrictions’ to set up your survey for collection and identify any restrictions you wish to impose on the survey (e.g. cut off date). Before you navigate away from each page click the ‘save settings tab’.

STEP 9. You are now ready to send the survey.

continued...
APPENDIX D: Detailed guide to uploading the Chronic Care Training Needs Assessment (CC-TNA) Tool onto SurveyMonkey (cont.)

Detailed notes for creation (in Survey Monkey) of questions in the CC-TNA Tool

1. DEMOGRAPHIC INFORMATION

1.1. Email address

- **Question text**: Email address
- **Question type**: Single textbox
- Only select the ‘require an answer to this question’ option where you intend to either
  a) provide respondents with a copy of their own results; or
  b) examine changes over time for a particular question or set of questions
  (Note: you will need a large sample size to do this reliably)

1.2. Organisation

- **Question text**: Organisation
- If you intend to recruit providers from particular organisations (this approach will minimise the need to manually rename and organise responses before analysis):
  - **Question type**: Multiple choice (only one answer)
  - **Display format**: Drop-down menu
  - Enter the name of each participating organisation in the space provided
  - Select ‘add “other” or a comment field’ and select ‘make this an answer choice’
  - Select ‘require an answer to this question’
- If you do not know the organisations that will be participating:
  - **Question type**: Single textbox

1.3. Service or Team

- **Question text**: Service or Team
- If you intend to recruit providers from particular services or teams (this approach will minimise the need to manually rename and organise responses before analysis):
  - **Question type**: Multiple choice (only one answer)
  - **Display format**: Drop-down menu
  - Enter the name of each participating service or team in the space provided
  - Select ‘add “other” or a comment field’ and select ‘make this an answer choice’
  - Select ‘require an answer to this question’
- If you do not know the services or teams that will be participating:
  - **Question type**: Single textbox

*continued...*
1.4. Clinical discipline

- **Question text:** Clinical discipline
- **Question type:** Multiple choice *(only one answer)*
- **Display format:** Drop-down menu
- Enter the following list of clinical disciplines in the space provided *(note: for consistency of data entry across Victoria and to minimise the need to manually rename and organise responses before analysis, please use the list provided here)*
  - Allied health assistant, audiologist, chiropractor, dental practitioner, dietician, exercise physiologist, medical practitioner, mental health nurse, midwife, nurse, occupational therapist, optometrist, osteopath pharmacist, physiotherapist, podiatrist, psychologist, radiologist, social worker, speech pathologist
- Select ‘add “other” or a comment field’ and select ‘make this an answer choice’
- Select ‘require an answer to this question’

1.5. Position or Role

- **Question text:** Position or Role *(as per your formal position description)*
- **Question type:** Single textbox
- Select ‘require an answer to this question’

1.6. Years of clinical practice

- **Question text:** Years of clinical practice *(approximately)*
- **Question type:** Multiple choice *(only one answer)*
- **Display format:** Drop-down menu
- Enter the following list of date ranges in the space provided *(note: for consistency of data entry across Victoria and to minimise the need to manually rename and organise responses before analysis, please use the list provided here)*
  - Not applicable; Less than 2 years; 2-5 years; 5-10 years; 10-15 years; more than 15 years
- Select ‘require an answer to this question’

2. RECENT TRAINING

- **Question text:** Have you undertaken any of the following training? *(you may select multiple options)*
- **Question type:** Matrix of Choices *(only one answer per row)*
- Enter the following list of answer choices in the space provided for row choices
  - Health Coaching Australia/Health Change Australia workshop
  - Motivational interviewing 2-day introductory workshop
  - Smoking cessation training
  - Flinders Model 2-day workshop *(or online equivalent)*
  - Mental Health First Aid *(or equivalent)*
  - Better Health Self-Management training course

*continued...*
APPENDIX D: Detailed guide to uploading the Chronic Care Training Needs Assessment (CC-TNA) Tool onto SurveyMonkey (cont.)

- Enter the following list of answer options in the space provided for column choices
  - No
  - Yes
- Select ‘add “other” or a comment field’ and enter the following text into the ‘field label’ box: Please list any additional training you have received in the past five years relating to the provision of chronic care
- Select ‘require an answer to this question’ and add 4 to the number of row respondents must answer

3. DECISION SUPPORTS

- Question text: Does your organisation provide you with:
- Question type: Matrix of Choices (only one answer per row)
- Enter the following list of answer choices in the space provided for row choices
  - A standard assessment form
  - A standard care planning tool
  - An agreed format and process for providing feedback to a client’s GP
  - An agreed format and process for documenting clinical notes
- Enter the following list of answer options in the space provided for column choices
  - No
  - Yes
- Select ‘add “other” or a comment field’ and enter the following text into the ‘field label’ box: Comments
- Select ‘require an answer to this question’ and add 4 to the number of row respondents must answer

4. ENGAGEMENT AND COMMUNICATION

4.1. Question text: Please rate how competently, while working with Greg, you would:

- Question type: Rating Scale
- Enter the following list of answer choices in the space provided for row labels
  - Adjust your manner to build rapport and relate to Greg effectively
  - Frequently reflect back to Greg information he provides
  - Express clinical concerns and recommendations in a non-confrontational and non-judgmental manner
  - Use open questions to elicit information from Greg
  - Read Greg’s body language and other non-verbal cues to identify concerns or rapport issues
- Select 5 ratings and use the following labels and weightings:
  - Not at all - 1
  - Somewhat - 2
  - Moderately - 3
  - Very - 4
  - Extremely - 5
- Select ‘require an answer to this question’ and add 5 to the number of row respondents must answer

continued...
APPENDIX D: Detailed guide to uploading the Chronic Care Training Needs Assessment (CC-TNA) Tool onto SurveyMonkey (cont.)

4.2. **Question text:** Do you believe you need training or support in the area of ‘engagement and communication’?

- **Question type:** Multiple choice (only one answer)
- **Display format:** Drop-down menu
- Enter the following list of answer choices in the space provided: No, Yes
- Select ‘add “other” or a comment field’ and enter the following text into the ‘field label’ box: Comments
- Select ‘require an answer to this question’

5. **ASSESSMENT AND CARE PLANNING**

5.1. **Question text:** Please rate how competently, during assessment with Greg, you would:

- **Question type:** Rating Scale
- Enter the following list of answer choices in the space provided for **row labels**
  - Ask Greg about his medical history
  - Ask Greg about his mental health history
  - Ask Greg about lifestyle risk factors (i.e. diet, exercise habits, smoking, alcohol use)
  - Ask Greg about current treatments and services involved in his care
  - Ask Greg about his social supports
  - Ask Greg about his sleep patterns
  - Ask Greg about his concerns and priorities for care
  - Negotiate priorities for care with Greg
  - Collaboratively set clear goals for Greg’s care
- Select 5 ratings and use the following labels and weightings:
  - Not at all - 1
  - Somewhat - 2
  - Moderately - 3
  - Very - 4
  - Extremely - 5
- Select ‘require an answer to this question’ and add 10 to the number of row respondents must answer

5.2. **Question text:** Do you believe you need training or support in the area of ‘assessment and care planning’?

- **Question type:** Multiple choice (only one answer)
- **Display format:** Drop-down menu
  - Enter the following list of answer choices in the space provided: No, Yes
- Select ‘add “other” or a comment field’ and enter the following text into the ‘field label’ box: Comments
- Select ‘require an answer to this question’

*continued...*
6. SUPPORT & EMPOWERMENT

6.1. Question text: Please rate how competently, while working with Greg, you would:

- **Question type:** Rating Scale
- Enter the following list of answer choices in the space provided for **row labels**
  - Assist Greg develop goal setting and action planning skills
  - Assist Greg to develop problem solving skills
  - Assist Greg to understand barriers to his progress
  - Assist Greg to understand and access health information, services and supports
  - Assist Greg to establish plans to maintain his progress following discharge from your care
- Select 5 ratings and use the following labels and weightings:
  - Not at all - 1
  - Somewhat - 2
  - Moderately - 3
  - Very - 4
  - Extremely - 5
- Select ‘require an answer to this question’ and add 5 to the number of row respondents must answer

6.2. Question text: Do you believe you need training or support in the area of ‘support and empowerment’?

- **Question type:** Multiple choice (only one answer)
- **Display format:** Drop-down menu
- Enter the following list of answer choices in the space provided: No, Yes
- Select ‘add “other” or a comment field’ and enter the following text into the ‘field label’ box: Comments
- Select ‘require an answer to this question’

7. CLINICAL RISKS

7.1. Question text: Please rate how competently, while working with Greg, you would:

- **Question type:** Rating Scale
- Enter the following list of answer choices in the space provided for **row labels**
  - Identify and respond to potential medication-related problems
  - Identify and respond to signs of undiagnosed depression
  - Assess Greg’s risk of suicide
  - Identify and respond to a decline in Greg’s health status

continued...
APPENDIX D: Detailed guide to uploading the Chronic Care Training Needs Assessment (CC-TNA) Tool onto SurveyMonkey (cont.)

- Select 5 ratings and use the following labels and weightings:
  - Not at all - 1
  - Somewhat - 2
  - Moderately - 3
  - Very - 4
  - Extremely - 5
- Select ‘require an answer to this question’ and add 4 to the number of row respondents must answer

7.2. Question text: Do you believe you need training or support in the area of ‘clinical risks’?
- Question type: Multiple choice (only one answer)
- Display format: Drop-down menu
- Enter the following list of answer choices in the space provided: No, Yes
- Select ‘add “other” or a comment field’ and enter the following text into the ‘field label’ box: Comments
- Select ‘require an answer to this question’

8. CHRONIC CARE KNOWLEDGE

8.1. Question text: Please rate your level of knowledge, about:
- Question type: Rating Scale
- Enter the following list of answer choices in the space provided for row labels
  - Asthma and its care
  - Type 2 diabetes and its care
  - Chronic Obstructive Pulmonary Disease and its care
  - Coronary heart disease and its care
  - Stroke and its care
  - Arthritis and its care
  - Osteoporosis and its care
  - Cancer and its care
  - Depression and its care
  - Kidney disease and its care
  - Oral health
  - Dietary guidelines for adults
  - Physical activity guidelines for adults
  - Alcohol consumption guidelines
  - The services a physiotherapist provides
  - The services a psychologist provides
  - The services a podiatrist provides
  - The services a pharmacist provides
  - The services an occupational therapist provides
  - The services a dietician provides

continued...
• Select 5 ratings and use the following labels and weightings:
  • Very poor - 1
  • Poor - 2
  • Moderate - 3
  • High - 4
  • Very high - 5

• Select ‘require an answer to this question’ and add 20 to the number of row respondents must answer

8.2. Question text: Do you believe you need training or support in the area of ‘chronic care knowledge’?

• Question type: Multiple choice (only one answer)
• Display format: Drop-down menu
• Enter the following list of answer choices in the space provided: No, Yes
• Select ‘add “other” or a comment field’ and enter the following text into the ‘field label’ box: Comments
• Select ‘require an answer to this question’

9. LOCAL SERVICE OPTIONS

9.1. Question text: Could Greg access self-management support in your local area if:

• Question type: Matrix of Choices (only one answer per row)
• Enter the following list of answer choices in the space provided for row choices
  • He had a preference for group-based support
  • He had a preference for one-on-one support
  • He had a preference for phone or web-based support
  • His capacity to attend appointments is restricted (e.g. due to care responsibilities, work, or mobility issues)
• Enter the following list of answer options in the space provided for column choices
  • Not sure
  • No
  • Yes
• Select ‘require an answer to this question’ and add 4 to the number of row respondents must answer

9.2. Question text: Do you believe access to appropriate self-management support is a problem for clients in your local area?

• Question type: Multiple choice (only one answer)
• Display format: Drop-down menu
• Enter the following list of answer choices in the space provided: No, Yes
• Select ‘add “other” or a comment field’ and enter the following text into the ‘field label’ box: Comments
• Select ‘require an answer to this question’
APPENDIX D: Detailed guide to uploading the Chronic Care Training Needs Assessment (CC-TNA) Tool onto SurveyMonkey (cont.)

9.4 Question text: Could Greg access detailed education about his condition and its management in your local area if:

- **Question type:** Matrix of Choices (only one answer per row)
- Enter the following list of answer choices in the space provided for *row choices*
  - He has diabetes
  - He has coronary heart disease
  - He has had a stroke
  - He has asthma
  - He has arthritis or osteoporosis
  - He has cancer
  - He has depression
  - He has obstructive pulmonary disease (COPD)
  - He has kidney disease
  - He has an oral disease
- Enter the following list of answer options in the space provided for *column choices*
  - Not sure
  - No
  - Yes
- Select ‘add “other” or a comment field’ and enter the following text into the ‘field label’ box: Comments
- Select ‘require an answer to this question’ and add 10 to the number of row respondents must answer

10 PROFESSIONAL DEVELOPMENT PRIORITIES

10.1 Question text: Reflecting on your responses in this survey, which area is a professional development priority for you (relating to the provision of chronic care) (select only one response)?

- **Question type:** Multiple choice (only one answer)
- **Display format:** Drop-down menu
- Enter the following list of answer choices in the space provided
  - Engagement and communication
  - Assessment and care planning
  - Support and empowerment
  - Chronic care knowledge
  - Clinical risks
  - None
- Select ‘add “other” or a comment field’ and select ‘make this an answer choice’
- Select ‘require an answer to this question’

10.2 Question text: Please explain your response.

- **Question type:** Comment/essay box
- Select ‘require an answer to this question’
APPENDIX E: Recruitment Email to Health Providers

Dear

As you may have heard, {your organisation’s name} is engaging in a chronic care training needs assessment initiative. This initiative aims to identify the competency-based strengths and gaps of primary health care workers in {the area’s name} and make recommendations about the types of training activities that might usefully be provided.

{Their organisation’s name} has agreed to participate in this initiative and has indicated that you may wish to take part.

I am emailing you today to request 15 minutes of your time to complete an on-line training needs survey. The survey can be accessed at the following web address:

{add link here}

Only de-identified survey data will be presented to organisations, or in reports or presentations.

Please note: The PCP reserves the right to not supply a service or organisation with survey data (or to remove certain identifiable information such as clinical discipline) if only a small number of clinicians participated. This is to safeguard the privacy of these clinicians.

The Chronic Care Training Needs Assessment (CC-TNA) Tool has been developed in Victoria to assess the training needs of health practitioners providing care to consumers with chronic conditions. It covers eight core competencies required of individual providers, teams and organisations.

Your participation in this initiative is much appreciated, and will assist in ensuring that appropriate and sufficient training and support are provided to clinicians providing care to consumers with chronic and complex needs. If you would like further information about the initiative, please contact {your name} on {email address and phone number}.

Kind regards,

{Your name}
APPENDIX F: Data Spreadsheet

The file below can be used to enter survey data and calculate key results.

CLICK FOR HYPERLINK TO DOCUMENT > DATA SPREADSHEET
APPENDIX G: Report Template

INTRODUCTION (APPROXIMATELY 200 WORDS)

Improving care for consumers with chronic and complex needs is a key priority for your organisation’s name. Effective chronic care, in part, relies on the skills and knowledge of health providers facilitating consumers’ active engagement in their health and care. The Training Needs Assessment initiative was proposed because [add reasons why there is a need to conduct training needs assessment in your area].

The objectives of the Training Needs Assessment initiative include:

- (Add objective 1)
- (Add objective 2)
- (Add objective 3)

METHODS (APPROXIMATELY 200 WORDS)

Recruitment to the Training Needs Assessment focused upon recruitment of local health care services providing care to consumers with chronic and complex needs. An initial email was sent to health service managers from (number of services approached) services, providing some preliminary information about the initiative and inviting expressions of interest. A follow-up phone call provided an opportunity to discuss the opportunity in more detail. Interested organisations were then asked to raise awareness of the initiative internally and then distribute an email (containing a web link to the survey) to appropriate clinical staff. Clinicians completed the survey on line and then data was downloaded into an Excel spreadsheet for analysis.

The survey used to assess training needs was the Chronic Care Training Needs Assessment (CC-TNA) Tool. The CC-TNA Tool contains 24 items that collectively provide a mechanism for health providers and organisations to identify practice strengths, and opportunities for professional development. It primarily includes questions about knowledge and skills to do with core competencies for chronic care. It also includes questions about health providers’ recent training exposure, and some demographic information to assist with the interpretation of findings.

Data analysis has been limited to calculations of average and percentage scores. Comparisons between organisations, teams, or clinical disciplines are not possible because the sizes of the individual groups are too small to yield reliable results.

PARTICIPANTS (APPROXIMATELY 100 WORDS)

(Number of participants) health providers across (number of agencies) organisations took part in the training needs assessment initiative. As shown in graph 1 below, there were (number) participants from (first agency) ([type of agency]) and (number) from [second agency] ([type of agency]).... As shown in graph 2, participating health providers mainly reported a [clinical discipline] background ([percentage]), with others having either a [clinical discipline] ([percentage]), [clinical discipline] ([percentage]) or [clinical discipline] ([percentage]) background. Providers were predominantly [experienced/novice] practitioners ([percentage]) having more than 10 years clinical experience.

Participants reported having received a range of training related to chronic illness care in recent years (see graph 3). Most notably, (percentage) reported receiving [training type] training, and (percentage) reported receiving [training type] training. Other reported training included [training] ([percentage]) and [training] ([percentage]).
RESULTS (APPROXIMATELY 700 WORDS)

Decision supports

There are four questions under the heading ‘decision supports’ within the CC-TNA Tool that were designed to indicate the level of competence shown by organisations with respect to making use of standardised processes for assessment, care planning, GP feedback and record keeping (see appendix A to view the specific questions asked). The responses for each decision support are displayed in the table below. You can see {add key observations}.

Table 1: Decision support in use

<table>
<thead>
<tr>
<th>Decision support</th>
<th>Percentage of respondents indicating ‘yes’ this decision support is provided by their organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard assessment form</td>
<td>%</td>
</tr>
<tr>
<td>Standard care planning tool</td>
<td>%</td>
</tr>
<tr>
<td>Agreed GP feedback process</td>
<td>%</td>
</tr>
<tr>
<td>Agreed record keeping process</td>
<td>%</td>
</tr>
</tbody>
</table>

ENGAGEMENT AND COMMUNICATION

There are five questions under the heading ‘engagement and communication’ within the CC-TNA Tool that were designed to indicate the level of competence shown by individual health providers in building rapport and communicating effectively with consumers (see appendix A to view the specific questions asked).

For engagement and communication, the average competence score across health providers participating in the assessment was {percentage}. The question with the lowest average rating was {question} with {percent} and the highest was {question} with {percent}. Also of note was {add detail about any other questions that had average ratings of note}.

It appears based on these results {add key observations}. {percentage} of respondents suggested they required further support or training in this area.
ASSESSMENT AND CARE PLANNING

There are 10 questions under the heading ‘assessment and care planning’ within the CC-TNA Tool that were designed to indicate the level of competence shown by individual health providers in conducting comprehensive and holistic assessments and collaboratively planning care (see appendix A to view the specific questions asked).

For assessment and care planning, the average competence score across health providers participating in the assessment was (percentage). The question with the lowest average rating was (question) with (percent) and the highest was (question) with (percent). Also of note was (add detail about any other questions that had average ratings of note).

It appears based on these results (add key observations). (percentage) of respondents suggested they required further support or training in this area.

SUPPORT AND EMPOWERMENT

There are five questions under the heading ‘support and empowerment’ within the CC-TNA Tool that were designed to indicate the level of competence shown by individual health providers in supporting consumers build their capacity for self-management (see appendix A to view the specific questions asked).

For support and empowerment, the average competence score across health providers participating in the assessment was (percentage). The question with the lowest average rating was (question) with (percent) and the highest was (question) with (percent). Also of note was (add detail about any other questions that had average ratings of note).

It appears based on these results (add key observations). (percentage) of respondents suggested they required further support or training in this area.

CLINICAL RISKS

There are four questions under the heading ‘clinical risks’ within the CC-TNA Tool that were designed to indicate the level of competence shown by individual health providers in identifying and responding to clinical risks (see appendix A to view the specific questions asked).

For clinical risks, the average competence score across health providers participating in the assessment was (percentage). The question with the lowest average rating was (question) with (percent) and the highest was (question) with (percent). Also of note was (add detail about any other questions that had average ratings of note).

It appears based on these results (add key observations). (percentage) of respondents suggested they required further support or training in this area.

CHRONIC CARE KNOWLEDGE

There are 20 questions under the heading ‘chronic care knowledge’ within the CC-TNA Tool that were designed to indicate the level of competence shown by individual health providers in relation to knowledge of key chronic conditions, their care, and the service providers that typically make up a health care team (see appendix A to view the specific questions asked).

For chronic care knowledge, the average knowledge score across health providers participating in the assessment was (percentage). The question with the lowest average rating was (question) with (percent) and the highest was (question) with (percent). Also of note was (add detail about any other questions that had average ratings of note).

It appears based on these results (add key observations). (percentage) of respondents suggested they required further support or training in this area.
LOCAL SERVICE OPTIONS

There are four questions under the heading ‘local service options’ within the CC-TNA Tool that were designed to indicate the level of competence shown by organisations or regions with respect to consumer access to multiple forms of self-management support (see appendix A to view the specific questions asked). The responses for each service option are displayed in the table below. You can see (add key observations).

Table 2: Service options in our local area

<table>
<thead>
<tr>
<th>Service option</th>
<th>Percentage of respondents indicating ‘yes’ this option is available in our local area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group based support</td>
<td>%</td>
</tr>
<tr>
<td>One-on-one support</td>
<td>%</td>
</tr>
<tr>
<td>Phone or web-based support</td>
<td>%</td>
</tr>
<tr>
<td>Options for individuals with restricted access to care</td>
<td>%</td>
</tr>
</tbody>
</table>

There are 10 additional questions under the heading ‘local service options’ that were designed to indicate the competence shown by organisations or regions with respect to consumer access to detailed education about particular chronic conditions and their management (see appendix A to view the specific questions asked). The responses for each condition are displayed in the table below. You can see (add key observations).

Table 3: Availability of detailed education about specific chronic conditions and their management in our local area

<table>
<thead>
<tr>
<th>Chronic condition</th>
<th>Percentage of respondents indicating ‘yes’ detailed education about this disease and its management is available in our local area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>%</td>
</tr>
<tr>
<td>Coronary health disease</td>
<td>%</td>
</tr>
<tr>
<td>Stroke</td>
<td>%</td>
</tr>
<tr>
<td>Asthma</td>
<td>%</td>
</tr>
<tr>
<td>Arthritis and osteoporosis</td>
<td>%</td>
</tr>
<tr>
<td>Cancer</td>
<td>%</td>
</tr>
<tr>
<td>Depression</td>
<td>%</td>
</tr>
<tr>
<td>COPD</td>
<td>%</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>%</td>
</tr>
<tr>
<td>Oral disease</td>
<td>%</td>
</tr>
</tbody>
</table>

continued...
PROFESSIONAL DEVELOPMENT PRIORITIES

The final question of the CC-TNA Tool asks health providers to indicate the area they would most like (or benefit from) professional development in. The responses are displayed in the table below. You can see [add key observations].

Table 4: Professional development priorities

<table>
<thead>
<tr>
<th>Percentage of respondents identifying this area as a professional development priority</th>
<th>Average competence score for this area across respondents</th>
<th>Question(s) in this area with relatively low average competence ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement and communication</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Assessment and care planning</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Support and empowerment</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Chronic care knowledge</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Clinical risks</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>None</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Other (specify if possible)</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Other (specify if possible)</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

CONCLUSIONS (APPROXIMATELY 200 WORDS)

The results of the training needs assessment highlight several strengths of participating health care providers, with respect to their competencies in providing chronic care. These include [summarise the main strengths identified]. [highlight any particularly highly-rated areas, noting the scores relative to other areas].

The data also point, however, to some areas in which health providers reported lower levels of competence. These include [summarise the main training and support needs]. [highlight any particularly low-rated areas, noting the scores relative to other areas].

Participating organisations were also reported as lower in competence in the following key areas: [note key areas].

In light of these findings, the following recommendations are proposed:

- [recommendation 1]
- [recommendation 2]
- [recommendation 3]

A workforce training workshop is planned for [date] in which local health care organisations are invited to participate in a discussion regarding potential collaborative professional development activities. Organisations wishing to participate in this planning session can RSVP to [name and contact details] before [date].