C-Change Cancer Core Competency Program
Cancer Care Assessment, Intervention, and Training Program
California University of Pennsylvania

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Abstract

As part of a national effort to address shortages in the cancer workforce, the California University of Pennsylvania (CUP) served as one of four grant-funded pilot sites to implement the C-Change Cancer Core Competency Initiative. Each pilot site utilized a rigorous set of competency standards, curriculum design tools, and evaluation methods to create their programs. The CUP Program strengthened knowledge, skills, and attitudes of social work students and field faculty with regard to cancer-related anxiety and depression. The program provided an on-line course, lectures for students, and faculty workshops. As a result of the program, participant knowledge in their ability to recognize and manage anxiety and depression in cancer patients and their families increased 177%. Participants also indicated an increase in their confidence to practice. All four pilot sites experienced benefits beyond those derived by the participant including positive effects such as, professional development, institutional visibility, and community relations, which are discussed in the companion report.

General Introduction

In February 2007, C-Change, a 501(c)(3) organization comprised of the top leaders from public, private, and non-profit organizations, embarked on a national validation project to address the Cancer Workforce crisis. Integral to providing cancer care across the continuum from prevention to survivorship is having a workforce that is quantitatively robust enough *and* qualitatively competent to address the needs of our communities locally, nationally and globally.

In collaboration with a multidisciplinary expert panel, C-Change defined a set of core competencies in cancer care targeting the non-oncology workforce. To achieve the greatest possible uptake of the cancer core competencies in the health care, public health, and academic settings, C-Change released a Request for Proposals (RFP), soliciting proposals from organizations that supported educational offerings to Tier 2 professionals. Tier 2 professionals include licensed, registered, or certified members of health professions who have not specialized in cancer yet whose scope of practice includes face-to-face contact with patients and their families along the continuum of cancer care (Smith & Lichtveld, 2007)

The scientifically robust methodology deployed in the development of the competencies enabled pilot testing and validation in a fashion that assures the broadest utility across the non-oncology disciplines. The findings and lessons learned will inform the final set of competencies and will be shared with those who can take the next steps towards dissemination and implementation. In addition to the California University of Pennsylvania School of Social Work, California, PA, the three pilot sites that were selected included Audrain Medical Center, Mexico, MO; the University of Pennsylvania Medical Center Cancer Centers, Pittsburgh, PA; and the Marshall University School of Medicine, Huntington, WV.

Overview

Figure 1 illustrates the Cancer Core Competency Program Development Process, which includes three primary phases: planning, implementation, and evaluation. In the planning phase, pilot sites defined program goals – to improve the competency of a target professional population on a specific cancer topic. With specific competency objectives in mind, they were able to identify the most appropriate array of educational interventions to achieve the desired knowledge and skills defined by the competency statements. Planning efforts also included the development of curriculum materials and evaluation tools to assess the impact of the educational intervention. The implementation phase entailed providing the educational experience for program participants and gathering evaluation data. During the evaluation phase the data were analyzed to assess changes in knowledge, skills, attitudes, and ultimately, achievement of the competency goals.

Site Specific Background and Rationale

The Cancer Care Assessment, Intervention and, Training (CCAIT) Program was initially funded by C-Change to help the Social Work Department at California University of Pennsylvania (CUP) develop a program that would teach MSW students and their field instructors how to apply psychosocial communication skills in the context of individuals at risk for or living with cancer.

Cancer Core Competency Program Development Process
California University of Pennsylvania – California, PA
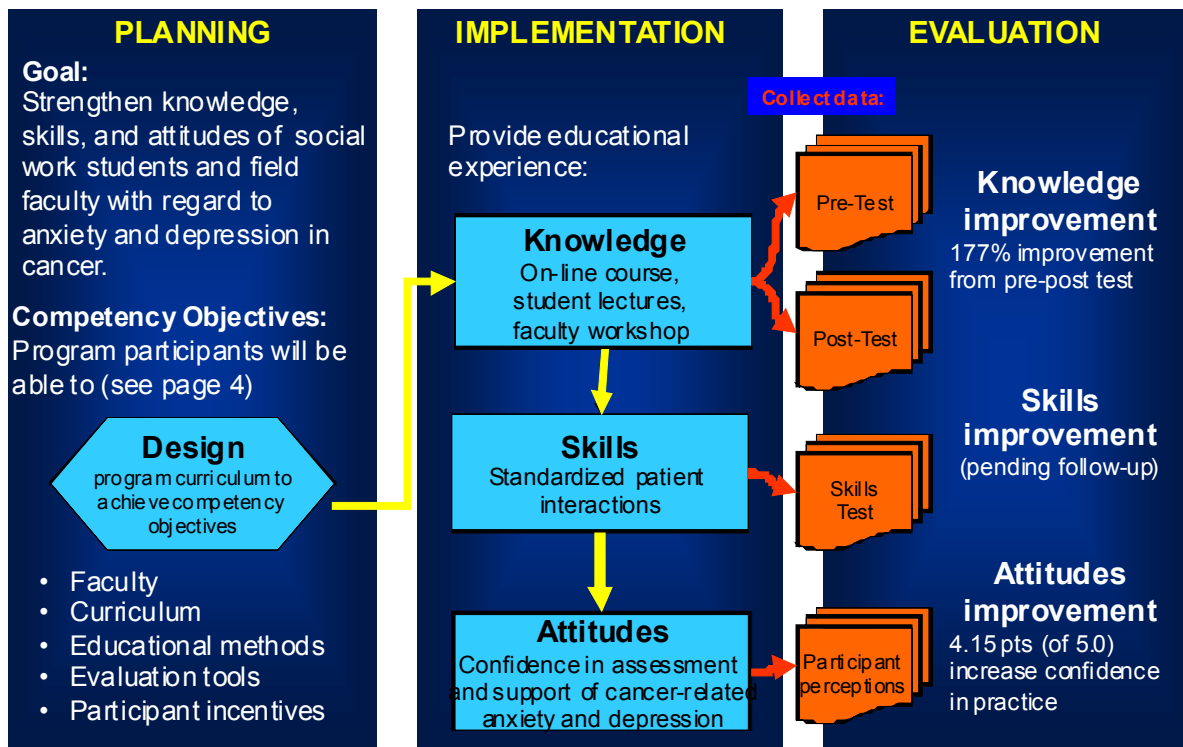
Figure 1: CUP Development Process

Specifically, the purpose of this training was to improve the ability of social workers to effectively assess cancer-related depression and anxiety in families experiencing cancer. Additionally the training was designed to improve their ability to explain how to identify and use coping skills to manage depression and anxiety

This Program targeted the following C-Change Cancer Core Competencies from Domain IIIB1a, b and c:

Competency Statements:

Incorporating Psychosocial Communication Strategies in Conveying Cancer Information

- Recognize the signs and symptoms of cancer- related depression and anxiety

- Explain the management of depression and anxiety in patients with cancer

- Explain the useful coping mechanisms following a cancer diagnosis

The Tier two health care professionals targeted by this pilot program fell into two groups. The first group was comprised of Master of Social Work (MSW) students currently enrolled in the MSW program at CUP, particularly those enrolled in the Differential Assessment course, as well as other students who expressed an interest in participating. The second group included the social work field instructors who work with the Masters and Bachelors degree social work students. While most field instructors are highly experienced, all of the field instructors are MSW graduates with a minimum of two years postgraduate work, employed full-time at human service agencies, including hospitals, outpatient health and mental health care programs, schools, family service agencies, private agencies and government-affiliated agencies in Southwestern

Pennsylvania. The CCAIT Program identified with C-Change's overall national goal to strengthen the knowledge and skills of non-oncology health professionals because social workers, particularly those with the MSW degree, encounter cancer patients and their families in a variety of settings. Social workers also work with the various manifestations of anxiety and depression on a daily basis. The problem that the CCAIT Program addresses is that social workers do not always recognize the degree to which the anxiety and/or depression is cancer-related. They also have a difficult time measuring anxiety and/or depression in a way that can be quantified. As a result, it is difficult to know whether interventions are effective. If social workers are going to be effective interdisciplinary team members in the diagnosis and treatment of cancer and cancer-related disorders, their skills in identifying and managing cancer-related depression and anxiety must be sharpened.

This rationale for the CCAIT Program is further strengthened by the fact that MSW Program at California University of Pennsylvania is an advanced generalist program, serving students from approximately eight counties in Southwestern Pennsylvania. The majority of the students come from rural and small town environments and work with field instructors from these counties. Many students are likely to return to these areas upon graduation. In these settings, they will not have the advantage of working closely with psychiatric consultants to help them recognize the degree to which anxiety and depression might be related to a cancer diagnosis and/or cancer-related medical trauma. Learning the core competencies prior to graduation will better prepare them for practice and benefit the communities where they will work.

The CCAIT Program recognized the importance of focusing its efforts on the educational needs of both the MSW students and field instructors. The University has approximately 60 MSW students and a database of 250 field instructors. During the pilot phase, the CCAIT Program aimed to have all 60 MSW students successfully complete the core competency training and have each field instructor currently working with a student also complete the training so that s/he can help the student apply the competencies in his or her agency-based field education experience.

Methods

C-Change provided a structured program development process that involved the definition of a logic model (Appendix A) and a curriculum validation template (Appendix B) that drove course content development and evaluation methods for the program. The development of the logic model was an extremely useful exercise in creating realistic goals and objectives, and sequencing planning tasks.

A thorough literature review was completed, providing the basis for the development of the CCAIT on-line training and evaluation tools. The literature review further highlighted the differences between general and cancer-related anxiety and depression:

- Cancer-related anxiety and depression were associated with existential issues, an individual's worldview and a desire to leave a legacy

- New programs that integrate these differences into interventions that maximize effective coping have been developed

- A significantly higher rate of suicidal ideation exists among cancer patients. This highlights the important role social workers can have in recognizing and accurately measuring suicidal ideation and applying interventions focused on more adaptive coping.

- Importance of educating social workers and other health care providers to recognize medical non-adherence that might be related to suicidal ideation, depression and anxiety

- Relevance of issues related to cultural competence in working with individuals and families affected by cancer and barriers to access to care

- Significance of Acute Stress Disorder and Post-Traumatic Stress Disorder associated with cancer diagnosis and treatment. Both of these conditions involve anxiety and depression, but and the effective coping interventions dependent on both internal and external risk and protective factors

- More accurate measures that could be used to identify cancer-related anxiety and depression to differentiate them from the more common sadness and worry

Based upon this research and theory-driven findings, the on-line course, lectures for students, and faculty workshops were developed. In addition, a pre/post test was developed to assess knowledge, beliefs, and opinions before and after completing the on-line course. This curriculum content information was also incorporated into the materials developed to promote the program and encourage participation among students and field faculty.

For students, the CCAIT program offered in-class lectures as well as the on-line course. For faculty, the CCAIT program offered a faculty workshop followed by the on-line course. The online course involved numerous theory and case-based modules that participants could complete at their own pace. A hard copy of the course was also made available at the request of the field instructors. All participants were expected to complete the pre and post tests.

Participation incentives for the students and faculty were also established. Student participants received course credit for completing the CCAIT competency curriculum. They did not receive a letter grade for this particular work but it was integrated into a Differential Assessment class, providing them with an opportunity to apply this knowledge in their work with cancer patients. Field instructors were offered continuing education credits for completing the competency training and post-test.

Results

By December 12, 2007, more than 400 individuals were exposed to the CCAIT program as a result of the initial marketing efforts which contained educational materials based upon the competency goals. This figure includes approximately 250 social work field instructors, 60 MSW students, social work alumni, and a large number of faculty and staff at CUP. From the initial student population, 13 MSW students in the Differential Assessment course took the pre-test and completed the on-line training and post-test. During the Spring 2008 semester, an additional group of 31 students began the program by completing the pre-test and are currently completing the on-line training. For the faculty, the competencies and on-line training were introduced at an October 12, 2007, SW Scholarship Conference hosted by the Social Work Department. Approximately 50 social workers from seven Southwestern Pennsylvania counties attended the conference, but only 20 completed the pre-test. Follow-up e-mails were sent to

participants encouraging them to complete the training and post-test. Approximately fifteen of the social work field instructors are nearing completion of the training with some having scheduled their post-tests. Numerous other students and field faculty have indicated an interest in the program.

Table 1 illustrates responses to the pre-post test. The pre/post-test consisted of 21 opinion-based and nine knowledge-based questions related to the core competencies. A Likert scale was used with these questions, with the higher numbers more favorable in terms of knowledge and use of the core competencies. Questions 1-21 focused primarily on the respondents' beliefs about social work education and the degree to which social workers are prepared for work with cancer patients. Percentages of change from pre- to post- test were relatively low for these questions, with the exception of questions six, seven, and ten, focusing on suicide and depression among cancer patients. The table also demonstrates a very high percentage of change on all nine of the knowledge-based questions, Questions 22-30.

Using independent sample t-tests, statistically significant differences between the responses of MSW students and the responses of field instructors were found on two of the opinion-based questions (Q2 and Q9) and on one (Q22) of the knowledge-based questions. Too few post-test results from field instructors have been received for analysis. The first group of MSW post-test results (n=13) suggest that the students scored significantly higher on the post-test on three opinion-based questions (Q6, Q7and Q10) and on all nine of the knowledge-based questions (Q22, Q23, Q24, Q25, Q26, Q27, Q28, Q29, Q30). These results are all based on the use of independent, two-tailed, t-test comparisons of group response means.

Several similarities and differences exist between the MSW students and the social work field instructors who completed the pre-test. Similarities include (1) all consider themselves social workers and have completed a minimum of 18 credits of foundation-level social work classes (most have completed far more than this) accredited through the Counsel on Social Work Education; (2) all currently reside and/or work in non-urban areas in western Pennsylvania; (3) all have learned how to use psychosocial communication skills and demonstrated competence in this area; and (4) all have had some degree of exposure to cancer-related anxiety and depression. The differences between the two groups include (1) social work field instructors are employed full-time in direct practice settings and have been out of school for at least two years while MSW students are currently in school. (2) The MSW students, on average, are younger than the field instructors; (3) The MSW students have had less experience in paid human service positions and no post-graduate experience as paid social workers; and (4) the MSW students have relatively easy access to University resources, including high-speed Internet access and computers equipped with the latest technology whereas most of the field instructors rely on agency or home-based computers and Internet access.

From a qualitative perspective, the MSW students appeared more highly motivated to complete the on-line training and pre and post-tests as compared with the field instructors. The MSW students also appeared to be more agreeable with opinion-based questions related to the use of the competencies. Discussion of their own experiences with cancer during class also differed. MSW students spontaneously discussed personal situations involving family and friends. During the faculty workshop, although, field instructors also discussed personal situations involving relative, the primary focus of their discussion was job-related compassion fatigue, vicarious traumatization, and burn-out.

Table 1: CUP Pre/Post Data

| Cancer Care Assessment, Intervention, and Training Program California University of Pennsylvania Pre/Post Data Questions N=13	Pre-Test Level of Agreement of 52 Points	Post-Test Level of Agreement of 52 Points	Total Points Possible (each question)	Absolute Change	Percent Change %
1. Social work education adequately prepares practitioners with the skills needed for effective psychosocial communication with individuals and families affected by cancer.	31	37	52	6	19.35%
2. Social workers take time to assess the symptoms of depression each time they meet with a client.	37	42	52	5	13.51%
3. Social workers differentiate symptoms of depression from symptoms associated with loss.	37	40	52	3	8.11%
4. Social workers routinely screen for indicators of suicidal ideation.	41	45	52	4	9.76%
5. Cancer patients are at higher risk of having suicidal ideation.	39	46	52	7	17.95%
6. Cancer patients are at higher risk of successfully completing suicide.	33.5	41	52	7.5	22.39%
7. Non-compliance with medical treatment among cancer patients can be considered a type of passive suicide.	34.5	43	52	8.5	24.64%
8. Social workers take time to assess symptoms of anxiety each time they work with clients.	37	37	52	0	0.00%
9. Social workers take time to assess symptoms of traumatic stress each time they work with clients.	39	37	52	-2	-5.13%
10. Social workers can improve the health outcomes of cancer patients by monitoring the degree of depression associated with the diagnosis.	40	49	52	9	22.50%
11. Social workers can improve the health outcomes of cancer patients by helping them manage depression associated with the diagnosis.	44	47	52	3	6.82%
12. Social workers can improve the health outcomes of cancer patients by monitoring the degree of anxiety associated with the diagnosis.	42	47	52	5	11.90%

Cancer Care Assessment, Intervention, and Training Program California University of Pennsylvania Pre/Post Data Questions N=13	Pre-Test Level of Agreement of 52 Points	Post-Test Level of Agreement of 52 Points	Total Points Possible (each question)	Absolute Change	Percent Change %
13. Social workers can improve the health outcomes of cancer patients by helping them manage anxiety associated with the diagnosis.	44	47	52	3	6.82%
14. Social workers are effective members of multidisciplinary health care assessment teams involved with cancer.	45	44	52	-1	-2.22%
15. Social workers are effective members of multidisciplinary health care intervention teams involved with cancer.	43	48	52	5	11.63%
16. Social workers are expected to help family members and significant others manage depression associated with a patient's cancer diagnosis.	44	45	52	1	2.27%
17. Social workers are expected to help family members and significant others manage anxiety associated with a patient's cancer diagnosis.	44	43.5	52	-0.5	-1.14%
18. Social workers apply psychosocial communication strategies to monitor relationships between cancer patients and their health care providers.	39	41	52	2	5.13%
19. Social workers apply psychosocial communication strategies to improve relationships between cancer patients and their health care providers.	39	45	52	6	15.38%
20. Social workers should explain coping skills to cancer patients.	48	43	52	-5	-10.42%
21. Social work education has adequately prepared social workers to have a repertoire of effective coping skills to share with cancer patients.	35.5	43	52	7.5	21.13%

	Short Answer Concordance	Level of Agreement	Total Points Possible (each question)	Absolute Change	Percent Change
22. What is C-Change?	0	39	52	39	100.00%
23. What are the signs and symptoms of cancer-related depression?	40	93	130	53	132.50%
24. What are the signs and symptoms of cancer-related anxiety?	28	62	130	34	121.43%
25. How is depression best managed when working with patients with cancer?	15	33.5	65	18.5	123.33%
26. How is anxiety best managed when working with patients with cancer?	12	36	65	24	200.00%
27. List and briefly describe the five most useful coping mechanisms you are familiar with for use in working with direct victims of cancer (the patient with the diagnosis).	15	73	130	28	386.67%
28. List and briefly describe the five most useful coping mechanisms you are familiar with for use in working with indirect victims of cancer (family members and significant others).	11	51	130	40	363.64%
29. Name at least five clinical measures that social workers can use to assess anxiety when working with individuals and families affected by cancer.	10	62	65	52	520.00%
30. Name at least five clinical measures that social workers can use to assess depression when working with individuals and families affected by cancer.	2	65	65	63	3150.00%
AVERAGE SCORE	74.58	109.62	148		
AVERAGE % AGREEMENT OR CORRECT	50%	74%			176.60%

In addition to the pre and post-test questions that were specific to the competency goals of the CCAIT program, each of the four pilot sites utilized five questions that were common across sites. These questions were developed by the C-Change team, tailored by the sites to reflect their training content, and were included at the end of the post-test. The common questions allowed for aggregated assessment across sites of the relevance of the training, increases in learner confidence to provide cancer care, learner intentions to change practice, learner intentions to suggest the training to colleagues, and level of learner knowledge of the shortages

in the cancer workforce. Learner attitudes and intentions are antecedents of behavior; therefore, these measures served as predictive indicators of longer term outcomes, such as changes in practice. Respondents were asked to rank each of the questions using a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

As seen in Figure 2, participants found the training to be very relevant and appeared to be willing to suggest it to their colleagues. This data is consistent with anecdotal comments made by many of the participants.
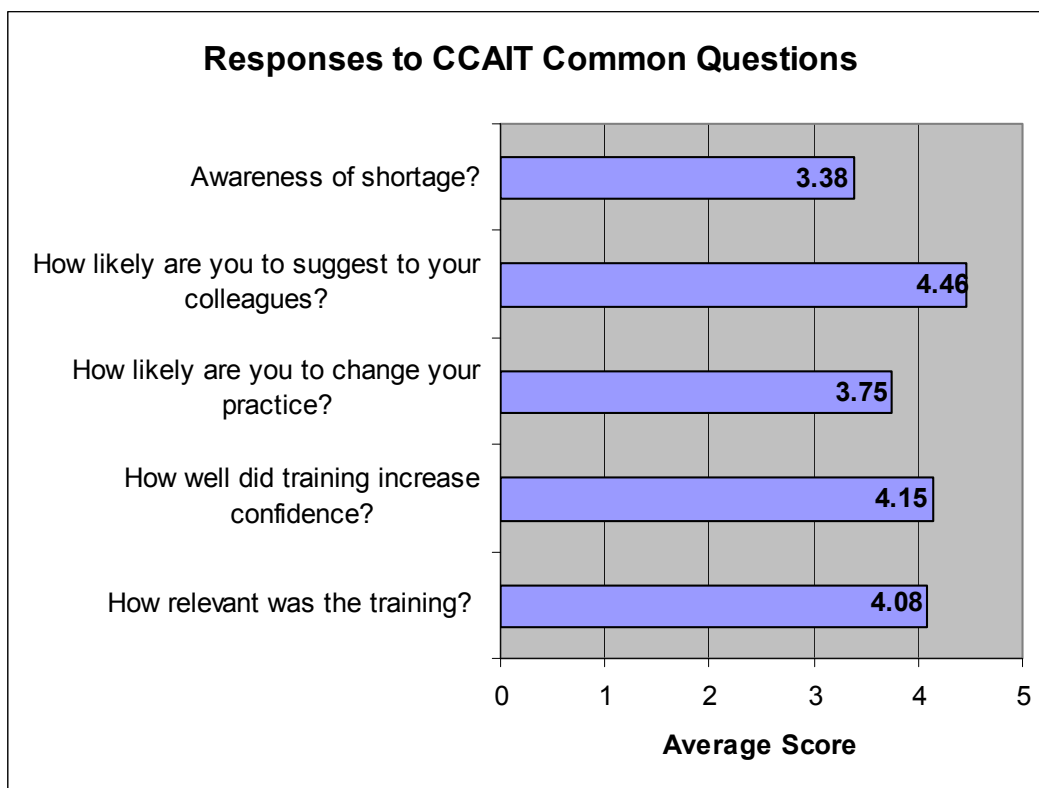
Figure 2: CUP Common Question Data

The total number of instructional hours for this program was 476. This number is calculated by multiplying the educational program length in hours by the number of participants. A total of 44 students and 20 field instructors have already completed the pre-test and are in various stages of completing the on-line competency training curriculum (64individuals x 5 additional hours = 320 instructional hours). Of the 64 additional participants, 13 of the MSW students have already completed the CCAIT on-line competency-based training curriculum and the post-test (13 individuals x 12 additional hours = 156 instructional hours). The total number of instructional hours not only indicates the investment made in the program but also the potential impact of the program. Instructional hours in this program illustrate the depth of the program investment per participant as well as the number of participants reached with its content. There is also a potential to accrue additional instruction hours in the future as more students and field instructors utilize the web-based component of the program.

Discussion

The findings from the pilot project lead to several conclusions regarding the relevance of the cancer competency topic to the learners, optimal instructional methods for improving competency, and logistical consideration for ensuring participation among students and field instructors. In many cases, the conclusions for students and field instructors were quite different due to unique characteristics of each group.

For students, integrating competency-based content into an assessment class and through an on-line course was an ideal approach for teaching how to identify and measure cancer-related depression and anxiety. In intervention classes, students can learn strategies for managing anxiety and depression to ensure that neither of these psychosocial issues becomes an obstacle to treating cancer or other cancer-related medical conditions. Social work students expect to learn competencies and are highly motivated to apply them to case study and/or real life situations. In the context of a general assessment course, they could also learn how to relate the anxiety and depression to cancer-related issues and concerns, with cancer-related medical trauma and with existential issues associated with mortality. The format of the on-line course was also effective with the MSW students who have ready access to on-campus computers and are accustomed to computer-based learning. The students also benefited from in-class contact and the ability to collaborate and/or motivate one another during the duration of the pilot.

For field instructors, the program content and competency goals were also relevant. In fact, the pre-test scores suggested that the field instructors did not appear to be any more knowledgeable in applying psychosocial communication strategies to identify and manage cancer-related depression and anxiety, than second-year MSW students. Although experienced social workers recognized that the identification and management of anxiety and depression is an important aspect of their role in working with individuals and families affected by cancer, they did not really know how to use specific measures for quantifying either anxiety or depression. They also tended to be vague in their responses about how to manage cancer-related depression and anxiety. They were not able to explain specific coping skills. In fact, the majority could not list five coping skills. The students did equally as well on the pre-test in these areas.

Despite these indications that the program content was relevant and needed by the field instructors, course completion rates for the faculty were low. When the field instructors were surveyed to learn more about why they did not complete the course before the end of the semester, they stated that time constraints driven by their personal and professional lives and slow computers interfered with program completion. This feedback led the program coordinators to offer a hard copy version of the on-line competency-training curriculum. Of those contacted to date, 100% indicated that this would help them complete the training and prepare for the post-test.

When comparing the experience of the students with the field instructors, the differences in the learning environment were further considered. The students were together weekly for a class after the pre-test was completed and the competencies were introduced. Classroom interaction and readings could possibly have motivated students to complete the on-line training. In-class case study applications reinforced the material in the training. Although the field instructors also had access to case study application and on-line discussion through their website access to the training, the interactions could be asynchronous. In addition, the field instructors were more likely to be isolated from other social workers when completing the training. Due to the spontaneous discussion regarding vicarious traumatization and compassion fatigue that surfaced at the faculty conference when the cancer core competencies were initially introduced, the field instructors demonstrated that they valued group interactions.

In addition to the challenge of learning in an asynchronous format, the field instructors might have been daunted by training that challenged them to integrate new research, theory, and practice skills. Also noted, the on-line format emphasized research and theory at the beginning of the course and presented case-based practice application at the end of the course. The field instructors might have found the beginning of the program less relevant to their practice and/or intimidating considering the elapsed time since their last academic experience.

Lessons Learned From the Program

Several lessons were learned during the pilot phase of the CCAIT Program. Some of these lessons support continuing aspects of the program as designed during the pilot and others indicate the need to make modifications to the program. Perhaps, the most important lessons learned were that curriculum design was highly effective in teaching MSW students, but not field instructors, and that the field instructors did not have any more initial knowledge than the MSW students regarding cancer-related anxiety and depression.

The MSW students are highly motivated to learn specific core cancer care competencies and to relate psychosocial communication skills to identifying and managing anxiety and depression associated with cancer. As evidenced by their responses to the opinion-based pre-test questions and to differences in the spontaneous discussion that occurred between the two groups, they also appear to be slightly more optimistic about their ability to be able to find the time to integrate these skills while working in direct practice settings. Although some of the students discussed personal experiences related to cancer (e.g., family members, friends, etc.), very few had any direct social work practice experience with cancer patients and/or their families. The MSW students appear to be more willing to invest time mastering and applying the on-line competency curriculum than the field instructors. For the field instructors, the major lessons learned related technical, personal, and professional issues, which all appear to have interfered with their low rates of course completion. Slow computers, poor internet access, and the on-line course format all deterred field instructors from course completion. In addition to the practical barrier of time constraints, performance anxiety, the perceived need to spend more time studying and mastering the material, and/or their own compassion fatigue, burn-out, and/or vicarious traumatization could have contributed to their low completion rates during the pilot period. Field instructors' spontaneous discussion about how exposure to cancer patients and their families affect their own well-being during the faculty workshop supports this conclusion. Avoidance is one symptom of both compassion fatigue and vicarious traumatization. A more specific deadline and more individualized help in working with the on-line curriculum may be beneficial in the future.

Based upon the experience with the field instructors, several course changes are indicated: At a minimum, a more synchronous opportunity is clearly needed to discuss the training materials. In addition, efforts to modify the on-line course format to intersperse theory and practice with an emphasis on practical, clinical skills might be less daunting than a program that is so rich in theory and research. Access to higher speed computers would also be beneficial. Conducting the training on campus as an in-service program might address the both the interpersonal and technical barriers to timely completion.

Plans for Program Repetition or Expansion of the CCAIT Program

The CCAIT Program would also like to extend the competencies to future classes of MSW students, to undergraduate social work students, and to other social work providers throughout the Southwestern Pennsylvania area. During the Spring 2008 semester, the CCAIT Program will extend this competency training program to a sample of approximately 25 of its 168 undergraduate social work students enrolled at the University. If the pilot competency training is successful with the sample of 25 undergraduate students, it will be incorporated into the curriculum on a permanent basis so that all of the undergraduate students can enroll.

The CCAIT Program will also be expanded to include a direct practice component in a clinic setting where students and field instructors who successfully completed the training will apply the competencies with cancer patients and their families. Training videos will be used to supplement the on-line training. MSW students will also work in a cross-disciplinary simulated or actual clinic setting, applying the competencies with students from other health-related fields.

The on-line competency-training curriculum will be revised and adapted for social workers and field instructors who are already in agency settings if funding is obtained to continue the training beyond this academic year.

Perspectives on Sustainability

Logic models will be used for curriculum development and service-learning projects in the Department of Social Work at CUP in the future. This planning method provide a rigorous approach to developing curriculum content, appropriate teaching methods, and evaluation tools. CCAIT Program curriculum will continue to be updated and included as a continuing education opportunity for field instructors and as a component of the Differential Assessment class in the MSW Program. If funding is available, the CCAIT Program will continue beyond May 2008. Even without additional funding, the competencies will continue to be integrated into the MSW curriculum. If the Spring 2008 undergraduate pilot training program is successful, it will also be integrated into the undergraduate social work curriculum at this University. Publication and publicity regarding the CCAIT Program cancer-care competency training will likely encourage other social work education programs to integrate the cancer core competencies into their curriculum.
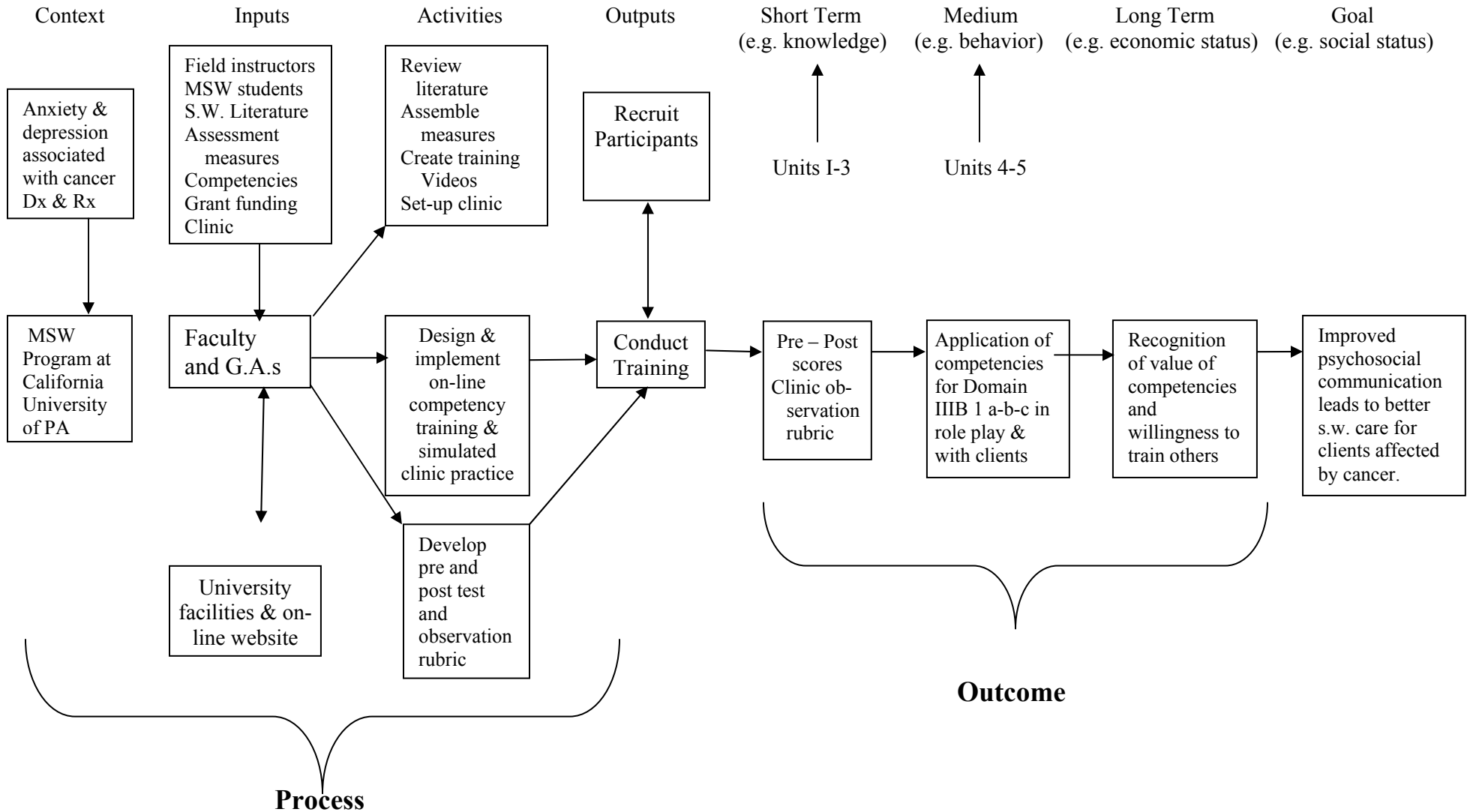
Funding for the CCAIT Program allowed CUP to develop a social work skills lab that allows both graduate and undergraduate students, in partnership with field instructors, to use psychosocial communication skills to identify and manage anxiety and depression associated with cancer and other chronic conditions and to help those afflicted learn adaptive coping skills. At the current time, the skills lab is operational, involving at least one graduate assistant. Students from the Theatre Department provide role-playing acting as the clients and client systems involved in the CCAIT Program case study vignettes. Social work students practice and refine these competencies through the role-plays. Efforts will be made to keep the skills lab functioning as a permanent outcome to this pilot program.

Reference:

Smith A P, Lichtveld MY. A competency-based approach to expanding the cancer care workforce, *Nursing Economics*: 2007: 25(2); 110-118.

CCAIT PROGRAM LOGIC MODEL

Context	Inputs	Activities	Outputs	Short Term (e.g. knowledge)	Medium (e.g. behavior)	Long Term (e.g. economic status)	Goal (e.g. social status)

Field instructors
MSW students
S.W. Literature
Assessment measures
Competencies
Grant funding
Clinic

Review literature
Assemble measures
Create training Videos
Set-up clinic

Anxiety & depression associated with cancer Dx & Rx

Recruit Participants

Units I-3

Units 4-5

MSW Program at California University of PA

Faculty and G.A.s

Design & implement on-line competency training & simulated clinic practice

Conduct Training

Pre – Post scores Clinic observation rubric

Application of competencies for Domain IIIB 1 a-b-c in role play & with clients

Recognition of value of competencies and willingness to train others

Improved psychosocial communication leads to better s.w. care for clients affected by cancer.

University facilities & on-line website

Develop pre and post test and observation rubric

Outcome

Process

Appendix B

Project Name:	Cancer Care Assessment, Intervention & Training (CCAIT) Program
Competency:	Psycho-social aspects of cancer
Sub-competencies:	IIIB 1a-b-c Recognizing signs & symptoms of cancer related depression & anxiety. Explaining management of depression and anxiety with patients with cancer. Explaining useful coping mechanisms after cancer diagnosis
Learner Characteristics:	A MSW social worker who is affiliated with the Field Education Program at California University of PA.
Learner Preparation:	A Master level social worker with a minimum of two year post graduate social work practice in a human service agency in southwestern Pennsylvania.

Instructional Activities	Evaluation Strategies	Indicators	Notes to the Instructors
Introduction: Review the goals & objectives of the training. Introduce C-Change and the psycho-social competencies along with relevant theory and research (CBT, DBT, PIE, Crisis Intervention, Traumatology,	Pre Test Post test	Degree of change in score between pre and post test.	Instructor will make sure that participants have a clear understanding of C-Change and their goals & objectives. Carefully review only the competencies that we are charged with addressing. Instructor will initially apply Freire's Learning for Social Change Theory to help field instructors recognize need for competencies. Mezirow's

Instructional Activities	Evaluation Strategies	Indicators	Notes to the Instructors
Problem-Solving, Empowerment).			Theory of Tranformative Learning and Knowles Principles of Andragogy will be used for the actual training.
Case Study: Power point on at least four case studies of people affected by cancer. Will present a case using a child, an adolescent, an adult and an older adult.	Case-related discussion questions with individual responses initially submitted through on-line format to insure that each response is original.	1. Field Instructor's ability to accurately identify the level of anxiety &/or depression. 2. Completion of embedded assignments in power point presentation. 3. Ability to select appropriate measure for anxiety &/or depression 4. Ability to apply appropriate theory to individual situation. 5 Ability to explain management of anxiety &/or depression 6. apply theory in explaining coping skills	Instructor will begin with inquiry about participant's experience with working with an individual and/or family affected by cancer (direct or indirect victim). Dialog with field instructor to explore use of psychosocial communication related to the identification of, management of and coping skills for anxiety and depression to identify any past experiences with C-Change competencies. Apply Freire's Learning for Social Change theory to help field instructors identify their own strengths, the strengths of the individuals involved in the case study, and the problems/deficiencies with the current types of communication related to anxiety and depression associated with practice involving individuals and families affected by cancer.

Didactic Exercise: Power point discussion on appropriate social work theories, measures, interventions & coping mechanisms for use when applying competency IIIB 1 a-b-c	Complete embedded assignments.	Individual evidence of application of theory, measures, interventions and coping mechanisms	Engage participants throughout the presentations and through assignments. Keep it interactive.
Interactive Exercise: Simulated interviews using various case studies.	Individualized review of transcript	Appropriate psychosocial communication is used. Able to recognize signs & symptoms of depression & anxiety. Able to explain the management of depression & anxiety.	Instructor should acknowledge MSW's past experience and knowledge, while incorporating new competencies.
Closure: Field Instructors will demonstrate effective application of psychosocial communication	Rubric Measured independently by two separate evaluators.	3.5 to 5 range on scale of zero to five	
Remedial Activities:	View video		
Enhancement Activities:	Participate in dialogue on-line, introduce their own case study for discussion, use discussion board on-line to reinforce skills & receive feedback on their assessment. Paid work in clinic with students & clients.		
Project Name:	Cancer Care Assessment, Intervention & Training (CCAIT) Program		

Competency:	Psycho-social aspects of cancer
Sub-competencies:	III B1a-b-c Recognizing signs & symptoms of cancer related depression & anxiety. Explaining management of depression and anxiety with patients with cancer. Explaining useful coping mechanisms after cancer diagnosis
Learner Characteristics:	An advanced graduate student enrolled in the MSW Program at California University of PA
Learner Preparation:	Student will have completed most or all of the foundation component of the MSW Program.

Instructional Activities	Evaluation Strategies	Indicators	Notes to the Instructors
Introduction: Review the goals & objectives of the training. Introduce C-Change and the psycho-social competencies along with relevant theory and research (CBT, DBT, PIE, Crisis Intervention, Traumatology, Problem-Solving, Empowerment)	Pre Test Post test	Degree of change in score between pre-and post test.	Instructor will make sure that participants have a clear understanding of C-Change and their goals & objectives. Carefully review only the competencies that we are charged with addressing. Instructor will apply Mezirow's Theory of Tranformative Learning and Knowles Principles of Andragogy. Instructor will assess individual student learning styles and apply this understanding to individualized work with each student.
Case Study:	Case-related discussion questions with individual	1. Field Instructor's ability to accurately identify the	Instructor will inquire about student's experience with individuals and/or families affected by

Instructional Activities	Evaluation Strategies	Indicators	Notes to the Instructors
Power point on at least four case studies of people affected by cancer. Will present a case using a child, an adolescent, an adult and an older adult.	responses initially submitted through on-line format to insure that each response is original	level of anxiety &/or depression. 2. Completion of embedded assignments in power point presentation. 3. Ability to select appropriate measure for anxiety &/or depression 4. Ability to apply appropriate theory to individual situation. 5 Ability to explain management of anxiety &/or depression 6. apply theory in explaining coping skills	cancer. Use past experiences with C-Change competencies. (direct or indirect victim). Instructor will inquire about student's social work interventions and communication with individuals and families affected by cancer. Students will be asked to evaluate the quality of the social work interventions demonstrated through the Power Point presentations of case studies. Students will move from dependence to independence in focusing on and examining the assumptions that underlie feelings, beliefs, actions and communications and in testing the validity of each communication exchange

Didactic Exercise: Power point discussion on appropriate social work theories, measures, interventions & coping mechanisms for use when applying competency IIIB 1 a-b-c	Complete embedded assignments.	Individual evidence of application of theory, measures, interventions and coping mechanisms.	Engage participants throughout the presentations through assignments. Keep it interactive.
Interactive Exercise: Simulated interviews using various case studies.	Individualized review of transcript	Appropriate psycho-social communication is used. Able to recognize signs & symptoms of depression & anxiety. Able to explain the management of depression & anxiety.	Instructor should acknowledge MSW's past experience and knowledge, while incorporating new competencies.
Closure: Field Instructors will demonstrate effective application of psychosocial communication	Rubric Measured independently by two separate evaluators.	3.5-5 range	
Remedial Activities:	View video		
Enhancement Activities:	Participate in dialogue on-line, introduce their own case study for discussion, use discussion board on-line to reinforce skills & receive feedback on their assessment. Paid work in clinic with students & clients.		

CCAIT PROGRAM PRE/POST-TEST

The following questions will be used to better understand the attitudes and knowledge that social work field instructors and MSW students are bringing to the CCAIT Program. The same questions will be asked at the end of the program to measure any changes that have taken place. There are a total of 30 questions. The first 21 questions will ask participants to simply check their choice of response. The next 9 questions will ask participants to write what they already know about each topic.

Responses are confidential and **will not be used** for the purpose of individual evaluation. Rather, they will be used for program evaluation purposes. Please answer each question to the best of your ability before beginning Unit One.

_____	_____	_____	_____
STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE

1. Social work education adequately prepares practitioners with the skills needed for effective psychosocial communication with individuals and families affected by cancer.

2. Social workers take time to assess the symptoms of **depression** each time they meet with a client.

3. Social workers differentiate symptoms of depression from symptoms associated with loss

4. Social workers routinely screen for indicators of suicidal ideation.

5. Cancer patients are at higher risk of having suicidal ideation.

6. Cancer patients are at higher risk of successfully completing suicide.

7. Non-compliance with medical treatment among cancer patients can be considered a type of passive suicide.

8. Social workers take time to assess symptoms of **anxiety** each time they work with clients.

9. Social workers take time to assess symptoms of **traumatic stress** each time they work with clients.

10. Social workers can improve the health outcomes of cancer patients by **monitoring** the degree of depression associated with the diagnosis.

11. Social workers can improve the health outcomes of cancer patients by helping them **manage** depression associated with the diagnosis.

12. Social workers can improve the health outcomes of cancer patients by **monitoring** the degree of anxiety associated with the diagnosis.

13. Social workers can improve the health outcomes of cancer patients by helping them **manage** anxiety associated with the diagnosis.

14. Social workers are effective members of multidisciplinary health care **assessment** teams involved with cancer.

15. Social workers are effective members of multidisciplinary health care **intervention** teams involved with cancer.

16. Social workers are expected to help family members and significant others manage **depression** associated with a patient's cancer diagnosis.

17. Social workers are expected to help family members and significant others manage **anxiety** associated with a patient's cancer diagnosis.

18. Social workers apply psychosocial communication strategies to **monitor** relationships between cancer patients and their health care providers.

19. Social workers apply psychosocial communication strategies to **improve** relationships between cancer patients and their health care providers.

20. Social workers should explain coping skills to cancer patients.

21. Social work education has adequately prepared social workers to have a repertoire of effective coping skills to share with cancer patients.

This ends the first part of the pre/post test. The last nine questions are on the pages that follow. Stretch and take a short-break if needed, before beginning the next section. To complete the last nine questions, please write as much as you know about each topic. If additional space is needed, the blank pages at the end of the test can be used.

22. What is C-Change?

23. What are the signs and symptoms of cancer-related depression?

24. What are the signs and symptoms of cancer-related anxiety?

25. How is depression best managed when working with patients with cancer?

26. How is anxiety best managed when working with patients with cancer?

27. List and briefly describe the five most useful coping mechanisms you are familiar with for use in working with direct victims of cancer (the patient with the diagnosis).

28. List and briefly describe the five most useful coping mechanisms you are familiar with for use in working with indirect victims of cancer (family members and significant others).

29. Name at least five clinical measures that social workers can use to assess depression when working with individuals and families affected by cancer.

30. Name at least five clinical measures that social workers can use to assess anxiety when working with individuals and families affected by cancer.

Appendix D

ATTACHMENT SIX CCAIT PROGRAM

QUESTIONS USED WITH EACH CASE VIGNETTE

1. What signs and symptoms of depression do you recognize?

2. Briefly explain how you would manage each depression symptom?

3. For each symptom, provide at least one adaptive coping skill that the individual with cancer could use.

4. What signs and symptoms of depression do you still need to look for?

5. What signs and symptoms of anxiety do you recognize?

6. Briefly explain how you would manage each symptom?

7. For each symptom, provide at least one adaptive coping skill that the individual with cancer could use.

8. What signs and symptoms of anxiety do you still need to look for?

9. Are there any additional coping skills for depression that you would recommend?

10. Are there any additional coping skills for anxiety that you would recommend?

A content analysis will be used with two independent evaluators who will code responses individually and obtain a percentage of agreement to measure reliability.