

Assessment of Clinical Specialty Training for Title X Clinical Service Providers

Executive Summary

July 2005

Prepared for:
HHS/Office of Public Health and Science
Office of Population Affairs
Washington, D.C.

Contract #GS10F0034N
Order#0405DO35315

Prepared by:
Health Systems Research, Inc.
Washington, D.C.

Assessment of Clinical Specialty Training for Title X Clinical Service Providers

Executive Summary

Health care practitioners in Title X family planning services projects require unique knowledge, skills, and abilities to provide effective, high quality clinical family planning services. Providing clinical specialty training to successfully address the needs of both new and experienced practitioners across the country presents a number of challenges.

The DHHS Office of Population Affairs, Office of Family Planning (OPA) recently conducted an assessment to better understand the needs of Title X clinical providers and identify opportunities to address the challenges in providing the most appropriate and effective training. Ultimately, OPA is interested in expanding upon the type of training available through the two current Clinical Specialty Training Programs to enhance the capacity of Title X clinicians to provide effective, high-quality clinical family planning services through training that is outcome and goal oriented, responsive, client focused, and cost efficient.

The Assessment Findings

The assessment consisted of a literature review of clinician training and supply issues, a key informant workgroup meeting, and interviews with the two existing Clinical Specialty Training Programs (diagram outlining the assessment process, findings, and recommendations can be found on page 6). These sources identified critical staffing challenges, including an aging provider population, difficulty recruiting and retaining providers, and inadequate funding. Training challenges include a lack of hands-on training opportunities, difficulties in finding preceptors, complex client needs and changing demographics, difficulty recognizing and assessing training needs, and funding, geographic, and timing issues.

The current training format funded by Title X, with two Clinical Specialty Training Programs each providing training for half of the country's regions, presents both opportunities and challenges. The programs have the opportunity to tailor training to meet clinician needs and can offer targeted assistance for a small number of clinicians to provide didactic training, hands-on training, follow up, and access to preceptors. However, the current format has significant challenges, with very limited hands-on training, difficulty addressing sequencing and timing of training in a way that meets the needs of all Title X programs, potentially duplicating training already offered regionally or locally, difficulty tailoring training content to meet the needs of individual programs, and inaccessibility to most clinicians due to geographic and staffing limitations.

Key Strategies for Addressing Training Challenges

The following section outlines the key strategies suggested by the key informant workgroup and the representatives from the Clinical Specialty Training Programs.

1. Utilize and build upon existing infrastructure

The existing infrastructure can be utilized to expand training opportunities, thus enhancing standardization and accessibility. This can be done in a variety of ways:

- First, training programs can share information about model programs, learning from the successful innovations of others, and adapting their programs to include those aspects of the model that are most applicable to their training needs.
- Second, programs can add days to regional conferences for training as a way to maximize contact with clinicians.
- Third, programs can increase coordination at the national, regional, and local levels. They can also include increased coordination among the RTCs and between grantees and regional offices.
- Fourth, programs can utilize technical assistance resources, training tools, and technology. Standardized patients and web-based training technologies can be adapted and enhanced to address training needs.

2. Tap into Alternative Resources

A number of alternative resources exist outside of Title X that can be utilized to expand opportunities for training:

- First, programs can collaborate with academic programs, nonprofit organizations, pharmaceutical companies, and other entities to increase financial and in-kind support to increase opportunities for clinical specialty training.
- Second, programs can explore collaboration with other Federal training programs that provide training in similar knowledge and skill areas.

3. Build New Infrastructure

Expansion and improvement of training for health care practitioners in Title X will require that new infrastructures be built to provide more opportunities for hands-on training. Programs can accomplish this in several ways:

- First, programs can create a pool of clinical trainers to travel to sites to provide training. This would allow training to be tailored to clinic or clinician needs and would address the difficulty of having clinicians being away from the clinic for training. Liability insurance and licensing issues would need to be taken into consideration.
- Second, programs can create preceptor development programs to expand the pool of willing and available preceptors. Preceptors can be recruited by providing them incentives to precept, and clinicians can be more easily matched to available preceptors.

- Third, programs can establish model clinics in each Region or group of Regions. Model clinics can provide hands-on training and the opportunity to practice procedures.

4. Address Recruitment and Retention Issues

The recruitment and retention challenges faced by family planning clinics can be addressed in several ways:

- First, clinics can hire more midcareer professionals who may be more committed to the specialty. This may result in lower turnover and thus less need for training of new hires.
- Second, clinics can provide salary adjustments or additional recognition for clinicians who have completed advanced training.
- Third, programs can provide titles for preceptors as a means of recognition. Titles such as “adjunct clinical faculty” can provide incentives for preceptors that can improve their recruitment and retention.
- Fourth, practitioners can be asked to make a commitment to stay for a specific length of time after being sent for training.

Recommended Key Components of an Ideal Program

Based on the findings from the literature review, key informant workgroup, and interviews with representatives of the Clinical Specialty Training Programs, the following section outlines recommendations for the key players, content, delivery, and assessment and evaluation of clinical specialty training for Title X clinical service providers.

1. Recommendations for Key Players in Title X Clinical Specialty Training

Stressed by both workgroup members and Clinical Specialty Training Program representatives, several key players could play important roles in improving the clinical specialty training program. Supported by OPA regional and central offices, these key players are:

- A national coordinating center to provide accountability and central coordination, develop standardized curricula or modules covering all of the required Title X services, identify and train clinical trainers, work closely with regional offices to recognize local needs, and develop tools for collecting data and evaluating training
- A pool of expert clinical trainers within Regions who travel to individual clinics as needed or who are based in a model clinic to which clinicians would travel to receive training
- A group of curriculum developers with educational backgrounds in family planning, medicine, and experience with Title X service delivery
- A variety of regional training sites to assist with facilitation of offsite training and to serve multiple Regions, which could involve the RTCs, Clinical Specialty Training Programs, and/or new grantees

2. Recommendations for Content in Title X Clinical Specialty Training

Recommendations regarding content in the clinical specialty training program largely involve the development of curricula, rather than specific suggestions for content. These include:

- A national, standardized curriculum to cover the core competencies and services required by Title X and include evidence-based practices and emerging trends
- Strategies for tailoring content modules to address specific regional, ethnic, cultural, and linguistic issues
- A process for updating the curriculum content

3. Recommendations for Delivery of Title X Clinical Specialty Training

To increase accessibility and maximize the use of resources, the following recommendations can enhance the delivery of clinical specialty training with an emphasis on increasing opportunities for hands-on training:

- Increased opportunities for hands-on, onsite training through the use of the expert clinical trainers to travel to individual clinics
- Identification of one clinic in each State or Region to serve as model clinic for clinicians to receive hands-on training
- Increased access to preceptors
- Enhanced utilization of technology and regionalized training opportunities

4. Recommendations for Assessment and Evaluation in Title X Clinical Specialty Training

Finally, a national coordinating body can improve clinical specialty training on an ongoing basis by assessing training needs and developing a standardized evaluation. There are a number of ways to accomplish these assessments and evaluations:

- Assess need and resources to determine mode of delivery and maximize available resources/infrastructure
- Develop standard evaluation tools to measure both the effectiveness of the training and the impact on clinical practice
- Conduct a time-phased evaluation that occurs immediately after training and after returning to practice
- Conduct a comprehensive evaluation of all key players, including trainers, preceptors, OPA, and grantees

Conclusion

In conclusion, this assessment has helped to identify promising strategies to address training challenges for health care practitioners working in Title X family planning services projects. These strategies include utilizing and building upon existing infrastructure, tapping into alternative resources, building new infrastructure, and addressing recruitment and retention issues. The strategies identified in this project are incorporated in recommendations for key components of an ideal program for Title X clinical specialty training that encompass key players, content, delivery, and assessment and evaluation. A key recommendation is to create a national coordinating center and standardized curriculum with a pool of expert clinical trainers and a variety of regional training sites offering increased hands-on training opportunities in both individual clinics and model clinics.

The high level of concurrence among the participants in this assessment suggests that there are opportunities to develop significant enhancements in the model of delivery for clinical specialty training. By drawing on these strategies and recommendations, OPA can determine the future direction for training of clinical specialty providers to enhance their capacity to provide effective, high-quality clinical family planning services.

Figure 1: Assessment of Clinical Specialty Training for Title X Providers: Key Issues and Findings

