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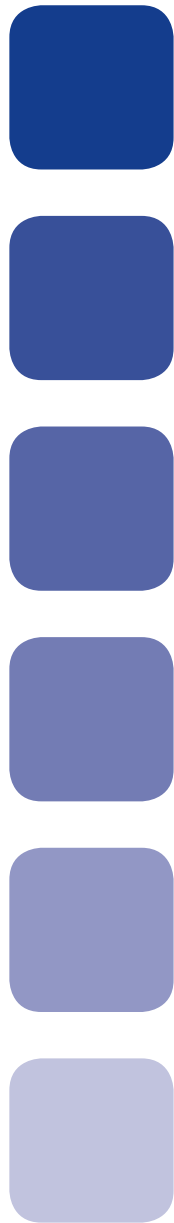
Theory **I**nto **P**ractice **S**trategies

A Resource Kit for the
Alcohol and Other Drugs Field

9

PROFESSIONAL DEVELOPMENT

Workforce Development 'TIPS'

Theory Into Practice Strategies

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9

PROFESSIONAL
DEVELOPMENT

ABOUT THE WORKFORCE DEVELOPMENT TIPS RESOURCE KIT

This Resource Kit aims to provide straightforward and practical guidance, tools and resources to support workforce development activities and initiatives in the Alcohol and Other Drugs (AOD) field.

The Resource Kit comprises 14 chapters: an introduction to workforce development and 13 workforce development topics relevant to the AOD field. Each chapter contains evidence-based strategies to address a particular workforce development issue, as well as resources and tools that can be used to implement the strategies. Each chapter can be treated as a stand alone section, however, as workforce development topics are inherently interrelated, links between chapters are identified throughout the Kit.

Professional Development is the 9th chapter in the Resource Kit.

CHAPTER

Acknowledgements

PROFESSIONAL DEVELOPMENT

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Table of Contents

Resources and Tools

Checklist for effective professional development

Case Study: Victoria's development of a large scale professional development program

Guidelines
- Developing a professional development policy
- Conducting needs assessments for individuals, teams and the organisation

Survey Instruments to measure professional development issues and processes

Forms and Templates
- Competency Training and Development Needs Analysis
- Individual Training and Development Plan
- Team / Organisational Training and Development Plan

Recommended Readings

Overview

Professional development is the ongoing provision of opportunities to develop and improve skills, competencies and knowledge.

Benefits of professional development

Professional development has a range of benefits for individuals, organisations and clients, including:

- Improved worker performance and skill base
- Increased confidence and motivation
- Improved retention
- Improved service delivery
- Higher levels of organisational commitment.

A five-step approach to professional development

A systematic approach to professional development will ensure that individual and organisational goals and needs are met. The five steps in a professional development program are:

1. Conduct a needs assessment for individuals, teams and the organisation

A comprehensive needs assessment will consider the professional development requirements of individual workers, teams and the organisation as a whole.

2. Set goals for professional development

A range of knowledge and skill gaps may be identified on completion of a needs assessment. Setting goals and objectives for professional development is a useful process for individuals, teams and organisations to ensure that professional development activities are of greatest relevance and benefit.

3. Develop a professional development plan

A professional development plan is used to coordinate all aspects of a program including the individual, team and organisational goals and needs identified in the previous two steps.

4. Identify and implement professional development activities

Professional development activities extend beyond education and training. A range of alternative approaches can be provided in-house to capitalise on "corporate" skills and knowledge already held in the organisation and to provide highly tailored practical learning. Alternatives to education and training include mentoring, clinical supervision, study groups, site visits, cross-organisational exchanges and online learning.

5. Conduct an evaluation

Evaluation of professional development initiatives is an important strategy to ensure that the greatest benefit is obtained from an activity, and to identify potential improvements for future initiatives. A comprehensive evaluation will provide an assessment of the process and content of the professional development initiative and associated outcomes (e.g., increased skill and confidence, work practice change).

Strategies to enhance work practice change

In essence, the aim of professional development is to change or improve an individual's (or team's) AOD work practice to achieve particular gains or benefits (i.e., efficiency, effectiveness) for clients, services or programs.

Workers' ability to transfer new knowledge and skills to their work practice can be influenced by a range of workplace and organisational factors. An overview of these factors is provided below. As this list demonstrates, it is crucial that managers, supervisors, and organisations recognise their pivotal role in providing opportunity, support, recognition and incentives for workers' professional development.

Work environment	Impact on work practice change
Supervisor support	Supervisor behaviour is one of the most important determinants of training transfer and work practice change.
Coworker support	Negative or unsupportive coworkers can inhibit training transfer.
Antecedents and consequences of training	Situational cues (e.g., reminders) and consequences (i.e., rewards vs punishment) can significantly impact work practice change.
Organisational culture	In a non-supportive workplace where workplace pressures or procedures inhibit work practice change, workers lose both opportunity and knowledge,therefore skill decline is likely to occur.
Organisational goals or strategic direction	Work practice change is more likely in organisations that have policies that support training and training transfer.
Endorsement and reward of training and work practice change	Work practice change is more likely when support, recognition and incentives are provided by managers and supervisors.

Introduction

Creating ongoing professional development opportunities is essential for a skilled, knowledgeable and effective AOD workforce. While education and training have been particularly promoted in the AOD field, self-directed learning tools, mentoring and supervision programs have been more recently recognised as valid learning and development opportunities. The organisations and methods of delivery of education and training are also changing. Registered Training Organisations (RTOs) are now providing a range of AOD courses, and the more traditional mode of face-to-face delivery is being expanded to include online, flexible delivery modes and workplace learning.

Diverse professions within the AOD field, rural and regional locations of agencies, and the increasing complexity of client needs create particular challenges for the provision of professional development activities. There is often a large unmet need for professional development in AOD organisations due to a range of constraints.[1] These include a lack of available education and training programs at appropriate levels (e.g., postgraduate), geographical restrictions, and prohibitive costs (especially where backfill is required).

AOD agencies, governments and training providers are now required to think and act creatively with regard to how they can meet the professional development needs of AOD practitioners. This chapter discusses a range of professional development options and activities with a focus on strategies that require only modest time, financial or staff resource commitments, but can still benefit individuals, teams and organisations.

The chapter describes a five-step approach to professional development, including a range of activities, and also discusses the factors that are likely to influence workers' capacity to develop and sustain work practice change that is often stimulated or guided by professional development.

What is professional development?

Professional development is the ongoing provision of opportunities to improve skills, competencies and knowledge.

Professional development is often viewed simply as providing education and training. Whilst these two components of professional development provide a solid foundation for knowledge and skill development, they are by no means sufficient to address the full range of AOD workers' needs.

Key professional development activities include:

- Study groups
- Mentoring
- Clinical supervision
- Planning days
- Site visits
- Staff retreats

- Journal clubs
- Online discussion groups
- Cross-organisational exchanges
- Online learning
- Professional association membership
- Education and training.

These activities are discussed below.

Benefits of professional development

Professional development encompasses a range of activities that are designed to:[2]

- Support and promote career growth
- Create succession pathways within organisations
- Facilitate the development of new skills
- Improve on existing knowledge, skills and abilities
- Build confidence, motivation and perceived role legitimacy
- Facilitate evidence-based practice.

Professional development activities can also benefit organisations in regard to:[2, 3]

- Enhanced worker adaptability
- Decreased resistance to change
- Improved retention
- Higher levels of organisational commitment.

> Effective work practice change requires intervention at a range of levels – including clients, AOD professionals or practitioners, supervisors, managers and agencies. [3, 5]

A five-step approach to professional development

A systematic approach to professional development, designed to ensure that individual and organisational goals and needs are met is described below.

As shown in Figure 1 below, the five steps in a systematic approach to professional development (PD) are:

1. Conduct a needs assessment for individuals, teams and the organisation
2. Set goals for professional development
3. Develop a professional development plan
4. Identify and implement appropriate professional development activities
5. Conduct an evaluation.

1. Conduct needs assessments
- Individuals / teams
- Organisational

2. Set goals
- Set specific and challenging targets

3. Develop a PD plan
- Aims and objectives
- Performance standards
- Resources required

4. Identify and implement PD activities
For example:
- Mentoring
- Training
- Site visits

5. Evaluation
- Impact
- Outcomes
- Goal achievement
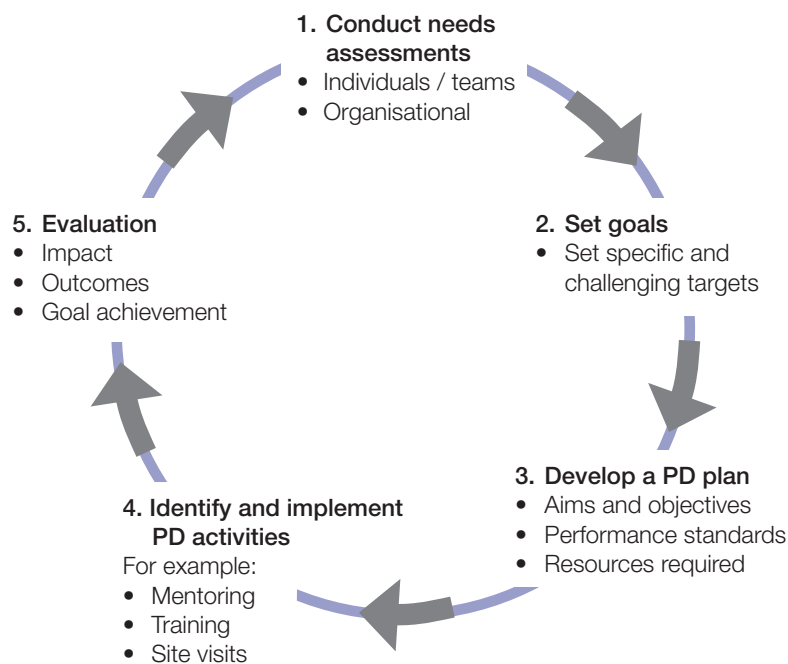
Figure 1. A five-step approach to professional development

1. Conduct a needs assessment for individuals, teams and the organisation

A comprehensive needs assessment will consider the professional development requirements of individual workers, teams and the organisation as a whole. Investing time in a systematic needs assessment will ensure that professional development activities:[6]

- Target areas of greatest need or priority
- Are relevant and applicable to work practice
- Have a significant impact on work practice.

Individual needs assessment

Needs assessments for individual workers are designed to identify areas for knowledge and skill development based on key roles, tasks and responsibilities.[4, 7] Individual needs assessments should be linked with organisational goals,[7] and may also take into account workers' future career aspirations.

Team needs assessment

It can also be useful to conduct a needs assessment for teams. Team competencies are separate and distinct from individual competencies (not merely a compilation of workers' needs).[6] In other words, individual competency is a necessary, but not sufficient, condition for effective team performance. For example, a team may be formed to deal with a quality assurance accreditation process for their AOD agency, a task that requires specific teamwork and skills that individual members may not have acquired in their clinical practice. Specific team competencies and skills should be identified through the needs assessment phase.

Organisational needs assessment

An organisational needs assessment examines the current mix of staff knowledge and skills against organisational goals and major areas of service provision.[8] A further aim of organisational needs assessment is to identify system wide components of the organisation that may affect a learning program (i.e., organisational goals, resources, supports for training transfer and work practice change, and internal and external constraints to professional development).[6]

Elements of a needs assessment

A comprehensive approach to a needs assessment considers three issues:[6]

1. Individual / team professional development needs
Assessment of how well the worker(s) / team performs the roles and tasks required by the job. Information gathered may include:

- Knowledge, skills and abilities currently held
- How well key roles and tasks are performed
- Current skill and knowledge level compared to job requirements
- Career aspirations
- Knowledge, skills and abilities to be acquired via professional development
- Knowledge, skills and abilities to be learned on-the-job
- Potential future changes / expansions in role / activities.

2. Task, knowledge, skill and ability analysis
A task analysis provides important information for the planning and design of professional development initiatives. It is a description of the job (not of the worker) that may include:

- Tasks / roles required to perform the job
- Knowledge, skills and abilities required to perform key tasks / roles
- Knowledge, skills and abilities most critical to job performance
- Knowledge, skills and abilities required for effective team performance.

3. Organisational factors
The purpose of an organisational analysis is to identify organisational policies, procedures and practices that may facilitate or impede the transfer of newly acquired knowledge, skills and attitudes to the job. These include:

- Short and long-term goals
- Trends and events likely to affect organisational goals
- Management commitment to professional development programs
- Work practices and procedures
- Support systems for professional development.

2. Set goals for professional development

A range of knowledge and skill gaps may be identified on completion of a needs assessment. Setting goals and objectives for professional development is a useful process for individuals, teams and organisations to ensure that professional development activities are of greatest relevance and benefit.

Goals are most likely to be effective if they are specific and challenging, when workers are committed to achieving a goal, and when feedback is available on progress towards meeting goals. For example, a goal might be to develop motivational interviewing techniques with a mentor and incorporate these new techniques into work practice within a three month period.

Setting specific, challenging and concrete (i.e., measurable) goals is a good strategy to:
- Identify priorities for professional development
- Ensure a shared understanding of professional development priorities amongst individual workers, supervisors and managers
- Ensure a good match between professional development goals of individual workers and the wider organisation
- Identify specific measurable outcomes that can be used to evaluate the success of the professional development activity or program.[9]

The *Goal Setting* chapter discusses goal setting techniques to maximise motivation and performance.

3. Develop a professional development plan

A professional development plan is used to coordinate all aspects of a professional development program including the individual, team and organisational goals and needs identified in the previous two steps.[5]

The following issues should be addressed during the planning stage:[5]
- Professional development needs in relation to specific jobs or roles
- Goals and objectives to be achieved from professional development
- Performance standards to be achieved
- Person(s) responsible for implementation
- Resources required
- Target dates for completion of activities
- Evaluation of the professional development activity.

The success of what you do later is largely determined by how well you have planned. [9]

Resource planning

Three resources critical to effective professional development and fundamental to the planning process are:[9]

- Financial resources
- Staff resources and expertise
- Facilities.

Financial resources

Financial resources are often scarce in the AOD field and therefore need to be used judiciously. It is recommended that the focus is on strategies most likely to translate into improved work practice. It is also recommended that agencies, if possible, tap into a variety of funding sources to maximise the level of resources available for staff development activities.

Difficulties in accessing professional development opportunities have often required AOD agencies and peak organisations to lobby government and other funding sources. For example, in some states scholarships and interest free loans have been offered by government departments to allow government and NGO staff to take up courses that would otherwise have been prohibitively expensive.

Staff resources and expertise

In addition to direct funding, it is recommended that volunteer or inexpensive expertise is resourced. If carefully selected and utilised, the use of these types of resources need not compromise the quality of knowledge or expertise.

"Experts" in particular areas can be sourced from within an agency or from other agencies to conduct in-house training, or to take on mentoring roles. Many professionals may welcome the opportunity to expand their skill base, or maintain current skills, by contributing to professional development programs as mentors or clinical supervisors. For example, practitioners working in academic settings often welcome the opportunity to act as a clinical supervisor.

Facilities

Physical space is an asset that can be used to either directly boost professional development or to cut down on costs. For example, in-house space and facilities or those in other AOD organisations, community training institutions and universities can often be accessed free of charge or at low costs, allowing venue hire expenses to be eliminated or significantly reduced.

> How financial resources are allocated is almost as critical as how much is available. [9]

4. Identify and implement appropriate professional development activities

A range of professional development activities are available which differ according to cost, duration and intensity. Education and training provides a solid foundation for professional development but also has significant costs (e.g., financial, staff absences, time). A range of alternative strategies are available that can supplement, support and complement education and training.

Many alternative approaches can be provided in-house. Advantages of in-house activities include the opportunity to access "corporate" knowledge and skills already held in the organisation and the capacity to provide highly tailored practical learning.

The following professional development activities are discussed below:
- Study groups
- Mentoring
- Clinical supervision
- Planning days
- Site visits
- Staff retreats

- Education and training
- Journal clubs
- Online discussion groups
- Cross-organisational exchanges
- Online learning
- Professional association membership.

Study groups
Study groups are typically organised around a particular topic of interest. For example, a group of clinicians might decide to read and discuss a variety of sources on the subject of the efficacy of buprenorphine maintenance programs for heroin-dependent pregnant women.

Facilitation of the group can be assigned to one member or rotated on a regular schedule. Typically, study groups examine the topic by reading and discussing current literature, visiting sites where a practice of interest is employed, or attending conferences or classes to gain additional knowledge on the selected topic.[10]

Mentoring
Mentoring is a less structured, more informal approach to leadership and supervision. Mentoring relationships can occur between a mentor and an individual protégé or small group of protégés. They may occur through formal programs or informal arrangements.[11]

Mentoring is a cost effective professional development strategy:[11]
- Protégés can learn / practice skills without traditional professional development costs (e.g., room hire, trainer fees, time away from the workplace)
- Mentoring can bring about skill / knowledge development that is directly related to the work context, and can be a useful source of advice and guidance for issues and problems encountered by the protégé in their daily work.

LINK
Strategies to develop, implement and evaluate a mentoring program are provided in the *Mentoring* chapter.

Clinical supervision

Clinical supervision is often regarded as a central professional development strategy for AOD workers. The main goals of clinical supervision include improved clinical practice and the provision of support and encouragement to the supervisee. It is widely recognised as a strategy that can help to reduce burnout and improve work practice and client outcomes.[12]

Clinical supervision involves collaboration between an experienced clinician and one or more less experienced workers (supervision amongst equally experienced clinicians occurs less frequently). The relationship is characterised by regular, systematic and detailed exploration of a supervisee's work with clients or patients.[12] Clinical supervision is qualitatively different from administrative supervision. Clinical supervision focuses on enhancing the clinical effectiveness of the supervisee whereas administrative supervision focuses on the development of the supervisee in the context of organisational goals and requirements.[12]

LINK

The *Clinical Supervision* chapter discusses strategies to plan, implement and evaluate a clinical supervision program.

Planning days

Planning days typically involve small groups focused on a particular task. Planning days provide opportunities for in-depth discussions on a particular idea or problem related to professional development. For example, a day could be devoted to planning and developing strategies to support and maintain work practice change. Planning days can help workers to make significant progress toward their professional development goals – progress that is often not accomplished in daily or weekly planning times.[13]

Care must be taken to minimise negative perceptions and cynicism that can result when goals are unrealistic and the organisation does not follow-through on recommendations that result from a planning day. When managed well, planning days can provide an opportunity for building rapport and setting a clear direction for professional development activities within an organisation.

Site visits

Site visits can be a good strategy for AOD professionals who are considering a new work practice. A visit to a different site or agency can be used to observe a particular practice or skill in "action", and provide an opportunity to discuss work practices with clinicians who currently perform them. Lessons can be learned by visits to organisations that are in varying stages of implementing new work practices or strategies. Staff at an organisation where the work practice has been in place for several years will have a different perspective than those where the practice is relatively new. Site visits should provide opportunities for visiting staff to ask questions and discuss what they have observed with their hosts.[13]

Site visits can also be useful when there is a difference between the visiting and host organisations' philosophies, treatment methods, staff configuration, and learning goals. For example, staff from a non-prescribing therapeutic community can develop awareness and knowledge of different treatment methods when visiting a methadone treatment facility, and vice versa.

Staff retreats

Staff retreats, a frequent practice amongst business professionals, offer AOD practioners many benefits. A regular, uninterrupted single or multiple-day session provides staff with unique opportunities to develop goals and action plans targeting their specific needs and treatment service type. One of the most significant benefits of regular staff retreats is the scope it provides to build a spirit of professional community amongst staff.[14] If possible the retreat should be held at a site other than the workplace to enable an "escape" to an area free from distractions and daily obligations.

Education and training

An increasing emphasis on the professionalisation of the AOD workforce[15] has given rise to a greater focus on formal education and training programs in the AOD sector.[16, 17]

Education and training programs tailored to the needs of individual workers, teams and organisations can be an effective tool for professional development and work practice change. In particular, education and training can benefit:

- Knowledge, skills and abilities[18, 19]
- Confidence
- Perceived role legitimacy (i.e., perceived appropriateness of responding to AOD issues).[2]

Education and training has been particularly promoted in the AOD field and a range of options are available to suit the needs of AOD workers including:

- Short non-accredited training courses
- On-site structured learning
- TAFE courses (e.g., Certificate IV in AOD Work)
- University postgraduate courses.

As discussed below, a range of factors influence workers' capacity to transfer knowledge and skills gained from education and training (or any other professional development activity) to work practice. Providing education and training alone is not likely to produce significant or sustained work practice change.[6] Reliance on a one-shot workshop is a common error.[20] One-off training sessions are likely to have limited impact on work practice, particularly when training is didactic in style and content does not reflect the realities (i.e., barriers and constraints) of work practice. Education and training is more likely to impact on work practice when it addresses relevant skill deficits in a dynamic way (e.g., using a problem-based learning approach), with lively demonstrations and interaction.[21]

An in-depth discussion of education and training strategies and techniques is beyond the scope of this chapter. For further information the following resources are recommended:

Kennedy, C., & Roche, A.M. (2003). *Alcohol and other drugs tertiary training in Australia: A review.* Adelaide, Australia: National Centre for Education and Training on Addiction, Flinders University.

National Centre for Education and Training on Addiction (NCETA). (2002). *Alcohol and other drugs: Database of tertiary courses offered in Australia,* Adelaide, Australia: NCETA. Available to download from www.nceta.flinders.edu.au

National Centre for Vocational Education Research (NCVER). (2003). *At a glance: What makes for good workplace learning?* Leabrook, South Australia: National Centre for Vocational Education Research.

Roche, A. M. (1998). Alcohol and drug education and training: A review of key issues. *Drugs: Education, Prevention and Policy, 5,* 85-99.

Journal clubs

The use of a journal club to promote the discussion and critique of research has been used for many years in medical education.[22] It can also be used as an in-house AOD professional development activity. Regularly scheduled journal club meetings can facilitate workers' awareness of evidence-based best practice and emerging issues for the AOD field. Organisational subscriptions to journals are valuable opportunities for workers to access (often costly) research periodicals.

Sharing the responsibility for identifying, reviewing and critiquing research articles is a good strategy to ease the burden on individual workers to navigate what are often large and complex AOD research literatures. Journal club participants should be encouraged to read articles critically and discuss potential applications to current work practices.

Online discussion groups

Online discussion groups such as email lists and web-based bulletin-board style forums generate a significant proportion of Internet / online content. Contributors to online forums are generally unrestricted, therefore, quality and consistency of content is a key concern. Assignment of a moderator is recognised as one way to assist with accuracy, protocol and etiquette issues. However, when both a group's manager / host and its participants take an active interest in (and responsibility for) the content, the result can be a successful, diverse, and critical resource.

Cross-organisational exchanges

Cross-organisational exchanges (i.e., work placements) can provide workers with valuable opportunities to:

- Work in and observe an agency in another location or specialisation
- Observe or perform new work practices in a best practice agency
- Promote interagency and interstate relations
- Obtain insights into how practices differ / compare in other agencies or states
- Disseminate new approaches to treatment or practice to their colleagues at professional development sessions
- Develop skills and increase job variety
- Improve attitudes toward different roles, treatment practices and agencies.

Exchanges can occur between agencies in the same geographical location, or may be negotiated between agencies from metropolitan, rural areas or different states, and can be short-term (3-4 weeks) or long-term (greater than one month).

Online learning

Online learning or e-learning is increasingly a feature of Australia's education and training systems with many AOD qualifications and courses available online from universities and registered training organisations.

Online learning is based on the skill needs and delivery requirements of learners, not the interests of trainers or providers. Therefore, it gives learners more individual control in meeting their learning and personal needs.

A particular advantage of online learning is the flexibility it provides for learners. This is particularly pertinent for the AOD workforce as workers can work shift hours or be located in rural or remote locations. Self-instructional learning resources and online technologies provide access to training and courses that were once unavailable because of distance.

Professional association membership

Membership of a professional association is a useful professional development strategy. Professional associations can provide support, educational opportunities and access to information regarding best practice.[2] Organisations particularly relevant to the AOD field are the Australasian Professional Society on Alcohol and Other Drugs (APSAD), the Royal Australasian College of Physicians Chapter of Addiction Medicine and the Drug and Alcohol Nurses Association.

5. Conduct an evaluation

Evaluation of professional development initiatives is an important strategy to ensure that the greatest benefit is obtained from an activity, and to identify potential improvements for future initiatives. A comprehensive evaluation will provide an assessment of the process and content of the professional development initiative and associated outcomes (e.g., increased skill and confidence, work practice change).[23]

Ideally, evaluation of a professional development activity should be:
- Designed at the start of the program
- Ongoing and include a variety of measures.

The *Evaluating AOD Projects and Programs* chapter describes techniques to effectively plan and implement program evaluations which can be applied to professional development initiatives.

Strategies to enhance work practice change

In essence, the aim of professional development is to change an individual's (or team's) AOD work practice to achieve particular gains or benefits (i.e., efficiency, effectiveness) for clients, services or programs.

Changing work practice is a challenge – for the individual, team and the organisation. An overview of some common barriers to work practice change and strategies to reduce or eliminate them is provided below.

Effective professional development is defined by more than just improvement in skills and knowledge. A central component of effective training and other forms of professional development is the capacity of workers to apply newly developed knowledge, skills and abilities to their work practice, and be rewarded for doing this.[24, 25] Traditionally, the responsibility for improving skills and knowledge is often left to the individual. However, it is increasingly recognised that organisations must also take on the responsibility to support sustainable outcomes from their professional development investments.

Workers' capacity to apply new knowledge / skills to work practice is influenced by a range of factors related to training design and content, individual factors and the work environment.[6] The focus below is on workplace and organisational factors that can impact on work practice change.

Characteristics of the work environment likely to impact on work practice change

Professional development involves a dynamic two-way interactive relationship between the worker and their organisation. It is more than just the passive receipt of knowledge on the part of the worker.

Organisational support for professional development is critical for successful work practice change and improvement.[2] Organisational support can take many forms. For example, an organisation should be responsive to new information and ideas that workers may develop from professional development experiences (e.g., some policies, procedures and practices may need to change to accommodate the newly acquired knowledge and skills of workers).

Workers' ability to transfer new knowledge and skills to their work practice can be influenced by a range of workplace and organisational factors. An overview of these factors is provided in Table 1 below. As this list demonstrates, the responsibility for successful professional development extends beyond the individual worker. It is crucial that managers, supervisors, and organisations recognise their role in providing opportunities, support, recognition and incentives for workers' professional development. Offering such assistance and reinforcement ensures sustained improvements to work practice.[16]

Table 1: Aspects of the work environment likely to influence work practice change[26]

Work environment	Impact on work practice change
Supervisor support	Supervisor behaviour is one of the most important determinants of training transfer and work practice change.[27] Encouraging supervisors to coach workers prior to training enhances work practice change.[28] Lack of supervisory support, in the form of little or no feedback and the refusal of supervisors to endorse work practice changes, can be a major impediment to the transfer of training to changes in work practice.[29]
Coworker support	Negative or unsupportive coworkers can inhibit work practice change.[30]
Antecedents and consequences of training	Situational cues (e.g., reminders) and consequences (i.e., rewards vs punishment) can significantly impact work practice change.[25, 31]
Organisational culture	In a non-supportive workplace where workplace pressures or procedures inhibit training transfer, workers lose both opportunity and knowledge, therefore skill decline is likely to occur.[2, 24, 32]
Organisational goals or strategic direction	Work practice change is more likely in organisations that have policies that support training and the transfer of training to work practice change.[28]
Endorsement and reward of training and work practice change	Training transfer is more likely when support, recognition and incentives are provided by managers and supervisors.[2]

The NCETA publication *From Training to Work Practice Change: An Examination of Factors Influencing Training Transfer in the Alcohol and Other Drugs Field* provides further information on factors that impact on training transfer and work practice change at the individual, team, workplace and organisational levels. The publication can be downloaded from the NCETA website www.nceta.flinders.edu.au.

Barriers to effective professional development

Changing work practice can be a significant challenge for individuals, teams and organisations. It is important to acknowledge that even if all the principles of effective professional development are taken into account, difficulties may still arise. Barriers to effective professional development and practice change are to be expected, therefore, realistic strategies must be prepared and well-thought out in advance.

Remember - each barrier offers an opportunity for change and improvement!

Barrier	Opportunity
Tendency to resist new approaches and stick to "tried and true" approaches (i.e., avoidance of the unknown and resistance to change)	• Increase dialogue and collaboration between researchers and agencies to heighten awareness about the potential to incorporate evidence-based approaches into daily work practice.[4] • Encourage "best practice" by providing ongoing, succinct dissemination of research findings that demonstrate the link between the desired work practice and improved client outcomes. • Use a Motivational Interviewing / Enhancement approach with staff to address the need for change. One method is to explore ambivalence amongst staff by encouraging staff to discuss the arguments for (and against) the suggested work practice change.

Strategies to reduce resistance to change are discussed in the _Organisational Change_ chapter.

Barrier	Opportunity
Lack of attention to follow-up activities and comprehensive evaluation	Incorporate evaluation into the professional development program during the planning stage and the initial budget and timeline. This will ensure evaluation is regarded as an integral part of professional development activities, and can contribute to the improvement of these initiatives.

Approaches, planning and methods for gathering evaluation data are discussed in the _Evaluation of AOD Projects and Programs_ chapter.

Barrier	Opportunity
Insufficient time to plan for and learn new treatment approaches and interventions	The planning stage of any professional development program represents an excellent opportunity to plan for practice change. However, simply planning for change through training strategies does not guarantee change in the workplace. Any change in practice must be supported at all levels within the organisation if it is to be incorporated into ongoing routines. Management support in the form of funding, incentives, recognition and structural supports must be incorporated into the planning and implementation phases to ensure practice change is maintained.[4]

See the _Organisational Change_ chapter for methods that can be used to support, guide and motivate workers during organisational change.

Using professional development to address workforce development challenges

Retention

The availability of professional development opportunities has been linked with a range of positive organisational outcomes, including improved retention of AOD staff.[33] Offering opportunities for personal and professional development is likely to facilitate workers' attachment and commitment to an organisation.[34, 35]

Worker Performance

Ensuring workers receive adequate professional development is a key strategy to facilitate the development of new skills or improvements on existing knowledge, skills and abilities. Providing opportunities for professional development is a central strategy to ensure workers have the capacity and motivation to achieve high quality performance.

Worker Wellbeing

Participation in professional development activities is likely to increase workers' motivation and satisfaction by providing highly valued support for professional and career development. In addition, professional development opportunities and programs is a key strategy to demonstrate organisational support for workers' wellbeing and effectiveness, which in turn is likely to lead to enhanced job satisfaction and motivation.[34, 35]

Organisational Change

Providing training and development to enable workers to successfully adapt to organisational change has been shown to increase confidence, readiness and motivation for change, and workers' capacity to adapt to new work practices.[30, 36-40] Organisational policies that clearly support and encourage skill development are also likely to enhance workers' motivation and capacity to engage in work practice change.[2]

Summary

Professional development opportunities refer to activities and programs that are designed to enhance workers' knowledge, skills, and abilities. Education and training programs represent one strategy within a broad range of approaches to professional development that can include mentoring, conference attendance, journal clubs and cross-organisational exchanges. Provision of professional development opportunities is likely to contribute to an organisational culture and climate supportive of knowledge and skill development, and work practice change. Furthermore, providing such opportunities is likely to have a positive impact on a range of organisational outcomes such as job satisfaction, organisational commitment and enhanced job performance.

Resources for professional development

This chapter includes the following resources and tools to support professional development:

- Checklist for effective professional development
- Case study detailing Victoria's development of a comprehensive professional development program
- Guidelines for developing a professional development policy
- Guidelines for conducting needs assessments for individuals, teams and the organisation
- Survey instruments to measure professional development issues and processes
- Forms and templates:
  - Competency Training and Development Needs Analysis
  - Individual Training and Development Plan
  - Team / Organisational Training and Development Plan
- Recommended readings.

References

1. Ogborne, A.C. and Graves, G. (2005). *Optimizing Canada's addiction treatment workforce: Results of a national survey of service providers.* Ottawa, ON: Canadian Centre on Substance Abuse.

2. Pidd, K., Freeman, T., Skinner, N., Addy, D., Shoobridge, J., & Roche, A. M. (2004). *From training to work practice change: An examination of factors influencing training transfer in the alcohol and other drugs field.* Canberra: Australian Government Department of Health and Ageing.

3. Addiction Technology Transfer Center (ATTC) National Office. (2004). *The Change Book: A Blueprint for Technology Transfer* (2nd ed.). Kansas City, Missouri: Addiction Technology Transfer Center (ATTC) National Office, University of Missouri-Kansas City.

4. National Treatment Agency for Substance Misuse. (2003). *Staff development toolkit for drug and alcohol residential services.* London: National Treatment Agency.

5. Acker, G. (2004). The effect of organizational conditions (role conflict, role ambiguity, opportunities for professional development, and social support) on job satisfaction and intention to leave among social workers in mental health care. *Community Mental Health Journal, 40,* 65-73.

6. Goldstein, I. L., & Ford, K. J. (2002). *Training in organisations: Needs assessment, development and evaluation* (4th ed.). Belmont, CA: Wadsworth.

7. Tannenbaum, S. I., & Yukl, G. (1992). Training and development in work organizations. *Annual Review of Psychology, 43,* 399-441.

8. Rouda, R. H., & Kusy, M. E. (1995). Needs Assessment - the first step. *Tappi Journal.*

9. Hassel, E. (1999). *Professional development: Learning from the best. A toolkit for schools and districts based on the National Awards Program for Model Professional Development.* Oak Brook, Illinois: North Central Regional Educational Laboratory.

10. Loucks-Horsely, S., Hewson, P., Love, N. and Stiles, K. (1998). *Designing professional development for teachers of science and mathematics.* Thousand Oaks, CA: Corwin Press.

11. McDonald, J. (2002). *Mentoring: An age old strategy for a rapidly expanding field. A what, why and how primer for the alcohol and other drugs field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

12. National Centre for Education and Training on Addiction (NCETA). (2005). *Clinical Supervision Resource Kit for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.

13. Peixotto, K., Fager, J. (1998, September). *High Quality Professional Development.* Northwest Regional Education Laboratory. Available: http://www.nwrel.org/request/june98/article10.html

14. Little, J. (1997). *Excellence in professional development and professional community. Working Paper. Benchmarks for Schools.* Washington, DC: Office of Educational Research and Improvement.

15. Department of Human Services, Victoria. (2004). *The Victorian Alcohol and Other Drugs Strategy Workforce Development Strategy - Minimum Qualification Strategy.* Melbourne, Victoria: Drugs Policy and Services Branch, Victorian Government.

16. Skinner, N., Freeman, T., Shoobridge, J., & Roche, A. M. (2003). *Workforce development and the alcohol and other drugs field: A literature review of key issues for the NGO sector.* Adelaide, Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

17. Kennedy, C., & Roche, A. M. (2003). *Alcohol and other drugs tertiary training in Australia: A review.* Adelaide, Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

18. Albery, I. P., Durand, M.A., Heuston, J., Groves, P., Gossop, M, and Strang, J. (1997). Training primary health care staff about alcohol: A study of alcohol trainers in the UK. *Drugs: Education, Prevention and Policy, 4,* 173-185.

19. Seigfried, N., Ferguson, J., Cleary, M., Walter, G., & Rey, J. M. (1998). Experience, knowledge and attitudes of mental health staff regarding patients problematic drug and alcohol use. *Australian and New Zealand Journal of Psychiatry, 33,* 267-273.

20. Fullan, M. G., & Stiegelbauer, S. (1991). *The new meaning of educational change.* New York, NY: Teachers College Press.

21. Walton, H. J., & Matthews, M.B. (1989). Essentials of Problem-Based Learning. *Education, 28,* 542-555.

22. Kleinpell, R. M. (2002). Rediscovering the value of the journal club. *American Journal of Critical Care, September 1,* 2002.

23. O'Neill, M., Addy, D., & Roche, A. M. (2004). *Guidelines for Evaluating Alcohol and Other Drug Education and Training Programs.* Adelaide, Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

24. Baldwin, T. T., & Ford, J. K. (1988). Transfer of training: A review and directions for future research. *Personnel Psychology, 41,* 63-105.

25. Salas, E., & Cannon-Bowers, J. A. (2001). The science of training: A decade of progress. *Annual Review of Psychology, 52,* 471-499.

26. Shoobridge, J. (2002). Training transfer: The what, how and wherefore art thou? In A.M. Roche & J. McDonald (Eds.), *Catching Clouds. Exploring Diversity in Workforce Development in the Alcohol and Other Drugs Field* (pp. 153-162) 2002 Workforce Development Symposium Proceedings. Adelaide, Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

27. Xiao, J. (1996). The relationship between organisational factors and the transfer of training in the electronics industry in Shezen, China. *Human Resource Development Quarterly, 7,* 55-73.

28. Montesino, M. U. (2002). Strategic alignment of training, transfer-enhancing behaviours and training usage: A posttraining study. *Human Resource Development Quarterly, 13,* 89-108.

29. Clarke, N. (2002). Job/work environment factors influencing training transfer within a human service agency: Some support for Baldwin and Ford's transfer climate construct. *International Journal of Training and Development, 6,* 146-162.

30. Taylor, M. (2000). Transfer of learning in workplace literacy programs. *Adult Basic Education, 10,* 3-20.

31. Rouiller, J. Z., & Goldstein, I. L. (1993). The relationship between organisational transfer climate and positive transfer of training. *Human Resource Development Quarterly, 4,* 377-390.

32. Tharenou, P. (2001). *Does training improve organisational effectiveness? A review of the evidence.* Melbourne, Victoria: Monash University, Faculty of Business and Economics.

33. Gallon, S. L., Gabriel, R. M., & Knudsen, J. R. (2003). The toughest job you'll ever love: A Pacific Northwest treatment workforce survey. *Journal of Substance Abuse Treatment, 24,* 183-196.

34. Eisenberger, R., Huntington, R., Hutchinson, S., & Sowa, D. (1986). Perceived organizational support. *Journal of Applied Psychology, 71,* 500-507.

35. Rhoades, L., & Eisenberger, R. (2002). Perceived organizational support: A review of the literature. *Journal of Applied Psychology, 87,* 698-714.

36. Armenakis, A. A., Harris, S. G., & Feild, H. S. (1999). Making change permanent. A model for institutionalizing change interventions. *Research in Organizational Change and Development, 12,* 97-128.

37. Lehman, W. E. K., Greener, J. M., & Simpson, D. D. (2002). Assessing organizational readiness for change. *Journal of Substance Abuse Treatment, 22,* 197-209.

38. Simpson, D. D. (2002). A conceptual framework for transferring research to practice. *Journal of Substance Abuse Treatment, 22,* 171-182.

39. Seyler, D. I., Holton, E. F., III, Bates, R. A., Burnett, M. F., & Carvalho, M. A. (1998). Factors affecting motivation to transfer training. *International Journal of Training and Development, 2,* 2-16.

40. Cunningham, C. E., Woodward, C. A., Shannon, H. S., MacIntosh, J., Lendrum, B., Rosenbloom, D., & Brown, J. (2002). Readiness for organizational change: A longitudinal study of workplace, psychological and behavioral correlates. *Journal of Occupational and Organizational Psychology, 75,* 377-392.

Checklist

for effective professional development
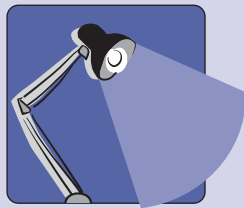
Case Study

Victoria's development of a large scale
professional development program

Guidelines

• Developing a professional development policy
• Conducting needs assessments for individuals,
  teams and the organisation

Survey Instruments

to measure professional development
issues and processes

Forms and Templates

• Competency Training and Development Needs Analysis
• Individual Training and Development Plan
• Team / Organisational Training and Development Plan

Recommended Readings

Checklist for Effective Professional Development

The following checklist offers a guide to:

- Developing a professional development program
- Managing workplace factors to enhance work practice change
- Overcoming barriers to effective professional development and work practice change.

Developing a professional development program

1. Has a needs assessment process been conducted that:
   - Analyses the knowledge, skills and abilities currently held by workers?
   - Assesses current skill and knowledge levels compared to job requirements?
   - Identifies knowledge, skills and abilities to be learned in professional development?
   - Identifies organisational policies, procedures and practices that may facilitate or impede the transfer of newly acquired knowledge, skills and attitudes to the job?

2. Have individual and organisational goals been set? Do these goals:
   - Identify priorities for the professional development activity?
   - Address the needs of individual workers and the organisation?
   - Identify specific measurable outcomes?

3. Has a professional development plan been developed that specifies:
   - Program aims, goals and objectives?
   - Performance standards to be achieved?
   - Resources required?
   - Target dates for completion of activities?
   - Person/s responsible for program implementation?
   - The evaluation process?
   - The program timeframe?

4. Does the professional development program and activities:
   - Reflect organisational goals / priorities?
   - Have organisational support for implementation (e.g., endorsement, time and resources)?
   - Provide ongoing administrative and technical support during the implementation stage?
   - Include a strategy for evaluating the impact on skills / knowledge / practice change?
   - Reflect evidence-based best practice?

5. Does the professional development program involve ongoing evaluation that addresses the extent to which program objectives have been met? ☐

Managing workplace factors to enhance work practice change

6. Are there sufficient workplace and organisational support structures in place to ensure sustained work practice change? ☐
   For example:
   • Opportunities to practice new behaviours or work practices?
   • Supervisory support, rewards and recognition that encourage and motivate work practice change?
   • Coworker support and encouragement for work practice change?
   • Policies and procedures that support transfer of knowledge / skills to work practice?

Overcoming barriers to effective professional development and work practice change

7. Are there appropriate change management strategies in place to manage resistance to change? ☐
   For example:
   • Engaging in ongoing two-way communication between workers and management
   • Using Motivational Interviewing / Enhancement strategies to discuss change with workers
   • Providing workers with opportunities to participate in decision-making around work practice change
   • Providing organisational resources to support practice change.

Victoria's Development of a Large Scale Professional Development Program

Background

Considerable growth in the Victorian alcohol and other drugs (AOD) budget in the early 2000's resulted in a range of new program initiatives and approaches within the Victorian Drug Treatment Service System. Over 90 drug treatment agencies receiving Government funding deliver a range of treatment types across Victoria, and recent redevelopment and expansion of the Drug Treatment Service System highlighted the need for improved service quality to clients and the need to provide support and professional development to the workforce responsible for providing those services.

The Workforce Development Unit of the Drugs Policy and Services Branch in the Department of Human Services (DHS) developed and implemented a comprehensive Professional Development program as part of the Victorian AOD Workforce Development Strategy (2003-2006). This program provides opportunities and support to equip workers and managers with the skills and knowledge to enable improvements in service quality at all levels.

Developed in consultation with stakeholders

The professional development program was developed in consultation with a range of stakeholders including the Victorian AOD Workforce Development Steering Committee (represented by the AOD peak body, drug treatment service agencies, registered training organisations and the State Industry Training Board), DHS AOD Regional Coordinators and the AOD workforce at public forums.

Aims and objectives

The core aim of the professional development program and its projects is to build the capacity of the specialist AOD workforce and related workforces to enable them to provide high quality client services to people with AOD issues.

Analysis of state and sector-wide survey information identified that the majority of Victorian AOD workers had qualifications in a range of academic areas (e.g., nursing, psychology and social work), however, only a small proportion had qualifications in the speciality of alcohol and drugs or addiction studies. The professional development projects were developed to specifically build on this broad knowledge base.

Meeting the needs of a range of workers

Throughout the consultation process it was recognised that the AOD workforce is required to be proficient in specialist areas (e.g., counselling, withdrawal), as well as possessing a wide range of expertise to deal with clients with multiple needs.

The key principle in developing the professional development objectives was to ensure that the range of professionals who come into contact with people with AOD issues have opportunities to participate in relevant support, training and

development programs. This includes managers, supervisors, specialist AOD workers (including clinicians and non-clinicians), reception staff in treatment agencies, and non-AOD specialist health workers (e.g. mental health workers).

Linkages

In order for the strategy to be effective it linked closely with relevant AOD education and training organisations that provided a range of AOD education, training and development to the sector. This helped to ensure that the projects were supported, coordinated and promoted at the local level.

Scope of professional development projects and activities

The following 10 projects comprise the range of professional development activities that specifically target and meet the needs of AOD professionals.

	Project	Description	Estimated benefits for the AOD workforce
1.	Acquired Brain Injury (ABI) – Cross Sectorial Training	Provides training and professional development for AOD, disability, and ABI specialist workers in ABI screening, assessment and intervention practices	• Increased capacity of the specialist AOD workforce to provide high quality, responsive services to clients with ABI issues • Building strong links of support and understanding between agencies
2.	AOD Postgraduate Study Assistance Grants	Provides professional development support through assistance grants for specialist AOD postgraduate study	• Building the capacity of the specialist AOD workforce through advanced skill and knowledge acquirement • Increased awareness of further study and development opportunities for AOD workers
3.	AOD Training for Generalist Health Workforces	Provides a range of accredited AOD training to DHS Generalist Workforces (e.g. Housing, Disability workers) to meet the needs of workers with little or no AOD experience, and those workers who have some experience dealing with people with AOD issues	• Increased skills, knowledge and attitudes of generalist health workers • Enhanced work practices when dealing with people with AOD issues
4.	Emerging Issues Forums	Provides a range of information and training sessions on emerging issues in the AOD sector	• Provisions of forums for discussion and knowledge building • Timely dissemination of information on emerging and current AOD issues
5.	First Aid Training	Provides AOD workers the opportunity to obtain or refresh Level 2 First Aid skills and knowledge	• Increased knowledge of First Aid to enable appropriate and confident responses to emergency and life-threatening situations
6.	Forensic Workforce Training Program	Provides AOD Forensic Clinicians with resources, training opportunities and best practice workshops	• Developing best practice forensic clinicians

	Project	Description	Estimated benefits for the AOD workforce
7.	Management Training Program	Provides managers in the AOD workforce with training opportunities in accredited competencies from the Diploma of Community Services Management	• Improved managerial skills and knowledge of managers and supervisors in the AOD sector
8.	Professional Development Program	Provides a range of high-level professional development training opportunities, including: • AOD skills training for frontline / reception staff • Managing difficult / aggressive clients • Suicide and self-harm assessment and response • Grief and trauma • Cognitive Behaviour Therapy • Brief interventions	• Increased skills and knowledge in a choice of topics of interest and benefit for a range of workers including reception staff, clinicians, counsellors, and AOD workers
9.	Regional Innovation Projects	Provides funding to Victorian geographical regions to develop and maintain region-specific support, training and education projects	• Provision of regionally specific training projects to ensure that local issues are addressed
10.	Workforce Recognition Project	Recognises the skills, knowledge and experience held by AOD workers through workplace competency assessment	• AOD workers gain recognition of their skills through nationally accredited qualifications and units of competency • Consistency across AOD services and portability of qualifications across services

Targets and evaluation

Each project has specific targets, timeframes to achieve targets, and evaluation methods incorporated into their plans. An external evaluation of the whole Workforce Development Strategy will also occur.

Summary

The Victorian Professional Development program (2003-2006) implemented by the Workforce Development Unit of Drugs Policy and Services Branch, Victorian DHS, demonstrates how a large scale, comprehensive and diverse program can be successfully developed to meet the needs of a wide range of professionals in the AOD field, including managers, specialist AOD workers, general health workers, and AOD stakeholders. Consultation with stakeholders was an essential aspect of setting goals and objectives and the development of projects. Preliminary evaluations indicate that this inclusive approach has played in key role in facilitating high levels of interest and uptake for each project, and is likely to be a pivotal factor in determining the program's overall success.

Source: Ms Kate Marotta, Senior Project Officer, Workforce Development, Drugs Policy and Services Branch (personal communication, 2005), Victorian Department of Human Services.

Developing a Professional Development Policy

The philosophy and values of an organisation with regard to the professional development of its workers are reflected in its professional development policy. A written professional development policy is strongly recommended as it:

- Confirms the commitment of senior management to the development of workers
- Specifies the priorities, standards and scope of its professional development activities
- Provides operational guidelines for managers and workers.

The primary aim of professional development is to ensure that staff develop the skills, knowledge and attitudes to fulfil their job descriptions and deliver quality services. A clear professional development policy for AOD workers is a key strategy to ensure the successful implementation of professional development activities for every staff member.

The following guidelines outline a range of factors to consider when developing a professional development policy within your workplace. Not all points included in these guidelines will be relevant to all workplaces. However, it is recommended that the following points be carefully considered when developing or reviewing a professional development policy.

1. Senior management support for professional development

Explicit commitments in strategic and business plans, as well as specific resource allocations are good strategies to demonstrate management support for training and other professional development activities.

Note:
Include a statement at the beginning of the policy document describing the value placed upon professional development by your organisation.

For example:
Appropriate training and development of staff is recognised as a valuable contribution to fulfiling the aims of the organisation and meeting the changing needs of service users.

2. Budget approval and responsibility

A professional development policy can identify the individuals who are responsible for approving and managing the professional development budget.

For example:
The annual professional development budget is approved by [e.g., Board of Directors, Management Committee].

The annual professional development budget is managed by: [Name, Title].

3. Undertaking a needs analysis

The professional development policy should recognise the importance of conducting regular needs analyses to identify the professional development needs of the organisation as a whole, teams or groups of staff, and individuals. Professional development needs should be articulated in terms of their link to organisational objectives.

Note:

An **organisational needs analysis** examines the short and long-term goals of the organisation, as well as trends that are likely to affect these goals (e.g., changing patterns in client drug use, changes in legislation). It also identifies current gaps in skills and knowledge among existing staff.

An **individual needs analysis** seeks to answer two key questions:
1. What skills and knowledge do staff need in order to fulfil their job description and achieve the objectives of the organisation, now and in the future?
2. What skills and knowledge do staff currently possess?

4. Individual input

Individuals should be provided with the opportunity to identify their training needs and the activities they wish to undertake and to negotiate these with their manager / supervisor.

Note:

Individual input into one's professional development plan is important as it can be frustrating for workers to be trained in an area where they are already competent, or conversely, not to receive the support and development they need to undertake their role with confidence.

5. Tracking and recording professional development activities

Professional development activities should be recorded for individual / teams. It is important to periodically review all professional development activities to ensure equitable access across units, teams and individual workers, and to ensure that activities align with organisational objectives.

Note:

Each staff member should have an individual training and development plan that identifies professional development needs and actions to be taken. This can be updated at regular intervals during the individual's employment to keep track of all training and development activities undertaken.

6. Backfill allocation

Where possible and appropriate, replacement staff should be provided to backfill when professional development activities are undertaken so that the activity does not result in excessive "catch up" workloads for participants.

7. Support structures for staff undertaking further education

Support should be offered for staff who wish to engage in additional education (e.g., postgraduate education) that is relevant to the person's position and the organisation's goals / strategic direction. The nature of this support should be clearly articulated in the policy.

> **For example:**
> *Staff members who wish to undertake part-time study to improve their skills and knowledge relevant to their current role may apply for time off during normal working hours necessary for attendance at lectures, practical classes or examinations; up to a maximum of [X] hours.*

8. Identify all key stakeholders in the policy

The roles and responsibilities of all parties involved in planning and implementing professional development activities should be clearly outlined.

> **For example:**
> *Managers / supervisors are responsible for ensuring all staff are aware of the professional development policy, and that they have appropriate access to professional development opportunities.*
>
> *Managers / supervisors are responsible for planning and approving professional development activities in negotiation with workers.*

9. Review and revise

The professional development policy should be reviewed and, if necessary, revised on a regular basis (e.g., every 12 months). Changes to the policy should be made in consultation with managers and staff.

GUIDELINES

Conducting Needs Assessments for Individuals, Teams and the Organisation

The primary aim of professional development is to ensure that staff develop the skills, knowledge and attitudes to fulfil their job descriptions and deliver quality services.

The five-step systematic approach to professional development, as outlined in this chapter, identifies needs assessment for individuals, teams and organisations as the first in a series of important steps to implement effective and useful professional development strategies.

Clearly, the professional development needs of individual members of staff will vary – from the recent graduate who may require training and development in all areas of service delivery, to the experienced clinician who needs to keep up-to-date with current best practice and new treatments. In all cases, however, professional development provision must be managed to ensure that individual requirements correspond with the service objectives of the organisation.

Two key questions to answer:

1. What skills and knowledge do staff need in order to achieve the objectives of the organisation now and in the future?

    Consult the following:
    *   Business and / or Strategic Plan – training and development activities need to focus on achieving the objectives of the organisation
    *   Job descriptions – ensure these are up-to-date.

2. What skills and knowledge do staff currently possess?

    Collect information on the current skills and knowledge through:
    *   Observation of work
    *   Formal or informal interviewing
    *   Completion of questionnaires.

Individual needs analysis

A needs analysis is the process by which training and development needs are identified. The analysis seeks to identify the gap between the current skills and knowledge of staff, and the skills and knowledge required to achieve the objectives of the organisation.

Once "skill gaps" are identified, plans can then be made to fill these gaps (i.e., planning appropriate professional development activities). Conducting a needs analysis is an important means by which to prioritise professional development activities and link these with organisational resources (e.g., financial, staff and time resources).

It is worth noting that some individuals may feel threatened or anxious about exposing their skill deficiencies, therefore individual needs analyses should be managed carefully with an emphasis on development rather than highlighting weaknesses.

Step 1

Identify the functions of the individual's job and the standards to which it must be performed.

> An up-to-date *job description* will provide a description of the functions of the job, standards of performance, and skills and knowledge required.

Step 2

Assess the existing skills and knowledge of workers against the requirements of the job. Highlight any areas where training and development may be required.

> **Assessing existing skills and knowledge**
>
> *Generic skills and knowledge*
> Generic skills and knowledge required to effectively perform in an AOD setting can be evaluated to identify areas requiring further development. For example:
> - Techniques and skills required for treatment programs
> - Specialist skills to meet service users' individual needs, including skills in communication and dealing with anticipated behaviours
> - Understanding and ability to handle physical and verbal aggression and self-harm
> - Appreciation of, and ability to balance, the particular and fluctuating needs of service users
> - Maintaining professional relationships with (e.g.) GPs, social workers, nurses, psychiatrists, counsellors and staff working in other AOD agencies and community and specialist organisations.
>
> *Competency specific skills and knowledge*
> Alternatively, the employee or their supervisor can conduct a *Competency Assessment* against elements of AOD units of competency that are relevant to their work practice (e.g., CHCAOD10A – Work with Clients Who Have Alcohol and/or Other Drug Issues).
>
> This assessment will provide information on where the worker is currently competent and where they may need further training and development (see the **Competency Training and Development Needs Analysis Template** in the Forms and Templates section below).

Team and organisational needs analysis

Needs analyses with individuals should be scrutinised to identify where there are common training and development needs across a number of individuals. This is likely to be the case where staff members work in the same team or have the same tasks.

There are also a number of occasions when organisational changes will result in professional development needs for all employees (or groups of employees). For example:

- Introduction of service delivery to a new client group (e.g., youth), or expansion of existing services and service types
- Introduction of new organisational procedures (e.g., new performance appraisal system)
- Changes in legislation (e.g., child protection)
- Technology changes to record keeping systems (e.g., data collection software upgrades).

Another purpose of the organisational needs analysis is to outline the system-wide components of the organisation that may affect the efficacy of professional development activities.

Before implementing professional development activities, ensure that there is congruence between these activities and:
- Organisational goals (e.g., staff may wish to expand into service areas for which the organisation has no mandate)
- Available resources
- Support for transfer of new skills and knowledge into the workplace (worker frustration can be exacerbated when the organisation fails to deliver professional development after identifying a need).

In conducting needs analyses it is important to remember that training will not be the answer to every problem! Be sure to consider other strategies which may be appropriate (e.g., study groups, job rotation, mentoring).

Planning to meet professional development needs

A needs analysis is likely to identify a range of professional development needs. Realistically, it is unlikely that an AOD organisation will possess the required resources to address all the skill and knowledge gaps identified in a needs analysis.

It is important to prioritise knowledge and skill gaps in terms of the impact on organisational functioning, client health and wellbeing, and workers' career aspirations and development. It can be useful to discuss and negotiate these priorities with workers so that professional development activities are planned as a collaborative activity between management and workers.

The next step is to plan activities to address individual and organisational needs, taking account of the organisation's professional development policy, resource availability and identified priorities.

See the Forms and Templates section below for:

Individual Training and Development Plan
This form is useful for:
• Recording training and development needs
• Documenting action to be taken
• Tracking all training and development activities undertaken.

Team / Organisational Training and Development Plan
This form is useful for:
• Monitoring the training and professional development budget
• Coordinating and monitoring training and professional development activities
• Monitoring activities planned in relation to specific jobs or roles
• Describing aims and objectives for each activity
• Describing performance standards to be achieved
• Identifying person/s responsible for implementation
• Documenting resources required.

GUIDELINES

Measuring Professional Development Issues and Processes

To be used in conjunction with the Guideline "How to Conduct Workplace Surveys", located in the Resources and Tools Section of Chapter 7 Organisational Change.

Introduction

A set of scales are provided below that can be used to benchmark and assess a variety of important professional development issues and processes. The scales address:

1. Professional Development Opportunities
2. Program Needs Analysis
3. Individual Training Needs Analysis
4. Individual Motivation for Professional Growth
5. Post-Training Scale – Perceived Training Outcomes
6. Post-Training Scale – Perceived Relevance of Training.

The scales provided here are relatively generic instruments that can be applied to professional development and training processes in a range of AOD organisations. The scales may need to be adapted to suit the particular circumstances of your organisation or team. For example, some of the scales address AOD related work practices. These scales can be adapted to refer to a specific work practice that is of most relevance (e.g., providing brief interventions, conducting counselling, providing referrals).

> These scales are not designed to be diagnostic instruments. Rather, they can be used as tools to benchmark and monitor change, and to identify particular issues that may require attention.

Calculating a final score

The scales provided here can be scored in two different ways:

1. Total scale score (mean or average score)
Obtain a total score for the scale by adding the score for each item and dividing by the total number of items. For example, on a scale with four items an individual's total scale score may be 2 (3 + 2 + 2 + 1 = 8; divided by 4 = 2).

2. Individual item scores
It may also be useful to examine responses to each item. You may wish to examine the average score for all respondents for a particular item. This provides a more in-depth analysis of respondents' views. For example, it may be useful to know that, on average, respondents scored a '4' ("agree") on the item *I am satisfied with my working conditions.*

Important note about scoring

Reverse scoring negatively worded items

The survey scales provided here contain positively and negatively worded items.

- An example of a positively worded item is: *"Staff are always kept well informed"*
- An example of a negatively worded item is: *"Novel treatment ideas by staff are discouraged".*

When scoring negatively worded items, it is necessary to use reverse-scoring to make the meaning of the item consistent with other items within the scale. For example, on a measure of job satisfaction higher scores indicate stronger job satisfaction. All items on this scale are scored so that a higher number indicates more job satisfaction.

An example of a negatively worded item is provided below (Q.1). Stronger agreement with this item indicates lower levels of satisfaction. Reverse scoring the item is necessary to ensure all scores on the scale have the same meaning (i.e., higher scores indicate greater satisfaction).

Example:

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
Q1. My pay and other benefits are inadequate	☐	☐	☐	☐	☐
Q2. I am satisfied with my working conditions	☐	☐	☐	☐	☐

Note: Reverse score question 1.

Negatively worded questions are indicated by the statement "Note: Reverse score question #" placed at the end of the scale. This statement is provided for scoring purposes only – it should not be included in the version of the survey to which workers respond.

Responses to the negatively worded scale item (question 1) would be reverse-scored as follows:

Response scale	Original scores	Reversed scores
Strongly Disagree	1	5
Disagree	2	4
Undecided	3	3
Agree	4	2
Strongly Agree	5	1

The survey scales

1. Professional Development Opportunities

The following scale addresses the extent to which individuals are encouraged and supported to pursue opportunities for further development of their skills, knowledge and abilities. It is important to note that professional development is more than just education and training that focuses on increasing workers' technical skills. Providing a variety of professional development opportunities (e.g., mentoring, clinical supervision, work placements) is likely to contribute to an organisational culture and climate supportive of knowledge and skill development and work practice change.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. Staff members are encouraged to undertake training courses.	❏	❏	❏	❏	❏
2. Professional development planning in this organisation takes into account individual needs and interests.	❏	❏	❏	❏	❏
3. Staff members are supported in pursing qualifications or professional development related to their job.	❏	❏	❏	❏	❏
4. This organisation provides back-up staff to allow people to attend training.	❏	❏	❏	❏	❏
5. This organisation provides staff with access to a wide variety of education and training opportunities.	❏	❏	❏	❏	❏
6. All staff members have equal access to training.	❏	❏	❏	❏	❏
7. Opportunities exist in this organisation for developing new skills.	❏	❏	❏	❏	❏

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). *The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

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2. Program Needs Analysis

The following scale provides information on organisational and staff training needs and can be used to inform the design and development of a professional development / training program. This survey instrument should be used to assess perceptions of the need for training in several AOD clinical staff areas, including knowledge and client-based skills.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
Our organisation's treatment program needs additional guidance in –					
1. Assessing client needs.	❏	❏	❏	❏	❏
2. Matching needs with services.	❏	❏	❏	❏	❏
3. Increasing program participation by clients.	❏	❏	❏	❏	❏
4. Measuring client performance.	❏	❏	❏	❏	❏
5. Developing more effective group sessions.	❏	❏	❏	❏	❏

6. Raising overall quality of counselling.

❏ ❏ ❏ ❏ ❏

7. Using client assessments to guide clinical and program decisions.

❏ ❏ ❏ ❏ ❏

8. Using client assessments to document program effectiveness.

❏ ❏ ❏ ❏ ❏

Source: Adapted from the Texas Christian University Survey of Organizational Functioning (Program Staff Version). Fort Worth: Texas Christian University, Institute of Behavioral Research.
Available: www.ibr.tcu.edu/resources/rc-orgfunc.html. Downloaded 24th February 2005.

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3. Individual Training Needs Analysis

This scale should be used to assess perceptions of the need for training in several AOD clinical areas, including knowledge and client-based skills. Determining individual training needs and designing professional development to meet those needs will provide workers with learning opportunities relevant to their work practice. This is particularly important as training considered relevant to work practices and individuals is associated with increased motivation to learn.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
You need more training for –					
1. Assessing client problems and needs.	❏	❏	❏	❏	❏
2. Increasing client participation in treatment.	❏	❏	❏	❏	❏
3. Monitoring client progress.	❏	❏	❏	❏	❏
4. Improving rapport with clients.	❏	❏	❏	❏	❏
5. Improving client thinking and problem solving skills.	❏	❏	❏	❏	❏
6. Improving behavioural management of clients.	❏	❏	❏	❏	❏
7. Improving cognitive focus of clients during group counselling.	❏	❏	❏	❏	❏
8. Using computerised client assessments.	❏	❏	❏	❏	❏

Source: Adapted from the Texas Christian University Survey of Organizational Functioning (Program Staff Version). Fort Worth: Texas Christian University, Institute of Behavioral Research.
Available: www.ibr.tcu.edu/resources/rc-orgfunc.html. Downloaded 24th February 2005.

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4. Individual Motivation for Professional Growth

This survey instrument measures the extent to which the respondents value and seek opportunities and activities for professional growth in the AOD field. The likelihood of individuals developing their skills by attending courses and keeping up with developments in the field is likely to have a positive relationship with AOD career commitment and work involvement.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. You read about new techniques and treatment information each month.	❏	❏	❏	❏	❏
2. You have enough opportunities to keep your counselling skills up-to-date.	❏	❏	❏	❏	❏
3. You regularly read professional journal articles or books on drug treatment.	❏	❏	❏	❏	❏
4. You do a good job of regularly updating and improving your skills.	❏	❏	❏	❏	❏

Source: Adapted from the Texas Christian University Survey of Organizational Functioning (Program Staff Version). Fort Worth: Texas Christian University, Institute of Behavioral Research.
Available: www.ibr.tcu.edu/resources/rc-orgfunc.html. Downloaded 24th February 2005.

5. Post-Training Scale – Perceived Training Outcomes

The post-training scales address participants' perceptions of the impact of training on their knowledge, skills and abilities (perceived training outcomes) and the relevance of training to their work practice (perceived training relevance) (see following page). The focus of these scales is on the perceived value and usefulness of training in regard to knowledge and skill development and improvement of work practice.

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. This training program has enabled me to respond to alcohol and other drug (AOD) related issues with greater confidence.	❏	❏	❏	❏	❏
2. I gained skills or knowledge from this training program that enabled me to work more effectively with AOD related issues.	❏	❏	❏	❏	❏
3. This training program effectively illustrated links between the theory of responding to AOD related issues and the practical aspects of responding.	❏	❏	❏	❏	❏

4. The information/materials provided in the training program improved the quality of AOD related responses in my workplace.

❏ ❏ ❏ ❏ ❏

5. All in all, this training program improved my responses to AOD related issues in my workplace.

❏ ❏ ❏ ❏ ❏

6. This training program addressed practical constraints of responding to AOD related issues.

❏ ❏ ❏ ❏ ❏

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). *The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

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6. Post-Training Scale – Perceived Relevance of Training

The perceived relevance of training scales addresses participants' perceptions of the match or "fit" between the training content and their work-related issues, requirements and experiences. Please note that post-training scales are designed to be used as one component of a comprehensive training evaluation program which assesses a range of training outcomes including the application of the training to work practice (i.e., training transfer) and results of training (e.g., improved performance).

	Strongly Disagree (1)	Disagree (2)	Undecided (3)	Agree (4)	Strongly Agree (5)
1. This training program effectively incorporated relevant workplace issues.	❏	❏	❏	❏	❏
2. The content of this training program was appropriate for my current work needs.	❏	❏	❏	❏	❏
3. This training program encouraged me to pursue further learning "on-the-job".	❏	❏	❏	❏	❏
4. This training program was consistent with my job requirements.	❏	❏	❏	❏	❏
5. This training program was too removed from my experiences at my workplace to be useful.	❏	❏	❏	❏	❏
6. I have used some of the things I learnt at this training program in my work.	❏	❏	❏	❏	❏

Note: Reverse score question 5.

Source: Adapted from Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A.M., Pidd, K., & Watts, S. (2004). *The Work Practice Questionnaire: A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

Competency Training and Development Needs Analysis

The increasing movement towards the professionalisation of the Alcohol and Other Drugs (AOD) workforce has resulted in an emphasis placed on National Training Course competencies as minimum standards of skills and knowledge required to work in the AOD sector. The following Competency Training and Development Needs Analysis template provides an example of how workers (or their manager / supervisor) can assess current knowledge, skills and abilities against units of competency. The example provided here uses a unit of competency from the Community Services Training Package CHC02.

The elements provided in this sample questionnaire are from unit *CHCAOD2C Orientation to the Alcohol and Other Drugs Sector*, however, you can modify the template to list competency elements from a range AOD units appropriate to a worker's skill and knowledge requirements. For example:

CHCAOD6B	Work with clients who are intoxicated
CHCAOD7C	Provide needle and syringe services
CHCAOD8C	Assess the needs of clients who have alcohol and/or other drug issues
CHCAOD9C	Provide alcohol and/or other drug withdrawal services
CHCAOD10A	Work with clients who have alcohol and/or other drug issues
CHCAOD11A	Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues

The structure of AOD competencies and their corresponding elements can be found at www.ntis.gov.au (National Training Information Service). As competency structure and elements change from time to time it is recommended that the website above is checked to ensure currency.

Competency Training and Development Needs Analysis

This analysis is to help you reflect on your job role and to identify any areas where you may benefit from further training and development. The more honest and accurate you are with this, the more effective the resulting training and development plan and activities.

You will be assessing yourself against a unit from the Community Services Training Package CHC02 which is applicable to your job.

CHCAOD2C   Orientation to the Alcohol and Other Drugs Sector

Name: _____

Job Title: _____

Key: 1   = Fully confident I already do this competently
      2   = I require further training and development in some aspects
            of this area
      3   = I require training and development in most or all of this area
      N/A = Not applicable to my job

Elements of Competency and Performance Criteria

National Code: CHCAOD2C/01 Element name: Work within the context of the alcohol and other drugs sector	1	2	3	N/A	Comment
1.1 All work in the sector reflects consideration of the historical context of the sector.					
1.2 All work reflects consideration of the changing social, political, and economic context.					
1.3 All work reflects consideration of the interrelationship of issues affecting clients in the alcohol and other drugs sector.					

Key: 1 = Fully confident I already do this competently
2 = I require further training and development in some aspects of this area
3 = I require training and development in most or all of this area
N/A = Not applicable to my job

National Code: CHCAOD2C/02 Element name: Develop knowledge of the alcohol and other drugs sector	1	2	3	N/A	Comment
2.1 Work undertaken demonstrates consideration and basic understanding of the essential values and philosophy of the sector.					
2.2 All work reflects basic knowledge of the current issues which impact on the sector and different models of work.					
2.3 In collecting information about the alcohol and other drugs sector, the views of key stakeholders and representatives from relevant target groups are collected and used.					

National Code: CHCAOD2C/03 Element name: Demonstrate commitment to the central philosophies of the alcohol and other drugs sector	1	2	3	N/A	Comment
3.1 All work undertaken demonstrates consideration and understanding of the essential values and philosophy of the sector.					
3.2 All work in the sector demonstrates a commitment to access and equity principles.					
3.3 Personal values and attitudes regarding alcohol and other drugs use are identified and taken into account when planning and implementing all work activities.					

Individual Training and Development Plan

Name: _____ **Job Title:** _____ **Team / Unit:** _____

Date	Training and development needs identified (i.e., element of competency to be attained)	Action / activity to be taken	Knowlege and / or skill standard to be attained	Person responsible for implementation	Implementation date (e.g. course date, program start date)	Target completion date	Evaluation method

Team / Organisational Training and Development Plan

Team / Unit: _____

Job title / role	Professional development aims & objectives	Priority	Activities to be undertaken to meet aims and objectives	Standard to be attained / indicators of success (including numbers requiring training)	Person responsible for implementation	Resources required	Implementation date (e.g. course date, program start date)	Target completion date	Evaluation method

Pidd, K., Freeman, T., Skinner, N., Addy, D., Shoobridge, J., & Roche, A.M. (2004). *From training to work practice change: An examination of factors influencing training transfer in the alcohol and other drugs field.* Canberra, Australia: Australian Government Department of Health and Ageing.

This monograph introduces a training evaluation tool (The Work Practice Questionnaire) developed by NCETA that assesses the range of factors likely to impact on training transfer and work practice change in the AOD field. The monograph describes the rationale for the tool, and explains how each of the factors measured by the tool (e.g., supervisory support, personal views, team cohesion) are likely to impact on training transfer and work practice change. It is useful for researchers and managers / supervisors looking to implement and improve training transfer and work practice change in AOD organisations.

Goldstein, I.L., & Ford, K.J. (2002). *Training in organisations: Needs assessment, development and evaluation (4th ed.).* Belmont, CA: Wadsworth.

This book provides a comprehensive overview of the important characteristics of needs assessments and training programs. Central themes highlighted include the importance of needs assessments, learning environments and training evaluation programs. The key principles of training and needs assessment discussed in this book provide managers and supervisors in AOD organisations with useful information on training and evaluation practices.

Clarke, N. (2002). Job / work environment factors influencing training transfer within a human service agency: Some support for Baldwin and Ford's transfer climate construct. *International Journal of Training and Development, 6*, 146-162.

This research paper explores factors affecting the transfer of training within social service organisations and provides a comprehensive overview of the existing literature in the area. The article highlights a number of factors impeding the transfer of training to the workplace. Key areas identified in this study relate to job and environmental factors, specifically, issues relating to a lack of reinforcement of training in the workplace and social workers' understanding of the role of training courses in everyday practice. This paper is most useful for readers interested in workforce development theory and research.

National Centre for Vocational Education Research (NCVER). (2003). *At a Glance: What makes for good workplace learning?* Adelaide, South Australia: National Centre for Vocational Education Research (NCVER).

This discussion paper addresses critical factors for successful workplace learning in the vocational education and training (VET) system. The paper discusses effective approaches to learning, and critical factors, benefits and elements of effective training programs. In addition, different forms of training within workplaces, and the changing nature of these forms of training, are addressed.