cid Council for
Intellectual Disability

Primary Care Enhancement Program focused on the needs of people with intellectual disability

Trainers' Guide

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Introduction and Navigation tool for this guide

Introduction

This guide accompanies the training materials developed as part of the Primary Care Enhancement Program (PCEP) focused on the needs of people with intellectual disability.

This book, the accompanying slides and training materials, are intended to be used by staff working in the Primary Health Networks. However, others using the training materials will find key sections of this guide helpful for understanding them.

The PCEP is one part of the National Roadmap for Improving the Health of People with Intellectual Disability, which aims to:

• improve models of care for people with intellectual disability and their families;

• provide better support for health professionals to provide improved care for people with intellectual disability and

• enhance research, data and measurement to support continuous improvement.

The training materials were developed through a co-design process which included people with intellectual disability, health professionals and Primary Health Networks. (Appendix A provides further information about the PCEP and the development of the training materials)

Materials which accompany this guide

The PCEP training slides - https://cid.org.au/health/pcep/pcep-trainers-slides/

There are a total of 102 PowerPoint slides available, suitable for a range of health disciplines. They are arranged in several file sets:

• A Master set of all slides.

• Sets recommended for specific health professions.

• Supplementary case studies which can be substituted for those in the recommended sets as desired.

Speaker notes pages

These have been presented within the PowerPoint slides

An Easy Read co-facilitator's guide - https://cid.org.au/health/pcep/pcep-cofac-guide/

To assist the PHN co-facilitator and the co-facilitator with intellectual disability to jointly prepare to facilitate workshops. Parts will also be helpful for people with intellectual dis-ability who are participating in expert panel discussions.

Handouts to share with workshop participants - see Appendix H

www.cid.org.au/health/PCEP- trainers-guide-appendices

These are arranged into suggested packs to send before and after the training program but you can modify them.

Links to key resources - see http://www.cid.org.au/health/resources-health-professionals

Both clinical and practical resources intended to assist health professionals working with people with intellectual disability are presented.

Navigation tool - finding the right information at each step

Understand the basics	• Chapter 2: Who is involved.	pp 4 – 5
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	• Flick through the slide set and look over content in the detailed description of the slides.	Appendix F
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Organise co-facilitators	• See Appendix B about recruiting a co-facilitator with intellectual disability and Chapter 4 about a health professional.	Appendix B
	• Re-read chapter 2 about the roles of each co-facilitator.	pp 4 - 5
Know your stuff	• Familiarise yourself with the specific content for your intended workshop.	
	• Share the case study content with the health professional.	Appendix G
	• Work through the Easy Read Co-facilitator Guide with the co-facilitator with intellectual disability.	Easy Read guide
Make your edits	• Choose videos if using them.	Slides
	• Work with your co-facilitator and the health professional to make edits to slides and notes.	Videos
		Pp 21 - 26
Arrange resources	Select your handouts and send them to participants ahead of the training. (Appendix H).	Appendix H
Run the training	See Appendix I and J for tips on running any training.	Appendices I and J
	• After the training, distribute links to relevant resources.	

People involved in the training

Target audiences

The training and accompanying resources have been developed for Primary Care health professionals, including:

• GPs

• Practice nurses

• Pharmacists

• Dentists

• Other allied health professionals, such as speech therapists, psychologists, positive behaviour support practitioners, chiropractors, physiotherapists and so on.

Training facilitators

The training materials were developed through a process of co-design involving people with intellectual disability, health professionals and trainers. All three groups should also be involved in delivering the content.

Roles of each person involved in the training

Person with intellectual disability

The ideal way to involve a person with intellectual disability is as a co-facilitator. Through-out this manual, this person is referred to as the co-facilitator with intellectual disability.

People with intellectual disability can also be included as a member of an expert panel, alongside experienced health professionals. (See chapter 3 about working with people with intellectual disability).

Trainer – from the PHN

A PHN staff member who has experience facilitating workshops and group discussions should be involved. The role can also be shared. They should be an experienced trainer and already confident facilitating workshops. People who do not have experience facilitating workshops will find it challenging to start with this particular training program.

Throughout this manual, this person is referred to as the PHN co-facilitator.

PHN staff are responsible for:

• the work before and after the training;

• the extent to which the slides are adapted and to retain the key messages and

• ensuring that the co-facilitator with intellectual disability is supported. They do not necessarily have to provide that support directly, however.

• Also, liaising with their CPD people for CPD points, if applicable and

• evaluation.

In the training sessions, the PHN person needs to moderate the group discussions and question time, including time-keeping and reminding people to speak accessibly when the co-facilitator with intellectual disability is involved.

The PHN staff member is also expected to know content on health pathways, resources being promoted and what services their own PHN can offer.

Health professional

The health professional's role is to support the delivery of the clinical content and answer questions that may arise. They may also wish to provide their own case studies – that is fine, provided the key messages about reasonable adjustments and clinical content come through from those case studies too. (See chapter 4 about working with a health professional).

Working with a co-facilitator with intellectual disability

The importance of including a person with intellectual disability

The training materials have been co-designed with people with intellectual disability.

Note that both the PHN staff member involved in the training and the people with intellectual disability share the title: co-facilitator. This name was chosen to reflect the shared contributions they bring to facilitating learning in participants.

The collaboration of a PHN co-facilitator and a co-facilitator with intellectual disability establishes the person with intellectual disability as a peer and someone with authority to speak to the training needs of participants, to share insight (not just their story) and to expect participants to respond to their training.

The involvement of people with intellectual disability in delivering the training adds value for the learning outcomes. Research has shown that the involvement of people with intellectual disability in the design and delivery of training can result in trainees reflecting on their values and their past practices and help trainees gain a better understanding of people's own perspectives of their needs and wishes. [1&2]

This chapter outlines how to find a person with intellectual disability to co-facilitate and how to support them to run and prepare for the training. The content is also relevant to involving a person with intellectual disability as an expert in a panel discussion.

1.   Black, L. A., & Roberts, P. (2009). People with a learning disability as trainers: evaluation of a values based pilot training programme. British Journal of Learning Disabilities, 37(2), 129-137;

2.   Flynn, S., Hastings, R. P., Gillespie, D., McNamara, R., & Randell, E. (2020). Trainer and support staff's experiences of engaging with the Who's Challenging Who? challenging behaviour training course. Journal of Intellectual Disabilities, 24(3), 367-380.

Recruiting a person with intellectual disability

An ideal co-facilitator will:

• have good verbal communication skills and confidence to speak;

• be able to use Easy Read materials with support and

• show some interest in the topic of health care, for example, being able to identify things they would like health professionals to know or do.

Someone who has been involved in a speaking or self-advocacy role would be ideal. Involvement in research, community groups, focus groups or creative performances can also be considered relevant experience.

You may already have a working relationship with someone suitable and interested in co-facilitating the training.

If not, then an informal recruitment process can be a good way to find someone. You need to start this process at least 4-5 months ahead of when you plan to run the training. (Appendix B provides a comprehensive guide and a helpful checklist).

Whether engaging someone you know or recruiting someone new, make sure you talk about their level of interest in the topic and their support needs.

Discussing supports

Be matter-of-fact about asking the person what supports they think they would need to be able to both prepare for, and deliver the training. You need to work out whether what you're able to offer matches their needs. Ask them who usually supports them and in what activities, what works for them and what doesn't.

They may already have a support person who regularly works with them. If so, then one option is to pay that person as their support person for this work. Another may be arranging support from an advocacy organisation, paid for by the PHN.

If their work will be supported by someone working for the PHN who is not you, then arrange for them to meet and discuss supports before offering the person the role.

Supporting a person with intellectual disability to prepare

Supporting a person with intellectual disability to decide about sharing their own health care story

There is the option for the person with intellectual disability to share their own health care experiences in the training. It is important to actively check that they are comfortable to do so, not just assume they will tell you if they don't want to. There is a sheet in the Easy Read co-facilitator guide to assist you to have a conversation about this.

Emphasise that they can change their mind later if they feel like it and check with them again later.

Talk about supports – again!

It's important to talk about how you can best support people with intellectual disability, both at the start of preparing to run training and sporadically. In your first 'work' meeting, revisit the supports that work for them.

Use the 1-page profile in Appendix C as a "getting to know you" task and talk directly about supports that work for the person. You should share your own profile, too.

Ask them what works and what does not work for them. Ask also for feedback along the way. Some people with intellectual disability can have a tendency to say "yes" to questions more often than "no". You need to ask in different ways – for example, mixing open and closed questions, or giving options for them to choose from.

Be aware that some people with intellectual disability find it hard to give feedback that could be received as negative. It will help to explain that their tips will help you to learn more about supporting someone with intellectual disability. It also helps to ask about ways to improve your process and give some specific examples of what could be done differently.

Allow plenty of time to prepare

Work through the Easy Read co-facilitator guide together with the person in sections. How much you are able to cover per meeting will vary according to the person and the content.

> Do not just hand the Easy Read co-facilitator guide to the person!
> It is designed to be used with support and with input from the PHN co-facilitator.

How to use the Easy Read guide

The Easy Read co-facilitator guide is broken down into sections to make it easier to work on one section at a time. However, you may need 2 or even 3 meetings for some sections.

• If you are meeting in person, meet in a place where you can sit at a table.

• Print the section you will be working through.

• Look at one page at a time.

• Put the page where you can both see it, so that it is directly in front of the person and straight-on.

• Read through a single section of text (2 or 3 lines) that accompanies a specific image.

• Give time to think and process.

• Information focused on concrete things is easier to learn. If discussing something more abstract, try to find a way to relate it to examples they already know.

• Ask questions that help clarify their understanding of the content. You could use the teach-back method.

> Be sure to take a break if you've been working together for an hour, or if they seem tired or slower.

- Some sheets in the Easy Read co-facilitator guide include prompts for the person to complete some questions which will help them prepare to run the training. Support them to answer the questions on the worksheets by talking about them and offering to write things down (or type them directly) for them.

- At the end of the session, review what you have done together.

- Keep their completed sheets in a folder so you can review them together later. If the co-facilitator with intellectual disability wants to take them home, take a copy first for the folder in your office. Review it at the start of the next session.

- Every few weeks, have a session focused on reviewing what you've done so far, to help the person remember it.

Talk about who does what

It helps for you to clarify early that you must follow certain rules about how much you can change the training. Also, discuss what the person with intellectual disability will and won't be involved in and why.

The co-facilitator with intellectual disability is not expected to be involved in developing content about case-based learning, nor involved in delivering it. There is a sheet in the Easy Read Co-facilitator's Guide which explains this – use it to facilitate a discussion.

Given the co-facilitator with intellectual disability presents slides at the beginning and end of the session, taking a break during the case studies could work very well.

Make all your meetings accessible

Your co-facilitator may be invited to attend project meetings or department meetings or even just a meeting with yourself and the health professional. Information about making meetings more inclusive is available here: www.cid.org.au/issues/inclusion/

Supporting a person with intellectual disability to deliver the training

Prepare

Take time to practice sections of the training beforehand. If it's been a while between training sessions, organise another practice session.

Take them to see the room beforehand. Tour the room, stand where the presenters stand and talk into the microphone. Find out things like how to get from the front door to the specific room and where the bathrooms are.

If you call a venue well ahead of time, most will allow you to access the room when it's not in use, without charge.

Make sure they have a way to contact you and the person supporting them on the day.

Arrange support

If someone other than the PHN co-facilitator has supported them to prepare for the training, then having that person present makes sense. If not, try to arrange someone else to be an additional support that day, just in case it is needed. Arrange a meeting beforehand if they are not familiar with each other.

If a person is joining the panel discussion, they should have a support person with them. The support person should sit with them on stage and be introduced as "[Name] is here to support [person]". When someone asks a question of the person with intellectual disability, give them time to discuss with their supporter before answering.

Be flexible

If the co-facilitator with intellectual disability forgets the content or needs to stop, be ready to ask them if they want your help. At the end of that slide or section, say "I'm just going to pause there for a moment" and speak quietly to the co-facilitator - invite them to resume if they want to.

Encourage!

Just as you would any colleague, tell them what was great about their presenting.

Later, when preparing for next time, you can also give feedback about things that can be improved but keep this short.

Debrief

Arrange a meeting within a few days of the training to talk about how it went, discuss anything they found stressful and give them encouragement.

Ask for their feedback and whether anything could be improved for next time in terms of the structure, content, or supports.

Jack and Laura's top ten tips for supporting someone involved in training

Jack and Laura work at the Council for Intellectual Disability and have contributed to the design of the training materials and resources for the PCEP. Here are their top tips for supporting someone with intellectual disability to co-facilitate training.

- ⊘ If I'm co-facilitating with someone for the first time, organise an introductory meeting with my support worker or someone I trust to discuss my needs and how I work.

- ⊘ Get any materials well in advance so I can go through everything. Make sure all materials and notes are in Easy Read. No long sentences or big words.

- ⊘ Make sure I am involved in the development of resources and materials. Always ask for my feedback.

- ⊘ Have enough time to discuss the content and allow me to think about what I would like to talk about. Spread out the workload evenly prior to the training. Better to have some short sessions, rather than a long one.

- ⊘ Practice my speech or presentation with someone and help me take notes. Speak slowly and make sure I have understood everything.

- ⊘ Read my notes back to me and check if I would like to change anything.

- ⊘ Give me time to practice. When I'm practicing, give me ideas on how to stay on track.

- ⊘ If there will be a planned Q&A, read the questions to me in advance so I can think about my answers.

- ⊘ Review the outline to know when it is my time to talk.

- ⊘ If it's online, get the links with enough time to make sure they work and make sure I know how to join.

Supporting a person with intellectual disability to co-facilitate webinars

People with intellectual disability report that internet meetings and webinars can be quite challenging, especially when there are many people involved. Among other things, the ordering of people on the screen changes every time someone talks or turns their camera on or off. Chat messages and "reactions" can be distracting and messages may not be in accessible language.

Some things that can help are:

• Ask participants to keep their cameras turned on, their mics on mute and to say their name before they speak.

• Turn off chat or ask participants not to use it and to avoid using reactions.

• Pin yourself on your co-facilitator with intellectual disability's screen.

• Ensure another person is available to support the co-facilitator with intellectual disability to be in the webinar, not the PHN co-facilitator. It's best if they are in the same room together but if so, make sure the co-facilitator with intellectual disability is right in front of the camera.

• Try to attend a webinar of a similar size to the one you will be running.

• Have a social catch-up using the same platform to practice using the system in order to get used to it and to test the technology.

• You can pre-record some content with the co-facilitator, and play it during the webinar.

Keeping in touch as you work together

Give people an easy way to contact you and ask what works for them. Consider these points and check what works for the person.

• Not everyone has a mobile phone.

• If sending emails, use Easy Read style text and a large font.

• For texts, insert extra spaces between the sentences.

• Make sure it is not costing them to contact you. If a person calls you, offer to call them back so it is not on their bill. In some areas, public housing provides a landline but calling out to mobiles is restricted. Some people use pre-paid services charged by the minute.

Be prepared to phone someone again if they don't return your calls. If someone leaves you a message, prioritise phoning them back promptly where possible.

Each time you meet, give the person a reminder phone call or text message to reconfirm the day before, as well as a reminder ahead of the training sessions.

It is important to keep in touch with a co-facilitator with intellectual disability regularly. If there are gaps of several months in between training sessions, touch base in between to check-in.

Working with health professionals

Health professionals

Because the training package does involve some clinical content, it is important to have a health professional present to answer questions.

A suitable health professional will be someone who:

• has practised within the last 2 years;

• has substantial experience working with people with intellectual disability;

• recognises the need for training in this area and is enthusiastic about the involvement of people with intellectual disability in the design and delivery of the training and

• is available to run the training, review the content ahead of time and meet with the people/ person with intellectual disability at least once before the first training session.

Ways to find such a professional:

• Advertise in your newsletter and on your website.

• Ask local disability agencies, disability networks and advocacy groups for a recommendation.

• Some professional associations for health professionals have special interest groups focused on intellectual disability. For example, the Royal Australian College of General Practitioners or the Australian Psychological Society. Contact them and ask for help.

• Talk to the developers of your local HealthPathways and find out who they consulted in developing the intellectual disability content.

Supporting health professionals when running this training

A health professional with sufficient experience to answer questions about clinical matters and reasonable adjustments may not be the most vivacious presenter. You will need to ask them ahead of time about their level of comfort in presenting and facilitating group workshops. Make it clear that training is your area of expertise and that you are able to manage timing, group discussions and navigate the slides.

It is also helpful to clarify early on that while there is scope to alter the slides and notes (including the case studies) it is your responsibility as PHN trainer to assess changes against the original key points and learning outcomes.

Using the training materials

Understanding the slide numbers

Every slide in the series has a code made of a combination of letters and numbers. The code is consistent for each slide across the different PowerPoint files, so we suggest you don't change the codes.

The codes all start with S for **Slide**.

This is followed by a unique number between 01 and 102. This is ordered based on the sequence in the Master slide set.

After the number is a letter which tells you the slide set it comes from:

C - The **Common** set – slides recommended for all professional groups.

P - Slides which have been developed or tailored for a specific **profession**.

V - Optional **video** placeholders.

O - Slides that can be used in **other** training sessions.

These terms are described below.

The 'Common slide set' – C

Slides that are recommended for all professional groups are numbered S1C – S29C.

These slides relate to:

• Welcome, introductions, housekeeping.

• Introduction to health care in people with intellectual disability.

• Introduction to the case studies.

• Reasonable adjustments.

• Communication

• Question time, thank you and wrap up.

All slides involving the co-facilitator with intellectual disability are within the shared set. This means they can present the same information across multiple audiences.

Slides tailored to specific professions – P

Slides that have been created or tailored for specific professional groups are numbered from S40P onwards. They are marked with P.

These slides relate to:

• Case studies, which differ for different audiences.

• Key clinical information highlighted in the case studies.

• Showcasing the resources available for specific professional groups.

Slides for use within other PHN training

Slides numbered S31O to S37O have been designed to be used within other training. They are marked with O.

Examples of the codes

• Slide S11V is a video placeholder that is the 11th slide in the Master file.

• Slide S93P is a slide tailored to a specific profession (dentists) which is the 93rd slide in the Master file.

• Slide S37O is a slide designed to be used in other training to highlight key points when working with people with intellectual disability.

Choosing which slides to use

Running a stand-alone session

To run a stand-alone session aimed at a specific group of health professionals, simply use the common set, along with the relevant slides which have been tailored for that professional group.

Using the 'recommended' PowerPoint files

There are PowerPoint files already created which combine the common set with slides tailored for specific groups.

Each of these are intended to be presented in the following order:

• Both co-facilitators are involved at the start of the training. The co-facilitator with intellectual disability presents information about health in people with intellectual disability and their own healthcare experience (or a video is used).

• PHN co-facilitator then runs the case-based learning section (case studies) with the assistance of a health professional.

• The co-facilitator with intellectual disability then returns to summarise the information on reasonable adjustments and talk about the importance of communication.

There are sets for:

• GPs and practice nurses – as either a

  - 1 hour express or

  - 1.5 – 2 hour workshop.

• Dentists.

• Pharmacists.

• Allied health professionals – focused on mental health clinicians, positive behaviour support specialists, speech therapists and occupational therapists. (A companion workshop outline for each set is provided in Appendix D).

In addition, there are supplementary case studies that can be substituted for the case studies in these sets. (See Appendix G for details).

Using training materials in other training

The slides, case studies, resources and videos may all be used in other training provided it is offered on a not-for-profit basis. This includes university courses, within other training for health professionals and online. To do so, simply acknowledge that the material came from the PCEP National training program and clarify if you have adapted it.

Example of using brief slide set within other training

Amy is running a workshop for GPs focused on cardiovascular disease. As part of that workshop, GPs are presented with a case study – someone who does not have intellectual disability. At the end of that case study, Amy uses slides S97O and S98O to prompt participants with the questions:

"What if this person had intellectual disability?"

"Would your approach change?"

"What would remain the same?"

Amy highlights the PCEP resources for health professionals in the session using S34O and S35O. When sending out certificates, they include the link to those resources and the Comprehensive Health Assessment Program.

Example - using the recommended slide sets

Han is organising a workshop for dentists. They use the Dentists slide set.

They work with a co-facilitator with intellectual disability, using the materials in the Easy Read co-facilitator guide to prepare in advance of the training.

Han also arranges a special-needs dentist to be available during the workshop. They send the full Dentists slide set, asking the dentist to review slides S91P through S100P in particular. They also sent the slide descriptions for Stacey and Leon (from Appendix G) to the special-needs dentist one month in advance.

During the training, Han navigates the slides, moderates the group discussions, and manages all timings, including during group discussions. The co-facilitator with intellectual disability speaks to the slides in the common set (S2C through S12C), as well as describing their own experience of health care.

During the case-based learning, Han reads the case studies aloud and delivers the discussion questions to participants. The special needs dentist gives feedback on the answers shared amongst the broader group and elaborates where needed.

The co-facilitator with intellectual disability then presents slides S14C – S21 on reasonable adjustments. At question time, the special-needs dentist, the co-facilitator with intellectual disability and Han all answer questions according to their own expertise.

Both co-facilitators jointly present the final slides from the common set (S27C through S29C) including thanking the health professional involved.

The next month, Han and his co-facilitator run a workshop for GPs. The co-facilitator with intellectual disability is able to deliver the same content from the shared set as they did for dentists (S2C to S12C; S14C to S21C and, and S27C – S30C). An experienced GP presents their profession specific slides (S63P through S75P) and provides feedback on participants' responses to the case studies. Han takes care of all slide navigation, moderates the conversations, and manages timing.

Modifying content

All of the materials can be used flexibly, with the exceptions noted below.

The format of the speaker notes

The notes section of most slides includes both:

• brief speaker notes which outline the key points to cover and

• an optional script.

Case examples are written in italics. These should be read verbatim (as written) to ensure all the clinical information is conveyed.

Modifying the slides and notes

The key points in the brief notes section of each slide should be covered when presenting the training.

A "suggested script" is provided within the notes section as some people find this helpful. The co-facilitators and health professionals are encouraged to modify the script as they please (including simply speaking to the key points in the brief notes).

Co-facilitators can also modify the slides to highlight localised information or to make small adjustments to the case studies to suit the professionals' preferences.

If you change text on the slides, or are no longer covering the key points, you must acknowledge that that material is your own, adapted from the PCEP national training resources.

You can do this for individual slides, or more generally for the entire training if much of it has been adapted.

Hiding and unhiding slides

Some slides are "hidden". This means they will not show on a slide show.

This is to give options for things like:

• housekeeping for webinar vs face to face;

• including a health professional's photo and introduction at the beginning and

• using videos in place of the co-facilitator with intellectual disability's own story.

To unhide a slide, right-click on it and select "unhide". To hide a different slide, right click and select "hide".

Turning animations on or off

Some slides have animations. This allows the PHN co-facilitator to synchronise their timing verbally with text appearing on the slide in real time.
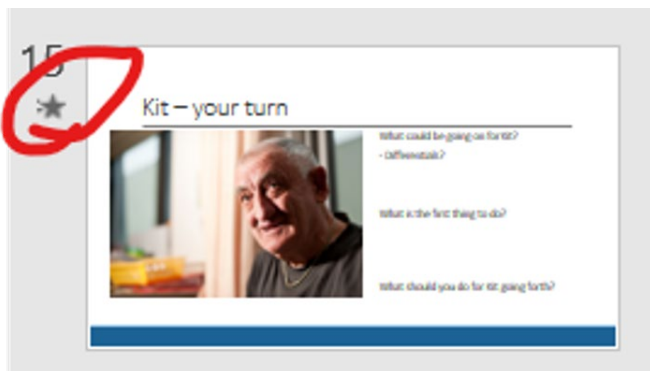
Slides with animations, are identified by a small star on the left of the slides menu.

If you prefer to present without animations, you can turn them off.

💻 **https://www.howtogeek.com/407396/how-to-disable-or-delete-powerpoint-animations**

There are no animations in any of the slides suggested for the co-facilitator with intellectual disability to present.

Tailoring the slides for the presenters

You must tailor the following slides:

SLIDE NUMBER	WHAT IS NEEDED
S4C and S5C	Insert images of the workshop facilitators.
S3C – S30C	Insert a photo of the co-facilitator with intellectual disability in the corner of most slides within the Shared set to remind participants to speak in an accessible manner.
S49P and S70P	Insert your local HealthPathways information.
S38V	Tailor with the name of the person in your chosen video.

Substituting case studies within the recommended sets

The recommended slide sets already contain suitable case studies. However, in addition to the existing recommended slide sets, there are supplementary case studies which can be substituted to suit your needs. They can also be used alongside the existing case studies if running a longer workshop. Seek the health professional's advice on whether the supplementary cases are suitable.

Appendix G contains a detailed description of each case study, as well as the clinical and practical implications of it, along with reasonable adjustments that could apply.

Cases for allied health professionals with a greater focus on physical therapies

The case studies on Engela or Marcus can be used within the allied health slide set if you are targeting allied health professionals with a greater focus on physical therapies. Simply replace the existing cases in that set. It is also acceptable to mix and match the case studies for an audience of mixed allied health professionals. However, PHN co-facilitators should work with the health professionals involved to review the case studies and choose the best fit for the intended audience.

Case studies focused on First Nations peoples.

The case studies focused on First Nations people are able to be used across a broad range of audience groups. PHNs are encouraged to use them.

For allied health professionals, they can also be used in place of a case study in the allied health set. Simply remove one case study and add in either Warren or Kylie. Work with your health professional to determine which to substitute as different combinations will work better for different professions.

For GPs, do not remove a case study. However, you can run a 1.5 hour workshop using the GP express series of slides and add in the case study of Warren.

The case studies of Warren and Kylie can also be used together within the allied health slide set if you are presenting to Aboriginal health professionals.

Substituting case studies with the health professional's own cases:

A health professional may wish to use their own case studies. This is acceptable, provided the case adequately covers the key points from the case you are removing. Review the slides that follow the case studies you are removing and make sure the key resources highlighted are relevant to the new case study.

Additionally, if using the health professional's case studies:

• change the demographics (and if needed, rare medical conditions) to maintain confidentiality and

• keep any reference to the work of other health professionals or disability professionals very general.

> The health professionals and the PHN co-facilitator are jointly responsible for determining whether the key points are covered in the case studies used.

Choosing video content

Videos to accompany this training are available here:

🖥️ **www.cid.org.au/health/PCEP-videos**

They can be used flexibly in the training or shared after a workshop, or even to promote a workshop. If you have editing skills, you can mix and match different clips or truncate them.

To insert a clip in your slides, follow instructions here:

🖥️ **https://www.youtube.com/watch?v=S2sCNNz_ldw**

You can also start the video part way through.

Below is a description of the videos and the slides where they can be used, organised by number.

VIDEO NAME	LINK	DESCRIPTION	CAN BE USED WITH SLIDE #
Jack and Laura talk about the right to good health care.	www.cid.org.au/health/ PCEP-videos-right-to-hc	Health outcomes are poorer for people with intellectual disability but we have a right to good health care.	
Jack talks about his speech therapist.	www.cid.org.au/health/ PCEP-videos-Jack-st	Great for allied health professionals. A switched-on speech therapist picked up that Jack was at risk of aspiration on food. A methodical investigation confirmed it.	S12C
Laura's GP learns from her.	www.cid.org.au/health/ PCEP-videos-laura-GP	Laura once gave feedback to her GP about how he could do a better job. Now, she sings his praises.	S12C
Laura and her dietitian work together.	www.cid.org.au/health/ PCEP-videos-Laura-goals	Laura shares her experience of consulting dietitians and the difference it makes to her to be given information and choice, rather than a restrictive practice.	S12C

VIDEO NAME	LINK	DESCRIPTION	CAN BE USED WITH SLIDE #
Jack's message about including the end user.	www.cid.org.au/health/ PCEP-videos-Jack-end-user	Particularly good for OTs but relevant to many areas of care. Jack talks about his experience of feeling left out of decisions about his own assistive equipment and the results.	
Jack's Comprehensive Health Assessment.	www.cid.org.au/health/ PCEP-videos-Jack-CHAP	Jack's vision problems were detected and corrected as a result of a proactive check-up using the Comprehensive Health Assessment Program.	S39O & S12C
Eamon's story (long).	www.cid.org.au/health/ PCEP-videos-Eamon-long	Eamon uses a communication device. Here, he talks about a recent negative health care experience and states what he wishes health professionals would do when communicating with him. His support worker also explains how Eamon communicates.	S22C
Eamon's message (short).	www.cid.org.au/health/ PCEP-videos-Eamon-short	A powerful message that highlights the need to respect Eamon's autonomy.	S22C
Dr Laura Jones on communication	www.cid.org.au/health/ PCEP-videos-Dr-Jones-AAC	Dr Laura Jones is an expert in Augmented and Alternative Communication (AAC). Here she talks about different forms of communication that adults can learn and the incredible difference it makes to their lives.	S23C

Getting a better understanding of your slide contents

Appendix E lists all slides in a table.

Appendix F provides detailed notes about each of the slides to allow a PHN co-facilitator to understand the material. Use this when reviewing the slide sets to understand the content of the slides. The notes in the notes section of the slides can also assist.

Appendix G has a detailed description of each case study and the clinical and practical implications of it, along with reasonable adjustments that could apply. Be sure to read the case studies recommended for the health profession before running the training.

Note that several of the case studies are used for both medical and allied health professionals but slightly different clinical information is provided for medical vs allied health workers. Some elements of the group discussion will be the same across all groups but some parts will be different for each profession. Work with the health professional involved in your training to understand what they think is important to highlight for their specific profession. They can then make adjustments to the slide and notes.

Delivering the training

Planning ahead

Continuing Professional Development Points

If your organisation has accreditation to offer Continuing Professional Development Points, then investigate whether the training you will deliver can be approved for this, particularly for GPs.

Many times, points can still be claimed based on hours engaged in the training, including activities or reading before and after the workshop.

(Appendix I has helpful advice about preparing for any training session, and Appendix J tips for running a Webinar).

Promoting the training:

When promoting the training, it may help to advertise:

• That it focuses on case-based learning with a showcasing of clinical and practical resources.

• That it was co-designed with people with intellectual disability, along with experienced health professionals.

• The names of the people involved in running it, including the health professional.

• Whether any Continuing Professional Development points are attached to the training.

Some general practitioners will be more responsive to training which involves only other GPs (and perhaps practice nurses). So, marketing GP workshops separately may result in more GPs attending.

Using the handouts and resources to accompany the slides

See Appendix H for the handouts to accompany the training. These are arranged into packs to suit different health professions. However, you can change the selection and the timing to suit your needs.

The resources for health professionals developed as part of the PCEP are available here:

⌨ **www.cid.org.au/health/resources-hp-intellectual-disability**

You may wish to share this link with participants after your training course.

Provide participants with a written copy of the case study descriptions (the text in italics and the photo) as a handout in the session. You could also send it to participants ahead of time to help them prepare.

Sending the entire slide set ahead of time is also a good idea as it enhances accessibility of the information.

Delivering a workshop

Supporting your co-facilitator with intellectual disability.

Before delivering a workshop, review the hints in Chapter 3 about supporting a person with intellectual disability to co-facilitate training.

The workshops are a mix of content delivered via slides and group discussion using case-based learning. At the end of each case, general principles related to it are discussed.

• If possible, have the co-facilitator with intellectual disability start the session.

• You will likely need to remind people to use accessible language. When you do, say something like "It's OK we are all learning how to do this, me included".

Facilitating case-based learning

Health professionals report feeling unconfident working with people with intellectual disability so try to boost participants' confidence, especially early on.

For early group discussions, ask people to share with the person or people closest to them initially. This helps people feel comfortable enough to share. Validate people's answers as much as possible and encourage the health professional to do the same (provided the responses are not incorrect).

It is still important that people walk away equipped with accurate knowledge. When moderating the group discussions, be sure to check with the health professional involved in running the training if they have anything to add to a person's comments.

Pay attention to timing

The workshops do not have much scope to recover if time is not managed along the way. This can be difficult when moderating discussions. You may wish to advertise them as running for longer than anticipated, with additional question time if it runs quicker.

End on a positive

Don't forget to congratulate your co-facilitator and arrange a chance to debrief soon after the training.

Congratulate yourself too, especially if this was the first time you co-facilitated training on this topic or with a co-facilitator with intellectual disability. The roll out of the PCEP training package aims to improve the health outcomes of people with intellectual disability. We hope you've found your involvement in it highly rewarding.

APPENDICES

Appendices to accompany this manual are available for download here:

💻   **www.cid.org.au/health/PCEP-trainers-guide-appendices**

Appendix A - Background to the PCEP and the training materials

Appendix B - Recruiting someone with intellectual disability.

Appendix C - One page profile

Appendix D – Suggested learning outcomes and session outlines
for the recommended slide sets

Appendix E - Summary of all slides

Appendix F - Detailed description of the slides

Appendix G – Detailed description of the case studies

Appendix H – Handouts to accompany the training

Appendix I – Tips for running any training

Appendix J - Webinar user guides

SLIDES

Slides are available for download here:

💻   **www.cid.org.au/health/PCEP-trainers-slides**