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Training Volunteers to Deliver a Breast Health Programme

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(Editor-generated) Abstract

The authors provide a detailed explanation of the implementation of a breast health training program in conjunction with the Canadian Cancer Society, Ontario Division. The authors discuss the development and delivery of the program, as well as considerations for future training programs.

(Editor-generated) Key Words:

breast health training, Canadian Cancer Society, health promotions training

Historical Background

Since its establishment in 1938, the Canadian Cancer Society (CCS) has placed strong emphasis on the importance of early detection of cancer. Although breast cancer has always been an area of concern, it has taken many years to develop a clear message and an organized programme of delivery. The struggle to establish this programme was affected by both internal and external forces such as:

- the reluctance of the medical community to support breast self examination (BSE) as a valuable health habit;
- the increasing expectations of educated health consumers;
- the increasing frustration on the part of women wishing to exercise control over their own bodies in the area of breast health; and
- the desire of CCS volunteers to respond, but unable to act because of the confusion created by the lack of

consistent research and information from the medical community.

During the 1970s although breast cancer was the leading cause of cancer death of women, women felt powerless to play a part in cancer control. Women did not request examinations from their doctors and rarely practiced self-examination.

By 1989 it was clear that women in Ontario felt the time had come to be more assertive about breast cancer issues. The public demand for information, effective and accessible services, and research into the cause of breast cancer began to escalate. More and more breast cancer survivors began to speak out about the need for early detection, and the media provided a public platform for the debate.

The debate regarding BSE and mammography in the medical community continued. However, there was a growing body of research that supported a multi-faceted approach to early detection of breast cancer. In 1991, the National Board of

Directors of the CCS approved guidelines on mammography, physical breast examination, and a set of recommendations regarding breast self-examination based on the report from the National Workshop on the Early Detection of Breast Cancer in 1988 (The Workshop Group, 1989). At the same time, the Ontario Government launched a major new initiative—the Ontario Breast Screening Program.

The Society recognized that a strong health promotion programme on breast health and the early detection of breast cancer was necessary.

The development of the Canadian Cancer Society, Ontario Division Breast Health Programme

Breast health is defined as “taking personal responsibility for awareness and actions throughout one’s lifespan that can lead to the early detection and treatment of abnormalities that may develop in the breast.”

The Education Committee of the Canadian Cancer Society (Ontario Division) established a Breast Health Working Group with a goal to develop strategies and resources to inform the public about the early detection of breast cancer.

In preparation, the Breast Health Working Group reviewed materials, surveyed volunteers on their experience in delivering breast health messages in their communities, obtaining internal support for the Breast Health Awareness message, began to work with the Division’s Medical Affairs Committee to promote breast health among the health professional community, conducted a worldwide review of existing programmes, and established partnerships with external groups such as the Ontario Breast Screening Program.

In 1992, a Health Promotion Grant from the Ontario Ministry of Health was received to develop a well-planned, high

quality, volunteer delivered Breast Health Awareness Programme in Ontario, which recognized the complexity of the issue.

Two health promotion consultants were hired to develop a breast health training program for CCS volunteers. With the Breast Health Working Group of the Education Committee, they formulated the goals of the program.

Goals of the Breast Health Training Programme

- To provide the women with information and support that will motivate them to adopt positive breast health behaviors.
- To educate women that early detection of breast cancer can save lives.
- To work collaboratively with the community to promote positive breast health behaviors.
- To encourage women to
 - adopt the Canadian Cancer Society—Ontario Division breast health guidelines;
 - act promptly and assertively if there are any breast changes;
 - be more knowledgeable and less fearful about breast cancer;
 - take responsibility for their own breast health.

To effectively deliver this new CCS program a “train-the-trainer” program was developed, with supporting recourse materials, to prepare volunteers in local communities. Two trainers were recruited from each of the nine CCS Regions to train local breast health volunteers to deliver the breast health message.

The train-the-trainer program consists of four parts: targeted recruitment and selection, training the trainers, evaluation, implementation and follow-up.

Targeted Recruitment and Selection

Recruitment was targeted to volunteers who had teaching or training experience and who had knowledge of the topic area, in this case breast health issues.

Two breast health trainers were recruited for each of the nine CCS Regions in the province; the caliber of candidates who applied for training was extremely high.

Prior to beginning recruitment, the desired skills, knowledge, experience and qualities of the trainers were identified. The criteria for recruiting volunteers were carefully selected to enhance the ability of the trainers to relate to a diverse audience targeted for breast health messages.

The criteria included: education, nursing background, experience with volunteers, training experience, community skills, breast cancer personal experience (they must have worked through their feelings and be comfortable with the CCS Guidelines), breast health experience (e.g., Ontario Breast Screening Program, current involvement in breast health programmes, etc.), communication skills, organizational skills, second language, second culture, personality/approachability, female, grooming, and age 40+.

A screening process based on the criteria was set up. A point system was used to assess the qualifications in the selection of the successful candidates. The criteria were weighted based on “essential qualities,” “desirable qualities,” and “nice but not necessary qualities.”

Recruitment was carried out through the local CCS unit offices. Information about the training session, a job description and a clear outline of the recruitment process was given to the staff and senior education volunteers in the local offices. Identifying the benefits of carefully electing recruits and providing the local office with the desired qualifications of prospective trainers were crucial steps in gaining support.

Once the candidates were recruited, interviews were conducted with individuals whose written applications most closely reflected the identified criteria.

The interview provided an opportunity to assess the individuals’ interpersonal skills, willingness to follow CCS guidelines and to get further information about the recruit’s qualifications. It also allowed the candidate to ask questions and clarify expectation of the trainer’s role. The requirements of the position were clearly laid out to the candidates including time, commitment and work expectations.

The interviews were conducted from the provincial office by telephone. In some cases it was difficult to get a clear picture of the candidate. To assist with the screening process the health promotion staff at the regional level were consulted and reference checks were done on all potential candidates.

Once successful candidates were identified, a written contract was signed. The contract clearly outlines the role of the trainer and the role of the Canadian Cancer Society. The contract anticipated a two-year commitment.

Factors for \Success

Recruitment/Selection: targeted recruitment; clearly identified trainer qualifications; candidate interviews; reference checks; and written definition of roles.

Training the trainers: The trainers recruited from each of the CCS Regions were trained to prepare local breast health volunteers in each of the regions to deliver the breast health programme.

The consultants hired to develop the Breast Health Training Programme delivered the first training session.

Setting: The training workshop was held in a quiet, scenic location with a minimum of distractions. It was held for the three days,

starting in the evening of the first day and ending midday on the third day. The large block of time allowed participants to become familiar with the programme content, the principles of adult education, and to practice training and presentation skills in a supportive team environment.

The staff partners for the Breast Health Programme and the health promotion consultants from each of the regions attended a portion of the workshop. This meeting provided an opportunity for staff and volunteers to discuss their complementary roles, their expectations, communication channels, and initial planning for their respective areas.

The schedule was full and demanding; however, the feelings of exhilaration, energy, and accomplishment, and the bonding amongst the participants outweighed the exhaustion experienced by the participants by the end of the three days.

The first night set the stage for a workshop based on the principles of openness, honesty and respect. A warm-up or icebreaker exercise started the evening and expectations for the three days were outlined. The needs of the participants were identified and addressed by making adjustments in the agendas wherever possible and through the use of the “parking lot.” The “parking lot” is a blackboard or flip chart where questions and concerns that cannot be addressed immediately are tabled for further consideration.

Factors for Success

Training: three-day training session; a comfortable, quiet residential setting; involvement of both the provincial and regional staff support; team approach with two trainers from each region; and co-facilitation of the workshop.

B. Content

(a.) Breast Health Content

Because breast health is a concept based on an evolving science, it was important to provide trainers with a clear understanding of which areas are based on proven research, which areas continue to be controversial, and the rationale behind the CCS Breast Health guidelines.

The trainers’ resource manual/edu-kit was circulated prior to the workshop. Participants were asked to familiarize themselves with the content, the background materials, and the resources.

During the workshop, the factual content on breast health was delivered by an external expert in a short presentation with time for questions. The purpose of this segment of the workshop was to allow the participants to gain a comfort level with the baseline information without providing an expectation of expertise.

The information was supported by materials that had been reviewed by a number of experts on the subject. These materials are part of the trainer’s resource manual.

(b.) Adult Education

The principles of adult education were incorporated throughout the workshop. Participants learned through role modeling, group work, utilization of all the learning approaches, e.g., auditory, visual, hands-on.

Topics discussed included: how adults learn, the experiential learning cycle, planning effective workshops, tasks of a trainer, adapting for special audiences, selecting training techniques, controlling individual behaviors, and working with groups.

(c.) Practical Demonstration by Participants and Trainers

The ability to deliver messages clearly and effectively is essential to a good trainer. An integral part of the training was to provide an opportunity for individuals to practice this skill by giving a presentation. The presentations were done in teams of two

and were critiqued by the trainers and a group of their peers. Although this exercise produced anxiety, the insights and learnings gained were valued. Participants were able to learn from the techniques used by their peers, the trainers and through the evaluations of their own styles.

A change in the agenda occurred when the participants requested a demonstration by the trainers of a typical 30-minute breast health presentation. This proved to be a valuable addition to the agenda as it provided an opportunity to role-model excellence.

Factors for success

Content: Pre-circulation and review of resource materials; role model excellence; practical demonstration/skill building; and immediate application, through presentation, of materials learned.

Evaluation

Four aspects/components of the training program were evaluated:

- a. Knowledge—a pre- and post-test were administered to assess the knowledge component of the breast health programme. Key principles were tested and a pass mark of 80% was required. All participants passed the written test.
- b. Demonstration of Skills— Demonstration of one segment from the breast health presentation in the Edu-Kit was used to evaluate the participant's ability to deliver a message clearly and effectively. Feedback was given to participants by both peers and the trainers. Valuable learning occurred through the identification of strengths and weaknesses in their presentation style.
- c. Attitude—The trainers were evaluated on their ability to listen, to adapt materials to diverse learning styles. The results indicated that the participants could apply the learning principles in different situations, adapting to specific volunteer needs.
- d. The Training Process—Each participant completed an evaluation of the recruitment, selection and the training process. Their comments are reflected in the following section on what we would do differently.

All participants successfully met the requirements for the completion of the training. The dedication of the volunteers is demonstrated by the example of one of the participants who moved out of the province but voluntarily returned to carry out one training sessions. All others are still active as a trainers a year-and-a-half after the training.

The Breast Health Working Group, in conjunction with the Behavioral Research and Program Evaluation Unit of the National Cancer Institute, are currently developing various evaluation tools to assess the Breast Health Programme. The evaluation is to measure the impact of the training on the intended audience.

Key Factors for Success

Evaluation: using a variety of evaluation approaches—i.e., knowledge test, demonstration, observation and process; and evaluation of all aspects of the training program.

Implementation and follow up

Since the training, held in the spring of 1993, all nine regions in the province have held at least one training session for locally recruited volunteers. To date, in total, 17 training workshops have been held and well over 200 volunteers have been trained.

Ongoing supervision is provided by the Health Promotion Consultants in the field. In some areas the trainers have held questions and address concerns of the local volunteers who deliver the program in the community.

The CCS-Ontario Division Breast Health Working Group is available to answer any volunteer and/or trainer questions or concerns. There have been regular mailings to update both groups on new resources and initiatives.

The local volunteers have been extremely active in delivering the breast health message to both women and mixed audiences, in community settings as well as in the workplace. Volunteers are asked to submit report forms and a complete provincial tally indicates in the first year of the training program 225 local volunteers have been trained. These volunteers have been involved in 368 activities, including presentations, special events, media promotions, mall displays, etc. The estimated audience reached is approximately 15,000 people.

What would we do differently next time?

The evaluations of the training were overwhelmingly positive. However, there are a number of areas where we felt the training could and should be strengthened.

Resource materials need to be circulated well in advance of the workshop. This would allow more time for participants to read and digest the content and would facilitate learning during the actual workshop. In addition, because of the complexity of the manual, time should be spent at the beginning of the workshop to walk through the content and layout of the manual with the participants.

Secondly, time should be put into the agenda for a model presentation using the program content. Participants want to see how a "real" presentation is done. The model presentation supplements the peer

presentations, providing a large range of styles from which to choose.

Thirdly, more time should be allowed in the training sessions to discuss and plan how the training program will be implemented in the trainer's home region. This preparation is essential to decrease anxiety about the tasks ahead, to develop action plans and to anticipate road blocks and begin problem solving. The planning would be best facilitated with a staff partner.

A Friday night startup was a struggle for many of the participants. They were tired and stressed from a busy work week. An alternative proposal suggested a later finishing time on Sunday afternoon.

Conclusion

There is a role for volunteers in the delivery of a breast health promotion program at the community level. The important factors to ensure the delivery of a quality program include: (a) the clarity of content area, (b) carefully recruited and selected candidates based on a set of identified criteria, (c) offering skill building opportunities in training, (d) testing to ensure competence and accuracy in message delivery, (e) evaluation, and (f) a mechanism for follow-up support and updating of information. People with skills and interest, given training and support, can greatly contribute to a community-based program.

Reference

The Workshop Group. (1989). Reducing deaths from breast cancer in Canada. *Canadian Medical Association Journal*, 141, 199-201.

About the Authors

At the time of the article's original publication...

Merle Kisby, R.N., B.Sc.N., had been actively involved, for 10 years, with both volunteer and professional training programs. Training programs and train the trainer models had been developed with the Halton Region Health Department, School Smoking Prevention Project, Council for a Tobacco Free Ontario, the Ontario Tobacco Strategy, the Ontario Breast Screening Program and the Canadian Cancer Society, Ontario Division. Merle was principal of Kisby and Colleagues, Health Promotion Specialists. She co-developed the Canadian Cancer Society, Ontario Division Breast Health Programme with Marilyn MacKenzie in consultation with the Societies Breast Health Working Group.

Marilyn MacKenzie, R.N., B.Sc.N., M.Ed. had been a long-term Education Volunteer with the Canadian Cancer Society. She was also a founding partner of Partners Plus, a consulting firm specializing in volunteer management issues. Marilyn developed the Canadian Cancer Society Breast Health Programme with Merle Kisby in consultation with the Societies Breast Health Working Group.

Diane Finkle, M.A. was Manager of Health Promotion for the Ontario Division the Canadian Cancer Society. Diane had been involved in volunteer sector management for over 10 years and had worked for organizations such as the Easter Seal Society, the Red Cross Society, and the Ontario Federation for Cerebral Palsy. Diane has a Master's degree in Canadian Studies and a Certificate in Voluntary Sector and Arts Management from York University in Toronto.

Carolyn Hill, R.N. had 20 years of volunteer involvement with the Canadian Cancer Society, Ontario Division, many of those with the Society's public education programs. Carolyn chaired the working group that developed the Cancer Society's Ontario Breast Health Programme, which was implemented in the spring of 1994. Carolyn trained as a Public Health Nurse at the Hamilton Civic hospital and the University of Western Ontario where she received a Diploma in Public Health Nursing.