Queensland Health

Clinical **Excellence** Queensland

Train the Trainer Principles

Delivering training in the use of Personal Protective Equipment

Improvement | Transparency | Patient Safety | Clinician Leadership | Innovation

Queensland Government

Welcome & Housekeeping

- Introduction
- Use of zoom – mute, raising hand, asking questions
- Breaks
- Notes/resources

- NB: As Aged and Disability Care providers your facilities fall under Commonwealth jurisdiction. This session makes reference to the *Communicable Disease Network Australia (CDNA) National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia* however the steps in the PPE training have been based on QH practices, which differ slightly from the CDNA guidelines. The differences relate to the number of moments of hand hygiene in between steps of donning and doffing PPE. It is suggested that participants verify the requirements for their local circumstances and adapt these resources to comply with the appropriate guidelines.

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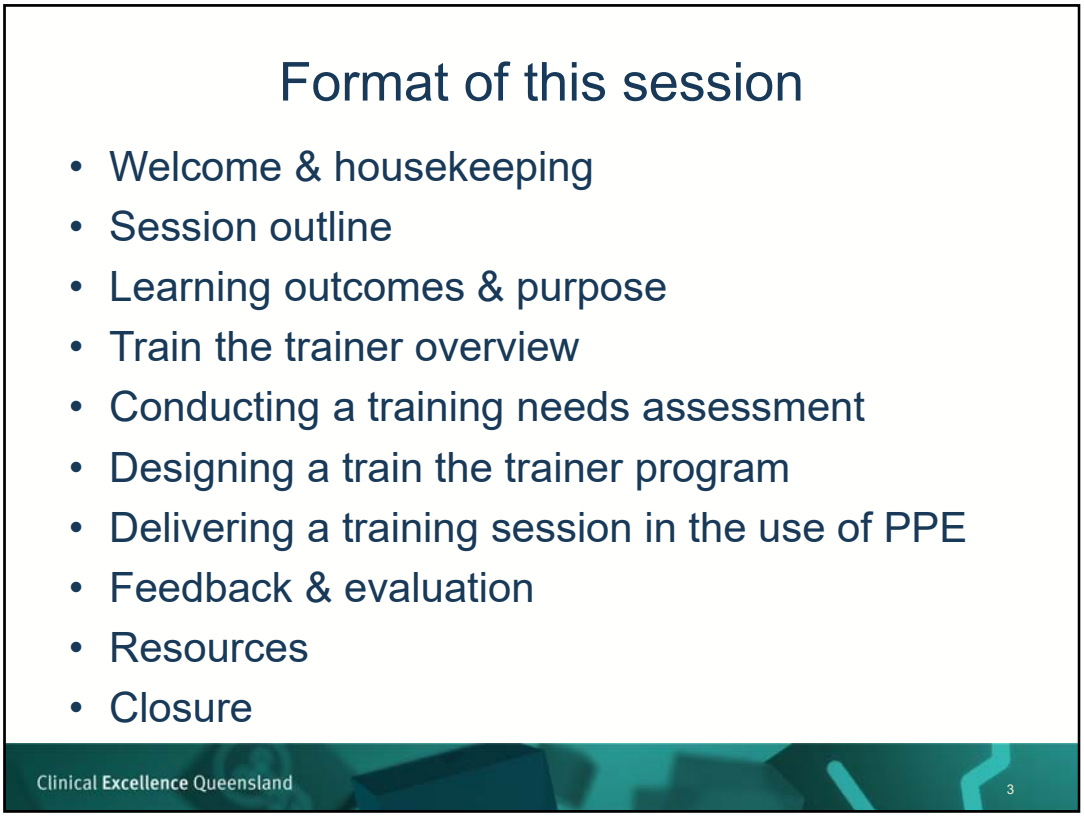
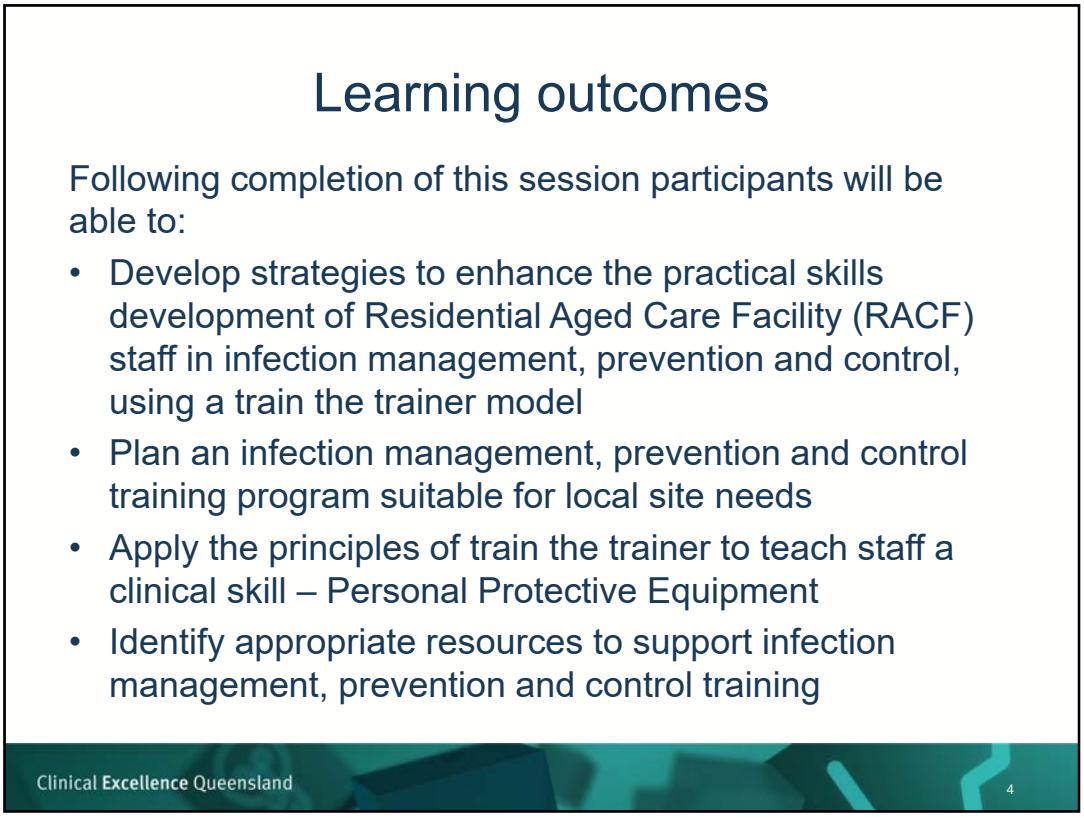
Whilst a resource list will be provided at the end, it may be useful to take some notes. A PDF of the powerpoint slides will be made available on the website after the session, but other items will be discussed that you may want to note down.

Please note that the information and resources provided for these sessions are based on the Queensland Health standards. **As Aged Care and Disability Care providers your facilities fall under Commonwealth jurisdiction. I have made reference to the Communicable disease Network Australia (CDNA) National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia throughout the presentation but the steps in the PPE training have been based on QH practices. The differences relate to the number of moments of hand hygiene in between steps of donning snd doffing PPE. It is suggested that you verify the requirements for your circumstances and adapt these resources to comply with the appropriate guidelines.**



Meta learning : Agenda – we are now giving the session outline. It is important when training to let learners know what to expect – it frames their expectations of the session.

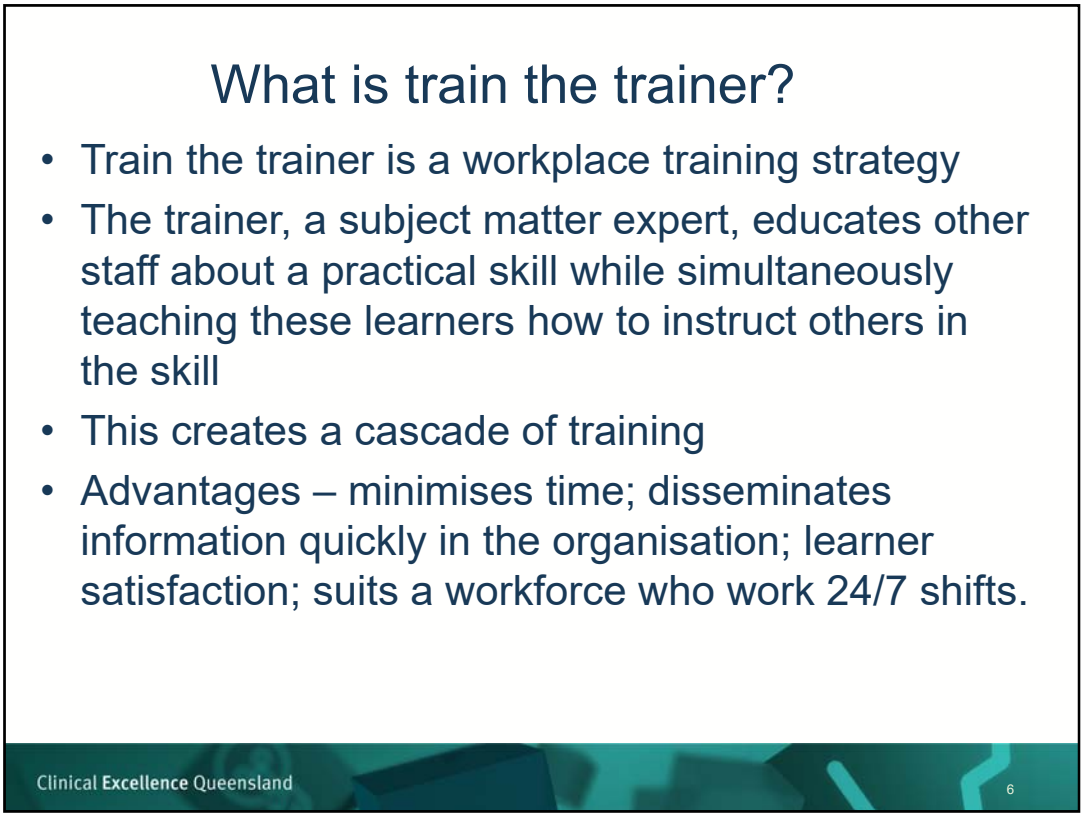


Later in this session I am going to talk about the importance of writing a learning outcome for your session. These are the learning outcomes for this session.

Purpose of the session

The intent of the *Train the Trainer Principles* session is to:

- build capacity within the private RACF and disability sector to successfully plan, implement and evaluate an infection management and control training program within the facility in response to the COVID-19 pandemic
- provide a scaffold for the teaching and learning considerations that support achieving a sustainable, capable workforce that is respected for quality and competence



It is noted that virtual training in relation to practical skills such as the use of Personal Protective Equipment (PPE) is not effective on its own, and that further in person training at the local level will be needed. A train the trainer session has been included in this series to support local leads to do this.

There are many methods of workplace training. Some examples include lecture style presentations, workshops and facilitated discussions. Train the trainer is a method that is useful when there are a large number of people to train, the workforce are shift workers and/or training is required to be conducted in a short timeframe. It is not suitable for all types of training need.

The intent is that you will develop a training program for a small number of staff. You will instruct them in the skill e.g. how to put on and take off (donning and doffing) Personal Protective Equipment (PPE) and at the same time provide them with techniques to teach this donning and doffing of PPE to small teams of their colleagues.

In this session I will be covering the major considerations and steps in setting up an entire train the trainer program. Depending on the needs and size of your organisation it is likely that the only aspects you will need for your employees is the section about delivering the training which is about timing, presenting theory, teaching practical skills and giving feedback.

At the end of this session I would suggest that you consider the training needs in your organisation or facility. If you work in a small facility you might decide that you can manage the training for all staff. On the other hand you might decided that it would be better to also deliver train the trainer sessions to a small number of training champions across a couple of shift patterns and send them out to train others. We will make available session plans for a 40 minute train the trainer session and a 30 minute PPE training session.

Before we can get into the how of train the trainer though you should consider what it is that is needed in your organisation and how to get support for this activity.

Conducting a Training Needs Assessment

We will now consider how to conduct a basic training needs assessment.

Training needs assessment - Scoping

- Consider governance
- Identify infection control standards, processes and procedures
- List all stakeholders
- Decide on the infection control skills sets that each type of stakeholder needs

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The first step in analysing the training needs in your organisation is to think about governance – who will be responsible for approving a training program including the budget and other resource imposts. Ensure that communication with the governance stakeholders is conducted before you proceed into training. It might be important in your organisation that you provide them with an outline of how you will undertake your training needs assessment and get their permission before you start. This does not need to be onerous – it could be in a meeting, email or phone call.

Secondly, you need to know the infection control standards that must be met and what processes and procedures are in place in your organisation to support meeting these standards?

Next list all of the stakeholders that will be affected by the training – start at the top (Managers, administrators) and work through the levels of staff and include everyone in your scoping – not just residents, carers and families. This includes gardeners, volunteers, therapists. If they step inside the building they should be included for consideration. What educational background will they have in infection control? How will you need to adapt training for different groups, who could your “training champions” be?

Training needs assessment - Scoping

- Evaluate the staff / stakeholder skills in these areas – who is meeting expectations and who needs further training?
- Highlight any gaps and prioritise them – plan training from most urgent to least urgent priorities

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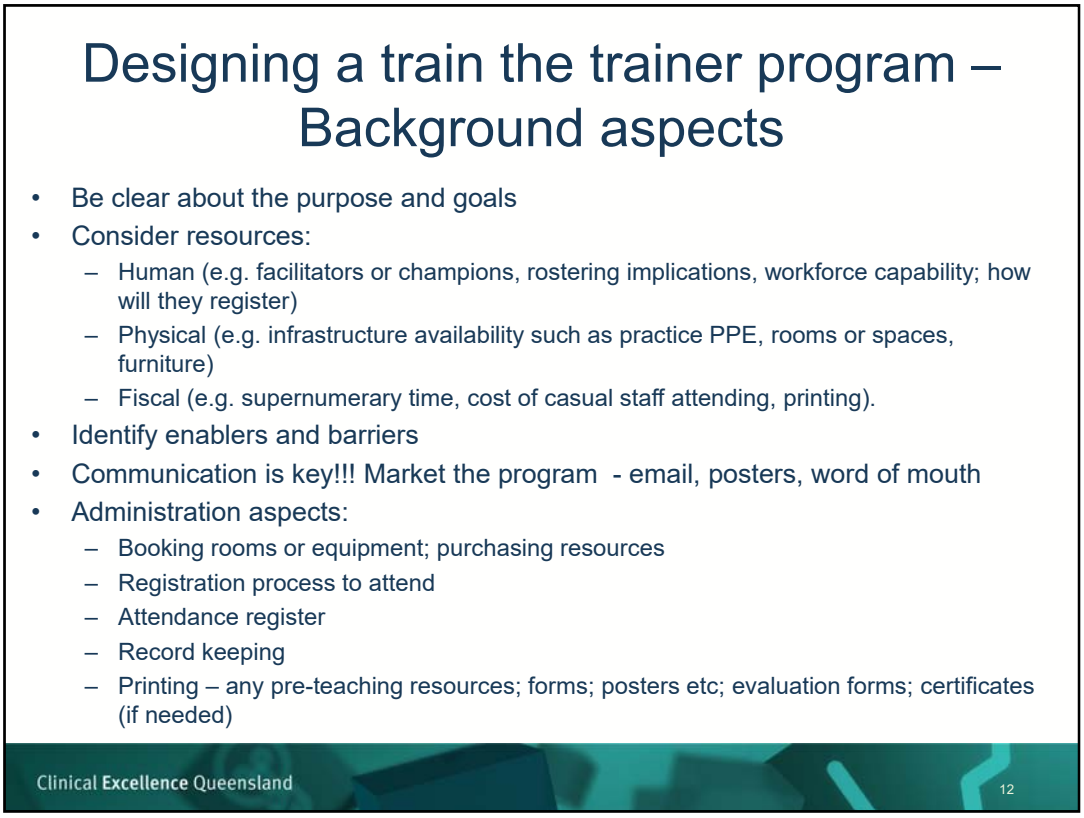
Training needs assessment (analysis) is the first step in the training process. This process helps to determine all the training that needs to be completed within a specified time period to ensure that work can be completed effectively. The training needs assessment that you will conduct in regards to infection control at your facility does not need to be time consuming or overwhelming. There are lots of different methods such as:

- Asking staff to complete questionnaires, or even asking questions at handover. While self reporting can be unreliable, it can also be useful - especially if anonymous– how competent do the staff feel in a particular skill, what would they like more training about?
- Observing practices. Best to undertake a few observations over a period of time, informal and unannounced – must not be punitive. Are staff performing the moments of hand hygiene on every occasion; when wearing gloves, masks or other PPE are they putting them on and taking them off according to guidelines. (A word about standards and guidelines here – this it about adherence to standards and guidelines, not about the personal attributes of the worker)
- Observe work practices and workflows – are there posters and prompts available, how far do staff have to walk to wash their hands or use gel for example
- Review data, for example has there been a rise in infections in a particular area, is the ordering of PPE stock happening more in one area than another? Sometimes simple changes improve clinical care.
- Review education background/records of staff – how long since they have attended PPE training, are records kept etc

- Once you have done your research then highlight any gaps and prioritise the gaps/needs.

This is a crucial step and it's importance should not be overlooked. You need their support and resourcing to make this happen. Prepare an agenda before the meeting (even if it is just on a piece of paper) to keep you on track. Consider the time and resource costs before the meeting to reduce delays in getting support.

Designing the Train the Trainer Program



This slide outlines all of the background aspects that can make or break a training program.

The first step in designing your train the trainer program is to work out what resources you will need and this should be based on your training needs assessment. The resources will help you with the logistics of your training such as how many participants you will be able to have; how long you can run the session over; when and where the session will take place;, what resources you already have and what you need to get. At this point think about who you want to train first to go on and train others. Why are you choosing these staff? Recognition and reward is a powerful motivator and enhances engagement. It does not have to cost money. These staff could be recognised and rewarded with a name such as the infection control champion or by being recognised at handover or in the staff newsletter.

Next think about what will help your training program and what barriers you will be faced with. Enablers are the supportive people, support of management, an identified time, having resources available. Barriers will be things like increase in activity preventing people attending, negative Nelly's who don't think they should/need to attend (sometimes helps to bring them on as champions). As you design your program you need to factor in strategies to increase the enablers and break down the barriers.

Designing a train the trainer program – Learning outcomes

- Set S.M.A.R.T. objectives:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timebound

- Example - Following completion of this session participants will be able to: Develop strategies to enhance the practical skills development of Residential Aged Care Facility (RACF) staff in infection management, prevention and control, using a train the trainer model

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Once you have thought about all the background aspects it is time to get more specifically into designing the training. The very first step is to write a learning outcome or objective. Some people wonder why you need to bother with this.

It is helpful to begin with your purpose and outcome or objective or goal – sets your mind to what must be achieved; helps you decide what should be taught; gives you a metric about how you will evaluate if you met your purpose. It also helps the learner understand these items as well. These objectives are usually a combination of the needs of the workplace, but that are learner centred.

Specific – use an action word/verb

Measurable - provides a way to evaluate achievement/track progress

Achievable – Is it within people's scope to do this?

Relevant – will this skills improve work outputs?

Timebound – be specific when will this get done

Let us review the main objective of this session:

What is the action word which specifies what I am hoping to achieve? **Develop** strategies - discuss good and poor choices of action verbs such as complete, perform, recall rather than using know and understand. In a train the trainer session as there won't be a test therefore I can't be sure you do know or understand. But if you go away and develop a train the trainer session then I can measure that this was achieved. This

makes the objective quite specific.

What is the measurable aspect? **Strategies will be developed** to enhance the practice skill development of staff in infection management prevention and control, **using a train the trainer model**. So if I was teaching you how to give a lecture on PPE then you would measure that I did not achieve the goal; or if the content of my session was on the infection control standards – again I wouldn't have achieved the purpose.

Is this attainable? Only you will know the answer to that! You would have been sent because this is expected of you?

Relevant – it does make sense within your job function and improves resident outcomes

Timebound: **Following completion of this session**

Time permitting ask the group to think about what the gola of their training would be and to write this down as a starting point. We will be providing a draft session plan for them and it contains some examples for them to use.

Designing a train the trainer program - facilitation strategies

- Teaching versus facilitating
- Vocabulary
- Characteristics of adult learners
  - Learning styles
  - Generational learning differences
  - Influence of culture and linguistics
  - Social factors in the workplace
  - Influence of hierarchy
- Design your training program with variety in mind

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In developing your training program it is important to think about aspects of adult learning that can make or break your success. This information is just an overview of some of the items you could think about.

The first is to consider your role as a trainer. Facilitating learning is more successful than teaching content to a person and expecting others to know and apply it. A successful facilitator poses questions; values the experience and knowledge of the participants; encourages communication and promotes respectful relationships.

Don't assume that acronyms are understood by learners – if you are using a technical term or an abbreviation make sure you have defined it, for example PPE.

Each learner will be different in the way they learn. Learning styles relates to how a person uses their sense to receive, store and process information and how they organise and present things. Popularity of learning style theory comes and goes but it is helpful to think about three basic learning styles – visual learners learn through seeing things done; auditory learners prefer to hear things and participate in discussion and kinaesthetic learners learn through doing . Most people learn best through a mix of these three ways of learning. When you are training staff it is helpful to have a mix of methods such as written resources that people can go back and look at (or read out loud to themselves) and equipment for staff to practice with. Teaching skills like hand hygiene or the donning and doffing of PPE are psychomotor skills that are movement orientated. The goal is to develop the ability to perform the skill accurately and consistently within a reasonable timeframe.

Different age groups have been raised in different learning settings and this influences how they learn and how they receive feedback. Keep this in mind if you have a mix of

age groups that you are training. (Note online resource variation and ensuring it complies with our standards).

Just as different age groups have experienced different teaching methods, so too does the culture you were raised in. In some cultures teachers must not be questioned and if you don't understand a point you must not ask for clarification. Consider this with your participants – it is not always helpful to ask "do you understand" but rather to ask them to show you how to complete the technique you have taught them. This will give you more information about their skill.

English as a second language can also present problems for effective training. Do your resources need to be written in more than one language? Use plain and simple language, avoiding acronyms and sarcasm. Be respectful, repeat important points and use visual methods of communicating.

Workplace issues including the social groups and the hierarchy will impact the success of your train the trainer program. Think about the cliques that exist, who leads them and what position the people are whom you are training. Consider how this might have a positive or negative impact on your success.

Image: https://sensorytreasures.co.uk/learning-styles/

Designing a train the trainer program – Structure

- Welcome & introduction
- Objective & outline of session
- (Icebreaker)
- Content
  - theory
  - practice
- Conclusion
  - Feedback
  - Evaluation
  - What's next?

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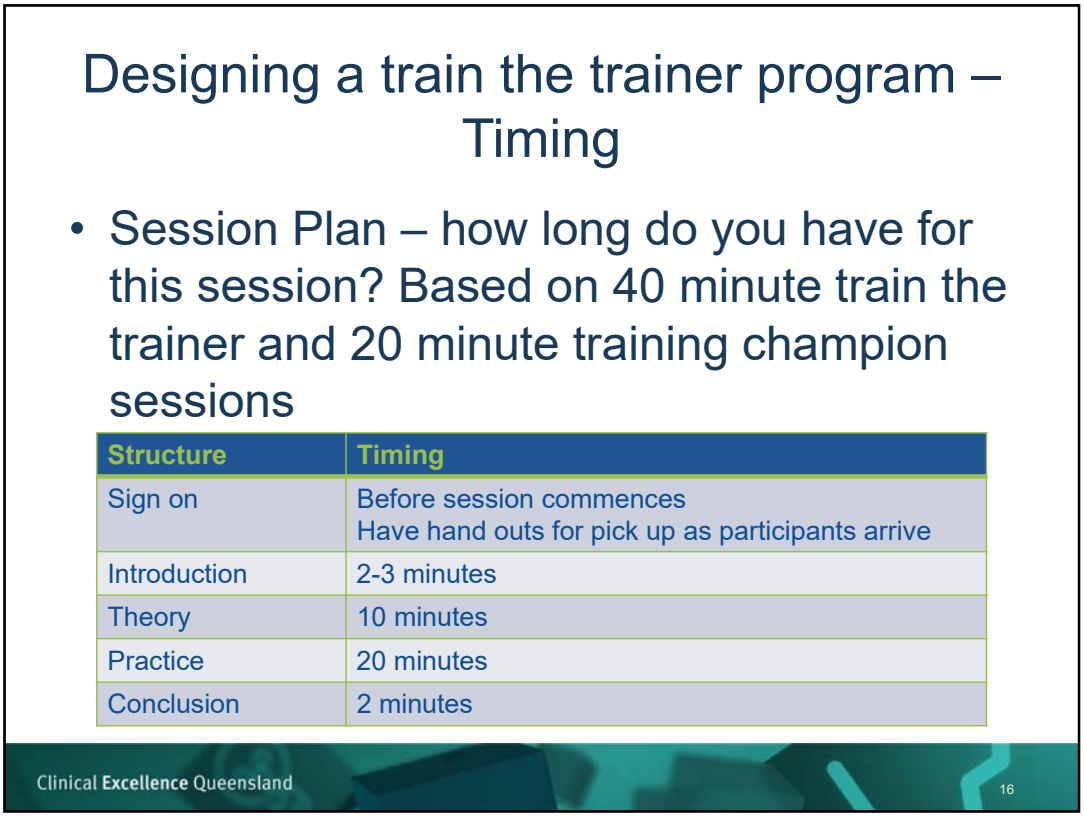
To aid you in developing a train the trainer program for your facility, I have outlined a possible structure that you could use. We have just discussed the importance of objectives – outlining what is included in the session is also important as it sets the scene for the participants. Meta – learning - do you recall that I provided a session outline at the beginning of this?

Discuss purpose and caution with icebreakers – warm up group, introduce participants to each other, gain their attention, getting to know you, link to other learning. It is unlikely that a session plan will be used for this type of training. I have simply included it here in case you go on to use this information for developing other types of training in the future.

We will cover the content and conclusion elements soon.

Before we do – just a word about +/-Breaks (if necessary) If you are conducting a session of over one hour in length then it is wise to incorporate a short break, learning is tiring and this helps participants to change focus and come back a little refreshed.



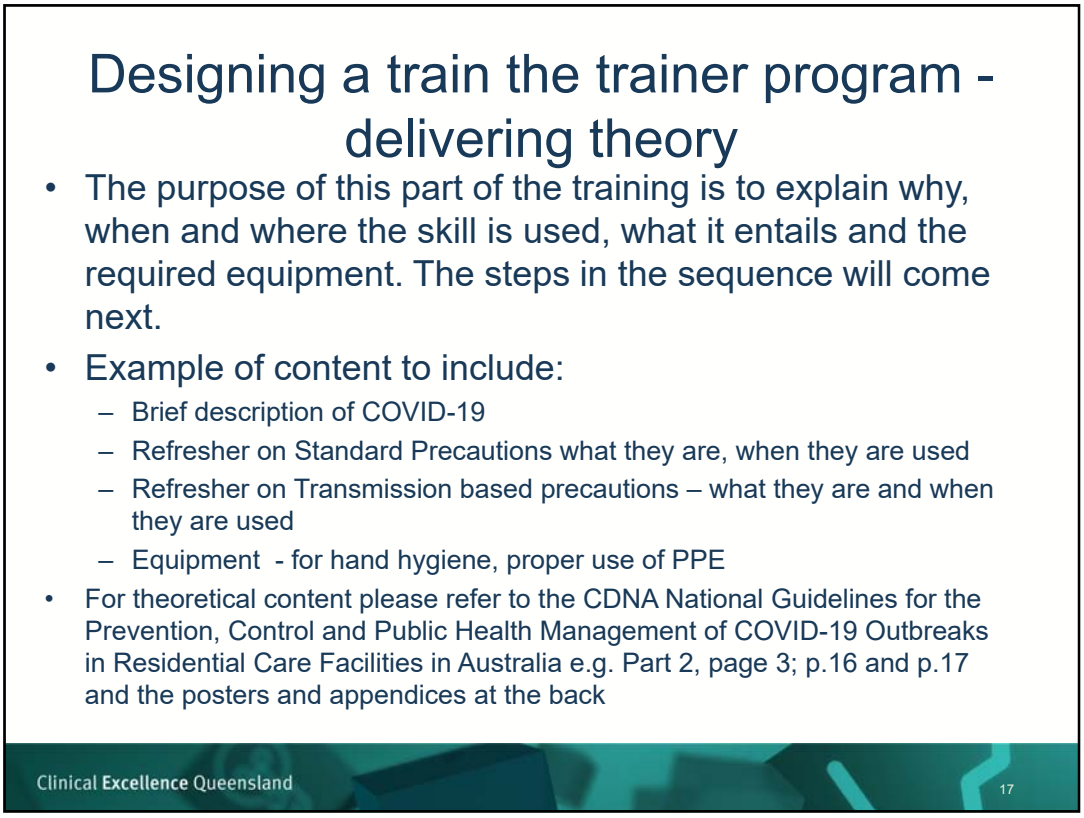
This and the remaining sections of the presentation are likely all you will need to train others in how to deliver.

A session plan is a useful way of guiding the train the trainer session. New trainers often attempt to cover too much content in a limited timeframe, or don't organise their session sufficiently and end up not being able to deliver to the requirements. I would suggest having a pre-written session plan or agenda that you provide to your infection control champion trainers to assist them to stick to time.

Most practical training sessions are 20 - 30 minutes in length. A train the trainer session needs to be longer as you are effectively teaching 2 things – the skill and how to train people effectively. I have based the sample session plans on a 40 monute train the trainer and then the training champions requiring 20 minutes for their training sessions.

One of the biggest issues in a busy facility is people who don't turn up on time or the session being interrupted for urgent clinical reasons. Stress the importance of the training in your pre training communication and the importance of this being protected training time and people being on time.

For a 30 minute session the welcome and outline of the session is likely to be 2-3 minutes; theory 5 minutes, conclusion 2 minutes and then the remaining 20 minutes is for teaching the skill of donning and removal of PPE.



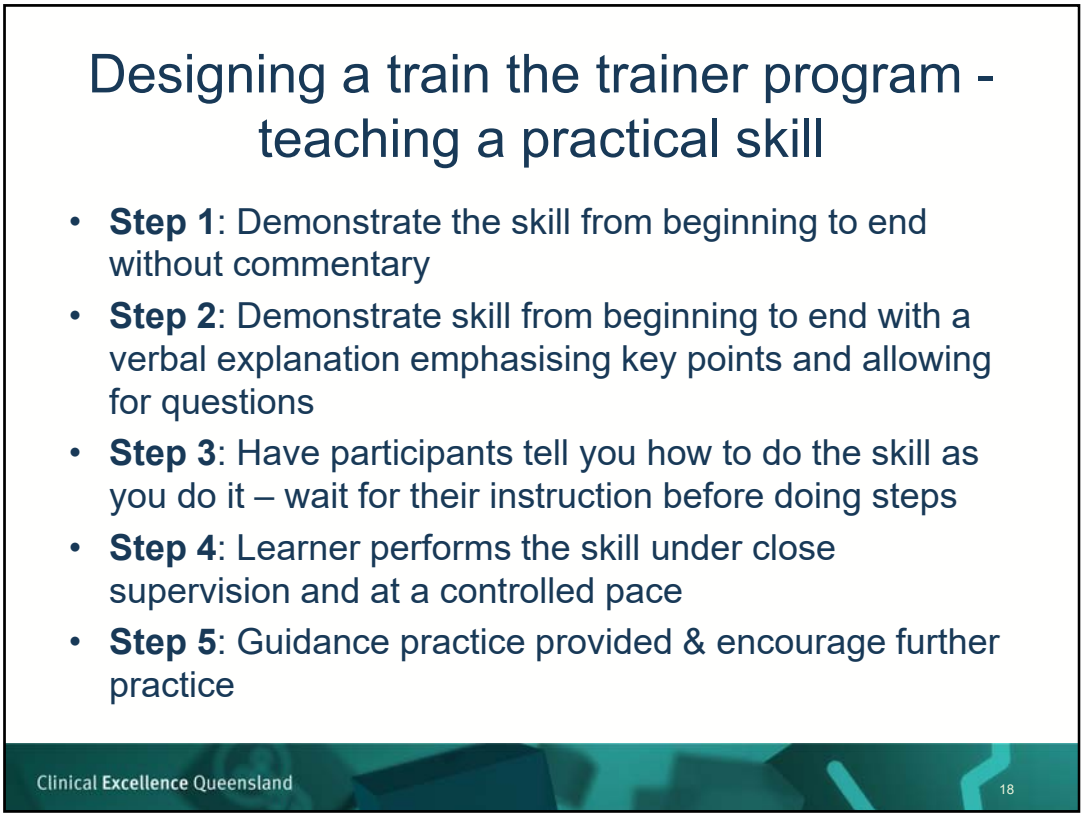
Learning psychomotor skills follows three stages – cognitive, associative and autonomous (Fitts, 1964; Fitts & Posner, 1967). Learning involves attempts by the learner to acquire an idea of the movement and understand the basic pattern of coordination. To do this the learner uses thinking (cognition) and verbal processes

The first step in teaching psychomotor skills is called the cognitive phase (information gathering or theory – it is about explaining the skill). This involves introducing the skill to the learner; explaining why, when and where the skill is used, what it entails, the required equipment and steps in the sequence. As the trainer - consider what must be known, what should be known and what could be known to help refine what information you will provide. (known to unknown, simple to complex, general to specific). This section of learning provides the rationale underlying the skill and the implications of findings.

One principle of adult learning is that if staff understand the purpose of the training they will be more engaged. Don't automatically assume that staff understand why they need to participate in a PPE training program. Additionally, when the workload gets busy, staff are more likely to make slips so providing them with information may help reduce mistakes at those times.

If you are teaching about PPE and you have allocated 5 minutes to the theoretical aspects you must focus on what is most important. Part 2, page 3 of the *CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Residential Care Facilities in Australia* provide useful information that you

might want to use, but make it relevant to the training. In a 5 minute theory session your focus is more likely to be on a very brief description of COVID-19; review standard (p. 16 and appendix 10) and (additional) transmission based precautions (p. 17) and the prevention of infection. Support this theory with posters, handouts or links to information that learners can go back and review. In a train the trainer environment it is especially helpful to have some prepared packs for them to review later. (Adult learning principles: recency, primacy).



Demonstration is the key strategy in teaching a psychomotor skill such as handwashing or donning and doffing PPE. Here I provide the framework utilised by QH nursing and midwifery for teaching a psychomotor skill. Development of any psychomotor skill requires practice and constructive feedback to correct errors. As well as motor learning there is associated cognitive and associative learning taking place. Each of these phases is covered in this teaching technique.

Step 1. Demonstrating the skill from beginning to end first in a normal fashion helps bring the learners attention to the key movements and steps involved. Don't slow the process down by overly describing what you are doing. (Use driving a car as the example). Step 1 also links to the cognitive phase as they try and understand what to do and process this information.

Step 2. Follow this with a verbal demonstration of the skill from beginning to end emphasising key points and allow questions. (Cognitive phase)

Step 3. Ask participants to tell you how to do the skill. Wait for their instruction before doing the steps. Provide feedback as you go. (Cognitive and associative)

Step 4. The learner now performs the skill under supervision at a controlled pace. Provide gentle prompts where necessary. Depending on the number of learners you have you might need to put them into pairs with a prompt sheet – one holds the prompt sheet while the other walks through the steps then they swap and they prompt each other. In this session you might find that the learner is awkward, takes a long time to complete the skill . The learner is tyrying to translate the theory into practice. Transforming what to do in to how to do. The Associative phase is about putting all the action together

Step 5. Provide opportunities for learners to practice the skill further. This does not have to occur in your train the trainer session. Provide learners with posters, written steps or similar and the equipment to practice with. The final stage of psychomotor skill acquisition is called the autonomous stage and this is where the learner doesn't need to spend a lot of time thinking about what they are doing. They can competently perform the skill. If yo uare assessing a person on completing the skill it should happen after they have had opportunities to practice the skill and become proficient.

[This is about the delivery of content.]

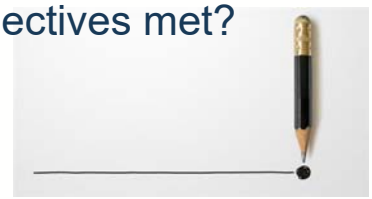
Designing a train the trainer program – providing feedback

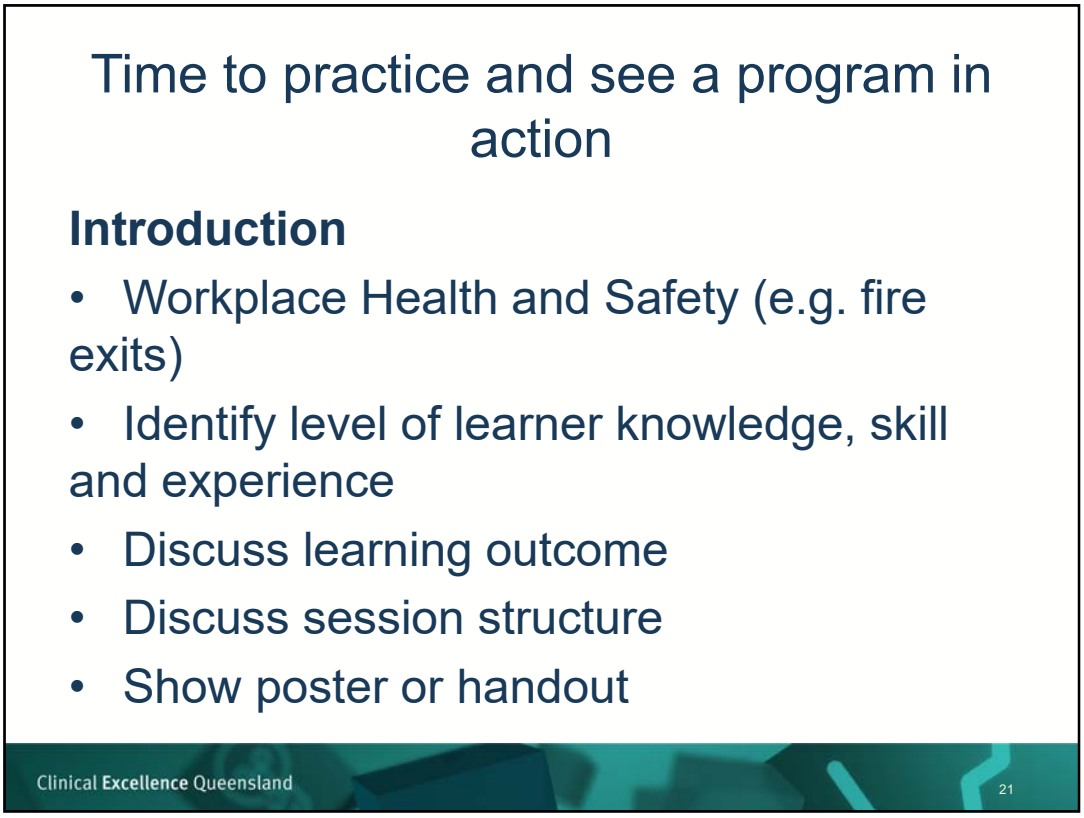
- Purpose - reinforce positive performance, correct poor performance and suggest ways to improve practice.
- Focus on the *standard* of performance (e.g. the CDNA guidelines)
- Note the learners progress toward meeting the standard
- Provide supportive instructions to support the learner to meet the standard
- Key points: respectful, appropriate, factual, constructive, useable, private

Providing corrective feedback is critical to supporiting train the trainer programs.

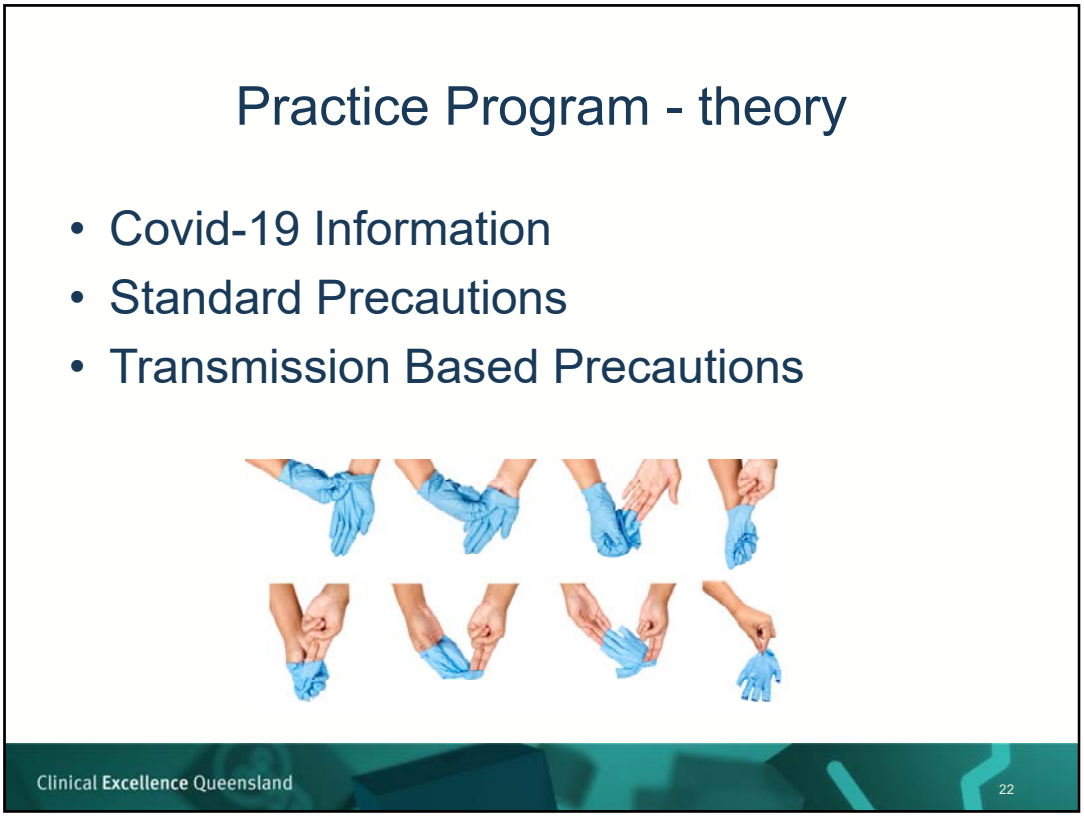
Designing a train the trainer program – conclusion

- In closing the session aspects for consideration:
  - Opportunities for self directed learning
  - Feedback
  - What is expected from here
  - Were the objectives met?





Good Afternoon Colleagues. Welcome to Imaginary Aged Care Facility. The purpose of this training session is to train you in the accurate putting on and removal of personal protective equipment. I will begin by providing some information about COVID-19 and then a refresh of information about both Standard and Transmission Based precautions. I will then demonstrate the correct procedure for donning and doffing PPE and you will have the opportunity to practice this skill. At the completion of the session you are welcome to continue practising until you feel proficient. Could I please have a show of hands regarding who has undertaken PPE training in the last 6 months. Oh excellent – about half of you have, so we have a mixed group.



COVID-19 is a contagious viral infection that in most cases causes respiratory illness in humans. Presentation can range from no symptoms (asymptomatic) to severe illness with potentially life-threatening complications. The most common signs and symptoms include:

- fever (though this may be absent in the elderly)
- dry cough.

Older people may also have the following symptoms:

- confusion or behavioural change
- worsening chronic conditions of the lungs
- loss of appetite.

People with COVID-19 generally develop signs and symptoms 5-6 days after exposure to the virus (mean incubation period 5-6 days, range 1-14 days). In rare cases the incubation period may exceed 14 days. The virus that causes COVID-19 most commonly spreads through:

- Direct contact with droplets from an infected person's cough or sneeze. This can be minimised by cough etiquette and physical distancing.
- Close contact with an infectious person.
- Touching objects or surfaces (e.g. bed rails, doorknobs or tables) that have been contaminated with respiratory droplets from an infected person and then touching the face, especially mouth, nose or eyes.

Most people with COVID-19 have mild disease and will recover. Some people can develop complications which may be life-threatening and can result in death.

There is good evidence that advancing age is a risk factor for severe disease. In addition, some chronic conditions place people at higher risk of serious illness from COVID-19.

All RACF staff need to understand the infection control guidelines and be competent in implementing these measures during an outbreak.

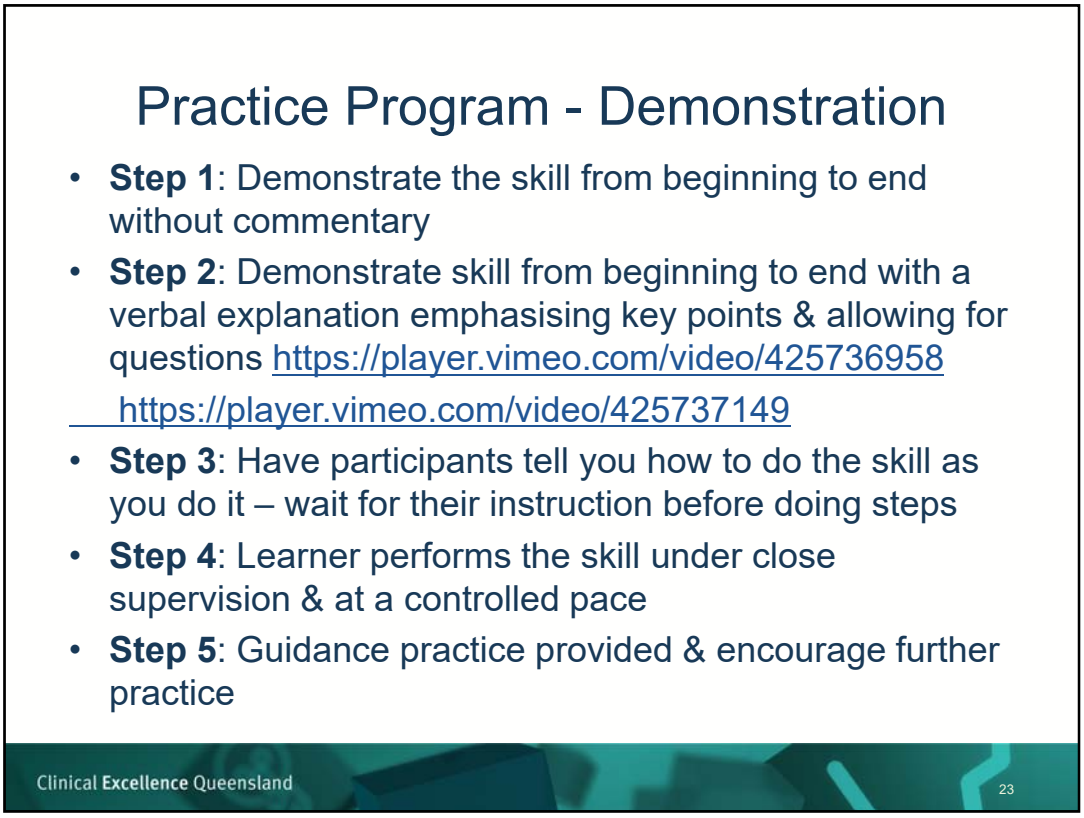
Standard Precautions are practices used routinely in healthcare. They should be used in RACFs with a suspected or proven COVID-19 outbreak and apply to all staff and all residents.

Key elements are:

- Hand hygiene before and after each episode of resident contact and after contact with potentially contaminated surfaces or objects (even when hands appear clean).
    - Gloves are not a substitute for hand hygiene. Staff should perform hand hygiene before putting gloves on and after taking them off.
- Use of PPE if exposure to body fluids or heavily contaminated surfaces is anticipated (gown, surgical mask, protective eyewear, and gloves).
- Cough etiquette and respiratory hygiene.
    - Cough into a tissue (and discard the tissue immediately) or into the bend of the elbow; perform hand hygiene.
- Regular cleaning of the environment and equipment.
- Provision of alcohol-based hand sanitiser at the entrance to the facility and other strategic locations.

Transmission-based precautions are IPC practices used in addition to standard precautions, to reduce transmission due to the specific route of transmission of a pathogen. Contact and Droplet precaution key elements are:

- Standard precautions
- Use of PPE including gown, surgical mask, protective eyewear, and gloves when in contact with an ill resident.
    - Protective eyewear can be in the form of safety glasses, eye shield, face shield, or goggles.
- Isolation of ill residents in a single room.



For the purposes of this zoom meeting I am going to skip the step of showing you the action without commentary, however we will cover the other steps.

Step 2 – because this is a zoom meeting I am now going to play the Metro South videos which contain the commentary. You would do these actions in front of your trainee's. Applying PPE to 2:40. Play Doffing video until 3:38.

Step 3- I now want you to describe to me what I need to do and pretend that I am doing this for you. Could someone please tell me what the first step is?

A. Donning PPE

(Bare below the elbows)

1. Perform hand hygiene Prompt participants – how? Alcohol handrub gel– enough to cover both hands & rubbing until hands are dry or wash with soap under running water 20 seconds – thoroughly dry hands.

2. Put on (long sleeve) gown. Prompt participants - Level of gown? (Apron or long sleeved) Determined by risk of contamination from blood and body fluids. Secure at neck and waist

3. Put on mask and fit check. Prompt. Tie on crown and under ear. Covers nose and mouth and is comfortable

4. Put on protective eyewear. Prompt. Goggles, safety eye wear, face shield. (Can I

use my glasses?)

5. Perform hand hygiene

6. Put on gloves. Prompt. If gown with sleeves? Cover cuffs

7. Enter resident's room. If door handles or curtains are touched remove gloves, perform hand hygiene and don new gloves

B. Doffing PPE (Where? As far away from the patient at the door of the room) Avoid contaminating skin, mucous membranes

8. Remove gloves and place in bin. Prompt. Take one glove off by pinching at palm surface with your other gloved hand, roll the gloves outwards, inside out. Hold this glove in the gloved hand. Slide your bare hand under the cuff and carefully remove the glove taking care not to contaminate the skin.

9. Perform hand hygiene

10. Remove gown/apron and place in bin. Prompt. Untie straps and waist and neck. Grasp gown at shoulder level and pull away from you rolling inwards and downwards to form a ball, taking care not to contaminate yourself. Bend forward slightly to reduce the risk of contamination. Dispose into the waste bin. Alternately you can tear it away from the body. Leave room.

11. Perform hand hygiene

12. Remove protective eyewear. Prompt - if reusable? Wipe over thoroughly with detergent wipes and place on a clean surface.

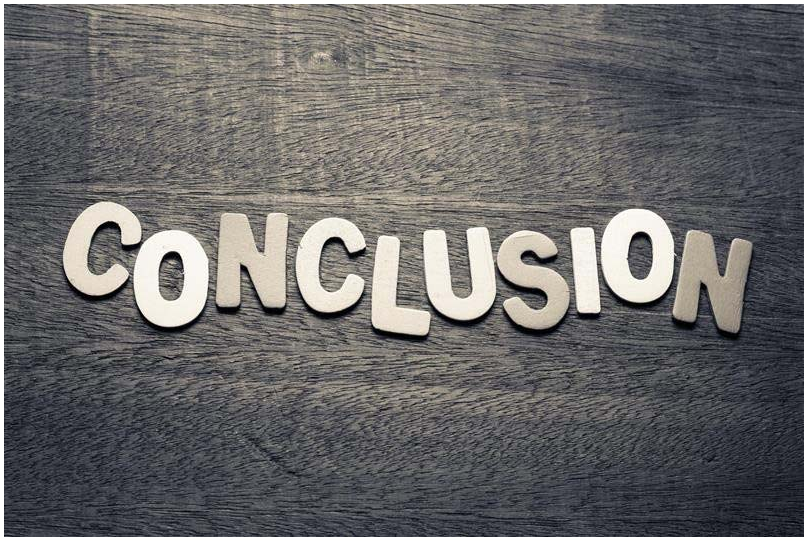
13. Perform hand hygiene

14. Remove mask and place in bin Prompt. Undo and break ties at back – bottom tie first then top. Bend forward to carefully remove mask away from face being careful not to touch the front of the mask..

15. Perform hand hygiene

The next step is for participants to practice the skill under supervision.

Practice Program – Closure



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You would now close your teaching session by asking participants to list some key points such as the equipment they require and the key steps. If there is an attendance sheet check this was completed and staff are aware of any assessment that might take place. Record keeping is very important and can be used for auditing purposes.

Conclusion of Trainer the Trainer training

- Resources
- Questions?

This brings my part of todays session to a close. I am now going to hand over to DON Michelle Gunn.

References

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