



The IP as an Educator

Basics of Infection Prevention
2-Day Mini-Course
November 2019

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Objectives

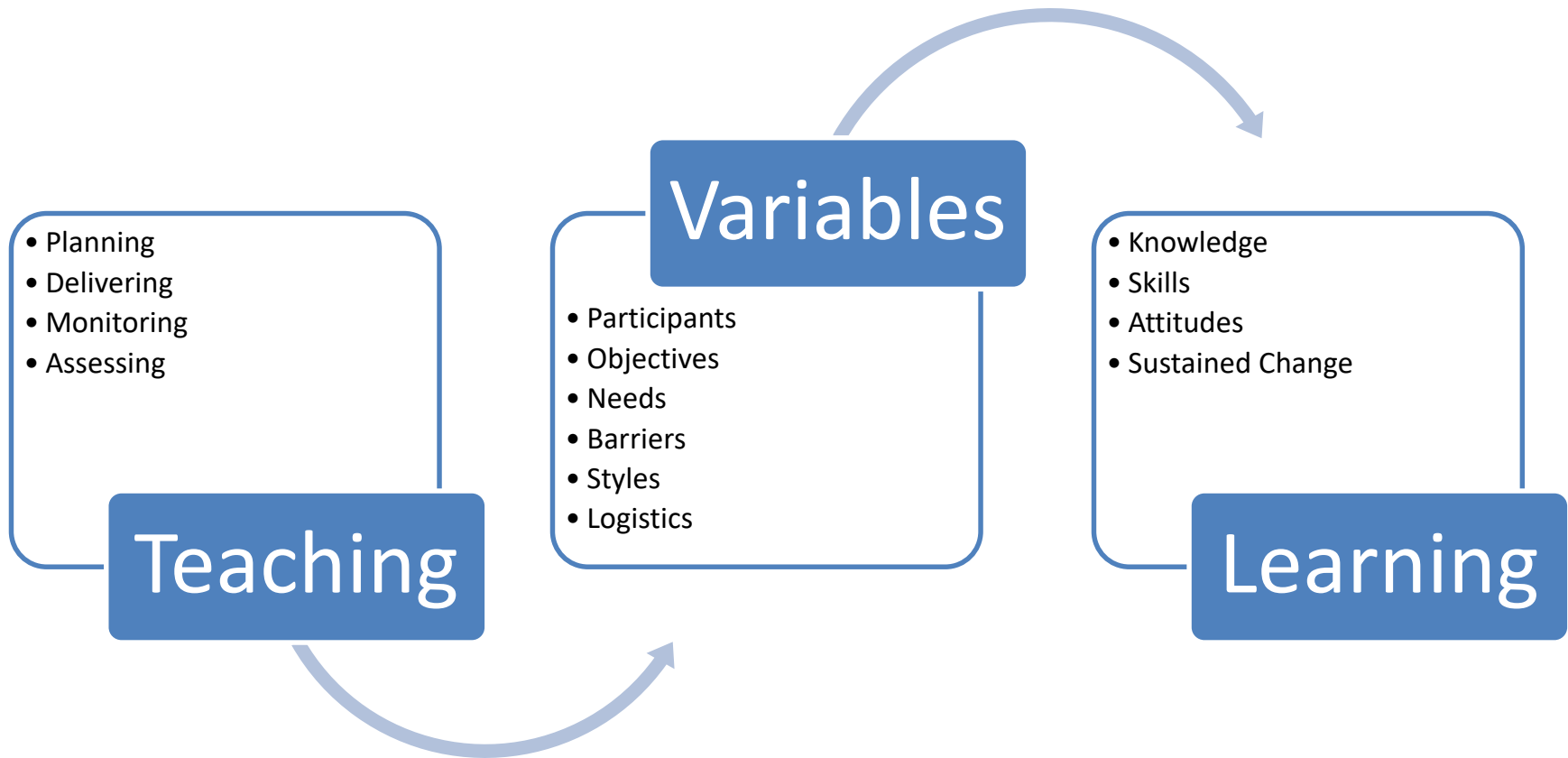
- **Review** common types of educational presentations and innovations the IP can use to meet learning needs.
- **Develop** objectives with action verbs and match these with teaching methods and learner needs.
- **Identify** ways to engage learners and make learning meaningful.
- **Identify** methods for providing Competency Based Education.



What's the Purpose?



Education - Formal and Informal





Review common types of educational presentations and innovations the IP can use to meet learning needs





Know the Audience

Assess learning needs

- New Employee Orientation or Manager's meeting?
 - What do they need to know?
 - Are they new to healthcare or experienced?
 - How can you make it meaningful?
- Department staff meeting?
 - What is their interest and willingness?
 - Is there buy in about infections on their unit?
 - Will they cooperate with a change of practice?
 - Story telling
- Just-in-time?
 - How can you engage employees to promote change in behavior?



Recognize Learner Diversity - People

- Wide gaps in ages: are they boomers, gen X, gen Y?
- Cultural differences
- Language barriers
- Educational background
- Values
- Learning Styles



Recognize Learner Diversity - Situations

- Many part-time or temporary staff
- Contract labor, students, volunteers
- Little “scheduled” time for inservices
- Competing priorities



Tailor Educational Approaches

- Try explaining “bloodborne pathogens” in a way that engages each segment of your workforce
 - Some = “I already know it”
 - Others = “I don’t need to know it”
 - Even those that say = “I don’t WANT to know it” = make it meaningful

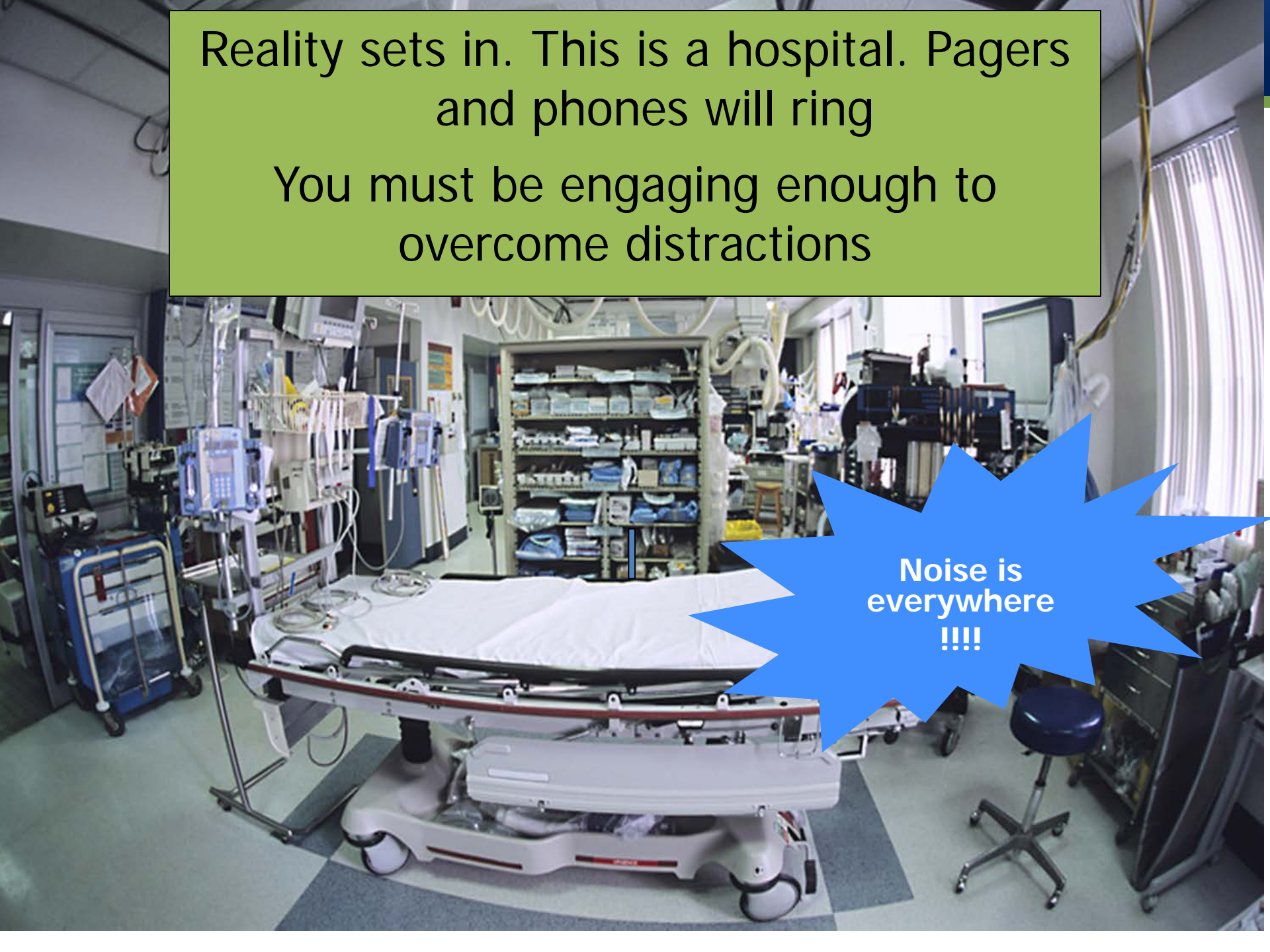
Who responds best to the “academic” approach?
Who needs to see a scary needle to make the point?
Who needs pictures / special language assistance?



Ideal Environments for Learning – Adult learners

- Comfortable seating
- Safe and non-threatening
- Pleasant room temperature
- No distractions from noise (smart phones)
- Frequent stretch / bathroom breaks
- Engaging presentations / effective handouts
- Willing and motivated learners

Reality sets in. This is a hospital. Pagers
and phones will ring
You must be engaging enough to
overcome distractions

A photograph of a hospital room, likely an intensive care unit or emergency department. In the center is a white gurney with a white sheet. To the left, there are several medical monitors and IV stands. In the background, there are shelves stocked with medical supplies. To the right, there is a blue stool and a metal cart. A large blue starburst graphic is overlaid on the right side of the image, containing the text "Noise is everywhere !!!!".

Noise is
everywhere
!!!!



Innovative & Infection Prevention

- Lectures
 - New information
 - Effective speaking required
 - Does not readily allow for involvement
- Computer-based training (or Learning)
 - Self-paced
 - Can meet individual needs
 - Alternative to attending formal classroom training
 - Requires some level of computer skill & reading ability



PowerPoint Tips -1

- Keep it simple
- Font sizes
 - 32-36 point fonts for headings
 - 20-28 points for text
 - Use a clean font for easy reading
- Colors
 - Cool colors have good contrast
 - Warm colors can be difficult to read



PowerPoint Tips – 2

- Know how to work audio visual equipment
- Do a practice run
- Check timing
- A good estimate is 1 minute per 1 slide
- Always have a paper and an electronic backup (flash drive)
- Don't "read" the Slides!
- Follow the slide outline
 - Elaborate or give examples
 - Speak to the audience, not to the screen

*The **Slide** should be your **Guide***



Bad slide.....bad slide

- Here is an example of a font that is too small (12 font)
- *And font that is difficult to read*
- other font that is difficult to read – this is 28 font as opposed to this 28 font
- *Oh this color hurts my eyes !!*
- *Consider your use of colors (**red** and **green** appear grey to color-blind audience members)*
- **Don't have too many “fly –ins”**

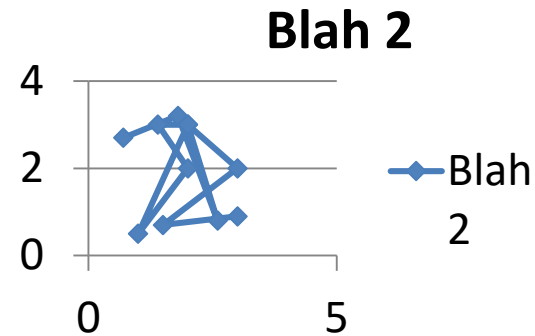
Hint: If you place the slide on the floor by your feet, you should be able to read it clearly

Blah, Blah, Blah

Blah 1

- Blah, blah, blah
 - Blah
 - Blah, blah, blah, blah, blah
 - Blah, blah, blah, blah, blah
- Blah
 - Blah, blah, blah, blah, blah
- Blah
 - Blah, blah, blah, blah, blah
 - Blah, blah, blah, blah, blah
 - Blah, blah, blah, blah, blah

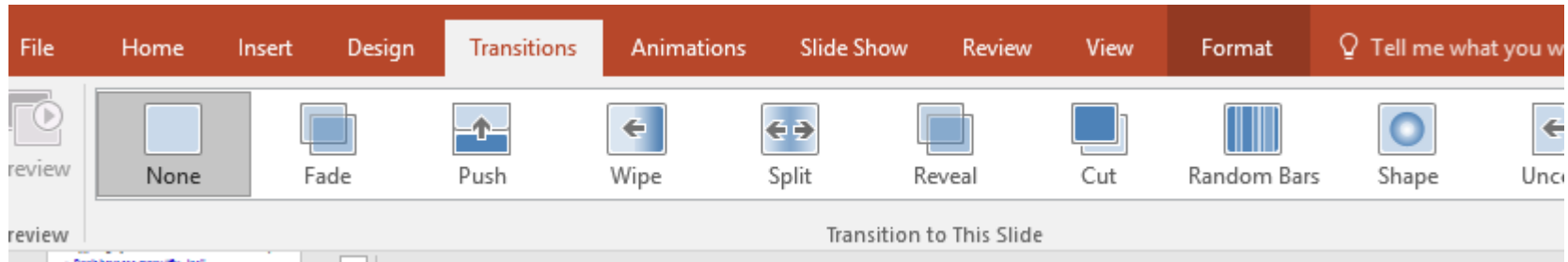
Trends of Blahs during Blah Season



Use Animation to Engage



Use the Tools to Engage





A Successful Presentation

- Must be **meaningful** for the learner
 - How does this matter for them? Their practice?
 - Time well spent
- **Relevant**
- **Language**
 - Clear
 - Aligns to AUDIENCE
- Worded to the **Positive** of what you want them to do
 - Don't never not tell them what you don't want them to remember
 - It happens and then they don't forget!



Innovative & Infection Prevention

- Games
 - Engaging!
 - Fun is Ok for adults even in serious work
 - Examples: scramble puzzles, word search, Jeopardy
- Case Studies / Clinical Experiences
 - Help with problem solving skills
 - Build on learners experience
 - Help people relate to their own work



Innovative & Infection Prevention

- Simulation
 - Staging of “infractions” I
 - Challenge staff to spot the errors
 - » Urinary catheter tube on the floor
 - » Soiled dressing on an IV site
- Education cart
 - Demonstration cart displaying educational materials/ DVD
 - Placed on unit for access by all shifts
 - Handouts, sign-in sheet
 - Good for changes in policy or equipment
 - Do not use if topic complex or a demonstration required



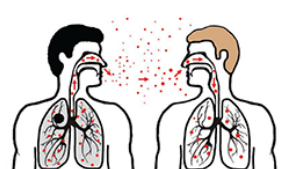
Formal Presentations

Assess your readiness and get prepared

- Are you comfortable with public speaking?
- Know your material so you are “sharing,” not “lecturing”
- For new presenters
 - Practice in front of a mirror
 - Record yourself to hear “hums” and “haws”
 - Note any annoying mannerisms
 - Humor can be good...but if you are not skilled at comedy, you may want to bypass this at first.
 - Be Comfortable saying “I’ll get back to you”

PechaKucha : The Art of 20 in 20

GOAL





Other Formats

- Prezi
- Debates
- Journals
- Ask the Question

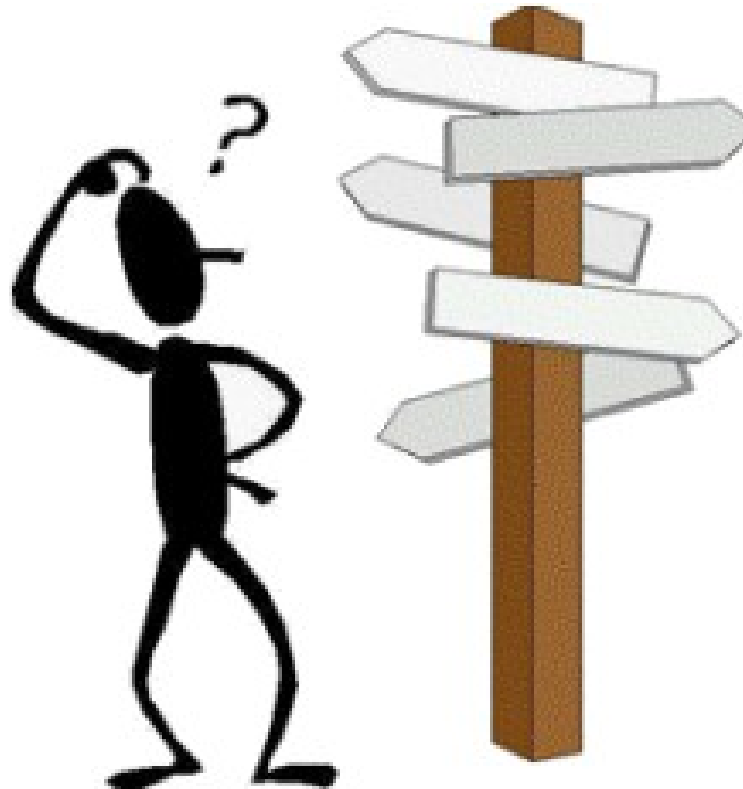


Develop objectives with action verbs
and match these with teaching
methods and learner needs

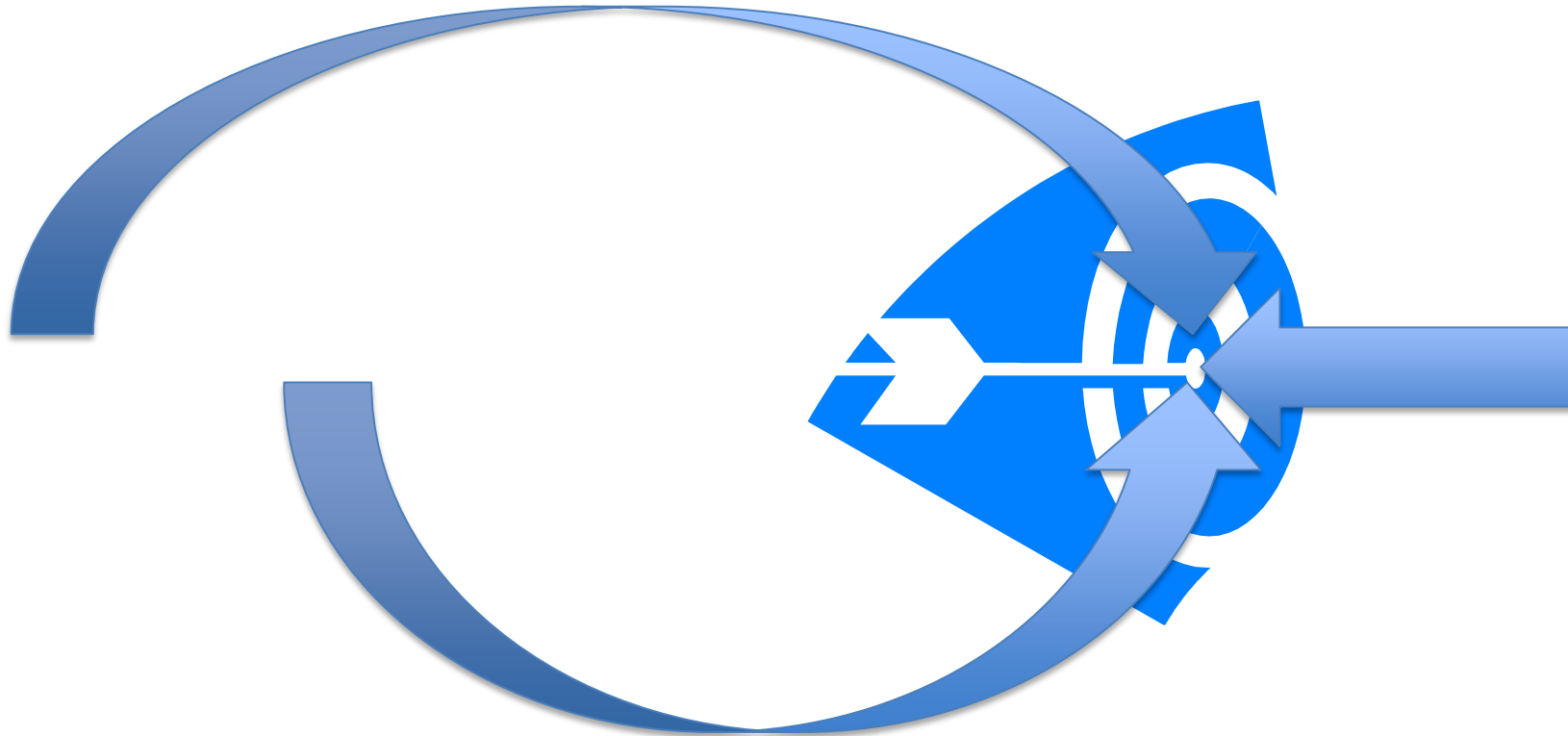


Direction

Focus



Remember who you are addressing



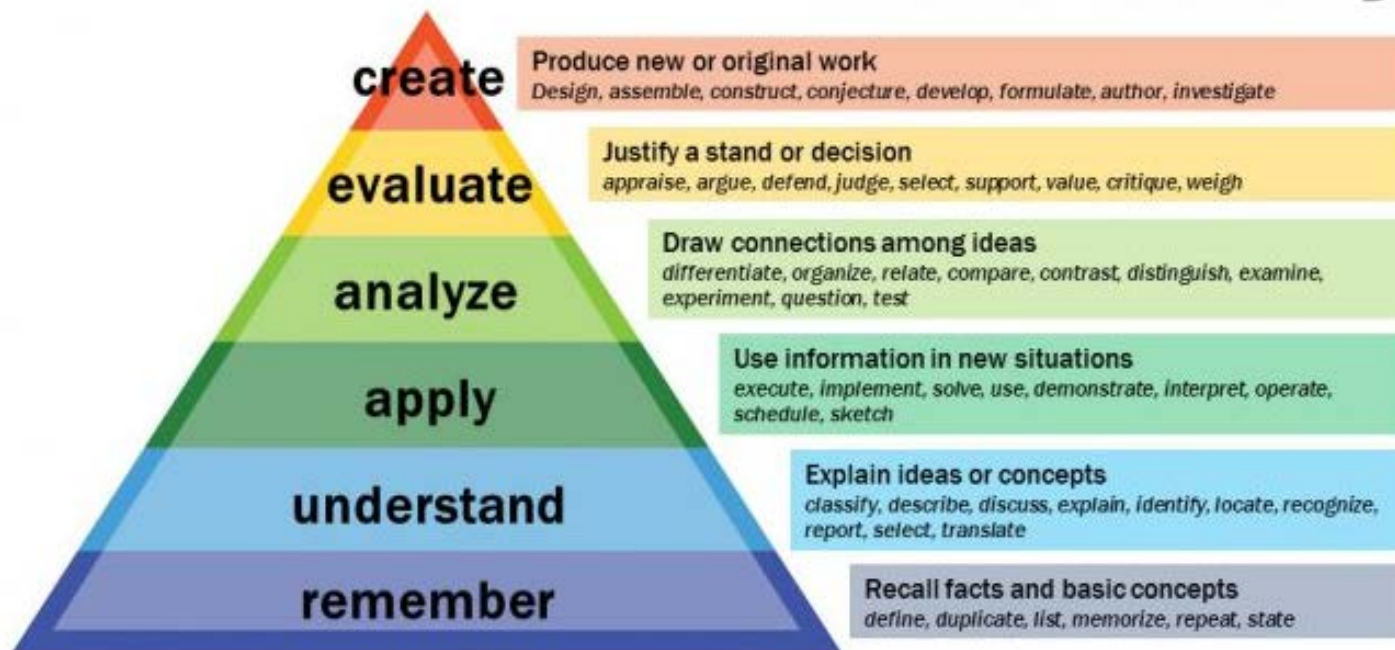
Plan

Plan
plan
Lesson
plans
1
lesson



Bloom's Taxonomy

Bloom's Taxonomy



Vanderbilt University Center for Teaching

Creative Commons retrieved from
<https://cft.vanderbilt.edu/guides-sub-pages/blooms-taxonomy/>



Bloom's Taxonomy (a fancy word for classification)

Domains

- Cognitive knowledge Knowledge
- Affective attitude Attitudes
- Psychomotor skills..... Skills

**When possible address all 3 in synergy
to maximize learning**



Competency Based Learning

| Know | | Comprehend | |
|-------------|------------|--------------------|---------------|
| Count | Read | Classify | Interpret |
| Define | Recall | Cite | Locate |
| Describe | Recite | Conclude | Make sense of |
| Enumerate | Record | Describe | Paraphrase |
| Find | Reproduce | Discuss | Predict |
| Identify | Select | Estimate | Report |
| Label | Sequence | Explain | Restate |
| List | State | Generalize | Review |
| Match | View | Give examples | Summarize |
| Name | Write | Illustrate | Trace |
| Apply | | Analyze | |
| Assess | Instruct | Break down | Examine |
| Change | Predict | Characterize | Illustrate |
| Chart | Prepare | Classify | Infer |
| Choose | Produce | Compare | Limit |
| Compute | Relate | Contrast | Outline |
| Construct | Report | Correlate | Point out |
| Demonstrate | Select | Diagram | Prioritize |
| Determine | Show | Differentiate | Relate |
| Develop | Solve | Discriminate | Separate |
| Establish | Use | Distinguish | Subdivide |
| Synthesize | | Evaluate | |
| Adapt | Invent | Appraise | Interpret |
| Categorize | Modify | Argue | Judge |
| Compose | Organize | Assess | Justify |
| Construct | Perform | Choose | Predict |
| Create | Produce | Compare & Contrast | Prioritize |
| Design | Propose | Conclude | Prove |
| Formulate | Reinforce | Critique | Rank |
| Generate | Reorganize | Decide | Rate |
| Incorporate | Rewrite | Defend | Reframe |
| Integrate | Structure | Evaluate | Support |



Identify ways to engage learners
and make learning meaningful





Aligning Teaching & Learning

Teaching Methods

- Demonstrations
- Return demonstration
- Pre / Post
- Paired Learning
- Verbalizing key points
- List
- Define
- Select

Learning Needs

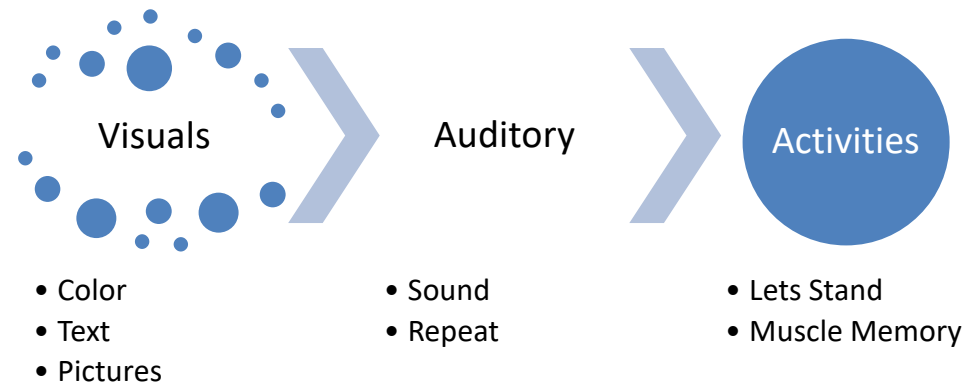
- Psychomotor
 - Skills
 - Procedures
- Cognitive
 - Knowledge
- Affective
 - Feelings
 - Communicating
- KSA

Matching up to Maximize Meaningfulness

Learning Styles

- Visual
- Auditory
- Verbal
- Physical
- Logical
- Social
- Solitary

Methods





Identify methods for providing Competency Based Education





Competency Based Education (Learning)

- What is this?
- Elements
- KSAs
 - This lines up with Bloom's Taxonomy!
- Formative & Summative
 - Steps, objectives, and goals
 - Build simple to complex and Sequence
 - Frame with the Familiar



Quality and Safety Education Nursing QSEN

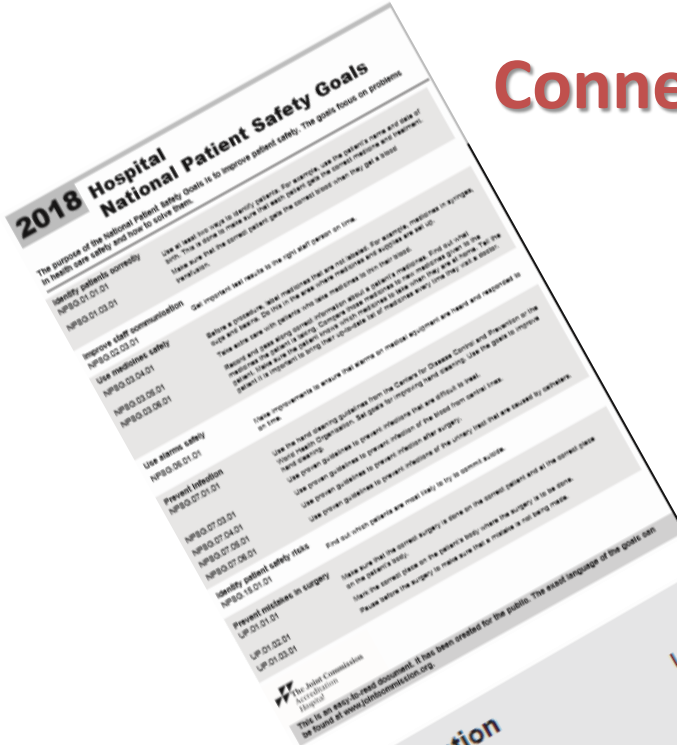
| Competencies | Knowledge | Skills | Attitudes |
|--------------------------|-----------|--------|-----------|
| Patient-Centered Care | | | |
| Teamwork & Collaboration | | | |
| Evidence Based Practice | | | |
| Quality Improvement | | | |
| Safety | | | |
| Informatics | | | |

<http://qsen.org/>

From QSEN ... the Safety Competency

| Table 5. Safety | | |
|--|--|--|
| Definition: Minimize risk of harm to patients and providers through both system effectiveness and individual performance. | | |
| Knowledge | Skills | Attitudes |
| Examine human factors and other basic safety design principles as well as commonly used unsafe practices (such as work-arounds and dangerous abbreviations) | Demonstrate effective use of technology and standardized practices that support safety and quality | Value the contributions of standardization/reliability to safety |
| Describe the benefits and limitations of selected safety-enhancing technologies (such as barcodes, Computer Provider Order Entry, medication pumps, and automatic alerts/alarms) | Demonstrate effective use of strategies to reduce risk of harm to self or others | Appreciate the cognitive and physical limits of human performance |
| Discuss effective strategies to reduce reliance on memory | Use appropriate strategies to reduce reliance on memory (such as, forcing functions, checklists) | |
| Delineate general categories of errors and hazards in care | Communicate observations or concerns related to hazards and errors to patients, families, and the health care team | Value own role in preventing errors |
| Describe factors that create a culture of safety (such as open communication strategies and organizational error reporting systems) | Use organizational error reporting systems for near-miss and error reporting | |
| Describe processes used in understanding causes of error and allocation of responsibility and accountability (such as root-cause analysis and failure mode effects analysis) | Participate appropriately in analyzing errors and designing system improvements | Value vigilance and monitoring (even of own performance of care activities) by patients, families, and other members of the health care team |
| Discuss potential and actual impact of national patient safety resources, initiatives, and regulations | Engage in root-cause analysis rather than blaming when errors or near-misses occur | |
| | Use national patient safety resources for own professional development and to focus attention on safety in care settings | Value relationship between national safety campaigns and implementation in local practices and practice settings |





Connecting the “Valuing”

Prevent infection
NPSG.07.01.01

NPSG.07.03.01

NPSG.07.04.01

NPSG.07.05.01

NPSG.07.06.01

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

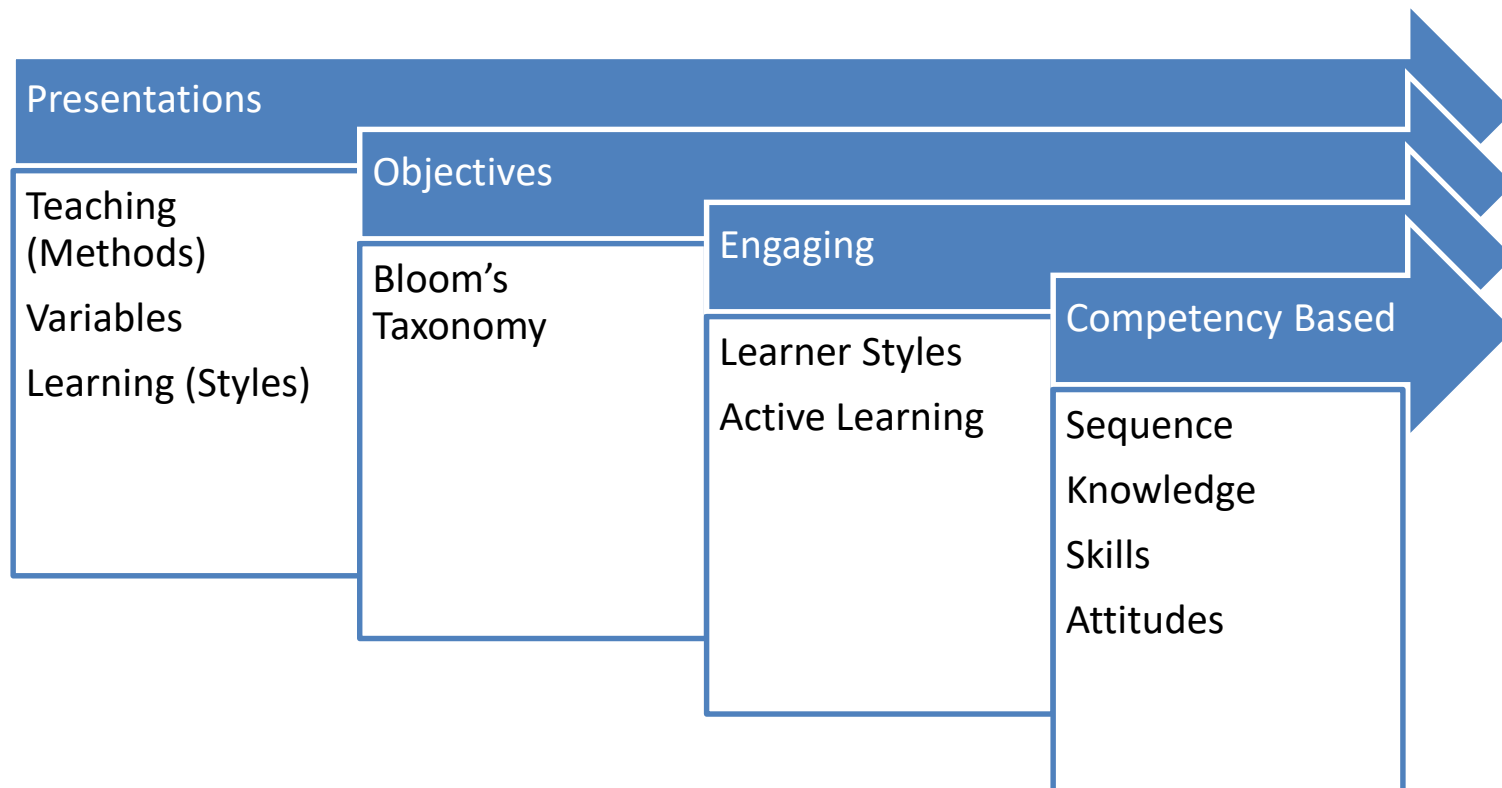
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Putting it All Together





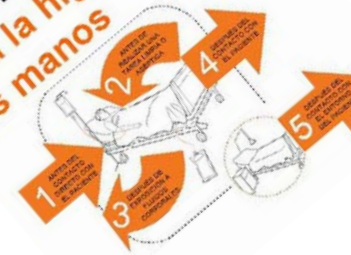
Objectives

- Identify the number 1 way to prevent the spread of infections and illness.
- List the 2 options for completing the number 1 way to prevent.
- Identify a model with 5 moments for hand hygiene.
- Describe a technique to ensure all surfaces of the hands are included.
- Demonstrate the technique required to successfully accomplish this.

What's the Number 1 Way to Prevent?



Los 5 momentos
para la higiene de
las manos



| | | |
|---|--|---|
| 1 | BEFORE PATIENT CONTACT | WHEN? Clean your hands before touching a patient when approaching him or her. WHY? To protect the patient against harmful germs carried on your hands. |
| 2 | BEFORE AN ASEPTIC TASK | WHEN? Clean your hands immediately before any aseptic task. WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body. |
| 3 | AFTER BODY FLUID EXPOSURE RISK | WHEN? Clean your hands immediately after an exposure risk to body fluids. WHY? To protect yourself and the health-care environment from harmful patient germs, including his or her glove removal. |
| 4 | AFTER PATIENT CONTACT | WHEN? Clean your hands after touching a patient and his or her immediate surroundings. WHY? To protect yourself and the health-care environment from harmful patient germs when leaving. |
| 5 | AFTER CONTACT WITH PATIENT SURROUNDINGS | WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving a room without touching the patient. WHY? To protect yourself and the health-care environment from harmful patient germs. |





For more information, please contact any
HAI Liaison Team member

Thank you