



The Infection Preventionist as an Educator

Transforming Nursing Home Care Together

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Objectives

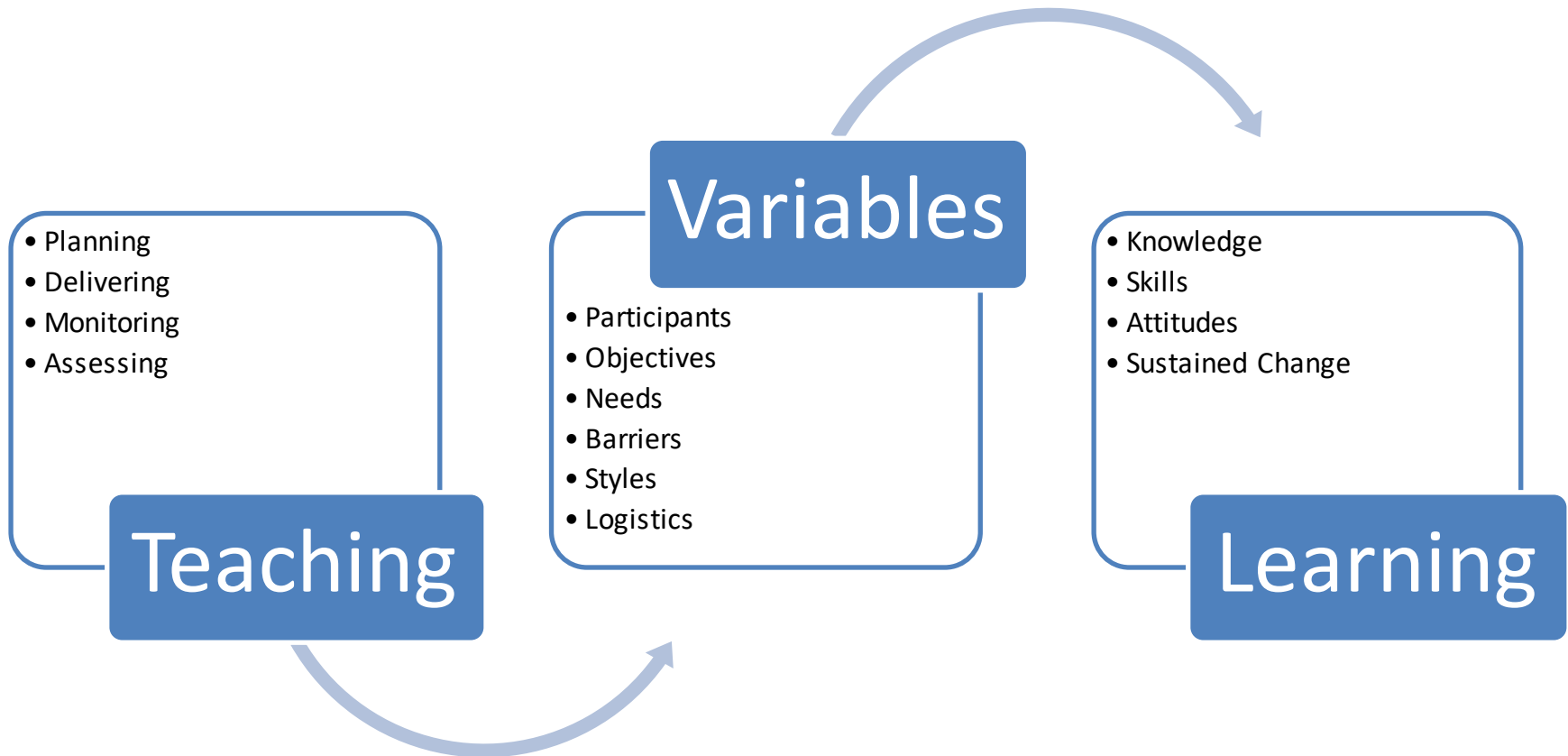
- **Review** common types of educational presentations and innovations the IP can use to meet learning needs.
- **Develop** objectives with action verbs and match these with teaching methods and learner needs.
- **Identify** ways to engage learners and make learning meaningful.
- **Identify** methods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

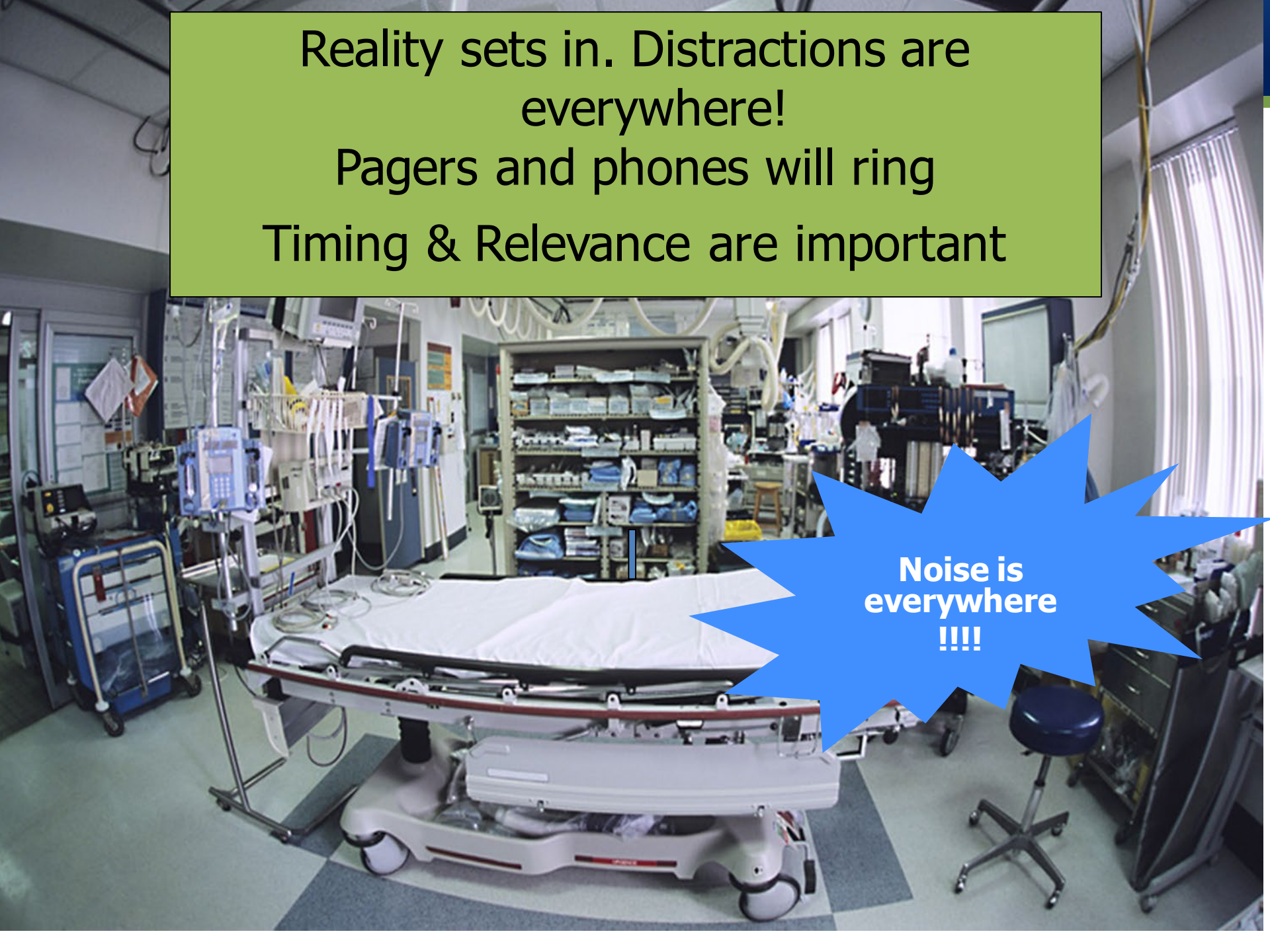
Who responds best to the “academic” approach?
Who needs to see a scary needle to make the point?
Who needs pictures / special language assistance?



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. Distractions are everywhere!
Pagers and phones will ring
Timing & Relevance are important



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”**

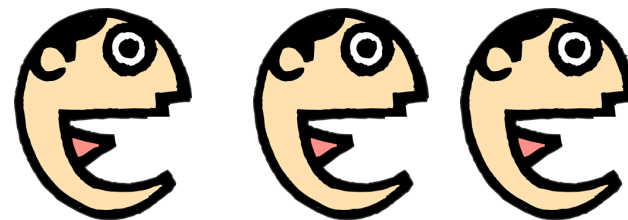
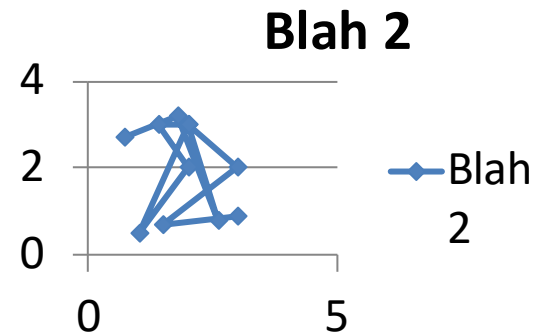
Hint: If you place the slide on the floor by your feet, you should be able to read it clearly

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

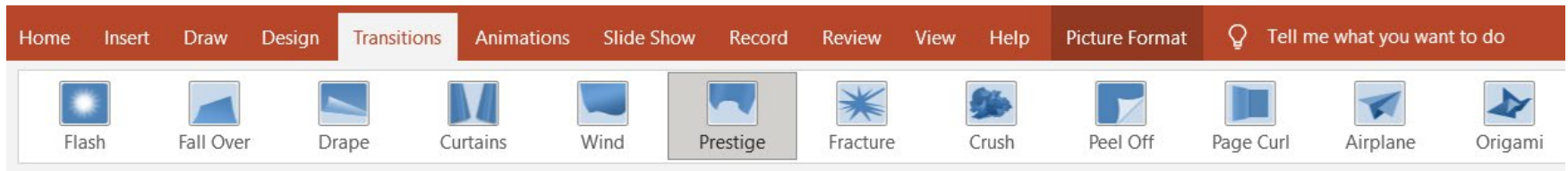
Trends of Blahs during Blah Season



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** to the learner
- **Language**
 - Clear
 - Aligns to AUDIENCE (pathogens versus germs)
- 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! (Jeopardy)
 - 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”
 - 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



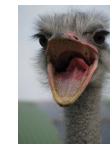
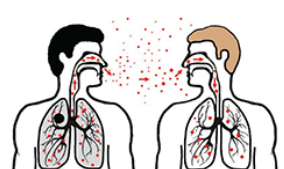
Formal Presentations

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

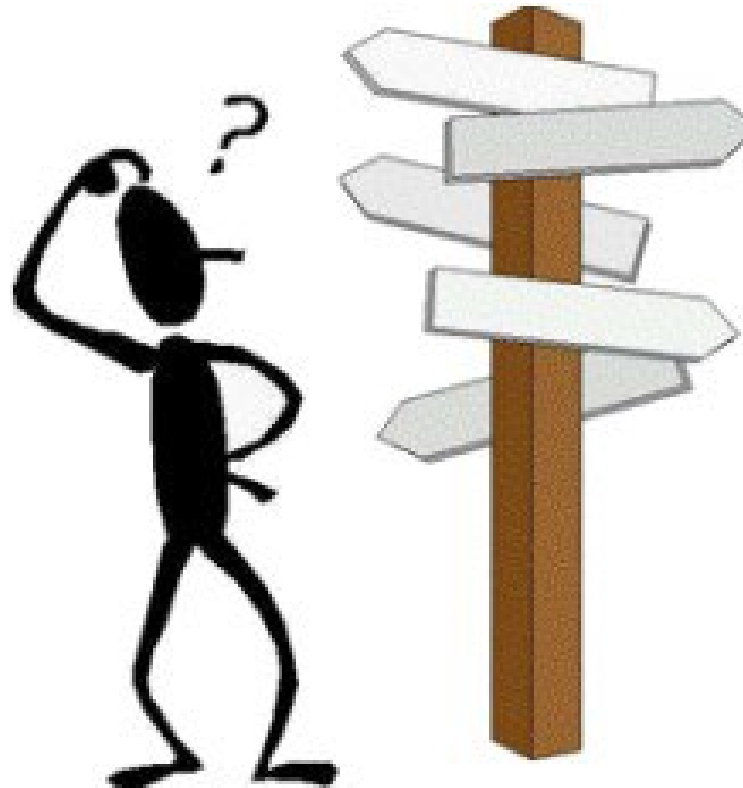


Develop objectives with action verbs
and match these with teaching
methods and learner needs

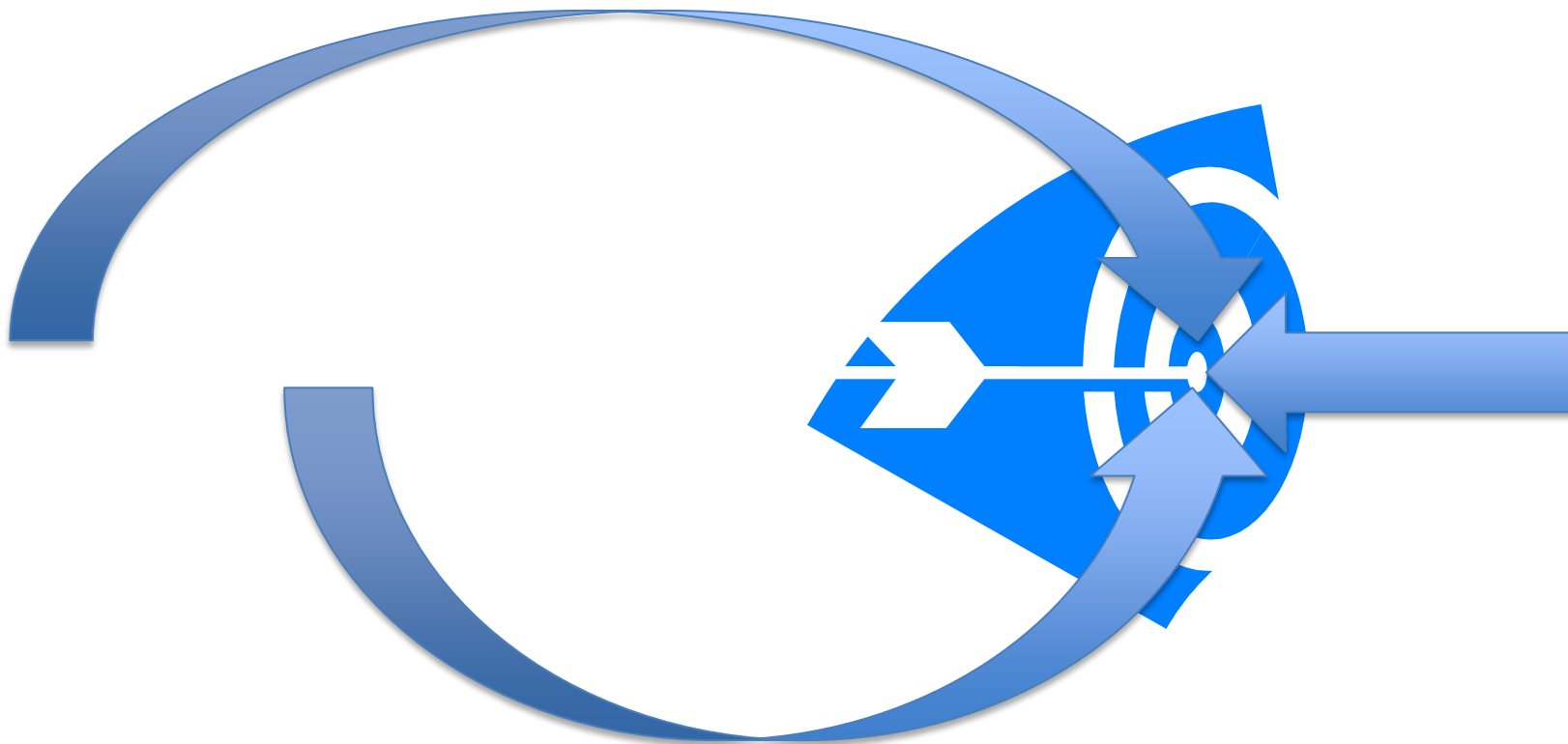


Direction

Focus



Remember who you are addressing



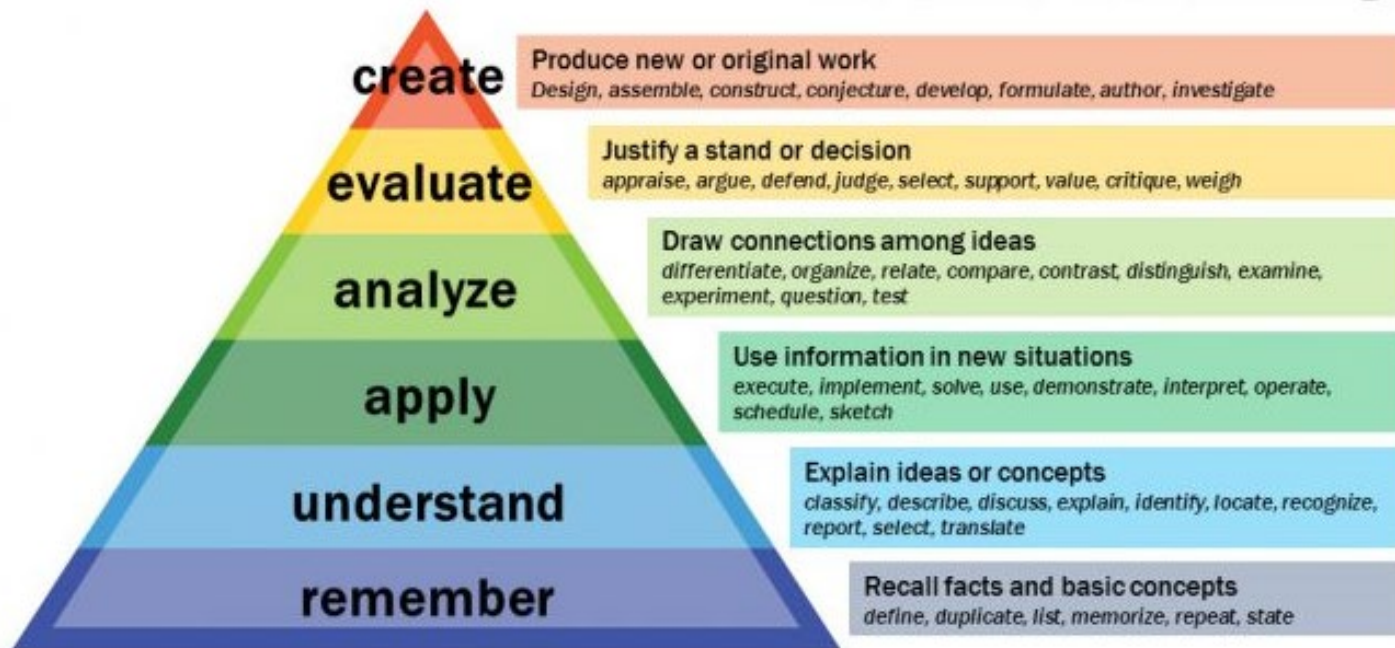
Plan

Plan
plan
Lesson
plans
Lesson
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

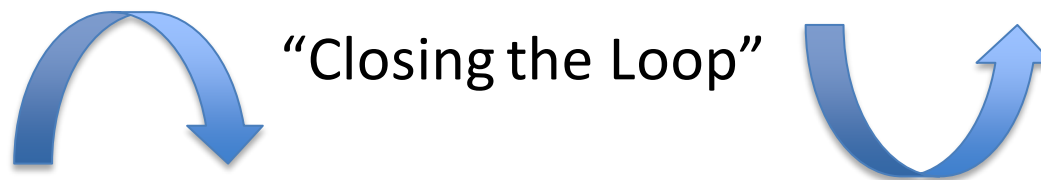
**When possible address all 3 in synergy
to maximize learning**



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

Assessment



- Direct Assessment - observing demonstrated use of what was learned, quizzes, teach backk which aligns with what the objectives identified.
- Indirect Assessment – grades, learner’s perceptions or self reports of what they think they learned.



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

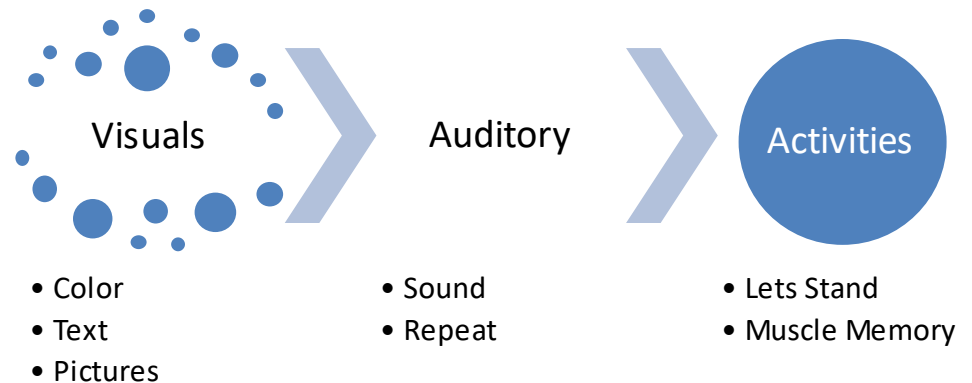
- Psychomotor
 - Skills
 - Procedures
- Cognitive
 - Knowledge
- Affective
 - Feelings
 - Communicating
- KSA

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”

2022 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient’s name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01 Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

Identify patient safety risks

NPSG.15.01.01 Reduce the risk for suicide.

Prevent mistakes in surgery

UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.

UP.01.02.01 Mark the correct place on the patient’s body where the surgery is to be done.

UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.

Prevent infection
NPSG.07.01.01

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 the goals to improve hand cleaning.

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Putting it All Together





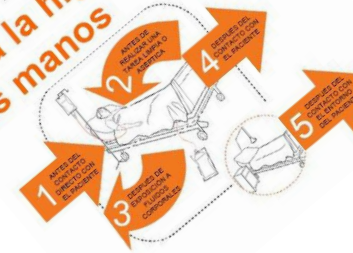
Objectives

- 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 when leaving.
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.
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.





Please place questions in the chat box for
responses

Thank you