LeadingAge® Virginia

Adult Day Centers Office Hours

HQI HEALTH QUALITY INNOVATORS

January 10th, 2024

Zoom Meeting Logistics

LeadingAge Virginia

- To ask a question, click on the **Q&A** icon.
- **Raise your hand** if you want to verbally ask a question.
- Resources from today's session will be posted in **Chat.**
- You may adjust your audio by clicking **Audio Settings**.
- You have been automatically muted with video turned off

Agenda

- Guest Presentation: Ginger Vanhoozer, Virginia Department of Health (VDH)
- Save the Date: February Office Hours Session & Polling Question
- Q & A

VDH VIRGINIA DEPARTMENT OF HEALTH

Making IPC Education Sticky:

Using workplace learning principles to make education fun and long lasting

Ginger Vanhoozer, BSN, RN, CIC, CCHM

Education is not a data transfer

- The person's preconceived assumptions and previous knowledge - as well as the prevailing culture - have an effect on how knowledge is shaped for the learner

(Nevalainen et al., 2018)

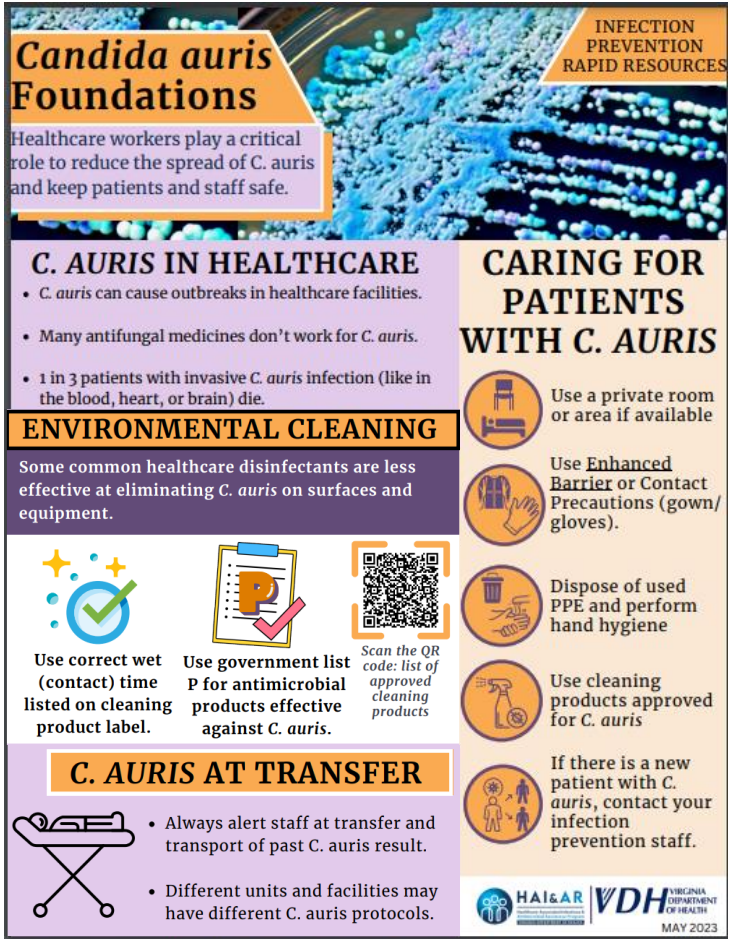
Biggest struggle when training on IPC topics?

1. Planner Resources:

- “Having access to up-to-date information & training for my staff”
- “Having updated information”
- "Lack of a baseline knowledge amongst a lot of EMS Clinicians”
- “Not having a strong grasp on the material”
- “Just getting into it I am a little nervous, new to the role & don't have the initial knowledge of how to provide the training to staff”
- “RESOURCES”
- “Staying up to date with changes”

Easy Ways to Make Nuggets

1. Take just what you need from a reputable open source (VDH, CDC, WHO, etc.)



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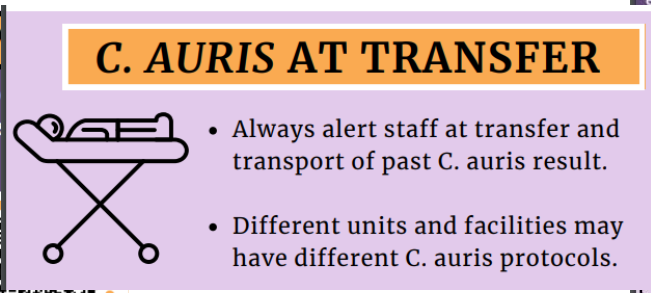
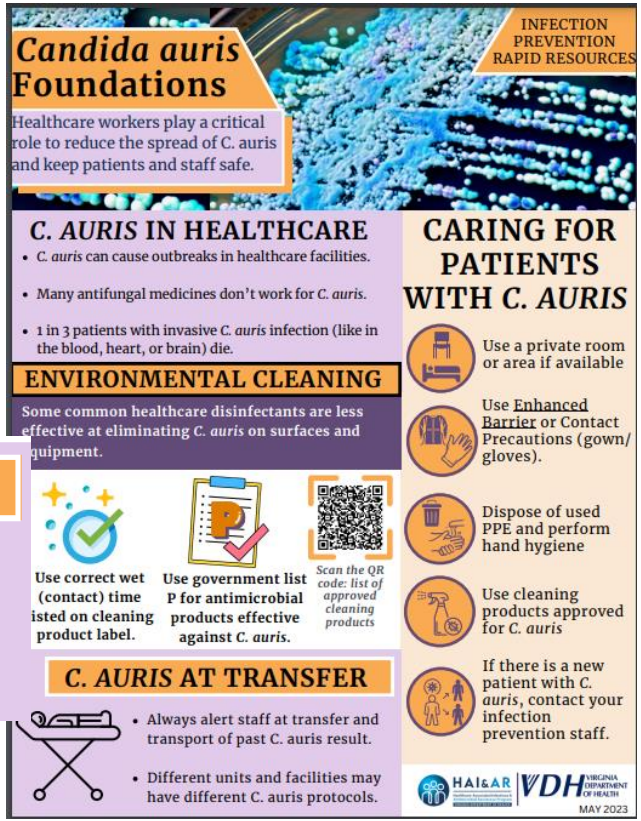




What makes a good nugget?

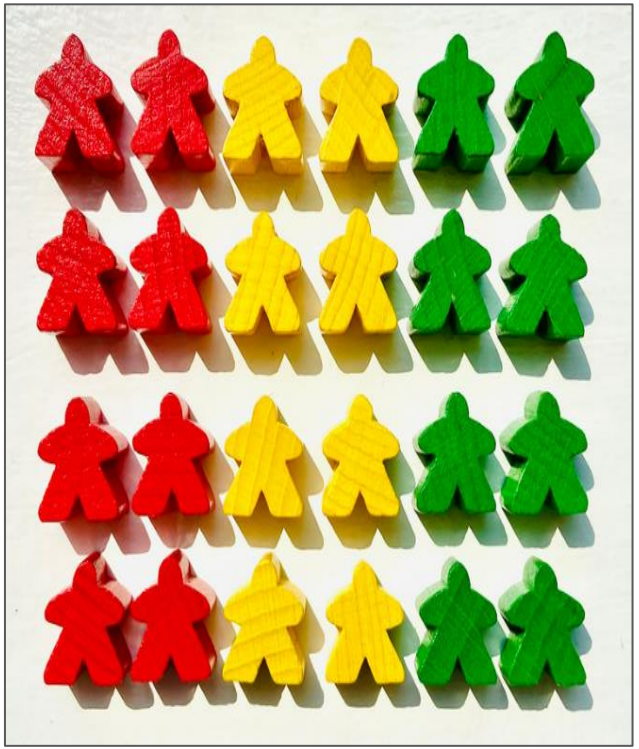
- Standalone mini learning nugget
- Can fit into a larger box with similar nuggets
- Usually less than 5 minutes
- Goals are specific learning outcomes

- ? What nuggets might we prioritize?
  - Outbreaks, resp seasons, safety issues

Biggest struggle when training on IPC topics?

2. Access Limitations:

- “Getting personnel together for in-person training due to work schedules and staffing shortages”
- “Getting everyone together to train”
- “Lack of participation from co-workers and/or employees”
- “Having crews available to train since we are so busy”
- “Getting management buy-in”
- “Short time frame to train staff”

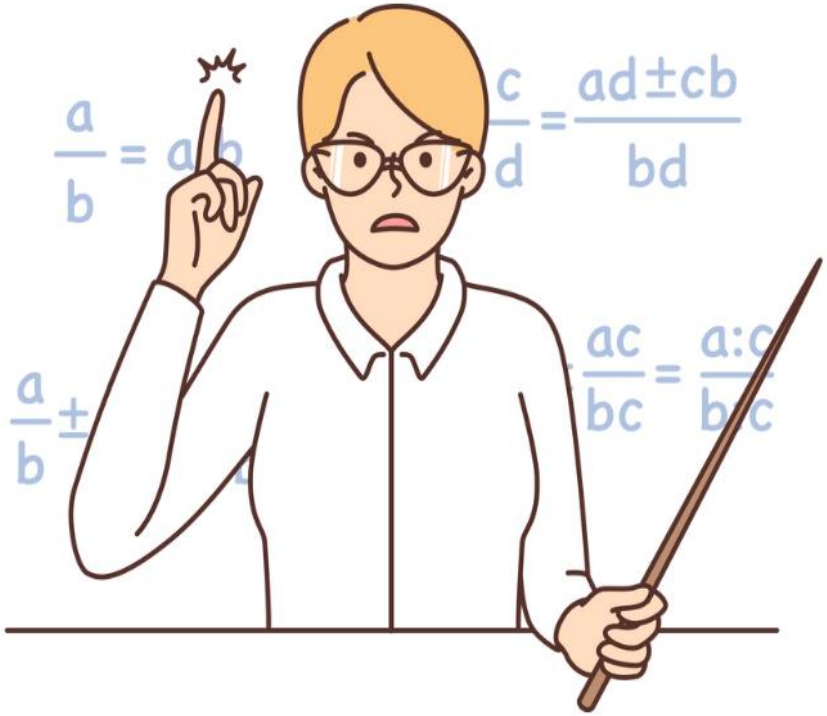


Classroom v/s Work Based Learning

- Formal learning methods have only a marginal effect on learning compared to work-based learning

(Nevalainen et al., 2018)

- Work based learning-use the right tool for the job!



Work Based Learning (WBL)

- Primary opportunities, designed primarily to facilitate learning
  - written information (e.g. policies and procedures, induction pack)
  - e-learning
  - workshops or regular training meetings (including peer teaching)
  - simulations
  - working alongside someone more experienced e.g. practice development nurses or clinical nurse specialists
  - working under supervision
  - shadowing other staff
  - visits to other services or teams

(Attenborough et al., 2019)

Work Based Learning (WBL)

- Primary opportunities, designed primarily to facilitate learning

Sprinkles of learning

- Secondary opportunities, learning is a secondary outcome.
  - Discussions with colleagues (e.g. meetings, rounds, safety huddles)
  - Ad hoc discussions (watercooler and hallway convos)
  - Modelling
  - Debriefs after serious untoward incidents and near misses
  - Schwartz rounds (discuss the emotional and social aspects of working in healthcare)
  - Audits
  - Service development and quality improvement initiatives

(Attenborough et al., 2019)

Biggest struggle when training on IPC topics?

3. Perception of Infection Prevention Topics

Biggest struggle when training on IPC topics?

3. Perception of Infection Prevention Topics

Boring subject

Biggest struggle when training on IPC topics?

3. Perception of Infection Prevention Topics:

Boring subject

"Lack of interest in IPC"

"Limited interest in Infection Control".

"Making the training relevant and not boring".

"Making the required material interesting"

"Students think that it's boring".

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Why make it fun?

- “When one encounters a novel stimulus this sets off a cascade of brain responses, activating several neuromodulatory systems”.
- As a consequence novelty has a wide range of effects on cognition;
  - improving perception and action
  - increasing motivation
  - eliciting exploratory behavior
  - promoting learning

ELSEVIER

Neuroscience & Biobehavioral Reviews

Volume 55, August 2015, Pages 268-279

Review

Short- and long-lasting consequences of novelty, deviance and surprise on brain and cognition

J. Schomaker [a], M. Meeter [b 1]

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https://doi.org/10.1016/j.neubiorev.2015.05.002

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Abstract

When one encounters a novel stimulus this sets off a cascade of brain responses, activating several neuromodulatory systems. As a consequence novelty has a wide range of effects on cognition; improving perception and action, increasing motivation, eliciting exploratory behavior, and promoting learning. Here, we review these benefits and how they may arise in the brain. We propose a framework that organizes novelty's effects on brain and cognition into three groups. First, novelty can transiently enhance perception. This effect is proposed to be mediated by novel stimuli activating the amygdala and enhancing early sensory processing. Second, novel stimuli can increase arousal, leading to short-lived effects on action in the first hundreds of milliseconds after presentation. We argue that these effects are related to deviance, rather than to novelty per se, and link them to activation of the locus-coeruleus norepinephrine system. Third, spatial novelty may trigger the dopaminergic mesolimbic system, promoting dopamine release in the hippocampus, having longer-lasting effects, up to tens of minutes, on motivation, reward processing, and learning and memory.


Fun education
=
Sticky
education

PPE Fashion Show

Infection Prevention Educator Roadshow

PPE Fashion Show

Purpose of Training: A personal protective equipment (PPE) fashion show is a memorable and fun way to train staff on the correct use of PPE. You can also describe accessible and non-judgmental language for describing incorrect PPE use.

Supplies: *Supplies will vary based on the PPE best practices you are educating on. Consider how best to conserve PPE for this training if there is a PPE shortage.*

- **Isolation gowns** *(Discard at end of training)*
- **Exam gloves** *(single person use; do not share or reuse masks for training)*
- **Masks** *(single person use; do not share or reuse masks for training)*
- **Respirators** *(single person use; do not share or reuse masks for training)*
- **Face shields** *(clean or dispose of face shield after each person uses)*

Training Directions:

1. Gather your chosen PPE supplies.
2. Choose "models" who are willing to participate and educate others on proper PPE use.
3. Have each model showcase the PPE item by putting it on incorrectly, such as tying the gown ties in the front, not tying the gown closed, wearing N95 with beard, and/or wearing mask below nose.
4. The educator can act as the MC for the fashion show introducing each model and describing what kind of patient room or situation they are going into (i.e., droplet, contact, airborne, standard precautions, enhanced barrier precautions-high risk activity).
5. Allow the audience to call out or "vote" on what PPE best practices are not being used by the model.
6. After all the models have shown the incorrect PPE use, allow them time to wear the correct the PPE and do a final model walk for the audience showing the correct usage. (Encourage the participants to cheer for each other).
7. Encourage participants to ask questions and clarify any doubts about PPE use.
8. Emphasize the importance of proper PPE use in preventing the spread of disease and keeping oneself and others safe.
9. Consider in advance what supportive language one can use for just in time feedback when seeing incorrect PPE use in the clinical environment.

Educator Training Tips:

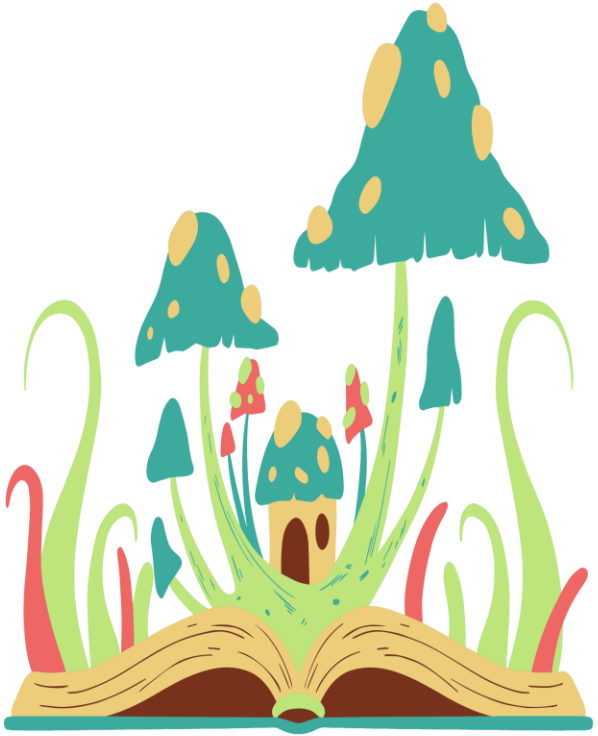
1. You can add fun background music for your fashion show, but make sure everyone can hear instructions and take-aways.
2. You may want to have suggestions written up in advance to help the models have a variety of incorrect practices.
3. You can have the same model change their incorrect PPE "outfit" several times to limit the amount of people needed in the fashion show.
4. Consider adding doffing training after the PPE fashion show.

Storytelling and Education

- Engage and motivate adult learners
  - Capture attention and interest using emotions, humor, suspense, or drama.

- Gives meaning by using real-life situations, goals, or challenges.
  - Stimulate critical thinking and problem-solving

- Makes education sticky by applying what they have learned to new or different contexts.



Education Station Prototypes: Tell a Story

Education Station Prototypes: Do and Tell

Interactive Education: Do and Tell

Infection Prevention Educator Roadshow
Creating a Hands-on Education

Purpose of Training:

A simulation-based learning experience provides a real-world like experience for learners to practice their knowledge or skills. This training will focus on making inexpensive simulations to teach infection prevention topics.

Supplies:

Supplies will vary based on the situation you are trying to simulate. Consider these affordable alternatives to make simulations more accessible.

- **Rooms:** Can you use an empty patient or exam room to create a clinical simulation for room cleaning practice, workflow, or environment of care rounds?
- **Patients:** Medical mannequins can be expensive, could you use stuffed animals or blankets rolled up? Use caution in using people as patients.
- **Equipment:** Never use contaminated or soiled equipment for teaching; look for expired supplies, or vendor samples for teaching.

Training Directions:

- Create a training goal for this simulation (what should participant learn, or feel during this simulation?)
- How will you evaluate learning after this simulation?

To create a simulated point prevalence, you can follow these steps:

1. Decide what point prevalence tool you want to use.
2. Determine the population size you want to simulate.
3. Calculate the number of individuals in the population that should have correct or incorrect practice simulated.
4. How many individuals will you train at a time?

To create a simulated clinical scenario where staff find what is "wrong"

1. Decide what space you will use for this training (is a clinical space available?)
2. Create 2-6 items that are incorrect (not in line with your facility policies), such as: clean supplies in biohazard bags, IV tubing not labeled correctly, supplies stored next to a handwashing sink, etc.
3. How will participants report what issues they found?
4. What training can you be ready to provide reinforcing education (especially if they don't identify the incorrect practices)?
5. Remember to clean up and remove any incorrect practices from a clinical space when training is over.

HAI&AR Healthcare-Associated Infections & Antimicrobial Resistance Program VDH VIRGINIA DEPARTMENT OF HEALTH

Website: www.vdh.virginia.gov/haiar/ Summer 2023

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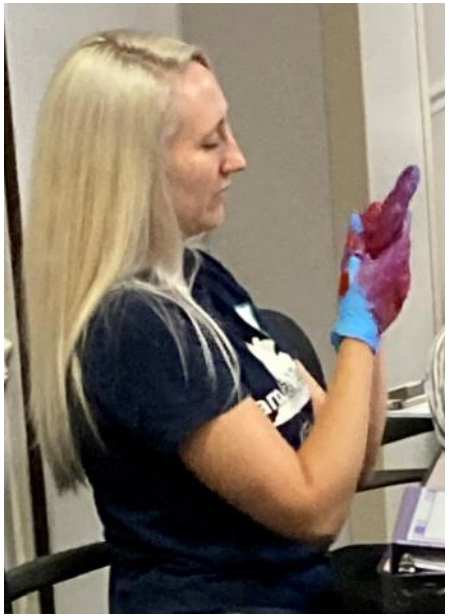
Hand Hygiene and PPE



Infection Prevention Educator Roadshow

Caught Red-Handed - Hand Hygiene Exercise

Purpose of Training:

To demonstrate effective hand hygiene and safe removal of gloves. Hand hygiene procedures include the use of alcohol-based hand rubs and hand washing with soap and water.

Supplies:

- Washable poster paint (bright red works well against blue gloves)
- Examination gloves (assorted sizes)

Training Directions:

1. Have everyone do hand hygiene with alcohol-based hand rub as you start the training.
2. Have participants put on, or don gloves, then squirt about 5 mL of poster paint into each person's hand (about the size of a silver dollar or popsocket).
3. Have participants close their eyes and ask them to remember how they **just** did hand hygiene with the alcohol-based hand rub and do the same hand hygiene motions now with gloved hands and the paint.
4. Ask the group to open their eyes and inspect their gloved hands. Have they missed any spots? Highlight the commonly missed areas which include the fingertips, thumbs, and between the fingers.
5. As a group, now perform the WHO hand hygiene process to ensure all gloved hands are covered fully in paint. https://www.who.int/campaigns/world-hand-hygiene-day (see QR code below)
6. Next, demonstrate how to safely remove, or doff gloves - refer to CDC's personal protection equipment poster at https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf (see QR code below)
7. Have participants now demonstrate how to remove the gloves without contaminating their hands with the paint. Did anyone get "caught red-handed"? (get paint on their hands while doffing gloves incorrectly)
8. Lastly, remind everyone that wearing gloves is NOT a substitute for cleaning their hands! Hand hygiene must be performed after removal of gloves.

Resources for Hand Hygiene Education

Scan QR code for WHO hand hygiene resources

Scan QR code for CDC's doffing PPE resources.

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Training Trainers: Educator Skills that Last

- **Roadshow not the traditional “train the trainer” model where the focus is on technical knowledge or specific skill to be passed on.**
- **Roadshow builds IPC educator capacity, flexible for whatever IPC topic is needed.**
- **Look for full day trainings this summer in each region of Virginia. More details coming soon.**

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You are not alone!

- A weekly featured education nugget
- Chat with VDH IPs and subject matter experts
- IP peer to peer support
- Quick roundup of the week's infection prevention updates

Register at https://redcap.vdh.virginia.gov/redcap/surveys/?s=C7KAYN7MLDKJYKPC

Virginia Infection Prevention & Control Training Alliance

NEW

VIPTA

VIPTA is a statewide infection prevention and control education collaborative, led by the Virginia Healthcare-Associated Infections Advisory Group. Through partnership, VIPTA curates IPC resources for Virginia's healthcare, congregate care, and public health settings.

Visit the VIPTA Website

https://www.vdh.virginia.gov/vipta/

Thank You

Visit the VDH HAI/AR Website:

https://www.vdh.virginia.gov/haiar/

Contact Us:

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Ginger.Vanhoozer@vdh.virginia.gov

Quick Reminders

- ❑ Confirm Notebook Delivery
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- ❑ Visit our Webpage!
- ❑ Schedule 1:1 chat with me!
- ❑ Request Technical Assistance
- ❑ Register for Office Hours…

Next Session

Adult Day Centers Office Hours

- **Topic:** TBD (Polling Question)
- **Date:** February 14th
- **Time:** 1:30pm-2pm

REGISTER NOW

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Q & A

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