

Making IPC Education Fun:

Lessons Learned from the Infection Prevention Educator Roadshow

Ginger Vanhoozer, BSN, RN, CIC, CCHM



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Experience:

- AmeriCorps
- Peace Corps
- Army Nurse Corps- Captain
- 15+ years as BSN, RN
- 6+ years as Infection Preventionist
- Virginia Department of Health

Bonus:

- BFA in Theatre Directing
- Unicorns = my power animal



Pronouns: she/ her



Objectives: Making IPC Education Fun

- **Analyze the most common barriers cited to providing infection prevention and control (IPC) education in Virginia.**
- **Identify core adult learning principles to make your IPC education stick longer.**
- **Participants will determine their personal strengths as an IPC educator.**
- **Identify your personal strengths as an infection prevention educator.**

Infection Prevention Educator Roadshow

- One-day free training session using adult learning principles and hands on training techniques
- Originally 2 trainings in each health district *(2 more added by demand)*
- Special outreach for EMS participants = 14% of registrants



INFECTION PREVENTION EDUCATOR ROADSHOW

10 chances to catch this free one-day in person training. See registration for locations

JUNE-AUGUST 2023
SEE REGISTRATION FOR DATES

REGISTRATION LINK OR SCAN QR CODE
SPACE IS LIMITED →

Sample of activities:

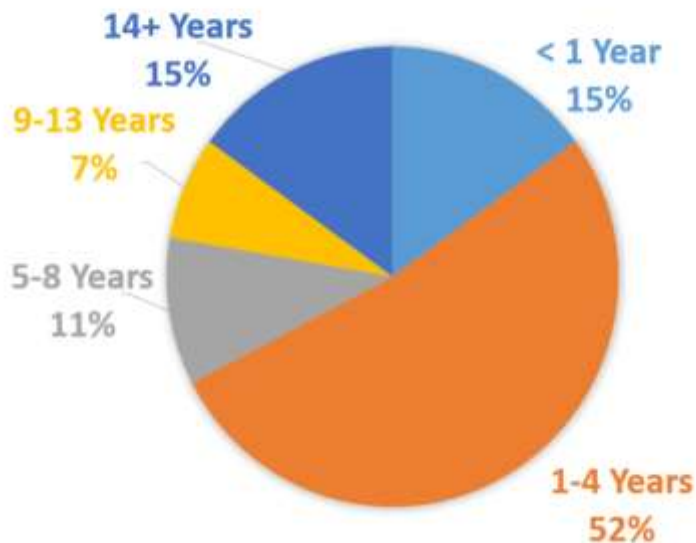
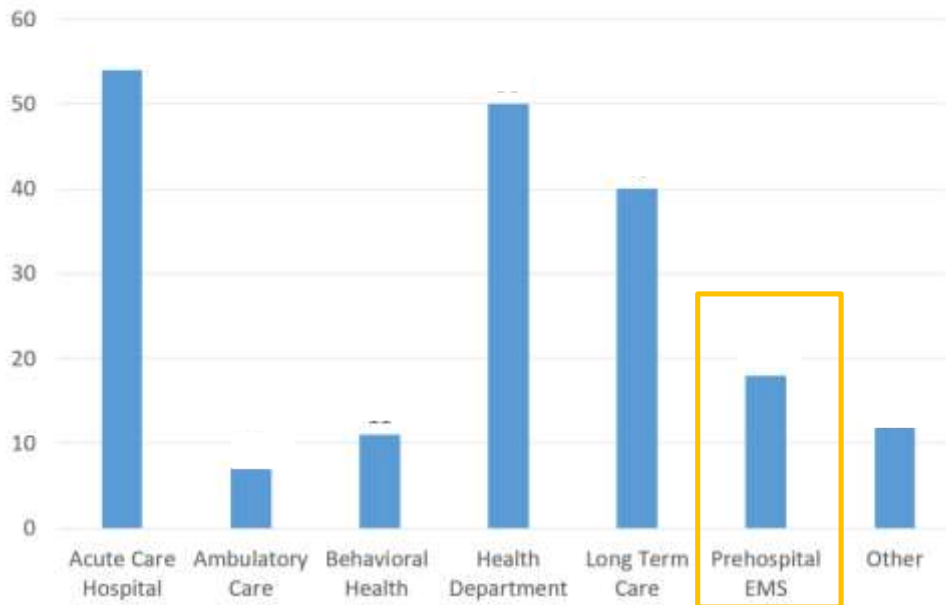
- PPE fashion show
- Just-in-time teaching
- Building nuggets
- Get glowing
- Colorful hand hygiene
- Creating a simulation
- Adult learning principles
- and free educator tools

Email: ginger.vanhoozer@vdh.virginia.gov
Website: www.vdh.virginia.gov/halar/

HA&AR
Healthcare Associated Infections & Antimicrobial Resistance Program

Roadshow Participants

Participant's Primary Practice Setting Participant's years of IPC Experience



Educator Resources

- Each participant received a take home bag of tools to start educating right away
- During the day they can practice with these tools, so they are prepared to start right away.



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- **Analyze the most common barriers cited to providing infection prevention and control (IPC) education in Virginia.**

Biggest struggle when training on IPC topics?

45 EMS registrants identified their barriers

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

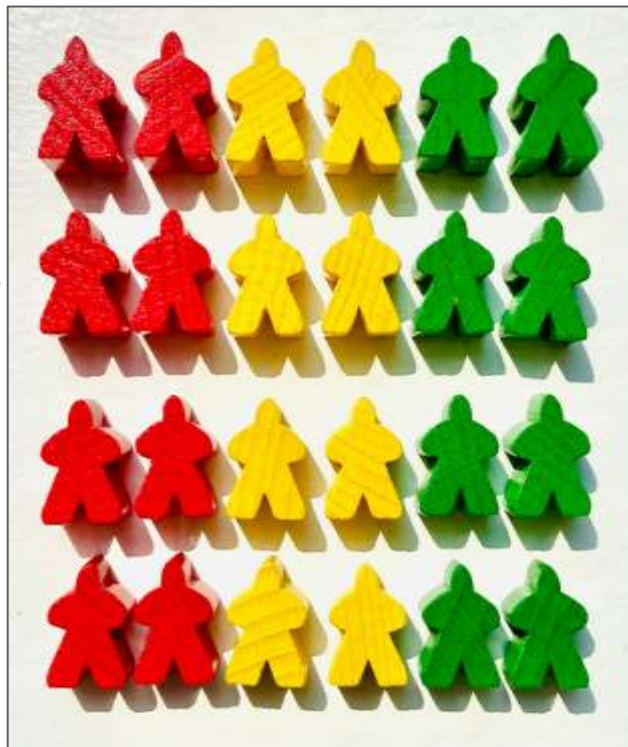


Biggest struggle when training on IPC topics?

45 EMS registrants identified their barriers

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



Biggest struggle when training on IPC topics?

45 EMS registrants identified their barriers

3. Audience buy-in:

- Getting the peoples attention
- Limited resources for EMS
- Limited interest in Infection Control
- Keeping interest
- Trying to get my members to stay engaged with the training
- Participation
- Getting everyone to take matter seriously
- People wanting to learn



Biggest struggle when training on IPC topics?

4. EMS perception of Infection Prevention topics:

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Boring subject



Biggest struggle when training on IPC topics?

4. EMS perception of Infection Prevention topics:

Boring subject

Limited interest in
Infection Control.

Making the
training relevant
and not boring.

Students think that it's boring.



Making the required
material interesting

Biggest struggle when training on IPC topics?

1. Planner resources

2. Access limitations

3. Audience Buy-in

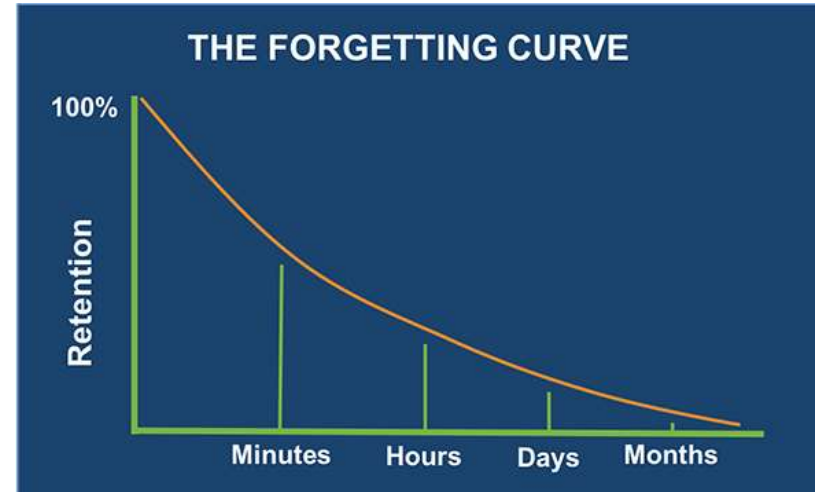
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The Forgetting Curve

- Ebbinghaus' curve from experiments in 1880 and 1885
- People forget 50% of new information within an hour of learning it.
- That increases to an average of 70% within 24 hours and 90% in 1 week.



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- Repeated education retains longer



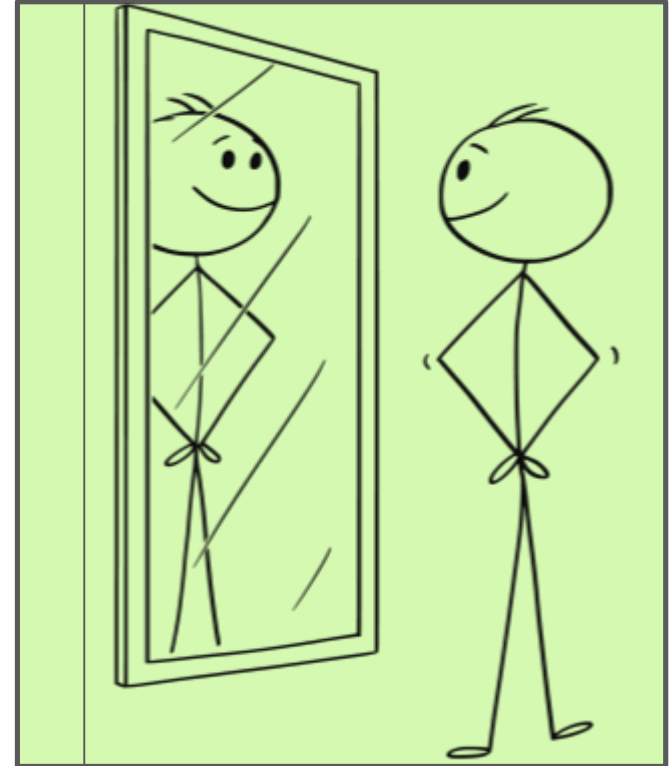


Making IPC Education Sticky

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Techniques to make sticky education

1. Relevance - tailor to your audience



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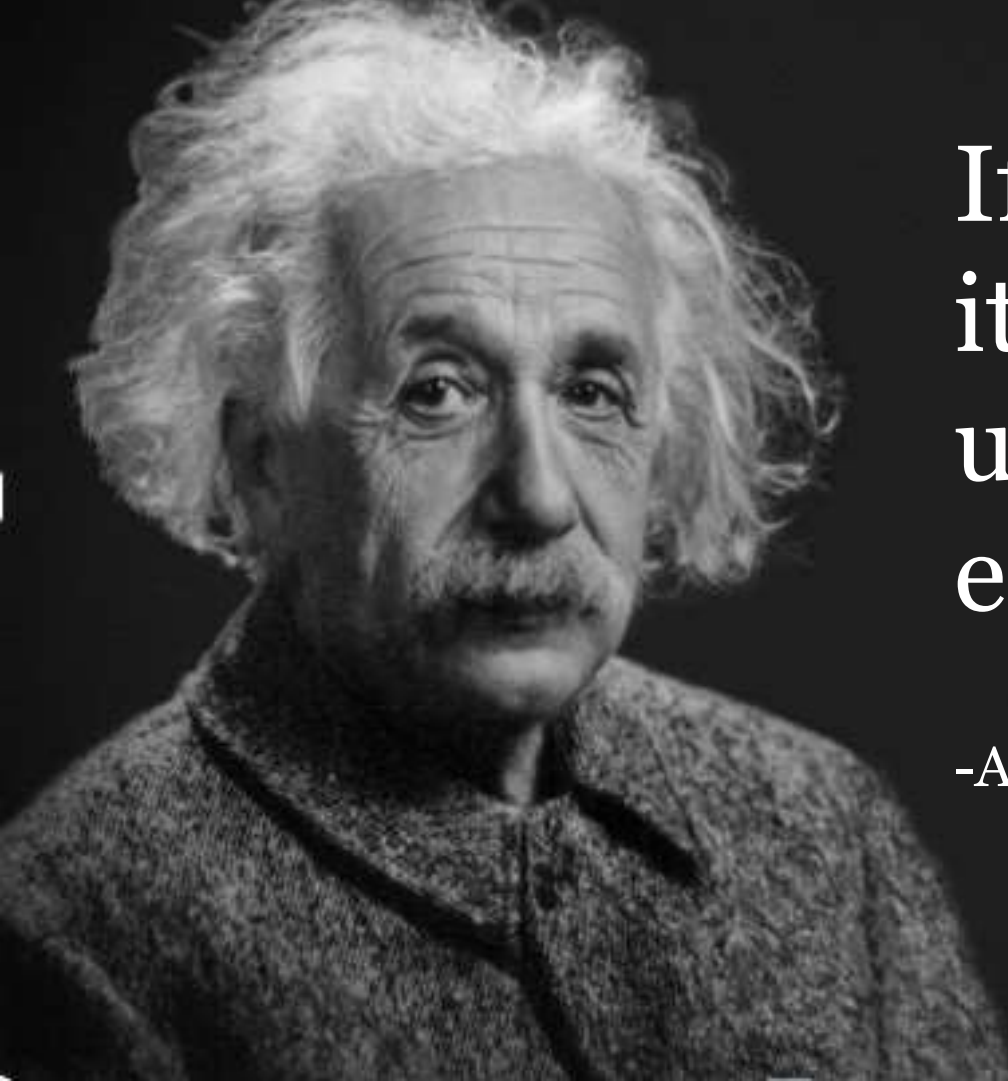
Making IPC Education Sticky



Techniques to crush the forgetting curve

1. Relevance- tailor to your audience
2. **Keep it simple**





If you can't explain
it simply, you don't
understand it well
enough.”

-Albert Einstein (*maybe*)

Making IPC Education Sticky

Techniques to crush the forgetting curve

1. Relevance - tailor to your audience

2. **Keep it simple**

- Plain language: choose words your audience already knows, or explain thoughtfully
- Put the most important message first, then triage
- Keep it short
- Break it up into sections/ chunks



Accessible version: <https://www.cdc.gov/healthliteracy/developmaterials/plain-language-communication.html>

PLAIN LANGUAGE

Communication your audience
understands the first time

Organize to serve the audience

- ✓ Know your audience and purpose before you begin
- ✓ Put the most important message first
- ✓ Present other information in order of importance to the audience
- ✓ Break text into logical chunks and use headings

Choose words carefully

- ✓ Write in the active voice
- ✓ Choose words and numbers your audience knows
- ✓ Keep sentences and paragraphs short
- ✓ Include "you" and other pronouns

Make information easy to find

- ✓ Use headings and text boxes
- ✓ Delete unnecessary words, sentences, and paragraphs
- ✓ Create lists and tables



Centers for Disease Control and Prevention
Agency for Toxic Substances and Disease Registry

CS216095-01

Making IPC Education Sticky

Techniques to crush the forgetting curve

1. Relevance - tailor to your audience
2. Keep it simple
- 3. Use visuals with explanations**
 - Creating visual explanations had greater benefits than those accruing from creating verbal ones.
 - Use visuals to enhance the “story” of education
 - Helps anchor the “why”, understanding importance



Tell a Story



Making IPC Education Sticky

Techniques to crush the forgetting curve

1. Relevance - tailor to your audience
2. Keep it simple
3. Use visuals with explanations
4. **Break it down into nuggets**



What makes a good nugget?

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

What nuggets might we prioritize?



Easy Ways to Make Nuggets

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

Candida auris Foundations

Healthcare workers play a critical role to reduce the spread of *C. auris* and keep patients and staff safe.

INFECTION PREVENTION RAPID RESOURCES

C. AURIS IN HEALTHCARE

- C. auris* can cause outbreaks in healthcare facilities.
- Many antifungal medicines don't work for *C. auris*.
- 1 in 3 patients with invasive *C. auris* infection (like in the blood, heart, or brain) die.

CARING FOR PATIENTS WITH C. AURIS

- Use a private room or area if available.
- Use Enhanced Barrier or Contact Precautions (gown/gloves).
- Dispose of used PPE and perform hand hygiene.
- Use cleaning products approved for *C. auris*.
- If there is a new patient with *C. auris*, contact your infection prevention staff.

ENVIRONMENTAL CLEANING

Some common healthcare disinfectants are less effective at eliminating *C. auris* on surfaces and equipment.

- Use correct wet (contact) time listed on cleaning product label.
- Use government list P for antimicrobial products effective against *C. auris*.
- Scan the QR code: list of approved cleaning products.

C. AURIS AT TRANSFER

- Always alert staff at transfer and transport of past *C. auris* result.
- Different units and facilities may have different *C. auris* protocols.

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MAY 2022

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Project Firstline



CDC > Infection Control > Project Firstline > Access Infection Control Educational Materials

Project Firstline

About

Learn About Infection Control in
Health Care

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Training Toolkits

Infection Control and COVID-19

Explore Project Firstline
Partnerships

Infection Control Training Toolkits

[Español \(Spanish\)](#) [Print](#)

Want to lead an infection control training for healthcare workers? Project Firstline has developed training resources that cater to all styles of learning, so healthcare leaders can train their team with content that is engaging and accessible.

Project Firstline's resources are easy to use and can be integrated into existing infection control training programs. Whether you have 5 minutes or 30 minutes, you can lead an effective infection control training with your team.

On This Page

[Micro-Learns](#)

[Training Toolkits](#)

Micro-Learns

Use Project Firstline's short, adaptable micro-learn training resources to educate your team on a variety of infection control topics. The micro-learns are a series of guided discussions that connect infection control concepts to immediate, practical value, so healthcare workers can recognize infection risks and take action to stop the spread of germs. Incorporate these quick, in-person trainings into your next team meeting or huddle.

Key Takeaways about the GI System Reservoir

- ✓ The “gut” usually refers to most of the intestines, rectum, and anus.
- ✓ Gut germs travel easily in stool.
- ✓ Pathways:
 - Touch
 - Breaking down or bypassing the body’s defenses

Defining Audience and Nuggets



Exercise #1 Hand Hygiene

Oh no not hand hygiene again!



Infection Prevention Educator Roadshow



Most Missed Areas

- **Red**= Most frequently missed
- **Purple**= Less frequently missed




Try Telling a Story

1. Getting ready for a party
2. Be a DJ
3. Evil plan
4. Singing choir
5. Weird hello and goodbye
6. Smell the perfume

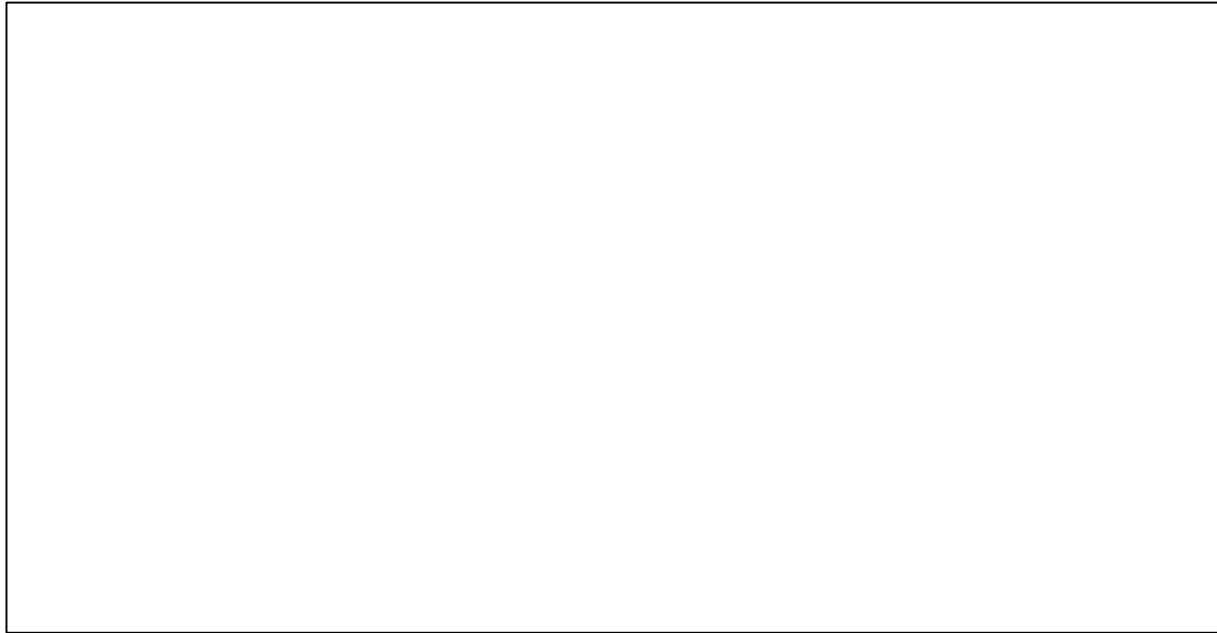
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

 Duration of the entire procedure: 20-30 seconds



Hand Hygiene Exercise



Hand Hygiene Exercise

- Some healthcare providers practice hand hygiene less than half of the times they should.
- Healthcare providers might need to clean their hands as many as 100 times per 12-hour shift.
- The time it takes is less important than making sure you clean **all areas of your hands**.

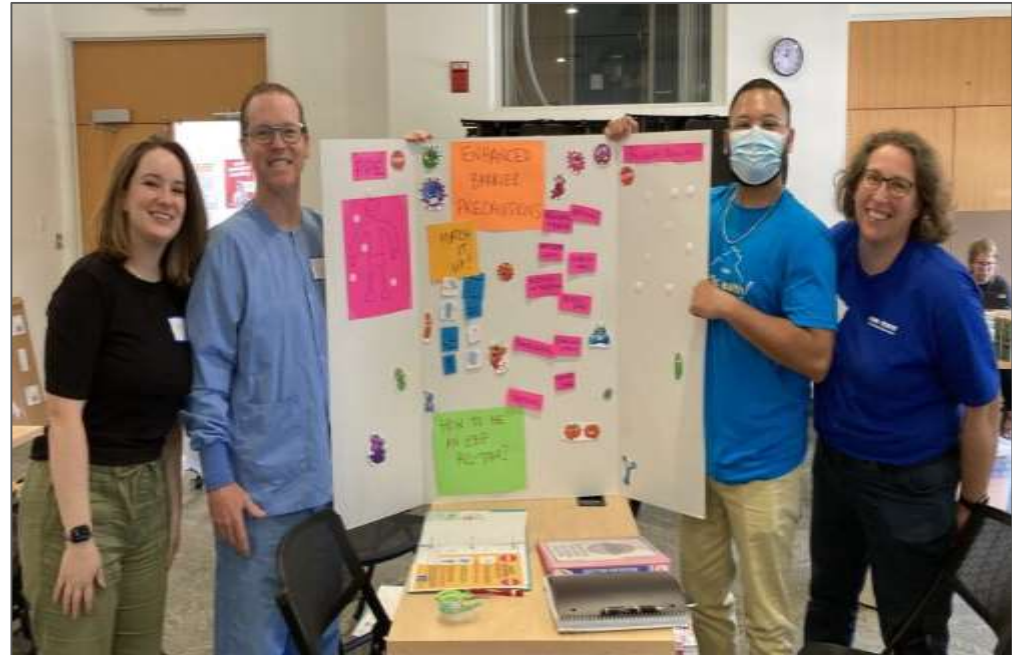


Infection Prevention Educator Roadshow





Interactive Education: Do and Tell



Interactive Education: Do and Tell



Designing Feedback: “I like, I wish, I wonder”

- **“I like”** is a starting point for what went well or what is positive about an idea.
- **“I wish”** is a starting point for what could be done differently /improved
- **“I wonder”** can be a starting point for questions that are still unanswered, and ideas.
 - *“I wonder” heading could also be called “What If”.*

Infection Prevention Educator Roadshow



Train the Trainer With Resources

- 13 EMS Roadshow participants completed the follow up survey
 - 305 healthcare workers trained with supplies and lessons learned
- 122 of participants from all settings
 - 5,143 healthcare workers trained with supplies and lessons learned

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Overcoming Barriers

Planner resources

Access limitations

Audience buy-in

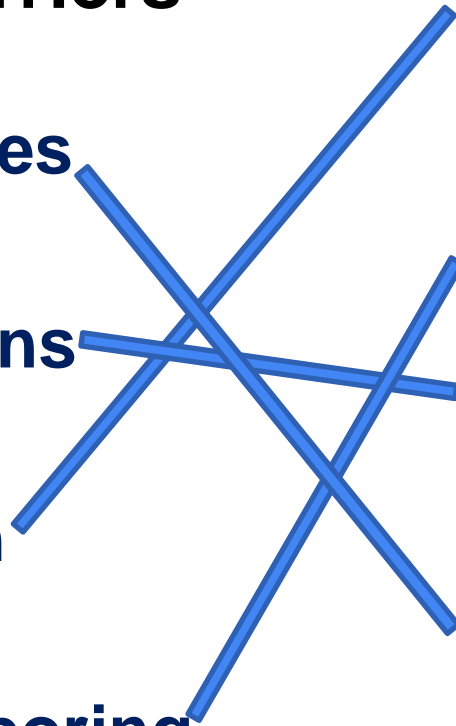
IP education is boring

A: Tell a story with visuals to anchor the “why”

B: Make education fun

C: Offer smaller nuggets, Less time commitment for staff

D: Use education already built or pull nuggets from it that requires little adapting



What are your natural educator strengths?



What topic made you a little stressed?



Identifying your strengths as an IPC educator

- List 5-10+ attributes that **you already have** that can make you a great IPC educator?
- List 2-5 attributes you want to develop or grow in the coming year to build on your IPC educator skills
 - Ideas on how you could grow these?

Infection Prevention Educator Roadshow



Putting it All Together

- It is ok to start small (nuggets)
- It is ok to not tackle every problem at the same time, triage
- It is best when you lean into what will make your trainings special AND NOT BORING! 😊



Thank You



Visit the VDH HAI/AR Website:

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

Contact Us:

hai@vdh.virginia.gov