



The Infection Preventionist as Educator



Basics of Infection Prevention
2-Day Mini-Course
2013



Objectives

- **Review** three common types of educational presentations typically given by the IP
- **Develop** objectives for educational programs using sample action verbs
- **Identify** ways to keep the attention of the adult learner
- **List** key elements of preparing a presentation that will be effective if using Powerpoint as the media



Types of Presentations

- Classroom/lecture style – large group
 - More structured format; needs written learning objectives
 - Examples: new hire orientation, Charge Nurse workshop
 - May use PowerPoint presentation
- Discussion – small group
 - May not need/require handouts, depending on complexity of material
 - Examples: department staff meetings, task forces or teams
 - Helps learners to HEAR, SEE, and DISCUSS
- Just-in-time – one person
 - Usually verbal
 - Examples: during unit rounds
 - Information sharing or corrective action needed; may follow w/ location of policy or materials for further review



Know the Audience

- Assess the learning needs of your audience
 - New Employee Orientation or Charge Nurse meeting?
 - What do they need to know? Are they new to healthcare or experienced?
 - How can you make this personal to them to encourage them to listen and learn?
 - Department staff meeting?
 - What is their interest and willingness to hear about the rate of infection on their unit?
 - Will they be likely to cooperate with a change of practice?
 - Just-in-time?
 - How can you engage that employee to promote a change in behavior?



Recognize Learner Diversity

- Many part-time or temporary staff
- Contract labor, students, volunteers
- Wide gaps in ages: are they boomers, gen X, gen Y?
- Cultural differences
- Language barriers
- Little “scheduled” time for inservices
- Many educational levels



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”

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

- Comfortable seating
- Safe and non-threatening
- Pleasant room temperature
- No distractions from noise
- Frequent stretch / bathroom breaks
- Snazzy presentation / good handouts
- Willing and motivated learners



Get real. This is a hospital. Pagers and phones will ring

- You must be engaging enough to overcome distractions



**Noise is
everywhere
!!!!**

Learning Objectives

- Three is a good number
- Give the learner a roadmap to the content of your presentation
- Should be measurable where feasible
- Begin objective statements with action verbs
 - Examples include
 - Discuss...
 - Describe...
 - Demonstrate...
 - Identify...
 - Compare...



Innovative Ways to Teach Infection Prevention

- Lectures
 - Sometimes necessary when need to give a lot of information
 - Good speaking skills required
 - Does not readily allow for student involvement
- Computer-based training
 - Self-paced
 - Can meet individual needs
 - Alternative to attending formal classroom training
 - Requires some level of computer skill



Innovative Ways to Teach Infection Prevention – continued

- Games
 - Can be a “gathering tool” to engage students
 - Some adults may feel childish at first
 - Examples: scramble puzzles, word search, Jeopardy
- Case Studies / Clinical Experiences
 - Can help with problem solving skills
 - Often build on learners experience
 - Help people relate to their own work



Innovative Ways to Teach Infection Prevention – continued

- Simulation
 - Staging of “infractions” in a mock room
 - 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

If a formal presentation is necessary, assess your readiness and get prepared

- Are you comfortable with public speaking?
- Know your material very well 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 is good...but if you are not skilled at comedy, you may want to bypass this at first



PowerPoint Tips -1

- Keep it simple – use the 666 rule
 - No more than 6 words per bullet point
 - No more than 6 bullet points per slide
 - No more than 6 text slides with a visual slide
- Font sizes
 - 32-36 point fonts for headings
 - 24-28 points for text
 - Use a clean font for easy reading
- Colors
 - Cool colors have good contrast
 - Warm colors can be difficult to read



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 !!***
- **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



PowerPoint Tips – 2

- Know how to work AV equipment yourself
- Do a practice run
- Check your timing so you stay within the allotted time
 - A good estimate is about one minute per slide
- Always, always have a backup copy of your presentation on a flash drive
- Don't "read" the slides to the audience
 - Follow the slide outline
 - Elaborate or give examples for each point
 - Speak to the audience, not to the screen



A Successful Presentation

- Must be personal for the learner
 - “What’s in it for me?”
- Make sure learners’ time is well spent
- Be sure topic is relevant to learners and their work
 - Give them something that can be put into immediate use
 - People tend to learn what they can use



Questions?

For more information, please contact any
HAI Liaison Team member

Thank you

