COMPASS Trainers Manual

2016

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ACT Government
Health

OVERVIEW

The COMPASS program was developed in the Australian Capital Territory (ACT) as part of the Health Directorate's Early Recognition of the Deteriorating Patient (ERDP) Program. The Train the Trainer program has been developed to ensure a consistent approach in the delivery of the COMPASS program across all sites where it is being used. The program is multidisciplinary with trainers from medical, nursing and allied health professions.

A train the trainer has been developed to provide you with the knowledge and resources required to become a trainer for COMPASS. These sessions are designed for clinicians who have an interest in case based teaching and in improving the knowledge of recognising clinical deterioration in our health care workforce and in interdisciplinary training.

AIM

To develop COMPASS trainers that will deliver consistent COMPASS education.

LEARNING OUTCOMES

At the completion of the train the trainer program the participant will be able to:

- Apply adult learning principles to facilitate the case scenarios which include the escalation of patient care, MET and the ISBAR communication.
- Interpret and explain the physiological changes that occur in each of the case scenarios and allow the participants to interpret and explain these changes.
- Identify the challenges that can occur during scenario based training and have the knowledge and skills to manage them.
- List the resources needed to be able to facilitate each of the case scenarios.

PRE REQUISITE

- Completion of a COMPASS workshop, (or previous Workshop plus Refresher) within the last 12 months
- Ability to be released from work areas to facilitate scenarios
- Commit to assist with case scenarios
- Be willing to familiarise yourself with new cases as they are developed

DESIRABLE

- Certificate IV in workplace training and assessment

Certification as a COMPASS trainer requires:

1. Completion the COMPASS Train the Trainer session
2. Facilitation of 2x Case Studies under supervision

RECOGNISING AND RESPONDING TO DETERIORATION

The gold standard process that has to take place to recognise early deterioration is outlined below with examples of some of the issues that *may* be found in reality:

- Observations need to be performed
  - Routine observations not consistently being performed
  - Observations not being performed when clinically appropriate
  - Observations not done consistently post procedure
  - Complete sets (RR, SpO_2, Temp, HR, BP & Consciousness) not being completed
- Nurses/Midwives need to interpret observations
  - Observations out of normal range are documented but not actioned appropriately
  - Medical Emergency Team (MET)/Rapid response team (RRT) are not being called despite patient observations meeting the MET/RRT criteria
  - Once an alteration is documented there is lack of escalation of frequency of observations
- Nurses/Midwives need to communicate to the medical staff the abnormality in observations
  - Significant changes in observations or significant deviation from patient's normal range in observations are documented but not always actioned
  - A MET/RRT call is not always activated when the patient meets the MET criteria
  - Communication from nurses/midwives to doctors regarding the patient's change in condition is not always clear and concise
- Doctors need to review patients
  - Competing priorities cause delay in review
  - Lack of documentation once reviewed
- Doctors need to interpret the observations made
  - Doctors review patients, however may not seek appropriate assistance from more senior medical staff
  - Nurses/Midwives concerns may be dismissed by doctors
- Doctors need to employ appropriate action
  - Diagnosis and management plans not developed or not clearly documented
  - MET/RRT not called
  - Communication with registrars and consultants not documented

STANDARD 8

The Australian Commission on Safety and Quality in Healthcare developed National Safety and Quality Health Service Standards (second edition 12/17) for acute facilities. (http://www.safetyandquality.gov.au)

Standard 8 relates to recognising and responding to acute deterioration.

Clinical Governance and quality improvement to support recognition and response systems.

- Organisation wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates.

Detecting and recognising acute deterioration, and escalating care

- Acute deterioration is detected and recognised. And action is taken to escalate care.

Responding to acute deterioration

- Appropriate and timely care is provided to patients whose condition is acutely deteriorating.

ADULT LEARNING PRINCIPLES

Part of being an effective trainer involves understanding how adults learn. The principles of adult learning are:

- **Adults are internally motivated and self-directed**
  Adults resist leaning if they feel it is "thrust upon them"
  Important to develop a good rapport and have an approachable manner
  Provide feedback

- **Adults bring life experiences and knowledge to learning experiences**
  Assist them to draw on those experiences
  Facilitate reflective learning opportunities

- **Adults are goal oriented**
  Ask questions that motivate reflection, inquiry and further research.

- **Adults are relevancy oriented**
  Training should focus on situations faced by the participants in their work place.
  "Have you ever seen a 'Gladys' in your workplace?"

- **Adults are practical**
  Trainers should assist participants in learning how to deal with each case as if it was occurring in real life in the clinical setting.

- ***Adult learners like to be respected***
  Treat participants as equals
  Allow them to voice opinions

Types of Learners

There are three main types of learning styles:

- Visual – graphics, watching or reading
- Auditory –listen to explanations, reading out loud
- Tactile (Kinaesthetic) – hands on experience

Most people learn best through a combination of the three types, but everybody is different. The COMPASS program attempts to provide different mediums through the Manual, CD, Lecture and Case Studies.

BARRIERS TO PARTICIPANT LEARNING

- *Physical barriers* - noise, room temperature, equipment malfunctions or lack of needed equipment
- *Language* - speaking in long words or excessively, using uncommon jargon, abbreviations and be aware of body language
- *Emotions and stress* – your own as presenter, or the participants. This can include: if people have been rushed to get to a session or may be distracted with other things like clinical workload
- *Lack of subject knowledge*- you need to know what you are teaching otherwise the message will not be clear and the confidence in you as a trainer will be affected
- *Preconceptions* – essential or mandatory training often puts people off side as they don't think they need to do it

FEEDBACK & DEBRIEFING CASE STUDIES:

Constructive-so that participant's feel encouraged and motivated to improve their practice, and contributing to their positive self-esteem as learners.

Timely-so that participant's can use it for subsequent learning.

Prompt- so that participant's can recall what they did and thought at the time.

Justified- based on clear and explicit explanations of performance against stated standards.

Supportive of learning-so that participant's have clear indications of how to improve their performance in a similar situation

Focused-on achievement- look at what worked well in the situation before what did not.

At the end of the case study

- Explore the experience of those participating
- Question to ascertain from the group about what could be improved upon
- Summary of strengths and objectives of the case study

LOW FIDELITY SIMULATION

Low fidelity simulation includes the use of case studies and role-play to immerse students in a clinical situation. Low fidelity case studies require minimal equipment, are low cost and do not require a specialised area to conduct the learning activity.

The case studies are based on real cases and challenge the participants to understand the physiology and think critically to determine the plan of action in each case. They are designed to be able to be tailored to the group based on their level of clinical skill and experience .For instance a group of student nurses will be pitched at a different level to a group of experienced clinicians however the key messages remain the same.

LEARNING OBJECTIVES BASED ON DISCIPLINE/EXPERIENCE

During the facilitation of the case studies the learning objectives will be slightly different based on who is in the group, not only their discipline (nursing, medical, allied health) but also the level of experience (student, new grad, team leader). The brief guide below will help you get started:

	Recognise abnormal vital signs	Ability to communicate to correct person/s	Ability to escalate if concerns not addressed	Ability to make further assessments	Ability to direct management of the patient
Student EN	X	X	X		
Student RN/RM	X	X	X	X	
Medical student	X	X	X	X	X
EN	X	X	X	X	
RN/RM	X	X	X	X	
Senior RM/Team leader	X	X	X	X	X
Intern/RMO	X	X	X	X	X

CHALLENGES

Some of the challenges as a facilitator of case studies you will face include:

The quiet ones
There will often be participants who stay quiet and don't volunteer to participate. This does not mean they are not learning, as some people learn by watching and listening. A less challenging role may be a good place to start for these participants like allowing them to be the patient or to act in their own role (so an EN would role play as an EN etc). Another strategy is, if you have enough participants ,is allow two nurses to be the first responders not one so they can act as a team and not feel as individually pressured. This is often useful if there are ward based nurses in groups with critical care staff. Also acknowledge the difficulty that some find in to interacting in role play situations

The noisy ones
There may also be a participant that does all the talking. These participants are keen and may know all the answers, or at least think they do! You can try to direct the same question to other participants in a slightly different format. They may also get into too much detail regarding advanced physiology and pathology which isn't required for the scenario and may stand to confuse other participants. If this is the case, explain that for the scenario and key learning, in depth knowledge is not required and it is designed to understand the key basic physiology and critical thinking not the complex.

The ones who use the scenario to voice their local issues
Again similar to the noisy ones, they need to be brought back to the key messages for the scenario. If there are issues they seem keen to address, acknowledge the possibility of issues but explain that this can be addressed after the session and refer to Manager.

TIPS FOR FACILITATING A SCENARIO:

- Know the case scenario you are facilitating
- Ensure the participants understand what to expect and how the case scenario will run
- Involve all the participants and ensure they each know their role
- Remind participants that the scenarios are confidential
- Know the key aims for the case you are facilitating
- Grade the scenario based on the participants (experience, profession)
- Ease any anxiety from participants, many don't like role play scenarios
- Keep staff on track with the key points, don't let them take you down a different track
- Your role is to guide and direct not to teach
- Ensure a safe learning environment- physical, culturally and emotional
- Ensure participants treat each other with respect, no interrupting etc
- Encourage the positives and turn any negatives into positives
- Make it fun!
- Keep to the 20 minute time limit
- Maintain focus on the key aims for the case scenario
- Finish the case scenario by summarising/debriefing

RESPONSILIBITIES OF TRAINERS

Trainers prior to the course:

- Confirm sessions you are able to assist with
- Ensure you are aware of what case you will be facilitating
- Ensure you are prepared for the allocated case

- Refresh your physiology
- Notify the course coordinator prior to the day of the course if you require any assistance or practice with the case

Trainers on the day of the training session:

- Allow set up time
- Ensure you have all the material required
- Follow the format of the case scenario and ensure all key learning's for that case are delivered at the end of the case scenario

MISTAKES TO AVOID AS A TRAINER

- Starting late and wasting time
- Being poorly prepared and lacking content knowledge
- Displaying distracting habits
- Ignoring participants' needs and interrupting their questions
- Lacking enthusiasm
- Reading from a script
- Neglecting to tell participants "what's in it for me?"

The participants will not improve if feedback, positive and constructive, is not given. If you allow someone to proceed in the case study with an action that is incorrect, then others in the group may think it is the correct thing to do and take that away as learning. By highlighting the positive it allows participants to gain in confidence which will continue to grow as they progress through the remaining case studies with the other trainers.

EVALUATION

After each session delivered evaluations should be conducted. Each organisation may have standardised evaluation tools which vary in format. The aim of evaluation is to attempt to measure:

- If learning outcomes have been met
- Identify areas for development
- Make Improvements
- Ensure Quality
- Account for activity
- Identify strengths and weaknesses

Areas for evaluation:

How did the participants feel about the program?

Evaluation may be direct by requests for information/feedback, paper based /electronic surveys upon completion.

- To what extent are they satisfied with the program?
- Ease of access to the materials
- Length of program
- Was the program useful to their professional development?
- Feedback on the presenter/s

Did the participants have learned from the programme?

- It can take the form of written tests and examinations, or demonstrated competency in a new skill set.

- Another way is to provide pre and post evaluation of the participant knowledge and/or skill standard.
- The goal is to find out if they learned what the trainer or educator was teaching based on the outcomes.
- This form of evaluation in COMPASS is usually undertaken after the pre-learning by completion of the quiz
- Organisations can choose to do additional assessments as part of the course. Remember these will take time which will need to be added to the program. Alternatively an electronic post quiz could be distributed.

Has there been changes and/or improvements in practice have taken place in the work areas as a result of the programme?
This requires the involvement of key stakeholders (e.g. senior personnel in a given work area) to provide feedback about the programme in terms of service delivery in their area.

The COMPASS program recommends ongoing audit of use of observation charts, escalation of care for deteriorating patients and reviews of MET cases for delays in escalation. As well as assisting in the evaluation of the teaching it also will assist your organisation in meeting the National Safety Standards.

Evaluation of the trainer
This type of evaluation can be daunting, as requires reflection and sometimes, change in the approach to teaching and programme participants. It can take the form of self reflection, and peer review and/or stakeholder feedback to the educator/trainer.

Evaluation of the training in the context of meeting organisational needs
Each year (or more regularly) the COMPASS program recommends the review of the training to ensure that it is meeting the organisations needs. This type of evaluation requires stakeholder involvement, a needs analysis of the current need and a review of the organisations strategic direction to ensure the program is current to the needs of the organisation.

FREQUENTLY ASKED QUESTIONS

- ***Does it really work?***

The Health Directorate has done research in each of the areas-adult, paediatric and maternity. In all cases the documentation of vital signs and related communication improved. In the adult study adverse events decreased significantly. To find out more the pilot information can be found at:

- Adult: I.A. Mitchell, H. McKay, C. Van Leuvan, R. Berry, C. McCutcheon, B. Avard,N. Slater, T. Neeman, P. Lamberth. A prospective controlled trial of the effect of a multi-faceted intervention on early recognition and intervention in deteriorating hospital patients. *Resuscitation* 81 (2010) 658–666

- Paediatric: McKay,H, Mugridge H, Lafferty T, Mitchell IA, VanLevan C, Mamootil, S Noakes Y, Sinn,K Abdel-Latif ME. Effect of a Multi-faceted Intervention on Early Recognition of Deteriorating Paedaitric Patients (In Press)

- ***But some senior staff do not seem to worry about the escalations?***

The review criteria and MET/RRT exist for the safety of our patients. Some senior staff members may feel like they can manage the situation themselves. What you need to remember is that the standard operating procedures outlines what should be done, and for the safety of the patient the

escalations need to occur. Sometimes all might be okay but if they continue to deteriorate further we may have missed the opportunity to intervene early.

- ***Why do I need to do 8th hourly observations?***

Clinical deterioration can only be recognised in vital signs if we actually do the vital signs. In case reviews it has been found that there is often a long period before a MET/RRT call when no observations were done. If observations were done more frequently we may be able to avoid this level of deterioration and intervene earlier. The Australian Commission on Quality and Safety in HealthCare has developed standards for acute care facilities. Standard 9 outlines the minimum frequency of observations and this is also reflected in our standard operating procedures.

- **"But I work in critical area, why do I need to do this?"**

Understanding the physiology of clinical deterioration is essential wherever you work. It is a refresher for those who work in critical care areas and already have detailed knowledge. By participating in the education everyone in the hospital is taught the same and therefore can speak the same language. Documenting observations graphically provides visual cues for deterioration and the scoring makes you think about suitability to transfer.

- **"Do I always need to call a MET/RRT?"**

Sometimes if your patients meet MET/RRT criteria and you are confident the senior medical staff are able to manage the deterioration, then continue to monitor the vital signs frequently. If the condition is not improving with the treatment being given, then you should reconsider the need to call a MET/RRT for the safety of the patient.

FEEDBACK FROM PREVIOUS COMPASS SESSIONS

MEDICAL STUDENTS

- *Scenarios are an important part of the session. It's important to have the ability to step back in a given situation and think about the physiology. Great session*
- *Simple identification of a sick patient is something we haven't been taught well. This was exceptional*
- *A very worthwhile exercise!!!*
- *This was a very useful session. Brought the physiology and clinical aspects of management together. Would be useful earlier on in the med school training*
- *A good educational package in preparation for the wards/clinical environment that covers basics well*

ENROLLED NURSING STUDENTS

- *Very clear & enjoyable, this makes things easier to understand*
- *Thoroughly enjoyed the scenarios sessions, simplicity & explanations*
- *Explanation of why obs are important will change the way I view and approach them. Thank you!*

UNI OF CANBERRA STUDENTS

- *I thought the examples used were really helpful, made me really think about linking theory & practice*
- *very beneficial, the scenario based education was very effective as was allocating roles to participants*
- *I really enjoy this program and learnt a lot. It is good to consolidate these information before graduating*
- *Very helpful as a 3rd year student RN. Gave me more confidence to stand my ground if I feel something was wrong*

FROM NOARLUNGA SOUTH AUSTRALIA- NURSING

- *Excellent CD, great sessions, great communicators, want to implement SBAR organisation wide*

FROM PORTLAND VICTORIA- NURSING

- *Very excited about this being implemented and believe that it will be an advantage for experienced and unexperienced nurses and doctors*

FROM TENNANT CREEK-NURSING

- *Great and very informative, very enjoyable I learnt a lot*

FROM PRIVATE HOSPITAL IN NSW-NURSING

- *Wow! What a great education/learning session!*
- *I have gained valuable knowledge that will assist me in my day to day ward nursing*
- *Presented in an easy to learn manner. Well Done!*

FROM WARNNAMBOOL MEDICAL

- *Very useful for Yr4/interns and especially med students re communication between nursing and medical staff*

FROM WARNNAMBOOL NURSING

- *Review of pathophysiology was very interesting and informative (and much needed)*

MENTAL HEALTH

Fantastic, thank you! Great to have MH scenarios and plenty of time to practice them
Extremely helpful, great to think/talk through each situation promoted understanding

NURSING

- *Clinical scenarios reinforced self education. Very valuable. Feel more comfortable about recognising deteriorating patient*
- *Expected a boring presentation on obs. Charts. Received an education instead*
- *Great to get back to basics. I will have increased confidence of the underlying physiology- this will ultimately benefit the patient*
- *Coordinators of each scenario ensured that each participant's contribution was valued. They were very pleasant and no one felt intimidated during the role play. Excellent session overall*

MEDICAL

- *This program is succinct, very useful and very practical - both in giving us an idea of realistic intern situations, as well as, helping alleviate some of the stress associated with how to tackle these problems / scenarios! Thanks!*
- *If time permits may increase the number of clinical scenarios from 2 to maybe 4 or 5. They are helpful in developing the thought process and application of theoretical knowledge acquired by COMPASS program, many thanks*

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