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| **Day 1** | **Title** | **Methods / Content** |
| Introduction to APT Sepsis Program | Overview of the program | Introduction slides  Manual required  Other resources as examples |
| Understanding the role of the Champion | Skills   * Teaching * Mentorship & feedback * Facilitating discussion * Reflective practice | Role Play working thought the skills required   * Slide set facilitated discussion: Teaching – types, +ves/-ves of different types * Mentorship and feedback methods, explore current experience – and discuss models * Reflection and self-awareness as a trainer – how we affect our learners – Role play to ensure we cover the main learning points and team can learn how they can affect / change outcomes |
| Champion support offered | Link – Hub / Facility / Champions Network | * Slide set facilitated discussion focusing on intervention dashboard * Monthly virtual meeting (following QI meeting in Ug) * 3 monthly Hub visits * 4 monthly virtual cluster champions meeting -QI presentations, opportunity’s, shared things. * Champions Networks – Use of WhatsApp – help to problem solve, support, build skill set * Feedback loops with communication within own site and with other champions – using checklists and extending from this * Need to highlight that we review the outcomes of the activities in terms of charts, reduced events etc -all their activities give this value. |
| Behavioural Change | Supervision/ coaching / role modelling | * current effects of behaviour change on delivery of care * Current knowledge: Group Exercises – Exploring previous experiences (covid, chlorea, ebola) * Perceived barriers to this Something we all do, intentional vs unintentional |
|  | **Lunch** |  |
| Module 1 B Delivering the APT-Sepsis Programme in your Facility | Delivering the APT-Sepsis intervention in your facility | Discuss using the Guide local plans for establishing the APT-Sepsis intervention. Need local QI plan and provide  Small group discussion to highlight examples then explore how will feed into:   * Contribution to training * One to one coaching * Ward based support (students etc) * Morning meetings and visibility of the study * Review of charts * Own role – and if they are role modelling the APT- Sepsis aims |
| Introducing the modules | Summary | * Overview and highlighting different ways of using the modules (large group, small group, individual) * exploring barriers to implementation * Practical session overview -aiming to give confidence and support |
| Recap | Review of the day |  |
| **Day 2** | **Title** | **Methods / Content** |
| 1a Hand Hygiene modules – including teaching methods | Includes both practical and hand hygiene observations | Discussion points:   * Explore any issues which arose during COVID etc, when hand hygiene was focused on. * How will you address Questions and encourage staff behaviour change? * Enable participants to give feedback on the session |
|  | **Lunch** |  |
| 2a Prevent infections including Vaginal Preparation | Includes both practical and hand hygiene observations | * Focus on developing understanding, and being able to explore the concepts to individuals within their own facilities |
| 2b and 2C Treat infections and how to prevent infection | Review of practical skills | Discussion Points   * how to train non Clinical staff 2c * Options for non-clinical staff training * Treatment of infection Local and MOH policies * Supply issues (Medications shortages) APT-Sepsis hub team role |
| Recap | Review of the day |  |
| Champions to ACTION: | Preparation for the next day | Summary: Create 1 slide with instructions selecting from Options   * Module 1a Key lessons * Module 1b challenges in your facility * Module 2a Prevent infection concepts * Module 2C Training non clinical staff observations * Module 2a Vaginal cleansing implementation   Tomorrow you will be providing 15-20 minutes of teaching  Working in pairs or small groups, using the materials provided  As you prepare, think about what training skills you will use?  Where you will give feedback and what methods you will use?  Consider what resources you may need |

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| **DAY 3** | **Title** | **Methods / Content** |
| Champions to ACTION: | In pairs present 1 of the Scenario options | This enables RECAP on previous day and development of skills in delivering the APT-Sepsis programme as well as assessment of understanding of the topic. |
| 3a Suspect infection: START FAST- M | Each session (bullet point) 30 mins (each person presents for 10 minutes) | Review of resources for Fast M include videos   * Deteriorating patient importance of acting fast * Using MEOWs chart * Causes of deteriorating vital signs * Using the FAST-M decision tool * Deteriorating patient practical |
|  | **Lunch** |  |
| 3b and 3c Fast M bundle and Meows Chart Practical | 3 Suspect infection: Fast M bundle | * Re-cap on the MEOWS Chart and FAST-M Decision Tool * Suspected sepsis: why start FAST-M urgently? * The FAST-M treatment bundle * FAST-M Simulation demonstration * FAST-M Simulations |
| RECAP ensure knowledge | Champions Lead | * Reflect on the MEOWS Chart and FAST-M Decision Tool * How and when to use them * Suspected sepsis: why start FAST-M urgently? |

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| **Day 4** | **Title** | **Methods / Content** |
| (Hub led) | Review of training | * Completion of the Champion Training Form * Champions Diary completion * Working with the project officers * Distribution of materials at the quarterly visit |
| Review Module 1B | Implementation Plan: | * Initially the overall implementation plan at their facility * Small group work with facilities of different sizes to work though how they will implement at their site. * Prior to leaving an agreed implementation plan for each site. |
| **Day ends at lunch** |  |  |

Note: tea breaks not put in timetable, so can be individualised by trainings, as local circumstances, may affect where best to place in timetable.