Building Nurse Capacity Program
Healthy North Coast PHN

PARTICIPANT WORKBOOK

Your personal learning companion for the Train the Trainer Program

Name: ______________________________

Role: ______________________________

Facility: ______________________________

Date started: ______________________________

How to use this workbook: Work through the sections that match your role (see page 2). Complete the self-assessment first to find your starting point. Bring this workbook to sessions - use it, write in it, make it yours.

Co-designed with RACH staff across Ballina, Tweed, Port Macquarie & Coffs Harbour | 2026

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How to Use This Workbook

This workbook is yours to keep. There are no right or wrong answers - just your thinking, your questions, your reflections, and your learning journey.

The workbook is divided into colour-coded sections:

Section	Who it's for	Colour
Self-Assessment	Everyone - complete this first	Teal
Foundational learning (CERT 3 / Personal Care Attendant (PCA) level)	Personal Care Assistants, CERT 3 staff, non-clinical team members	Green
Clinical learning (EN / RN level)	Enrolled Nurses, Registered Nurses, Clinical Leads	Navy
Advanced reflection (Trainers / Educators)	Designated trainers, nurse educators, clinical managers	Amber
Completion & sign-off	Everyone - complete at the end	Teal

> You are welcome to explore any section, regardless of your role. The colour coding is a guide. RNs benefit from reading what PCAs learn - and vice versa.

The 6 Building Nurse Capacity (BNC) program topics:

Topic	What you'll learn about
1. HealthPathways	Finding and using clinical decision support for better resident care
2. Deteriorating Resident	Recognising early signs of deterioration - using ISBAR and the DRTT
3. Advance Care Planning (ACP)	Documenting and honouring resident wishes; having difficult conversations
4. Palliative Care	Comfort-focused care at end of life; supporting residents and families
5. Telehealth	Using telehealth to access specialist care and avoid unnecessary ED transfers
6. My Health Record	Accessing resident care history and coordinating care with other providers

Self-Assessment | Where are you starting from?

Photocopy this page for each staff member to complete themselves. Collect completed sheets and use them to fill in Part A. There are no wrong answers - honesty helps plan the most useful sessions.

Name: **Role:** **Date:**

Circle the number that best describes where you are RIGHT NOW. 1 = Not yet aware · 2 = Aware, not yet applying · 3 = Applying with support · 4 = Applying independently · 5 = Could teach / explain to someone else

F - Foundational **I - Intermediate** **A- Advanced**

Competency / Topic	Level	Current level (1–5)	Target level (1–5)	Evidence / notes - what does this look like in my daily work?
TOPIC 1 - DETERIORATING RESIDENT				
DR1: Recognising when a resident is deteriorating - STOP AND WATCH; SPICT-4ALL	F	1 2 3 4 5	1 2 3 4 5	
DR2 Using ISBAR to escalate a concern to a nurse (non-nursing staff)	F	1 2 3 4 5	1 2 3 4 5	
DR3 Using the DRTT for clinical assessment (nursing staff only)	I	1 2 3 4 5	1 2 3 4 5	
DR4 Clinical ISBAR handover to GP after nursing assessment (nursing staff only)	I	1 2 3 4 5	1 2 3 4 5	
TOPIC 2 - ADVANCE CARE PLANNING				
ACP1 Understanding what ACP is and why it matters for RACH residents	F	1 2 3 4 5	1 2 3 4 5	
ACP2 Recognising readiness cues; addressing concerns; referring on	F	1 2 3 4 5	1 2 3 4 5	
ACP3 Legal validity of ACDs; incorporating ACD into clinical handover (nursing)	I	1 2 3 4 5	1 2 3 4 5	
ACP4 Facilitating ACP conversations using the Serious Illness Conversation Guide	A	1 2 3 4 5	1 2 3 4 5	
TOPIC 3 - PALLIATIVE CARE				

Competency / Topic	Level	Current level (1–5)	Target level (1–5)	Evidence / notes - what does this look like in my daily work?
PC1 Recognising when palliative care is needed; how to advocate for residents	F	1 2 3 4 5	1 2 3 4 5	
PC2 Supporting residents and families at end of life; staff grief support	I	1 2 3 4 5	1 2 3 4 5	
TOPIC 4 - MY HEALTH RECORD				
MHR Accessing, using and uploading to My Health Record (nursing / managers)	I	1 2 3 4 5	1 2 3 4 5	
TOPIC 5 - HEALTHPATHWAYS				
HP Registering, navigating and using HealthPathways in my daily work	F	1 2 3 4 5	1 2 3 4 5	
TRAINER SKILLS (for designated trainers only)				
Facilitation Structuring and delivering a 15–20 minute in-service session	A	1 2 3 4 5	1 2 3 4 5	
Case-based learning Presenting scenarios; guiding group discussion	A	1 2 3 4 5	1 2 3 4 5	
Feedback Giving timely, constructive, role-appropriate feedback	A	1 2 3 4 5	1 2 3 4 5	
Group dynamics Managing engagement, questions and resistance	A	1 2 3 4 5	1 2 3 4 5	
FACILITY-SPECIFIC NEEDS - add training topics not listed above				
		1 2 3 4 5	1 2 3 4 5	
		1 2 3 4 5	1 2 3 4 5	
		1 2 3 4 5	1 2 3 4 5	
		1 2 3 4 5	1 2 3 4 5	
		1 2 3 4 5	1 2 3 4 5	
		1 2 3 4 5	1 2 3 4 5	

Return this sheet to your trainer or NUM. Responses are confidential and used only to plan relevant training. You can update ratings at any time.

What would you most like to learn or improve?

Is there a topic you feel your whole team needs more confidence in?

📌 Share your self-assessment with your trainer before your first session - it helps them tailor the session to what matters most to you.

SECTION A

Foundational Learning | Suitable for all staff including CERT 3 and PCA

A1. Noticing Changes in a Resident - Your Most Important Skill

You see residents every day. You notice things that others might miss. That observation is clinical gold - this section helps you trust it and act on it.

Key things to watch for:

- Change in usual behaviour - quieter, more confused, not eating
- Change in skin colour or breathing
- Complaints of pain or discomfort
- Not wanting to get out of bed when they usually do
- Looking unwell - something just 'not right'

> Your gut feeling counts. If something seems off, say something. You don't need to know what's wrong - you just need to report it.

Reflection: Think of a time you noticed something was different about a resident.

What did you notice?

What did you do?

What would you do differently now?

A2. ISBAR - The Communication Tool for Everyone

ISBAR helps you communicate clearly when handing over information about a resident who may be unwell. You don't need to be a nurse to use it - you just need to know what you observed.

ISBAR	What it means	What you might say
I - Identity	Who you are and who you're calling about	"My name is [name], I'm a PCA at [facility], calling about [resident name]"
S - Situation	What's happening right now	"[Resident] seems very drowsy and won't respond to me"
B - Background	Relevant history	"She's 82, has diabetes, and was fine at breakfast"
A - Assessment	What you think (your impression)	"I think something has changed - she's not herself"
R - Recommendation	What you're asking for	"I'd like someone to come and assess her"

Reflection: Practice writing an ISBAR for a real or imagined scenario at your facility.

I (Identity):

S (Situation):

B (Background):

A (Assessment):

R (Recommendation):

SECTION B

Clinical Learning | Suitable for Enrolled Nurses, Registered Nurses, and Clinical Leads

B1. HealthPathways - Your Clinical Decision Support Tool

HealthPathways gives you access to locally endorsed clinical guidance at the point of care. It is a practical tool built with GPs and specialists for nurses like you.

Try it now - go to healthpathways.org.au and search for a condition you see often.

What condition did you search for?

What did you find that was useful or surprising?

Registration tip: You only need your work email to register. Once in, click the feedback button (bottom right) to request a new pathway for a topic you need.

Knowledge check - circle or underline your answer:

1. HealthPathways is updated by: (a) the federal government (b) local GPs and specialists (c) aged care providers
2. To use HealthPathways you need: (a) a nursing degree (b) a work email address (c) special software
3. If you see a topic not covered in HealthPathways, you should: (a) wait for someone to add it (b) use the feedback button to request it (c) use Google instead

B2. The Deteriorating Resident Triage Tool (DRTT)

Please note: The Deteriorating Resident Triage Tool (DRTT) is a clinical decision support tool developed by Healthy North Coast PHN in partnership with Aged Care Nurse Practitioners and specialist clinicians. Its use in your facility may be subject to local clinical governance approval processes. Before introducing the DRTT as part of your training program, confirm with your facility

manager, Director of Nursing, or clinical governance lead that the tool has been reviewed and approved for use at your site. Where approval is pending or has not yet been sought, this toolkit supports you to begin training on other BNC program topics - including HealthPathways, Advance Care Planning, Palliative Care, and MyHealthRecord - while that process is underway.

The DRTT helps you make structured, evidence-based decisions about deteriorating residents - including when to escalate, what to document, and how to communicate with GPs and specialists.

Reflection: Think about a recent resident who deteriorated. (Use initials or 'Resident A' to maintain privacy.)

What were the early signs?

What was the trigger for escalation?

What went well? What could have been earlier?

Knowledge check:

1. The DRTT is best used: (a) only in emergencies (b) early, when you first notice a change (c) after the GP has already been called
2. The DRTT is available via: (a) hnc.org.au (b) the hospital intranet (c) a paper form only

B3. Advance Care Planning - Supporting Residents and Families

ACP is about understanding and honouring what matters most to a resident - especially when they can no longer speak for themselves. It is not a legal form; it is a living conversation.

This topic is best learned through discussion - not just reading. Use this workbook to prepare your thoughts, then bring your questions to your trainer.

Reflection:

What do you find most challenging about having ACP conversations?

How does your facility currently initiate ACP conversations? Is there a gap?

Knowledge check:

1. An Advance Care Directive (ACD): (a) must be written by a lawyer (b) can be completed by a resident with relevant decision-making capacity, in writing (c) only applies in hospital

2. If a resident has no ACD, the priority guide should: (a) be ignored (b) be used to guide care decisions (c) be filled in by staff

B4. Palliative Care - When Comfort Becomes the Goal

Many residents in RACH will spend their final days or weeks in your care. Palliative care is not about giving up - it is about shifting the goal to quality of life, comfort, and dignity.

Reflection:

What does a 'good death' look like in your facility? What do residents and families most value?

What is one thing your team does well in palliative care? What is one area for improvement?

Key comfort measures checklist (tick when you're confident to support these):

☐ Pain assessment using validated tools (e.g. PAINAD for residents with dementia)
☐ Oral care and mouth care for residents who are not eating
☐ Skin integrity monitoring in bed-bound residents
☐ Communicating with families about what to expect
☐ Supporting staff who feel distressed by a resident death

B5. Telehealth - Connecting Your Residents to Specialist Care

Telehealth can prevent unnecessary ED transfers and hospitalisations. Many RACH residents find hospital transfers distressing - telehealth keeps them in familiar surroundings while still accessing specialist review.

Reflection:

Has your facility used telehealth? If yes - how did it go? If no - what barriers exist?

Which residents might benefit most from telehealth at your facility?

B6. My Health Record - Joined-Up Care for Your Residents

My Health Record gives you access to a resident's medications, allergies, past hospitalisations, and care plans - even when they arrive without their history. It works best when staff know how to use it.

Knowledge check:

1. To access a resident's My Health Record you need: (a) their Medicare number (b) their consent (or their authorised representative's) (c) special training only RNs can complete

Reflection: How could My Health Record improve care coordination at your facility?

SECTION C

Advanced Reflection | For Designated Trainers, Nurse Educators, and Clinical Managers

C1. Your Approach to Facilitation

Being a great trainer is less about knowing all the answers and more about creating the conditions for learning. This section helps you think about your facilitation style and plan your first sessions.

Reflection: What kind of trainer do you want to be?

What do you do naturally well as a communicator or educator?

What do you find challenging about training or presenting to colleagues?

Name one trainer or educator who has influenced you - what did they do that worked?

C2. Planning Your First Session

Use this planner to prepare your first in-service session.

Planning element	Your notes
Topic I'm starting with	
Why this topic for my team?	
Session format (meeting, handover, workshop?)	

Planning element	Your notes
Date and time	
Who will attend?	
Case study or scenario I'll use	
Key question I'll ask to open discussion	
How I'll collect feedback	

C3. Handling Difficult Moments in Training

Every trainer encounters moments that challenge them. Being prepared helps.

Situation	Strategy
Someone challenges the content or your knowledge	Acknowledge their experience: "That's a great point - what's been your experience with...?" You don't need to have all the answers.
No one responds to your questions	Wait. Count silently to 10. Silence is often productive - someone will speak. Or ask a specific person gently.
Session runs over time	Keep a visible timer. At 12 minutes, say "We've got 3 minutes - let's capture the key takeaways."
Staff are distracted or on phones	Acknowledge competing demands: "I know you're busy - let's make this useful and get you back on the floor."
Someone gets emotional	Stop, acknowledge, thank them. Emotion often means the topic matters. Offer to follow up privately if appropriate.

Reflection: Is there a difficult facilitation moment you're anxious about? Plan your response.

COMPLETION & SIGN-OFF

For everyone - complete at the end of the program or at a natural milestone

Final Reflection

What is the most important thing you learned from this program?

What will you do differently in your practice as a result?

What question do you still have that you'd like to explore further?

Topics I Engaged With

- ☐ HealthPathways
- ☐ Deteriorating Resident / DRTT
- ☐ Advance Care Planning
- ☐ Palliative Care
- ☐ Telehealth
- ☐ My Health Record

Sign-Off

	Name	Signature	Date
Participant			

	Name	Signature	Date
Trainer / Educator			

Well done on completing the Building Nurse Capacity Program. Your learning directly contributes to better care for residents in your community.

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BUILDING NURSE CAPACITY PROGRAM

Healthy North Coast PHN

Certificate of Participation

Train the Trainer Program

This is to certify that

(participant name)

has actively engaged with the Building Nurse Capacity Program
including training in the following topics:

HealthPathways · Deteriorating Resident · Advance Care Planning · Palliative Care · Telehealth · My Health Record

Date completed	Trainer name	Trainer signature