

BUILDING NURSE CAPACITY PROGRAM

Train the Trainer Toolkit

A practical, co-designed resource for Residential Aged Care facilities across the Healthy North Coast region

Designed to support nurses to train nurses - sustainably, practically, and with the backing of real-world co-design data.

Developed by:

Healthy North Coast PHN | Practice Coach | Aria Health | Primary Care Innovation
Co-designed with RACH staff across Ballina, Tweed, Port Macquarie & Coffs Harbour
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How to Use This Toolkit

This toolkit has been built directly from the voices of nurses, care managers, educators and allied health professionals working in Residential Aged Care Homes (RACHs) across the Healthy North Coast region. It draws on structured co-design workshops held in Ballina, Tweed, Port Macquarie and Coffs Harbour, live polling data, and the Building Nurse Capacity Program's existing training suite.

It is designed to be used by:

- RACH Managers and Clinical Managers setting up a Train the Trainer model in their facility
- Designated Trainers preparing to lead education sessions for their colleagues
- Program Coordinators supporting regional implementation

⚠ Important: This toolkit covers much more than the Deteriorating Resident Triage Tool (DRTT). While the DRTT is one valuable clinical tool, the Building Nurse Capacity

Program spans a broad range of topics -

- HealthPathways,
- Advance Care Planning (including having difficult conversations),
- Palliative Care,
- Telehealth,
- MyHealthRecord, and
- Recognising deterioration as a clinical skill.

Do not limit your TTT implementation to any single tool. The real power of this model is building sustainable local expertise across all of these areas.

Companion resources:

- Quick Reference Card - a condensed 2-page guide for trainers to keep handy
- Participant Workbook - a role-differentiated learning workbook for your trainees, with self-assessment, reflection activities, quizzes, and completion sign-off

The toolkit is organised into five sections:

1. Understanding the Challenges - what barriers exist and proven workarounds
2. The Train the Trainer Model - who should train, what they need, and how to get started
3. Delivering the Training - practical approaches that suit the RACH environment
4. Making It Stick - sustainability, reinforcement, and recognition strategies
5. Program Resources & Support - links to the full Healthy North Coast training suite

💡 Quick Tip: You do not need to implement everything at once. Start with Section 2 to identify your trainer, then use the checklists in each section to build momentum.

Section 1: Understanding the Challenges

Before building capacity, it is important to understand the real barriers your facility faces. The co-design workshops began with a Challenge Mapping activity, asking participants to identify their top training barriers and the workarounds they have already found to work. The results were remarkably consistent across all four regions.

1.1 Top Training Barriers Identified Across the Region


Barrier	Frequency	Region(s) Flagging
Rostering & other time constraints	★★★★★ Very high	All regions
Limited backfill of staff for training attendance	★★★★★ Very high	All regions
Other priorities competing for attention	★★★★ High	Ballina, Port, Coffs
Too much training / training fatigue	★★★ Moderate	Ballina, Tweed
Lack of interest / low motivation	★★★ Moderate	Coffs, Port
Resistance to change	★★★ Moderate	Port, Tweed
High staff turnover	★★ Few	Multiple
Insufficient leadership support	★★ Few	Port, Coffs
Inconsistency due to agency/casual staff	★★ Few	Multiple
Dedicated training room unavailable	★★ Few	Port, Coffs
Lack of resources in one centralised place	★ Noted	Coffs

1.2 Successful Workarounds Already in Use

Participants shared a rich set of strategies they are already using to overcome these barriers. These should be the foundation of your implementation approach - not theoretical best practices, but proven approaches from people doing the work in RACHs.


Workaround Strategy	How it helps
Embed short sessions into existing RN/staff meetings	Protects time without requiring extra rostering or backfill
Training in smaller groups (so staff remain on the floor)	Maintains care coverage while progressing education
Mandatory rollout with organisational backing	Overcomes motivation and opt-out issues
One-on-one mentorship model	Flexible, no backfill required, tailored to learner needs

Workaround Strategy	How it helps
Roster agency staff to cover during training windows	Solves the backfill problem directly
Add as AUsMed activity / link to existing CPD systems	Reduces duplication; staff see it as 'counting' for something
Culture change approach - framing training as valued, not punitive	Addresses low motivation and resistance
Planning and mentoring built into RN role expectations	Normalises education as part of clinical leadership
Incentivise! - lunch, food, stickers, small incentives	Widely noted as effective for engagement!
Rostering to protect time (not just hope for it)	Structural solution rather than relying on good will
Train the Trainer model itself	Distributes the load; builds local expertise

 **Polling data: Across all regions, HealthPathways was largely unknown - 90%+ of respondents said No or Unsure when asked if they were currently using it. Average usefulness rating was 3.5-4.6/5 for those who had encountered it, with low knowledge scores (average 2.1/5). This underscores the need for structured, supported training rollout.**

1.3 Challenge Mapping Checklist - Use This in Your RACH

Use this checklist in your next leadership or staff meeting to identify your specific barriers and plan targeted responses.

 **Quick Tip: Copy and print this table for easy reference during your staff meeting**

Tick if this applies to your RACH	Our current workaround or plan
<input type="checkbox"/> Rostering & time constraints	
<input type="checkbox"/> Limited backfill for training	
<input type="checkbox"/> High staff turnover	
<input type="checkbox"/> Agency/casual staff inconsistency	
<input type="checkbox"/> Low motivation or engagement	
<input type="checkbox"/> Resistance to change	
<input type="checkbox"/> Insufficient leadership support	
<input type="checkbox"/> No dedicated training space	
<input type="checkbox"/> Too much training / fatigue	
<input type="checkbox"/> Other: _____	

Section 2: The Train the Trainer Model

The Train the Trainer (TtT) model is central to the Building Nurse Capacity Program. Rather than relying on external trainers for every session, this model builds local expertise within your RACH - creating sustainable, contextualised education that grows over time.

2.1 Who Should Be a Designated Trainer?

Co-design participants across all regions were asked which roles are best suited to be designated trainers. There was strong convergence:

Recommended Role	Why they work well
Experienced Registered Nurses (RNs)	Clinical credibility; respected by peers; understand the environment
Clinical Care Managers (CCMs/CMs)	Leadership position; can role-model and hold accountability
Nurse Educators (where available)	Already in an education role; skilled in facilitation
Allied Health (Physio, OT, Dietitian)	Specialist knowledge for relevant topics (e.g. falls, nutrition)
Palliative Care / Specialist Nurse	Deep clinical expertise for end-of-life education
Care Planners / RN with passion for education	Motivated; bring authenticity and peer trust
EN if experienced (with RN support)	Peer credibility at support worker level; accessible language
GPs (as contributors to specific content)	High credibility for complex clinical topics

✔ Key Principle from Co-Design: Passion matters as much as position. RNs who want to teach and can earn peer respect are more effective than those who are simply nominated. Look for clinical champions who are already informal educators.

2.2 What Do Trainers Need?

Across all co-design sessions, participants identified the skills and resources trainers need to succeed. These fell into two categories:

Skills	Resources & Supports
<ul style="list-style-type: none"> • Basic facilitation skills • Confidence speaking to groups • Knowledge of case-based learning techniques 	<ul style="list-style-type: none"> • Allocated preparation time within current workload • Ready-made slide decks and facilitator guides

Skills	Resources & Supports
<ul style="list-style-type: none"> • Energetic, engaging communication • Ability to give constructive feedback 	<ul style="list-style-type: none"> • Case studies relevant to RACH settings • Short video demonstrations • Room with projector • Feedback forms for evaluation • Senior leadership endorsement and backing

2.3 Getting Started - Where to Begin

The co-design process identified the most important starting points. These form a logical sequence for implementation:

Step	Starting Point Action	Who is Responsible
1	Identify existing clinical champions - the informal educators who are already doing this	Facility Manager / DON
2	Clarify expectations and scope - what will trainers teach, how often, to whom	Facility Manager + Trainer
3	Get senior leadership endorsement and approval for use of DRTT - make it organisational, not optional <input type="checkbox"/> Endorsement completed <input type="checkbox"/> DRTT use permitted	CEO / Facility Manager
4	Assess current training gaps - what do staff most need right now Refer to Skills Matrix template document	NUM / Trainer / Practice Coach
5	Align with accreditation requirements - connect TTT to your QI framework	Quality Manager
6	Establish desired outcomes - what does success look like in 3, 6, 12 months Refer to 2.4 - Establish Your Training Outcomes below	Leadership team
7	Pilot in one team or shift before rolling out facility-wide	Trainer + Manager

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.

2.4 Establish Your Training Outcomes

Before you begin delivering training, it helps to be clear about what success looks like - not just immediately after a session, but over the weeks and months ahead. Use this worksheet to identify the outcomes that matter most for your facility.

How to use this worksheet: Review the pre-populated outcome statements below. Tick those that are relevant to your context and add your own in the shaded write-in rows. Return to this worksheet at 2, 6, and 12 months to assess progress.

Your Details

Facility name:	
Trainer name(s):	
Date completed:	
Review dates (2m / 6m /12m):	/ /

2-Month Outcomes - Getting Started

By 2 months, the aim is to have training underway, with early structures in place and initial staff awareness building.

✓ Tick the outcomes you are working towards - add your own below

<input type="checkbox"/>	At least one training session on a BNC module topic has been delivered to clinical staff
<input type="checkbox"/>	Staff can name the Deteriorating Resident Triage Tool (DRTT) and describe when to use it
<input type="checkbox"/>	Feedback forms have been collected from at least one session and reviewed
<input type="checkbox"/>	A schedule of upcoming training sessions has been communicated to the team
<input type="checkbox"/>	Trainer has identified a peer or colleague to debrief with after sessions

<input type="checkbox"/>	Staff have been introduced to HealthPathways and can locate relevant clinical pathways for common aged care presentations
<input type="checkbox"/>	Staff can access and navigate MyHealthRecord for a resident and understand its purpose in coordinated care
<input type="checkbox"/>	Staff have participated in at least one training session on Telehealth, including how to prepare a resident for a virtual consultation
<input type="checkbox"/>	Staff can describe what palliative care means in the context of residential aged care and when it may be appropriate
<input type="checkbox"/>	Staff are aware of Advance Care Planning (ACP) processes and can explain the purpose of advance care directives to residents and families
<input type="checkbox"/>	Staff can describe the key signs of clinical deterioration in a resident and know when and how to escalate using the DRTT
	<i>Add your own outcome here...</i>
	<i>Add your own outcome here...</i>

6-Month Outcomes - Building Momentum

By 6 months, training should be a visible and regular part of how your team learns. Staff should be beginning to apply new knowledge in practice.

✓ Tick the outcomes you are working towards - add your own below	
<input type="checkbox"/>	All clinical staff have attended at least one BNC module training session
<input type="checkbox"/>	Staff report increased confidence in at least one clinical area covered (evidenced by feedback forms)
<input type="checkbox"/>	Training has been embedded into an existing team meeting, huddle, or handover at least once per month
<input type="checkbox"/>	At least one resident care improvement linked to training content has been observed or documented
<input type="checkbox"/>	Training topics are documented in staff CPD records or education calendar
<input type="checkbox"/>	Staff are using HealthPathways independently to support clinical decision-making at the point of care
<input type="checkbox"/>	Staff consistently use MyHealthRecord when coordinating care with GPs, specialists, and community services
<input type="checkbox"/>	At least one Telehealth consultation has been supported by facility staff, with documented resident preparation
<input type="checkbox"/>	Staff can identify residents who may benefit from palliative care and can initiate or contribute to palliative care planning conversations
<input type="checkbox"/>	Advance Care Planning discussions are occurring with residents and families, with completed documents accessible in the resident record

<input type="checkbox"/>	Staff are consistently applying the DRTT when recognising deterioration and can document and escalate appropriately
<input type="checkbox"/>	Staff can facilitate difficult conversations with residents and families about goals of care, using a structured and compassionate approach
	<i>Add your own outcome here...</i>
	<i>Add your own outcome here...</i>

12-Month Outcomes - Embedding and Sustaining

By 12 months, the goal is for training to be embedded in your facility's culture - self-sustaining, documented, and connected to measurable improvements in care.

✓ Tick the outcomes you are working towards - add your own below	
<input type="checkbox"/>	A sustainable monthly micro-learning schedule is in place and maintained without external prompting
<input type="checkbox"/>	New staff receive BNC module training as part of their onboarding process
<input type="checkbox"/>	Clinical indicators (e.g. audit results, incident reports, staff confidence ratings) show measurable improvement in at least one area
<input type="checkbox"/>	Staff can identify and use HealthPathways, the DRTT, and ISBAR independently in practice
<input type="checkbox"/>	At least one staff member has been identified and supported to become a co-trainer or learning champion
<input type="checkbox"/>	The training program has been presented or shared at a facility-level quality meeting or governance forum
<input type="checkbox"/>	Staff independently use HealthPathways, MyHealthRecord, and the DRTT as integrated tools in everyday clinical practice
<input type="checkbox"/>	Advance Care Planning is embedded in the facility's care planning cycle, with regular review of documents for all long-term residents
<input type="checkbox"/>	Palliative care pathways are activated in a timely and person-centred way, with evidence of family communication and comfort-focused care plans
<input type="checkbox"/>	Telehealth is a routine option for resident consultations, with staff confident in setting up and supporting virtual appointments
<input type="checkbox"/>	Recognising deterioration is embedded as a core clinical skill, with the DRTT used consistently and deterioration rates monitored over time
<input type="checkbox"/>	Staff demonstrate confidence in having difficult conversations with residents and families about end-of-life preferences and goals of care
	<i>Add your own outcome here...</i>
	<i>Add your own outcome here...</i>

Review Reflection Prompts

Use these questions when you return to this worksheet at each review point:

Which outcomes have been achieved?	
What barriers have you encountered?	
What has worked better than expected?	
What support do you still need?	
What will you prioritise next?	

2.5 Trainer Preparation Checklist

Use this checklist to confirm your designated trainer is ready to deliver sessions:

Preparation Item	Done?
Trainer has been formally nominated and communicated to all staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trainer has completed the BNC Program modules relevant to their topic area	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allocated preparation time has been confirmed in roster	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facilitator guide and slide deck have been reviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No
At least 2 relevant case studies have been identified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Session has been scheduled and staff notified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Room / projector has been booked	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feedback forms are ready	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leadership has endorsed and communicated support for the session	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trainer has a coaching contact they can reach if they need support	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3: Delivering the Training

Getting the delivery method right is critical. Co-design participants were clear: long sessions don't work in the RACH environment. The training needs to fit around care, not replace it.

3.1 Preferred Delivery Approaches

The following delivery methods were strongly endorsed across all four regions:

Delivery Method	Endorsement	Notes from Co-Design
Short in-service sessions (15-20 mins)	★★★★★ Highest	Fits between care tasks; most widely recommended
Case-based discussions	★★★★★ Highest	Practical, contextual, builds critical thinking
Small group workshops	★★★★★ Very high	Allows discussion; feels safe; peer learning
Scenario-based role-plays	★★★★★ Very high	"Toolbox talks" approach very popular
Toolbox talks	★★★★★ Very high	Brief, focused, can happen at shift start/handover
Reflective practice sessions	★★★ High	Deeper learning; suits experienced clinicians
Follow-up coaching conversations	★★★ High	Enables application back at the bedside
Visual aids and resources in the workplace	★★★ High	Posters, quick reference guides, job aids
Online or hybrid	★★ Moderate	Suits some staff; not preferred as primary method
Develop an education calendar	★★ Noted	Provides structure; reduces ad-hoc approach

3.2 Micro-Learning Session Guide Template

Use this template to structure every 15-20 minute in-service session. Trainers can adapt this for any topic.

Session Component	Content / Prompts
Topic & Time(1-2 mins)	Topic: _____ Date: _____ Time: _____ Location: _____ Group size: _____
Hook / Opening(2 mins)	Share a brief story, recent clinical scenario, or a question that creates curiosity. Example: "Has anyone had a resident recently whose condition changed quickly and you weren't sure what to do first?"


Session Component	Content / Prompts
Key Learning Point(5-8 mins)	Cover the ONE most important concept. Use the slide/resource provided. Keep it focused - one idea, well explained, is better than five ideas rushed.
Case Study or Role Play(5-7 mins)	Present a short RACH-relevant scenario. Ask: "What would you do?" Allow discussion. Validate contributions. Connect to clinical protocols (DRTT, HealthPathways, ACP etc).
Key Takeaway(1-2 mins)	Summarise the one thing you want everyone to walk away remembering. Make it simple: "The most important thing to remember is..."
Questions & Close(2 mins)	Invite any questions. Share where to find more information (Practice Coach portal). Remind staff of next session date.
Feedback(if time)	Quick show of hands: "Thumbs up if this was useful." Optionally use a brief written feedback form or Kahoot/Mentimeter quiz to check understanding.

3.3 Turning a BNC Module Into a Case Discussion

The eLearning modules provide the clinical content - the trainer's job is to bring that content to life through discussion. Rather than presenting a module as a lecture, use the resources within each module as the trigger for a real or hypothetical case scenario. Here's how to do it for each topic area:

Module	Case-Based Technique
Deteriorating Resident <i>Recognising a Deteriorating Patient</i>	Show the one-minute Vimeo video, then ask: "Has anyone seen something like this? What did you notice first?" Use the Stop and Watch tool cards as a group reference during discussion.
Deteriorating Resident <i>Triage Tool (DRTT)</i>	Present a brief anonymised resident scenario with changing observations. Walk through the DRTT together as a group, asking "What would you select here and why?" Emphasise it guides - not replaces - clinical judgment.
Deteriorating Resident <i>ISBAR Handover</i>	Role-play a handover using the ISBAR clinical handover form. One person plays the nurse, one plays the GP or after-hours service. Debrief on what felt natural and what was hard.
Advance Care Planning <i>Having Supportive Conversations</i>	Use the Serious Illness Conversation Guide prompts as a script for a paired role-play. Ask: "What would make this conversation easier or harder in your facility?" Use the ACP Australia Conversation Starters as discussion prompts.
Palliative Care <i>When and How to Help</i>	Describe a composite end-of-life scenario and ask staff to identify the moment they would shift from curative to comfort-focused care. Discuss what that transition looks like in your RACH.
Telehealth <i>Using Telehealth to Support Unwell Residents</i>	Walk through the HealthDirect Video Call overview as a group. Then role-play setting up a telehealth consult for an unwell resident - who calls, what do they say, what do they need to have ready?


Module	Case-Based Technique
My Health Record <i>Admission and Access</i>	Present a new resident admission scenario. Ask: "What information would you want from My Health Record right now, and do you know how to find it?" Use the one-page summary as a reference guide.

 **Facilitation tip: Always anchor the case to your own facility. Before each session, identify one recent (de-identified) clinical situation your team experienced that relates to the module topic. Real scenarios from your own context are the most powerful learning trigger of all.**

3.4 Feedback Approaches That Suit RACH Staff

Co-design participants told us clearly what feedback approaches they prefer. Effective feedback is timely, specific, constructive and respectful:

- Timely feedback - given soon after the session or clinical interaction
- Positive and constructive together - acknowledge what's working before addressing gaps
- Case studies as feedback vehicles - review a real or anonymised case as a learning tool
- Verbal feedback at meetings - quick team check-in about what's being applied
- Staff achievement boards - visible recognition in the workplace
- Huddle-based feedback - brief, at shift change, informal and low-pressure
- Kahoot / interactive quizzes - gamified, low-stakes, team-based (multiple regions flagged this)
- Direct observation and feedback - watching and coaching in real clinical situations
- Restorative circles - deeper reflective conversations when needed

 **What polling data showed: Across all regions, participants consistently identified 'timely, constructive, positive feedback' as their top feedback method. Staff want to know what they're doing well, not just what to fix.**

Section 4: Making It Stick - Sustainability

Training only works if learning is reinforced after the session. The co-design process dedicated significant attention to sustainability - how to keep knowledge alive without adding burden to already-stretched teams.

4.1 Learning Reinforcement Strategies

These strategies go beyond the two-day post-module email to sustain learning over time:

Strategy	Frequency / Format	Endorsement
5-minute 'learning lab' at regular meetings	At every team meeting - 5 mins dedicated to one learning point	★★★★★ Highest across all regions
Monthly/quarterly refresher emails	Monthly or quarterly; short, one-topic, actionable	★★★★★ Strongly endorsed
Peer-to-peer check-ins	Informal; between sessions; trainer checks in with one colleague	★★★★★ High
Challenge-of-the-month discussions	One clinical challenge topic per month at team meetings	★★★★★ High
Short quizzes	Post-session or monthly; Kahoot, Mentimeter or paper-based	★★★★★ High
Direct observation and feedback	Ad hoc; trainer observes and provides structured feedback	★★★★★ High
Refresher videos	Short (2-5 mins); linked to current module content	★★★ Moderate
Poster prompts in key areas	Medication room, nurses station, break room	★★★ Moderate
"Catch-up" sessions	For staff who missed the main session; brief one-on-one	★★ Noted
Loo-torials	Brief educational posters in staff bathrooms (one region suggested this!)	★ Innovative idea

4.2 Integrating Training Into Existing Workflows

The most consistent message from all regions: don't add training on top of existing workflows - weave it in. Feedback from RACH educators reinforces one strategy above all others:

★ Top strategy (validated independently by multiple facilities): Add training to the end of an existing staff meeting - 10 to 15 minutes while everyone is already

gathered. As one clinical educator put it: "Get them while they're already there. Don't ask them to come to something extra." This single approach sidesteps backfill, rostering, and attendance problems in one move.

Other effective integration points:

Integration Point	How to embed it	Already happening?
Clinical meetings / governance meetings	Add a 5-min 'learning agenda item' - one topic per meeting	<input type="checkbox"/>
Staff meetings (tack on 10-15 mins)	Deliver a short session while everyone is already in the room - the single most effective approach	<input type="checkbox"/>
Shift handover	Include a quick clinical prompt or scenario in handover notes	<input type="checkbox"/>
New staff onboarding	Embed BNC modules as part of induction; currently best done online	<input type="checkbox"/>
QI activities	Link training topics to your current QI audit cycle or ACQSC standards	<input type="checkbox"/>
Education calendar	Develop an annual education calendar mapped to accreditation needs	<input type="checkbox"/>
Appellon or other aged care platform	Showcase completed training and achievements through your platform	<input type="checkbox"/>
Staff newsletters	Include a 'learning spotlight' each issue; share one key point or story	<input type="checkbox"/>
AUsMed / CPD platform	Link sessions to staff CPD hours - makes training 'count'	<input type="checkbox"/>

4.3 Celebrating Learning Achievements

Recognition drives engagement. The co-design sessions produced creative, practical ideas for celebrating learning achievements - from the simple to the inspired:

Recognition Type	What co-design participants recommended
Formal certificates	Completion certificates for each BNC module; CPD-recognised where possible
Small tangible rewards	Coffee vouchers, chocolates, food at sessions - called 'bribery' by more than one participant (affectionately)!
Staff of the month	Link learning achievement to existing recognition programs
Sharing across sites	Newsletter features, Appellon/education platform showcasing, inter-site stories
Acknowledge at meetings	Public acknowledgement of trainers and engaged learners at team meetings

Recognition Type	What co-design participants recommended
CPD pathway to conference	Recognised CPD hours → eligibility for conference attendance as a reward
Intrinsic recognition	Acknowledge professional growth and patient impact - some staff value this most
Showcase on Appellon / platforms	Digital showcase of completed modules and milestones

4.4 Knowing Your Training Is Working

Co-design participants were asked: "How will you know your training is working?" Their answers point to a blend of clinical indicators and cultural signals:


- Clinical data: Reduction in pressure injuries, fewer falls, lower rates of adverse events or incidents following training on relevant topics
- Staff behaviour change: Seeing staff apply learning on the floor - using DRTT, escalating earlier, documenting better
- Confidence indicators: Staff telling you they feel more confident; asking more clinical questions
- Audit improvements: Clinical audit scores improving post-training
- Feedback forms: Positive staff evaluations; increasing participation rates
- Less complaints: Fewer family or resident complaints in areas where training has occurred
- Staff morale: General uplift in team culture; reduced conflict; more collaborative approach
- Excitement and buzz after training: Participants across multiple regions mentioned this - when sessions create energy, you know they're working

The table below gives you a practical framework for tracking these signals over time - mapped to data sources you likely already have access to.

Outcome Area	Indicator	Data Source	How Trainers Can Capture It	What Success Looks Like
Clinical Outcomes				
Reduction in pressure injuries	Reduction following relevant training	Facility clinical reports / audits	Review pressure injury rates before and after training	Downward trend in pressure injury rates
Reduction in falls	Reduction following falls-prevention training	Incident reporting system	Compare monthly falls data	Reduction or earlier intervention
Reduction in adverse incidents	Fewer adverse clinical incidents overall	Facility incident reports	Review quarterly incident trends	Fewer incidents or improved response
Recognition of Deterioration				

Outcome Area	Indicator	Data Source	How Trainers Can Capture It	What Success Looks Like
DRTT use	Use of Deterioration Recognition and Treatment Tool	DRTT logs / escalation records	Record number of times DRTT is used per month	Increasing use when deterioration occurs
Earlier escalation	Earlier clinical escalation by staff	Escalation logs / clinical notes	Trainer observation or documentation review	Staff escalating earlier and more appropriately
Anticipatory Care Practices				
Protocolised care pathways	Care pathways used appropriately	Care plans / documentation	Clinical audit or review	Staff following agreed clinical pathways
Proactive resident management	Residents managed proactively before deterioration	Clinical case review	Trainer discussion in team meetings	Evidence of anticipatory care planning
Emergency Department Avoidance				
Reduction in ED presentations	Reduction in unnecessary ED transfers	Facility reporting data	Compare ED transfer rates pre and post training	Fewer avoidable hospital transfers
ED avoidance case examples	Case examples showing ED transfer avoided	Case study documentation	Trainers collect real examples from staff	Clear evidence of improved clinical decision-making
Staff Behaviour Change				
Applying learning in practice	Staff applying learning in daily practice	Trainer observation	Observe during shifts or clinical discussions	Staff using DRTT, escalation frameworks
Documentation quality	Improved clinical documentation	Documentation audit	Review resident notes	More complete and timely documentation
Staff Confidence & Capability				
Staff confidence	Staff reporting increased confidence	Short staff survey or pulse check	Ask staff to rate confidence before and after training	Increase in confidence scores
Clinical curiosity	Staff asking more clinical questions	Trainer observation	Monitor engagement in sessions	Greater participation and discussion
Clinical Audit Results				

Outcome Area	Indicator	Data Source	How Trainers Can Capture It	What Success Looks Like
Audit scores	Improvement in clinical audit scores	Internal quality audits	Compare audit results before and after training	Improved compliance scores
Feedback & Engagement				
Staff feedback	Positive feedback from staff	Training evaluation forms	Collect feedback after each session	Majority positive responses
Participation	Increasing participation in training	Attendance sheets	Monitor attendance trends over time	Higher participation over time
Resident & Family Experience				
Complaints reduction	Reduction in complaints related to care	Complaints register	Review quarterly complaints data	Fewer complaints in trained areas
Workplace Culture				
Staff morale and teamwork	Improved staff morale and teamwork	Trainer observation / staff feedback	Note team interactions and collaboration	More collaborative team culture
Post-session energy	Enthusiasm and energy following sessions	Trainer observation	Capture qualitative feedback from staff	Participants reporting excitement and motivation

 **Tip: You don't need to measure everything at once. Pick two or three indicators that fit naturally into your existing reporting - and build from there. Even a simple before-and-after staff confidence survey takes less than five minutes to run.**


4.5 Working Alongside Other Programs

Your facility may be implementing other clinical programs at the same time as the BNC Program. One example raised by RACH educators is the PACOP (Palliative Care Outcomes Collaboration) program from the University of Wollongong, which includes palliative care assessment pathways and tools that may overlap with BNC content.

Rather than seeing this as duplication, consider the following sequencing approach:

Stage	Recommended focus	Why
Stage 1 (now)	BNC Program - build baseline clinical confidence across all topics	Accessible, bite-sized modules that work for all staff levels. Build the foundation.

Stage	Recommended focus	Why
Stage 2 (once embedded)	Move into more comprehensive programs such as PACOP for palliative care depth	Staff are better prepared to engage with complex frameworks once baseline knowledge is in place.

 **If your facility is rolling out PACOP or a similar program simultaneously, talk to your team about how to best sequence and align - the goal is complementary programs, not competing ones. The Healthy North Coast PHN also has an active working party on the DRTT tool that is exploring alignment across programs.**

Section 5: Program Resources & Ongoing Support

The Building Nurse Capacity Program provides a comprehensive suite of online training modules and peer learning opportunities. All resources below are available through the Healthy North Coast PHN program and Practice Coach platform.

5.1 Core Training Modules

All modules are available at: agedcare.practicecoach.com.au

Module / Focus Area	What It Covers	Access Link
HealthPathways for RACH Nurses	Strategies for using HealthPathways to improve clinical decision-making and patient care	https://agedcare.practicecoach.com.au/health-pathways/
Deteriorating Resident Triage Tool (DRTT)	Recognising clinical deterioration early; using the DRTT for timely intervention	https://hnc.org.au/deteriorating-resident-triage-tool-nsw-mnc-nsw
DRTT Education Modules	Structured learning modules supporting the DRTT clinical tool	https://agedcare.practicecoach.com.au/lesson/triage-tool/
Telehealth Services	Understanding and using telehealth to reduce unnecessary hospital transfers	https://agedcare.practicecoach.com.au/lesson/tips-for-telehealth/
National Telehealth Training Program	Comprehensive telehealth skills for RACH nurses	https://accelerateqi.au/hnc/telehealth/
Advance Care Planning (ACP)	Skills for documenting and honouring resident preferences throughout care journey	https://agedcare.practicecoach.com.au/#advance-care-planning
Palliative Care Strategies	Comfort-focused care and family support; exploring the nursing role in palliative care	https://agedcare.practicecoach.com.au/#palliative-care
MyHealthRecord	Using MyHealthRecord to access resident information and coordinate care	https://agedcare.practicecoach.com.au/lesson/understanding-and-accessing-my-health-record/

Healthy North Coast is pleased to announce new HealthPathways designed with input from nurses and GPs to support nurse-led care. As part of our commitment to building workforce capability across our region, these pathways address healthy ageing - including early intervention to prevent chronic conditions and improved systems for delivering palliative care.

These pathways are designed to support clinical nurses, practices and residential aged care homes with evidence-based criteria, clinical referral criteria, and tips to help minimise un-necessary hospital transfers for residents, patient wait times and improve outcomes. By embedding these pathways into every day practice, we're creating stronger, more confident models of care at the point of service.

Instructions on accessing HealthPathways and a full list of pathways that are relevant to aged care are available on [this page](#) and also available [as a pdf](#)

5.2 Peer Learning

Facilities are encouraged to network with each other and develop structured opportunities for peer learning and sharing successes as well as challenges.


5.3 Additional Support Resources

Resource	Description	Where to find it
Practice Coach Portal	Full suite of BNC modules, resources and CPD materials	agedcare.practicecoach.com.au
HNC Healthy Ageing Hub	Program information, upcoming events and region-wide updates	hnc.accelerateqi.au/residential-aged-care.html
DRTT Resource Page	Detailed DRTT clinical tool and supporting documentation	hnc.org.au/deteriorating-resident-triage-tool-nsw-mnc-nsw
Dr Sarah Mollard Podcast	Medcubes podcast exploring the nursing role in palliative care (Episode 36)	medicubes.com.au/episode/36

Section 6: Your 90-Day Implementation Planner

Use this planner to map out your first 90 days of TtT implementation. Fill it in with your team.

Timeframe	Key Actions	Person Responsible	Done?
Week 1-2	Identify your designated trainer(s); brief leadership team; communicate to staff		<input type="checkbox"/>
Week 2-3	Trainer completes BNC module review; identifies first topic; books session		<input type="checkbox"/>
Week 3-4	Deliver first short in-service session (15-20 mins); collect feedback		<input type="checkbox"/>
Week 4-6	Embed 5-min learning lab into next team meeting; check with trainer on how it went		<input type="checkbox"/>
Month 2	Deliver second session; link to accreditation or QI topic; send first refresher email		<input type="checkbox"/>
Month 2-3	Register for Coaching Circle; connect trainer to PHN support; review feedback data		<input type="checkbox"/>
Month 3	Celebrate early wins; share a success story at team meeting or in newsletter		<input type="checkbox"/>
Ongoing	Maintain 5-min learning labs; quarterly CoP attendance; annual planner review		<input type="checkbox"/>

 **Tip: Block out training sessions in the roster 4 weeks in advance. Rostering is the #1 barrier - making training visible in the schedule is the #1 solution.**

Appendix: Co-Design Data Summary

This toolkit was developed using data from structured co-design workshops and live Mentimeter polling conducted at four locations across the Healthy North Coast region in 2025-2026. The following summarises the key quantitative findings that informed the toolkit's design.

HealthPathways Awareness - Regional Comparison

Region	n	Currently Using HP?	HP Usefulness (mean /5)	HP Knowledge Gap (mean /5)
Ballina	5	0% Yes / 100% No	4.4	2.4
Port Macquarie	11	10% Yes / 90% No	4.64	1.82 (lowest gap - most aware)
Tweed	12	8% Yes / 67% No / 17% Unsure	3.4	1.78
Coffs Harbour	3	0% Yes / 67% No / 33% Unsure	2.33	2.67

Most Requested Support Types - Vote Counts by Region

Q12 asked participants to select which support options would be most valuable. Results below show votes cast (participants could select multiple options):

Support Type	Ballina (n=5)	Port (n=11)	Coffs (n=3)	Tweed (n=14)
Monthly Coaching Circles in small groups	High	10 votes ★★★★★	3/3 - 100% ★★★★★	High
2 further F2F TtT skill development workshops	High	7 votes ★★★★★	3/3 - 100% ★★★★★	High
CoP Quarterly	High	2 votes	3/3 - 100% ★★★★★	High
1:1 Coaching on demand	High	2 votes	3/3 - 100% ★★★★★	High

☀ Coffs Harbour: Every single respondent selected ALL FOUR support options - a unanimous signal that this community wants the full suite of support. Port Macquarie's strongest preference was Monthly Coaching Circles (10 out of 11 votes).

Structural Supports for RACH Education Delivery - Word Cloud Themes

Region	Top Word Cloud Themes
Ballina (n=5)	Communication, energetic communication, proactive leadership, changing culture, change mindsets, incentives, networking, education, add to AUsMed
Port Macquarie (n=11)	Time for people to attend (×2), rostering, time constraints, backfill of staff, structured time, motivation to attend, dedicated education room, resources in one place, daily staffing availability, getting RNs interested, face-to-face training guides, incentive for attendance, training kit for RACHs, paid if doing in own time
Tweed (n=12)	Short/bite-sized learning, mandatory learning (×2), toolbox sessions (×2), ISBAR communication, huddles, short online modules, guidelines and flow charts, interactive quizzes, return demonstrations
Coffs Harbour (n=3)	Toolbox talks (×2), staff development days, internet/online access

How Will You Know Training Is Working? - Port Macquarie Detail

Port Macquarie (n=11) provided the most detailed responses to this question, offering a practical measurement framework:

Measurement Category	Specific indicators mentioned by Port Macquarie participants
Clinical quality data	Improvement in clinical indicator data; audit results; decreased wounds, IADs, pressure injuries; incident report trends
Staff behaviour	Visible change in behaviour on the floor; increased confidence; job satisfaction; enthusiasm; improved skills
Documentation	Quality of documentation and charting improving
Resident outcomes	Improvement in resident satisfaction; less complaints; feedback from allied health
Formal systems	Appraisals; certificates of completion; quality markers; continual improvement register
Cultural signals	Staff seeming happy and confident (visual observation); expectations being met

Feedback Methods by Region

Region	Preferred Feedback Methods
Ballina	Timely feedback; positive + constructive together; praise; case studies; restorative circles; open communication; debriefing
Port Macquarie	Staff meetings and huddles; written acknowledgement (everyday hero award); achievement boards; emails and AutumnCare; on-the-spot feedback; clinical quality meetings; SLT standup; staff surveys; proud moments / one-on-one conversations

Region	Preferred Feedback Methods
Tweed	Tangible rewards and recognition for completed modules; Kahoot podium/leaderboard; verbal or written; positive feedback; staff meetings agenda item
Coffs Harbour	Staff messaging system; Hayylo platform (dedicated staff communication app)

Organisational Support Needs by Region

Region	What support do you need from leadership / the organisation?
Ballina	Positive change culture approach; leadership presence and approachability; external provider support (slide decks, materials); timely communication back to staff
Port Macquarie	Time allocated for champions/educators to facilitate education; educator in facility; organisational values supporting learning; proactive (not reactive) approach to education culture; formalised education calendar; kept in loop with incidents/learning needs; change rostered shift times for better overlap
Tweed	Help introducing DRTT to Clinical Governance; incentives and certificates for completed training; ensuring policies and procedures are followed; more training sessions
Coffs Harbour	Ideagen QI system implementation; leadership attending the sessions; changed/flexible work hours to support education; RNs in management positions with clinical background

Source: Mentimeter live polling data, BNC Co-Design workshops, November 2025 - February 2026.

Building Nurse Capacity Program

Train the Trainer Toolkit - developed through co-design with RACH staff across the Healthy North Coast region

Healthy North Coast PHN | Practice Coach | Aria Health | Primary Care Innovation

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