Checklist: Planning evidenced based training

1.	**Before you design anything** ☐ Have we clearly stated the **aim** of this mandatory training (what outcome or risk are we trying to change)? ☐ Have we identified the mandatory topic(s) (for example, falls, meds safety, infection control, documentation)? ☐ Have we agreed which services/teams are in scope for this round?
2.	**Start with real gaps in practice** Access recent data on: ☐ Incidents ☐ Complaints / feedback ☐ Audits ☐ Quality Indicator ☐ Identify where practice is inconsistent or outcomes are off track ☐ Translated into 1–3 specific behaviours for staff to change (start/stop/continue), not just "update knowledge"? ☐ Document these target behaviours in simple language for trainers and managers?
3.	**Replace long lectures with short, active sessions** For each mandatory topic: ☐ Keep the session length to around 60–120 minutes (or shorter modular blocks) rather than half-day/full-day lectures? ☐ Does the session include: ○ A short, plain-language summary of best-practice evidence ○ Interactive case discussions using our **own** scenarios ○ Practice/rehearsal of the desired behaviours (for example, doing the check, completing the form, having the conversation) ☐ Remove or minimise "slide-heavy" content that doesn't directly support behaviour change ☐ Build in time for reflection (i.e. Ask "What would get in the way of implementing these strategies here?" "What support do we need to make these changes?")

4.	**Build in behaviour change techniques** For each topic/session, check that you are deliberately using behaviour change techniques: ☐ Set clear, observable goals (i.e. "100% of high-risk residents have a completed falls care plan within 24 hours")? ☐ Set prompts and cues that will appear in the workflow (not just in training)? ☐ Does the session include peer discussion on "how we do things here" and what "good" looks like? ☐ Do individuals/teams make a simple commitment (for example, "From next week, our team will…") that is recorded or shared.
5.	**Embed audit, feedback, and reminders** ☐ Chosen simple measures that reflect the target behaviours (i.e. % of records with X documented, % of patients with Y done)? ☐ Decided how often these will be audited (i.e. monthly spot checks, quarterly audits)? ☐ Selected how to display and track results (i.e. simple run chart, XmR chart, dashboard)? ☐ Make a plan to provide **brief, regular feedback** at: o [ ] Team meetings / huddles o [ ] Governance or QI committees ☐ Make a plan to reinforce key behaviours with: o [ ] Checklists o [ ] Workflow prompts (paper or electronic) o [ ] Visual cues in the environment (posters, screen savers, labels)?
6.	**Provide facilitation / educational outreach support** ☐ Identified a facilitator or local champions for each area/service? ☐ Are they clear on their role to: o Help teams apply the evidence to their local workflows o Support problem-solving and removal of barriers o Reinforce messages after the formal session ☐ Plan for at least one follow-up contact (visit, huddle, or virtual check-in) after training to review progress and barriers? ☐ Ensure facilitators have access to current data so they can use real feedback in conversations?

7.	**Review and iterate** After one cycle of training using this approach: ☐ Compare pre- and post-training data on the target behaviours/outcomes? ☐ Gathered staff feedback on whether the new format felt more relevant and practical? ☐ Identified what to keep, change, or stop in the next round? ☐ Report results and learnings to governance/Board/QI committees?