



# Trainer Development:

## A Guide for National Societies

## **Preamble**

With the release of this document the IFRC, via the Global First Aid Reference Centre (GFARC), is establishing a global First Aid Trainer Development Framework available for use by all member societies in their development of First Aid Trainers and Trainers of Trainers.

The primary purpose of the First Aid Trainer Development Framework is to:

- Create global standards for First Aid Trainer and Trainer of Trainer development, and
- Make trainer development accessible to all National Societies, increasing operating capacity and building resiliency in local communities

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The IFRC Global First Aid Reference Center has made reasonable efforts to ensure the contents of this publication are accurate and reflect the latest scientific research available on the topic as of the date published. The information contained in this publication may change as new scientific research becomes available.

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# Letter

## from Head of the Global First Aid Reference Centre



Greetings colleagues! Each year, millions of people in almost 200 countries around the world engage in first aid education through the International Federation of Red Cross/Red Crescent (IFRC). Given our fundamental values as an organization it is the duty of the Movement to advocate for and provide effective first aid education that is accessible to everyone and engages the learner to ultimately respond to an emergency appropriately (International first aid and resuscitation guidelines 2016).

As we continue to better understand and advance the science behind effective first aid education, we make strides towards increasing the resiliency of individuals and communities around the world. The 2016 Guidelines outline our goals when preparing first aid education:

- **Create relevant contexts** for learners to want to engage with and make use of learner life experiences to support content.
- Ensure activities **engage the learner** and the ways that they can most readily learn, allowing the learner to demonstrate knowledge, skills, or behaviours gained.
- **Tailor multiple learning modalities** (such as technology, games, role play etc.) to develop knowledge, skills, and behaviours to increase learner accessibility and knowledge retention.
- Restrict content to what is **necessary and relevant for the learner – and vary content according to their needs.**
- **Develop facilitators and coaches** with knowledge in first aid that is relevant to the learner.
- Allow the learner **time to reflect and explore** their own attitude to helping in different circumstances.
- **Identify learner outcomes (such as skills, knowledge and confidence) and ways of measuring effective education (such as using surveys).**

Working together, more than twenty National Societies from around the world contributed to the creation of a Trainer of Trainers (ToT) curriculum and overall strategy for First Aid Trainer development. This project represents a vision for developing ToTs which in turn will support First Aid Trainers, and ultimately, the learners who will carry forward first aid knowledge and skills within their community. Based on the educational principles outlined in the 2016 Guidelines, this curriculum will provide National Societies with an option for ToT development which is supported by educational science. The multinational design ensures that the curriculum is reflective of our shared vision and includes best practices from around the world.

Thank you for your commitment to the Movement. Together we can ensure that all persons have access to effective and sustainable learner-focused first aid and resuscitation education. Together we will do more, to do better, and reach further.

Sincerely,  
Dr. Pascal Cassan



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# Project Background

It is apparent that many Red Cross and Red Crescent Societies can not afford to meet the demand of first aid courses for the general public<sup>1</sup> because they do not have sufficient first aid trainers. The shortage of Trainers can be because of a variety of reasons which seem to vary by region. In some instances this can include, but is not limited to:

- Challenges in the recruitment of candidates (identification of new candidates, creating interest in the role, etc.)
- The high 'cost' of development for both candidates and National Societies (from a financial impact as well as the time commitment required)
- An adequate supply of Trainer of Trainers (ToTs) to develop their National Societies' First Aid Trainer population, and
- Attrition of existing first aid trainer communities

As Red Cross/Red Crescent (RC/RC) seek to increase the number of people trained in first aid skills globally – including working with governments to make first aid training compulsory (for example in school or when applying for a driving licence), National Societies have identified the importance of ensuring there is an adequate supply of first aid trainers to meet the demand.

The Global First Aid Reference Centre has proposed that National Societies begin by working collaboratively to establish global standards for the development of First Aid Trainers and Trainer of Trainers as a solution. Global standards will make trainer development accessible to National Societies, increasing operating capacity and building resiliency in local communities.

The global standards contained within this guide have been used to create a Trainer of Trainers curriculum which can be used by National Societies within the Movement.

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<sup>1</sup> For the purpose of this project, the 'general public' refers to members of a society which have not been assigned a professional medical role. These persons can also be referred to as 'laypersons'. Examples of professional medical roles include: first responders (such as fire fighters, police, and paramedics), nurses and physicians.

# How to Use This Guide

This Program Guide has been constructed with the end-user (National Society personnel) in mind. It contains the information needed to design and implement *First Aid Trainer and Trainer of Trainers* development programs in your home country – it is not intended to be used as a facilitators guide (details on facilitation tools available can be found in Part 3: Program Resources). The Global First Aid Reference Centre is offering this document as a suggested program baseline. We understand that National Societies may need to expand the program scope and the role of their trainers based on regulatory requirements or cultural norms in their country.

The content within this Guide was developed in consultation with National Societies around the world. **The goal of this Guide is to provide a “road map” for National Societies interested in designing and implementing First Aid Trainer and Trainer of Trainers development programs. It details the knowledge, skills, and abilities we are seeking to develop in training first aid personnel to be maintained throughout their life time.** The time and effort needed to develop and implement First Aid Trainer and Trainer of Trainers development programs will vary in each country. Accordingly, this guide is meant to provide direction and assistance – production of program assets outside of what was created for the Trainer of Trainers project (teaching tools, trainer manuals, participant resources, etc...) remains the responsibility of the National Society<sup>2</sup>.

National Societies should be aware that this approach is flexible. While it was constructed based on educational science, it can be tailored to meet individual National Society needs and local context.

It is important to note that within the boundaries of this framework, we will prepare First Aid Trainers and Trainers of Trainers for service as trainers, not program developers. Following their development it is appropriate to expect that they will be prepared to deliver programs which have been constructed by their National Society (using Educational Specialists and program developers). The Global First Aid Reference Centre believes that program development involves a specific skill set which is developed through more advanced education and is distinct from the roles contained within this guide.

A glossary is available on page **37**.

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<sup>2</sup> National Societies who wish to submit copies of their program assets for review or use by others are welcomed to do so via the Global First Aid Reference Centre.

# Stages of Trainer Development

Throughout this project we have identified four different levels of trainer development:

- **Level (A) Peer Educator**
- **Level (B) First Aid Trainer**
- **Level (C) Trainer of Trainers**
- **Level (D) Master Trainer/Educator**

Each level is distinguished by purpose/role only (they not distinguished by clinical knowledge). We expect National Societies may need to further identify the types of persons working within each level (example: you may have First Aid Trainers who focus on basic clinical content used by a layperson while others may focus on more advanced clinical content used by first responders). Our goal was to identify how the roles of peer educator, trainer, and trainer of trainers differ, as well as what skills and knowledge are needed in order to prepare them for certification. Clinical competence will be left to the discretion of the National Society and can easily be accounted for within this format.

The GFARC encourages interested persons to engage in trainer development. Some candidates may require additional support due to personal circumstance (example: a person who is unable to demonstrate a skill due to a physical restriction, a person who is visually or hearing impaired, a person who has limited mobility, etc...) however this does not prevent them from becoming a successful First Aid Trainer or Trainers of Trainers who can enrich their community. The GFARC encourages National Societies to seek accommodations to support all interested candidates in pursuing trainer development (this may include use of assistive technology, team teaching, etc...). The only criteria which ought to deny entry to a trainer development program are those which could jeopardize the safety of their other participants (contagious illness, aggressive or dangerous behaviour, criminal history, etc...).

Lastly, if your National Society elects to include additional prerequisites (beyond what is suggested and recommended below) before a candidate can enter your development program; make certain that the requirement is measurable (objective) in order to guarantee fair treatment of all candidates.

Level	Role	Suggested Prerequisites	Recommendation
<b>Level (A) Peer-to-Peer</b> ** Not included within the scope of this project.	The person prepared to lead adolescent peer-to-peer training activities which do not result in first aid certification.	<ul style="list-style-type: none"> <li>■ Minimum age of 12 years</li> <li>■ Duration of peer-to-peer training activities to be scaled appropriately according to age the of the participants</li> <li>■ Content of peer-to-peer training activities to focus on personal safety and basic first aid principles</li> </ul>	Not applicable at this time.
<b>Level (B) First Aid Trainer</b>	The person prepared to lead participant level first aid training (full length courses and refresher courses). This includes assessing, evaluating and certifying the competency of the participant.	<ul style="list-style-type: none"> <li>■ Minimum age of 18 years</li> <li>■ Valid participant level RC/RC certification for the program he/she will be teaching (the certificate should be from their National Society)</li> <li>■ Pre-course skill screening (appropriate to the clinical competence expected of them once in service)</li> </ul>	Observe a RC/RC First Aid and CPR course prior to entering the trainer development program
<b>Level (C) Trainer of Trainers</b>	The person prepared to develop First Aid Trainers through mentoring and coaching (full length courses and refresher courses). This includes assessing, evaluating, and certifying the competency of the First Aid Trainer candidate.	<ul style="list-style-type: none"> <li>■ Minimum age of 18 years</li> <li>■ Participated in first aid training for their National Society as a First Aid Trainer</li> <li>■ Familiarity with latest International First Aid and Resuscitation Guidelines</li> </ul>	Observe a RC/RC First Aid Trainer development course prior to entering the Trainer of Trainers development program.
<b>Level (D) Master Trainer/ Educator</b> ** Not included within the scope of this project.	The person prepared to develop Trainer of Trainers through mentoring and coaching (full length courses and refresher courses). This includes assessing, evaluating, and certifying the competency of the Trainer of Trainers candidate.	Not applicable at this time.	Not applicable at this time.

Please note: The letters A, B, C and D were used to demonstrate that there are four distinct levels of development within this project. There is no rank order assigned.

# Part 1:

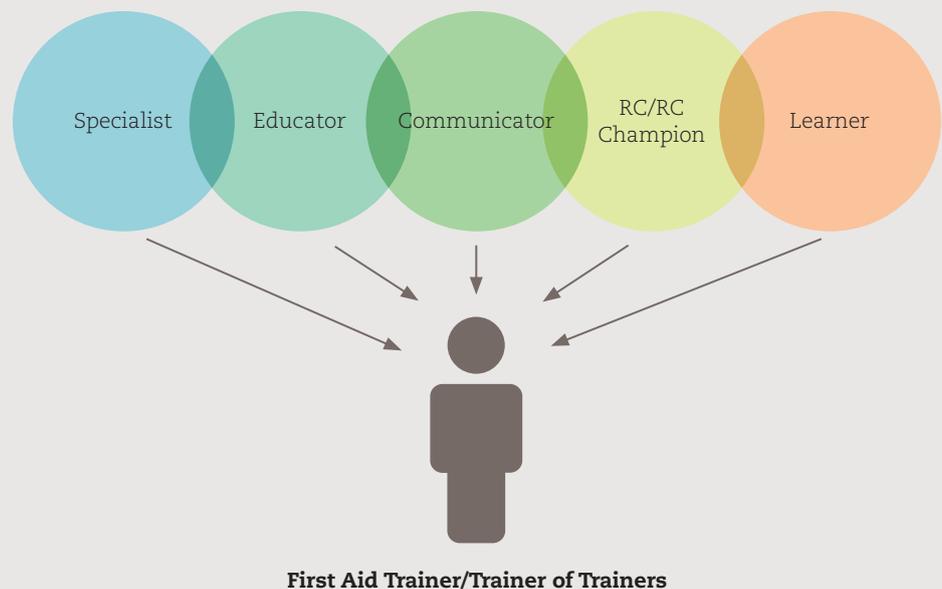
## Trainer Development

The goal in developing First Aid Trainers and Trainer of Trainers is to prepare them for successful engagement with our programs, and for successful engagement with the program participants. Once certified, we are expecting them to be able to competently support the program(s) offered by their National Society without the oversight of an existing trainer or trainer of trainers. This process can involve several layers of development depending on the First Aid Trainer (or Trainer of Trainers) candidate.

Competence is determined when a First Aid Trainer or Trainer of Trainers is able to demonstrate an instructional activity that supports a participants learning experience. Their ability to demonstrate an instructional ability is composed of the knowledge and skills collected in their First Aid Trainer/Trainer of Trainers development program. Instructional activities (detailed later in this guide) require the First Aid Trainer or Trainer of Trainers to draw from a connected set of roles in order to cumulatively assemble the components needed to perform an instructional activity. While these roles are often applied holistically, they are most easily learned in segments. **It is critical to note that no one role is considered any more or less significant than another. In order to be a well-rounded First Aid Trainer or Trainer of Trainers adequately prepared for certification and service within a National Society, candidates must excel within all roles.**

**Figure 1: Roles of a First Aid Trainer/Trainer of Trainers**

For simplicity, we have arranged the roles into five segments:



**Specialist:** Refers to an understanding/application of evidence based clinical content, promotion of an injury prevention culture, and adherence to any legislative or regulatory requirements. This role focuses on the technically based clinical content included in first aid programs.

**Educator:** Refers to an understanding/support of a learner centered environment, utilization of appropriate methods/resources, an ability to assess/evaluate learners, and an ability to incorporate learners' previous experience into their training. This role focuses on how we can best engage participants so that their learning experience is meaningful and will instill confidence in their role as a first aider.

**Communicator:** Refers to an understanding/use of appropriate communication with their learners in order to encourage trust and is characterized by empathy, respect and compassion. This role focuses on how and when communication should take place in a program.

**RC/RC Champion:** Refers to an understanding/commitment to the RC/RC movement and its principles. This role focuses on how each First Aid Trainer or Trainer of Trainers is a representative of the greater RC/RC movement and ultimately an ambassador for those principles in their community.

**Learner:** Refers to a commitment to personal growth through professional development and reflection of practice. This role focuses on the First Aid Trainer or Trainer of Trainers as a learner who has a responsibility to continually commit to their personal ongoing development as well as that of their participants.

Throughout their development, and based on the included competency framework, each First Aid Trainer or Trainer of Trainers candidate will be exposed to fourteen different general competencies, which are grouped according to the identified roles (above). When they combine these abilities they are able to perform a variety of instructional tasks which will support their participants learning experience. Within the framework, the competencies can be broken down into general competencies and specific competencies.

**General competencies:** *Established knowledge, skills, and behaviors to achieve goals. General competencies serve as segment headings under which specific competencies are gathered.*

**Specific competencies:** *Explicit knowledge, skills, or attitudes that demonstrate a learner's achievement of a general competency. Specific competencies should ultimately guide the content of a development program.*

Each part of a development program should be constructed in a way which will aid First Aid Trainers/Trainer of Trainers in achieving a specific competency. Sometimes an activity will lead to achieving a single competency; however you will often find that it links to others as they can often be interdependent.

Note that while the competencies are labelled by role and by section within the framework, there is no significance to the sequence of the roles (example: Specialist as section 1, Educator as section 2, etc...) or the order within each segment (example: 1.1, 1.2, 1.3, etc...). Labels are for reference points only.

When you apply this work within your local context, you may wish to add/modify the roles and/or the general or specific competencies. If you will be using the Trainer of Trainers curriculum, developed as part of this project, don't forget to consider how those changes will require edits to the existing curriculum and program tools.

# Taxonomy

Within the competence framework, a performance verb was carefully selected to accompany each specific competency. The verb selected is significant because it details our expectation of the First Aid Trainer or Trainer of Trainer candidate. Sometimes the same verb was selected for First Aid Trainers and for Trainers of Trainers. Other times, the verb was different because we are expecting Trainer of Trainers to perform the specific competency at a more advanced level (due to their experience, scope of role and additional development) than a First Aid Trainer. Recognizing that the meaning of language can be different throughout the world, we wanted to outline the meanings used in this document. These meanings are detailed in our taxonomy. When applying this work within your local context, you may need to change the verb used however we would encourage you to be cautious not to change the meaning of the word (and the expectation of the candidate).

*Taxonomy is the practice and science of classification. Benjamin Bloom is well known for leading the creation of an educational taxonomy in 1953. In creating the taxonomy, Bloom was able to detail the difference between verbs that are often used in creating learning objectives. The taxonomy (below) is based off of Bloom's work but has been modified from the original format. Essentially it acts as an educational glossary so that we all understand the performance verbs to have the same meaning.*

In order for a First Aid Trainer or Trainer of Trainers candidate to engage with the specific competencies identified within a section of the framework, they will need to engage with student-centred actions that express one of the following three domains:

- 1)** Affective actions: actions taken to express their personal attitudes and beliefs (which are not rank ordered).
- 2)** Cognitive actions: actions taken to demonstrate brain-based understanding of content (which are ranked in order of increasing complexity - you need to be able to perform lower complexity actions before you can perform a higher complexity actions).
- 3)** Psychomotor actions: actions taken to demonstrate physical application of content (which are grouped as low/medium/high complexity).

Well rounded development programs will allow candidates to engage with all three domains. As an example (not first aid related and using the cognitive actions as an example), there is a difference in understanding when someone is asked to list the ingredients used when making tomato soup versus when someone *evaluates* a recipe for making tomato soup (ability to create a related series of items versus an ability to examine and judge carefully).

### AFFECTIVE ACTIONS

(attitudes / beliefs - not rank ordered – NRO)

<b>NRO</b>	Assist	To give help or support.
<b>NRO</b>	Choose	To select from a number of alternatives.
<b>NRO</b>	Justify	To show to be reasonable.
<b>NRO</b>	Receive	To acquire and accept.
<b>NRO</b>	Acknowledge	To recognize as being valid.
<b>NRO</b>	Value	To place worth and importance.

### COGNITIVE ACTIONS

(brain-based understanding/knowledge - ranked in order of increasing complexity)

<b>1</b>	List	To create a related series of items.
<b>2</b>	Identify	To ascertain the origin, nature or definitive characteristics of an item.
<b>3</b>	Define	To state the precise meaning.
<b>4</b>	Describe	To give an account of.
<b>5</b>	Discuss	To examine or consider (a subject), in speech or writing.
<b>6</b>	Organize	To put together into an orderly, functional, structured whole.
<b>7</b>	Distinguish	To differentiate between.
<b>8</b>	Classify	To arrange in categories according to shared qualities or characteristics.
<b>9</b>	Explain	To make plain or comprehensible.
<b>10</b>	Apply	To put to use for a purpose.
<b>11</b>	Analyze	To separate into elements and critically examine.
<b>12</b>	Solve	To work out a correct solution.
<b>13</b>	Construct	To form by combining or arranging parts.
<b>14</b>	Infer	To reason from circumstance; to surmise.
<b>15</b>	Synthesize	To combine so as to form a new, more complex product.
<b>16</b>	Evaluate	To examine and judge carefully; to appraise.

**PSYCHOMOTOR ACTIONS**

(physical application/skills - grouped as low/medium/high complexity)

<b>L</b>	Demonstrate	To show clearly and deliberately a behaviour.
<b>L</b>	Set-Up	To gather and organize the equipment needed for a task.
<b>L</b>	Intervene	To come between; disputing people, groups, situations, etc.
<b>L</b>	Utilize	To make practical and effective use of.
<b>L</b>	Implement	To put into effect according to a plan or procedure.
<b>L</b>	Seek	To go in search or quest of.
<b>L</b>	Participate	To take part in an activity or event.
<b>L</b>	Offer	To give someone the opportunity to accept or take (something).
<b>M</b>	Communicate	To impart a verbal or written message; to transmit information.
<b>M</b>	Operate	To perform an activity or function.
<b>M</b>	Perform	To take, fulfil or carry out an action or function.
<b>M</b>	Establish	To found, institute, build, or bring in to being.
<b>H</b>	Adapt	To make suitable to or fit for purpose.
<b>H</b>	Adjust	To change so as to match, or fit.
<b>H</b>	Integrate	To make into a whole by bringing all relevant parts together.
<b>H</b>	Advise	To recommend a course of action; offer an informed opinion based on specialized knowledge.

# Competence Framework

A competence framework defines the knowledge, skills and attitude needed to be successful within an organization. It is organized by role (in this case First Aid Trainer and Trainer of Trainers) and considers both general and specific competencies which allow a person to perform the role effectively. The specific competencies are then used to guide the development of training courses and program tools.

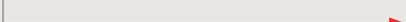
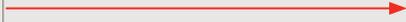
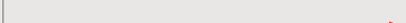
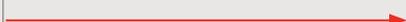
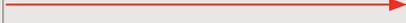
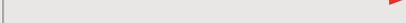
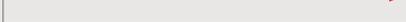
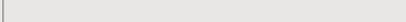
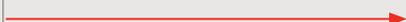
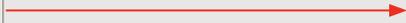
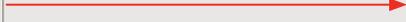
The creation of a competence framework was the first phase of the ToT project where it required the participating National Societies to agree to a common expectation of the First Aid Trainer and Trainer of Trainer roles. It should be noted that this in of itself was a challenging task where the roles vary throughout the Movement based on local context. Following the construction of the framework (and established expectations of the roles) we began constructing the ToT curriculum. The course was constructed in order to bridge First Aid Trainers from the Level B competence to the role of a Trainer of Trainers (Level C). This assumed a pre-existing level of skill as detailed in the framework where the two levels link to one another.

Where the Trainer of Trainers role builds off of the First Aid Trainer role, you will notice that an arrow showcases the continuation of an expectation that was developed as a First Aid Trainer. Any new expectations are listed in the Trainer of Trainers (Level C) column and are greyed out in the First Aid Trainer (Level B) column. These are the specific competencies focused on within the ToT development program.

As with other components of this guide, National Societies are able to modify the general and specific competencies of this framework to suit their local needs (keeping in mind the impact that the modifications will have on the ToT curriculum and program tools).

	Level B (First Aid Trainer)	Level C (Trainer of Trainers)
<b>Specialist</b>		
<b>GENERAL COMPETENCY 1.1: Apply knowledge of the evidence based content relevant to the discipline.</b>		
SPECIFIC COMPETENCY	SUB-COMPETENCY	
<b>1.1a Demonstrate expected skill performance accurately according to the IFRC standard.</b>	Distinguish between evidence supported clinical treatments (standards) and practices employed by participants.	→
	Perform clinical (first aid) skills accurately according to the 2016 International first aid and resuscitation guidelines.	→
		Adjust First Aid Trainer candidate skill performance when they employ a practice in place of an evidence supported clinical treatment (standard).
<b>1.1b Adapt to evolving circumstances.</b>	Identify where to find resources connected to program content changes.	→
	Identify resources/networks available to assist in clarifying changes to program content.	→
	Apply program updates according to the IFRC standard when required in order to uphold current evidence based content.	→
		Implement First Aid Trainer level program updates according to the IFRC standard when required in order to uphold current evidence based content.
<b>GENERAL COMPETENCY 1.2: Model and maintain a culture that promotes injury prevention and safety.</b>		
SPECIFIC COMPETENCY	SUB-COMPETENCY	
<b>1.2a Value injury prevention and safety in your learning environment and with your participants.</b>	Identify an injury prevention culture as being a valuable solution for safe work and leisure spaces.	→
	Acknowledge and value prevention strategies when exploring clinical treatments.	→
<b>GENERAL COMPETENCY 1.3: Interpret and apply relevant local legislation.</b>		
SPECIFIC COMPETENCY	SUB-COMPETENCY	
<b>1.3a Recognize and apply relevant local legislation when applicable.</b>	Identify where to find details on relevant regional and/or federal legislation.	→

	Level B (First Aid Trainer)	Level C (Trainer of Trainers)
<b>Educator</b>		
<b>GENERAL COMPETENCY 2.1: Maintain safe conditions for learners</b>		
SPECIFIC COMPETENCY	SUB-COMPETENCY	
<b>2.1a Establish a safe learning environment.</b>	Identify the appropriate emergency procedures that your participants must be aware of at the start of each program.	→
	Intervene immediately in situations that jeopardize the physical or emotional safety of your participants.	→
	Set-up your learning environment in a manner which protects the physical safety of your participants.	→
	Distinguish the difference between applying clinical skills using training aids or on another person.	→
	Identify the unique learning environment considerations (including challenges and opportunities) when using an alternative classroom (outdoors, on a ship, in an emergency response centre, etc...).	→
	Demonstrate an ability to manage the risks associated with using an alternative classroom.	→
<b>2.1b Establish and maintain a respectful learning environment.</b>	Identify what a respectful learning environment consists of based on local customs and IFRC principles.	→
	Describe how to facilitate learning in a group of learners with varied motivation.	→
	Identify methods of conflict resolution when dealing with challenging circumstances.	→
		Identify the components of a peer-managed safe learning environment.
		Establish a peer-managed safe learning environment.
		Demonstrate an ability to manage the risks associated with using a peer led classroom.
<b>GENERAL COMPETENCY 2.2: Use resources, expertise, and tools to create a learner-centred environment</b>		
SPECIFIC COMPETENCY	SUB-COMPETENCY	
<b>2.2a Use lesson plans for each session taught that demonstrate time management skills.</b>	Describe the role that planning contributes to a successful learning experience.	→
	Identify the required components contained in a course plan.	→
	Identify the required components contained in a lesson plan.	→

Educator	Level B (First Aid Trainer)	Level C (Trainer of Trainers)
	Construct course and lesson plans, review and modify plans as needed.	
	Distinguish between course and lesson plans which will and will not contribute to a successful learning experience.	
	Adjust timeframes within course and lesson plans in order to address the needs of learners.	
		Adjust First Aid Trainer candidate lesson plans when needed to support a successful teaching and learning experience.
<b>2.2b Share the intent of each session with the participant.</b>	Communicate with your participants the topics (including objectives, evaluation criteria and activities) which your course and lessons will include.	
<b>2.2c Facilitate a variety of activities that promote active participation.</b>	Identify activities that meet a variety of various learning styles and the types of activities most appropriate to specific learners.	
	Utilize a variety of structured, short-term activities that promote engagement with content and other participants.	
	Utilize a variety of structured, longer duration activities to promote retention and increase application.	
	Identify the value of using questioning as an instructional technique.	
	Identify how experiential learning can be incorporated into your learning environment.	
	Identify strategies for how to lead and instruct using experiential learning.	
		Identify and utilize a variety of candidate-led activities.
<b>2.2d Utilize and maintain equipment appropriately to supplement learning.</b>	Demonstrate your commitment to providing a safe learning environment by using equipment that has been appropriately cleaned and stored according to the manufacturers' guidelines or local protocol.	
	Utilize equipment appropriate to the program being taught and according to the manufacturers' guidelines.	
	Incorporate a variety of teaching aids that have been properly maintained and cared for.	
	Identify various teaching aids that provide context and practical value to the learning experience.	

Educator	Level B (First Aid Trainer)	Level C (Trainer of Trainers)
2.2e Guide participants in how to improvise and adapt to changing situations as their knowledge and skill base increase during the lesson and the course.	Describe how to adapt activities and methods used in your program to accommodate a greater complexity as learners increase their knowledge and skills.	→
		Include teaching activities which challenge the emotional intelligence of First Aid Trainer candidates.
2.2f Use appropriate scenario based sessions which will allow participants to explore skill application and decision making.	Utilize appropriate scenario and/or case study focused sessions based on your audience.	→
	Utilize simulation of basic illnesses and injuries appropriate to your audience.	→
	Utilize appropriate scenario based sessions that incorporate changing situations and a more complex application of skills.	→

**GENERAL COMPETENCY 2.3: Assess and evaluate participants**

SPECIFIC COMPETENCY	SUB-COMPETENCY	
2.3a Evaluate each participant's completion /non-completion of the program.	Distinguish between assessment and evaluation.	→
	Identify the assessment and evaluation tools available within your NS.	→
	Utilize a variety of assessment strategies with participants to improve their skills and knowledge about the subject matter.	→
	Perform the administrative tasks associated with course conclusion.	→
	Utilize strategies for providing positive and constructive feedback to participants.	→
	Utilize assessment and evaluation activities and methods in the course appropriate to the audience.	→
	Identify the value of engaging in reflection for your own learning and the learning of your participants.	→
	Integrate the Fundamental Principles of the IFRC within your assessment and evaluation activities.	→

**GENERAL COMPETENCY 2.4: Recognize the participants' previous experience, existing knowledge, and skill**

SPECIFIC COMPETENCY	SUB-COMPETENCY	
2.4a Adapt lesson plans according to the needs of participants.	Identify the different participant demographics you may encounter in the classroom and how to adapt instruction to meet their learning needs.	→
	Distinguish between a program accommodation and a program modification.	→
	Identify the strategies available to adapt your course and session plan to accommodate participants with various learning needs.	→

Educator	Level B (First Aid Trainer)	Level C (Trainer of Trainers)
<p><b>2.4b Recognize that the values, biases, perspectives or behaviours of participants may have an impact on the quality of the learning experience of others. Be able to intervene and remediate when necessary.</b></p>	Establish learning expectations based on the Fundamental Principles.	→
	Organize participants in balanced groups if possible.	→
	Utilize conflict resolution strategies when needed to protect the learning experience of others.	→
	Operate the learning environment according to agreed upon norms (based on IFRC values and participant consensus).	→
		Utilize behavioural scenarios to prepare First Aid Trainer candidates for instances of conflict and how to navigate through such situations

	Level B (First Aid Trainer)	Level C (Trainer of Trainers)
<b>Red Cross Champion</b>		
<b>GENERAL COMPETENCY 3.1 Advocate for and model a commitment to the IFRC and its principles.</b>		
SPECIFIC COMPETENCY	SUB-COMPETENCY	
<b>3.1a Exhibit appropriate professional behaviours that reinforce the Fundamental Principles of the IFRC.</b>	Identify how the actions of a First Aid Trainer reflect on the integrity of the Fundamental Principles.	→
	Demonstrate a commitment to the Fundamental Principles through the management and tone of the learning environment.	→
		Evaluate the significance of the Trainer of Trainers position in maintaining the integrity of our programs and the status of the IFRC.
<b>3.1b Promote the programs and services of the IFRC.</b>	Identify the programs and services of the IFRC available through your NS.	→
		Encourage candidates to contribute to the programs and services of the IFRC available through their NS.
<b>3.1c Explain the operational structure of the IFRC and your National Society.</b>	Identify the programs and services of the IFRC available through your NS.	→
<b>3.1d Promote the Movement (IFRC/ICRC).</b>	Describe the history and origin of the Movement (IFRC/ICRC) as well as your NS.	→
	Discuss the significance of first aid in the history of the Movement (IFRC/ICRC) with your participants.	→
<b>3.1e Identify the significance of volunteerism within the Movement.</b>	Identify the significant impact that volunteerism has on RC/RC Movement.	→
	Discuss the opportunity to volunteer with the programs and services offered by your NS with participants.	→

	<b>Level B (First Aid Trainer)</b>	<b>Level C (Trainer of Trainers)</b>
<b>Communicator</b>		
<b>GENERAL COMPETENCY 4.1 Communicate with participants to encourage growth.</b>		
SPECIFIC COMPETENCY	SUB-COMPETENCY	
<b>4.1a Engage in active listening techniques.</b>	Identify the components of active listening communication techniques.	→
	Apply active listening communication techniques when working with peers and participants.	→
	Identify barriers to active listening communication techniques.	→
		Assist First Aid Trainer candidates in instances where they are struggling to reduce barriers to active listening.
<b>4.1b Use perception checks to ensure participants understand the message(s) being communicated.</b>	Identify the components of a perception check (verbal and non-verbal).	→
	Apply perception checks when working with peers and participants.	→
	Identify barriers when using perception checks.	→
		Assist First Aid Trainer candidates in instances where they are challenged in the use of perception checks.
<b>4.1c Reinforce key points clearly and concisely so participants are able to understand them.</b>	Choose learning aids that are geared to your participants needs.	→
	Demonstrate the direct interventions that participants should be implementing.	→
		Assist First Aid Trainer candidates in instances where they are challenged in using reinforcement points clearly.
<b>4.1d Address and ask questions appropriately.</b>	Identify strategies for asking questions.	→
	Distinguish between open and closed questioning.	→
	Explain when it is appropriate to use open and/or closed questioning.	→
	Identify how to use questioning in order to assess 'for a participants learning' and 'of a participants learning'.	→
<b>4.1e Use language appropriate for all participants.</b>	Describe how language can affect participants' behaviour and have an impact on the learning environment.	→
	Distinguish between language that encourages and discourages participants from learning.	→
	Utilize positive, approachable and encouraging language when communicating with your participants to encourage their learning experience.	→

Communicator	Level B (First Aid Trainer)	Level C (Trainer of Trainers)
<b>GENERAL COMPETENCY 4.2 Communicate using a learner-centric approach that encourages trust and is characterized by empathy, respect and compassion.</b>		
SPECIFIC COMPETENCY	SUB-COMPETENCY	
<b>4.2a Be attentive to signals that participants are sending about their readiness, understanding and involvement in the learning process.</b>	Distinguish between verbal and non-verbal communication signals.	→
	Identify what verbal and/or non-verbal communication signals may cause you to change your instructional strategy or method.	→
<b>GENERAL COMPETENCY 4.3 Participate in completion of administrative tasks.</b>		
SPECIFIC COMPETENCY	SUB-COMPETENCY	
<b>4.3a Communicate each participants' completion /non-completion of the program.</b>	Identify when completion communication should take place.	→
	Identify the value in providing both positive and constructive feedback to the participant in a timely manner.	→
	Identify the unique post-program records required for documentation.	→
<b>4.3b Participate in the completion of any post-program activities.</b>	Report program results (learning outcomes) to your NS.	→
		Communicate with First Aid Trainer candidates post-program for continuation of the mentoring/ coaching relationship.

	Level B (First Aid Trainer)	Level C (Trainer of Trainers)	
<b>Learner</b>			
<b>GENERAL COMPETENCY 5.1 Engage in reflection of practice.</b>			
SPECIFIC COMPETENCY	SUB-COMPETENCY		
5.1a Offer program feedback to your NS.	Assist your NS with ongoing program development through the identification and submission of learning outcomes.	→	
5.1b Act with integrity and demonstrate accountability to participant success.	Distinguish which First Aid Trainer behaviours will work to enhance or hinder the success of your participants.	→	
	Identify which behaviours will enrich the experience of your participants.	→	
<b>GENERAL COMPETENCY 5.2 Identify and access sources of support.</b>			
SPECIFIC COMPETENCY	SUB-COMPETENCY		
5.2a Build a network of resources.	Identify the variety of resources First Aid Trainers have accessible to them for support (human resources and tools).	→	
	Seek support from within your network as needed.	→	
		Acknowledge the role of a Trainer of Trainers as a resource to peers and First Aid Trainers within your network.	→
		Offer support to other Trainer of Trainers, as well as First Aid Trainers within your network.	→
<b>GENERAL COMPETENCY 5.3 Develop a personal learning plan.</b>			
SPECIFIC COMPETENCY	SUB-COMPETENCY		
5.3a Determine areas of interest for future development.	Identify additional instructional disciplines, or learning activities that may be of interest to you and assist with your personal and/or professional development.	→	
5.3b Participate in learning activities which contribute to personal growth.	Participate in learning activities that aim to maintain your trainer certificate.	→	
	Participate in learning activities aim to expand your trainer certificate.	→	
	Participate in learning activities external to your NS that may contribute to your personal and/or professional development.	→	
5.3c Explore opportunity for involvement with other IFRC programs and services.	Identify other IFRC program and/or service opportunities that may be of interest.	→	

# Assessment & Evaluation of Candidates

Take some time to think about your National Societies existing assessment and evaluation strategies - what do you assess and evaluate, how do you assess and evaluate, and how do you communicate this to candidates? Each of these components send a clear message to candidates about what your National Society values —what you believe is worth learning, how you believe it should be learned, and how well students are expected to perform.

It is important that your candidates are provided with a variety of opportunities in which to demonstrate their progress within the position of First Aid Trainer or Trainer of Trainers. Not only does this indicate candidate progress but it also advises if the teaching is effective and if your program is meeting the needs of the candidates. Keeping in mind that candidates development may occur in stages, you will want to monitor them both during their learning (known as assessment) and at the end of their learning (known as evaluation).

**Assessment:** *focuses on learning, teaching and outcomes. It provides information for improving learning and teaching. Assessment is an interactive process between students and Trainers that informs how well the students are learning what is being taught. The information is used by Trainers to make changes in the learning environment, and is shared with students to assist them in improving their learning and study habits. This information is learner-centered, course based, frequently anonymous, and not graded. Assessment strategies can be very informal or more structured, depending on the learning environment and the needs of the candidates.*

**Evaluation:** *focuses on completion/non-completion and may reflect classroom components other than course content and mastery level. These could include discussion, cooperation, attendance, and verbal ability. This is an overarching decision on whether or not the learner was successful in meeting the intended learning outcomes.*

Dimension of Difference	Assessment	Evaluation
<b>Content:</b> timing, primary purpose	<i>Formative:</i> ongoing, to improve learning	<i>Summative:</i> final, to gauge quality
<b>Orientation:</b> focus of measurement	<i>Process-oriented:</i> how learning is going	<i>Product-oriented:</i> what's been learned
<b>Findings:</b> uses thereof	<i>Diagnostic:</i> identify areas for improvement	<i>Judgmental:</i> arrive at an overall grade/score

Source: Adapted from "What is the difference between assessment and evaluation?" (<http://duke.edu/arc/documents/The%20difference%20between%20assessment%20and%20evaluation.pdf>, Duke University as viewed Apr 30/15)

Examples of assessment and evaluation techniques:

- Polls/surveys
- Perception checks
- Scenario training
- Learner reflection periods
- Case studies
- In-class activities
- Written knowledge evaluations
- Projects/presentations
- Portfolios
- Skill application
- Class deliverables (submitted work)
- Direct observation

Where the use of a competency framework focuses on application (ultimately resulting in the ability to perform an instructional activity) we encourage your assessment and evaluation strategies to also focus on application as often as is possible so that the learnings are meaningful to candidates and resonate with them long-term. Engage the candidates as a contributing member to their own assessment and evaluation – not only will it encourage reflection of their practice (encouraging a deeper connection to the experience, bringing together theory and application) but it will prepare them for the task of evaluating their own participants.

*“Tell me and I forget, teach me and I may remember, involve me and I learn.”*

*Benjamin Franklin*

*“Not having heard something is not as good as having heard it; having heard it is not as good as having seen it; having seen it is not as good as knowing it; knowing it is not as good as putting it into practice.”*

*Xunzi*

The assessment and evaluation techniques used in the development of First Aid Trainers and Trainer of Trainers is left to the discretion of each National Society however we offer the following guidance:

- Use a variety of methods. Each learner is most comfortable demonstrating their knowledge and/or skill application differently.
- Spread your assessment and evaluation techniques over the duration of the program. Day to day our ‘best’ can fluctuate, allow for instances when performance may vary due to external circumstances.
- Recognize that not all candidates will progress at the same pace.

We strongly encourage you to include a teaching experience (following your development program, as a final step prior to certification) as part of your evaluation strategy for both First Aid Trainers and Trainers of Trainers. This allows candidates to synthesise their experience and apply their learnings in a realistic environment under the guidance of an experienced First Aid Trainer or Trainer of Trainers. It also allows for a quality check by the National Society before candidates begin teaching independently.

Additional benefits of including a teaching experience include:

- A opportunity to reduce the theory practice gap for candidates
- An opportunity for candidates to engage with their peers (prevents candidates from feeling isolated – allows them to join a ‘community’ and/or ‘network’)
- Prepares candidates in a way that is more relevant to modern day classrooms where they are involved with a ‘live’ classroom that is not simulated
- Allows candidates to develop a trainer identity by engaging in authentic practice

If your National Society does elect to use a teaching experience, we suggest that the candidates’ skill application be classified by segment and align with the Instructional Activities:



It is important for candidates to recognize that their role as a First Aid Trainer or Trainer of Trainers extends beyond the ‘during course’ activities. Their development program should also include this extended range of activities.

### Instructional Activities

		Instructional Activities			
		Level B (First Aid Trainer)	Level C (Trainer of Trainers)		
<b>Fundamentals</b>	Act in accordance with the Fundamental Principles of the IFRC  Adhere to your NS Trainer Code of Conduct	Engage in Life Long Learning	<b>Pre Course</b>	Plan lessons by course and by session	Plan lessons by course and by session
				Prepare for course (administrative tasks, learning aids and content)	Prepare for course (administrative tasks, learning aids and content)
				Establish a safe learning environment	Establish a safe learning environment
				Review all session content and activities	Review all session content and activities
					Initiate relationship with First Aid Trainer Candidate
			<b>During the Course</b>	Open the course	Open the course
				Maintain a safe learning environment	Maintain a safe learning environment
				Conduct sessions	Conduct sessions
				Assess participants, provide remediation when required	Assess candidates, provide remediation when required
				Utilize conflict resolution	Utilize conflict resolution
				Adapt instructional approach	Adapt instructional approach
				Evaluate participants	Evaluate candidates
				Conclude course	Conclude course
					Facilitate learner-led activities
				Maintains relationship with First Aid Trainer Candidate	
<b>Post Course</b>	Complete administrative work	Complete administrative work			
	Decontaminate learning aids and/or equipment	Decontaminate learning aids and/or equipment			
	Engage in lifelong learning through reflection of practice	Engage in lifelong learning through reflection of practice			
		Complete First Aid Trainer Candidate evaluation			
		Establish the opportunity for a mentoring relationship with First Aid Trainer Candidates			

# Maintaining Competence (Recertification)

In the evolving world of first aid education, First Aid Trainers and Trainers of Trainers must continually enhance and expand their knowledge and skills to maintain a level of competence appropriate to their role.

In addition to the initial development of First Aid Trainers and Trainers of Trainers, National Societies need to think about the process they will employ for maintaining their competence. We know that over time, skills (both clinical and role based) which are not frequently used will begin to erode. Further study is required to detail the timeframes for First Aid Trainer and Trainer of Trainers skill deterioration, however some guidance can be provided at this time:

- Typically skills which involve a high level of technical knowledge will begin to deteriorate first (if not regularly maintained)
- Basic skills (both clinical and role based) may take longer to deteriorate, but are not immune to change
- A variety of activities (both formal and informal) can be used to slow the skill deterioration
- Regularly scheduled recertification training (a formal activity) should be enforced by the National Society as a quality checkpoint (recommended every two to three years).

**Informal Activities:** *Informal activities can take place periodically between certification and recertification. They can be self-directed or peer directed. The goal of these activities is to have the First Aid Trainer or Trainer of Trainers engage in reflection of practice, interact with their program content and/or materials and to maintain a connection to their National Society. They are not graded (assessed) activities.*

Examples include (but are not limited to):

- Team teaching with a peer (to share ideas and provide feedback with one another)
- Reflection of practice
- Updating of course and lesson plans (integration of new ideas/methods)
- Professional development modules
- Attendance at RC/RC events (meetings, conferences, etc...)

**Formal Activities:** *Formal activities are designed to measure a First Aid Trainer or Trainer of Trainers ability to competently maintain their role (for recertification).*

It is recommended that recertification activities include the following content:

- Practical and teaching/evaluation skills sessions (for both clinical and trainer focused content)
- Professional development
- Updates to their National Societies first aid programs
- Updates to their First Aid Trainer or Trainer of Trainers program materials

If a First Aid Trainer or Trainer of Trainers is unable to successfully complete the recertification activities, it is recommended that they engage in remedial training. Depending on their needs as a learner and your educational philosophy as a National Society, this can be done through a teaching experience with a certified First Aid Trainer or Trainer of Trainers, or may require redevelopment (repeated attendance at a First Aid Trainer or Trainer of Trainers development program).

# Part 2: Preparing For a Trainer Development Program Course

Supporting a successful Trainer Development program requires time. It is recommended that National Societies consider this when building their annual and multi-year work plans.

Looking at the 'big picture' each National Society should consider the following when planning their development schedule:

1. How many First Aid Trainers/ Trainer of Trainers/Master Educators does your National Society require in order to build training capacity?
2. How many First Aid Trainers/ Trainer of Trainers/Master Educators does your National Society require in order to maintain training capacity?
3. Will the development work be based out of a single training location (central head quarters) or will it be spread throughout a region(s)?
4. If the training will be spread throughout a region(s) will local staff support be required or will the training be supported centrally?
5. Will your National Society maintain all First Aid Trainers/Trainer of Trainers on a common cycle (all to expire and renew at the same time) or will you have rolling cycles where renewal will happen as needed?
6. If you have rolling renewal cycles, do you anticipate having years that will be busier than others? Will this require additional staff or resource support?

Overall, it can be very helpful to plan your development schedule several years in advance. This takes into consideration time to develop your training materials, time to prepare your Master Educators and Trainer of Trainers, time to plan the location logistics and time to recruit the participants. Once you have considered the overall work plan and are ready to support an individual course, the following timelines are suggested guidelines which can assist you in managing the associated logistics.

Keep in mind that the focus of this development program is to teach others first aid – not to learn first aid (that is considered a pre-requisite). If your National Society includes this within your development program, adjust the timelines accordingly (removing the pre-course clinical skills assessment). Remember, everything is flexible based on local context. You may wish to add action items, or to increase (or shorten) the timelines. The key is to find a plan that works for your National Society – consider this a living plan. Keep record of what works and what doesn't following each course – adjust accordingly to best suit the needs of your staff and resources.

Timeline	Action Item	Considerations
8 weeks prior to course	<ul style="list-style-type: none"> <li>■ Choose a starting date for the course which will allow you to make all of your preparations on time.</li> <li>■ Schedule a clinical skills assessment for your candidates (at minimum one week before the course begins – earlier if possible).</li> <li>■ Determine if the course conflicts with other programs (two classes may be only half-full), meetings, or other activities.</li> <li>■ Reserve facilities. This may include a classroom environment and/or an alternative classroom (such as an outdoor space, professional response centre or industrial environment). Ensure that the participants will have access to suitable facilities (washroom, drinking water, etc...).</li> <li>■ Request or order any audiovisual or media presentation equipment you may need. This may also include arrangements for Wi-Fi access.</li> <li>■ Secure a course facilitator.</li> <li>■ Order any training materials.</li> <li>■ Begin accepting registrations. Candidates should clearly understand the outcome of their course (example – what will they be certified to do following the course).</li> <li>■ Candidates should be advised to bring personal supplies (pens, note paper), proof of age, and documentation of any prerequisites.</li> <li>■ Consider additional resources that may be needed – office supplies, catering, transportation, accommodations, etc...</li> </ul>	Keep holidays and weekends in mind, as these may affect registration.
5 weeks prior to course	<ul style="list-style-type: none"> <li>■ Arrange a facility tour for your course facilitator. They should be aware of the location of rooms and any emergency procedures or site regulations (including training facility policies, such as food/drink in the classroom). If they can not be on site, sent them photos or show them via video.</li> <li>■ Establish contingency plan in the event that your training facility is unavailable (due to weather, a compromise to the physical or psychological status of the learning environment, etc...). This should also include a communication plan for your course facilitator and candidates.</li> <li>■ Consider the impact of guest speakers, field trips, etc...within your course plan. Plan facilities/transit/supplies appropriately.</li> <li>■ Confirm that you have secured all equipment that the facilitator and participants will need for the course.</li> <li>■ Advise if the building will be open before and/or after the course times. If it is not, make special arrangements (may include building keys, security pass, etc...).</li> </ul>	<p>Is the facility suitable for the audience?</p> <p>Is it large enough and comfortable?</p> <p>Are breakout rooms available for group work space?</p>

Timeline	Action Item	Considerations
4 weeks prior to course	<ul style="list-style-type: none"> <li>■ Assemble information for candidate packages and provide to each participant.</li> <li>■ Organize the paperwork required for the course. Place the printed items in a file folder/envelope. For easy access organize them in the order in which they will be used.</li> </ul>	Candidate package contents should include: <ul style="list-style-type: none"> <li>■ Cover Letter introducing their course facilitator (with contact information)</li> <li>■ Course materials</li> </ul>
3 weeks prior to course	Continue processing candidate registrations. Provide a candidate package at time of registration.	
2 weeks prior to course	<ul style="list-style-type: none"> <li>■ Close registration and provide an update to the course facilitator (this will impact their course and lesson plans).</li> <li>■ Provide the course facilitator with a detailed candidate list.</li> <li>■ Determine whether candidates have any unique learning needs, such as medical considerations or physical abilities you will need to consider (impact to timelines, facilities, equipment, etc...).</li> <li>■ During this week the course facilitator will connect with the candidates to prescribe any in-class assignments.</li> </ul>	
One week prior to course	Host clinical skills screening for candidates.	For candidates who do not live within reasonable distance to the training facility, they may do this via video or with a facilitator in their region.
2 days prior to course	Assemble everything you need for the course (activity sheets, handouts, agendas, laptop, videos, etc.).	
Pre-course meeting	<ul style="list-style-type: none"> <li>■ Arrange a meeting time with the course facilitator and local staff.</li> <li>■ Complete building/room inspection.</li> <li>■ Provide building/room access (if applicable) – may include building keys or security pass.</li> <li>■ If staff will not be on site during the course, provide an emergency contact number.</li> </ul>	
Day of course	Provide access to classroom 1-2 hours in advance of start time.	
Post course	<ul style="list-style-type: none"> <li>■ Collect course files from the course facilitator.</li> <li>■ Complete any required documentation.</li> <li>■ Coordinate observation and teaching experience segments for successful candidates.</li> <li>■ Coordinate remedial training needs in a future course for unsuccessful candidates.</li> <li>■ Decontaminate training materials/equipment and the learning environment.</li> <li>■ Recognize which aspects of your pre-course preparedness worked well, and where you may have areas for improvement in the future.</li> </ul>	

# Part 3:

## Program Resources

As part of the ToT Project the following tools and program resources were created:

What?	When?	Who?	Format
Facilitators Guide	When supporting a ToT development course (includes pre-course, during-course and post-course details)	Master Trainers/Educators	PDF
Media Presentation	During a ToT development course	Master Trainers/Educators	Microsoft PowerPoint
Supplemental Readings	When preparing for a ToT development course	ToT Candidates	PDF
Pre/Post course measurement tool	At the beginning and end of the classroom component	ToT Candidates	PDF
Anecdotal survey	Post-course	ToT Candidates	PDF
ToT Participant Workbook	During the ToT development course	ToT Candidates	PDF
Guidance for Completing a Teaching Experience	During the ToT development course	ToT Candidates, Master Trainers/Educators, National Societies	PDF
ToT Course Completion Criteria	During the ToT development course	ToT Candidates, Master Trainers/Educators	PDF

While the published version is available in PDF, all of the program resources were produced using the Microsoft suite of tools so they are easily modifiable based on the needs of the National Society. They are available through your GFARC staff representative.

An additional strategy which was not used during the ToT course (but was used in the development of the Master Educators) was the addition of pre-course discussion using an online form (such as Moodle, Google Docs or WhatsApp) between the course facilitator(s) and candidates (in addition to individual check-ins). Discussion topics can vary depending on the facilitator, suggested topics include: motivation for becoming a ToT, what they value in a learning environment (can be used in class to form the group charter), why they want to be connected to the Movement, their previous experience as a learner, etc... This type of pre-course environment aids in the formation of the group and sets the expectations for the remainder of the course.

# Glossary

**Accommodation:** Changes how a participant learns program material. Accommodations do not change the program content and do not influence the performance criteria. Our goal is to make the learning experience as suitable to each participant as possible through the use of accommodations. We need to exercise caution anytime that a course change will modify the basis of the course (see 'modification').

**Aptitude:** A natural ability to do something. This ability is not gained through learning.

**Attitude:** A person's thoughts or feelings about something or someone. Their attitude is typically reflective in their behaviours.

**Candidate:** A prospective First Aid Trainer (or Trainer of Trainer). This person has been accepted into a development program but has not yet been certified.

**Certified:** First Aid Trainer (or Trainer of Trainers) who has demonstrated the required competence of their development program and is now endorsed to facilitate the first aid program(s) offered by their National Society without the support of an existing trainer or trainer of trainers.

**Clinical treatment (standard) vs practice:** Clinical treatments, or standards, are evidence based required procedures when performing a skill. Practices are adaptations of standards that users have adopted for a variety of reasons (they see someone else doing it, its perceived as being easier or faster than the standard, they think it is more effective, etc...).

**Code of Conduct:** A National Societies expectations and guiding principles for appropriate behaviour.

**Competence:** A skill, behaviour, knowledge component or attitude that an individual needs to perform a job effectively. Competence can be measured and observed.

**Competency Based Framework:** A set of behaviours or skills that is essential for effective performance in an organisation. A competency based approach to training details a level of achievement, not a method of training.

**Course Plan:** A plan for the entire set of lessons.

**Cultural norms:** The guidelines that a specific group or region uses for determining what is seen as appropriate and inappropriate behaviors, values, beliefs, and attitudes.

**Development:** A series of formal and informal actions which aim to increase and/or improve a person's competence.

**Emotional Intelligence:** When a person is able to recognize both their own and other people's emotions. They are able to discriminate between different feelings and label them appropriately, as well as use emotional information to guide their thinking and behavior.

**Evidence based content:** Content that can be supported by scientific evidence which is based on research. Evidence based content is not static – it should be continuously updated as advancements are made in that professional field.

**Experiential Learning:** The process of learning through experience. It involves problem recognition, problem solving and reflection. This means that the value in experiential learning comes from trying and understanding the process, not necessarily 'getting it right'.

**General public:** Refers to members of a society which have not been assigned a professional medical role. These persons can also be referred to as 'laypersons'. Examples of professional medical roles include: first responders (such as fire fighters, police, and paramedics), nurses and physicians.

**Improvised Materials:** Refers to unplanned tools which are produced and/or sourced from whatever is available in the surrounding environment.

**Instructional Activities:** Refers to teaching and teaching-related activities that take place before your course begins, while your course is taking place, and following the conclusion of your course. Instructional Activities can include (but are not limited to): preparing for and conducting learning segments, developing instructional materials; modifying your teaching method to better meet the needs of your participants, and assessing and evaluating participants.

**Learner Centric:** Also know as student-centered learning, an approach to education which broadly encompasses methods of teaching that shift the focus of instruction from the trainer to the participant or candidate.

**Learner Led (peer led):** When an activity is lead by the participants or candidates of a course.

**Learning Environment:** The learning environment is the physical space in which students will learn. A safe learning environment is comfortable and appropriate to the course being taught, is free of hazards or dangers, is well lit and well ventilated, is a comfortable temperature, is close to washrooms and exits, has appropriate and comfortable space to practise skills, with separate areas for lectures, discussion, and evaluations, is free of free of violence, abuse, bullying, exploitation, harassment and discrimination, and encourages contribution from all participants.

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**Lesson Plan:** A plan for each session contained within a set (or course).

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**Modification:** Changes to what a participant is expected to learn or demonstrate.

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**Participant:** A person who takes part in pupil level first aid training.

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**Physical safety:** Protection of ones physical person from forces which could cause harm. This may include (but is not limited to) violence among participants, contamination of the learning environment due to bodily fluid or chemical substance, damage to the learning environment (fire, flood, power outage), and impending weather.

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**Psychological safety:** Protection of ones psychological health from forces which could cause harm. This may include (but is not limited to) abuse among participants (physical or emotional), bullying, exploitation of participants, harassment (includes general and sexual), and discrimination.

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**Trainer:** A person with subject expertise whose role is to engage participants in a meaningful way, resulting in the imparting of skills, knowledge, information and attitudes.

