

# Deliverable 3.2: Design of EU and national Trainer-the-Trainer curricula tailored to various frontline responders



Exploiting practical knowledge of medical staff to enhance the multi-professional contact with victims of domestic violence

## About this document

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No.	Acronym	Institution	Country
1	WWU	Universität Münster	Germany
2	VICESSE	Vienna Centre for Societal Security	Austria
3	IKF	Institut für Konfliktforschung	Austria
4	GES	GESINE Intervention (Frauen helfen Frauen EN e.V.)	Germany
5	UU	Uppsala Universitet	Sweden
6	HFPA	Elliniki Psychiatriodikastiki Etaireia	Greece
7	AOU-PR	Azienda Ospedaliero-Universitaria di Parma	Italy
8	PLUS	Paris Lodron University Salzburg	Austria



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### Abbreviations and acronyms

D	Deliverable
DV	Domestic Violence
WP	Work Package
TtT	Trainer-the-Trainer
CIT	Critical Incident Technique
e.g.	“Exempli gratia”, which translates to "for example" in English

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## 1. Executive summary

In response to the widespread need for specialised training in the medical sector, the EU-funded project "[VIPROM – Victim Protection in Medicine](#)" aims to harness the practical knowledge of medical staff to improve multi-professional contact with victims of domestic violence. The VIPROM project is developing curricula on domestic violence for medical professionals and students (physicians, nurses, midwives, medical students, dentists and dental students) in close cooperation with medical faculties, hospitals, research organisations, medical educators and victim support organisations in Austria, Germany, Greece, Italy and Sweden.

This deliverable D3.2 "**Design of EU and National Trainer-the-Trainer Curricula Tailored to Various Frontline Responders,**" outlines the underlying processes in T3.3 in the design of EU and national Trainer-the-Trainer curricula tailored to different frontline responders. A Trainer-the-Trainer (TtT) course and related curricula were designed to facilitate comparable pilot trainings for stakeholder groups in all partner countries, based on high quality, state-of-the-art training methods and taking into account the challenges faced by stakeholders in the clinical context. A short and comprehensive Trainer-the-Trainer handbook for TtT course participants, introducing the didactic concepts of the VIPROM curricula, was developed with input from all partners to accompany the TtT course. The handbook is available in [English](#) and has been translated into [German](#), [Italian](#), [Swedish](#) and [Greek](#). There is also a version specifically adapted to the [Austrian](#) national context.

As part of the TtT programme, a European Trainer-the-Trainer workshop is conducted by WWU in Münster, Germany, to facilitate comparable pilot trainings of stakeholder groups in the partner countries. Training courses have been designed in a nationally and culturally sensitive way, so trainers at national level need to become familiar with the didactic concepts of the curricula and the materials relevant to each stakeholder group. The English version of the [handbook](#) is used for the TtT course on 3-4 September 2024 in Münster.

The trainings are on stakeholder specific training materials and tools available on the **European Training Platform on Domestic Violence [for the medical sector](#)** (see [D3.1](#)). This platform is modular and tailored to the needs of trainers who will be teaching about domestic violence (DV) to the different stakeholder groups. Trainers can choose from a wide range of materials within each module, with some content being mandatory and other optional.

The trainers trained by the VIPROM project in September will train national trainers in their respective countries to pilot the curricula in each of the partner countries in autumn 2024 (WP4) and act as competence centres and champions of the curricula, ensuring sustainability beyond the project duration.

## 2. Introduction

The main objectives of the VIPROM project, "[Victim Protection in Medicine: Exploiting Practical Knowledge of Medical Staff to Enhance Multi-Professional Contact with Victims of Domestic Violence](#)", are to develop curricula tailored to various stakeholders in the medical sector (physicians, nurses, midwives, medical students, dentists and dental students) in five countries (Austria, Germany, Greece, Italy, and Sweden), to implement these curricula, and to develop a Trainer-the-Trainer programme in order to ensure the sustainability and effectiveness of these trainings. The aim is to provide appropriate and responsive support to victims of domestic violence (DV), as healthcare professionals play a pivotal role in improving the health and safety of DV victims through early detection, adequate care, and referral to specialised victim protection services.

To gain a better insight into the needs and knowledge of medical stakeholders in our partner countries, VIPROM carried out a needs assessment ([see D2.1](#)). **The findings from this needs assessment laid the foundation for the design of tailored curricula and subsequent implementation phases.** The needs assessment showed that medical professionals lack the relevant knowledge and skills to support victims of domestic violence and hence are in urgent need of stakeholder-specific trainings. However, simply receiving information about domestic violence is not enough. **Interactive and multidisciplinary training formats improving practical skills in recognising, responding to, supporting and documenting cases of domestic violence had to be developed.** In addition, the needs assessment identified some key blind spots in domestic violence services that need to be addressed in state-of-the-art trainings, such as: the bias that “only women are victims”, as well as the lack of institutional support, clear procedures and supervision. It became apparent that the specific requirements and challenges that medical professional face in various settings such as emergency clinics, maternity wards, and other healthcare environments are comparable across different countries and cultural contexts. Yet, needs differ between the various settings. Therefore, in order to be relevant and effective in different settings, curricula had to be tailored to the specific settings and challenges identified in the findings of [D2.1](#).

## 3. Development of the VIPROM Curricula for stakeholders in the medical sector

### 3.1 Preparatory phase

The process to **design EU and National Trainer-the-Trainer (TtT) curricula** tailored to various frontline responders was set in motion at the consortium meeting in Parma, Italy (26<sup>th</sup> – 27<sup>th</sup> September 2023). At this meeting, the [VIPROM website](#) and the [European Training Platform on Domestic Violence](#) were introduced.

**A curriculum structure including the following components was proposed (see Table 1): mandatory basic content, mandatory advanced content** (forms of violence, identification of victims, communication, documentation and legal aspects) and **optional content:** risk assessment, international standards and principles of inter-organisational cooperation.

Moreover, as **Germany will accredit the training as a demonstrator at the end of the project** (D3.3), the German requirements for accreditation of medical curricula were applied and the steps necessary to obtain accreditation were presented to partners. It was suggested

that the VIPROM partners should also gather information on the accreditation requirements of the respective countries in order to adapt the national curricula accordingly.

A template to obtain information from all partners on their accreditation requirements, if any, were sent to all partners by the end of October 2023. The deadline for submission of the completed template was 31<sup>st</sup> January 2024. This information also fed into the development of the training content and formats.

The next sections introduce the various components which have been considered in the drafting of the stakeholder specific curricula in more detail: training content, training formats, requirements for accreditation and challenges of the medical sector. As the Trainer-the-Trainer programme is based on the training content tailored to the various stakeholders, the stakeholder specific curricula were designed first.

## 3.2 Development of the stakeholder-specific curricula

### 3.2.1 Design of innovative trainings content

Building on the results of the needs assessment ([D2.1](#)), VIPROM designed new training materials for the medical sector. These materials, as well as the existing training materials and insights from the EU projects [IMPRODOVA](#) and [IMPROVE](#) were combined and a [European Training Platform on Domestic Violence](#) was created (see [D3.1](#)). This platform is literature-based, integrates best practice and is designed to be adaptable to different national contexts and medical settings. The training content was amended by **including new spotlight sections specifically tailored to different frontline settings: dentistry, gynaecology/obstetrics, surgery/emergency room and paediatrics**. This approach ensures that the **training is relevant and practical for professionals across different medical fields**. The platform is available in [English](#), [German](#), [Italian](#), [Swedish](#), [Greek](#) and has been adapted to the [Austrian](#) context. This platform is modular and tailored to the needs of trainers teaching domestic violence. The platform is **not intended as a stand-alone self-study tool for learners, but rather as a resource to supplement their training or to assess their knowledge after training**. Trainers have the flexibility to choose from a variety of materials within each module, with mandatory and optional content. A detailed description of the training platform can be found in chapter 2 and chapter 4.4 of the accompanying [handbook](#) to the Trainer-the-Trainer courses and [chapter 4](#) of this deliverable.

At the consortium meeting in Parma, Italy (26–27 September 2023), the **following mandatory content to be used in the trainings** was discussed and agreed upon (Table 1). In addition, the VIPROM project decided to **include dentists** as relevant stakeholders, beyond the scope of the original grant agreement and in immediate response to the urgent needs voiced by this stakeholder group.

**Following the requirements for accreditation, the knowledge gaps as identified in [D2.1](#) were taken into account**. The majority of stakeholders interviewed as part of the needs assessment expressed in general uncertainty about the identification of victims of domestic violence and how to communicate with them, they were also unsure about the legal requirements and what to do after disclosure of DV. Moreover, they wanted to learn more about the documentation of injuries. The needs analysis indicated also a strong consensus across all stakeholder groups on the interest in and need for education and training.

The more specific findings of this needs assessment related to training formats and training needs were that

- Medical professionals **should not only receive theoretical information on domestic violence, but also practical skills** on how to recognise, respond to, support and document cases of domestic violence.
- **Training formats should be interactive**, multidisciplinary and tailored to the needs of each stakeholder.
- Special emphasis should be placed on the **care of women and children** when addressing issues related to DV and its treatment in medical settings.
- Health professionals should **understand the complexity of domestic violence**, its dynamics and its different forms.
- The need for training regarding treatment of **different groups of victims of domestic violence e.g. elderly people, people of the LGBTQIA+ community, migrants and refugees, etc.** in a sensitive way.
- The need for **adequate institutional support for trainings in DV** and clear procedures related to DV.
- The need for **supervision and training on secondary victimisation and re-traumatisation (triggers) by medical practitioners** and/or treatment and assessment should be offered.

In Table 1 the results of the discussions are briefly summarised.

Table 1: Training content of the VIPROM curriculum to be taught, the modules on the training platform where this content can be found and a description whether **this content is mandatory (basic or advanced) or optional** in our VIPROM training courses.

Training content	Content to be taught	Mandatory (basic, advanced) or optional content?
<b>Forms of DV</b> <a href="#">(Module 1)</a>	<ul style="list-style-type: none"> <li>• Definitions</li> <li>• Examples</li> </ul>	<ul style="list-style-type: none"> <li>• Basic content</li> </ul>
<b>Identification of DV</b> <a href="#">(Module 2)</a>	<ul style="list-style-type: none"> <li>• Red flag indicators depending on stakeholder and focus group)</li> </ul>	<ul style="list-style-type: none"> <li>• Basic content</li> </ul>
<b>Impact of DV</b> <a href="#">(Module 2)</a>	<ul style="list-style-type: none"> <li>• Health impact:               <ul style="list-style-type: none"> <li>- Short-term impact</li> <li>- Long-term impact</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Basic content</li> </ul>



<b>Communication with DV victims</b> <a href="#">(Module 3)</a>	<ul style="list-style-type: none"> <li>• Focus on role plays and simulation scenarios, practical exercises are the key</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced content</li> </ul>
<b>Medical documentation of DV</b> <a href="#">(Module 4)</a>	<ul style="list-style-type: none"> <li>• Focus on practical exercises with cases</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced content for physicians, medical and dental students</li> </ul>
<b>Risk assessment: Post Separation Abuse</b> <a href="#">(Module 5)</a>	<ul style="list-style-type: none"> <li>• Definitions</li> <li>• Relevance</li> <li>• Awareness!</li> </ul>	<ul style="list-style-type: none"> <li>• Optional content</li> </ul>
<b>Risk assessment</b> <a href="#">(Module 5)</a>	<ul style="list-style-type: none"> <li>• Risk assessment and safety planning principles</li> <li>• Risk assessment scales</li> </ul>	<ul style="list-style-type: none"> <li>• Optional content</li> </ul>
<b>International standards</b> <a href="#">(Module 6)</a>	<ul style="list-style-type: none"> <li>• Istanbul convention</li> <li>• Local referral points / contact points</li> </ul>	<ul style="list-style-type: none"> <li>• Optional content</li> </ul>
<b>Legal aspects</b> <a href="#">(Module 6)</a>	<ul style="list-style-type: none"> <li>• Country-specific</li> <li>• Acknowledge that each country faces its unique challenges and obstacles</li> </ul>	<ul style="list-style-type: none"> <li>• Advanced content: but content varies; dependent upon the stakeholder group</li> </ul>
<b>Referral of victims</b> <a href="#">(Module 7)</a>	<ul style="list-style-type: none"> <li>• Knowledge on how to support after DV disclosure</li> <li>• Important for every stakeholder</li> </ul>	<ul style="list-style-type: none"> <li>• Basic content</li> </ul>
<b>Principles of Interorganisational Cooperation</b> <a href="#">(Module 7)</a>	<ul style="list-style-type: none"> <li>• Information on relevance of interorganisational cooperation</li> <li>• Highlighting of best practices</li> </ul>	<ul style="list-style-type: none"> <li>• Optional content</li> </ul>

<b>Stereotypes and bias</b> <a href="#">(Module 8)</a>	<ul style="list-style-type: none"> <li>• Self-study – as home assignment in preparation for the training</li> </ul>	<ul style="list-style-type: none"> <li>• Basic content</li> </ul>
<b>Self-care</b> <a href="#">(Module 9)</a> <sup>1</sup>	<ul style="list-style-type: none"> <li>• Healthy/unhealthy coping strategies</li> <li>• Strategies on how to improve self-care</li> <li>• Some content can be prepared as part of a home assignment</li> </ul>	<ul style="list-style-type: none"> <li>• Basic content</li> <li>• In-depth in optional content</li> </ul>

### Review of existing resources

This brainstorming event in Parma was followed by a **thorough review of existing comparable resources across Europe**, from analogous European projects and countries where similar resources have been produced in the recent past. Existing training manuals, such as those from the Irish College of General Practitioners and the RESPONSE project, were reviewed to identify best practice to be included in the new handbook.

### List of Existing Resources Reviewed in detail<sup>2</sup>:

1. Irish College of General Practitioners: Domestic Violence and Abuse - A Guide for General Practice
2. RESPONSE Training Manual for Reporting of Gender-Based Violence in Women's Health Services
3. IMPLEMENT: Training Manual on Gender-Based Violence for Health Professionals

A key outcome of the respective review process as well as of the preparatory work for the design of the trainings and the TtT handbook, was the objective of **teaching trainers “how to train” rather than “what to train”**. Thus, it was decided that the **trainers should be selected based on their expertise on the topic of domestic violence** so they would already know what to teach in their training sessions.

### 3.2.2 Training formats

Innovative and interactive training elements and formats are tools for trainers to help participants access the content, explore the topic, understand the key points and develop their own responses. The training formats chosen should be consistent with the objectives of the training. **Table 2 lists the different formats explored at the Parma consortium meeting, their pros and cons and for which stakeholder group they are suitable to use.**

The methodology to be used should:

- Enable transfer of the knowledge.
- Relate to working environment.

<sup>1</sup> This module was drafted by the EU Project [IMPROVE](#), but it is part of the [European training platform](#) and we decided to include it as teaching material in our courses, as it is such an important topic.

<sup>2</sup> As handbooks were not available online, they were sent to us as pdf on our request.

- Not just theoretical, but linked to real life situations.
- Include some homework assignments for reflections.

Table 2: Possible training formats

Training format	Target group	Pros	Cons
<b>Workshop/Seminar on specific topics</b>	<ul style="list-style-type: none"> <li>• Medical professionals (e.g., physicians, nurses)</li> <li>• Students</li> </ul>	<ul style="list-style-type: none"> <li>• Interactive learning</li> <li>• Fostering empathy</li> </ul>	<ul style="list-style-type: none"> <li>• Requires structuring and qualified trainers</li> </ul>
<b>Lectures</b>	<ul style="list-style-type: none"> <li>• Medical professionals (e.g., clinic staff, hospital)</li> <li>• Students</li> </ul>	<ul style="list-style-type: none"> <li>• Easy to organise</li> <li>• Reach large groups</li> <li>• Time-efficient</li> </ul>	<ul style="list-style-type: none"> <li>• Low interaction</li> <li>• Limited motivation</li> </ul>
<b>Role plays/ Simulations</b>	<ul style="list-style-type: none"> <li>• Medical professionals (e.g., emergency room staff, physicians, nurses)</li> <li>• Students</li> </ul>	<ul style="list-style-type: none"> <li>• Develop practical skills (e.g., communication with victims)</li> </ul>	<ul style="list-style-type: none"> <li>• Some may feel uncomfortable; resilience of participants needed</li> <li>• Quality dependent (e.g. can foster biases)</li> </ul>
<b>Online Webinars/ E- Learning</b>	<ul style="list-style-type: none"> <li>• Medical professionals</li> <li>• Students</li> </ul>	<ul style="list-style-type: none"> <li>• Flexibility</li> <li>• Learn at own pace</li> <li>• Easily updated</li> </ul>	<ul style="list-style-type: none"> <li>• Limited interaction</li> <li>• Challenges to assess understanding</li> <li>• E-learning: additional webinar in larger groups necessary afterwards</li> </ul>
<b>Group discussions/Case studies</b>	<ul style="list-style-type: none"> <li>• Medical professionals</li> <li>• Students</li> </ul>	<ul style="list-style-type: none"> <li>• Knowledge exchange</li> <li>• Critical thinking</li> <li>• Analyse realistic scenarios</li> </ul>	<ul style="list-style-type: none"> <li>• Requires moderation</li> <li>• Some may hesitate to share personal experience</li> </ul>
<b>Self- reflection/ Journaling</b>	<ul style="list-style-type: none"> <li>• Medical professionals</li> <li>• Students</li> </ul>	<ul style="list-style-type: none"> <li>• Encourages long-term changes</li> </ul>	<ul style="list-style-type: none"> <li>• Time consuming</li> <li>• Self-motivation required</li> </ul>

<b>Multi-professional workshops/ seminars (e.g., mix them at a second level)</b>	<ul style="list-style-type: none"> <li>• Medical professionals</li> <li>• Students</li> </ul>	<ul style="list-style-type: none"> <li>• Enhances collaboration</li> <li>• Practical experience</li> </ul>	<ul style="list-style-type: none"> <li>• Requires coordination with multiple professions</li> </ul>
<b>Specialised training formats (e.g., trauma informed care, paediatric, forensic evidence collection, cultural competence)</b>	<ul style="list-style-type: none"> <li>• Medical professionals (e.g., paediatricians, paediatric nurses, forensic nurses)</li> <li>• Students</li> </ul>	<ul style="list-style-type: none"> <li>• Focuses on specialised content</li> <li>• Enhances sensitivity</li> </ul>	<ul style="list-style-type: none"> <li>• May require (significant) training</li> <li>• (Highly) specialised training</li> <li>• Group dynamic knowledge of the trainers necessary</li> </ul>

### 3.2.3 Challenges of the medical sector

Another important aspect of the needs assessment ([D2.1](#)) was that we **gained a better understanding of the challenges of the medical sector in their daily work**. In order for our trainings to be accepted by medical professionals, it was necessary to find formats and content that were relevant to them, but also trainable given the existing challenges in the medical sector:

- **Severe lack of time** and resources among healthcare professionals
- **Lack of knowledge and expertise on DV** & the role of healthcare professionals in early detection.
- **Lack of clear procedures**, guidance and protocols for handling DV cases in medical settings.
- **Need of supervision.**
- **Better need of understanding** about the **importance of interagency cooperation** and knowledge transfer among different professionals.

### 3.2.4 Requirements for accreditation

In order for the DV curriculum to be accredited for teaching medical students in Germany, it needs to fulfil the following criteria:

- **Documentation of all learning materials and modularisation** of content (addressed by VIPROM training platform)
- **Basic idea of university didactics** (addressed by Trainer-the-Trainer course).
- **Tailored to the target group** (addressed by spotlight of training materials: gynaecology/obstetrics, emergency room, paediatrics, dentists).
- **Clearly defined learning objectives of the course(s)** (addressed by VIPROM training platform) and state of the art training methodology (addressed by Trainer-the-Trainer course).
- **Group size needs to be tailored to content and form of teaching** (addressed by 8-10 participants/trainer).

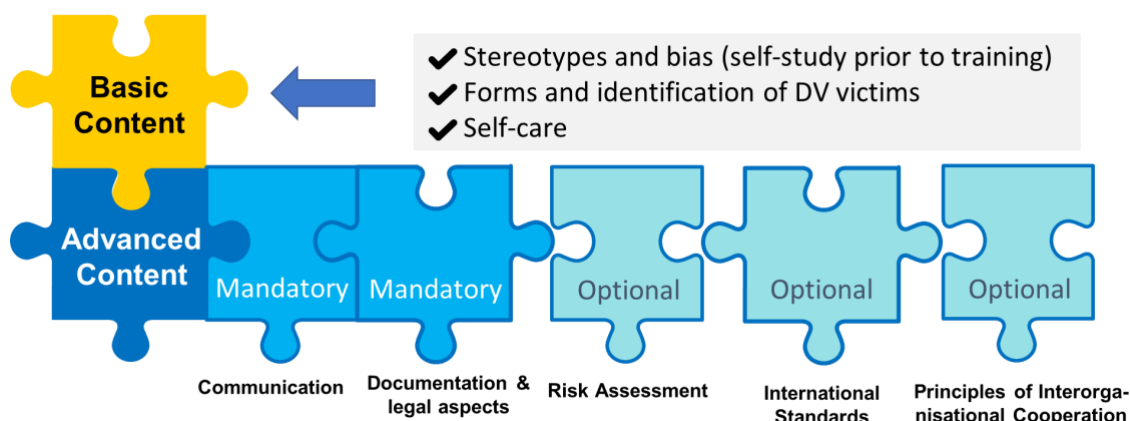
- **Course duration should be a minimum of 12 hours including self-study units.** At the end of the course an evaluation is required.

Based on this information and also the challenges related to the medical sector (**chapter 3.2.3**), the curriculum was drafted to meet all those requirements.

### 3.3 Structure of the VIPROM curricula

As mentioned above, the VIPROM training courses are tailored to both EU and different **national contexts** (Austria, Germany, Greece, Italy and Sweden) and are designed to meet the diverse needs of **different groups of frontline responders**, including medical and dental students, nurses, midwives, dentists and doctors. The courses focus on providing essential knowledge and skills needed to effectively address domestic violence (DV) in the health sector (Tables 1, 2). The curricula are based on the training materials, training tools and the information being available on the [European training platform on domestic violence](#).

The curriculum for stakeholders catering to medical professionals and students includes state-of-the-art training tools. **The training follows a modular structure with a minimum duration of eight hours and to be preferentially held in mixed groups of participants. A minimum of 8 hours of face-to-face training is combined with a self-study module (Module 8, Stereotypes and Prejudice).** It consists of 3 hours of basic content (stereotypes, forms of domestic violence and identification of victims of domestic violence, self-care), 4 hours of advanced content (communication, documentation and legal aspects) and 1 hour of optional content to be chosen by each trainer (risk assessment, international/national standards, inter-organisational cooperation). See the figure below and chapter 3.1.4 of the [handbook](#) for a short description of the **VIPROM DV curriculum** for more information.



## 4. Designing the Trainer-the-Trainer programme

### 4.1 Overall concept

As mentioned earlier, the VIPROM courses for the various stakeholder group are specifically designed to meet the needs of the respective frontline responders, ensuring that the training is contextually appropriate and effective. The TtT courses therefore needed to reflect this and

to provide trainers with the knowledge and skills to conduct trainings of the VIPROM curricula in their national training settings.

The following steps were taken:

- **Concept and Didactics:** Developing a curriculum tailored to both EU and various national contexts and providing the relevant tools and methods (see chapter 5 of the [handbook](#): Didactic Tools and Methods in Curriculum Development and Teaching) (M12-14).
- **Drafting a Train-the-Trainer handbook to accompany the Trainer-the-Trainer courses** (see [chapter 4.3](#) of this deliverable): creating a short handbook to guide trainers (M12-17).
- **Translation:** Translating the training manual into German, Italian, Greek, and Swedish as well as providing an Austrian adaption ([chapter 5](#) of this deliverable) (M17-18).

#### 4.1.1 Didactic tools and methods

The process of developing a VIPROM Trainer-the-Trainer curriculum involved selecting appropriate teaching methods to deliver the curricula and how to assess learning outcomes to ensure high quality training in all partner countries. In chapter 5 of the [handbook](#) on **Didactic Tools and Methods in Curriculum Development** are introduced and outlined in detail.

In order to define suitable teaching goals for trainers, we used the SMART criteria (specific/measurable/achievable/relevant/time-bound)<sup>3</sup>; teaching goals ought to meet all 5 criteria (Table 3).

Table 3: SMART Criteria

Goals have to be	
<b>Specific:</b>	Goal is clearly defined, is not vague, but very concrete. The W-questions are useful here to ask: “What, Why, Who, Where, and Which?” “What do I want to reach?”
<b>Measurable:</b>	Success of a goal can be measured qualitatively and/or quantitatively “How do I know that I have established my goal?”
<b>Achievable/attractive</b>	Goals may have challenges, but they can be achieved with the materials available - e.g., “How can I reach my goal?” “How can I stay motivated to reach this goal?”
<b>Relevant</b>	The goal is relevant for the learning objectives e.g., “Is this important for the learners to know?”
<b>Time-bound</b>	Goals need a deadline when they can be reached. “Can I reach this goal with the given resources and time-frame available?”

<sup>3</sup> <https://www.mindtools.com/a4wo118/smart-goals>

The importance of defining clear learning objectives based on the initial needs assessment was emphasised in our discussions. Partners were asked to identify what their trainees can already do, what they should be able to do after the training, and what training formats are needed to bridge this gap. This process ensured that the training is both relevant and effective.

The following learning objectives were identified and agreed upon:

- To **reflect upon the relevance** of the implementation of DV.
- To **develop an attitude** and an emotional commitment towards DV prevention/intervention implementation.
- To **receive didactic tools** to create their own curriculum, e.g. SMART criteria, constructive alignment.
- To **develop adequate learning goals** for their countries.
- To **learn how to use the critical incident technique (CIT)** <sup>4</sup>.
- To **learn to give constructive feedback** to learners.
- To **experience a simulation scene** and reflect them.
- To **understand the relevance of emotional competence** and self-care.

Other important concepts and ideas informing the VIPROM TtT programme were:

- **Constructive alignment**<sup>5</sup>, which is a didactic concept in higher education learning that aims to align curriculum planning and teaching methods with learning objectives and forms of assessment to make the course relevant to students and to be considered as fair.  
Constructive alignment involves three critical questions and participants will be trained to address these questions comprehensively.
  - *Learning Objectives*: What do we want the learners to know?
  - *Learning Activities*: How will the learners learn this?
  - *Assessment*: How will we know they have learned this?
- **Critical incidence technique**, which constitutes a psychological interviewing method that can be used to filter out events critical for a positive outcome e.g., identification of DV victims in the emergency room.
- Trainers and trainees should be taught **how to create a safer place for trainings** and how to deal with potential secondary traumatisation of trainers and trainees (see chapter 4.1 of the [handbook](#) **How to Create a Safe Space for Training?** for more detail).
- **Self-care** (using content of [Module 9](#) of the training platform).
- **Selection of trainers**: Trainers must have the following characteristics (see chapter 4.2 of the [handbook](#): **How to Select Trainers for National Training?** for more detail):
  - Subject matter expertise
  - Training experience
  - Communication skills

<sup>4</sup> Peltola, M., Isotalus, P., & Åstedt-Kurki, P. (2022). The Critical Incident Technique (CIT) in Studying Health Care Professional–Patient Communication. The Qualitative Report, 27(9), 1868-1889. <https://doi.org/10.46743/2160-3715/2022.5580>.

<sup>5</sup> <https://web.archive.org/web/20170918084111id/http://drij.uitm.edu.my:80/DRJJ/MQAGGPAS-Apr2011/What-is-CA-biggs-tang.pdf>



- Familiarity with a variety of reaching methods
- Ability to engage participants
- Understanding the needs of the trainees.

## 4.2 Development of the VIPROM Trainer-the-Trainer curricula

**VIPROM ensures** that the trainings are not only effective and relevant but also sustainable and capable of being adapted to **various national contexts**. The ultimate goal is to create a robust framework that can be replicated and scaled across different regions, providing a model for other national and EU-wide medical institutions to follow.

### 4.2.1 The European Trainer-the-Trainer course

As part of the VIPROM TtT programme, a European TtT course was developed that aims to **equip trainers from various partner countries with the skills and knowledge necessary to implement the VIPROM curricula effectively in their respective national contexts** that all national stakeholders in trainings will receive standardised trainings to maintain consistency and quality across the board. This approach allows us to strike the best balance between the professional need for standardisation and the need to respect national and cultural differences. The relevant didactic concepts outlined in [chapter 4.1.1](#) were used to design this course. The proposed duration of the course is 1.5 days and in table 4 and appendix 2 of the [handbook](#) a detailed overview can be found. This TtT course will be held from 3-4 September 2024 in Münster and organised by partner WWU. Two trainers from each partner will be participating.

Table 4: Agenda of the European TtT course

Timeline	Contents	Methods used
Day 1		
1h	Introduction and creation of a safer space for participants of the TtT-course	Group discussion, setting the framework
30 min	Reflection on how to create a safe setting for participants of trainings	Maslow, Chatham House rules, Framework
15 min	Short coffee break	
1,15 h	Introduction of training platform	Interactive input
1h	Lunch break	
1h	Simulation setting	Experiencing
1,5h	Feedback simulation	
1h	Self-care and self- support	Input and exercises
30 min	Reflection and wrap-up day 1	



Day 2	Contents	Methods used
45 min	SMART criteria and constructive alignment	Input
45 min	Critical incidence technique (CIT)	Group discussion
15 min	Short coffee break	
1h	Feedback rules to students and structure	Input and tridem exercise
45 min	Planning my own curriculum	
15 min	Wrap-up, farewell	

#### 4.2.2 Quality standards

Modularisation and coordinated Curriculum: The TtT course will adhere to high-quality standards, including modularisation and a coordinated curriculum that integrates both EU-wide and national-specific contexts.

Key quality standards include:

- **Modularisation:** Developing the curriculum in distinct, manageable modules.
- **Coordinated Curriculum:** Ensuring alignment across different countries while respecting national specificities.
- **Conscious Planning:** Thoughtful planning of teaching and learning methods.
- **Innovative Structures:** Creating supportive and innovative study structures.
- **Secure Environment:** Emphasizing the importance of a safe and supportive learning environment.
- **Quality Assurance:** Implementing quality assurance measures at both programme and department levels.
- **Sufficient Resources:** Ensuring adequate resources for effective training delivery.

#### 4.2.3 Logistics and participation

- **Participant Selection:** Each partner country is responsible for selecting 2 domestic violence experts with training experience to attend this European TtT course in Münster, Germany (hosted by WWU). These experts will then return to their countries to train additional trainers, creating a cascading training effect. Participants do not need to be medical professionals, but they should be well-versed in DV and training methodologies.
- **Availability of trainers:** All selected participants must be available for the entire duration of the national training period, from September 2024 to February 2025.
- **Accreditation and Certification:** Efforts will be made to align the TtT programme content with national accreditation requirements, particularly in Germany. However, the certification process may vary across different countries.

The European TtT course in Münster represents a critical phase in the VIPROM project, focusing on building a robust, well-trained cadre of trainers who will champion the DV curricula across Europe. Through meticulous planning, adherence to quality standards, and a focus on constructive alignment, the workshop aims to create a sustainable impact on DV training within the medical sector. By empowering trainers with the necessary skills and knowledge, VIPROM seeks to foster a more responsive and supportive healthcare environment for domestic violence victims.

### 4.3 Creating a Trainer-the-Trainer handbook

The development of a short comprehensive VIPROM TtT training handbook to accompany the TtT course is a critical component of the Trainer-the-Trainer programme. This handbook will serve as a key resource for trainers, providing detailed guidance on delivering effective DV training. To conceptualise the most effective training manual some preparatory work was essential.

At the consortium meeting in Vienna, Austria (20 and 21 February 2024), the editor of the brief training handbook (Paris Lodron University of Salzburg, PLUS) introduced the proposed agenda and the entire process of creating the Trainer-the-Trainer handbook: it should comprise approximately 50 pages, focus less on "what to train" but more on explaining "how to train", introduce the training materials, the didactic methods used and evaluation methods. Its primary aim is to function as a quick reference guide for trainers, accompanying the TtT course and complementing the courses. It is **not a substitute for attending a Trainer-the-Trainer course, but it will provide trainers with the necessary framework to use the VIPROM training materials and teach DV in high quality.**

#### 4.3.1 Structure of the Trainer-the-Trainer handbook

At the consortium meeting in Vienna, PLUS introduced the agenda of the handbook and the timeframe in a breakout group. WWU conceptualised the TtT handbook's structure to be comprehensive yet flexible, catering to the needs of involved stakeholder groups. PLUS carried out the editorial responsibilities for the handbook, including guiding the content creation process and curating the content from the partners.

For the drafting of the handbook, a tight schedule was set for the drafting of the chapters of the handbook **by 15 April 2024**). A first version of the handbook was to be sent by the editor to all partners on **6 May 2024**. The partners should carry out a thorough review of the English version of the handbook **by 21 May 2024**, and the English version was to be finalised by the editor by **15 June 2024**.

The following aspects were agreed to be important in the training context:

- Use teaching techniques that take into **account the characteristics of adults** and the way they learn.
- Create **safer spaces for learning** (i.e., the teaching environment should be culturally sensitive, non-judgmental, respectful and inclusive)

Furthermore, the selection of trainers for national training involves careful consideration of a number of factors:

- **Preparation for the training is crucial** and should include the training environment, the trainer himself/herself, the materials and the learners.

- **Trainers need to have expertise in the subject** and a variety of teaching methods to create an engaging learning atmosphere.
- **Trainers should practice self-care** and seek support from colleagues, friends and family.

**Strategies have to be developed to deal with possible re-traumatisation** of trainers and adopt techniques to avoid re-traumatisation.

- **Teaching should cover how to address stereotypes as well as biases** and inform about cognitive biases as well as space and time for self-reflection.
- **Interactive learning elements are well suited to allow learners to reflect on their attitudes, gain a better understanding of the situational context and improve their communication skills.** Simulated patients, role plays, quizzes and case studies combined with guiding questions for reflection as interactive tools are to be used, see [handbook](#) chapter 5 on Didactic Tools and Methods in Curriculum Development and Teaching.

The finalised structure of the [handbook](#) is as follows:

- **PREFACE:** An introduction by the coordinator of VIPROM, explaining the handbook's purpose
- **Chapter 1 - INTRODUCTION**
  - Introduction of VIPROM, its philosophy & Overview of the TtT programme.
  - Results of our needs assessment tailored to the various stakeholders; unique challenges when training the medical sector. The roles of healthcare teams in addressing domestic violence
  - Based on that we developed stakeholder specific trainings formats, training materials and a curricula
  - The goal of this handbook, envisioned impact, and what will be covered in a nutshell
- **Chapter 2 – INTRODUCING the VIPROM TRAINING PLATFORM**

The structure of the [European Training Platform's](#) Training modules for the health sector is shown below and is introduced in chapter 2 of the handbook to give the readers an overview on the modules to be found on the platform.



- **Chapter 3 – STAKEHOLDER-SPECIFIC VIPROM CURRICULA ON DV**
  - Overview, basic and mandatory parts.
  - Module Stereotypes for self-study as preparation for the training.
  - ICC to integrate into every training.
- **Chapter 4 - TRAINING ENVIRONMENT, SELECTION OF TRAINERS AND TRAINING TOOLS**
  - How to create a safer space for trainings, how to address possible re-traumatisation of trainers and attendants of trainings, how to provide constructive feedback to trainees, self-care of trainers.
  - Criteria on how to select trainers for national trainings?
  - Addressing self-biases.
  - Introducing simulation patients, case studies, role plays.
- **Chapter 5 - DIDACTIC TOOLS AND METHODS IN CURRICULUM DEVELOPMENT AND TEACHING**
  - E.g. SMART criteria.
  - Constructive alignment.
  - Critical incident technique (CIT).
- **Chapter 6 - NATIONAL TRAIN-THE-TRAINER PROGRAMME**
  - Why national adaption is needed, translation of material etc.
- **Chapter 7 - EVALUATIONS OF TRAININGS**
  - Evaluation of TtT and later pilot trainings.
- **Chapter 8 - APPENDICES**
  - Appendix 1: Table of training formats, its pros and cons.
  - Appendix 2: Presentation of the European TtT VIPROM curriculum.
  - Appendix 3: Instructions on how to prepare for a training.

#### 4.3.2 Content creation of the handbook

After the consortium meeting in Vienna all partners received a template by **29 February 2024** on how to draft chapters and which partners are responsible for the respective chapters. **Content creation was a collaborative effort involving all partners.** Each partner contributed to specific sections based on their expertise and national context. The process included an initial drafting phase where partners created content based on the outline structure and the instructions provided by the editor (PLUS) through a content creation template to streamline the aggregation process and receive the content from the partners in an organised manner. As the next step in the process, a **thorough review and integration process** was carried out where content from partners was reviewed and integrated into the training handbook. Once the first draft of the handbook was created in English, it was reviewed for final changes and improvements and finalised.

The final handbook can be seen [here](#).

## 5. National adaptations of Trainer-the-Trainer programme

**Translating materials into local languages** (German, Swedish, Italian and Greek) and adapting it to the Austrian context ensures that **the content can be used and understood in each country and is culturally responsive**.

The finalised English version was sent to the partners for translation into respective national languages, and an instructions template with deadlines for translation was shared with the partners. **As the chapters drafted by the partners were of high quality, the editor was able to send the final English documents for translations at the end of May; two weeks earlier as originally planned.** That gave partners more time to produce high quality translations of the handbook. The translated manuals were reviewed by WWU, finalised and uploaded by WWU to the [VIPROM project website](#) to facilitate dissemination. Translations and national adaptation processes were completed as part of the deliverable **on 15 July, one month earlier than planned** (M17 milestone).

**Here you can find the links to translated/adapted versions:**

- [German](#) translation of handbook
- [Italian](#) translation of handbook
- [Swedish](#) translation of handbook
- [Greek](#) translation of handbook
- [Austrian](#) adaption of handbook

## 6. Challenges and solutions

### 6.1 Cultural and contextual differences

One of the most significant challenges in developing the VIPROM training curricula was the **diverse cultural and organisational contexts across the five participating countries** (Austria, Germany, Greece, Italy and Sweden). Creating standardised curricula that are universally applicable yet sensitive to local nuances requires careful consideration. To address this, we engaged cultural and local experts as well as various stakeholders in a participatory process, tailoring the training curricula to the specific cultural and organisational contexts of each partner country. This ensures that the training is relevant and effective in diverse settings.

### 6.2 Stakeholder engagement

**Ensuring active and sustained engagement from a wide range of stakeholders**, including medical professionals, healthcare institutions, and policymakers, presents another challenge. These stakeholders have varying interests and levels of influence, making it difficult to maintain consistent involvement. To overcome this, we conducted comprehensive needs assessments to identify and address the unique requirements and challenges of different stakeholder groups. This targeted approach facilitates better engagement and more relevant training content.

### 6.3 Language barriers

**Language barriers pose a substantial challenge in developing training materials** that are effective across different languages. Ensuring that non-English speakers can fully engage with the content is crucial. Hence, we developed training materials in multiple languages to

ensure accessibility. Utilising translations and voiceovers cater to non-English speakers and allow for a broader reach.

## 6.4 Secondary traumatisation

**Addressing the potential risk of re-traumatisation among participants who may have personal experiences** with domestic violence, either experiencing or witnessing it, is a delicate challenge. Incorporating trauma-informed approaches into the training design is vital. Participants are made aware of the potential for re-traumatisation and provided with support mechanisms. Trainers are equipped to handle sensitive topics and create a safe learning environment, ensuring that the training is both effective and considerate of participants' emotional well-being. In the handbook a subchapter has been added how to create a safer space (**see chapter 4.1** in the handbook).

## 7. Outlook

So where do we go from here? The distribution of the curricula to WP4 for implementation and evaluation will be launched in M18. The European TtT workshop, cornerstone of the VIPROM project, is scheduled to take place in Münster, Germany on 3-4 September 2024. The European weekly webinar series (10 webinars in total) will be launched within the M25 to M35 timeframe. The sessions will last 1.5 hours for each EU training module in English (1 hour of teaching and 30 minutes for Q&A). The sessions should build on each other, based on training modules 1-9, with the target audience being medical stakeholders across Europe (N= 400 participants).

National trainings of trainers, who will train medical stakeholders, will take place from October 2024 to February 2025. Peer-to-peer Trainer-the-Trainer programmes will be built into local capacity and ensure the longevity of training efforts. By training local trainers, the project can extend its impact and foster a self-sustaining training environment. The trainings will then be evaluated and further optimised to ensure the long-term sustainability of the training programmes beyond the duration of the project. This will require significant planning and resources, as achieving institutional recognition and accreditation is essential for sustainability. WWU will accredit the TtT programme in Germany as a pilot approach and as a blueprint for other countries. A handbook on how to accredit training will be published at the end of VIPROM (M35).