

Evaluating video-reflexive methods to improve infection prevention and use of personal protective equipment in Australian hospitals

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No conflicts to declare



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Using Video-Reflexive Methods in PPE Training

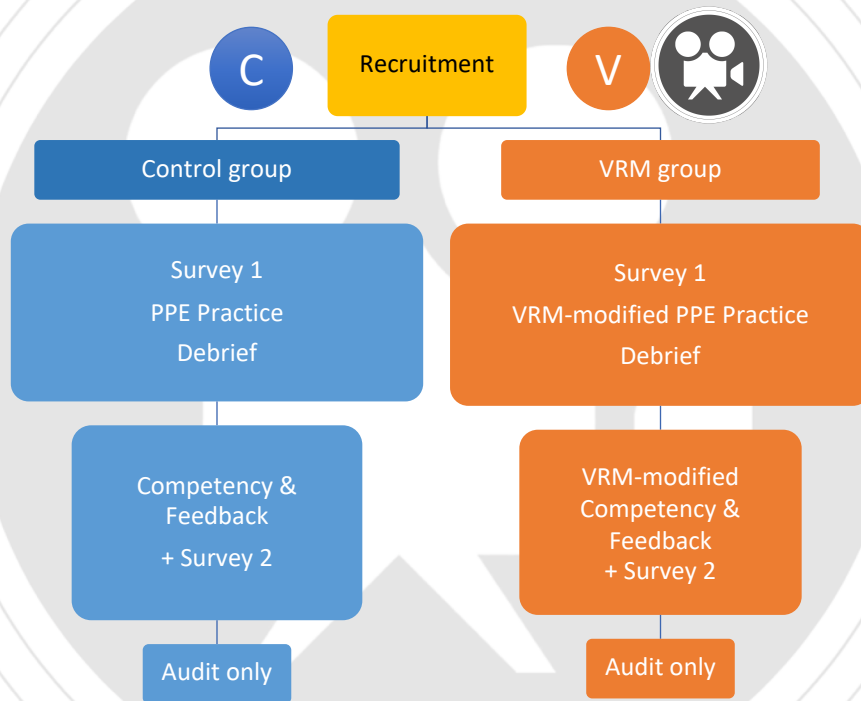
STUDY 1: INTERNS

Survey: n=72 pre/ 55 post
Audit 10-14 weeks post training: n=55
Training debrief discussions: n=72
Post training interviews: n=13

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Survey: Nonsignificant difference between groups

Audit: Nonsignificant difference between groups



STUDY 2: ED NURSES/ EDUCATORS

Survey: n=112 pre/ 109 post
Audit 10-14 weeks post training: n=84
Training debrief discussions: n=112
Post training interviews: n=8

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Survey: Trend ~80% (VRM) vs 60% (control) for satisfaction & enjoyment of training; greater confidence in donning/doffing PPE safely/correctly post training.

Audit: VRM group scored better for donning/doffing in the correct order

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Well, it was pretty good because, obviously, we were new to it being interns on the ward. And it was good having a set guideline, initially, about how to do the PPE according to the [guidelines] (intern)

When the gowns aren't available, you kind of just steal from every other infection control trolley (nurse)

There's a lot of misunderstanding about what each mask is used for (nurse)

It helped me look at it from an outside perspective ... a video of me performing, kind of gives an idea of what you look like from an outside perspective, and basically where can I improve (intern)

I really like being able to reflect as a group on our practice without picking on people who might not be doing the exact right thing (nurse)

So, we got to see exactly how we did it. Any little movements that you thought, "I didn't know I did that" ... it's, like, oh, that's actually what I do, what other people see me doing as well (nurse)

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