

Background

- ❖ Community hospital link programme
- ❖ Desire to do something different and transformational
- ❖ Collaborative working already well embedded between University and Health Board
- ❖ Joint review of possibilities
- ❖ MOOC development which builds on previous research project outcomes and learning

What is known

- Interventions such as **education, audit, guidance and feedback** are used to promote best practice in infection prevention (Storr et al, 2013).
- Infection control education can be challenging, but evidence exists to demonstrate its effectiveness (Farrington, 2007).

The MOOC Structure

- ❖ Course Sites Ultra platform used to host the course
- ❖ 10 learning units run weekly over 10 weeks
- ❖ Additional tools include panopto, films, quizzes
- ❖ Discussion boards to network and reflect on practice in a supportive environment
- ❖ Revalidation support
- ❖ Certificate of achievement or academic credit option
- ❖ Resources folder
- ❖ Regular communication and use of social media
- ❖ Ongoing support from MOOC team

Evaluations

I found the units very informative I have learned a lot. I have a different view on all things Infection control related (in a good way)

I liked that you could use discussion board at any time and add your points as not always free at allocated time due to shifts, commitments at that time

I hope to put what I have learned into practice and to be a good link nurse

I did use the discussion board and I think that it is a vital tool for the learner to utilise this as they can demonstrate understanding and benefit from the knowledge and experience of the tutors and other learners

Massive Open Online Course

- ❑ MOOC principles embedded into the design and delivery of the course
- ❑ 10 week timespan
- ❑ Credentialing and recognition
- ❑ Self-enrolment
- ❑ Best practice principles in online teaching e.g. monitoring course progress and creating learning community (Miller, 2015)
- ❑ High levels of visibility in our “teacher” role throughout the course (Bayne & Ross, 2014)
- ❑ Discussion forums provide online real-time facility

Who is the MOOC for?

- ❖ Suitable for all staff working across health and care services
- ❖ Provides CPD hours, evidence for revalidation
- ❖ Reflection, challenge, consolidation of practice and new learning
- ❖ Opportunity to network with others across the globe

The Units

1. Principles of infection prevention

Global and local significance of infection, HCAI and antimicrobial resistance. Impact of infection on people/patients/society.

2. Getting evidence into practice

Evidence-based practice, sources of evidence, quality of care people expect to receive.

3. Knowing if you are making a difference (Audit, Surveillance and Feedback)

Standards and guidelines, audit, surveillance and feedback. Discussion Board.

4. Behaviour change

Behaviour change, how we learn behaviours, theories and related examples to infection prevention.

5. Behaviour change in practice

Behaviour change in practice. Influences on behaviour.

6. Understanding the work setting

Person-centred care, workplace culture and managing challenges

7. Leading the way

Leadership approaches and principles with relevance to infection prevention

8. The champion role

What is a champion and championing in infection prevention

9. Making quality improvement matter

Quality improvement tools and techniques, practical applicability

10. Bringing it all together

Reflection, recap on learning, evaluation



Changing Hearts and Minds

The MOOC offers a bespoke mechanism for learning;

“I used to think a UTI is just a UTI. Now I think about it as a HCAI, why has it occurred, could nursing care of the catheter have contributed....”

GLOBAL REACH



Challenges

Interaction with lecturers often lower than preference of learners
Managing large numbers of learners on a single course platform

Technical problems

Individual learning needs

Completion rates for MOOCs can be low

(Morris & Lambe, 2014)

References

- Bayne S & Ross, J (2014). The pedagogy of the Massive Open Online Course: the UK view. Higher Education Academy, York.
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- Storr J, Wigglesworth N, Kilpatrick C. (2013). Integrating human factors with infection prevention and control. UK: The Health Foundation.

