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

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

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

Morris N & Lambe J (2014). Studying a MOOC. Palgrave Macmillan