Imagery and Infection Prevention: An Under Appreciated Medium
Dr. Cath Murphy, Infection Control Plus, Australia
A Webber Training Teleclass

Imagery and Infection Prevention:
An Under Appreciated Medium

Cath Murphy & Lisa Kurtz
2nd Year Students Griffith University
Bachelor of Photography
Co-directors – Clinical Captures

Hosted by Jane Barnett
jane@webbertraining.com

www.webbertraining.com
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Disclaimer
The information contained in this presentation is general in content and does not seek to comprehensively outline the issues raised in the presentation.

The findings and conclusions in this presentation are solely those of the authors and their information resources and do not represent the views, position nor the policy of any organisation except as may be specifically noted.

Dr Cathryn Murphy is a casual consultant to medical industry and device manufacturer. Today’s presentation is independent of those relationships.

Ms Kurtz has no conflicts to declare.

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Objectives

• Appreciate history of imagine use in infectious diseases
• Identify Imagery Opportunities
• Understand Ethics And Legalities of Clinical Image

History of Image Use in Infection Prevention

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Past Use of Photography

- record of disease progression or physical abnormality
- investigation of disease source
- debriefing after events/outbreaks and training
- patient management
- clinical education
- research into clinical practice
- document history of treatment and interventions & technologies


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Spanish flu SOS response team at Riley St depot 1919

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Clinical Imagery

- source of information for distant clinicians
- record of patient presentations and progression of disease or wound for teaching
- alert clinicians to transient or rarely seen symptoms
- becomes a permanent and secure part of patient’s medical record


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Compliance Monitoring

- highlight quality and non-compliant behaviours (audits)
- ethnographic research – practitioner-led photo walkabouts with photo narration & photo elicitation focus groups

Personal discussion with Infection Control Team, Princess Alexandra Hospital, Brisbane. 14/2/2014

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Education & Promotion

- promote program and services
- development of organisation-specific training materials
- development of educational and promotional materials for visitors
- review and selection of advertised clinical products
- establish context and draw comparisons – local and foreign

Personal discussion with Infection Control Team, Princess Alexandra Hospital, Brisbane, 14/2/2014

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Content is King

Images need to contain only the information relevant to the objective of the image capture.

Extraneous information distracts us from the subject matter. A good photographer checks all edges of the frame and asks themselves “is there anything in this image that doesn’t belong here”.

What message am I trying to tell?

Image courtesy of CDC

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Imagery Opportunities

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Infection control & hygiene are important to us & our patients
Make it your priority too by washing your hands or using hand gel provided before entering patient areas.

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Raise Interest or Inject Humour

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Raise Interest or Inject Humour

How Non-Clinicians Use Infection Control Images

- record and support reports of non-compliance
- “click and dob”
- political reassurance
- mass media distribution & sensationalism
- documentation of important infectious events
- scanning electron microscopy imaging
- overcome ESL issues
- show local equipment in use

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Keep A Record of Your Own Career

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Ethics and legalities

Now Everyone’s A Photographer

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“any owner of a camera can be a medical photographer”

How is Clinical Photography Different?

- often involves what people would prefer to keep private
- happens when people are vulnerable
- permanent record of what is typically an undignified experience
- subject is usually passive within the photographer-subject relationship
- environment may be uncontrolled and predictable
- relevant state and federal privacy legislation, codes of practice and standards apply

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The Cairns Convention - 2005

- pts’ right to privacy – no photography without informed consent
- anonymisation of images does not guarantee anonymity and does not replace the need for informed consent
- in the case of publication, the requirements of the international committee of journal editors should be applied
- patients should be made aware that they may withdraw their consent to further use at any time & once it is on the www it cannot be contained
- patients have the right to access clinical photographs, video and audio recordings taken of them

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Uniform Requirements - ICMJE

- patients have a right to privacy that should not be violated without informed consent. identifying information, including names, initials, or hospital numbers, should not be published in written descriptions, photographs, or pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication.

- nonessential identifying details should be omitted. informed consent should be obtained if there is any doubt that anonymity can be maintained, for example, masking the eye region in photographs of patients is inadequate protection of anonymity

- de-identification should not distort scientific meaning.


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http://www.icmje.org/recommendations/browse/roles-and-responsibilities/protection-of-research-participants.html

Accessed 18/11/14
Local Requirements

• will be guided by relevant federal and state privacy legislation
  • *Privacy Act 1988 (Cwlth)* & 13 Australian Privacy Principles
  • various Health Records Acts
• individual organisation’s/ groups may have specific locally applicable guidelines
• become familiar with all of these
• NB.

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Copyright

- ownership of a photo depends on the circumstances under which it was taken
- photos taken in the course of employment - first owner of copyright is employer
- if government is employer, the govt is the first owner of copyright in material created or first published under its direction or control
- copyright lasts until 70 years from the end of the year the photographer died
- if govt owns copyright, work is protected by copyright for 50 years from end of the year it was first published or indefinitely if not published
- ownership of files vs copyright
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Contact

•Cath@clinicalcaptures.com

•www.clinicalcaptures.com

•+61 428 154 154

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February 11  (Free WHO Teleclass - Europe)
WHO GUIDELINE AND SYSTEMATIC REVIEW ON HAND
HYGIENE AND THE USE OF CHLORINE IN THE CONTEXT OF EBOLA
Dr. Joost Hopman, Radboud University Medical Center, The Netherlands

February 12  SLEEP QUALITY IN ADULT HOSPITALIZED PATIENTS WITH
INFECTION: AN OBSERVATIONAL STUDY
Prof. Farrin Manian, Harvard Medical School

February 19  (Free WHO Teleclass - Europe)
USE OF HYGIENE PROTOCOLS TO CONTROL THE SPREAD OF
VIRUSES IN A HOTEL
Prof. Charles Gerba, University of Arizona College of Public Health

March 5  PREVENTING CATHETER-ASSOCIATED URINARY TRACT INFECTION
Prof. Sanjay Saint, University of Michigan Medical School

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