Strengthening IPC Structures Through Education
Capacity Building in Africa

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Hosted by Paul Webber
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Objectives

1. How to set up education programmes with low resources
2. What, and where, to start such programmes
3. How does one measure progress of such education systems
4. Why high income systems don’t always work in LMICs
Challenges in setting up education programmes in IPC in Africa

- Level of basic education (primary and high school) is varied
- Learning is by rote; critical thinking is not well developed
- Difficult to understand concepts where there is a lack of infrastructure
- Irregular access to the internet; self learning is limited
- Little or no access to current literature
- Adopting concepts and guidelines from other countries without being able to adapt them locally
- Few publications from Africa (now improving) to inform local guidelines
- Irregular supply of water and electricity (WASH inadequate)

LMI Country Resources - challenges

- Inadequate finances for health
- Ignorance leading to wastage of limited resources
- Clear association between sanitation and infant mortality
- Skills gap in IPC
- Indigenous knowledge ignored
  - Community
  - Past HCW experience
- HCW have permanent posts with little or no accountability
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Technical support on site SA- 2011

As an IPC professional, which is most important to you? (n=164) ICAN survey

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Figure 1: Eric Mazur’s data of student brain activity. Brain activity measured during lectures (class) is similar to that observed when watching TV, and lower than during periods of sleep.

Classroom instruction to.....

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The workplace

Visual Learner
Auditory Learner
Classroom Instruction
Kinesthetic Learner

Knowledge "Know How"
See & Hear
Read & Hear

Performance-Based Skills

Read (Verbal Language)
See & Do
Read & Do

Knowledge "Know How"

The Learning Pyramid

Lecture
Reading
Audiovisual
Demonstration
Discussion group
Practice by doing
Teach others

Average Retention Rate
5%
10%
20%
30%
50%
75%
80%

National Training Laboratories, Bethel, Maine, USA

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Current IPC training in Africa

- Varied provision for healthcare delivery by province
- IPC is not recognised as a speciality in its own right
- No established career path in IPC which requires specialised training
- Considered a nursing speciality- doctors are not involved- therefore there are no teams!
- Surveillance: information gathering is limited
- Guidelines and policies are neither well advertised nor promoted
- The WHO Core Components (2016) recommends the “presence of a fully trained IPC practitioner for 250 acute beds”!
Types of training offered

- Classroom teaching - face to face
- E-learning platform across Africa
- Skills development – practical classes for all cadres of health staff
- Train the trainers (Master Trainers)
- Managers courses
- Capacity building and knowledge transfer to communities
- Developing guidelines and apps specifically for Africa's needs
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Training programme - UIPC, SUN

IPC practitioners
Masters - NQF 9
PDIC - NQF 8
FIPC - NQF 7

Managers of Units & trainers
Managers
In service training
Link Nurses
TTT
Basic IPC

Sterile Service Dept
Basic SSD NQF 6
Advanced SSD NQF 7

IPC WASH

Face to Face Teaching

Advantages of face to face
- Close relationship develops between tutors and within the class - networking
- Revision when necessary
- Modification of method of teaching if necessary
- Demonstrations and visual teaching is understood better

Disadvantages of face to face
- Expensive for both students and faculty
- Time consuming
- Short term engagement
- Routine and sometimes boring
- Tutor dependent transfer of knowledge

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Barriers to teaching

- Cultural
  - Do not argue with elders (teachers)
  - Cannot say how much you know
  - Cannot tell an older person what to do.
  - accept what one is told without question
- Hierarchical-
  - “I cannot question the boss”
  - “I AM THE BOSS!”
- Language- different words mean different things!
Barriers to learning - cultural

- Hierarchical barriers
  - “What you learnt in class stays there!! Here you do what you are told!”
  - “Why do I need to know this? It is not my job”
- Despite knowledge in IPC difficulty in maintaining standards due to lack of resources
- Will not advise superiors - do not want to appear aggressive or a show off
- So,
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We train the managers!

Impact of IPC at TBH

4 yr period Maximum

Infections avoided (n) Cost (million)
Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Infections avoided (n)</th>
<th>Cost (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>31</td>
<td>7.7</td>
</tr>
<tr>
<td>2008</td>
<td>154</td>
<td>38.5</td>
</tr>
<tr>
<td>2009</td>
<td>47</td>
<td>11.7</td>
</tr>
<tr>
<td>2010</td>
<td>171</td>
<td>42.75</td>
</tr>
</tbody>
</table>

Total saving = 356

Cost per infection in ICU = Min R250,000

Cost of an IPC programme

• In the USA, a reduction of only 6% would off set the cost IPC by saving on reduced hospitalisation.
• BSI are the highest costing HCAI of all the types of infection
• Cost in India of BSI infection in a cardiac hospital cost $15000 more per patient compared with those that did not develop infection.

Hussein et al. Globalization and Health 2011, 7:14
http://www.globalizationandhealth.com/content/7/1/14

• ABHR is less costly and greater compliance.
• Communicating (feed back) relating to HH activities and encouraging each other increased compliance (p<0.01)
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Change the method of information delivery

- Change from extensive written documentation to visual demonstration
- Increase face to face discussion to clarify which requires well trained tutors!

Barriers- literacy (LMIC)

- Few healthcare workers have access to the internet at work in LMI countries.
- They do not have easy access to libraries or the written word
- They rely on guidelines from national sources which they neither understand nor can they fully implement
- Overworked and do not have time to read
- Need visual pictorial reminders preferably made by the IPC practitioners or community
- GIVE THEM CONCEPTS AND LET THEM BE IMAGINATIVE!
- OWN THE VISUAL MATERIAL!

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Train the Trainer course

• **Selection** - wants to teach and has passed the basic IPC course with good marks

• **Course structure**
  – Taught how to teach adults (applying principles)
  – Will return to place of work and train a minimum of 5 students

• Examiners will visit workplace and
  – examine the 5 students taught (50% transfer of knowledge required)
  – Evaluate training material used to teach students
  – Hours of training
  – Pre and post assessment of student knowledge

• If the students get 50% or more, the Tutor will get a certificate of competence (TTT)
• If not, then the Tutor will only get a Basic IPC course certification.
• The students will be certified by their local institutions

Peer Evaluation of TTT lectures

• Lectures prepared and given by trainers to their peer groups
• Adult education and have to present innovative means of knowledge transfer
• Peer evaluated according to set criteria.
  – Presentation skills
  – Scientific content
  – Interaction with audience
  – Answering questions

<table>
<thead>
<tr>
<th>Topic</th>
<th>Score (20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Microbiology</td>
<td>15</td>
</tr>
<tr>
<td>Standard Precautions</td>
<td><strong>12.1</strong></td>
</tr>
<tr>
<td>Transmission based</td>
<td>14.3</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>14</td>
</tr>
<tr>
<td>Clinical services</td>
<td>14.8</td>
</tr>
</tbody>
</table>
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Train the Trainer course (SUN)

<table>
<thead>
<tr>
<th>Type to Test</th>
<th>Pre</th>
<th>Post</th>
<th>Increase in knowledge/speed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written test: max marks</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>Allocated time ( min)</td>
<td>30</td>
<td>30</td>
<td>NA</td>
</tr>
<tr>
<td>Average Completion time (min)</td>
<td>30</td>
<td>14.7</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Average score</td>
<td>31.15</td>
<td>44</td>
<td>13 marks</td>
</tr>
<tr>
<td>% score</td>
<td>62.30%</td>
<td>88%</td>
<td>25.70%</td>
</tr>
<tr>
<td>Spots- Visual test</td>
<td>20</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>(10 spots x2 min) max marks</td>
<td>13.2</td>
<td>15.8</td>
<td>3 marks (15%)</td>
</tr>
</tbody>
</table>

Training in Ebola

• **263 healthcare workers trained in IPC by ICAN**
• Back to basics!
• Sound knowledge about the mode of transmission will give confidence to treat EVD cases as they deserve to be treated
• Contact precautions
  – Single or isolation
  – Look after your hands- hand hygiene & gloves
  – Protection from splashes- gowns & face shield
• No need to spray with chlorine! Wipe only- if needed
• Manage linen with heat disinfection
• Manage waste with heat and/or incineration
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HCW competence - essential

- Highly experienced and confident
- Prepared to work long hours initially
- Strict compliance with IC and protective clothing policy
- Immune-competent staff
- Work efficiently without any dangerous shortcuts
- **One must KNOW WHAT ONE IS DOING!**

HCW Cases at KGH vs Other Facilities
(Total N = 77)

<table>
<thead>
<tr>
<th></th>
<th>KGH N (%)</th>
<th>Other N (%)</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Ebola Ward</td>
<td>46 (74)</td>
<td>15 (100)</td>
<td>61 (79)</td>
</tr>
<tr>
<td>Ebola Treatment Center</td>
<td>13* (21)</td>
<td>0 (0)</td>
<td>13 (17)</td>
</tr>
<tr>
<td>Annex</td>
<td>3 (5)</td>
<td>-</td>
<td>3 (4)</td>
</tr>
<tr>
<td>Total</td>
<td>62 (100)</td>
<td>15 (100)</td>
<td>77 (100)</td>
</tr>
</tbody>
</table>

*6 not infected in the Ebola ward
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Chlorine spraying

• Healthcare worker protection??

Spraying HCW with chlorine!

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Single Cl₂ exposure (N=285) (57.8%)</th>
<th>Multiple Cl₂ exposure (N=208) (42.1%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye sight problem before</td>
<td>19 (6.7)</td>
<td>25 (12.1)</td>
<td>0.04</td>
</tr>
<tr>
<td>Eye sight problem now</td>
<td>95 (33.6)</td>
<td>123 (59.1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Difficulty in breathing</td>
<td>66 (23.0)</td>
<td>100 (48.1)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Chest tightness</td>
<td>109 (38.2)</td>
<td>131 (62.9)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Burning throat</td>
<td>85 (30.0)</td>
<td>112 (53.9)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Skin irritation</td>
<td>95 (33.6)</td>
<td>109 (52.4)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

NO EVIDENCE THAT TRANSMISSION WAS PREVENTED
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Using PPE by HCW

<table>
<thead>
<tr>
<th>PPE in HCW</th>
<th>n= 493</th>
</tr>
</thead>
<tbody>
<tr>
<td>used</td>
<td>always</td>
</tr>
<tr>
<td>eye</td>
<td>405</td>
</tr>
<tr>
<td>%age</td>
<td>82.1</td>
</tr>
<tr>
<td>skin &amp; mm</td>
<td>447</td>
</tr>
<tr>
<td>%</td>
<td>90.6</td>
</tr>
</tbody>
</table>

Pre and post assessment of training
ICAN/ CDC

Sierra Leone IPC HCW training Increase in Knowledge
achieved 2-6 March 2015

Overall average increase of knowledge 22%

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2nd training ICAN/ CDC

Pre- and Examination average
19-30 October 2015

<table>
<thead>
<tr>
<th>Class 1</th>
<th>Class 2</th>
<th>Class 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>Post test</td>
<td>Median</td>
<td></td>
</tr>
<tr>
<td>68</td>
<td>74</td>
<td>81</td>
<td>76.1</td>
</tr>
<tr>
<td>69.0</td>
<td>78</td>
<td>85</td>
<td>79.3</td>
</tr>
<tr>
<td>76.4</td>
<td>77</td>
<td>81</td>
<td>79.7</td>
</tr>
<tr>
<td>71.1</td>
<td>76</td>
<td>82</td>
<td>79.3</td>
</tr>
</tbody>
</table>

5% increase

Reduction in HCW morbidity & mortality

Decrease in total cases & deaths

IPC training

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Impact of ICAN training in SL

Figure 5: Confirmed weekly Ebola virus disease cases reported nationally and by district from Sierra Leone

Current – Sierra Leone 29th April ‘15

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ICAN programme

- ICAN teleclasses
- Teleclasses in partnership with Webber Training Inc to provide the Basic IPC course for ICAN members
- Knowledge hubs and nodes
  Setting up training hub and nodes across Africa.
  Reduce of cost of training

Establishing teaching HUB & Nodes

Nodes will be established across Africa in learning institutions that have access to constant electricity and internet access.

10 nodes across the 5 African regions of ICAN

HUB- located at ICAN offices in Cape Town

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Other e-learning methods

What better way is there to get a message across!

In Africa there are 280 m subscribers of which 260 m (85%) are mobile phone users

Advantages

• Interactive lectures - exciting
• Quizzes interspersed in the lectures – test of knowledge
• Movement within the talks
• Can learn in one’s own time and repeat if necessary
• Much more user friendly once you get used to it.
• Can be linked to an SMS programme
• Standardised measure of outcome

Disadvantages

• New concept for IPC
• Access to the internet restricted
• The programmes might be too big for the band width
• Unfamiliar territory
• May be resistance from learners
• Resistance from tutors

e- IPC education for Africa

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Constant reminders

IPC Survival Kit
- All clinical healthcare workers underwent a 5 day Basic IPC training course
- Covered the Core Elements of IPC
- Issued with the IPC kit as a reminder and a personal reference
- Very useful for the Link Nurses

NOW BEING CONVERTED INTO A SMART PHONE APP

An IPC App
Travellers & Infection Prevention
ICAN in collaboration with WHO EMRO- 2016

Download from app stores

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Decontamination Manual

http://apps.who.int/iris/handle/10665/250232

OR go to the Apple store and use this link to download it https://appsto.re/us/jvwalfb.i, or look for “ICAN Decontamination”.

Designing distance learning IPC courses- for African universities

• Uses Moodle which is not only educational, but also has strategies for teaching–learning and for assessing progress and performance.
• Distance Learning AMS course –ISC & ICAN
• Also looking for private public partnership

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Feedback

- No learning without feedback!
- Contemporary education provides little feedback
- Build in feedback into all courses
- Students must be able to evaluate tutors and studying conditions.


The team approach!

Develops
(a) mutual trust,
(b) Respect for colleagues
(c) empowering employees
(d) shared responsibilities.

Interdisciplinary health professions education must be incorporated into the formal curriculum of all health disciplines.

A mixed group of students- FIPC

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Before and after training- inexpensive changes

IPC IMPLEMENTATION
1. DECONGESTION OF WARDS

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Finally......

- “The current approach to educating and training our health care providers has outlived its effectiveness and utility.
- With the growing complexity of health care and the accelerated pace of accumulation of knowledge, significant reform of health professions education is required”.
- “For LMI countries we should encourage Multi modal approaches (which are culturally sensitive to sustain effect) Educational intervention could be extremely cost effective-
Educating healthcare workers to optimal (hand hygiene) practices is effective.”
What actions can be taken

• Apply activities which take less funding
• Better and cost effective outcomes
• Put effective structures into place.
• Most important
  – Knowledge
  – Reduce waste by reducing cost of HAI, environmental cleaning, purchasing poor quality items
  – Donations- be careful what you wish for?
  – Reinvest what has been saved by reducing HAI

Think outside the box......

• While there will be shortages, well trained IPC practitioners and HCW can think “outside-the-box” and deliver healthcare reasonably safely for patients and themselves
• Understand the community and work closely with them
• Need to reassess teaching methods in LMIC using more innovative ways of getting the message across- A WhatsApp IPC group in SL!
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Clinical Shield of Excellence in IPC

- Education in IPC is provided to 2000 employees annually and reinforced via the Link Nurse programme
- Each ward at TBH is evaluated annually using the following criteria
  - HAI rates;
  - Provision for IPC; e.g. hand hygiene, PPE;
  - Standard precautions in place;
  - Transmission based precautions in place;
  - Number of staff trained in IPC;
  - Link nurse programme.
- Outcome is a reward of proudly carrying the shield for a year plus two runner up wards

SURMEPI
Stellenbosch University Rural Medical Education Partnership Initiative

28 Universities in 12 African Countries
Themes:
- Increasing capacity and quality of medical doctors
- Retention of graduates
- Regionally relevant research

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MBChB graduate survey: IPC curriculum II

<table>
<thead>
<tr>
<th>Question n = 181</th>
<th>Agree totally/strongly</th>
<th>Agree</th>
<th>Disagree/quite strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPC is important</td>
<td><strong>82.9%</strong></td>
<td>17.1%</td>
<td>0%</td>
</tr>
<tr>
<td>Adequately covered in curriculum?</td>
<td>not at all/inadequate %</td>
<td><strong>basic %</strong></td>
<td>adequate/comprehensive %</td>
</tr>
<tr>
<td>Sharps disposal</td>
<td>4.5</td>
<td>7.9</td>
<td>87.7</td>
</tr>
<tr>
<td>Hand hygiene</td>
<td>5</td>
<td>12.7</td>
<td>82.3</td>
</tr>
<tr>
<td>Aseptic procedures</td>
<td>7.9</td>
<td>15.3</td>
<td>76.8</td>
</tr>
<tr>
<td>Use of PPE</td>
<td>7.9</td>
<td>17.9</td>
<td>74.3</td>
</tr>
<tr>
<td>Transmission-prec.</td>
<td>10.8</td>
<td>22.6</td>
<td>66.6</td>
</tr>
<tr>
<td>Decontamination</td>
<td>11.1</td>
<td>22.9</td>
<td>66</td>
</tr>
<tr>
<td>Waste management</td>
<td>19.4</td>
<td>28.9</td>
<td>51.8</td>
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<tr>
<td>IPC policies</td>
<td>28.5</td>
<td>39.7</td>
<td>31.8</td>
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<tr>
<td>HCW behav. change</td>
<td>28.2</td>
<td>37.9</td>
<td>33.9</td>
</tr>
<tr>
<td>Occup. health</td>
<td>34.4</td>
<td>39.4</td>
<td>26.2</td>
</tr>
</tbody>
</table>

Medical education in IPC: proposed SU model

<table>
<thead>
<tr>
<th>MB 1</th>
<th>MB 2</th>
<th>MB 3</th>
<th>MB 4</th>
<th>MB 5</th>
<th>MB6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation phase</td>
<td>Early clinical</td>
<td>Middle clinical</td>
<td>Late Clinical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IPC teaching in theory modules</td>
<td>IPC teaching in skills laboratory</td>
<td>Integrated IPC teaching in clinical disciplines</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTCOME: understands IPC principles &amp; terminology</td>
<td>OUTCOME: applies IPC principles to clinical scenarios &amp; attains IPC clinical skills</td>
<td>OUTCOME: evaluates healthcare services &amp; reduces clinical risk by application of IPC principles</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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What should be incorporated in education for LMI countries

• Social and cultural context is important
• Good robust guidelines - easy and simple to follow
• Provision - water, hand wash system, alcohol rub
• How to work safely when provisions are not available
• Accountability - Link nurses, managers
• Surveillance (simple) associated with HAI
• Start IPC training in undergraduate curriculum (example: Sierra Leone)

Conclusion

• We need to use all the available facilities to teach and improve knowledge
  – Verbal communication (face to face learning)
  – Electronic platforms
  – Mobile Phones and telecommunication
  – Social media
• Think of innovative ways of transferring knowledge!
• Think of ways of sustaining knowledge!

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Strengthening IPC Structures Through Education
Prof. Shaheen Mehtar, Stellenbosch University, Cape Town, South Africa
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