Trust-wide technology-enhanced training in the use of **COVID-19 Personal Protective Equipment at Oxford University Hospitals**

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Introduction

- From mid-March, staff **anxiety** at Oxford University Hospitals (OUH) was widespread regarding the use of Personal Protective Equipment (PPE) in treating patients with suspected or confirmed COVID-19.
- Rapidly updated national and Trust guidance led to **uncertainty** over best practice and concerns regarding safety.
- Quick, regularly revised training needed to be delivered in line with local and national guidance
- Training needed to be **accessible** even to those with busy clinical workloads or in selfisolation.

Plan

- Develop a multimodal training approach to provide latest PPE guidance
- Address concerns over COVID-related best practice whilst maintaining social distancing and delivering high quality training which did not waste PPE resources



Education and training: To update staff on PPE guidance

1) Identify key stakeholders

- Front-line staff
- Infection Prevention and Control Team
- Trust Management and Communications

2) Webinar design and delivery

Webinars were delivered on 26th and 27th March, open to all staff.

Areas of focus:

- Latest PPE guidelines and where to access resources
- How to escalate concerns
- Live Q&A session

3) Data collection

- webinar questions was gathered
- Staff scored their anxiety or confidence on an ascending scale of 1 to 10.



Challenges & Limitations

Challenges of webinar use

- Require user interaction online and must be easy to set up and access
- Content must be meticulously checked and updated
- Monitoring learner engagement and progress

Challenges in the TEL field

- and combinations of TEL [1]
- Lack of standardised tools for the evaluation of TEL in healthcare [2]

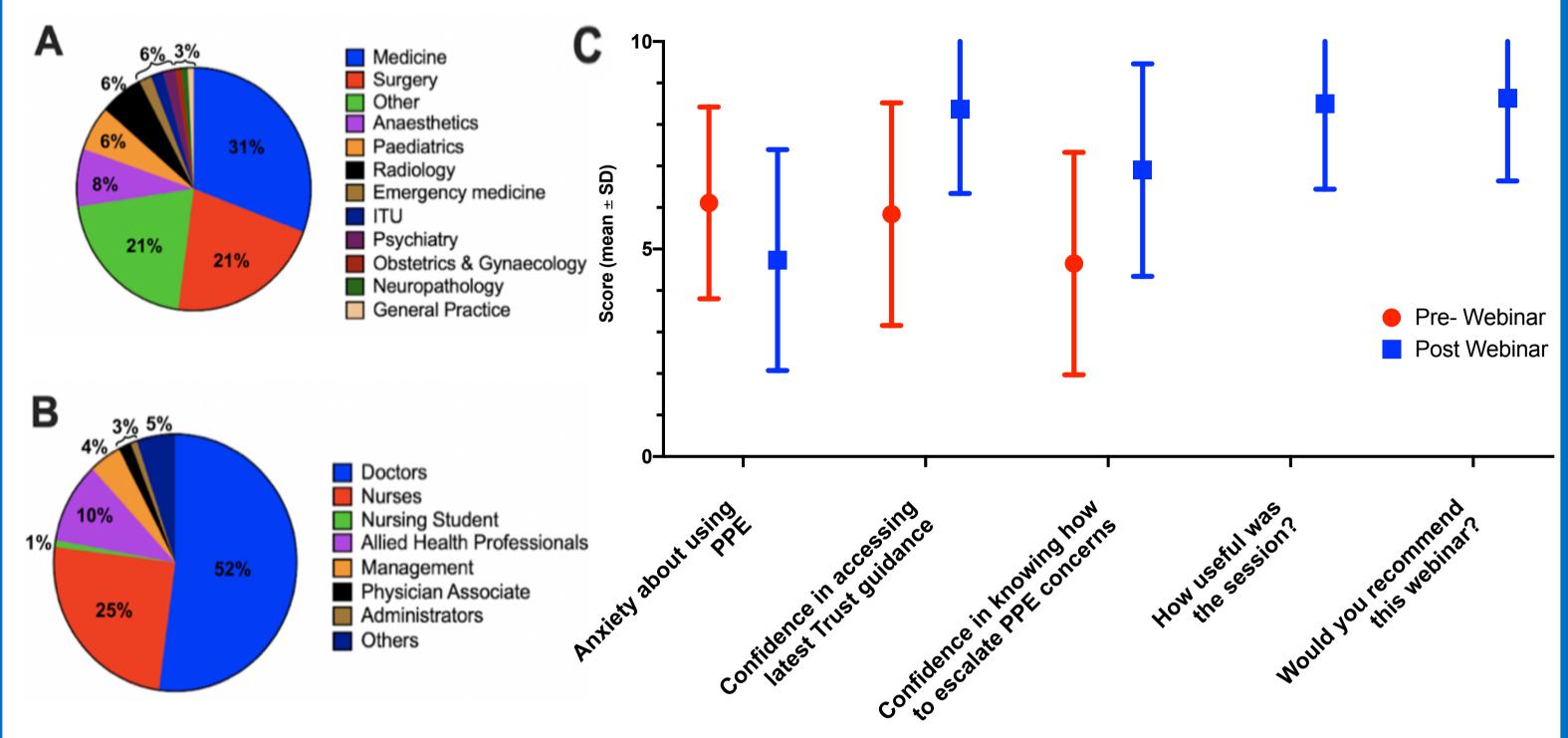
Do

Videos demonstrating donning and doffing of PPE

Immediate feedback through pre- and post-

Questions regarding the most effective methods

Data from one of two Trust-wide PPE webinars was analysed. 118 people attended from all 4 hospitals. Distribution by specialty (A) and profession (B) shown below:



61 webinar attendees completed the pre-webinar poll, and 30 attendees completed the post-webinar poll. We saw a mean decrease of 23% in staff anxiety and increase of 43% in confidence in accessing information (C). Staff confidence in escalating concerns increased by 48%. Staff found the webinar very useful (8.5±2.06) and highly recommended it as a format for future updates (8.63±1.99).

Act

- The webinars improved staff morale, increased confidence in safe use of PPE, and decreased the anxiety of attendees, providing support for their continued use.
- Webinars could be recorded and posted for future reference providing a valuable resource for staff who are unable to attend.
- The use of technology enhanced education has enabled safe, remote learning during this pandemic and should continue to do so in the future.

References

1. Cook DA, Hatala R, Brydges R, et al. Technology-Enhanced Simulation for Health Professions Education: A Systematic Review and Meta-analysis. JAMA 2011;306(9):978–988 doi:10.1001/jama.2011.1234. 2. Nicoll P, MacRury S, van Woerden HC, et al. Evaluation of Technology-Enhanced Learning Programs for Health Care Professionals: Systematic Review. J Med Internet Res 2018;20(4):e131





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Study

Sustainability

- A quick reference manual has been produced to allow faculty to use the same platform in the future.
- The lessons learnt to develop webinars for PPE have been shared and used for e.g. ICU induction, anaesthetic and undergraduate training and remote simulation training for foundation doctors.
- We are undertaking research into effective methods of delivery and evaluation of TEL.