



# **The development of Reusable Learning Objects in infection prevention and control**

**Clarke, M, Timmons, S.  
Randle, J. and Wharrad, H.**

The background of the slide features a microscopic view of biological structures, likely bacteria or viruses, rendered in shades of purple and blue. The structures are elongated and somewhat cylindrical, with some showing internal details. They are scattered across the frame, creating a textured, scientific backdrop.

# **Key Message**

## **Infection Prevention and Control is Everyone's Responsibility**

A high standard of infection prevention and control must be an integral part of the practice of all staff working in a clinical setting

# Current culture – the norm

**MRSA..THE  
FORGOTTEN  
MASSACRE**

**OUR SQUALID  
HOSPITALS**

**The deadly  
superbug  
that puts  
Britain's  
hospitals  
to shame**

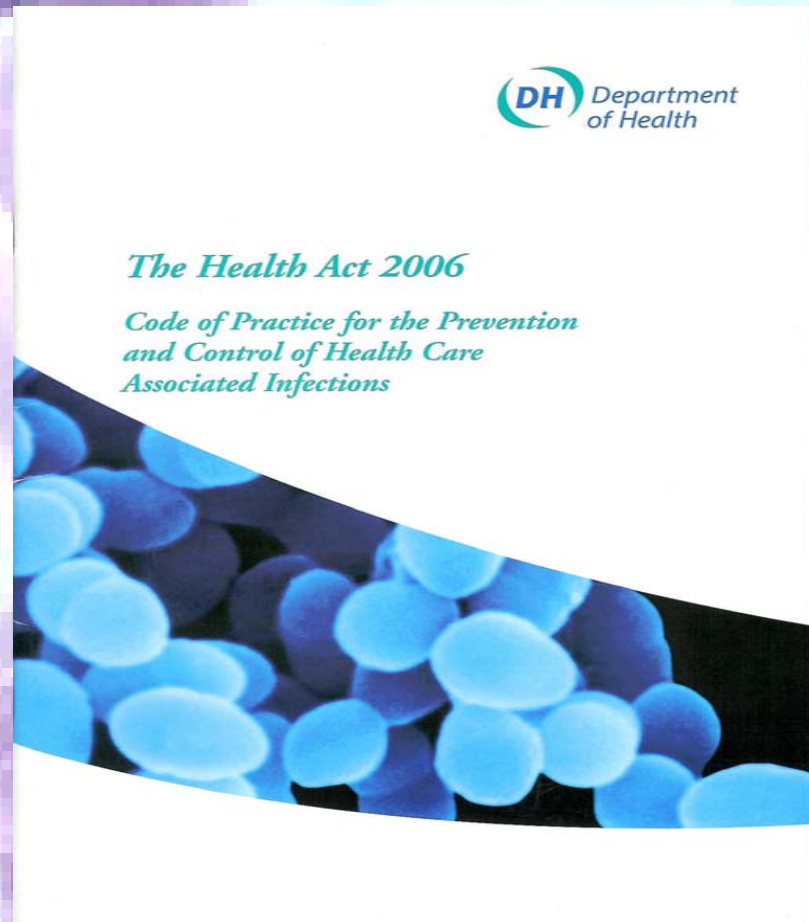
**THE PLAGUE  
2004**



**Filthy NHS wards kill 5,000 a year**

By NIG CECIL, Junior Commissionaire. Despite being warned in 2000, the full extent of the epidemic

# Code of Practice for HAI (2006)



# Healthcare Associated Infection

- High on the national healthcare agenda
- 8.2% of patients acquire an infection whilst in hospital (3<sup>rd</sup> National Prevalence Survey 2006). NUH prevalence rate was 8.7%
- Estimated 100,000 infections per year

# Healthcare Associated Infection

- Cost approximately £1 billion
- 15% preventable by better practice (NAO 2000)
- Hand hygiene and a clean clinical environment are of prime importance

# **Impact of Healthcare Associated Infection on the Organisation**

- A healthcare associated infection can cost between £4 -10,000 per patient
- Impact on payment by results
- Can extend length of stay by 3 -10days

# Impact of Healthcare Associated Infection on the Organisation

- Litigation
- Contributes to high bed occupancy rates
- Decreases productivity and efficiency as well as clinical quality



# **Impact of Healthcare Associated Infection on the Patient**

- Additional stay in hospital
- Additional treatment
- Increased suffering – for example wound healing

# Education

- A key intervention
- Increasingly recognised that it needs to be cross-sector

# LOLA

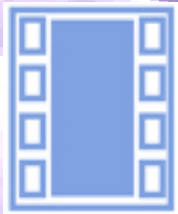
- Learning Objects Lifelong Application
- Producing high-quality e-learning resources in a cross-sector collaboration

# Partners

- University of Nottingham School of Nursing
- Nottingham University Hospitals NHS Trust
- Castle College Nottingham

# What is an RLO?

## media assets



## instructional design

- + activity
- + assessment
- + links
- + interactivity

# Strengths

**Pedagogically Led**

**Development Process**

**Use and Reuse**



**Evaluation**

**LO economies**

# The RLOs

- <http://www.nottingham.ac.uk/nursing/sonet/rlos/rloolist.php>

# Evaluation





# Use and learning

- Agreed or strongly agreed
  - RLOs were clear about their purpose
  - Easy to navigate
  - Introduced new concepts clearly
  - Would recommend to others
  - Would like more (except 1 disagreed)
  - At right level
  - Enjoyed independent learning (1 disagreed)

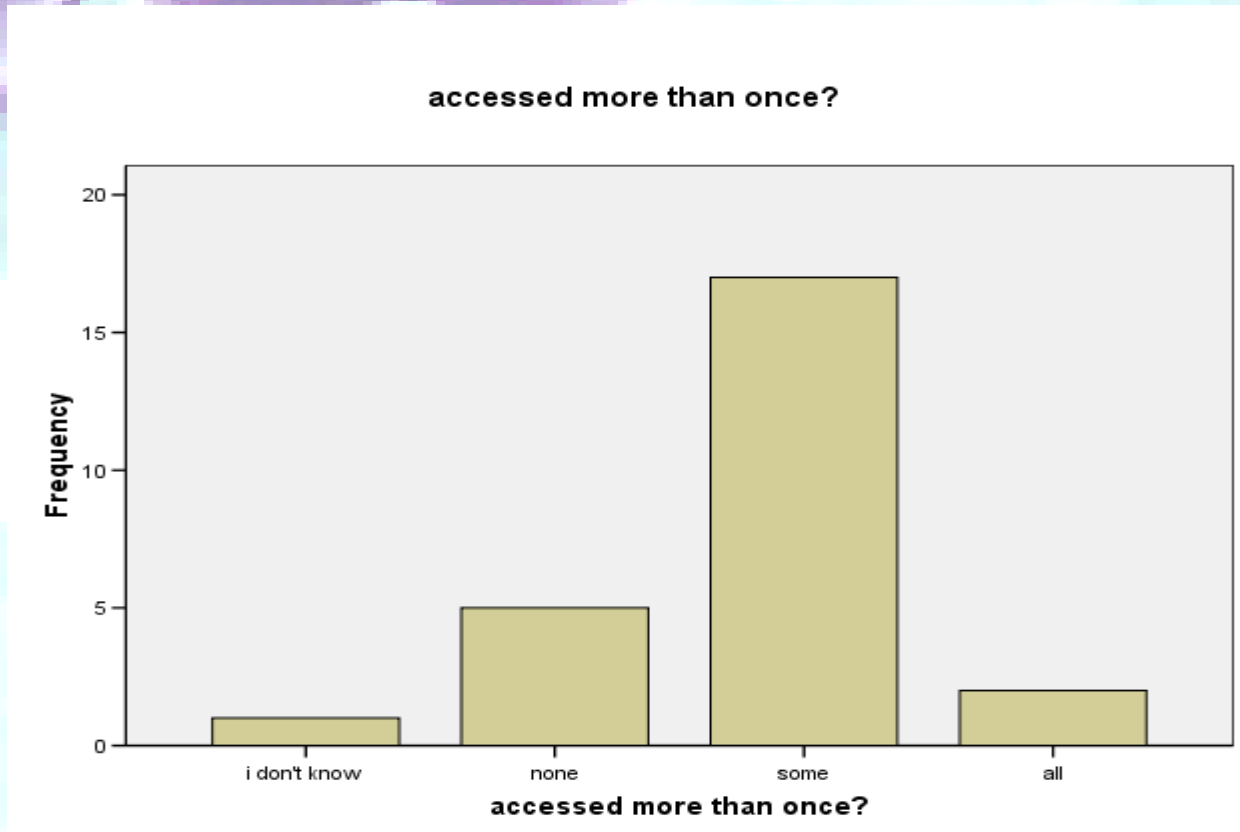
# Attributes of RLOs

- Important or very important
  - Visual components
  - Audio commentary
  - Access anywhere (1 disagreed)
  - Access anytime (1 disagreed)
  - Work at own pace

# Accessed RLOs

84% at home 50% at weekend

100% would use again



# The credits

- *Mitch Clarke, Tim Hills, Nottingham University Hospitals NHS Trust*
- *Jacqueline Randle, Joanne Lymn, Stephen Timmons, Fiona Bath-Hextall, Heather Wharrad & Lucrezia Herman, University of Nottingham, Nottingham, UK*
- *Wendy Shaw & Leanne Williams, Castle College, Nottingham*