



PEI Symposium
Structures of survival: Managing emerging infectious diseases in the twenty first century Program concept

Thursday 10 December

Symposium concept

The outbreak of Ebolavirus disease, which spread widely across three West African nations in 2014, and the delay and subsequent difficulty controlling it, offered a sobering preview of the potential impacts of other emerging or drug resistant infectious diseases in the twenty first century. This symposium will examine how socioeconomic, cultural and political systems contribute to the emergence, transmission and control of infectious diseases. Instead of focusing on pathogens and infection control measures, this symposium will explore the *contexts* that contribute to infectious disease outbreaks and to surviving them.

Location: New Law School
Fee: \$0

Audience: This event will be of interest to colleagues and students, health policymakers, government officials, public health practitioners, clinicians and other interested people.

1.30-1.45	Welcome: Claire Hooker Chris Degeling What we can learn from a structural one health perspective on infectious disease
1.45-3.15	The control of infections in hospitals Lyn Gilbert – Novel methods for engaging doctors in infection control Suyin Hor - Engaging hospital staff in making sense of infection control amidst messy realities Mary Wyer – How do we engage patients in the challenges of hospital infection control? Claire Hooker – Thinking beyond hand hygiene: collective approaches to infection control
3.15-3.30	Coffee
3.30-5.00	Lyn Gilbert: Hospital infection control and Australia’s readiness for Ebola Joel Negin: Country level responses to infectious disease outbreaks: lessons from Ebola for our region Adam Kamradt-Scott: Structures for managing Global Health Security Catherine Womack: Ebola: cultural competence and survival Darryl Stellmach: Two Regimes: Moral Discourses of Humanitarianism in War, Disaster and Public Health Crises
Evening Sydney Ideas event 5.30 – 7.00	Surviving Ebola: what went right (eventually) Dr Richard Brennan, Director of WHO's Department of Emergency Risk Management and Humanitarian Response, Panel discussion with Angus Dawson chaired by Lyn Gilbert



Claire Hooker

Senior Lecturer and Coordinator, Health and Medical Humanities, Centre for Values, Ethics and Law in Medicine

Structures of Survival

Symposium / workshop #1: How do we engage all stakeholders in hospital infection control?

Program

Lyn Gilbert: Novel methods for engaging doctors in infection control

Suyin Hor: Engaging hospital staff in making sense of infection control amidst messy realities

Mary Wyer: How do we engage patients in the challenges of hospital infection control?

Claire Hooker: Thinking beyond hand hygiene: collective approaches to infection control

Abstracts and details

In this symposium we use the results of our mixed methods video reflexive ethnography research project to explore the question of how to engage doctors, nurses, other health care staff, and patients and their families, in hospital infection control.

Lyn Gilbert: Novel methods for engaging doctors in infection control

In this talk, Prof Gilbert describes the innovation of joining two quite different methodological approaches – video reflexive ethnography with new real-time strain typing for MRSA – as a new approach for using on the ground feedback for engaging doctors in infection control work. This raises the question of what sorts of information and feedback are likely to engage doctors in different practice contexts, and how this might be better managed in the future.

Suyin Hor: Engaging hospital staff in making sense of infection control amidst messy realities

In this talk, Dr Hor shares data from reflexive feedback sessions in which hospital staff watched video clips of their own practice in a group learning context. Staff were frequently able to identify cross-contamination risks and problems in their practice, as well as good practices and novel solutions, ranging from different configurations of teams to tweaking available resources in the ward (such as shelving and trolleys). Dr Hor discusses how the video-reflexive process encourages staff to grapple with the messiness



and complexity of day-to-day practice and to respond collectively for improved infection control practice. She uses this to raise the question of how such methods, dealing with staff engagement in everyday complexity, can be made sustainable in hospital contexts.

Mary Wyer: How do we engage patients in the challenges of hospital infection control?

Mary Wyer is a registered nurse and nurse educator. She uses this talk to begin a conversation about how we might best respond to the startling misapprehensions, confusions and alienation that she found when working with MRSA colonised and infected patients about their understanding of infection control. She discusses how patients are often treated simply as passive recipients of (often inconsistent) infection control practices, with the patient/clinician conversations about the rationale for these practices and the roles that patients might play in reducing transmission notably lacking. In contrast, Wyer argues that in order to reduce HAIs, clinicians must consider patients as active contributors to infection control by paying attention to patients' perceptions, feedback and activities. She discusses how, in her own nursing practice, she tries to use more effective methods of patient engagement and what kinds of new thinking are needed to make such engagement effective.

Claire Hooker: Thinking beyond hand hygiene: collective approaches to infection control

Dr Hooker asks in this talk, what insights can be gained from thinking about hospital infection control as a communal rather than an individual problem? This question emerged from the frequency with which the participants in the video reflexive ethnography research we have undertaken suggested reliance on other team members as the chief resource with which to respond to the level of unpredictability and complexity that turned out to be inherent in hospital infection control. There were many occasions where it was not possible to conform perfectly to infection control protocols and many situations in which it was easy for mistakes to occur. Relying on other staff for surveillance and support was a critical part of successful infection control management, and staff not infrequently commented on the importance of apparently minor forms of workplace interaction to facilitate this. Dr Hooker uses this to ask the question of how we can improve the engagement of health teams as teams in improving infection control.