Procedure 4. Donning and Removing PPE

Procedure check-list for expert peer observers

Use only ID numbers on this form. Names and patient details are only entered on the identifier spreadsheet.

1) Clinician Participant number

2) Patient Participant number

3) ○ Tick only if Clinician and Patient Participant Numbers above match

4) Venue

5) Date and Time
   (please use the format Day-Month-Year Hour:Minute)

6) Peer Observer
   ○
   ○

7) Clinician consent obtained?
   ○ Yes ○ No

8) Patient consent obtained?
   ○ Yes ○ No

9) The practitioner undertaking the procedure is bare below the elbows (BBE) and any cuts/grazes are covered with a waterproof dressing?
   ○ Yes ○ No

08-07-2019 7:40am

projectredcap.org
### Donning Procedure

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<tr>
<th>Step</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>10)</td>
<td>1. The practitioner undertaking the procedure is bare below the elbows (BBE) and any cuts/grazes are covered with a waterproof dressing</td>
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<td>11)</td>
<td>2. Perform Hand Hygiene</td>
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<td>12)</td>
<td>3. Gown: Put on Gown fully covering torso, neck to knees, arms to wrists and fastened at the neck and back</td>
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<td>13)</td>
<td>4. Mask /N95 respirator: Secure ties or elastic band at the middle of the neck</td>
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<td>14)</td>
<td>5. Fit flexible band to nose bridge and ensure snug fit below the chin</td>
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<td>15)</td>
<td>6. Fit- check N95</td>
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<td>16)</td>
<td>7. Goggles or face shield place over eyes and adjust to fit</td>
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<td>☒</td>
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<td>17)</td>
<td>8. Gloves: Apply gloves and ensure they extend to cover wrists</td>
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### Removing Procedure

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<td>18</td>
<td>Gloves: grasp the outside of glove with opposite hand and peel off, slide fingers of ungloved hand under remaining glove at the wrist and peel over first glove. Dispose in bin.</td>
<td>✔️</td>
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<td>19</td>
<td>2. Perform Hand Hygiene Moment 3 - after BBFE</td>
<td>✔️</td>
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<tr>
<td>20</td>
<td>3. Goggles or face shield: remove by headband or ear pieces place in designated area for reprocessing.</td>
<td>✔️</td>
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<tr>
<td>22</td>
<td>5. Mask or N95 respirator: undo ties / or grasp the top elastic then pull up and remove mask cleanly from face. Dispose of in yellow bag. Done without touching the front of the mask.</td>
<td>✔️</td>
</tr>
<tr>
<td>23</td>
<td>6. Perform Hand Hygiene Moment 3 - after BBFE</td>
<td>✔️</td>
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</tbody>
</table>

### Marking Guidelines

24) Terminate: Sterile flow not evident / no hand hygiene / no patient explanation / multiple attempts.

Bare fail: Attempted sterile flow but did not attend to hand hygiene i.e. did not allow Chlorhex to dry.

Pass: Maintained sterile flow but missed hand hygiene moment.

Clear pass: Maintained sterile flow with correct hand hygiene moments.

25) Comments:
Research study to assess Medical and Nursing curricula and practices in the area of infection prevention and control

CLINICIAN SELF-EVALUATION FORM

Clinician Participant number

Designation (tick one of the following options)

- Year 3 student nurse
- Trainee Intern
- Early Career Registered Nurse (up to 5 years post-grad)
- Early Career Doctor (up to 5 years post-grad)
- Senior RN (PGY >10)
- Senior Doctor (PGY>10)

Venue: ____________________________________________

Date and Time: _____________________________________

Peer Observer: ________________________________________

Thank you for taking the time to be involved in this research. Your participation is very much appreciated. Please just take a further 5-10 minutes to fill out the self-evaluation form below. Answer as precisely and honestly as you can.
For each question please use the scale provided to indicate your response. 
To what extent do you agree with the following statements? Please tick.

1. I felt confident performing this procedure on the patient.
   - 5 Strongly Disagree
   - 4 Disagree
   - 3 Undecided
   - 2 Agree
   - 1 Strongly Agree

2. I think the patient felt comfortable having me perform this procedure on them.
   - 5 Strongly Disagree
   - 4 Disagree
   - 3 Undecided
   - 2 Agree
   - 1 Strongly Agree

3. I think I took all appropriate steps to ensure the patient’s safety and compliance as it relates to infection prevention and control.
   - 5 Strongly Disagree
   - 4 Disagree
   - 3 Undecided
   - 2 Agree
   - 1 Strongly Agree

4. I followed recommended guidelines for hand hygiene to the best of my knowledge.
   - 5 Strongly Disagree
   - 4 Disagree
   - 3 Undecided
   - 2 Agree
   - 1 Strongly Agree
5. I followed recommended guidelines for aseptic technique to the best of my knowledge.

5: Strongly Disagree 4: Disagree 3: Undecided 2: Agree 1: Strongly Agree

6. I followed recommended guidelines for isolation technique to the best of my knowledge.

5: Strongly Disagree 4: Disagree 3: Undecided 2: Agree 1: Strongly Agree

7. I was taught how to perform this procedure from an infection prevention and control perspective and a mastery (knows how to do) perspective.

5: Strongly Disagree 4: Disagree 3: Undecided 2: Agree 1: Strongly Agree

8. I was taught how to do this procedure by staff who demonstrate competence in such procedures.

5: Strongly Disagree 4: Disagree 3: Undecided 2: Agree 1: Strongly Agree
9. I did not feel rushed or pressured in any way when learning how to do this procedure.

- 5 Strongly Disagree
- 4 Disagree
- 3 Undecided
- 2 Agree
- 1 Strongly Agree

10. I cannot recall ever being specifically taught how to do this procedure.

- 5 Strongly Disagree
- 4 Disagree
- 3 Undecided
- 2 Agree
- 1 Strongly Agree

11. I think that I may have adjusted my technique to save time.

- 5 Strongly Disagree
- 4 Disagree
- 3 Undecided
- 2 Agree
- 1 Strongly Agree

12. I would feel happy to have my clinical practice in techniques like this one peer observed from time to time.

- 5 Strongly Disagree
- 4 Disagree
- 3 Undecided
- 2 Agree
- 1 Strongly Agree

13. I think that scheduled peer observation and feedback could be a good thing to support best clinical practice.

- 5 Strongly Disagree
- 4 Disagree
- 3 Undecided
- 2 Agree
- 1 Strongly Agree
14. I asked the peer evaluator today to provide me with his/her feedback on the procedure I performed.

5 4 3 2 1
Strongly Disagree Disagree Undecided Agree Strongly Agree

15. Have you had any previous health care experience?

Yes  No

If yes, please give a description of experience and number of years' experience.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Do you have any further comments? Please write them down here.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Thank you
Research study to assess Medical and Nursing curricula and practices in the area of infection prevention and control

Thank you for taking the time to be involved in this research. Your participation is very much appreciated. Please just take a further 5-10 minutes to fill out the self-evaluation form below. Answer as precisely and honestly as you can.

PATIENT FEEDBACK FORM

A. Please first complete these general questions (tick the circle that applies to you)

i. What gender do you identify with?
   ○ Male
   ○ Female
   ○ Other (please state)

ii. What age group do you belong to?
   ○ 16-30
   ○ 31-40
   ○ 41-50
   ○ 51-60
   ○ 61-70
   ○ 71-80
   ○ 80+

iii. With what religion do you identify?
   ○ My religion is ________________
   ○ I do not identify with any particular religion

iv. Culture/ethnicity
   Which ethnic group do you belong to? **Mark the space (or spaces) which apply to you**
   ○ New Zealand European
   ○ Māori
   ○ Samoan
   ○ Cook Island Maori
   ○ Tongan
   ○ Niuean
   ○ Chinese
   ○ Indian
   ○ Other such as DUTCH, JAPANESE, TOKELAUN. Please state:
     ___________________ In which country were you born? ____________
B. The following questions are specific to your experience of having a peer-observed clinical procedure performed on you.

For each question please use the scale provided to indicate your response. To what extent do you agree with the following statements?

1. I felt comfortable having this procedure performed on me by the nurse/doctor participant (Strike out that which does not apply)

   |   |   |   |   |   |
   | 5 | 4 | 3 | 2 | 1 |
   | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |

2. I think the nurse/doctor felt confident performing this procedure on me.

   |   |   |   |   |   |
   | 5 | 4 | 3 | 2 | 1 |
   | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |

3. I think he/she took all appropriate steps to ensure my safety and my compliance so as to minimize my chances of getting an infection.

   |   |   |   |   |   |
   | 5 | 4 | 3 | 2 | 1 |
   | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |

4. I felt comfortable with the level of attention they paid to hand washing/use of antiseptic gels before, during and after they did the procedure on me.

   |   |   |   |   |   |
   | 5 | 4 | 3 | 2 | 1 |
   | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
5. To the best of my knowledge, I think their technique was good.

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<th>Strongly Disagree</th>
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<th>Undecided</th>
<th>Agree</th>
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6. I think that regularly scheduled **peer observation** is a good idea for encouraging clinician best practice and best patient outcomes.

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7. I think that regularly scheduled **patient feedback** is a good idea for encouraging clinician best practice and best patient outcomes.

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8. When nurses and doctors perform poorly in my estimation, I feel confident in asserting my needs as a patient.

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FOR PATIENTS IN ISOLATION ONLY

9. To the best of my knowledge, I think my nurse/doctor participant took care not to contaminate anything (including themselves and me) when providing me with isolation care.

   5 Strongly Disagree  4 Disagree  3 Undecided  2 Agree  1 Strongly Agree

10. Do you have any further comments? Please write them down here.

Thank you

OFFICE USE ONLY

Patient and Clinician number: ____________________

Designation: [tick one of the following options]

- Year 3 Student Nurse
- Trainee Intern
- Early Career Registered Nurse (up to 5 years post-grad)
- Early Career doctor (up to 5 years post-grad)
- Senior RN (> 10 years postgrad)
- Senior doctor (> 10 years postgrad)

Venue: ______________________________________

Date and Time: ________________________________

Peer observer: __________________________________