

Masanga Mentor Ebola Initiative - the ebuddi system

The Ebola outbreak focused attention on the importance of infection prevention and control (“IPC”) and the challenge of training health-workers in a region as large and remote as West Africa, including vital resources such as survivors, burial teams and cleaners who could be uneducated and illiterate. Even highly trained health-workers from developed countries were found to be inadequately trained in the use of PPE, leading to high profile cases of infection such as Pauline Cafferky.

MMEI came together to catalyse a transformation in IPC training, through applying technology enhanced learning to improve knowledge retention, confidence and ultimately competence – and to make quality assured training accessible worldwide.

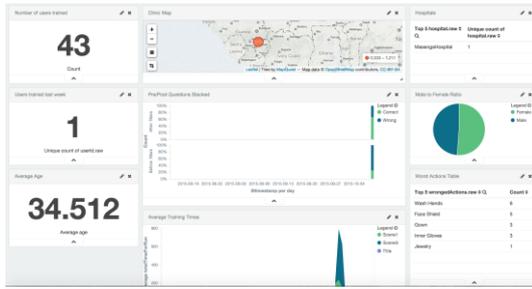
MMEI is a partnership between the [Masanga hospital](#) in Sierra Leone, the [Mentor Initiative](#) a leading international health training NGO operating in Liberia, and the [Plymouth University Peninsula Schools of Medicine and Dentistry](#) (“PUPSMD”). The partnership includes a number of experts in a wide range of complimentary fields.

MMEI is developing the *ebuddi* IPC training system which is undergoing field trials in Sierra Leone and Liberia. The main features that collectively make the *ebuddi* system innovative are:

1. Simulated interactive training in a setting and language familiar to the trainees (**a near peer experience**) ensures high engagement, better retention and more sustainable compliance with standard precautions.
2. **Safety critical steps highlighted**, based on where people actually make mistakes or get confused to reduce errors and risk of infection. The approach has evolved in response to lessons learnt and feedback from the frontline teams.
3. **Risk awareness and mitigation** encouraged through interactive role play and game based learning.
4. **The Culture of patient and team care** is reinforced through empathetic engagement between health-workers and patients.
5. **Copying and behaviour change** through simulations encouraging physical practice of standard IPC procedures such as hand-washing
6. Protocols aligned with international and national guidelines through the ‘compliance control document’ (**guaranteeing high fidelity**)



- Detailed Analytics** allows the programme director to provide "data led quality assured targeted training", real time monitoring and evaluation, fast adaptation to improve outcomes and time tracked assessment of improvement in competency.



- Tablet and smartphone** interface is proving more intuitive, more impactful and easier to manage even with trainees not familiar with computers.

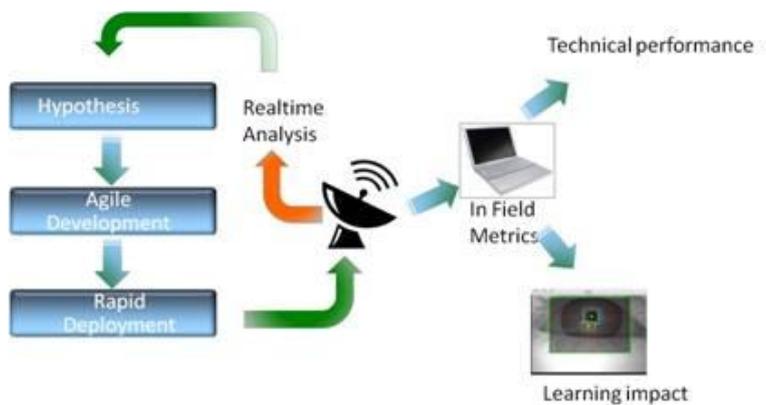


- Completion of the training programme, including automatic feedback, reminders and refresher training, can be linked to **certification**, to **create a culture of constant vigilance** and sustained improvement in IPC practices.

- Being digital it is much easier to distribute is less reliant on trainer expertise and the marginal cost of training is low compared to conventional training programmes.

- A modular approach and use of **agile development** allows **ebuddi** to be quickly and cost effectively adapted to different settings, scenarios, ethnicity and gender.

- Supported by Independent research** evidence collected by PUPSMD showing increase in confidence and competence and potentially behaviour change.



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For further information see the website www.mmei.uk or please contact Nicholas Mellor +44 7971 8092 62