Expert testimony 2

Education at point of first contact with a health professional
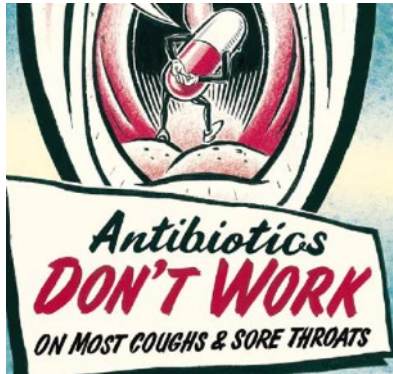
School education

Peer education

Cliodna McNulty
Head, Public Health England Primary Care Unit

Point of first contact: setting the scene

❖ **If respondent aware of a campaign they have improved knowledge (2003 Andy & 2008 poster campaign**

❖ **Knowledge and antibiotic prescription rate not related**

So are campaigns a waste of money?

❖ **No** - **I think knowledge is important, and is the first step in behaviour change**

❖ **Posters / videos need to be visible at point of care**

❖ **We need to make posters more active: for the patient and clinician, to change knowledge into intention – and then action.**

❖ **We need to follow up with shared decision making supporting the posters or videos**

Using videos in GP surgeries
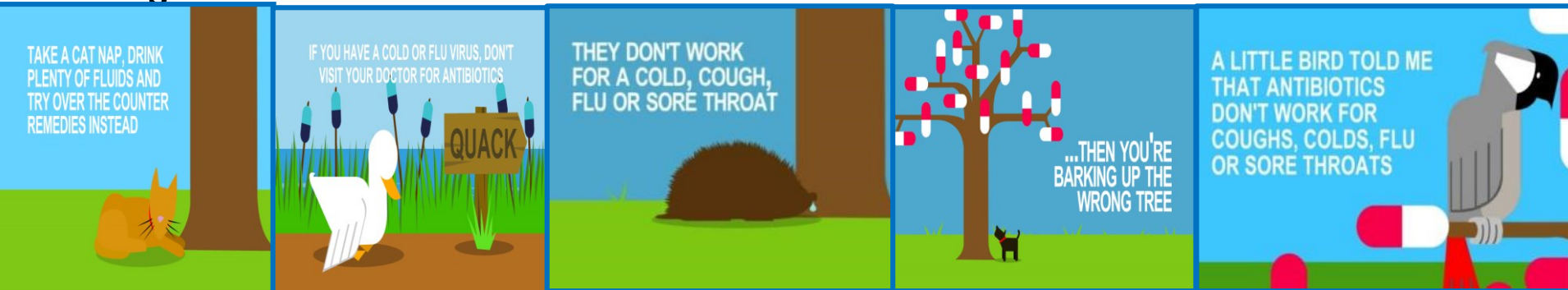
- ❖ **3119 patients were observed in 3 GP practices**
- ❖ **145 patients (4.6%) were observed watching the animations**
- ❖ **132 /145 (91%) remembered seeing them**
- ❖ **There was a significant difference in patient response, towards positive intention to change behaviour, for 5 of the 7 questions**
- ❖ **next time they had a cough, cold or sore throat they would be:**
  - • 60% less likely to visit their GP practice, p=0.001
  - • 63% less likely to ask for an antibiotic, p=0.001
  - • 55% more likely to self care with rest, fluids and pain relief, p=0.01
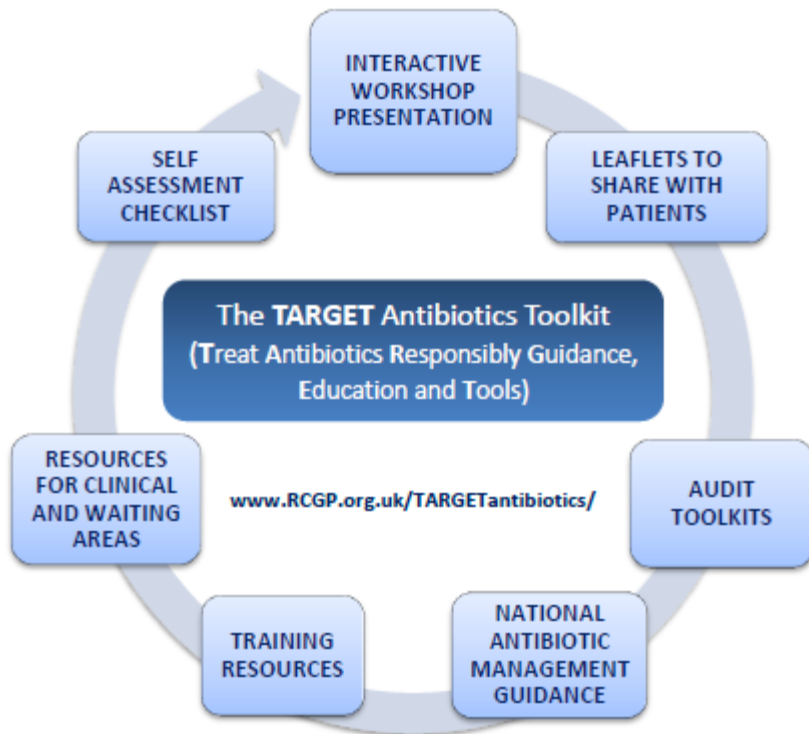
Using videos in GP surgeries
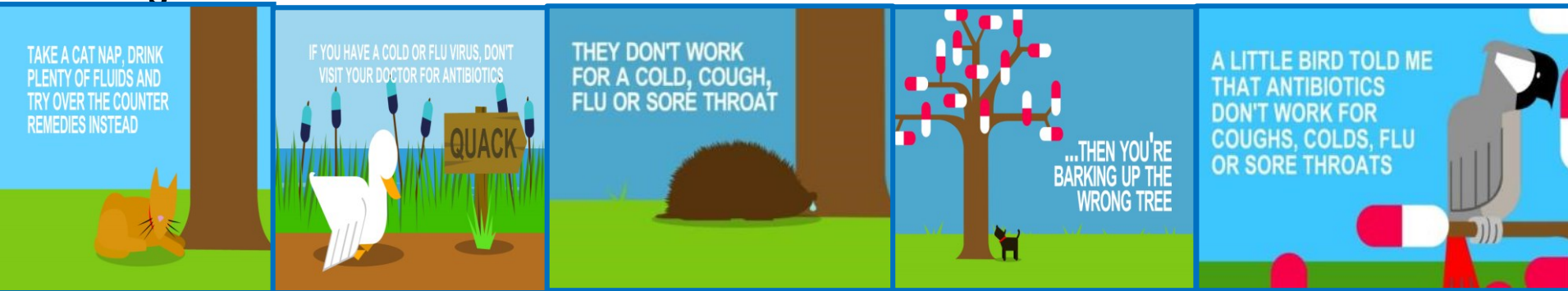
- ❖ **Other evaluations of life channel videos have found similar process problems & effects for other public health messages**
- ❖ **There should be a more efficient way of using this approach, as numerous adverts, reduce useful viewing content**
- ❖ **Process evaluation essential to ensure patients can actually see them**
- ❖ **A valuable tool to consider, especially if highlighted by the clinician in the consultation.**

Evaluation of the effectiveness of a series of videos shown in GP surgery waiting rooms on patient awareness of prudent antibiotic use. Lecky DM, Dillon H & McNulty CAM . BSAC Annual meeting 2014

Evaluation of TARGET (Treat Antibiotics Responsibly; Guidance, Education, Tools)

The TARGET Antibiotics Toolkit
(Treat Antibiotics Responsibly Guidance, Education and Tools)

www.RCGP.org.uk/TARGETantibiotics/

- INTERACTIVE WORKSHOP PRESENTATION
- LEAFLETS TO SHARE WITH PATIENTS
- AUDIT TOOLKITS
- NATIONAL ANTIBIOTIC MANAGEMENT GUIDANCE
- TRAINING RESOURCES
- RESOURCES FOR CLINICAL AND WAITING AREAS
- SELF ASSESSMENT CHECKLIST

RCT using Zelen design:

42 of 80 intervention practices accepted workshops: 318 GP staff, 80 control practices had usual support

Qualitative: 35 GPs, 13 stakeholders and 5 nurses within 29 interviews and 4 focus groups from England and Scotland.

RCGP Royal College of General Practitioners | BSAC The British Society for Antimicrobial Chemotherapy | NHS SCOTLAND | Royal College of Nursing | ROYAL PHARMACEUTICAL SOCIETY | IPS Infection Prevention Society | BIA British Infection Association

An RCT and qualitative evaluation of TARGET Antibiotics Toolkit ; CAM McNulty, LF Jones, MKD Hawking , R Owens, D Lecky, N Francis, M Gal, CC Butler, A Charlett

TARGET solution:
Shared Patient Information

All sections can be personalised and added to by the GP

"Usually lasts" section educates patients about when to consult

Safety netting

Back-up prescription

Information about antibiotics & resistance

Read codes: Delayed:8CAk, Leaflet: 8CE

Royal College of General Practitioners

Public Health England

Treating your infection

Public Health England

Patient Name _____ Your doctor or nurse recommends that you self-care ☐

Your infection	Usually lasts	How to treat yourself better for these infections, now and next time	When should you get help: Contact your GP practice or contact NHS 111 (England), NHS 24 (Scotland dial 111), or NHS Direct (Wales dial 0845 4647)
☐ Middle-ear infection	4 days	• Have plenty of rest. • Drink enough fluids to avoid feeling thirsty. • Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both). • Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol (or ibuprofen) if you or your child are uncomfortable as a result of a fever. • Use a tissue and wash your hands well to help prevent spread of your infection to your family, friends and others you meet. • Other things you can do suggested by GP or nurse:	1. to 8. are possible signs of serious illness and should be assessed urgently. Phone for advice if you are not sure how urgent the symptoms are. 1. If you develop a severe headache and are sick. 2. If your skin is very cold or has a strange colour, or you develop an unusual rash. 3. If you feel confused or have slurred speech or are very drowsy. 4. If you have difficulty breathing. Signs that suggest breathing problems can include: ○ breathing quickly ○ turning blue around the lips and the skin below the mouth ○ skin between or above the ribs getting sucked or pulled in with every breath. 5. If you develop chest pain. 6. If you have difficulty swallowing or are drooling. 7. If you cough up blood. 8. If you are feeling a lot worse. Less serious signs that can usually wait until the next available GP appointment: 9. If you are not improving by the time given in the 'Usually lasts' column. 10. In children with middle-ear infection: if fluid is coming out of their ears or if they have new deafness. 11. Other _____
☐ Sore throat	7 days		
☐ Common cold	10 days		
☐ Sinusitis	18 days		
☐ Cough or bronchitis	3 weeks		
☐ Other infection: _____	___ days		

Back-up antibiotic prescription to be collected after ☐ days only if you do not feel better or you feel worse.

Collect from: ☐ GP reception ☐ GP or nurse ☐ Pharmacy

• Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own.
• If you take antibiotics when you don't need them, it allows bacteria to build up resistance. This means, they're less likely to work in the future, when you really might need them.
• Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick if you drink alcohol with metronidazole.

Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal

Leaflet developed in collaboration with these professional societies.

Evaluation of TARGET (Treat Antibiotics Responsibly; Guidance, Education, Tools)

Public Health England

Coherence	• AMR is a well understood concept • Others are responsible too eg. general public, hospitals… • For some it's a low priority
Cognitive Participation	• There is an engagement with tackling AMR • Increased promotion is needed to encourage engagement with the TARGET Antibiotics Toolkit
Collective Action	• GP workload and time constraints make implementation difficult for some • It's important that the TARGET Antibiotics Toolkit is easily available, easily accessible and flexible
Reflexive Monitoring	• The TARGET Audit Toolkits and the TARGET Self Assessment Checklist need to be promoted as a monitoring tool for GPs and commissioners • Monitoring needs to be adopted to fully understand the value of the toolkit

Leaflets to Share with Patients

"Actually being able to pass them a piece of paper. Instead of passing them a prescription but it's something to take away. It's good. I think it's helpful because it looks official as well"- GP

"Having hard copies of the leaflets would be a good idea ..GPs are so busy & they've got so much going on in their heads, it's only the keen ones that will use it and remember ..having it ..to hand visually on the desk will help." - Stakeholder 9

"Here's the problem, it's not a click away" **- GP**

8

RCT results: total antibacterial prescribing

Public Health England

Intervention practices: no significant change

Controls: prescribing increased by 3.8%.

Intervention	N	Estimated relative change in prescribing (95% CI)	P value
Control	59	1.038 (1.013 to 1.065)	0.003
Intervention accepted workshop	42	1.004 (0.966 to 1.044)	0.83
Intervention refused workshops	34	1.018 (0.987 to 1.050)	0.26

A modified McNulty-Zelen design randomised controlled trial to evaluate the TARGET Antibiotics toolkit (Treat Antibiotics Responsibly, Guidance, Education, Tools) and its implementation Authors: Cliodna A.M. McNulty, Meredith K.D. Hawking, Leah Jones, Rebecca Owens, Nick Francis, Chris Butler, Philippa Moore, Tom Nichols, Andre Charlet, Donna Lecky. ECCMID 2016

RCT results: Co-amoxiclav prescribing

Controls: 7.8% increase

Intervention accepted workshop: 7.6% decrease
Intervention refused workshop: 12.4% increase

Practice group	N	Estimated relative change in prescribing (95% CI)	P value
Control practices	60	1.078 (1.020 to 1.141)	0.008
Intervention accepted workshop	42	0.924 (0.854 to 0.999)	0.05
Intervention declined workshop	34	1.124 (1.036 to 1.220)	0.005

A modified McNulty-Zelen design randomised controlled trial to evaluate the TARGET Antibiotics toolkit (Treat Antibiotics Responsibly, Guidance, Education, Tools) and its implementation

Evaluation of TARGET: conclusions
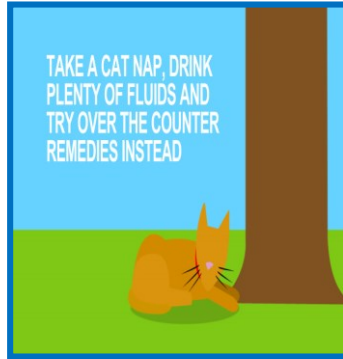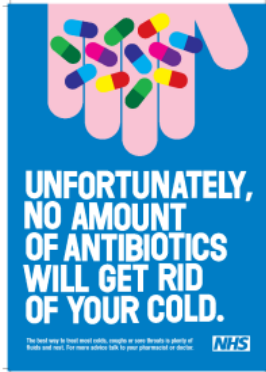
❖ **Action planning at workshops will help convert intentions to use posters, videos and leaflets into action:** who and how?

❖ **Easy access to leaflet to "Nudge" use**

- Hard copy tear off
- Computer access: Leaflet now available on several GP computer systems

Few report being offered a delayed antibiotic

Q18 In the last 12 months, in which if any of the following circumstances has a GP, nurse or dentist offered you delayed antibiotics?

Those more likely to have been offered delayed antibiotics

2%
*% 2%
96%

Women compared with men (5% vs 3%)

Those with children compared with those with none (7% vs 3%)

Those in social grades DE compared with those in social grade ABC1C2 (7% vs 3%)

- Offered at time of diagnosis to be picked up if felt no better or worse in few days
- Offered opportunity to return to surgery to picked up prescription if felt no better or worse in few days
- Neither
- Don't know

Base: All respondents (1,625); Fieldwork: 24th – 30th January 2014

McNulty CA, Lecky DM, Hawking MK, Quigley A, Butler CC. Delayed/back up antibiotic prescriptions: what do the public think? BMJ open. 2015;5

Only 17% of general public know what a delayed antibiotic is divided about support for their use

Q15 In general, to what extent are you in favour of or opposed to GPs, nurses or dentists issuing delayed antibiotic prescriptions for the following infections?

Infection	Strongly in favour	Tend to favour	Neither / nor	Tend to oppose	Strongly oppose	Don't know
Chest infection	13%	26%	27%	16%	14%	3%
Urine infection	13%	25%	30%	15%	13%	3%
Ear infection	12%	26%	30%	16%	13%	3%
Throat infection	11%	25%	30%	16%	14%	3%

■ Strongly in favour ■ Tend to favour ■ Neither / nor ■ Tend to oppose ■ Strongly oppose ■ Don't know
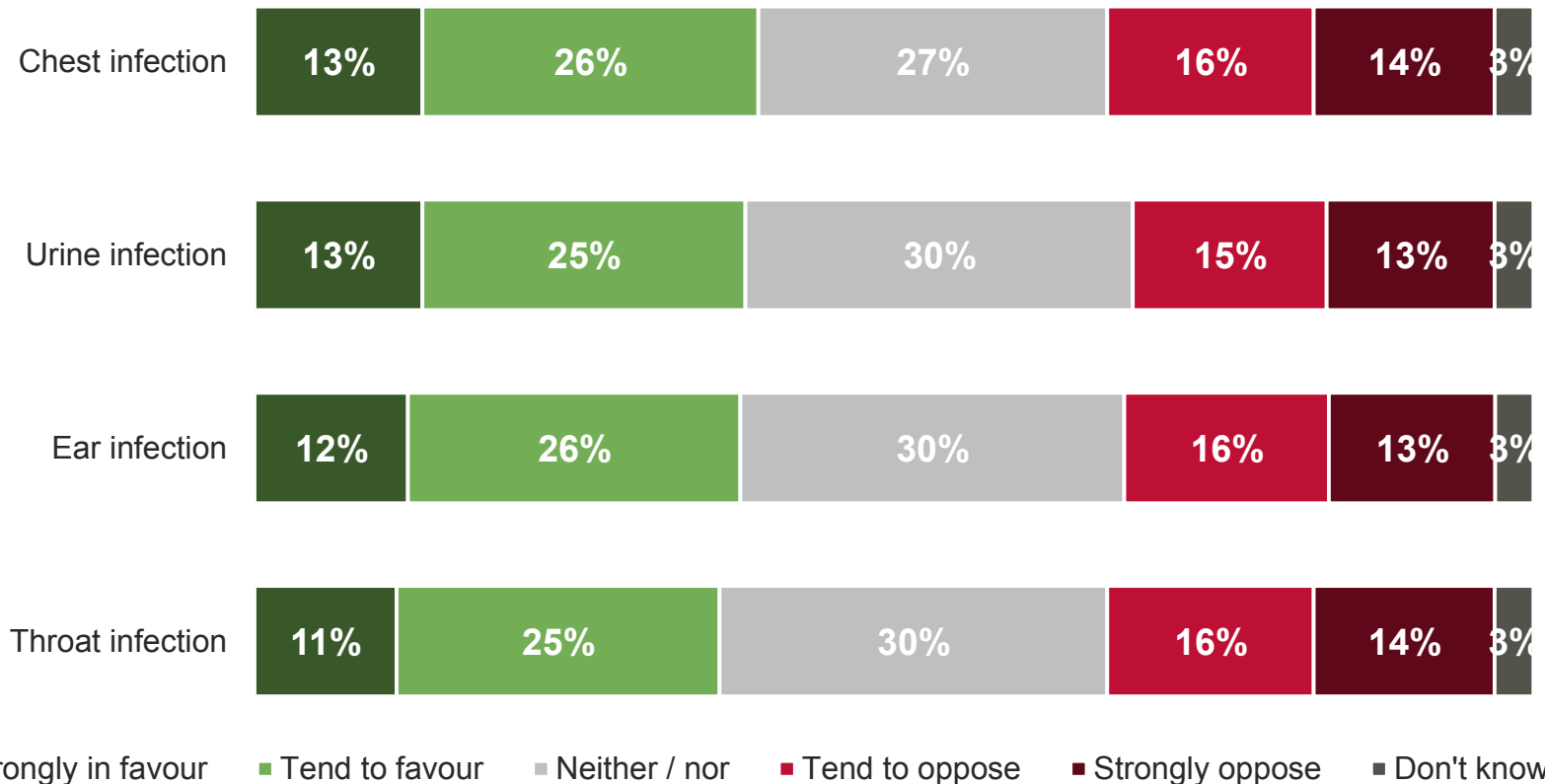
Base: All respondents (1,625); Fieldwork: 24th – 30th January 2014

Which way to delay?: PIPS trial

	No	Recontact	Postdate	Collect	Patient-led	LR chi p
Sx severity	1.62	1.60	1.82	1.68	1.75	0.6
Duration mod bad Sx days (median)	3	4	4	4	4	0.3
Belief in Abs	71%	74%	73%	72%	66%	0.8
Ab use	26%	37%	37%	33%	39%	0.3
V satisfied	79%	74%	80%	88%	89%	0.8

Symptom severity primary outcome:
0=no problem....6 as bad as it could be; alpha 0.71-0.79; SRM 1.6

Little et al

Public Health England

Mismatch between doctors concerns and parents/carers concerns

Parents want reassurance and advice: How to treat symptoms, how to manage the impact on their family (disrupted sleep, eating pattern) what to look out for so child does not get seriously ill
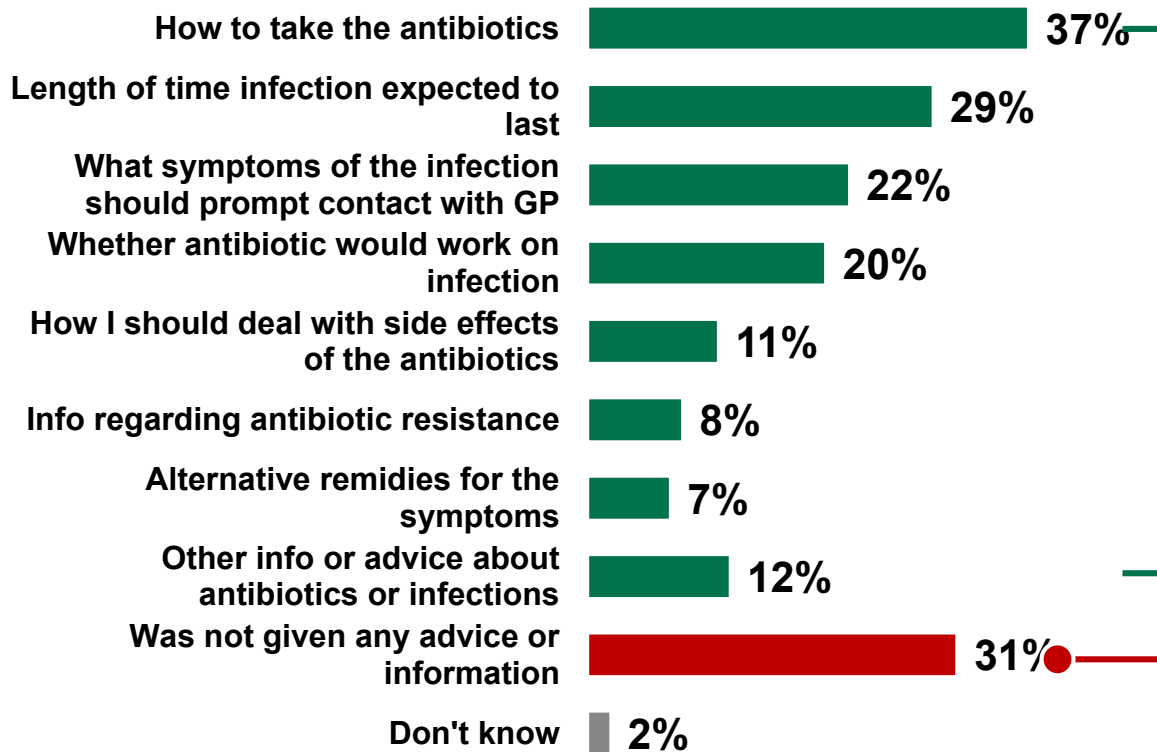
Cabral, C. et al. The influence of clinical communication on parents' antibiotic expectations for children with Respiratory Tract Infections'. Annals of Family Medicine. (2016) 14, 2, p. 141-7 7

Information or advice reported by those visiting health professional for infection in last 12 months

Public Health England

How to take the antibiotics — **18%**

Length of time infection expected to last — **16%**

What symptoms of the infection should… — **13%**

Whether antibiotic would work on infection — **10%**

How I should deal with side effects of the… — **7%**

Alternative remidies for the symptoms — **7%**

Info regarding antibiotic resistance — **5%**

Other info or advice about antibiotics or… — **7%**

Was not given any advice or information — **54%**

Don't know — **6%**

Two in five (39%) received information

Base: All respondents who have had an infection in the past 12 months (1,059); Fieldwork: 24th – 30th January 2014

McNulty CAM, Lecky D, Hawking MKD, Roberts C, Quigley A, Butler CC. How much information about antibiotics do people recall after consulting in primary care? Family Practice 2016, 1-6.

Reported advice when prescribed an antibiotic by a health professional

Public Health England

Category	%
How to take the antibiotics	37%
Length of time infection expected to last	29%
What symptoms of the infection should prompt contact with GP	22%
Whether antibiotic would work on infection	20%
How I should deal with side effects of the antibiotics	11%
Info regarding antibiotic resistance	8%
Alternative remidies for the symptoms	7%
Other info or advice about antibiotics or infections	12%
Was not given any advice or information	31%
Don't know	2%

Two-thirds (67%) received information. Those groups most likely to be given information include:
ABC1 compared with DE (74% vs 53%)
HHs with children aged 10-15 compared with HHs with no children (82% vs 63%)

More likely not to have received any advice / information
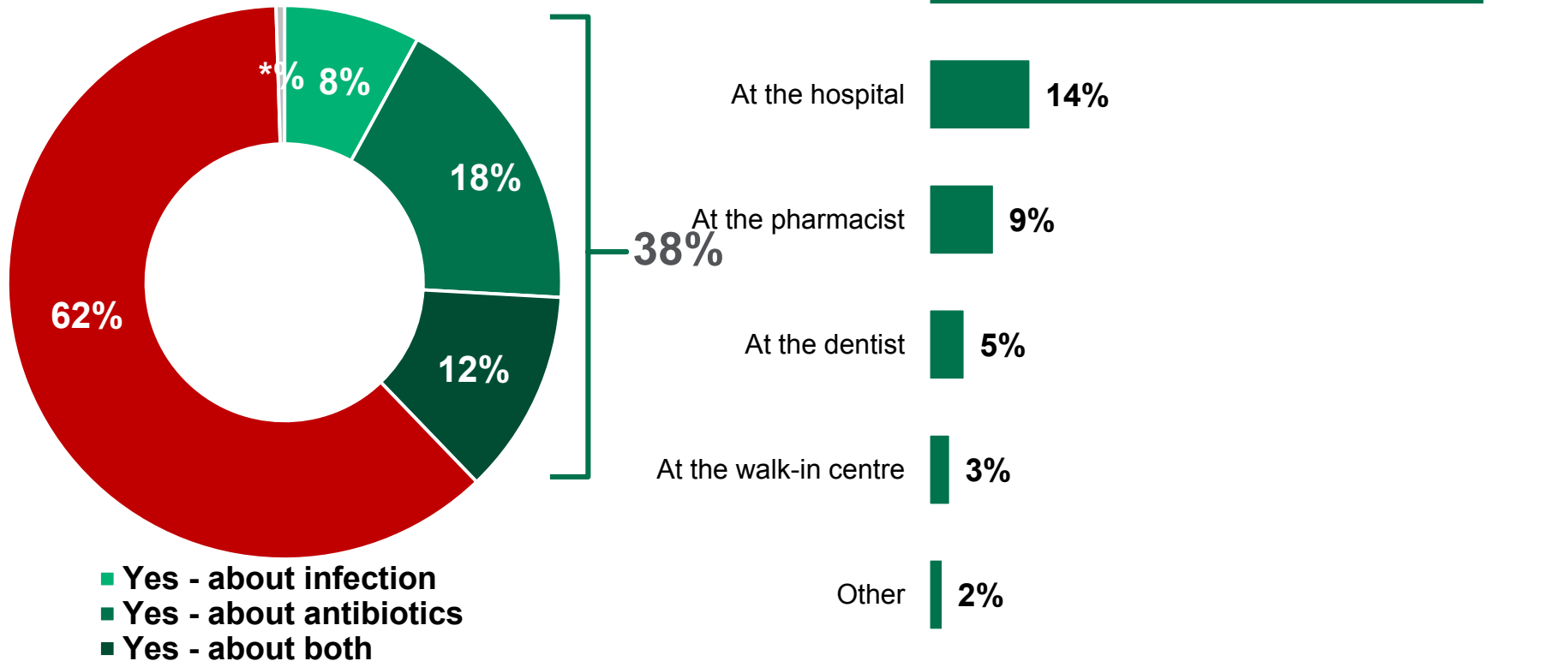Those aged 65+ compared with those aged 15-44 (40% vs 26%)

Base: All respondents who have visited a health professional for an infection in last 12 months and were prescribed an antibiotic (439); Fieldwork Jan 2014

And only around two in five say they were given printed information

Q27 Did the healthcare professional give you any printed information such as a leaflet or pamphlet about infections or antibiotics?

Q27A Where were you when you were given this information by a healthcare professional?

- ■ Yes - about infection
- ■ Yes - about antibiotics
- ■ Yes - about both

At the GP surgery **76%**
At the hospital **14%**
At the pharmacist **9%**
At the dentist **5%**
At the walk-in centre **3%**
Other **2%**

Base: All respondents who received advice or information from a health professional (156)

e-Bug Resources

Launched in 2011	Launched in 2009	Launched in 2009	Launched 2014/15
4-7 yrs	7-11 yrs	11-15 yrs	15-18 yrs
• Online Science Show	• Junior school lesson plan • Student website	• Senior school lesson plan • Student website	• Young adult lesson plan • Peer education resources • Student website
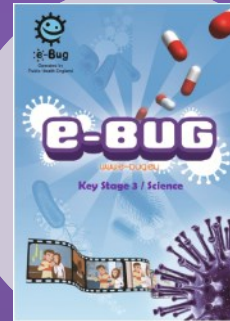
Worldwide Visits to e-Bug website

e-Bug
www.e-bug.eu
Operated by
Public Health England

Europe
90,214

Asia
11,363

Americas
16,099

Africa
5,247

Oceania
3,634
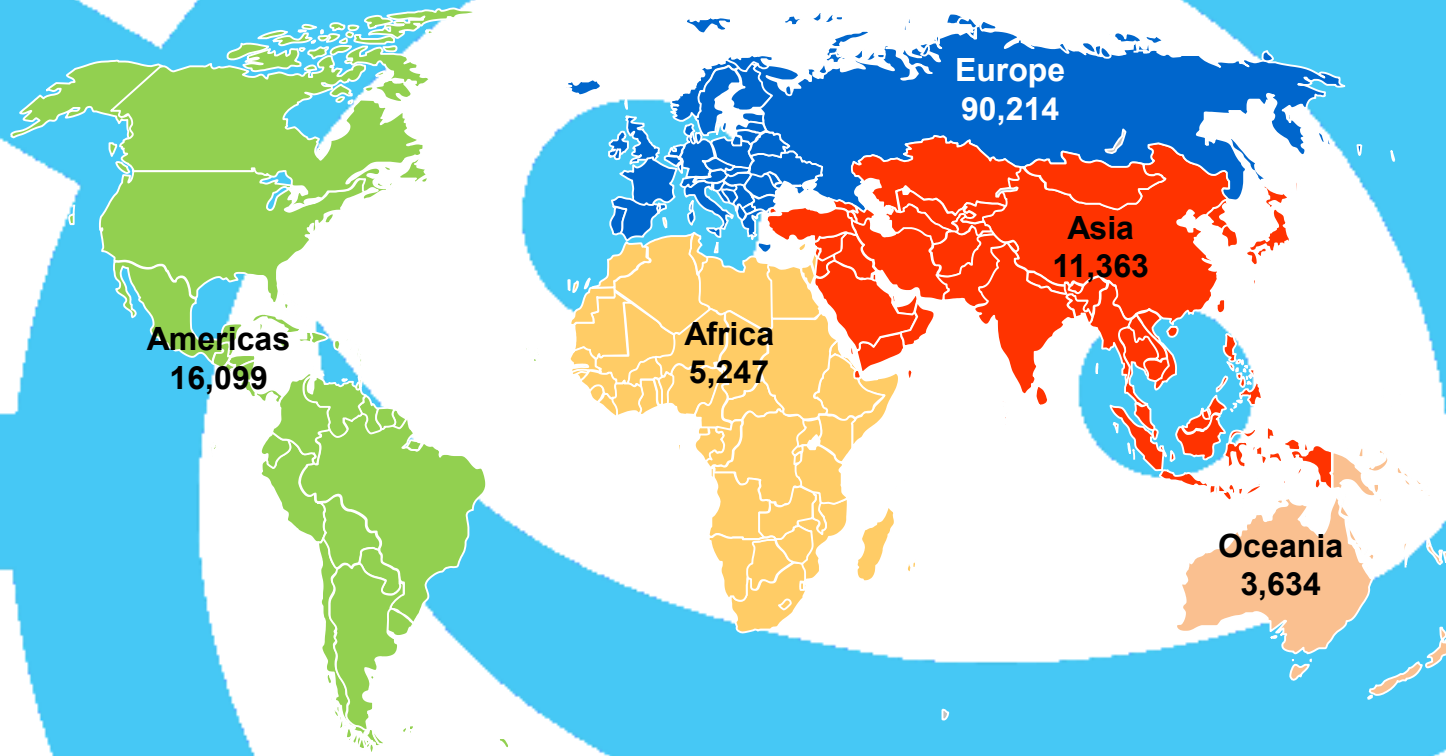
Country with most visits	Visits	Avg pages viewed per session	Avg visit duration
UK	34,333	7.52	00:05:38
Spain	10,814	2.28	00:01:48
France	10,234	5.44	00:04:31
Hungary	8,822	11.43	00:08:56
United States	7,520	4.87	00:04:45

126,557 worldwide visits to the e-Bug website in the last academic year (1 September 2015 to 18 July 2016)

Antibiotic e-Bug game evaluation

➤ **153 pupils, aged 9-11, completed before and after questionnaires.**

➤ **6 focus groups with 48 pupils**
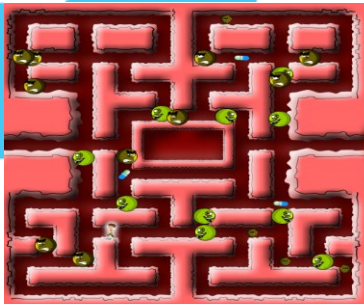
Body Busters, a Pacman like game

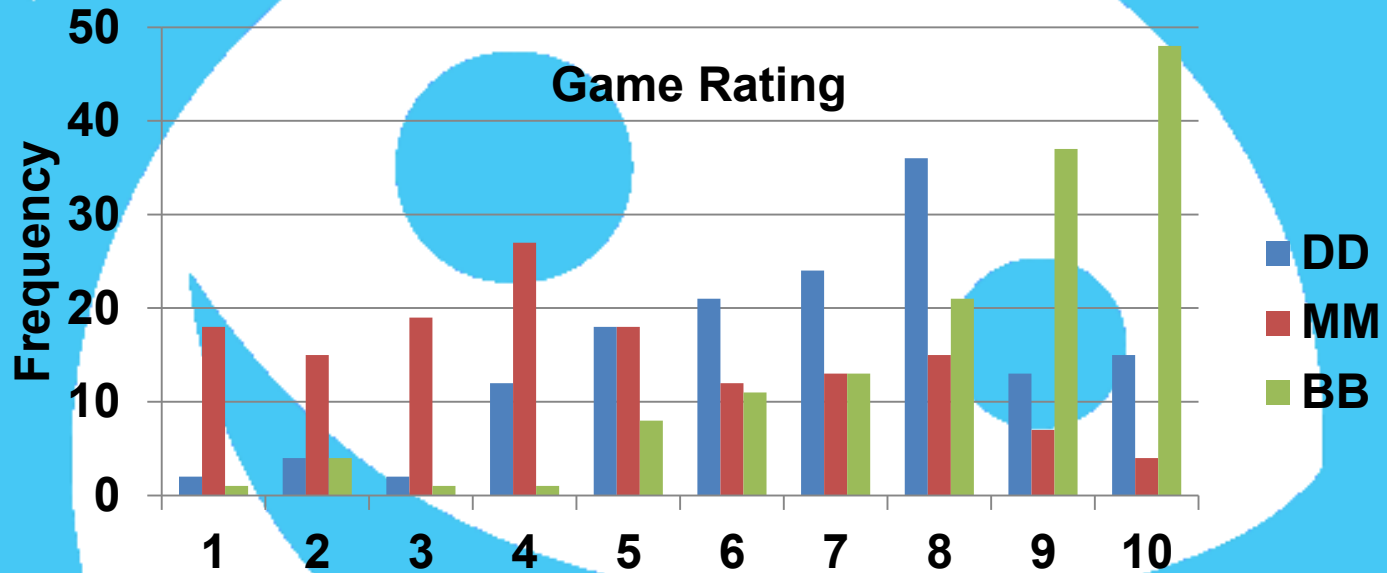**Doctor Doctor, role play about treating bacteria & viruses**

Microbe Mania, a microbe ID quiz

"That was my favourite game"

"I think it would be better if it had more levels"

"It was very boring, I just kept doing the same thing"

Game ratings for Doctor Doctor (DD) Microbe Mania (MM) and Body Busters(BB)

Question	% Correct before	% Correct after	p-value
Which of these would antibiotics be used for?	27.5	40.5	0.01
Finish the sentence (circle one) Antibiotics…	9.2	20.9	<0.001

Games – implications

➢ **Games can be useful to engage students in the topic of hygiene and antibiotics**

➢ **They need to have a gaming element**

➢ **They will chat about the experience afterwards if there is flow in the game**

➢ **Must not have too much text**

➢ **Incentives and more levels may help to increase use**

➢ **Teachers do use the more "boring games" as a quiz in class**

e-Bug Games & e-Bug bots

Doctor Doctor!
Drag to the child

Stop the Spread

Body Busters

Visits 2 months **before** new launch	Visits 2 months **after** new launch
22,204	39,984

Game	Total Visits (8th May – 18th July)
Stop the Spread	2771
Chicken Surprise	2081
Body Busters	1928
Doctor Doctor	1252
Bogey Bus	1091
Microbe Mania	856
Horrid Hands	846
Happy Holidays	797
Super Sneezes	640
Kitchen Mayhem	630
Farm Fun	448
Microbe Mayhem	137

Principles of peer education & e-Bug

VL Young, D Lecky, D Fettis, B Pritchard, M Hawking, ACole, B Hoekstra, CAM McNulty. ECCMID 2015
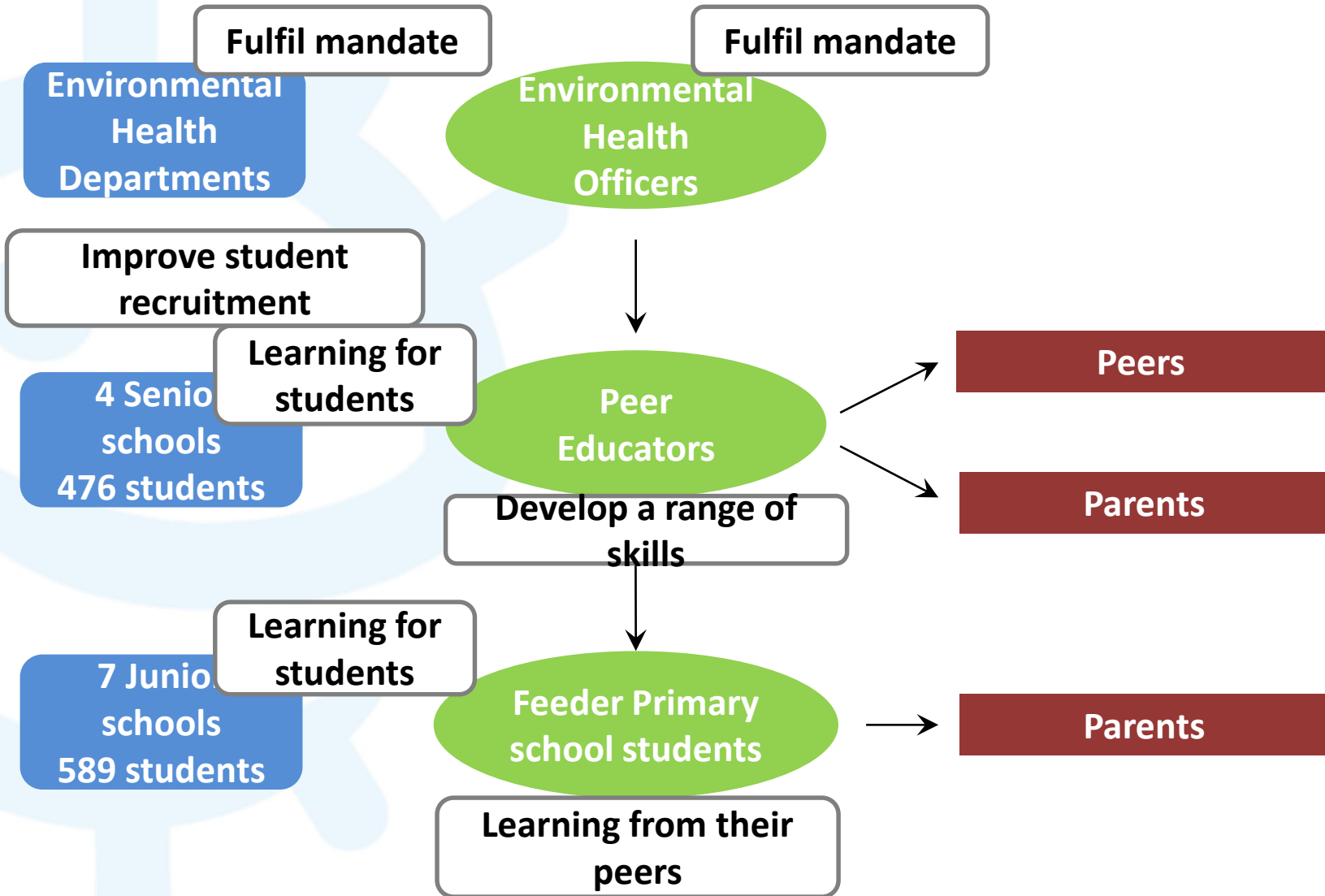
Peer education activities

Used e-Bug <u>ability</u> appropriate activities

- Knowledge questionnaire before, after and 6 weeks later
- Qualitative data on the questionnaire and in focus groups

"It's quite a good learning experience, because you build up your confidence to like speak and, like in front of an audience." Peer Educator, Year 8

"… I think that it's more of a fun way of learning if you get someone like, from like your age, you can get across learning in your like, your way kind of thing…" Peer Educator, Yr 8

The reciprocal learning, from the team of Year 8 students, was really special. This made the event really stick in everyone's minds. This was truly life changing…." Headteacher.

Results – junior schools

	Before teaching % correct	Before teaching differences % (95% CI)	After teaching change % (95% CI)	Retention change % (95% CI)	p value
Horrid Hands					0.002
Rural	72.2	0.0	10.2 (7.3, 13.2)	12.4 (9,3, 15.4)	
Inner city	80.0	8.4 (3.3, 13.6)	11.6 (6.7, 16.5)	9.5 (4.4, 14.7)	
Town	76.6	4.2 (-0.5, 9.0)	10.3 (5.5, 15.1)	8.7 (3.0, 14.3)	
Kitchen mayhem					0.02
Rural	61.3	0.0	11.9 (8.8, 15.0)	15.2 (12.0, 18.4)	
Inner city	64.9	3.9 (-1.6, 9.3)	9.9 (4.8, 14.9)	10.5 (5.2, 15.9)	
Town	67.5	6.4 (1.4, 11.4)	20.4 (15.3, 25.4)	15.6 (9.7, 21.4)	

Peer education results senior schools

	Before teaching % correct	Before teaching differences % (95% CI)	After teaching change % (95% CI)	Retention change % (95% CI)	p value
Horrid Hands			*Peers greater increase*		0.01
Peers					
Rural	75.0	1.9 (-7.1, 11.0)	4.5 (-4.5, 13.5)	15.5 (6.1, 25.0)	
Inner city	81.9	10.4 (-2.2, 23.0)	13.3 (0.8, 25.8)	16.9 (0.7, 33.2)	
Town	67.5	-3.8 (-15.9, 8.4)	2.9 (-10.3, 16.1)	-2.0 (-14.8, 10.7)	
Non-peers					
Rural	71.4	0.0	2.3 (-1.0, 5.7)	9.8 (6,1, 13.5)	
Inner city	64.1	-8.9 (-15.6, -2.2)	-6.7 (-13.7, 0.3)	-1.5 (-8.7, 5.7)	
Town	69.0	-2.3 (-10.2, 5.5)	5.4 (-3.1, 14.0)	-0.8 (-9.3, 7.7)	

VL Young, D Lecky, D Fettis, B Pritchard, M Hawking, ACole, B Hoekstra, CAM McNulty. ECCMID 2015

Peer education results senior schools

	Before teaching % correct	Before teaching differences % (95% CI)	After teaching change % (95% CI)	Retention change % (95% CI)	p value
Super Sneezes					0.01
Peers					
Rural	58.3	-2.8 (-10.3, 4.8)	22.3 (14.8, 29.8)	22.8 (14.5, 30.9)	
Inner city	67.2	8.0 (-3.2, 19.1)	32.5 (21.8, 43.2)	29.0 (14.2, 43.8)	
Town	58.3	-0.7 (-11.4, 10.0)	19.7 (8.2, 31.1)	12.9 (2.2, 23.6)	
Non-peers					
Rural	60.6	0.0	16.2 (12.8, 19.6)	18.8 (15.2, 22.4)	
Inner city	60.4	-0.5 (-6.2, 5.2)	11.0 (4.8, 17.1)	9.4 (2.9, 15.8)	
Town	58.5	-1.0 (-7.6, 5.7)	18.3 (11.0, 25.7)	8.6 (1.3, 15.9)	
Antibiotic Awareness					<0.001
Peers					
Rural	30.6	-5.7 (-14.6, 13.2)	23.0 (14.2, 31.9)	36.8 (27.3, 46.3)	**Peers**
Inner city	51.5	16.1 (3.2, 29.0)	40.4 (28.0, 52.7)	44.3 (26.6, 62.0)	**greater**
Town	32.9	-2.1 (-14.5, 10.2)	18.4 (4.4, 32.3)	20.3 (7.6, 32.9)	**retention**
Non-peers					
Rural	37.0	0.0	25.1 (20.9, 29.3)	23.4 (18.9, 28.0)	
Inner city	39.4	1.8 (-5.2, 8.6)	17.0 (9.8, 24.2)	13.4 (5.9, 20.9)	
Town	37.0	0.3 (-7.7, 8.4)	13.7 (4.9, 22.4)	10.8 (2.2, 19.4)	

VL Young, D Lecky, D Fettis, B Pritchard, M Hawking, ACole, B Hoekstra, CAM McNulty. ECCMID 2015

Another venue: Beat the Bugs

Operated by
Public Health England

6 week **community hygiene activities** which aim to **increase awareness** and **change behaviour**

6 x one hour sessions:
➢ An Introduction to Microbes
➢ Hand and Respiratory hygiene
➢ Food hygiene
➢ Oral hygiene
➢ Antibiotics
➢ Self-care and action planning for the future

✓ Variety of activities available to suit a range of ability
✓ Action planning at end of each session and revisited

E-Bug Beat the Bugs course. PHE, Kingfisher & Cardiff University: resources at www.e-Bug.eu

Beat the Bugs TARGET leaflet

When to get help

See your doctor the same day if you develop any of the symptoms

Bad headache

Chest pain

Skin is very cold

Problems swallowing

Feel confused

Coughing blood

Trouble breathing

Less serious symptoms can usually wait until the next available GP appointment.

If you have **more serious symptoms** call **999.**

Developed in collaboration with:

Public Health England

TARGET

e-Bug
Operated by
Public Health England

Kingfisher Treasure Seekers Ltd

The pictures in this leaflet are sourced from: FreeImages.com, Pixabay.com, NHS Photo Library, CDC Image Library.

Managing your infection

Your infection

- Who to contact for more help
- How long infections lasts
- Help make yourself better
- When to get help

For more help

NHS 111 (England)

Dial 111

NHS Direct (Wales)

Dial 0845 4647

NHS 24 (Scotland)

Dial 111)

CALL **111** when it's less urgent than 999

NHS Direct Wales **0845 46 47** Galw **IECHYD** Cymru

NHS 24

Beat the Bugs TARGET leaflet

Your infection

Ear Ache

Sore Throat

Cold

Cough

Usually lasts

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
1	2	3	(4)	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

An ear ache usually lasts 4 days

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
1	2	3	4	5	6	(7)
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

A sore throat usually lasts 7 days

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
1	2	3	4	5	6	7
8	9	(10)	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

A cold usually lasts 10 days

Mon	Tues	Weds	Thurs	Fri	Sat	Sun
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	(21)
22	23	24	25	26	27	28
29	30	31				

A cough usually lasts 21 days

If you are getting worse, or your symptoms are lasting longer than the chart suggests, phone NHS 111, NHS Direct or NHS 24.

How to help make yourself better

Whatever your infection, you can do the following to help:

Get plenty of rest

Drink fluids

Ask your pharmacist for advice and medicine for the pain

Paracetamol may help a fever but take as directed

Tissues help to stop infections spreading

Hand washing helps to stop infections spreading

School nurses as a teaching source

- 23 school nurses, 8 school nurse assistants 11 teachers participated in interviews or focus groups in four localities in England

Prioritising
SN's work is 'needs-led' *"we look at the public health profile and how health messages are being given, and how we can help support"*
Teacher's main health priority is spread of infection: *"hygiene, how do you prevent, try & prevent, minimise the risk"*

School nurses & teachers are 'stretched' professionally, due to changes in educational system & budget cuts

SNs manage relationships with schools, parents and students

Many school nurses support schools with health education but do not teach it. "*it'd be great to have them in and helping with sessions and a visible presence in the school, but obviously their timetables don't allow that"*

Teachers and SNs need more training to deliver health education, such as training on e-Bug

SNs& teachers report needing hands on, interactive activities to teach young people about health

e-Bug Training Module

.**The training module aims to:**

➢ show what resources are available

➢ show how to use the resources

The training covers:

➢ Introduction to e-Bug

➢ Accessing e-Bug resources

➢ e-Bug and the National Curriculum

➢ The e-Bug resources

➢ Using e-Bug in different learning environments

Is accredited by Royal Society of Biology

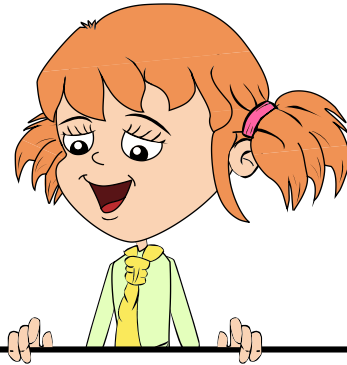*e-bug team and schools, designed by Charlotte Eley*

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Any Questions?