Allied Health Future Directions

The Royal Melbourne Hospital

An Innovative E-Learning Tool for Enhancing Nursing Staff Competence in Dysphagia Management
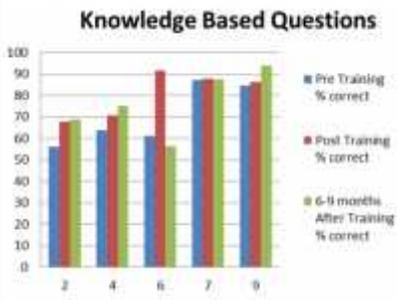
Background & Aims

Hospitalised dysphagic patients are vulnerable to choking, respiratory complications, malnutrition and even death. Clinical incidents prompted a change to the provision of staff training around dysphagia.

Aim: To reduce the number of food/fluid related incidents that actually reach our patients to less than 10%.

Steps included developing an E-learning dysphagia education package for nurses to compliment other initiatives.

Training is:
- Quick
- Accessible
- Interactive
- Practical
- Role specific
- Problem based learning approach

Method

Themes of clinical incidents were analysed and nurse educators and NUMs identified further needs. Case studies from serious events were used as the problem based learning approach. The E-learning tool was piloted by 8 wards and effectiveness was assessed using a 13 item survey. This surveyed both knowledge and self-rated confidence immediately pre and post training, and 6-9 months later to assess the sustainability of changes. Incident types and severity were also monitored but likely were influenced by other initiatives implemented simultaneously.


Knowledge Based Questions

- Pre Training % correct
- Post Training % correct
- 6-9 months After Training % correct

Percentage of correct Knowledge questions
Pre-training, Post-training and 6-9 months later

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Results & Discussion

Results were compared in percentages as a higher volume of nurses completed pre training surveys (N=330) compared to immediate post (N=184) and delayed (N=31) surveys. Bar graphs show notable responses to knowledge- based and confidence ratings questions. Incidents reported were less associated with administration or clinical handover. These were directly addressed in the package. Additionally, there was a trend towards risks registered by nursing staff, more "near misses" and fewer errors reaching the patient before they were identified.

Surveys showed favourable trends for practical roles, theory and operational demands. Basic knowledge and confidence changes were maintained over months. When content related to complex theories and procedures such as the 'free water protocol' (question 6 in bar graph), immediate training effects were not maintained over time. This demonstrated the need for directing allied health resources for face-to-face training for complex ward-based scenarios, to compliment E-learning training.

2014   2015
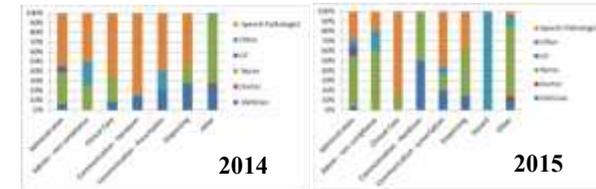
Types of Incidents by reporter 2014 vs. 2015

Conclusion

The E-learning tool improved nursing knowledge and confidence in managing patients with dysphagia. E-Learning is an effective adjunct to face-to-face training. This pilot suggests that Allied Health resources should be focused toward training complex ward-based scenarios with foundation skills addressed using E-Learning. Trends showing fewer incidents reaching patients were heartening but likely influenced by other initiatives. Development opportunities include using ward Nurse Dysphagia Ambassadors for day-to-day problem solving. Further investigation is needed to establish whether survey and incident trends translate to better outcomes for dysphagic patients.