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Educating Healthcare Workers to Promote Quality Patient Care



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It has been more than a decade since the publication of the Institute of Medicine (IOM; 1999) study requiring action to avoid medical errors and improve the safety of patients. Public arguments about this issue have increased over serious system-based problems and human errors in the hospital settings. Concerns about the provision of good patient care by healthcare workers have been increasing nationally and internationally to make conscious efforts to improve the quality of care provided in hospitals. The concern for quality has deep roots in healthcare history; its connection to improvement, which has been rising since the late 19th century, has been linked to healthcare education and training sessions on providing quality care. Providing suitable trainings on how to become educated about available preventative measures to promote quality care have become crucial. Among many options that have been discussed and applied, training for healthcare workers has been considered as the most effective means that would reduce medical errors and promote good patient care. Being aware of the type of instructional method that works in these trainings is very essential. Even more fundamental is the understanding of what healthcare workers believe would be the best instructional methods in these types of training.

Many studies examined in the past how healthcare providers learn. Beyond social psychology and fundamental learning methods, the challenge of how best to teach

healthcare providers to fulfill their tasks or duties has been investigated from the perspective of delivery method and context. Different healthcare institutions have used different instructional strategies such as lecture, demonstration, gaming, simulation, and group discussion as training methods. Though usually a difficult job to accomplish, training healthcare workers can be an achievement. Reaching and maintaining a good outcome in hospitals means teaching healthcare providers the importance of promoting good patient care. However, explanations of poor training methods include anything that fails to encourage learners to be involved in the teaching session; learners are passive recipients of the information being taught, learners become observers instead of participants, and learners can be left out when they fail to understand the activity being presented. It is very important to improve providers' abilities to become proactive in discovering solutions to medical errors and ways to encourage good quality patient care because insufficient information of proper procedures to detect medical errors may easily lead to patients' harm. Since the introduction of the scientific method in healthcare, the use of lecture as a teaching tool in professional development sessions has remained the most common teaching method used in healthcare organizations; and the results of quality care that have been linked to these sessions have continued to provoke debates among healthcare workers, patients, government officials, and advocacy groups. Although it has been considered as a cost effective method for getting large amounts of information across to a large number of people at the same time and within a reasonable time frame, it also allows minimal exchange between the teacher and the learner. Lecture is ineffective in teaching affective and psychomotor behaviors, it does not provide for much stimulation for learners, and there is limited opportunity for learner involvement which is necessary for proper learning to take place. Training can be one of the most demanding and important interventions to which a healthcare worker devotes his/her time. In addition to working a full-time job, family and other life situations



may make it almost impossible for a healthcare worker to attend trainings and to focus on changes that healthcare setting always requires. However, just providing information or lecturing on medical errors alone has been found to be training techniques that do not guarantee that learning occurred. To determine how well healthcare workers learn, proper selection of teaching methods and learning styles should be incorporated before the actual training sessions occur. Due to this method limitation, healthcare workers have not gained as much learning stimulation due to limited opportunity for learner involvement.

To help healthcare workers adapt better to their situation, it is suggested that group discussion be used during healthcare training. Group discussion has been found to be the most appropriate teaching method that would focus on learners' environmental effect, risk taking behavior, motivation and cognitive ability. It is defined as a 'method of teaching in which learners get together to exchange information, feelings, and opinions with one another and with the instructor/trainer'. It should be ideal to train healthcare workers in order to allow them to grasp existing knowledge and to discuss risk-taking behaviors; additionally, support system are needed to help them better perform their tasks. In addition, the advantage offered by group discussion is the fact that the size could vary from four to 12 people spending between 1 to 2 hours in a training session, which would allow healthcare administrators to effectively plan for the absence of staff during training hours. It has been reported that this technique has also provided healthcare

workers a meaningful platform to discuss with and learn from one another how to create a culture supportive of error findings and reporting as well as a culture free of blame and punishment; it is a great tool to better address the clear deficit in medical education in regard to promoting patient safety and reducing medical errors. The major advantage of group discussion is that it stimulates learners to actively think about issues and problems and to exchange their own experiences. It provides opportunities for sharing of ideas, receiving peer support, fostering a feeling of belonging, giving guidance, and reinforcing previous learning. One of the objectives of healthcare workers is to show the desire to increase their knowledge of a health issue or concern. Thus, group discussion would provide them the platform to share common concerns on medical errors and to receive support from one another; which could serve to stimulate motivation for learning how to reduce medical errors during their daily work.

Bibliography

Bastable, S. B. (2006). Essentials of patient education. Boston, MA: Jones and Bartlett.

Brookfield, S. D., & Preskil, S. (1999). Discussion as a way of teaching: Tools and techniques for democratic classrooms. San Francisco, CA: Jossey-Bass.

Buetow, S., Kiata, L., Liew, T. (2009). Patient error: A preliminary taxonomy. Ann Intern Med, 7: 110-113.

Foster, S. T. (2009). Managing quality (4th ed.). Upper Saddle River, NJ: Prentice Hall.

Hackman, J. R. (2002). Leading teams: Setting the stage for great performances. Boston, MA: Harvard Business School Press.

Harris, M.J. 2010. Evaluating public and community health programs. San Francisco, CA: Jossey-Bass.

Hoyle, D. (2007). Quality management essentials. Burlington, MA: Butterworth-Heinemann.

Institute of Medicine (IOM).(1999). To err is human: Building a safer health system. Washington, DC: National Academies Press.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO). (2012). Resources: Patient safety: Improving healthcare quality and safety essential for health care. Ingeta: Oakbrook, IL:Khon, L. T. (2007). To err is human: Building a safer health system. Washington, DC: National Academics Press.

Kiassi, A., Kralewski, J. Curoe, A. (2004). How does the culture of medical group practices influence the types of programs used to assure quality of care? Health Care Manage Rev, 15(1), 78–88.

Sollecito, W. A., & Johnson, J. K. (2013). Continuous quality improvement in healthcare. Burlington, MA: Jones and Bartlett.

