Overcoming the tyranny of distance: an education strategy to assist guideline implementation

Mr Keppel W. Schafer, Ms Jacinta Lee, Ms Jackie Doolan, Ms Lyndel Gray, Associate Professor Rebecca Kimble on behalf of the Queensland Maternity & Neonatal Clinical Guidelines Program
Objectives

• Identify a strategy to engage clinicians in clinical guideline education

• Understand the geographical and education resource challenges present in a state-wide publicly funded health service
Clinical Guidelines Program

- Clinician request for consistent, concise, evidence based maternity and neonatal clinical guidelines

- Queensland Maternity and Neonatal Clinical Guidelines Program commenced late 2008

- Website: www.health.qld.gov.au/qcg
Guideline Implementation

- Evidence that clinical guidelines alone do not make a difference to patient care
- Limited evidence exists regarding successful implementation strategies
- Requests for education as an implementation strategy
Geography – Qld Health
Education Opportunity

- Positive clinician interest
- New CPD requirements
- No central organisation for Statewide education
- Extensive network of videoconference facilities available – free service

Hope more guideline education is available in the future
Project Aim

• Provide frontline clinicians with education on maternity and neonatal clinical guidelines via videoconferencing across Queensland
Methodology

- Proof of concept
  - Supported by clinicians
- Central organisation by the Program
- Site contact / Champion model
- Pre and post knowledge assessments
- Presentation from ‘host’ site
Intervention Design

Pre-test guideline knowledge

Deliver guideline content via VC

Post-test guideline knowledge

Survey participant satisfaction
Evaluation measures

• Participation – site and individual

• Pre and post knowledge assessments

• Evaluation of each session

• Qualitative data
### Results - Participation

<table>
<thead>
<tr>
<th></th>
<th>Neonatal Hypoglycaemia</th>
<th>Breastfeeding Initiation</th>
<th>Perineal Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>No of sites</strong></td>
<td>17 / 7</td>
<td>17 / 5</td>
<td>23 / 7</td>
</tr>
<tr>
<td><strong>No of participants</strong></td>
<td>&gt;114</td>
<td>&gt;136</td>
<td>&gt;180</td>
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<tr>
<td><strong>Evaluations returned</strong></td>
<td>111</td>
<td>92</td>
<td>125</td>
</tr>
</tbody>
</table>
Results – Knowledge Tests

Count of pre-test and post-test scores across all presentations

Test Score Percentage

- <10%
- 11% - 20%
- 21% - 30%
- 31% - 40%
- 41% - 50%
- 51% - 60%
- 61% - 70%
- 71% - 80%
- 81% - 90%
- 91% - 100%

Number of Clinicians

- Count of Pretest Score
- Count of Posttest Score
Results - Evaluations

Percentage of respondents who agree or strongly agree:

- They are interested in other sessions
- Pre- & post- test was useful
- VC was relevant to their position
- VC improved their confidence
- VC was of good quality
- VC provided appropriate interaction
- VC was clear and concise
- VC was well structured and logical

0% 20% 40% 60% 80% 100%
Results – Qualitative Evaluation

- Enjoyed it. Had improvement post test
- Fantastic initiative…especially for rural areas who don’t get many opportunities
- We had no interaction with other units. What a marvellous idea
- Connection was delayed but good considering it was the first one
- Good information, relevant to practice
Discussion

Videoconference has proved worthwhile

Achievable – cost effective, currently within establishment

1st series of 3 complete … 2 more series planned

Reduce wordiness and insert slides / pictures
Future Directions

• 2012 systematic review

• Process improvement

• Participation improvement

• Implementation strategy
References

- Chipps, J., Brysiewicz, P. & Mars, M. 2012, ‘A systematic Review of the Effectiveness of Videoconference-Based Tele-Education for Medical and Nursing Education’, Worldviews of Evidence-Based Nursing, 2\textsuperscript{nd} quarter 2012, pp. 78-87.
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