

Evaluation of a 2-day workshop delivered via video communication technology

Nurses supporting wellness & independence in older people living with long term conditions



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Introduction

The use of video communication technology (VCT) in health care, although not new, has become increasingly widespread. Telehealth – an approach to providing the consumer but also the health provider with more opportunities to connect when not in the same geographical location – has moved from being a mainly health promoting tool to a much more elaborate platform of communication for patient consultation and professional networking (National Health IT Board, 2016). Additionally the advantages of VCT in education has been recognised as a highly flexible instrument not only for the purpose of reaching students in various parts of the country but also been helpful when addressing a wide range of learning modes (Gill, Parker & Richardson, 2006).

The Nursing and Midwifery Professional Development Unit (PDU) of the Waikato District Health Board (WDHB) offered a 2-day workshop on the 29th and 30th of August 2016 using video communication technology (VCT). The topic of the workshop was the care of the older person and participants were registered nurses (RNs) from five different WDHB areas: Tokoroa, Te Kuiti, Thames, Taumarunui and Waikato Hospital. The workshop was not only open to DHB nurses but also non-DHB nurses within this geographical area. Participating nurses came from different nursing services, e.g. aged residential care, hospital care, community services, and primary care. The WDHB catchment reaches from the top of the Coromandel down to Taumarunui catering for an approximate population of 391.770 (WDHB, 2016). Travelling long distances as a barrier to participate in educational sessions can be seen as a significant factor alongside the challenge to connect/network with other health professionals when situated in more isolated geographical areas is common. With the use of VCT this workshop created opportunity for specialist nurses working at Waikato Hospital, service providers in Hamilton (e.g. Age Concern) and a visiting lecturer in gerontology from Auckland to present educational sessions supporting a wide community of nurses.

Aims/Objectives

The main objective of this project was to evaluate the delivery mode of the 2-day workshop using video communication technology. In this context the PDU team also wanted to assess if the delivery mode supported educational needs and if the topics presented at the workshop were useful for the participant's clinical practice and networking. This was in particular relevant, so the PDU can tailor future workshops addressing the long term care of the older person.



Figure 1: main broadcast centre at Waikato Hospital.

The workshop was broadcast simultaneously to all five locations (Thames, Tokoroa, Te Kuiti, Taumarunui and to a location in the Waiora building at Waikato Hospital). Each venue had a designated facilitator (nurse educators fulfilled this role) and the rooms were equipped with the necessary technology. The main broadcast centre was located at Waikato Hospital.

Number of participants attending in each hub:

Tokoroa	Te Kuiti	Thames	Taumarunui	Waikato Hospital	Total
10	10	14	7	34	74

Methodology/Design

A mixed method approach was used to evaluate the 2-day - workshop. Three questionnaires were developed: one pre - workshop which was given to participants on the first day prior to commencing with the program. At the end of day two the participants were asked to complete a post-workshop questionnaire. Both these questionnaires were supplied as a hard copy. The third and final questionnaire was sent to participants via email three months after the workshop (1st of November 2016). A reminder email was delivered to those who had not completed the questionnaire on the 8th of November, 2016 and the closing date for the questionnaire was the 14th of November 2016.

The questionnaires were developed in collaboration with the researcher Maria Te Huia, the Associate Director of Nursing (Virtual and Older persons) Kate Yeo and the workshop coordinator, Lindsay Duncan from Waikato DHB, PDU.

A low-risk human ethics application for this project was approved by the Wintec research department on the 24th of August, 2016.

Useful guidelines for this research project were drawn from the concept of *formative evaluation research* (Patton, 2015). This seemed in particular fitting since the delivery of an education session via video link to several learning hubs was a first for the PDU at the WDHB. One of the elements of evaluation research is assessing causative factors that could either be seen as barriers or promoters of change when a particular intervention occurs (Bryman, 2016). *Evaluation research* is often used when a new innovation or process is introduced in an organisation..

Findings

Below are only a few selected data sheets with results. Overall satisfaction was achieved (Figure 4) and qualitative data showed a wealth of themes pre (Figure 4) and post workshop. This might highlight that existing expectations and knowledge of the nurses involved in older care ranges widely and is multi faceted due to the complex issues of this patient group. It could also indicate that the wide range of topics offered during the the 2 - day workshop reinforced pre-existing knowledge and added new information and skills.

The subthemes that emerged from the participants' comments in the post-workshop questionnaire confirmed the complex needs for the older patient with co-morbidities.

Most RNs had participated previously in a form of VCT or online education session and were familiar with this mode of communication. The age group of the RNs confirms the aging workforce in rural areas and older care however promising is the strong representation of nurses in the 26-36 years age group.

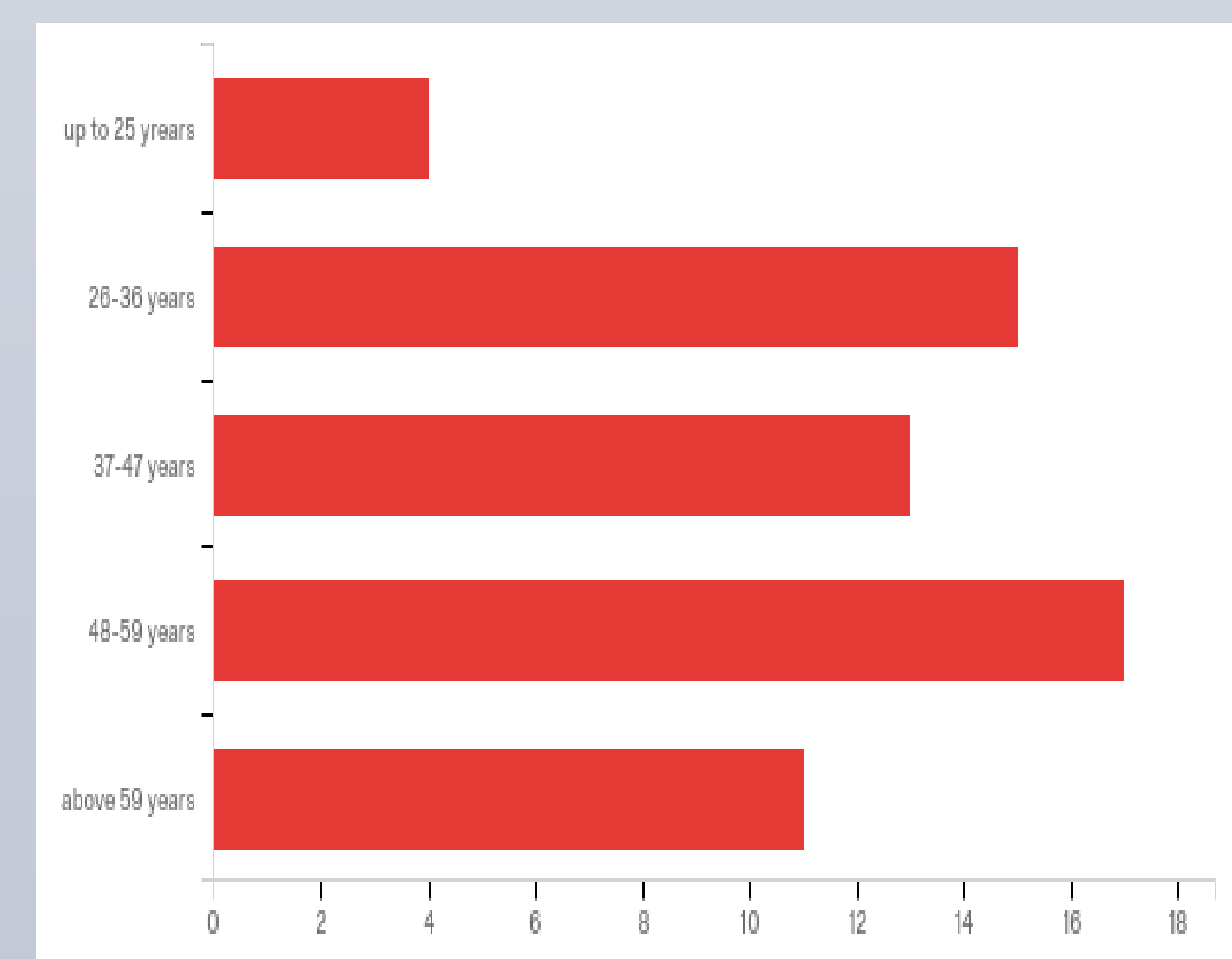


Figure 2: age of participants

Pathways to connect with patients	Percent %	count	Pathways to connect with other services	Percent %	count
Telephone	75.44	43	Telephone	55.00	33
Mobile text	26.32	15	Mobile text	40.00	24
Internet	31.58	18	Internet	46.67	28
Clinic consult	35.05	20	Clinic consult	60.00	36
Home visit	33.33	19	Face-to-face	55.00	33
Fax	36.84	21	Other	46.67	28
Other	50.88	29			

Figure 3: modes of 'connecting' (multiple answers)

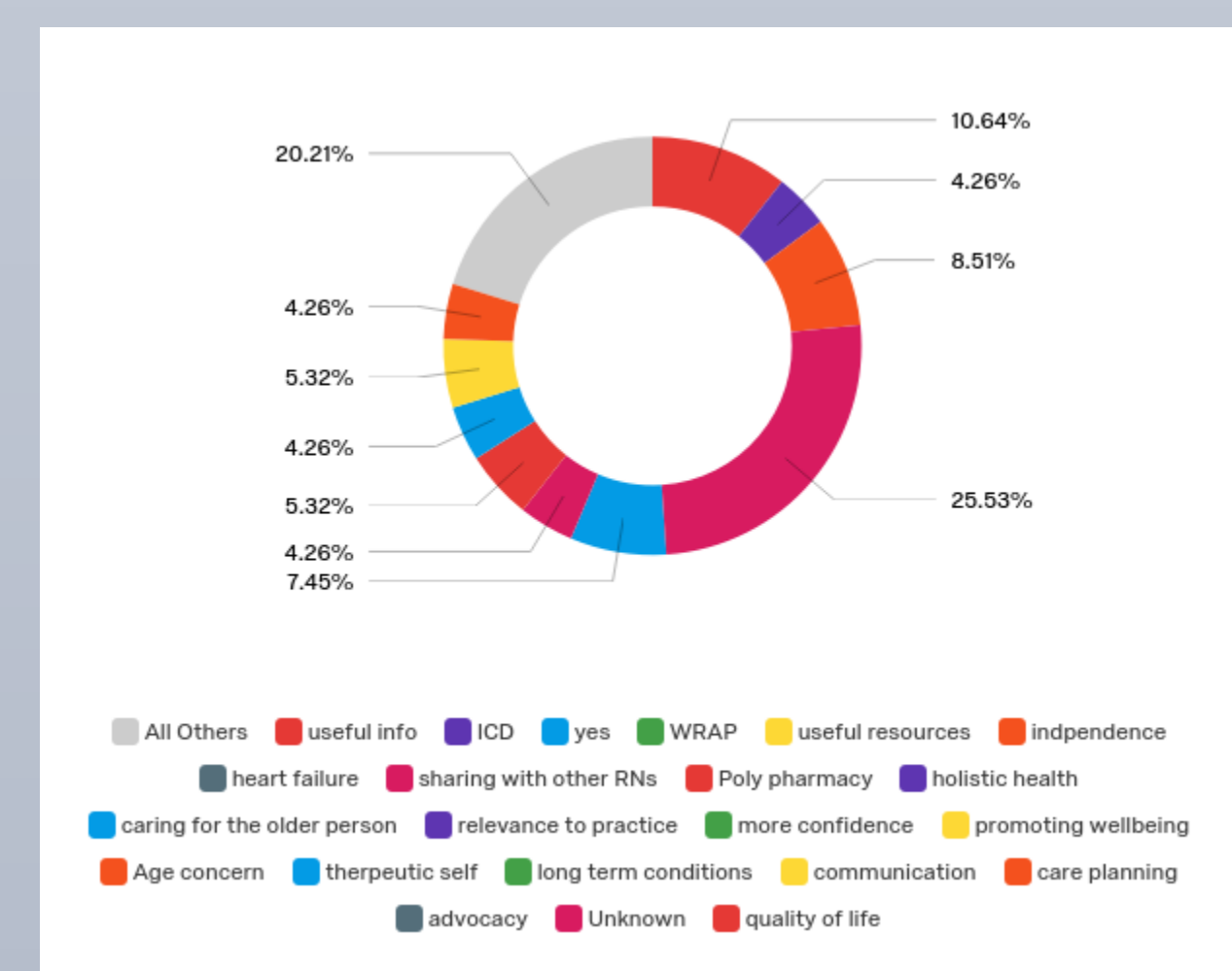


Figure 4: expectations of workshop

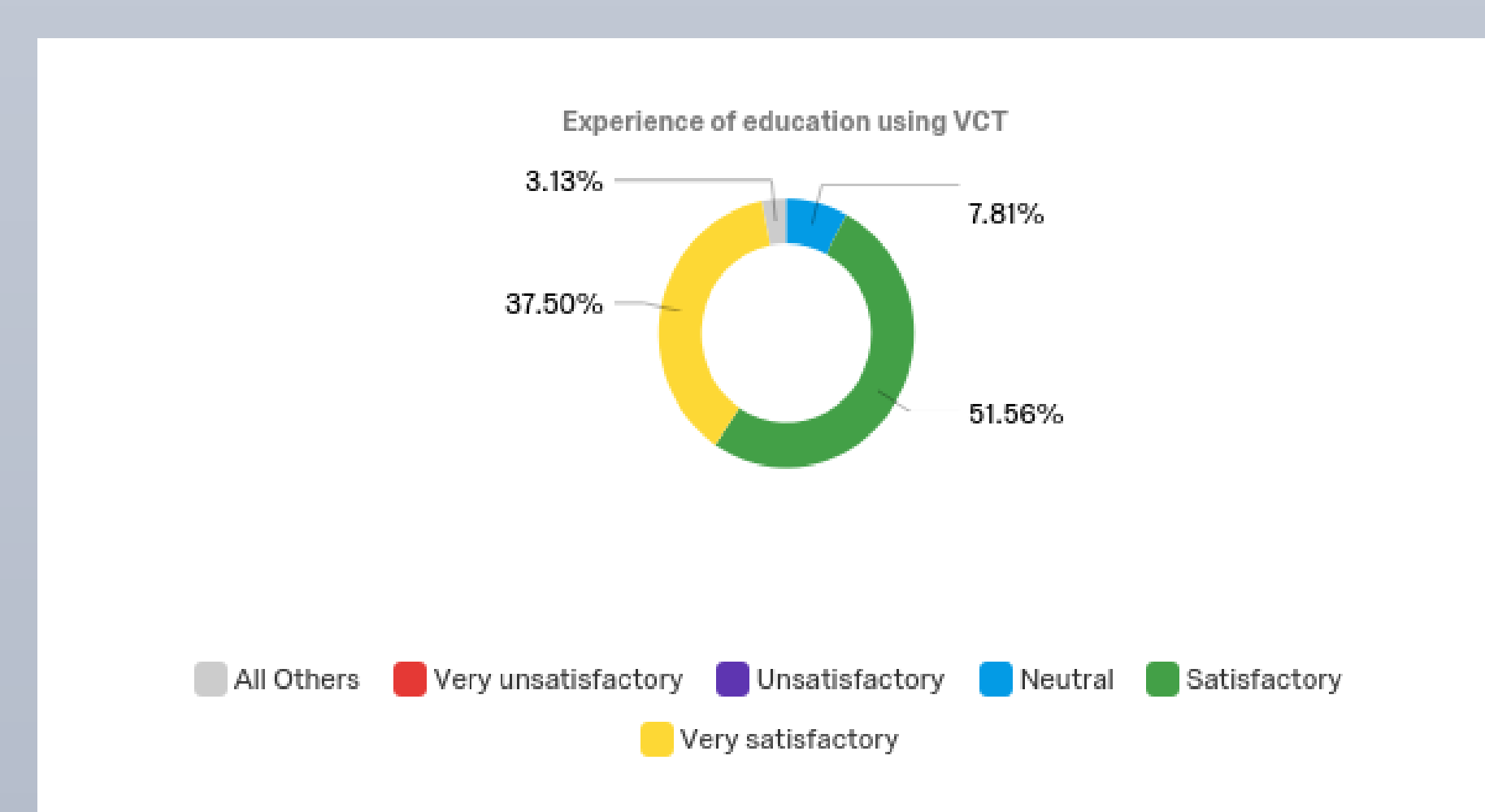


Figure 5: participants satisfaction (post workshop)

Findings cont.

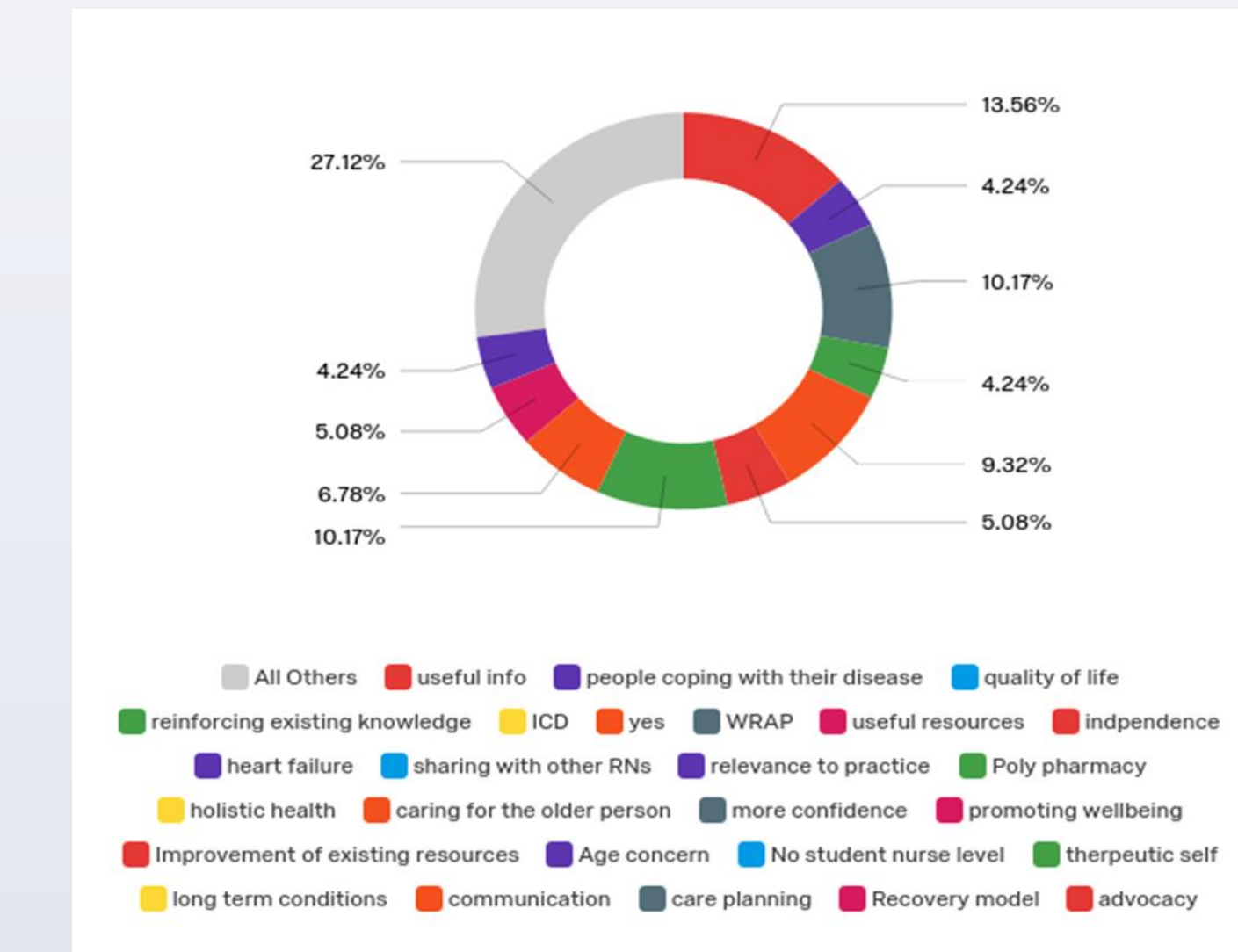


Figure 6: themes of acquired knowledge post workshop

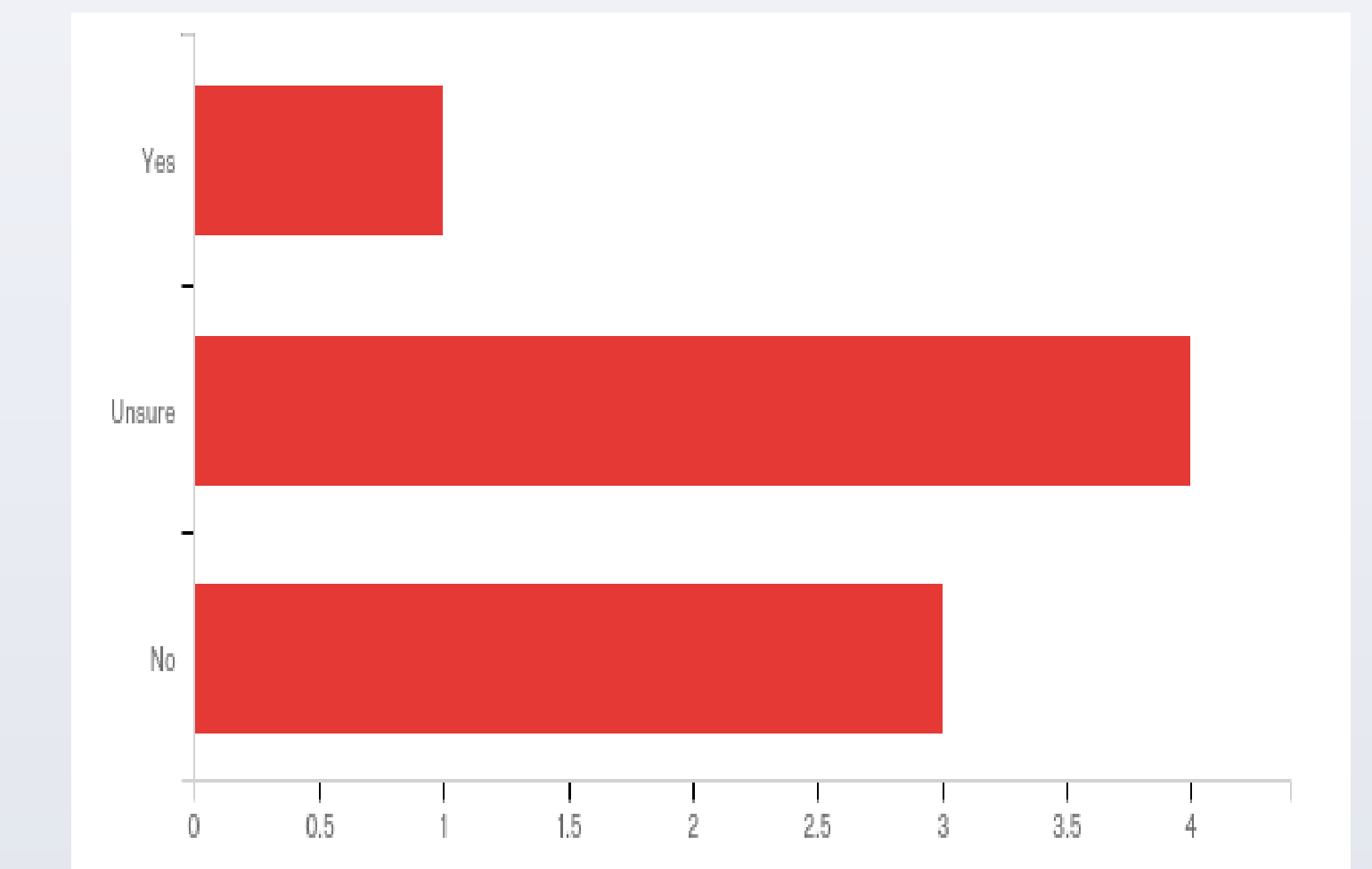


Figure 7: online survey - use of VCT with this patient group

The responses how participants viewed their knowledge post the 2-day workshop showed a confirmation of existing knowledge caring for this patient group but also an expansion on knowledge and skills regarding ICD and poly pharmacy. When evaluating the use pre and post workshop pertaining to using VCT technology with patients, the online survey taken 2 months after participating in the workshop does not reflect an increase in the use of this model of interaction with consumers/clients (Figure 7).

However in regards to patient care, a significant amount of the participants 87.3% reported in the post questionnaire that their understanding of the needs of people living with long term conditions had increased.

Recommendations

The main questions that this project set out to answer were achieved. Participants' expectations of the workshop were met (Figure 6) and the mode of delivery (VCT) appreciated as a useful and efficient way of interaction/learning. However other aspects emerging through this project warrant consideration.

One is the evaluation of how the clinical skills learnt are actually implemented in practice. This would need more tailored and detailed exploration and could be the aim of a future project. A useful model for assessing this could be the use of participatory evaluation, a method advocated by Kilpatrick & Elmer (2006) and often used with community groups.

Another facet emerging was the complex educational needs of this patient group, which was recognised by the participants (pre workshop, figure 4) and also enforced by the multifaceted comments in the themes emerging from the post workshop questionnaire, outlining new knowledge (Implanted Cardioverter Defibrillator - ICD, Poly pharmacy-clinical skills, tasks) and possibly learning that was re-enforced.

The age of the workforce engaging with this patient group presented as mainly in the bracket of 48-59 years, did reflect the picture of the aging workforce in NZ.

A further point to consider was that the online response 2 months after the workshop delivery was very small (only 10 responses) and could be seen as an over-evaluation.

Going forward aims and objectives could be more clearly defined now for any future research projects and in regard to the wide range of sub themes, future workshops could be specifically tailored towards the topics that emerged.

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