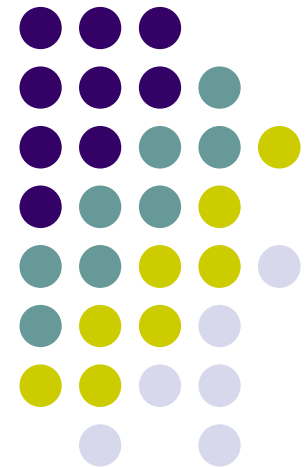


# How e learning impacts on the life of the Haemovigilance Officers

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Gretta Boyle  
Cathy Mathews



# Connolly Hospital Blanchardstown



<b>Learner Group</b>	<b>Level 1 Passes</b>	<b>Target</b>	<b>% Target</b>
Nurses/ Midwives	140	135	104%
Laboratory Staff	17	7	243%
Medical Staff	6	30	20%
<b>Total</b>	163	172	



# Advantages

- Any time any place - It is up to the student where and when they study (self directed in CHB – 3 areas ICU, Theatre & laboratory)
- Students can work more independently, are in charge of their own learning processes.
- Students can work together.
- Database
- Standardised teaching method



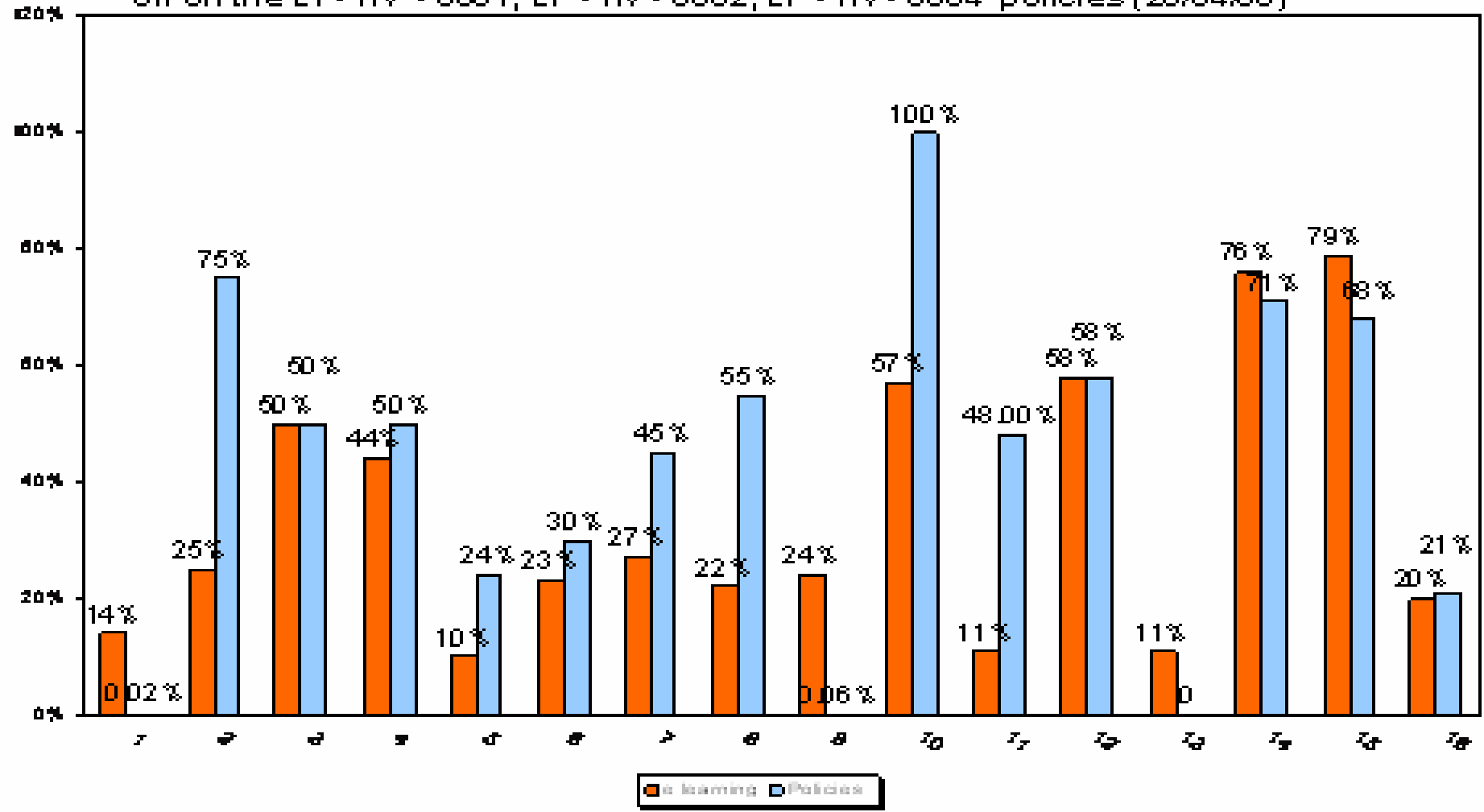
# Advantages

- Evidence based information
- Ready made teaching programme with editorial group.
- Concise English (self directed learning pack useful)
- Cost savings: provides an efficient and cost-effective model for education.
- MCQ: Objective standardised method of accessing people knowledge.

# Loose correlation between poor uptake in e learning together with not signing off on SOPs and non – conformances in the clinical area.



Percentage of nurses per ward who has completes e learning and signed off on the LP- HV - 0001, LP - HV - 0002, LP - HV - 0004 policies (20/04/08)



# Disadvantages



- UK orientated e.g. first module SHOT Irish staff not familiar with this – off putting.
- “The National Patient Safety Agency (NPSA) Safer Practice Notice 14; Right Patient, Right Blood – Determined that training should be competency based and should be revisited every 3 years”
- “NHS Quality Improvement Scotland Standards for Blood Transfusion – All Scottish hospitals must comply with standards” – UK standard when the staff member asks the HVO why do the course we don’t have a similar standard to quote.
- Reporting SARs & SAE from UK perspective i.e. SABRE.
- Registration slow especially when the page is refreshed after each entry.
- If there is problem with the system the administrator is not alerted immediately to the problem – difficult if you have 10 staff in the training room – time wasting.



# Disadvantages

- Time – e learning is a relatively new phenomenon – HVO needs to spend time explaining the programme.
- It is only available where you have the proper technology and that technology is capable of downloading and then delivering the eLearning e.g. Flash 7
- Not all wards have constant access to the internet not to mention computers.
- Some learners are inhibited by technology
- Some locations in a busy hospital makes it nearly impossible for learning due to such factors as noise and interruptions.

# Challenges



- Buy in from senior medical staff.
- Buy in from senior management.
- Buy in from a facilitator or senior person in the clinical area necessary to drive e learning forward.
- Students must take greater responsibility for their education.
- An increased focus on personal responsibility for participating can be difficult for students.
- HVO invests time familiarising staff with the experience of e learning.
- HVO must still deliver education on local issues.



# Moving forward

- Must be mandatory for all staff involved in the transfusion
- Staff involved in non-conformances. HVO checks their e learning record – if not completed must do before close out of non-conformances – letter cc to line manager.
- Staff requiring assistance must attend the organised session in the IT training room for e learning.
- Should the failure to answer critical questions correctly be an automatic fail for the student?
- Stakeholders are rightly asking whether our efforts are paying off.