Transforming training information into an intelligent Nurse Education and Communication (NEC) system

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Introduction
Hospital Authority (HA) Head Office Training & Development Team develops an e-Learning Centre (eLC) for multidiscipline to build staff competencies to withstand an increasing health care demands. All training programmes organized in HA are recorded in the eLC system providing much information related to participants and programmes. However, the interface provided in this system does not meet users’ needs.

Objectives
This project aims to build a dashboard system to access subordinates’ training record that meets the expectation from supervisors according to the existing database of the eLC system.

Methodology
A project team composed of cluster general manager (nursing), senior nursing officer, department operation manager, and ward managers was formed to brainstorm and discuss the direction of the planned system to be developed and the difficulties of managing subordinates’ training record that supervisors encountered. An informal interview with 6 supervisors in various departments was conducted to collect their opinion on the existing difficulties and the expectation of the system. An electronic system so-called “Nurse Education & Communication (NEC)” was established. The first module named “Education Record System (ERS)” was completed and rollout on 28 November 2017 after a User Acceptance Test was performed by 6 ward managers to get the satisfaction for the ERS. A policy manual was prepared for any matters related to logistic and access control. The system was promulgated in different meetings afterwards. All supervisors agreed that the ERS facilitates them to view a comprehensive training record in one webpage, to sort by programmes name that enable to view the subordinates attended, and to prepare a training plan.

Result
The utilization rate of the ERS is not used to justify the acceptance in this project as it depends on the situation that supervisors plan trainings for their subordinates when necessary. Conversely, project team does not encounter much obstacles when rollout of the ERS. The main reason is that the design and development of the ERS is based on their difficulties of administration and their expectations. It greatly reduces their workloads on searching and consolidation. Hence, it saves time to make decision on training plan based on the piece of data. At stage 2, we are going to develop other modules to address the programmes record organized by non-HA and the ward training or demonstration sessions without recording in the eLC. In future, each nurse should be able to build an individual professional portfolio.