



Service Priorities and Programmes Electronic Presentations

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Pearls from Course Evaluation: 6-year Experience of CRM Classroom Training in HKEC

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Introduction

HKEC has been providing classroom-based CRM trainings since 2009 as the pilot center under HA. Over the years, continuous course evaluation has been done in order to assess the quality of CRM training.

Objectives

This study examined the course evaluation of our CRM trainings quantitatively and qualitatively in order to reflect on our own training strategies and provide advice of future improvement.

Methodology

All the evaluation forms from March 1, 2010 to Dec 31, 2015 were included. Five-point Likert scale of 20 questions about teaching quality and the usefulness of CRM skills set were computed on yearly base to assess the magnitudes and trends. All take home messages and free written comments were processed by thematic analysis and ideas were extracted.

Result

There were totally 97 classes with 2810 returned forms. The overall rating has been between 4 and 5 in the five-point likert scale throughout the years with overall steady improvement. This trend could be interpreted as a graduation penetration of CRM culture as a whole. About teaching quality, the use of videos, case discussions and interactive sessions are of particularly high score. A lot of positive free comments on instructors were observed and it signified the importance of devoted and enthusiastic instructors. After noticing a few comments that videos were not local, the team decided to produce more local videos. The participants generally responded

positively to the CRM training and believed that CRM skills were practical and would positively impact our patient safety culture (mean score 4.2 out of 5). Commitment of organization to CRM and perceived relevancy to patient care received lowest scores and these might tell us that the support from management level is of great importance and the teaching should be more clinical oriented. Nevertheless, we could still observe an overall improving trend in score that support the idea of gradual cultural penetration. Among the take home messages, communication, teamwork and situation awareness were 3 core useful skills responded by the participants. Meanwhile, briefing and debriefing, decision making and assertion were being put in a lesser focus. These correlated perfectly with the results and reflected what the difficult areas in CRM teaching are. Inadequate elaboration and lack of real life examples were the reasons reported by the participants. Besides, we repeatedly receive comments that allied health staff should also take CRM course. Conclusions: The findings support that CRM training is greatly welcomed by most of the staff and continuous training promotes cultural penetration. Devoted instructors are important for the quality of the program and teaching should be more locally and clinically related.