

Improving compliance for e-learning among ophthalmic nurses using quality improvement methodology

Dear Editor,

Continuous medical education for ophthalmic nurses is essential, and in-service training by e-learning allows a large number of nurses to be trained simultaneously.^[1] E-learning was initiated for ophthalmic nurses in our tertiary government eye hospital by using a set of two online custom modules on infection control [Fig. 1], but the completion compliance was very low.

Therefore, a quality improvement (QI) project was initiated and 232 ophthalmic nurses were enrolled. The nurses on long leave, quality cell, and nursing informatics were excluded. The baseline data was collected for 8 weeks, and indeed the completion rate of both the modules was very low: 12 (5%) for part 1 and 2 (0.8%) for part 2 [Fig. 2].

A QI team comprising a nurse informatics specialist (NIS), two quality cell nurses, a ward in charge, and a faculty mentor did the root cause analysis and found that most nurses had a busy duty schedule and were unable to take out dedicated time. There were no freely accessible computers with wired Internet/Wi-Fi for completing the modules. Moreover, the central server hosting the modules kept lagging and crashing, which was demotivating as they often had to restart repeatedly. Many frontline nurses had a misconception that they had to complete the modules in the presence of the NIS teams. Poor computer-usage knowledge, lack of individual interest and motivation were notable hindrances as well.

Several change ideas were tested with multiple PDSA cycles in a single ward with 9 nurses as a pilot phase.^[2] The key changes included ensuring protected time by a new duty roster to accommodate 2 h of uninterrupted e-learning time. A store computer in each ward was reserved for this purpose. The server glitches were fixed, and an emergency tech support team ensured round-the-clock support. Improved communication, motivation, and computer skill training with the NIS staff helped to improve e-learning. An administrative order to complete modules was issued at 19 weeks, further improving the compliance.

At the end of 2 weeks of the pilot phase, nurses achieved 90% completion status for both the modules. Inspired by the success, the change ideas were scaled to include all ophthalmic nurses. At the end of 24 weeks, modules 1 and 2 were completed by 227 (98%) and 222 (96%) nurses, respectively [Fig. 2].

This project demonstrates how simple quality improvement techniques with changes in processes helped to improve nursing education.^[3] Similar quality improvement skills can be easily applied to almost any hospital area to bring about notable improvement.

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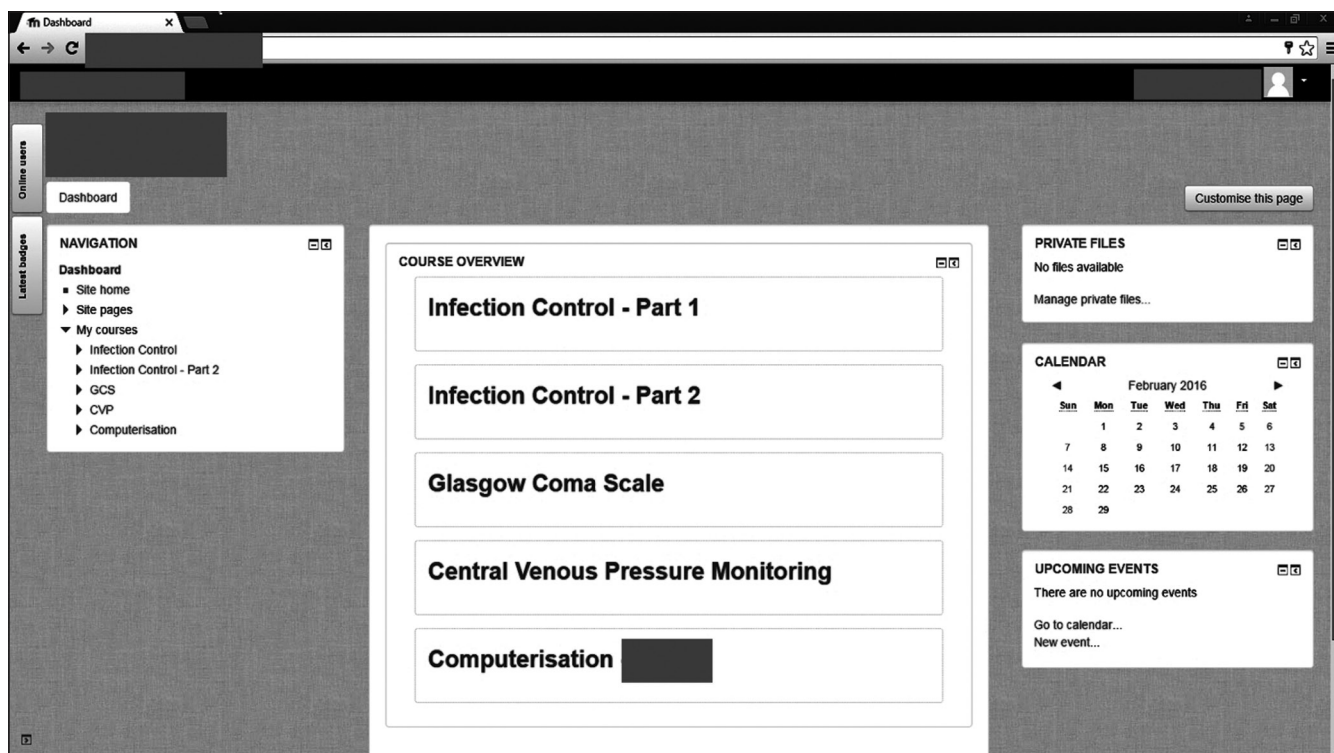


Figure 1: A screenshot showing infection control e-learning modules after computer login

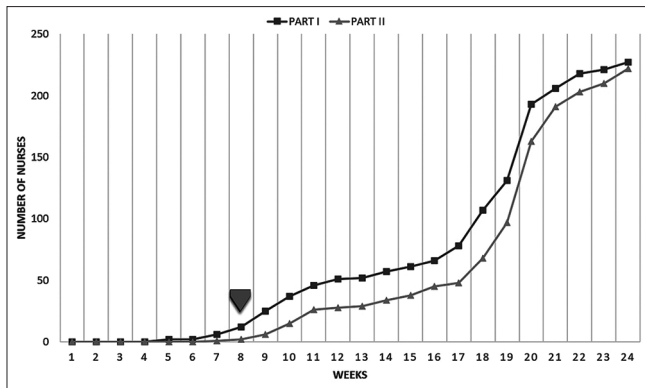


Figure 2: The chart shows the completion status of parts 1 and 2 of infection control e-learning modules over a period of 24 weeks. The baseline data was collected till 8 weeks and then the QI initiative was started (arrow)

Conflicts of interest

There are no conflicts of interest.

Yangchen Dolma, Thuileiphy T, Onita Ningthoujam, Parijat Chandra

Dr. Rajendra Prasad Centre for Ophthalmic Sciences,
All India Institute of Medical Sciences (AIIMS),
New Delhi, India

Correspondence to: Dr. Parijat Chandra,
Dr. Rajendra Prasad Centre for Ophthalmic Sciences, All India
Institute of Medical Sciences, New Delhi - 110 029, India.
E-mail: parijatchandra@gmail.com

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