Reflections of health care professionals on e-learning resources for patient safety

Kieran Walsh, MB BCH

BMJ Learning, BMJ, London, United Kingdom

ABSTRACT

There is a paucity of evidence on how health care professionals view e-learning as a means of education to achieve safer health care. To address this gap, the reflections of health care professionals who used the resources on BMJ Learning were captured and analyzed. Key themes emerged from the analysis. Health care professionals are keen to put their e-learning into action to achieve safer health care and to learn how to follow guidelines that will help them achieve safer health care. Learners wanted their learning to remain grounded in reality. Finally, many commented that it was difficult for their individual learning to have a real impact when the culture of the organization did not change.

KEYWORDS Continuing education; e-learning; medication education; patient safety

E-learning is a commonly used modality in medical education. A growing evidence base shows that e-learning produces outcomes that are broadly similar to those of face-to-face education.¹ There is now growing interest in how physicians learn online and how their online learning can benefit patients. There has also been growing interest in delivering safer health care. The delivery of safer health care depends on a number of foundations—one of which is better education of health care professionals. There are a variety of means by which health care professionals can learn about safer health care. However, there is a paucity of evidence as to how health care professionals view e-learning as a means of education to achieve safer health care. The purpose of this paper is to report a thematic analysis of the reflections of learners on e-learning resources on safer health care.

METHODS

BMJ Learning provides interactive and multimedia e-learning resources for health care professionals. The resources contain a variety of text, audio, video, and animation content. They also feature interactivity, whereby learners can answer questions on the content and receive feedback on their answers. E-learning enables learners to give real-time feedback and allows providers of e-learning to collate, analyze, and learn from this feedback. BMJ Learning provides a number of e-learning resources that relate to safer health care. The resources cover quality and safety; patient involvement and open disclo-

sure; learning from patient safety incidents; safe and effective prescribing; safety of different contraception methods; safeguarding adults in primary care; safe prescribing in patients with kidney impairment; and safe prescribing for surgical inpatients. Health care professionals are encouraged to reflect on their learning after they have used the resources. They are encouraged to articulate their reflections and to add them to a free text box at the end. All of the learners' reflections on these resources were captured by the programmer's software. These reflections were evaluated and analyzed using thematic analysis.²

RESULTS

A total of 3261 individual reflections on the safety resources were captured by the software and subjected to thematic analysis. Five key themes emerged from this analysis.

Theme 1: Putting learning on safer health care into action

Many learners reflected on their plans to put their learning into action to improve safety. Many made immediate plans. There was little evidence of interest in the theoretical aspects of safer health care but a great deal of interest in application. One learner reflected: "Very useful—learnt some new things that can be put into practice immediately." Another commented: "This is an essential document for my desktop and I will refer to it in order to keep my patients safe."

Theme 2: Following guidelines on improving safety

If learners were keen on putting their learning into action, it was also clear that they planned to do this by putting guidelines into action to improve safety. Learners were keen to learn how to apply guidelines in their everyday work—especially in cases of uncertainty. One learner reflected: “Makes you think about the application of the guidelines.” Another contemplated: “Compact and good reference to the use and the highlights of the new guidance that is now in electronic format.”

Theme 3: Staying grounded in reality

Learners wanted their learning to remain grounded in reality and were critical when the content became what they perceived as too utopian. They reflected that their learning needed to be realistic and that decisions about safety were often value judgments. Many of them worked in primary care and so continually considered the contexts in which they worked—which they saw as gray rather than black and white. One learner considered the content of a learning module: “Not totally relevant to GPs and way too PC and utopian.” Another stated: “Good useful module but there were some points I would personally disagree with. I think some of the answers were too idealistic and utopian.”

Theme 4: Organizational barriers to safer health care

Many learners reflected on barriers to safer health care—noting, for example, that they wanted to be more open with patients and relatives when unsafe care occurred but that their organization did not always encourage this. Many commented that it was difficult for their individual learning to have real impact when the culture of the organization remained the same. One learner reflected: “Yes, it’s about time we were being more open, but it is hard to get the organization to see it that way.” Another pondered: “Biggest barrier for organizational change—managers need to think outside the box of managers!”

Theme 5: Little consensus about the best methods to learn online

Many users reflected on the format of the modules and the best way to learn about safer health care online. However, there was no consensus about the best method. Some users indicated that their preferred learning method was reading, whereas others preferred watching videos of interviews or of worked-up

examples. However, others felt that the videos added little. One user reflected: “I found the information useful but personally do not like video presentations. Would prefer to read the information.” Another stated: “I like the teaching through examples and the video was informative without being over long.”

DISCUSSION

Learners are eager to put online learning on safer health care into action for the benefit of patients and often want guidelines on how they should do this. They realize that improving health care is not straightforward, and so they need resources that are realistic and that recognize the organizational barriers to safer health care. There are a variety of methods by which health care professionals can learn online, and there is little consensus on which method is best. There is unlikely to be a single best method; it most likely depends on the learners and their context and the content that needs to be learned.

There are limitations to this report. All of the learners were users of BMJ Learning, which is just one provider of e-learning and may not be representative of users of other providers. Also, we had to assume that all self-reflections were honest. There is no evidence on how learner reflections on e-learning resources differ from those of learner reflections on other types of resources (such as print resources). Inevitably, a degree of selection bias is present in this sample of learners. Learners chose to do these modules on safety and may not be representative of all users of the website.

POTENTIAL CONFLICTS OF INTEREST

The author works for BMJ, which produces e-learning resources.

ORCID

Kieran Walsh <http://orcid.org/0000-0003-1268-4676>

1. Cook DA, Levinson AJ, Garside S, Dupras DM, Erwin PJ, Montori VM. Internet-based learning in the health professions: a meta-analysis. *JAMA*. 2008;300(10):1181–1196. doi:10.1001/jama.300.10.1181.
2. Joffe H, Yardley L. Content and thematic analysis. In Marks DF, Yardley L, eds. *Research Methods for Clinical and Health Psychology*. London: Sage, 2004:56–68.