

Chapter 49

Educational Paradigm Change and Fostering Sustainable Success of Healthcare Organization with the Aid of Web-Based Interactive Training

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ABSTRACT

This chapter focuses on improving the existing education process and presents comprehensive insight into the methodology of acquiring skills for managing healthcare organizations for sustained success through interactive Web-based training with special attention to simulations in a virtual learning environment. The authors describe functions and properties of the IMPROHEALTH® portal, as well as services pertaining to integrated e-learning, e-implementation of the specific management system with the added bonus of role play simulation, e-improvement of provided healthcare services, and present the way knowledge can be presented in the form of a Web-log book. Moreover, the purpose of this chapter is seen in addressing the obtained experience with regards to the utilization of information and communication technologies among the knowledgeable community. It is intended for professional educators involved in managing healthcare organizations, in e-health management, and for all people keen on modern digital ways of caring about their health status and on improving their sense of well-being, further supported by the so-called e-laboratory. Several innovative approaches augmenting the possibilities of traditional e-learning options are presented.

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INTRODUCTION

Objectives of this chapter are presented in four sections providing comprehensive background knowledge and information:

- Description of education paradigm change;
- Description of content, structure, functions and services offered by the IMPROHEALTH® portal;
- Description of role play simulation training and development tool;
- Future development of the IMPROHEALTH portal;
- Final summarization of the presented information.

EDUCATIONAL PARADIGM CHANGE

An educational paradigm change is needed in order to help the existing and future healthcare professionals involved in management to acquire the right habits, behaviors and attitudes necessary for provision of effective, timely and patient-centered individualized medical care. Healthcare service quality improvement depends on the environment where these services are provided. Better healthcare service outcomes must arise out of synergy between the activities of medical professionals and the managerial staff of the service institutions. Healthcare quality management may be considered a science, a skill and a service (Bourek, 2011) where the involved professionals are expected to perform to a high degree of reliability, quality and at the same time minimize the risks (perform this service in as safe as possible way). It may come as a surprise, that only in the last three decades the practicing professionals are required to provide proof or evidence that they perform as expected (Kazandjian, 2002). This ever growing request was set off by a series of events eventually leading to the loss of blind trust in the behavior and outcomes produced by the medical professionals

themselves (Kohn et al., 1999). Only adequate understanding and proper definitions allow the use of all available tools, resources and processes (including those depending on the use of ICT's) in the most efficient way, maximizing the benefits, understanding limitations and avoiding unnecessary risks. The productivity and performance of all process stakeholders will be as high, as the level of competency they have achieved during their education and training. If we aim at improvement through traditional educational process, chances are that we will arrive at the same results as the previous generation of trainees has. People entering the training process will not be in any way on the average more intelligent, nimble or stronger than the generation before them. We need to identify and use all possibilities that the society offers for more efficient education.

Very schematically the process of becoming skilled (literate, competent) begins on a level common to all of us in the majority of human activities and skills. On the level of “unconscious incompetency” (for example when we are 4 year old children, we are not aware of all the skills necessary to drive a car, but by being unaware, it does not bother us). We are incapable, but not disturbed. When we find out we will need complex skills necessary to drive a car, we move from the state of unconscious incompetency into a state described as “conscious incompetency.” This is usually an unpleasant situation, since we find out what needs to be mastered and at the same time we find are incapable of performing the required tasks. We go through this phase in a school during the training period. In the traditional school (teaching institution), depending on the quality of the mentors, training equipment and the used process, we are at the best, able to arrive to a point called “conscious competency.” For example during the test taken for a driver license, we have to consciously process all the things that have to be done and had to be learned (since they are not a part of our general habits, like looking into the rear mirror). Omission of any of the steps of the

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