

Promoting Training Transfer for Quality Telehealth Provision

Frances Finn

Waterford Institute of Technology, Ireland

INTRODUCTION

There are key concerns related to training practitioners for e-health provision. These include adequately addressing the learning needs of the trainee and any potential barriers to learning, whilst ensuring training is fit for purpose and practice. This chapter presents an overview of the challenges and imperatives associated with educating practitioners for new ways of working within e-health environments. Rigorous training and continuing performance improvement activities are essential elements for quality telehealth services (Giordano et al, 2011); such activities must be underpinned by best practice standards and core competencies (Wilson & Tyler, 2011). These issues will be explored relative to differing contexts, competence and experience of health care providers; all of which require careful consideration in the design and implementation of effective training programmes and continuing professional development activities.

The key focus of this chapter relates to training practitioners for e-Health through competency based programmes that promote learning transfer. Principles of learning transfer are reviewed alongside practical tools, teaching and learning strategies and evaluation methods. A case study of the development, implementation and evaluation of a training programme for an international telehealth service that provides telephone triage, health information and advice is presented. An overview of the competency based approach and strategies engaged to promote learning transfer from training to practice is included. Results of the evaluation, which was undertaken six months post service commencement, are discussed. The level three evaluation provides evidence of learning transfer from training to practice and the development of competence from advanced beginner to proficiency. The chapter will close with a consideration of the application of the competency based training model presented in the case study to other e-Health contexts, whereby the promotion of learning transfer and continuous quality improvement are also imperative goals.

BACKGROUND

For many, working in new ways such as those associated with connected health, e-health, telehealth, telemedicine and in this instance telephone triage, can require the development of new attitudes, knowledge and skills. In such contexts, Mair (2012) identified that often not enough attention is paid to these new roles and the associated responsibilities in terms of the management of risk. Staff training and continuing development programmes need to be restructured in order to enable the development of competencies required for such roles and new ways of working within telehealth and telemedicine (Giordano et al, 2011). The skills and past experience of staff entering these roles may differ greatly and consequently effect training and competence development requirements (Wilson & Tyler, 2011). Whilst there is a drive towards integration of connected health and health informatics modules within both clinical and

DOI: 10.4018/978-1-4666-9978-6.ch008

nursing degree courses (Bogen et al, 2010) training for new service set up requires specific consideration of a variety of contextual issues that are explicit to the new service and those that will work within it.

Training programmes are expensive in terms of time, materials and human resources however they are only effective if they result in desired performance in practice (Velada et al, 2007). Learning transfer, is defined as the application of knowledge, skills and attitudes developed during training, to the work environment, over a period of time, (Baldwin & Ford, 1988) and should be considered before, during and post training to ensure training effectiveness. Learning transfer is not the sole concern of the trainer, but the combined responsibility of those with a vested interest in the programme, that is the trainer, the learner and their manager. The implementation of an educational model that promotes training transfer through collaborative planning and evidence based content delivery is essential in achieving predetermined service goals and performance standards. Sound instructional design in addition to ongoing communication between educators, managers and participants are essential elements required for successful transfer (Cheng & Ho, 2001) The case study below presents the application of an adapted version of the University Southern California University Hospital (USCUH) (1998) 10 Step Education Model, in the planning, development, delivery and evaluation of training for a new international telehealth service in Ireland that supplemented existing service provision in the United States.

In 2010, a large American healthcare organization partnered with Irish industry and education with the goal to expand their telehealth services. These collaborative partnerships led to the delivery of telehealth services to North America from an Irish base, and to the development of new European telehealth programs and telehealth training in Ireland. The expansion of the telephone triage and health information advice service required the recruitment and training of American registered nurses who would be located in the Irish call center. Building on the existing service in America, the Irish telehealth programme would manage 40,000 calls per annum. This would include approximately 85% symptom based calls that would require triage, 8% health information advice calls and 7% physician referrals. Policies, protocols and training materials from the American Healthcare Organisation were made available to the new service; however, there were a number of key considerations in translating these to the Irish context which were considered during programme planning. To facilitate this process, effective international working partnerships between education, industry and the healthcare organisation were required. Therefore a collaborative workgroup consisting of the clinical education consultant, call center trainer and the nurse manager from the existing American service was set up.

PLANNING, DESIGN, AND DELIVERY OF TELEHEALTH TRAINING

Agreement of the overall goal and purpose of the training is a fundamental step in the programme planning process and subsequent learning transfer (USCUH, 1998). This was undertaken through open consultation between all three partners (industry, healthcare and the education consultant) who agreed that we needed to facilitate both the training and continued development of registered nurses who could triage calls using evidence based protocols and offer health information advice according to best practice standards. In order to achieve this goal, consideration of the learner characteristics was essential. Motivation, anxiety, self-efficacy, in tandem with cognitive and psychomotor ability, are learner characteristics that can influence learning transfer (Chiaburu & Tekeleab, 2005). Telehealth provision is a new way of working for many healthcare practitioners that requires the re-contextualisation of current knowledge and skills previously used in practice to an entirely different healthcare environment where distance separates the nurse/practitioner from their patient. However, building on prior knowledge is essential

8 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/promoting-training-transfer-for-quality-telehealth-provision/151948

Related Content

Extended Reality Technologies in Physical Fitness for Health Promotion: Insights From Bibliometric Research

Jumel C. Miller, Emerson Q. Fernando, John Paul P. Miranda, Joseph Alexander Bansil, Hilene E. Hernandez and Agnes R. Regala (2024). *Emerging Technologies for Health Literacy and Medical Practice* (pp. 86-108).

www.irma-international.org/chapter/extended-reality-technologies-in-physical-fitness-for-health-promotion/339346

Image Segmentation Using Rough Set Theory: A Review

Payel Roy, Srijan Goswami, Sayan Chakraborty, Ahmad Taher Azar and Nilanjan Dey (2017). *Medical Imaging: Concepts, Methodologies, Tools, and Applications* (pp. 1414-1426).

www.irma-international.org/chapter/image-segmentation-using-rough-set-theory/159769

Telehealth as an Innovative Supply Chain and Logistics Management Approach

Darrell Norman Burrell (2022). *International Journal of Health Systems and Translational Medicine* (pp. 1-9).

www.irma-international.org/article/telehealth-as-an-innovative-supply-chain-and-logistics-management-approach/306971

The Fusion of Fog Computing and Intelligent Technologies for Parkinson's Disease Care

Heena Wadhwa, Mandeep Kaur, Ochin Sharma, Htet Ne Oo, Righa Tandon and Gagandeep Kaur (2024). *Intelligent Technologies and Parkinson's Disease: Prediction and Diagnosis* (pp. 52-69).

www.irma-international.org/chapter/the-fusion-of-fog-computing-and-intelligent-technologies-for-parkinsons-disease-care/338816

Pharmacovigilance Informatics

Inês Ribeiro-Vaz, Fabrício Alves Barbosa Silva, Ana-Marta Matos Silva, Domingos Alves and Ricardo Cruz-Correia (2016). *Encyclopedia of E-Health and Telemedicine* (pp. 299-315).

www.irma-international.org/chapter/pharmacovigilance-informatics/151966