EVALUATION OF THE BEVEU MENYS E-LEARNING TOOL

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Introduction

In Catalonia, a wide dissemination of EIBI in PHC through a training the trainers strategy has been carried out in the last 6 years, resulting in the accreditation of more than 6000 PHC professionals (1-2).

In this iterative process, a complementary e-learning strategy has been developed in addition to the main training the trainers strategy in order to reduce the training costs and to facilitate a continuous dissemination and update of EIBI strategies. It is encompassed within several other implementation activities, such as continuous learning activities and on-line implementation tools for the general population.

The aim of this presentation is to describe the e-tool developed by the Program on Substance Abuse in coordination with the Institute of Health Studies.

Methods

The tool was launched in September 2008 and to date two editions have been produced.

The e-learning course is entirely virtual, lasts one month and is targeted at PHC professionals. It is based on the training Manual of the Beveu Menys and Phepa project and organized in 4 different modules with theory and exercises and with several evaluation questionnaires to monitor the participant's achievements in each module:

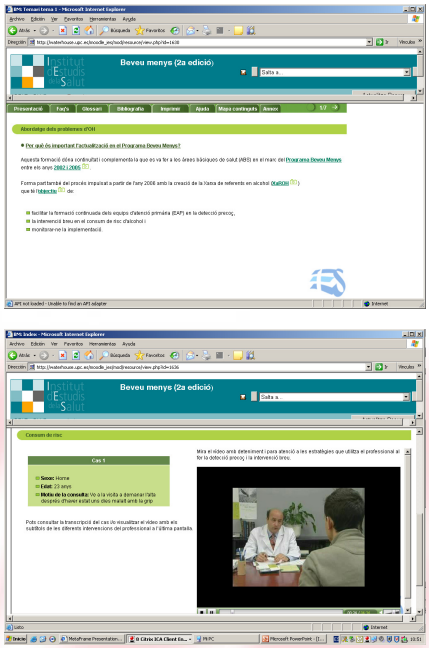
- How are alcohol problems tackled in PHC?
- How is risky consumption of alcohol identified?
- How should we intervene once risky consumption has been detected?
- How should cases of alcohol dependence be handled?

It is completely interactive and combines theory and practical contents with the resolution of clinical cases (Figure 1). Exchange between professionals is permitted through forums and debates.

It includes several videos with role playing on how to implement EIBI in consultation with risky, harmful and dependent patients. An on-site tutor, professor specializing in EIBI and alcohol dependence, is available to help participants and to respond to doubts raised by trainees, in the form of a reactive tutorial.

In order to pass the course it was necessary to have studied at least 70% of the material available and pass the final evaluation with 75% or more.

Figure 1. E-learning tool layout



Results

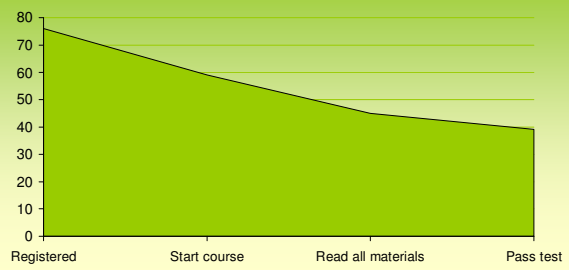
Of the total number of registered participants (see fig 2), 71% started the course, 59% finished it and 51% passed.

79 % of participants were satisfied with the course, only 4% considered that the course did not respond to daily practice needs. 79% rated the written materials provided as good and 58% did so with the audiovisual material.

More than 70% of those that requested the help of the tutor, evaluated the support provided as accessible and helpful. 71% of the participants said that they needed more than 7 hours to complete the course.

54% of the participants considered that the virtual environment of the course was complex at first but easy to understand when they had had time to get used to it.

Figure 2. Evolution of the participants in the courses



Conclusions

Even though adherence is only 60% of the total registered participants, it is possible to say that e-learning and training tools are cost-effective since they are easily accessible and not so expensive. Satisfaction rates are similar to the ones in on-site training. You can also increase the number of participants at almost no additional cost. The BM on-line tool appears to fulfil the aims for which it was designed but it would benefit from an improvement in structure in the virtual environment.

The tool can also contribute in the future to the wide dissemination of EIBI in PHC and the easy adaptation of the e-learning to other settings and professionals: hospitals, workplace, etc.

References

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