Feasibility of the training programme

‘Acquired Brain Injury and Return to Work’

for Insurance Physicians

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I have no potential conflict of interest to report

Background

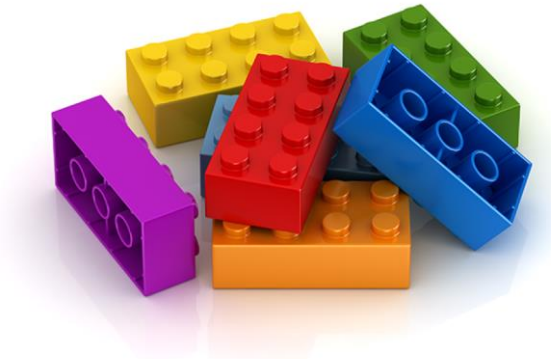
- Acquired brain injury (ABI)
- Return to work (RTW)[1] < 2 years: 40%
- Scientific knowledge about ABI and RTW
  - Now available for insurance physicians (IPs)[2-5]

- How can IPs obtain available knowledge?

[1.Van Velzen 2009, 2.Garrelfs 2015, 3.Donker-Cools 2015, 4.Donker-Cools 2016, 5. Donker-Cools 2018]

Design training programme (methods)

- Literature survey
  - Effective teaching strategies
  - Educational theories
- Consultation educational experts (N=3)
  - Teaching healthcare professionals
    - Research and practice
  - Manager educational department
    - Employer of IPs



Design training programme (results)

- Literature survey
  - Combination interactive approaches[6-9]
    - Interactive lectures
    - Case-based learning
  - Adult learning theory[10-12]
    - Apply new knowledge
    - Safe learning environment

[6.Mostofian 2015, 7.Cervero 2015, 8.Chauhan 2017, 9.Bluestone 2016, 10.Macdougall 2017, 11.Te Pas 2016, 12.Knowles 1984]

Design training programme (results)

- Educational experts advice
  - Face-to-face training
  - Lectures < 20 minutes
  - Quizzes
  - Realistic case scenarios
  - Reflection on practice
  - Summary card

‘ABI and RTW’ training programme

- One-day four-hours
- Interactive lectures and quizzes
- Written case scenarios
  - Peer-to-peer in small groups
  - Feedback by instructor
  - Plenary discussion
- Topics related to IPs’ tasks
- Summary card

Research questions

Is the training programme feasible?

- Limited efficacy: knowledge increase?
- Acceptability: relevant, useful, appropriate?
- Implementation: facilitators and barriers?

Methods - Limited efficacy

- Knowledge tests
  - T0 baseline two weeks before attending course
  - T1 after reading assignment
  - T2 after training course
- Scores 1 - 5 points/ question (total max 40)
- Topics of test questions (open-ended, multiple choice)
  - Indicate aspects that hinder RTW
  - Mention interventions that can be applied

Methods - Acceptability

- Survey with 8 statements
- 4 point scale
  - “I (strongly) agree”
  - “I (strongly) disagree”
- Imparted knowledge is… for example
  – Easy to read
  – Relevant for daily practice

Methods - Implementation

- Open-ended questions

- “In my opinion facilitators of implementation of imparted knowledge are …”
- “... barriers are ...”
- “If implementation was hindered … would be needed or necessary”

Results (1)

- 51 IPs (in training)
  - 27 Male/ 24 Female
  - Mean age 49 (SD 11, range 27 - 64)
- Limited efficacy
  - Significant knowledge increase over time ($p<0.00$)
  - T0: **16 of 40 points** (range 18 – 23)
  - T1: **21 of 40 points** (range 12 – 32)
  - T2: **32 of 40 points** (range 20 – 36)

Results (2)

- Acceptability
  - Easy to read (43 of 44 respondents)
  - Clear (43 of 44)
  - Relevant (46 of 47)
  - Appropriate (46 of 47)
  - Intend continue use (44 of 44)

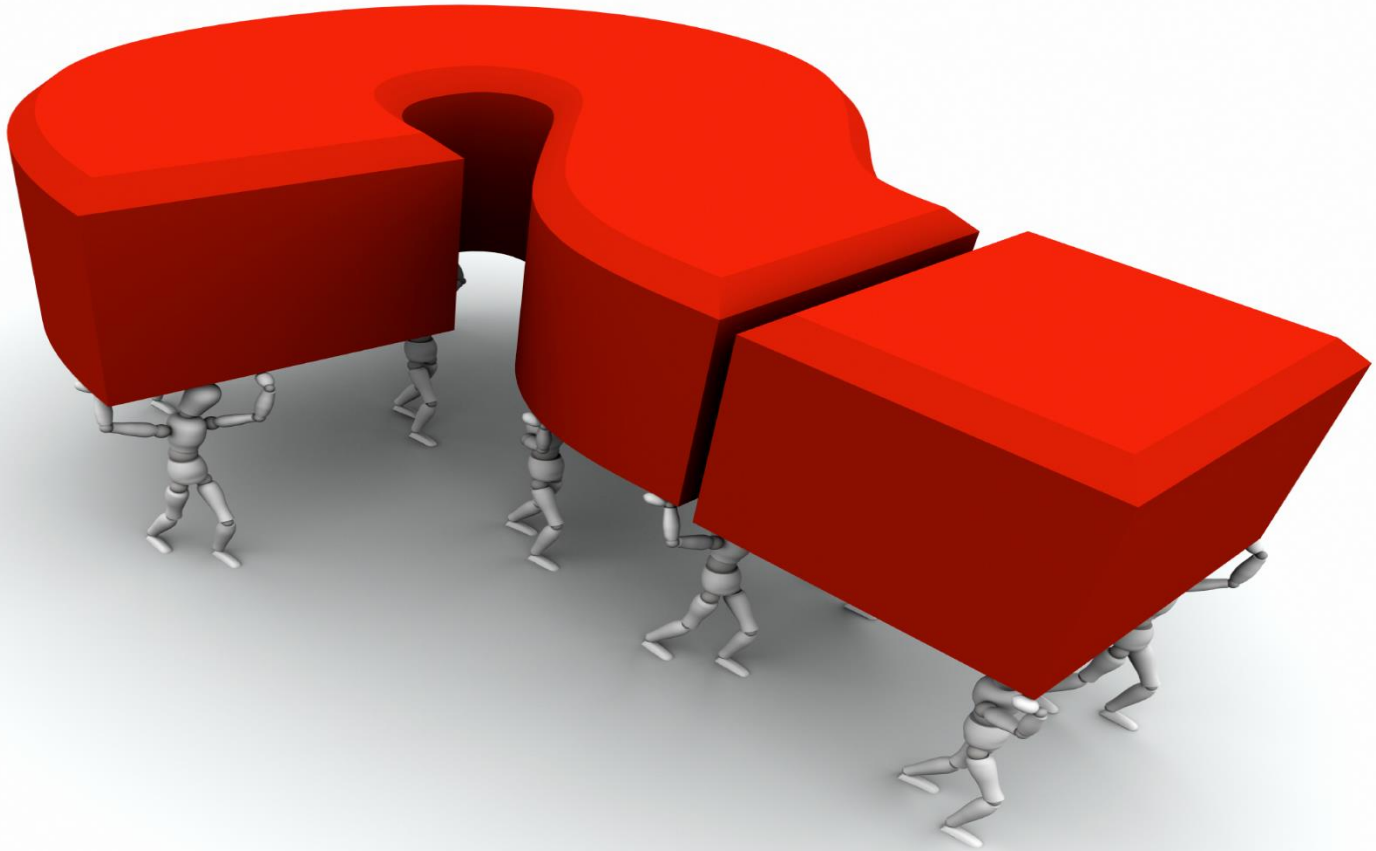
Results (3)

- Implementation
  - Facilitators
    - Summary card
    - Training programme with a link to practice
    - Utility of the imparted knowledge
  - Barriers
    - Other (occupational) healthcare professionals not familiar with new knowledge
    - Time constraints

- Conclusion
  - ‘ABI and RTW’ training programme is feasible

- Implications
  - Training programme available for all IPs
  - Scientific knowledge for other (occupational) healthcare professionals


Thank you
Merci
Danke
Grazie
Tack så mycket
Dank u



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