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ABSTRACT

[Hypothesis / aims of study]

In Japan, in order to promote a comprehensive regional health care system and differentiate, strengthen and make health care functions more collaborative new medical fees have been introduced to provide comprehensive urinary care to restore lower urinary tract function through the intervention of an interdisciplinary care team (urinary care team) for patients with lower urinary tract symptoms (LUTS). Correctly analyzing LUTS determines the quality of urinary care provided. In this study, after conducting technical training for interdisciplinary care teams for patients with LUTS, our aim is to clarify the effect of the training and obtain suggestions on how to build a high-quality technical training system.

[Study design, materials and methods]

1. The targets of this study are the participants of the technical training held in prefecture A; A total of 61 participants (nurses, care workers, physiotherapists, occupational therapists) from 20 facilities.
2. The survey methods and research design are of the action research category.
3. After the training the participants were asked to voluntarily fill in an anonymous self-administered questionnaire. 6 months after the technical training we explained the purpose of the research to 8 randomly chosen facilities that participated in the training (participant group) and 2 facilities that did not participate in the training (control group). A semi-structured interview was held with the facility representatives and we asked about the state of urinary care at their facility. We analyzed qualitatively and inductively the content of their free comments and the content of the interviews.
4. We used Donald Kirkpatrick's Four-Level Training Evaluation Model to evaluate the technical training¹⁾.

[Interpretation of results]

A total of 54 questionnaires were collected after the technical training (88.5% recovery). Training fitting of "Training satisfaction (level 1)" was conducted. The results of participation in technical training to individual participants with regards to achievement of learning (level 2) and behavior modification (level 3) were high (learning attainment or behavior changes). Individual behavior did have an impact on the participant's organization under "outcomes achievement (level 4)". It became clear that over half of the participants participated voluntarily in a quest to improve urinary care regardless of remuneration. It is generally said that the rate that participants will implement what they understood is approximately 20-30%. In this research the rate that interdisciplinary team care was conducted on patients with LUTS after the technical training was 75%. In the future we need to evaluate how these results impact "patient satisfaction" and to provide even higher level technical training.

METHODS

1. The targets 61 participants from 20 facilities. (nurses, care workers, physiotherapists, occupational therapists)

2. Technical training dates 9:00-12:00, February 12, 2017



Fig 1. Position of research



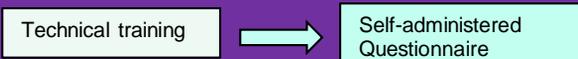
Fig 2. Technical training group work

3. The flow of the technical training was as follows

- 1) A lecture on the evaluation of lower urinary tract function and how to formulate a comprehensive urinary care plan.
 - (1) Group work
 - ① Case studies of patients with LUTS
 - ② Organizing patient information using the independent urination instruction sheet
 - ③ Assessment based on a urination journal
 - ④ Proposing a comprehensive urinary care plan
 - (2) Summary

4. The survey methods

1) After the training the participants



2) 6 months after the technical training



Eight randomly chosen facilities that participated in the training

Two facilities that did not participate in the training

We asked about the state of urinary care at their facility.

5. Analysis

- Qualitatively and inductively the content their free comments and the content of the interviews.
- Donald Kirkpatrick's Four-Level Training Evaluation Model to evaluate the technical training¹⁾.

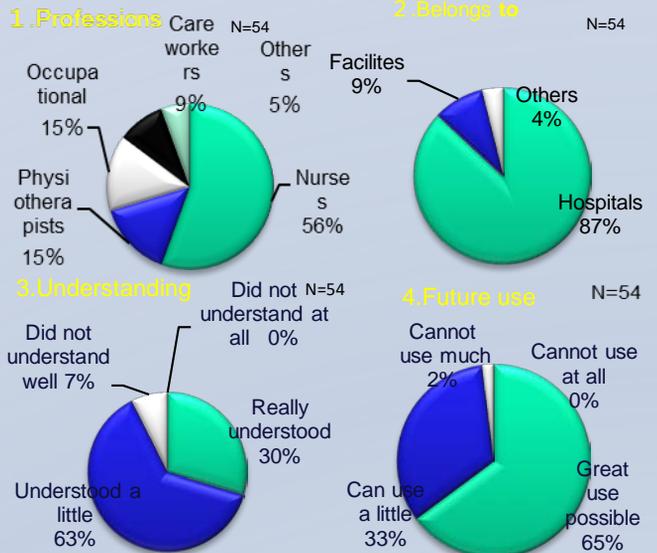
Table 1. Donald Kirkpatrick's Four-Level Training Evaluation Model

level	Content
1. Reaction	Were the participants pleased with the program?
2. Learning	What did the participants learn in the program?
3. Behavior	Did the participants change their behavior based on what was learned?
4. Result	Did the change in behavior positively affect the organization?

RESULTS

Attributes

A total of 54 questionnaires were collected after the technical training (88.5% recovery).



Level 1, "Reaction"

- Satisfaction with the training program
- Increased motivation
- Requests for future training sessions

Level 2, "Learning"

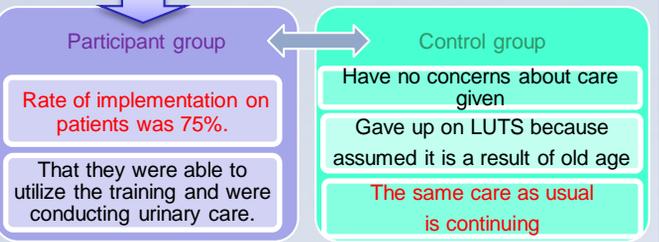
- Understanding of basic knowledge
- Understanding of assessment and evaluation
- Understanding of the care plan

Level 3, "Behavior"

- Giving back to their facility
- From understanding to practical care
- Contributing to interdisciplinary team activities.

Level 4, "Results"

- Improvement of care
- Considering the basis of care
- Issues with cooperation with people who did not attend the training
- A desire to provide good care with no regard for payments



CONCLUSIONS

1. Training fitting of "Training satisfaction (level 1)" was conducted.
2. The results of participation in technical training to individual participants with regards to achievement of learning (level 2) and behavior modification (level 3) were high (learning attainment or behavior changes).
3. Individual behavior did have an impact on the participant's organization under "outcomes achievement (level 4)".
4. In the future we need to evaluate how these results impacted the "patient satisfaction" of patients (users) and to provide even higher level technical training.

REFERENCES

- 1) Kirkpatrick, D. L. "Techniques for Evaluating Training Programs" in Evaluating Training Programs. Alexandria, VA: American Society for Training and Development, 1975, pp.1-17.