

DIFFERENCES BETWEEN INEXPERIENCED AND EXPERIENCED STAFF IN RISK MANAGEMENT COMPETENCIES IN ACUTE CARE HOSPITALS

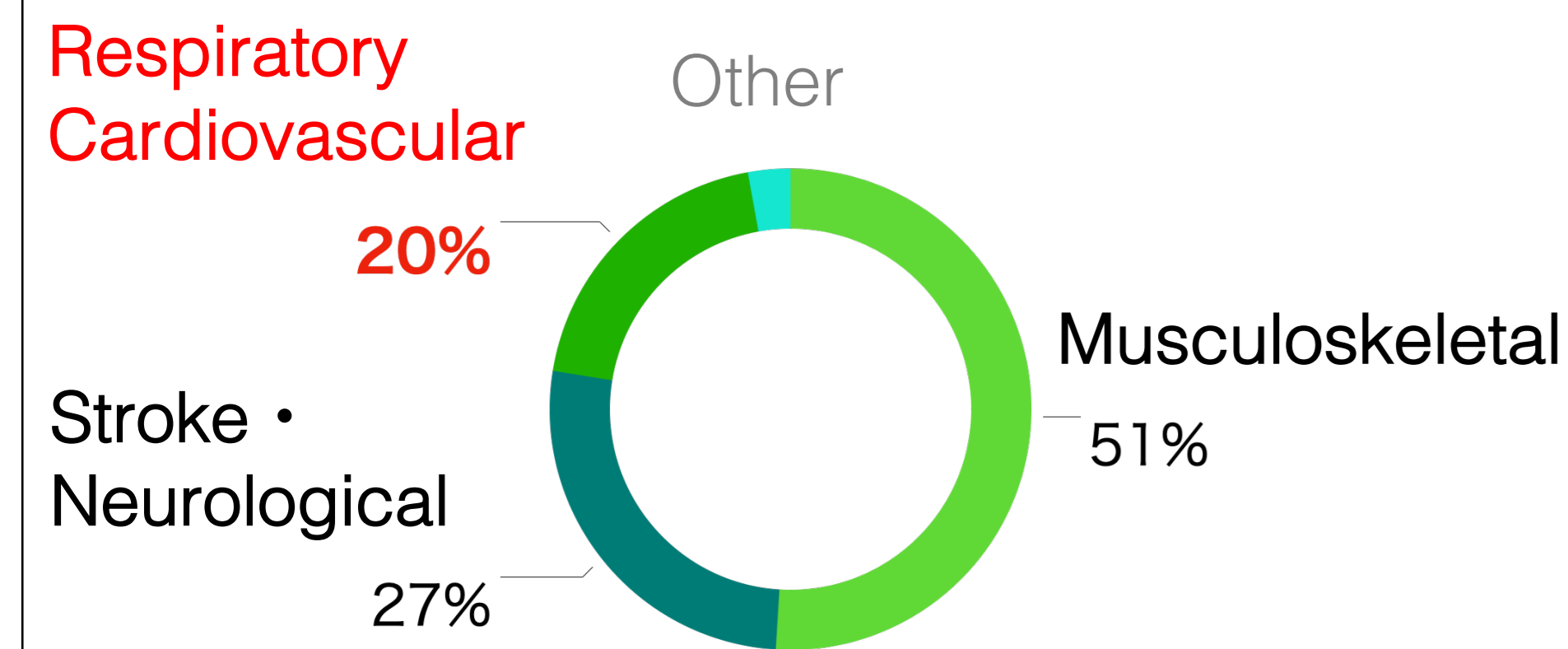


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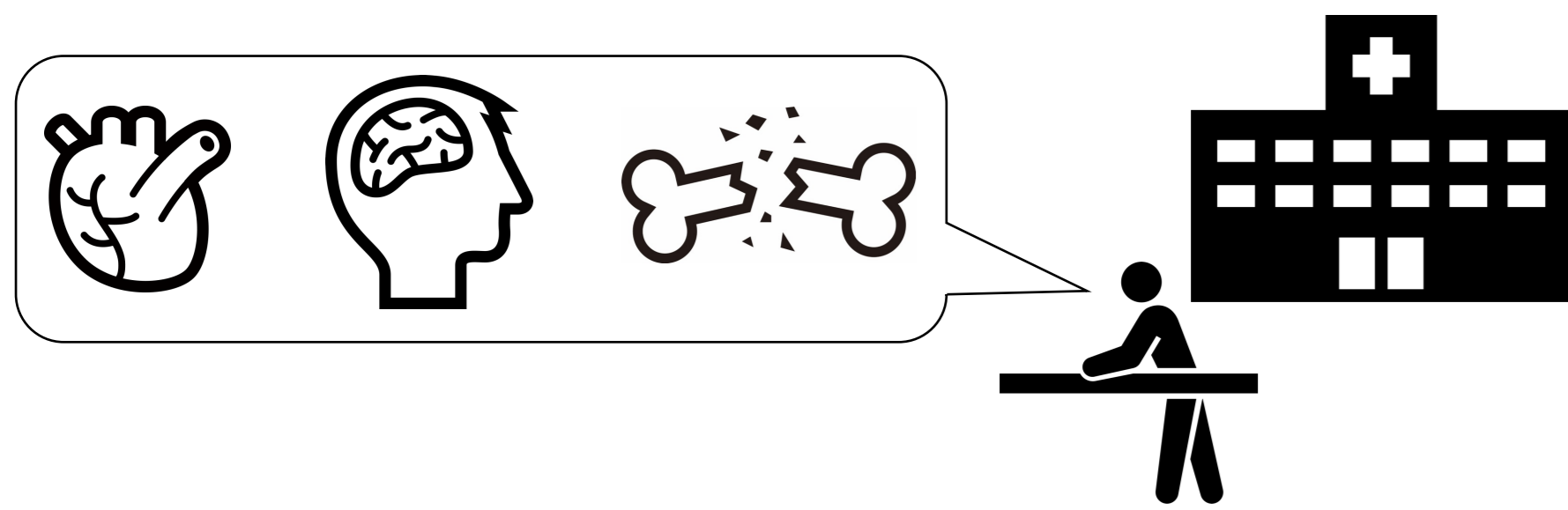
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1.Introduction

Only a few classes on internal medicine diseases are offered in university education.



Knowledge of dealing with complex diseases is required.



2.Purpose

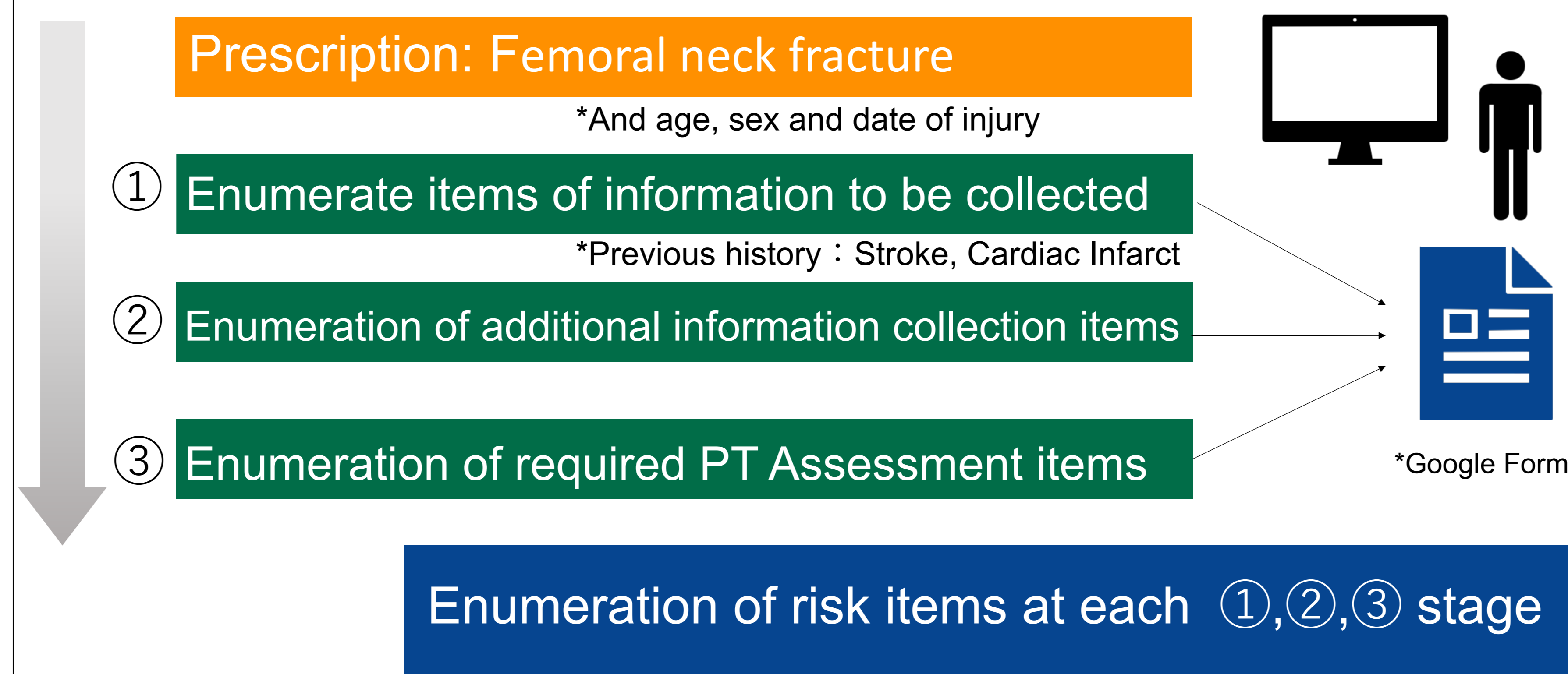
Unilateral presentation of the necessary information and evaluation items may lead to a decline in Inexperienced clinical reasoning ability. Therefore, To identify differences in the information gathering process between inexperienced and experienced to understand the appropriate areas of support for the inexperienced.

In the future, Consider providing appropriate support before implementing ICT-based physiotherapy evaluation.

3.Methods

To understand the information collection process, 14 physiotherapists from 1-20 years (average 5,2 years) in an acute care hospital were asked to complete a 4-stage questionnaire on a simulated case of complex disease (postoperative right femoral neck fracture, previous stroke, and myocardial infarction).

The first phase is to review the mock prescription and enumerate the items of information to be collected. The second phase is to present the selected information and enumerate additional necessary information. In the third phase, selected additional information was presented and the physiotherapy assessment was listed. In the fourth phase, the results of the selection evaluation were presented, and the participants were asked to answer the expected risks.



Information and the number of evaluation items were calculated for each phase from year 1 to year 20, correct answers were set for the above three diseases for risk, and the harmonic mean (F-value) of the reproducibility and the goodness-of-fit rate were obtained. Statistical analysis was performed using Spearman's rank correlation coefficient for the number of years of experience and each of the above items, and the number of fields of experience and each of the above items.

4.Results

No correlation was found between the number of years of experience and each item.

A positive correlation was found between the number of fields of experience and the number of third-level physiotherapy evaluations ($p=0.6$, $p<0.05$) and the total number of all information collection items and physiotherapy evaluations ($p=0.6$, $p<0.05$), but no correlation was found for the risk F-value.

Differences were observed in the total number of prioritized information and tests between the 2 patients with a risk F value of 0.75 or more and the 2 patients with a risk F value of less than 0.4%.

75% or more : 72 items. Less than 40% : 49 items.

Recall : Subject's correct answer / 7 or 11

* The correct answer to the risk is discussed by several people. with reference to the guidelines.
1st phase correct answer is 7. 2nd ,3rd phase correct answer is 11.

Precision : Subject's correct answer / All answers selected by the subject

F value : Harmonic Mean = $2 * \frac{PR}{P+R}$

5.Implications

The results suggest that risk management is independent of years of experience. Although the number of evaluations tends to increase with experience in more disease areas, this does not directly correlate to risk management ability.

Therefore, qualitative factors other than the number of evaluations may be influential, an issue that should be considered in the future.

