



# E-LEARNING TO IMPROVE PAEDIATRIC PARENTERAL NUTRITION PRESCRIPTION? A PILOT STUDY IN TWO UNIVERSITY'S HOSPITALS.

Dre. L-M. Petit<sup>1</sup>, Dre. P. Le Pape<sup>2</sup>, Dre N. Bajwa<sup>3</sup>, Dre V. Marchand<sup>4</sup>, Dre S. Delestras<sup>1</sup>, Dre C. Fonzo-Christe<sup>1</sup>, Dr P. Bonnabry <sup>2,5</sup>, Pre VA McLin<sup>1</sup>.

<sup>1</sup>Geneva University Hospitals, Unit for gastroenterology, hepatology and nutrition, Geneva, Switzerland, <sup>2</sup>Geneva University Hospitals, Pharmacy, Geneva, Switzerland, <sup>3</sup> Geneva university Hospital, Department of Pediatrics, Geneva, Switzerland. <sup>4</sup>Montreal University Hospital Sainte Justine, Montreal Canada <sup>5</sup>University of Geneva- University of Lausanne, School of Pharmaceuticals Sciences, Geneva, Switzerland.

No conflict of interest to declare

#### Objective

To assess and compare the impact of an **E-learning module**, as computer based learning on the ability of physicians to manage theoretical clinical cases focusing on prescription of paediatric parenteral nutrition.

## **Background**

- Education and training are strongly needed to improve prescription of paediatric parenteral nutrition (PN).
- Prescription of paediatric PN may be performed by physicians or clinical pharmacists in university hospitals
- Differences in knowledge of prescribing and non-prescribing physicians may be expected.
- Lack of knowledge in physicians may lead to delayed prescription or error in IV administration of caloric needs.

#### **Methods**

Two paediatric university hospitals: in - training physicians

Geneva - Switzerland Participants : Prescribing physicians

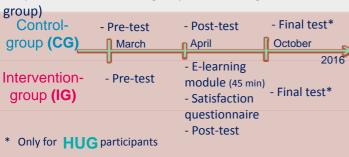
HUG

Sainte-Justine - Canada
Participants : Non-prescribing

physicians

CHUSJ

 Study design: randomized controlled study in each hospital (Intervention group (E-learning) vs Controlgroup)



- Pre-, post-test and final \* included 3 clinical cases (score range 0 to 250 points):
  - ✓ Case one: to determine energy intakes
  - ✓ Case two: to perform appropriate monitoring
  - ✓ Case three: to find errors on a nutrition parenteral prescription
- Outcome: scores' differences between tests in both groups (globally and in each hospital)

### Global satisfaction

- 6. I Would you recommend this module to your
- 'Yes
- O No
- -100% (n=32) estimated that the E-learning module met their needs
- 100% (n=32) would recommend it to their colleagues.

## Results

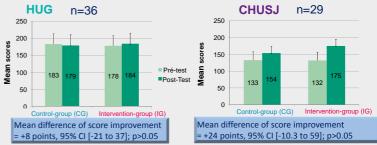
 65 physicians in training: 36 HUG directly involved in prescribing PN

	HUG	CHUSJ
Number of physicians	36	29
Number of physicians in each group	(CG =18) (IG=18) (IG=18)	(CG=15) (IG=14) (IG=14)
Mean years of experience (± SD)	4.0 ± 2.8	3.1 ± 2.6
Pre-test scores (± SD)	180 ± 29 p<0.	001 133 ± 24

- → Initial knowledge scores significantly higher in HUG
- Scores' difference between pre- and post-test



- → No significant E-learning impact observed but no effect of years of experience on results.
- Scores' difference between pre- and post-test in each hospital



Final test (6 months later) for HUG participants showed persistence of knowledge without significant improvement compared to pre test results in both HUG groups.

#### Conclusion

- Elearning module and its evaluation did not show significant improvement in knowledge of in training physicians.
- However training and teaching parenteral nutrition bring high level of satisfaction and score improvement in intervention group.
- Further study is needed to assess the long term education need to obtain and then to maintain significant improvement in knowledge of pediatric in training physicians.





