

论著

新职工医院感染知识培训Kirkpatrick评估模型的应用及效果

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摘要:

目的运用Kirkpatrick评估模型评价医院感染知识培训项目的效果,以期逐步提高医院感染知识培训质量。方法结合问卷调查、现场调查及专家访谈法,运用Kirkpatrick四层次评估模型,对开展的新职工医院感染知识培训效果进行评估。结果共192名学员参加新职工培训,问卷回收率为100%。其中医生与技术人员(简称医技人员)132名(68.75%),护理人员60名(31.25%);培训学员总体满意度达89.41%。培训人员培训后成绩为(83.43±5.56)分,较培训前的(54.22±5.13)分显著提高( $t=54.15, P<0.001$ );年终考核成绩为(82.38±4.28)分,与培训后成绩(83.43±5.56)分比较,差异有统计学意义( $t=2.16, P=0.03$ ),年终考核成绩较培训后考核成绩下降1.05分。两两比较医技人员、护理人员培训前后对医院感染各知识点的掌握情况,除“医院清洁、消毒灭菌与隔离”以及“无菌操作技术”知识点,两者得分差异无统计学意义外,其余各知识点得分差异均有统计学意义(均 $P<0.05$ );分别比较医技人员、护理人员培训后和年终考核各知识点得分情况,大部分知识点得分都有所下降(均 $P<0.05$ ),其中医技人员对“手卫生”和“职业安全”的掌握下降幅度较大,护理人员对“细菌耐药机制、抗菌药物合理应用”的掌握下降幅度较大。结论Kirkpatrick四层次评估模型能客观反映培训的内部和外部效果,此次培训短期效果显著,长期效果不明显。可通过多种措施完善培训模式,建立系统化、结构化评估体系,提高培训质量。

关键词: 医院感染 在职培训 Kirkpatrick评估模型 教育考核

Application and effectiveness of Kirkpatrick's four level training evaluation model on analyzing training program about healthcare associated infection among new employees

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Abstract:

Objective To evaluate the effectiveness of Kirkpatrick four level training evaluation model on evaluating healthcare associated infection(HAI) training program, so as to improve the training quality of HAI knowledge gradually. Methods Through combination of questionnaires, field survey and expert interviews, the effectiveness of HAI knowledge training among new employees was evaluated by Kirkpatrick four level training evaluation model. Results A total of 192 new employees participated in the training program, including 132 (68.75%) doctors and technicians (D&T), 60 (31.25%) nurses, the response rate was 100%, the overall satisfaction rate was 89.41%. The post training score was significantly increased compared with pre training score ( $[83.43\pm 5.56]$  vs  $[54.22\pm 5.13]$ ,  $t=54.15, P<0.001$ ); The year end assessment score was significantly different compared with post training score ( $[82.38\pm 4.28]$  vs  $[83.43\pm 5.56]$ ,  $t=2.16, P=0.03$ ), the year end assessment score decreased by 1.05 points compared with post training score. Multiple comparison of pre and post training score on HAI knowledge among D&T and nurses were conducted, except the scores on “hospital cleaning, disinfection and sterilization and isolation” as well as “aseptic technique”, the scores on the other aspects were significantly different ( $P<0.05$ ). Multiple comparison of post training and year end assessment score on HAI knowledge among D&T and nurses showed that the scores on most knowledge points have declined ( $P<0.05$ ). Doctors and technicians' knowledge on “hand hygiene” and “occupational safety” decreased, and the nurses' knowledge on “bacterial resistance mechanisms” and “rational use of antimicrobial agents” decreased. Conclusion Kirkpatrick four level training evaluation model can objectively reflect the internal and external effectiveness of training, the training has achieved a significant short term effect, but long term effect is not obvious. The quality of training can be improved by perfecting training mode and establishing a systematic evaluation system.

Keywords: healthcare associated infection; in service training Kirkpatrick model; education examination

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