

# E-Learning as an interventional element to improve weaning expertise as part of the PRiVENT (prevention of invasive ventilation) project

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## Background

The PRiVENT project evaluates different elements to improve weaning expertise in associated ICUs. Besides multi-professional case conferences and quality circles, an e-learning platform on weaning was provided.

M1	Introduction into the project
M2	After intubation
Part 1	Respiratory support in acute respiratory failure
Part 2	Respiratory support in COPD
M3	When does weaning start?
M4	Supportive measures in weaning
Part 1	Nutrition at the ICU and in weaning
Part 2	Prevention and therapy of nosocomial infections in weaning
Part 3	Management of analgesia, sedation and delirium in weaning
M5	Weaning process
M6	Specific secretion management
Part 1	Physiological basics and therapeutic principles
Part 2	Additional basics and use of assistive devices
Part 3	During ventilation: humidification, inhalation therapy and advantages of an artificial airway
M7	Discharge management

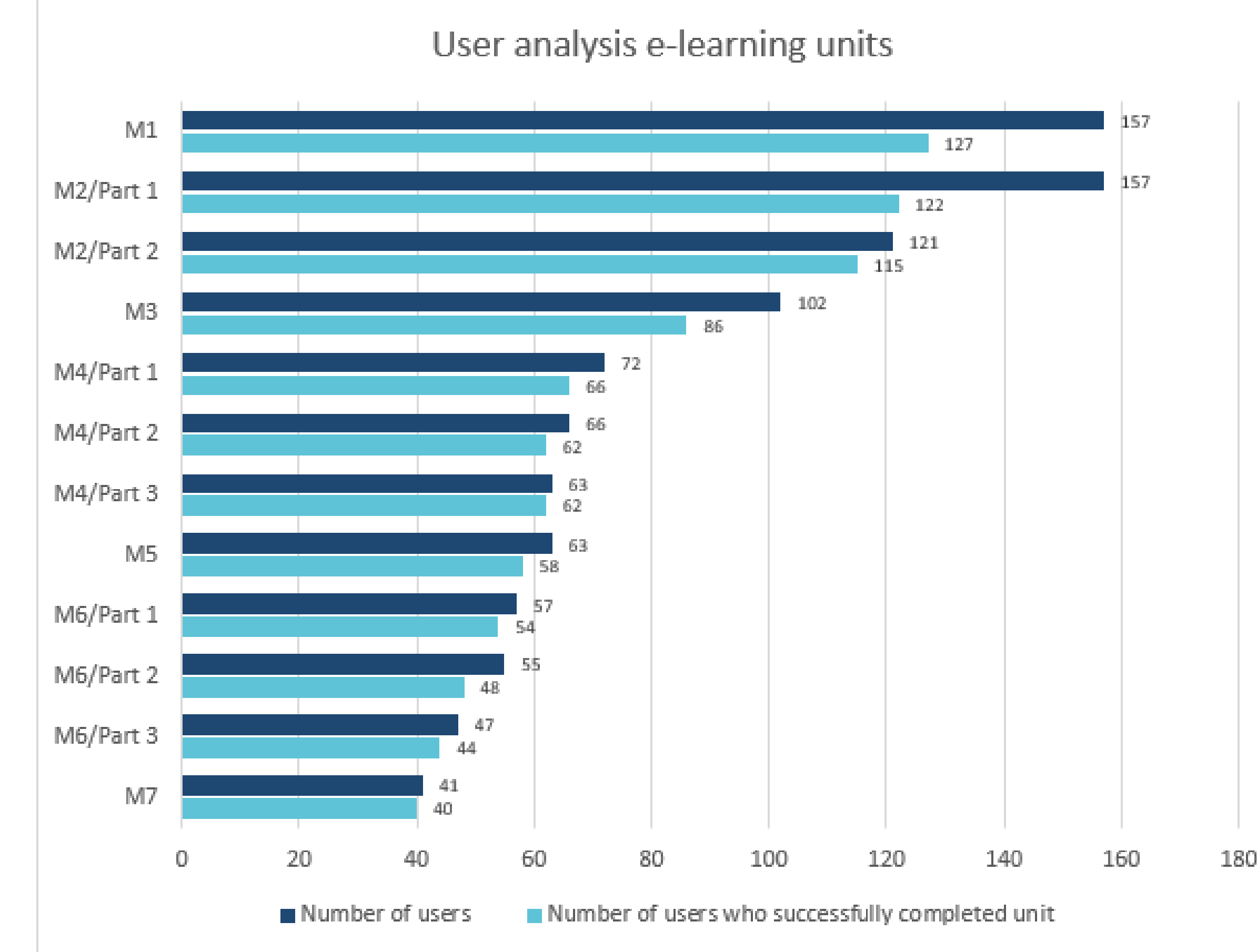
Table 1 Table 1 Designation of the e-learning modules

## Methods

The self-paced e-learning course “joint prevention of long-term ventilation” was developed in peer review procedure between the partners and consists of 7 modules (M1-7) with practice-oriented learning units, corresponding case studies and a course-wide resources section. At the end of each module, users can take an online test to earn credits for Continuing Medical Education (CME).

Access is made available to health care professionals participating in the study via a personal login code. The number and distribution of users are documented and evaluated. Feedback for the e-learning is discussed in the quality circles (QC).

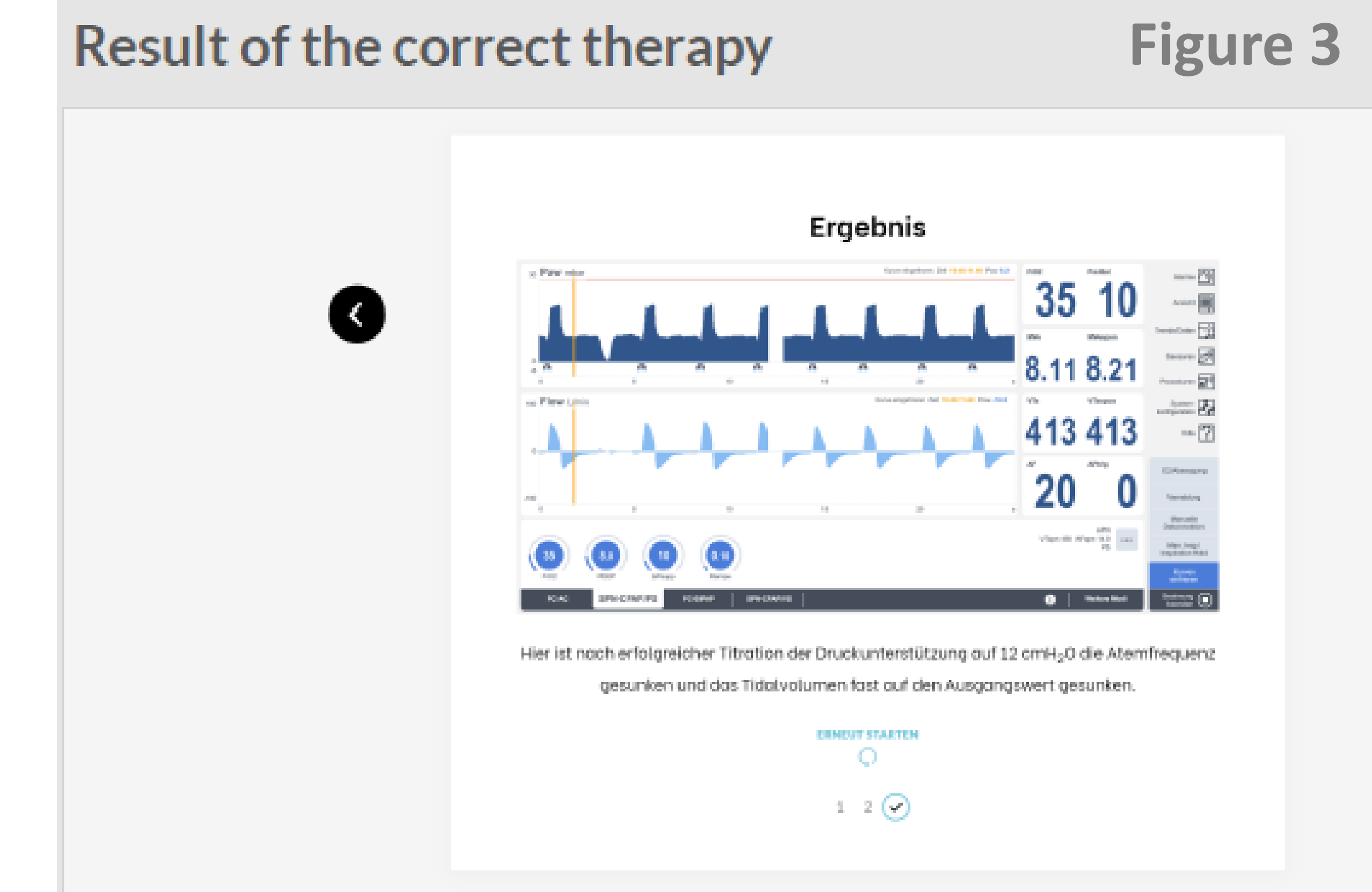
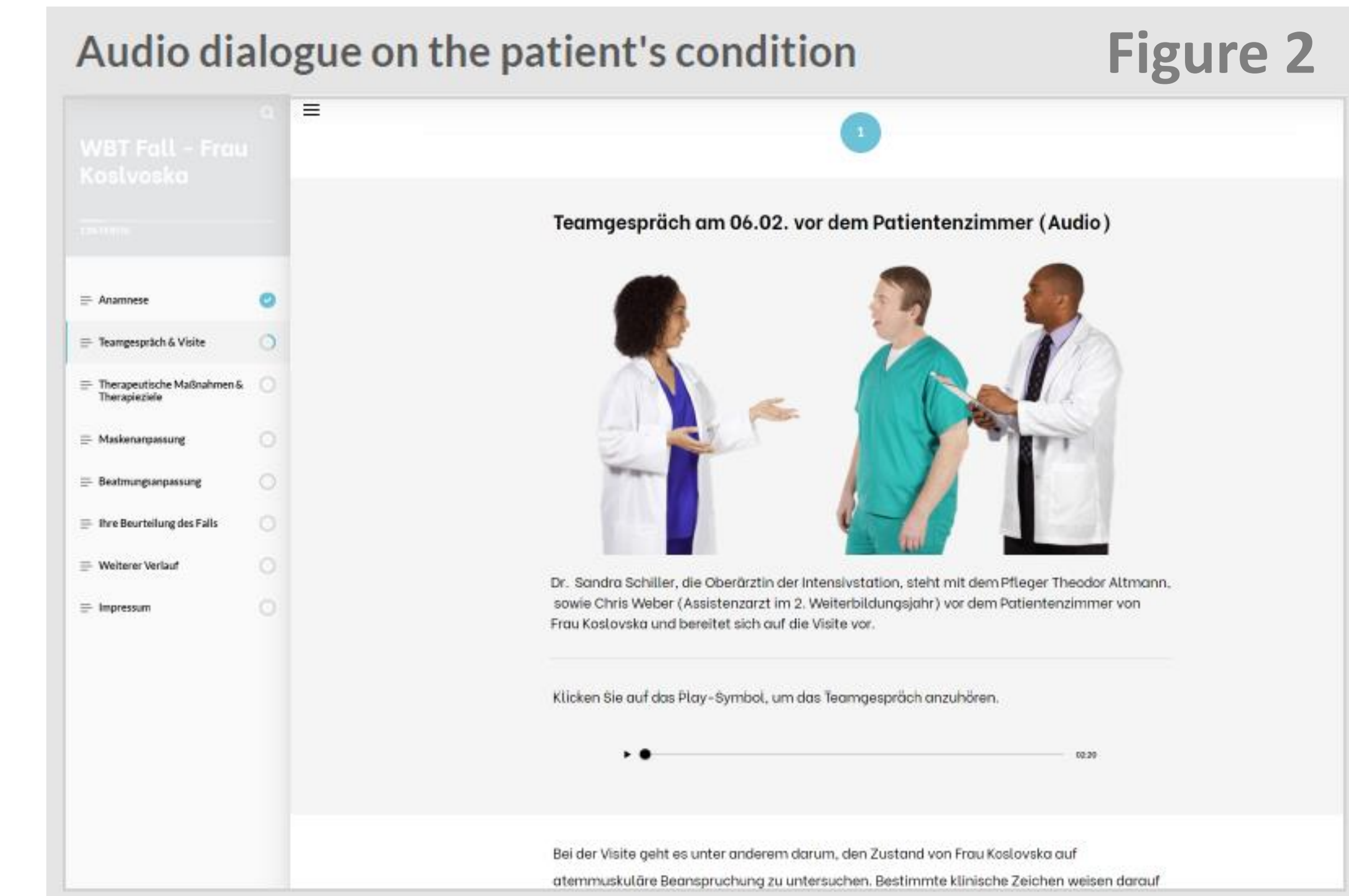
Figure 1 User analysis e-learning units



## Results

The platform went online at 01.07.2021. Until 28.06.2023 users from 33 cooperating clinics registered for the course. Working through the course, learners follow the sequence of the modules. Therefore, modules placed at the end of the course are viewed less frequently: M3 by 65%, M7 by 26%. Most of the participants take the test at the end of each module to obtain the credits (M1 67%, M7 98%).

In the online feedback and the QC the health care professionals commended the content’s high quality and the logical and accessible structure as well as the chance to gain CME.



## Conclusion

E-learning to improve weaning expertise was well received on ICUs. It is a useful tool in a blended medical training to improve knowledge transfer.



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