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EDITORIAL

We can Diversify the Learning Experiences of our Trainees by Enhancing the Workplace Based Learning

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Cite this article: Saaiq M. We can diversify the learning experiences of our trainees by enhancing the workplace based learning. BMC J Med Sci. 2023. 4(1): 4-6

Workplace based learning (WBL) refers to the "learning for work, learning at work and learning from work". The learning thus addresses the needs of both the learner and the workplace. It beautifully blends theory, practice and self-regulated learning. In the health professions education, WBL currently finds its utility in the postgraduate education, clinical clerkships and continuing professional development (CPD); however it is becoming equally popular for the undergraduate education as well. The clinical environment provides a rich milieu for WBL. The WBL encourages a student centered approach with share of experiential learning as well as collaborative and peer assisted learning practices. [1-4]

The process of WBL is greatly enhanced by positively engaging the learners in collaborative learning practices in carefully supervised learning activities. The elements crucial to the success of WBL fall into the following major categories: Firstly, every learner should accept the responsibility to be an active learner during the working tasks. They must exhibit the ability of learning-to-learn and display inquisitiveness to explore and understand problems encountered at the workplace. Secondly, everyone at work should collaborate in the process of learning. Thirdly, learners should regularly receive a formative feedback from the supervisors and peers. In fact, genuine commitment on part of the supervisors and the organization is required to create an educational milieu conducive for WBL. [5-8]

The WBL offers diverse advantages. It offers an attractive opportunity of learning about the real problems encountered in the workplace and in clinical practice. The knowledge, skills and attitudes are thus acquired in a practical context. The required credit hours of the University or college are accomplished without availing any formal leaves. The WBL is thus cost effective and convenient for the learners as well as organizations. The WBL inherently promotes student centered active learning, stimulates higher thinking and creative approach towards exploring and solving problems encountered at the workplace. The learner is fully engaged and a deep sense of inquiry and reflection is inculcated in his personality. The WBL-graduates are trained for integrated learning, a commitment to CPD and an ability to quickly adapt to the changing health care environments. They are thus guided for future career choice.[9-11]

The WBL beautifully incorporates all components of the FAIR model. Feedback by the supervisors (F), active engagement of the learners (A), potential for individualization of the learning to the individual needs of the learners (I) and relevance (R) of learning to real problems in practice are the essential components of WBL. [1-3]

Our medical teaching institutes lack a genuine learning culture that can fully capture the essence of WBL. There is dire need of organizational as well as faculty commitment to robustly facilitate the WBL. There is lack of formal and active involvement of our students in the process of their educational planning. This results in their lack of interest and hence passive participation in their learning while performing clinical duties. Robust oversight, monitoring and evaluation of the educational programmes by our oversight bodies are largely missing.

This is reflected in the non-uniform standards of training in different departments of the same hospital. Also there is lack of orientation workshops for the newly inducted trainees. Resultantly, they fail to understand the importance of collaboration, teamwork and peer assisted learning.

Faculty development initiative is also largely missing. Most of our clinical faculty is technically competent; however their teaching competencies are not only missing but they are not even cognizant of their deficient teaching skills. They primarily focus on patient care and take teaching as a casual formality. The clinicians need focused training, enabling them to become more robust facilitators of learning. Also they should be better prepared to accept responsibility as good mentors. They should acquire positive feedback skills.

Our residents undergo a haphazard training that merely fulfills their documentary requirements mandatory to sit the final examinations of the College of Physicians and Surgeons of Pakistan (CPSP) or University. Progressive assessment at workplace and formal capacity building of the students is not a norm. They often work in an unsupervised manner without any formative feedback. Our entire institutional environment needs revamping to meet the goals of WBL.

Following are the few strategies for Improving WBL at our institutes: We should take all the stakeholders on-board. These include the students, faculty members, clinical supervisors, hospital administrators and oversight bodies.

1. **Strategies for learners:** Creation of awareness is needed among the postgraduate residents, house officers, undergraduate medical students and para-medical staff about the optimal utilization of their rich clinical and laboratory environments for WBL. They need to change their mental paradigms and take the ownership of their learning. They should try to create opportunities of learning from their everyday practice. They should develop the art of reflection and reflective writing in order to better identify their learning needs, link their knowledge with practice and become self-regulated learners.
2. **Strategies for clinical supervisors:** The supervisors need to robustly catalyze the process of WBL. They should strike a balance between their student's clinical duties and learning. They should actively facilitate the learning process and maximize the learning opportunities for their students. They should enhance their teaching competencies and become better facilitators, planners and assessors of learning. They should carefully plan the learning experiences of their students and align them to the learning needs and desired outcomes according to the levels of their education. This will help to compensate for the opportunistic or situational nature of the WBL. They should ensure diversification of the clinical cases and adequate case volume. Similarly performance and observation of procedures in adequate number and variety should be ensured. Tasks allocated to the students should conform to the level of training.

The supervisors should instill the spirit of learning to learn among the students right from the beginning of their training. A learning culture should be evolved in the outpatient departments, indoor wards, emergency rooms, critical care areas, operating theatres, and laboratories. Multidisciplinary meetings should be encouraged to enhance learning opportunities for students. Even when there is hectic pace of clinical work, the supervisor should routinely employ certain WBL models. These include the OMP model (one minute preceptor), the SNAPPS model (summarize the findings, narrow the differentials, analyse the differentials, probe the preceptor, plan the management, and provide for self-directed learning), Concept mapping model, EPAs model (Entrustable professional activities) and simulation based learning. Most of the students don't know reflection and the supervisors should teach them this art. The supervisor should give regular feedback and also provide guided reflection where needed. They should help the students with the steps of experiential learning cycle. They should develop study guides to enhance learning of the students.[1-3,9,12, 13]

A culture of collaborative learning and peer assisted learning should be developed. The 24-hours on-floor duty calls should be organized in such a way that one senior resident is accompanied by two or more juniors. This will facilitate peer assisted learning. The on-call residents should be encouraged to have more frequent teleconsultations with supervisors regarding emergency and ward admitted patients. This will enhance their learning as well as patient care. On the post-call days, the residents should discuss their managed cases with the supervisor. Formative feedback will improve learning as well as future

patient's care. The residents should be given more responsibility in direct care of the patients and be reposed with responsibilities in the form of EPAs.

3. **Strategies for organizations and administrators:** The administrators should facilitate the implementation of WBL in the medical teaching institutes. This will also translate into better patient care and improved hospital ranking. Learning resources such as internets/ computers, small libraries in the wards and necessary books should be made available in the workplace so that these learning resources can be readily availed by the learners. Simulation labs should be developed to ensure acquisition of clinical and procedural skills without jeopardizing patient safety. In case of the postgraduate residents, the commitment to WBL should be further reinforced by evolving a culture of formal agreements between the Dean (representing the organization/ University), the residents (learners), and the supervisors. Such agreements can be renewed periodically. [14]

4. **Strategies for the oversight bodies**: The monitoring bodies such as the CPSP and medical Universities should play their role in improving the quality of training in the hospitals.

The WBL beautifully meets the individual learning needs of the students as well as the requirements of their clinical duties. The students effectively integrate their theoretical knowledge with practice. As faculty members we shall diversify the learning opportunities for our students while performing our clinical work. We should routinely employ useful teaching strategies such as the OMP and SNAPPS in our busy clinical practice.

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