



Understanding and developing learning in clinical settings: research into practice

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- “Beyond competence project”
- Practical implications





HEA project jointly with Southampton



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Understanding and developing learning in clinical settings



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1. What do students say they are doing (and not doing) on clinical placement?
2. What is the clinical placement experience like for students?
3. Are there any differences in what students say they are doing and what staff members say that students are doing?
4. How can we help facilitate clinical placement learning?



Why are students on placement?



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“I was busy with a patient and I was helping her and all the rest of it and having quite a nice chat with her, which I had to cut short because I suddenly thought, ‘Oh, they’re doing that now, and I really, really need to go and do it because I’ve got to get that particular box ticked off in my book.’ ...I’m not sure if I’ll get the opportunity to do it again.”

(1st year adult nursing student)



Why are students on placement?



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“because that’s where the action is....”

3rd year medical student





	Individual Interviews	Online Survey	Resource Development Groups
Audiology	9 Y3 students 2 staff	14 Y3 students	16 Y3 students
Medicine	6 Y1 students 11 Y3 students 9 staff	73 Y3 students	7 Y3 students
Nursing (adult)	12 Y1 students 10 staff	33 Y1 students	9 Y1 students

- Interviews – case summaries & identification of key issues
- Survey – descriptive statistics
- Resource development groups – summaries of responses

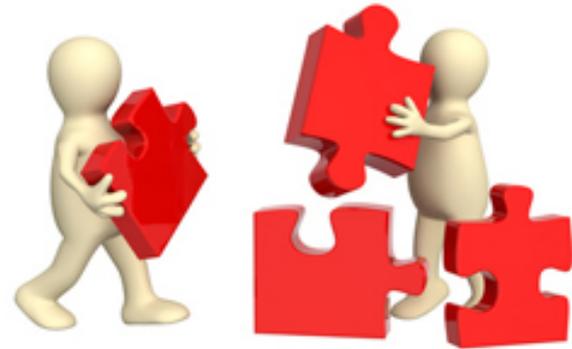


4 key issues



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1. Learning how to learn
2. Involvement
3. Feeling part of the team
4. Time to learn



Getting to grips with the clinical environment:

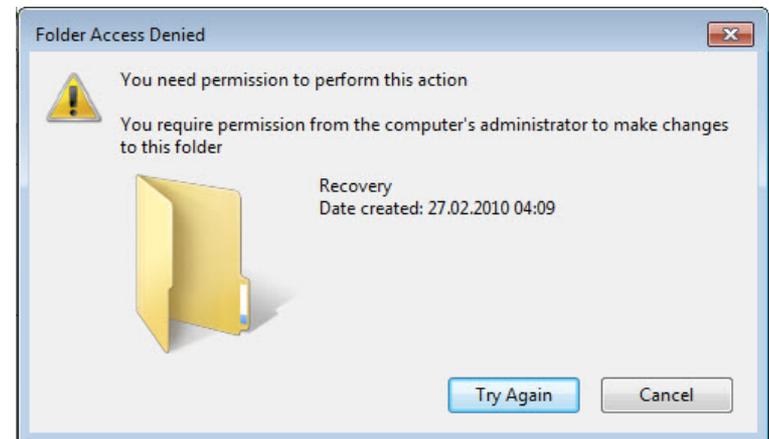
“they’ve got to find out what’s happened to the patient they’ve got to – go and work out who on the ward knows when things happen – because you know if they know their patient’s going for a scan – who do they approach on the ward to find out when the scan is? So then they find out that actually the ward clerk is a good source of information so it’s learning all those things... they need to know how a ward works and how to, how you get things done on a ward – so if you can get that instilled at the earliest opportunity I think that’s very helpful”

(William, medical consultant)

Negotiating access:

“there was one person going into surgery and I said to one of the nurses, ‘Am I able to go along with them?’ and she said, ‘Just let me speak to the consultant.’ and she rang up the consultant and said, ‘Can a medical student go along?’. They said ‘yes’.”

(Matthew, 1st year medical student)



Asking questions:

“after the patient’s left... then you gotta let them type up a bit... and then ask another question.”

(Steve, 3rd year medical student)

“If I was to ask questions, first I think I would ask... a third year student... or I would ask one of the health cares who was on there rather than ask the nurse first.”

(Elizabeth, 1st year nursing student)



Differences - university to placement

“it’s so different taking a history from a patient than reading a history off a sheet. Okay, I know I have to ask this question, this question and this question, they’re presenting with this, but actually in reality it is so hard to keep them on the straight and narrow and some questions that you think you are explaining more than clear, they just don’t get what you are on about, so you have to think of new ways to ask things which is really good”

(Indira, 3rd year medical student)

Differences – between sites

“between [hospitals], the way people carry things out is a little different. I know (1st hospital) are a lot more firm and strict on sort of aseptic technique and I think in the past they’ve had issues with hospital acquired infections so they’re very strict on the routine it’s done in and (2nd hospital)’s a bit more relaxed about it, kind of thing, so you don’t have to worry so much about your aseptic technique and step-by-step ‘don’t touch this, clean this like this kind of thing.’”

(Ben, 3rd year medical student)

Involvement – student perspectives



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“the more hands on you are, the better it is for yourself you know to learn – so even if you do mess up, then you will sort of learn more.”

(Fatimah, 3rd year audiology student)

“I think you learn so much more by experience than you learn by reading it out of a book... you can't learn communication skills from like an exercise you need to actually go and practice them, like practice makes perfect”

(Catherine, 1st year medical student)

“it's good to know everything about all the patients you are working with and to be trusted with that information, so you know what needs doing... [it] makes you want to work harder because you feel like they are your patients and you want to do something about it”

(Gabby, 1st year nursing student)

Involvement – “real” practice different



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I've never done like a hearing test on an actual patient before and it's different than from doing it on say like another student or a staff member. Because you can be more relaxed, like be less professional, which probably isn't the best thing to say, but you know, can just have more of a laugh with it. . . But if it's a patient you have to sort of bring it up a level and remember what you have to say, and how to instruct them or if they need special instructions or you need to change the test slightly or if it's a child, we've not done children before, cos we don't have any in the University. So erm, it's, you realise that there's actually much more to remember than what you, than what you thought you would have to."



(Justine, audiology student)

Differences – between individuals

“One of them (GP) was just really nice with everyone, really happy, really smiley... even if it’s something that’s not very nice, just have a bit of a laugh and the patient would be completely comfortable...”

Other one was very sympathetic... sit there and listen, try to be sympathetic with the patient... but a lot more serious...

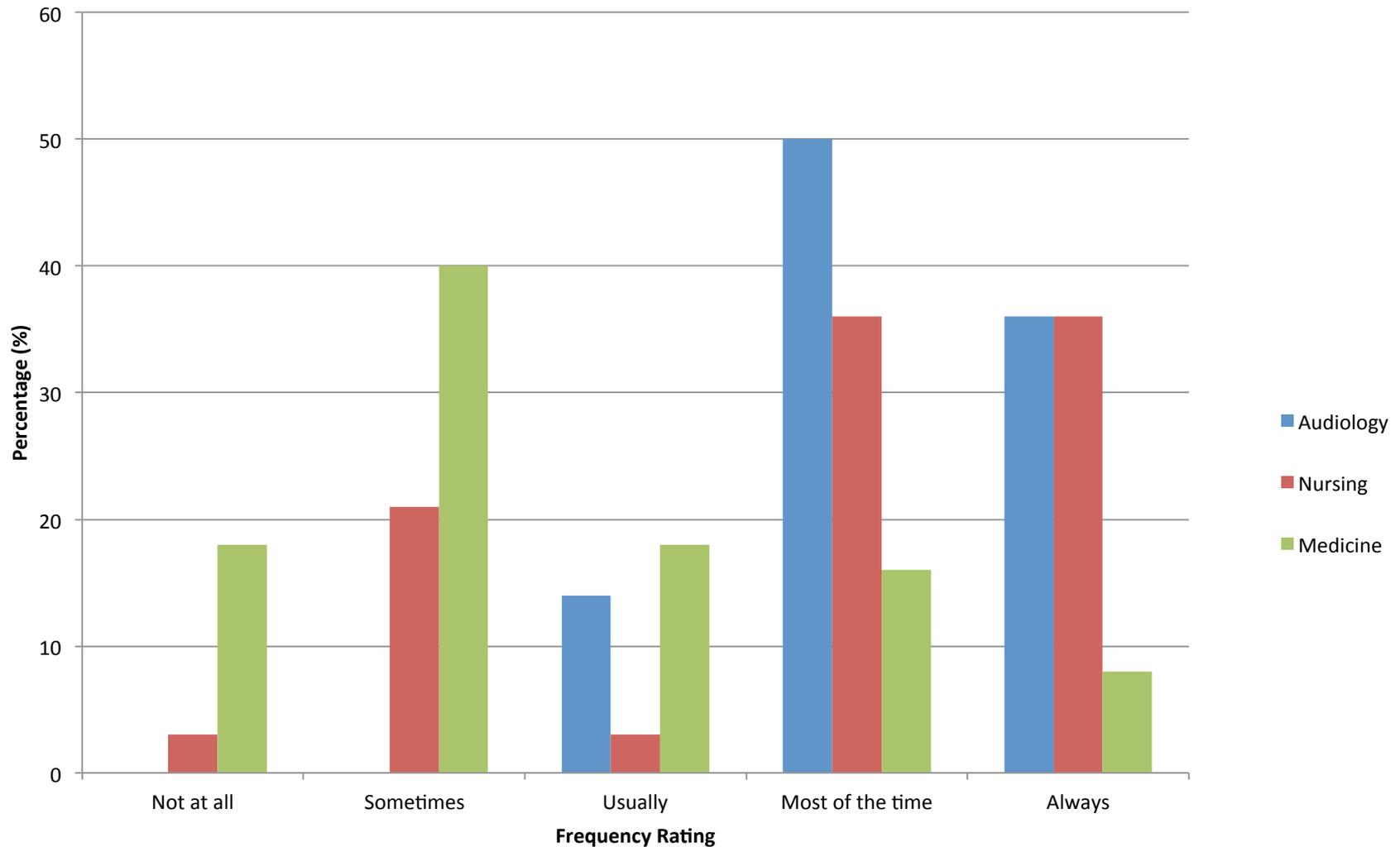
And the other one, he was different with every single patient and he seemed to remember the patient and remember their personalities and adapt the way he acted with them to their personalities...

(Bronwen, 3rd year medical student)

Involvement -how much did you feel part of the clinical team?



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Part of the team – audiology



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- Nature of audiology work
- Small profession
- Length of placements
- Degree of involvement
- Social inclusion
- Employment status



Part of the team - audiology



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“a couple of weeks ago one of the Senior Audiologists retired so they invited, even though we’d only been here a couple of weeks, they invited me and the other student to a meal!... So we all went out at the lunchtime, all of the Department, and we all just sat around a table, went to an Italian restaurant, so that was, it was really nice, ‘cause even though we hadn’t been there that long, they... actually wanted to talk to us whilst we were there... it was really nice ‘cause when we was there as well, we weren’t like side-lined to speak to other people, we was all involved.”



(Emily, 3rd year audiology student)

Part of the team - medicine



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“I think when you’re doing things like practical procedures to help out like doing bloods or even just doing things like erm, going to collect some equipment, ‘cause you just know it’s helping towards a doctor, it’s like saving time for them, that’s when I always feel like sort of part of a team, doing something to help.”

(Sophia, 3rd year medical student)





“they’re not treated as students they’re treated as members of the team”

(Meg, audiology educator)

“I’m not too bothered... providing they concentrate on the bits they need to pick up, I don’t think it’s important that they ‘help’ from our point of view certainly... I mean [I] appreciate from their point of view it might be nice to feel useful, but I suspect in practice they don’t do very much.”

(Brian, surgical consultant)

Part of the team - staff perspectives



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“the bus usually gets here about 9 o’ clock, or just after. Now surgical ward rounds start at 8 o’ clock in the morning...

So by the time the students arrive, we’ve actually all done our ward rounds and in terms of continuity of care and ward management, then that’s the key time really...

So I think they miss out a good learning opportunity, but also if I knew they were going to be there for the ward rounds, then I would have them presenting patients as we went round so that they are again getting a bit more involved, they’d have to know what was going on with their patients and it would just, you know, increase the involvement a little bit there...



And similarly, at the other end of the day, of course, then when the bus goes, theatres lists etc might be still going on...

So they might not get there at the end. And the other thing is, in terms of emergencies, you know, err, they don't get a proper feel of what emergency work is like, because most of the time during the day they are tied up with our elective work."

(Brian, surgical consultant)

Time - audiology



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“when I schedule somebody together [with a qualified audiologist], they are always given an extra 15 minutes doing that process for filling in the log book and discussion, and at the very beginning, the appointments are often made a bit longer to allow time for... feedback - this is what was good, this is what was bad, this is why I did this, this is why I did that... as the student gets more proficient there is less need for that discussion, but it was feedback from my mentors a few years ago that they were finding they were doing appointments but not able to talk about why, so we just added in, it might be 15 minutes to half an hour in that morning or afternoon session that they get to discuss.”



(Hanna, audiology educator)

“we find that if you do that [work with students] intensively for the first 6 months you get them to a much better stage of competence and confidence so that you can actually get more out of them in the second 6 months... you waste a lot of clinical time in some ways in the first 6 months because you are having to have longer appointment times because you’re with a student and you know, you’re not seeing as many patients because of that, but then you gain that back big time in the second 6 months because you’ve got 2 students that are useable”



(Meg, audiology educator)

“in that fourth or fifth week you almost feel like you are settled and you want to stay rather than move on to another placement because you know your role, you know you feel part of the team a bit, everyone knows your name... it is quite hard having to redo that every time... it really does help your learning when someone is actively thinking, ‘What would the third years like to do? How can we help the third years?’ and you can only really do that when you have a few weeks there.”

(Charles, 3rd year medical student)



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Findings:

- Positive placement experiences
- Students need to “learn how to learn”
- Students value opportunities to become involved, learn from mistakes
- Differences in practices (between sites, different people, uni vs placement)
- Staff don’t expect students to contribute to clinical work, yet students wish to be involved



Significance of environments



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“it’s coming out to somewhere where they feel welcome... informal chatting with the staff and coming into the coffee room... just having a locker to lock their things away, somewhere to hang their coat; it’s simple things but I think hopefully it does make them feel they’re part of the team and belong which I don’t think can be underestimated really!”

(Meredith, GP educator)

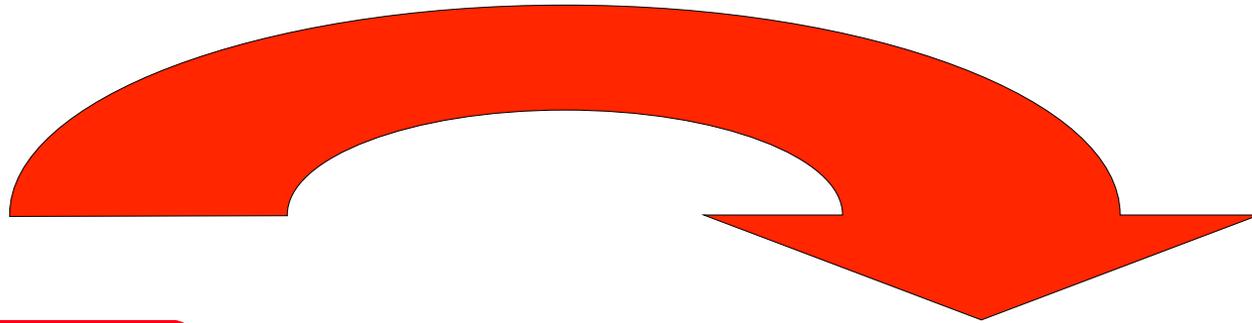


So what does all this mean?



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Clinical placement learning is often understood like this.....



But may be better understood like this...



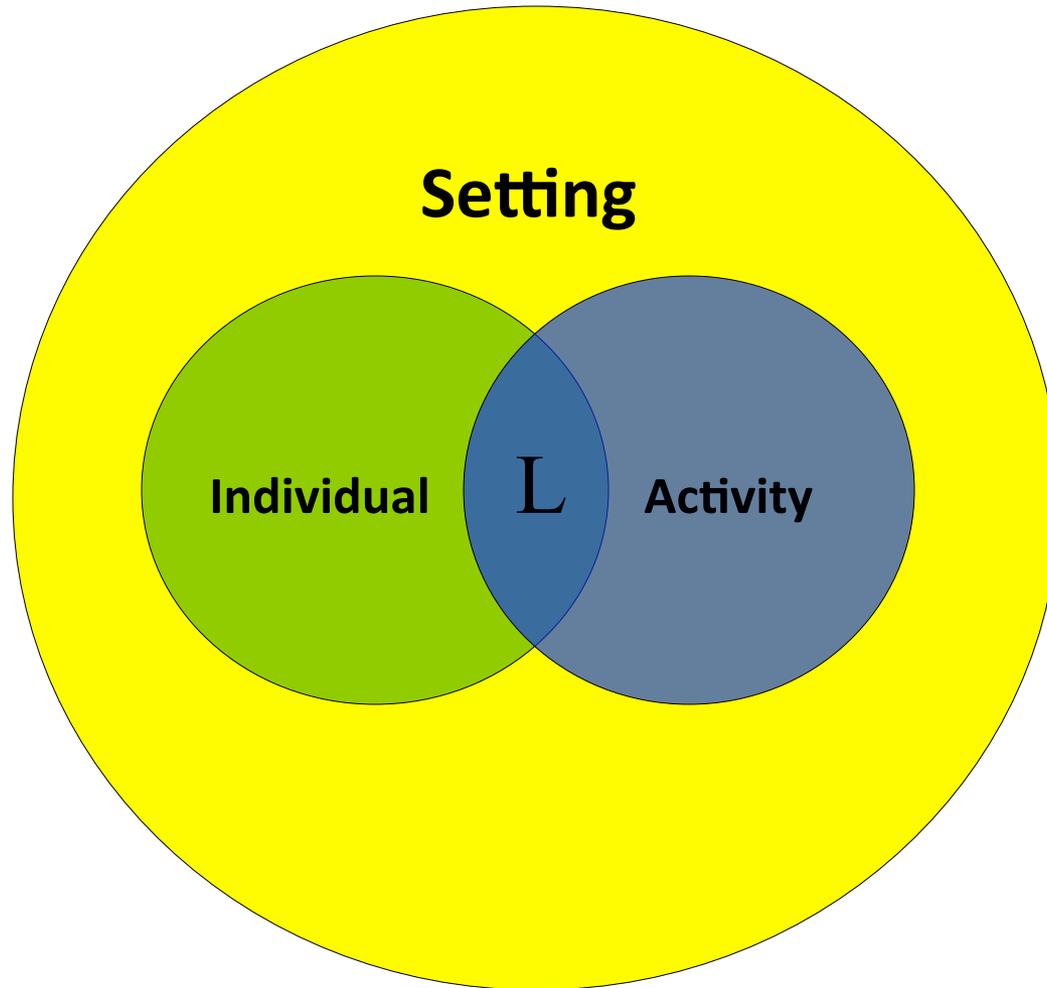
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Factors affecting learning in clinical placements



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Summary



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Learning occurs through work and through interaction with other people, environments

Learning is not just individual but significantly affected by activity, practices and cultures

The environment is not neutral but is fundamental to practice



Resources



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- No need for anything magical
- Creating an “expansive” learning environment is key

(Fuller & Unwin, 2004)

- Offer chances to practice, ask questions, gain help
- Welcome students, include them as part of the team
- Think about length of placements





Practical points

- Are there ways in which students can become more involved in clinical work?
- How can we help students to feel part of the team?
- What is the optimum length for placements?



Thank you

