Transforming your practice into a challenging learning environment

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A powerful learning environment?

- Competencies and learning abilities of the trainee
- Readiness to learn of the trainee
- Offering work possibilities at the workplace
- Offering learning opportunities at the workplace
- Interaction between all these factors
A new role for trainers:

Architects of a powerful learning environment
Overview

- **Adopting a new educational paradigm**
  - Social constructivism

- **Using the circle of learning as a framework**
  - Learning from experience

- **Adopting a variety of roles as a «teacher»**
  - Different roles

- **Enhancing educational interaction with trainees in the clinical context**
  - Guiding and monitoring learning activity
Cognitivistic view

Knowledge of the trainee before the instruction

Knowledge of the trainee after the instruction

Knowledge of the teacher

Degryse 2008, White 2001
Constructivistic view

Creating a « learning community »
Learning from experience

Feeling (1)  
Concrete Experience

Doing (4)  
Active Experimentation

Looking (2)  
Reflective Observation

Thinking (3)  
Abstract Conceptualisation
Learning styles

- Diverger
  - Imagination
  - Recognizes problems
  - Uses different perspectives
  - Inductive reasoning, planning concept oriented, ideas should be precise
  - Seeking new experiences,
  - Undertaking actions
  - Good in changing circumstances

- Assimilator
  - from concept to experiment
  - Problem solving,
  - Practical application of ideas

- Converger

- Accomodator
Collecting and structuring new experiences

Some instruments to attain that goal.

- **Continuous registrations:** 30 consultations noted with Subjective Objective Evaluation Plan (SOEP)
  - Significant event analysis
  - Fishbone diagram
  - Listing Patient Unmet Needs (PUN) & educational needs for doctor (DEN)
<table>
<thead>
<tr>
<th>Consultation</th>
<th>PUN</th>
<th>DEN</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Man, 34y, skin rash, no itching, 3d’s after starting aoxiclav for otitis media by another doctor</td>
<td>Assured patient that it is nothing to worry about</td>
<td>Was he quite enough assured?</td>
<td>1. What is the correct treatment for otitis? 2. How does a drug rash look like?</td>
</tr>
<tr>
<td>Woman 62y INR (PTT) control</td>
<td>Discussed results R/ coumarine</td>
<td></td>
<td>How long does one has to take coumarines after arterial occlusion arm?</td>
</tr>
</tbody>
</table>
The different roles of the trainer

- Mentor
  - Values and beliefs

- Sponsor
  - Identity

- Awaker
  - Significance/purpose

- Teacher
  - Capacities and abilities

- Coach
  - Behavior

- Guide
  - Environment
Educational interaction with the trainee.

1. Drawing up and following up the learning agenda (once a month)
2. Leading an advisory conversation
3. Having an exchange of information about practice visits (every day)
4. Having a case-related discussion (once a week)
5. Having a feedback conversation
6. Having an intermediate evaluation conversation (every six months)
Coaching the self-directed learning

- John Pitts (1996)
  
  bottleneck in the one-to-one learning practice
  
  the trainer talks too much

  learning = active participation
  = time for conversation
Good learning conversation Pitts J. (1996)

- GP trainee
- GP trainer

Time
The skilled trainer : S S S S

- Has knowledge of the educational theories and methods
- Is student centered

Expressed in communication that is:

- **Systematic** = arranges interventions in a specific order
- **Student centered** = more questions, less statements
- **Stimulating** = challenges trainees to undertake learning activities
I cannot teach anybody anything, I can only make them think.

Socrates (470-399 B.C.)