Workplace learning

Learning is affected by many factors: approaches to learning, personal factors, opportunities for learning and the learning environment. The clinical environment is the appropriate place for clinical learning and until recently clinical training was primarily based on the apprenticeship model. Current approaches to clinical training recognize that a balance between clinical work and learning are essential for reflective practice.[1] With increasing reports of many factors that affect the learning environment, medical education in developed countries has addressed issues regarding hours at work, service/education balance and intimidation and harassment. Policies that are put into place address these issues; however, they may not necessarily lead to full implementation. In this issue, Anani et al have initiated an important investigation of these factors in a developing country in an effort to begin addressing the learning environment of Pakistani medical residents.[2] In their study, the residents uniformly indicate a desire for fewer hours devoted to clinical work and more for learning and “non-clinical” activities at work. Non-clinical activities are defined as eating and sleeping, activities that are essential for survival!

Although differences between specialty groups will be useful for program directors, it is interesting that most residents found either routine clinical rounds or seminars and lectures most valuable for learning. Faculty were least likely to be viewed as important for learning. This brings into question the expectations of the learners and faculty on their roles or perhaps lack of faculty development and support for teaching.

The workplace environment affects learning, but more importantly the perception of the environment affects how learners approach their learning.[3] When learners perceive that they are supported and have choice and independence and teachers are receptive to their ideas, they adopt improved approaches to learning.[4] Clearly, intimidation and harassment are not associated with a supportive learning climate. Fortunately, there appears to be little perception of mistreatment in this group of residents. Explanations for this may be related to a culture that is respectful or alternatively to an acceptance of the status quo and thus not appreciating the effect of some behaviors. Another possibility is raised by the lack of confidence in faculty as valuable for learning. If faculty are not present for teaching or not interested in teaching, there may be little opportunity for mistreatment beyond that of neglect. The authors are to be congratulated for beginning the process of evaluating the learning environment for residents in Pakistan. Without evaluation there can be no examination or change.

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References