



NO CONTINUITY IN CONTINUOUS WORKPLACE LEARNING?

The perspectives of students, teachers, and mentors on a competency-based continuous workplace learning model in general healthcare education

Background

Workplace learning (WPL) is indispensable in healthcare education, due to external demands such as healthcare systems and regulatory organizations, societal expectations of a professional, but especially due to persons' internal motivation experiencing the positive effects of workplace learning.

The increasing implementation of competency-based education (CBE) might support WPL processes, changing the focus from input (hours of curriculum representation) to output (predefined competencies).

Due to the complexity, there is a clear need for empirical research and evidence-based models scaffolding the continuous learning, assessment and supervision processes.

Therefore, this study aimed at examining the perspectives of students, teachers, and mentors on a six-steps competency-based continuous workplace learning model in general healthcare education (Embo et al., 2015)

Methods

3 semi-structured focus group interviews
5 students 5 teachers 5 mentors



Audiology – Nursing – Midwifery – Occupational therapy – Speech therapy

Inductive content analysis (Satu & Helvi, 2007; Barnett-Page & Thomas, 2009)

NVivo12®

Open coding

Axial coding

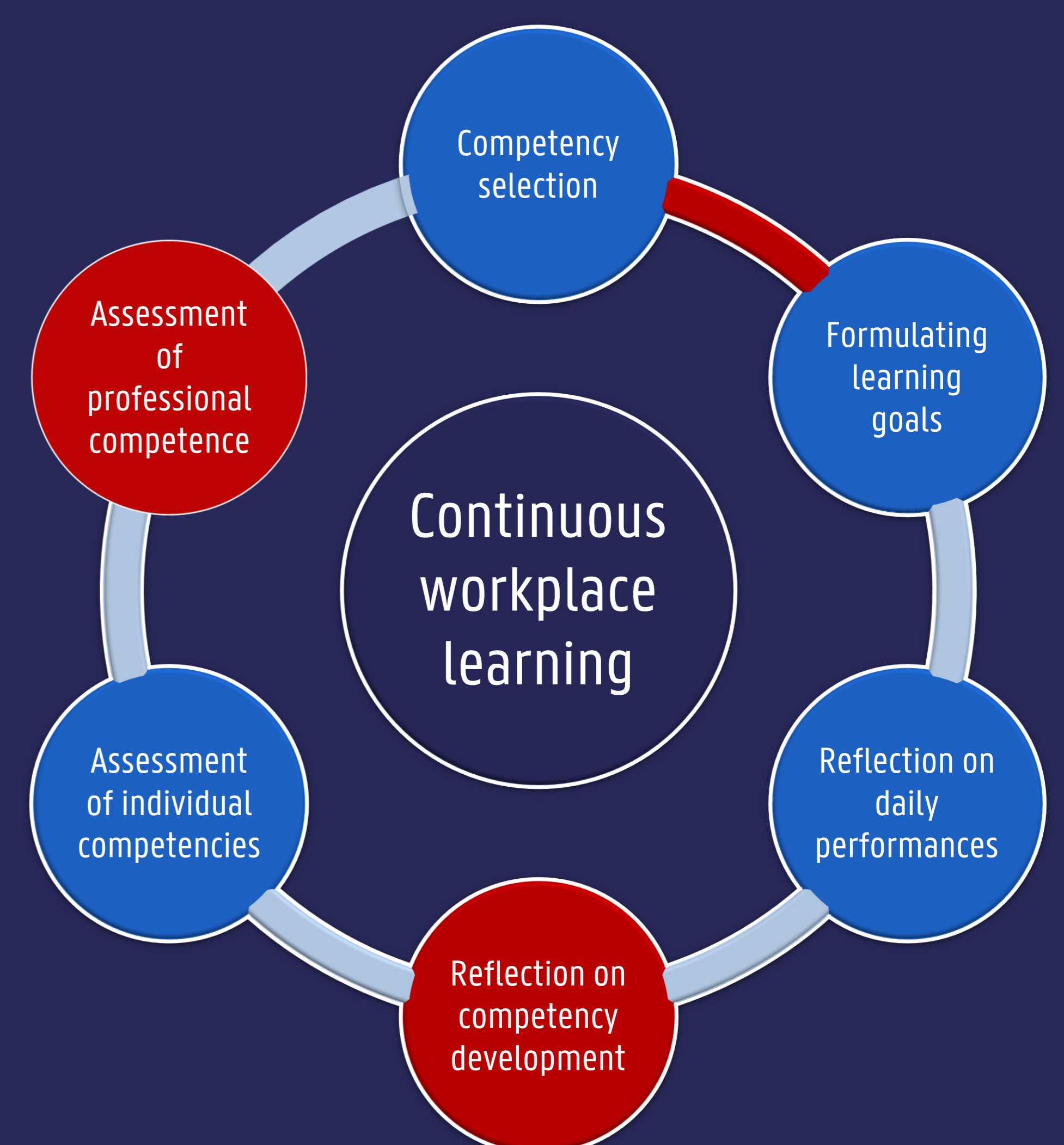
Selective coding

Preliminary results

5 themes

Competencies	Learning goals	Reflection	Feedback	Assessment
Important for teachers	Very important in the learning process	Unclear distinction between self-reflection and reflection	One of the most important aspects of learning	Less focus on growth
Seen as 'talents or gifts' by mentors and students	Artificial due to the compulsory character	Artificial due to the compulsory character	Mentors don't want to hurt students' feelings with feedback	Strong association with predefined competencies
Students: too strong focus on predefined competencies	Focus on techniques while teachers and mentors perceived other competencies as equivalent	Focus on techniques	Focus on techniques (easier to give feedback on techniques?) <=> mental healthcare	Distinction between descriptive part (mentor) and grading part (teacher)
Transition to learning goals lacks	Lack of time of mentors hinders the guidance in learning goals	Lack of deep-reflection (because all predefined competencies need to be present to obtain a score?)	Lack of time to give and receive feedback	Subjectivity of assessment: problem for all three groups
Predefined competencies are hard to find and varying		Cycle of Korthagen and STARR-method	Too little guidance from teachers	

Additional barriers: lack of time and uniformity, a non-holistic approach towards competence



Present during current WPL
Absent during current WPL

Conclusion

The results showed that the model was very relevant for all three stakeholder groups within all five healthcare disciplines. The six steps were often reduced to five: (1) competencies, (2) learning goals, (3) reflection, (4) feedback, and (5) assessment. Moreover, the fourth step of reflection on competency development and the sixth step of assessment of professional competence were often lacking. The two last steps, namely summative assessment of individual competencies and summative assessment of professional competence, often showed some overlap. Furthermore, an overstressed focus on techniques, low-quality feedback, superficial reflection, a lack of time, and problematic subjectivity during the assessment might complicate WPL. Thus, it could be stated that in practice, multiple pain points might need to be overcome and continuity might need to be optimized by eliminating the fragmentation of workplace learning in practice in order to deliver high-quality healthcare education.

The next step within this research project will focus on the validation of a uniform competency framework as predefined competencies were perceived as strongly varying between educational programs and organizations, and hard to find by all stakeholders. Future research might focus on optimizing generic, transferable competencies as students, teachers, and mentors thought that the focus on techniques was too large while the focus on transferable competencies was limited.

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