

Ged's blog on...transforming learning environments

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The last month has been a real whirlwind for me as the challenges of my new role have begun to crystallise into an effective work plan. It is difficult to distil and conflate the key learning points for me because of the sheer number and variety of activities and events that have grabbed my attention but the issue of the workplace as a learning environment keeps re-emerging.

When I was originally learning about education many years ago, I was taught that there were three basic pillars that dictated the quality and output of any learning outcome; the curriculum, the teacher and the learning environment. Several recently published educational studies have suggested that the formal curriculum, i.e. what we learn, has much less impact on performance than we have traditionally thought with some studies suggesting that less than three percent of differences in examination and workplace performance are attributable to difference in curriculum. Paradoxically those of us who have been involved in the design of curricula for undergraduate, postgraduate or CPD learners almost always choose to focus on changing the curriculum when we feel that we need to improve the quality of the educational 'offer' for learners.

The challenges facing the Health Service at the moment do not need repeating by me, but we are all aware that to meet these challenges we must transform the way in which we work. This necessitates a more flexible and team-based, patient centred delivery of care delivered by a workforce who can rapidly adapt, transfer skills between community, secondary and social care and continue to learn throughout their careers. Surely the evidence suggests therefore that if we are really going to make a difference to learning, and as a result improve the quality of care we offer to our patients, then we must start to think about how we are going to transform the environments in which we learn and concentrate less on the individual learning outcomes of siloed professional groups.

It seems to me that our workplaces are incredibly rich places to learn. As well as a place where health transactions between patients and health professionals occur, our wards, surgeries, operating theatres, patients' homes, clinics, rehabilitation units, community, social care homes and offices present opportunities for learning through experience, coaching, observation and mentorship all the skills, attitudes and knowledge required to meet the challenges now facing us. Moreover new very exciting environments continue to

emerge including those within the business and 'third sector' communities and across the globe in low and middle income countries.

The question that we therefore must ask ourselves is: 'Do we maximise the potential of the learning environments available to us to make sure that we are the best we can be for our patients?' This month I have seen examples from across the North West of how modification of learning environments (very often without increasing the financial cost) can be used to change the way in which we deliver healthcare for the better. These examples have come from a wide variety of sources including Nursing, Midwifery, primary care, social care homes, audiology, the business community, placements in low and middle income countries, audiology services and undergraduate and postgraduate medicine. Whilst these examples are very often genuinely thrilling, the common themes are that the inventiveness and innovation in the North West is second to none but our ability to share and 'roll out' these advancements and innovations in learning are often restricted by our current systems and processes.

The North West has led the way in recent years in creating 'enablers' to make this happens. The Work-Based Education Facilitator Network, The Placement Development Network, The Skills Academy, undergraduate and postgraduate medical quality assurance systems and our Practice Education Facilitators have all developed cutting edge programmes to improve the educational of offer to specific professional groups within the workplace. It seems to me therefore that Health Education North West needs to facilitate these groups working closer together to provide a holistic approach to transforming learning environments for all staff by using their collective excellence and expertise.

Posted by Ged Byrne, Director of Education and Quality, Health Education North West

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