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An Introduction

CREATING A POSITIVE LEARNING ENVIRONMENT

ANAESTHETISTS as EDUCATORS

The Royal College
of Anaesthetists

Aims

This chapter outlines some of the strategies used to optimise adult learning opportunities. It highlights the need to take an active role in your own teaching and learning and why this can benefit both individual learners and a department of clinical educators and trainees.

Intended learning outcomes

When you have completed this chapter you should be better equipped to:

1. Take responsibility for your own learning by identifying your individual learning needs, setting personal goals, seeking feedback and critically reflecting on practice (TM_BK_05, TM_BS_10, TM_IK_01, TM_HS_04).

2. Understand the need for active participation, assessment and evaluation in teaching and learning (TM_IK_02, TM_IS_02, TM_HK_08, TM_HS_02).

3. Utilise and reflect on different approaches to teaching and learning to provide effective learning opportunities (TM_BS_09, TM_IK_05, TM_HK_04, TM_HK_11, TM_HS_16).

4. Enhance and improve educational provision (e.g. local teaching) through evaluation and reflection of own practice (TM_HS_11, TM_HS_12, TM_HS_24, TM_HS_25).

5. Participate in developmental conversations showing consideration for emotional, physical and psychological well-being (TM_HS_03, TM_HS_18).

Activity

Consider all the anaesthetic departments you have worked in during your training so far. Identify one where you felt you learnt a great deal and compare this to a department you would prefer not to visit again?

Basic – Write down examples of the experiences you had in each place. Now try to unpick why they were such different experiences for you.

Intermediate - What are the key characteristics of a department that actively engages in teaching and learning?

Higher – What strategies might *you* be able to implement in a department where you felt teaching and learning could be improved? What challenges might you face?

Background

We all have a role in creating a department or clinical team that offers a positive learning environment because education in the workplace is about learning **with** and **from** others – a classical apprenticeship model. A team member feels valued if his or her opinions are respected and they are included in the **process** (see Figure 1). One of the current challenges for our healthcare system in the UK is to create a positive learning **environment** in the face of financial constraint, organisational change and restricted hours legislation.
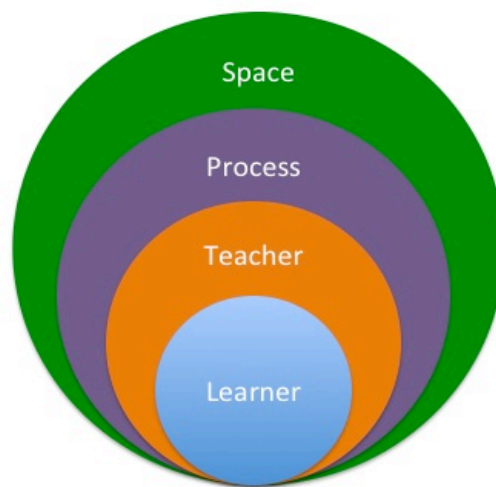
Figure 1. Demonstrates the central role of the learner within the learning environment.

A. A positive '*space*'

The learning environment is both a physical structure but also an emotional and intellectual entity. Maslow (1943) suggested that in order for individuals to achieve their full potential, a range of basic needs have to be met first. Figure 2 shows the 'Hierarchy of Needs' that motivate us. Needs must be addressed and met in turn and only when our physical needs and emotional well-being are satisfied, can we move onto the higher order needs of 'self-actualisation' such as personal growth, self-fulfilment and realising personal potential.
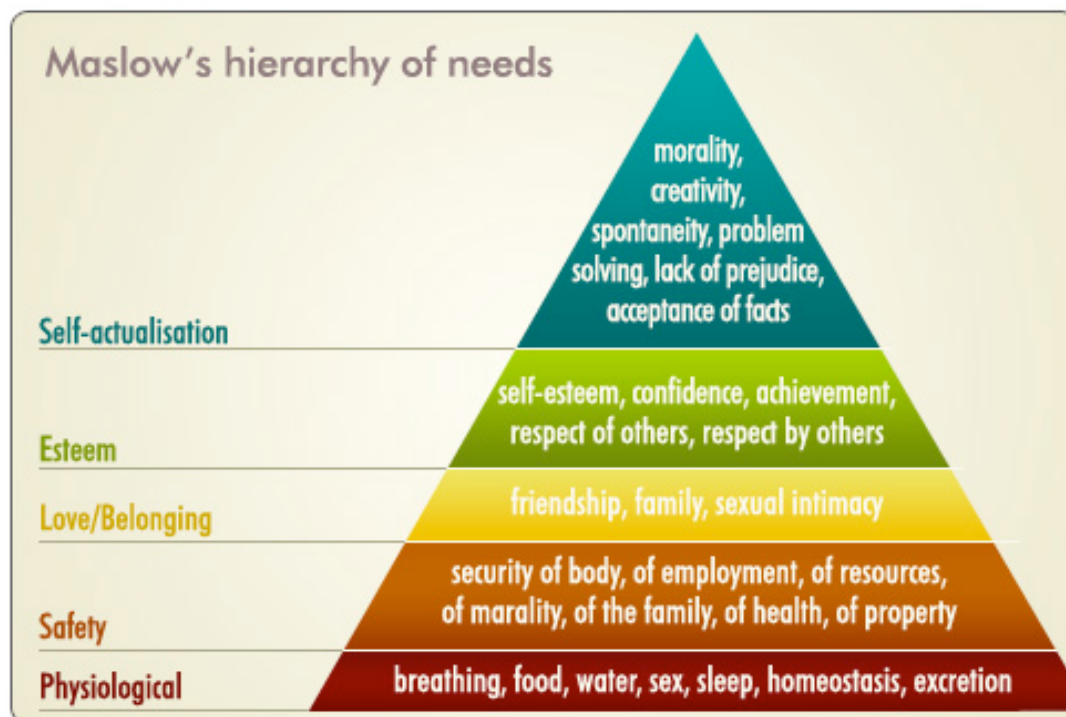
Figure 2. Maslow's Hierarchy of Needs.

Physical space

Infrastructure - The resources available to a department can make a large impact on learning. Trainees and consultants alike need changing rooms, lockers, and a pigeonhole, somewhere to obtain and eat food and drink, workspace and computer access.

The educational importance of a communal space (e.g. coffee room), where individuals can interact, should not be under estimated. These spaces offer learners the opportunity to meet and discuss clinical encounters, share ideas, canvass opinion and debrief in an open and relaxed forum.

Organisation - a hospital induction process can sometimes be uncoordinated, tiring and often too generic. Most would agree that a robust initiation into corporate, hospital and local policies and procedures is necessary to ensure a matching of expectations and sharing of critical information.

Imagine if you were not met on your first day, no one showed you around the theatre complex or showed you how the department's particular anaesthetic machines worked. Meeting colleagues, or more importantly the department coordinator, joining the coffee club and finding out when departmental teaching happens, are all part of knowing and feeling comfortable in your working and learning environment. These are all components of Maslow's lower order needs.

People - Having colleagues with similar ideas, experiences and goals can give an individual a sense of belonging. Learners are motivated through inclusion and consultation. Work and learning are enhanced if we feel we are a respected part of a team, have a useful role and feel our voice is heard.

Reflection

Spend a moment thinking about your current hospital.
Does it fulfil Maslow's lower order learning needs?

Intellectual space

Motivation - is a key factor in adult learning. It can arise from intrinsic and extrinsic sources. Their previous experiences, internal pressures and future use or relevance can influence a learner's intrinsic motivation.

Assessments are usually strong extrinsic motivators for learning, but they do little to inspire intrinsic drive and can lead to demotivation and disengagement. Other factors that reduce motivation include: unhelpful attitudes, distractions, hunger or lack of sleep.

The teacher's role in motivation should not be underestimated. Demonstrating enthusiasm for the subject matter and an interest in the learner's experiences, thoughts and ideas, can all help to maintain attention and improve knowledge and understanding.

Safety - learners need to feel *safe*. This will help them to experiment, reveal their lack of knowledge, ask questions and stretch themselves. By endorsing a learner's level of knowledge we can create an atmosphere of respect conducive to learning.

Belonging - through inclusion and consultation, we feel part of the learning process. Learners should be involved in setting ground rules, in decisions about content, the teaching methods used, feedback and evaluation. It is as important to discuss the above elements with a learner as it is for them to feel involved in the teaching session itself.

Self-esteem - safety, belonging and respect all lead to building confidence in a learner. With teaching comes a level of responsibility because praise, appreciation and constructive feedback can all be unravelled with the delivery of one thoughtless comment. The teacher-learner interaction is as pivotal a relationship as that which exists between clinician-educator and patient and must be balanced to allow both to flourish – neither at the expense of the other. Some find it difficult to translate their clinical dexterity into the educational setting, which is why teaching, like any other skill, has to be learnt, developed and perfected through practice.

B. The *process* of learning

All doctors are expected to contribute to teaching and learning as part of their professional duties (GMC 2006). The GMC document 'Continuing Professional Development' (GMC 2012) outlines the principles for career-long learning for all doctors:

- Responsibility for personal learning
- Scope of practice
- Individual and team learning
- Identification of learning needs
- Reflection
- Outcomes

The above principles can also represent the *process* of a learning encounter. Below outlines one example of how to structure an approach to an educational episode:

a. Identify learning needs
b. Set goals
c. Encounter (= the 'teaching')
d. Seek feedback
e. Evaluate experience
f. Critically reflect on learning

Task

Imagine that you are going to repeat a recent learning encounter (you could have been either the learner or the teacher).

Using the headings given above, structure the learning encounter. If these elements were covered, try to improve upon them; if they were omitted, offer ways that they could have been integrated.

C. Teacher

A teacher or facilitator is one of the most influential variables in the learning environment. The learner consciously observes actions and attitudes but probably absorbs much more subconsciously. It is important to recognise the enthusiasm that a learner brings and help them take advantage of all learning opportunities within the clinical environment.

The challenge for any teacher is becoming reflectively competent – i.e. teachers must unpick the skills and abilities that they demonstrate in clinical performance.

> **Task**
>
> Identify a teacher who facilitated your learning.
>
> - Try to list 5 qualities they possessed.
>
> Think about your next teaching encounter.
>
> - How might you emulate the above qualities in this session?

D. Learner

Every doctor's Continued Professional Development includes career-long learning and this takes effort. Adult learners are expected to utilise opportunities, take responsibility and effectively manage their own learning. Understanding and adjusting to this transition from school and university is challenging for some individuals.

Be proactive - offer to help improve the department's structured teaching programme. If one does not exist, then take the initiative and organise it yourself. Be enthusiastic and actively participate in the educational life of your department. If you think a teaching session has not been useful, help to change it into something better, and give teachers constructive feedback.

Key thoughts

A positive learning environment is dependent on several factors, but a crucial step is to engage the learner. Engagement is affected by everything from physical surroundings, context and learning and teaching styles, to the intrinsic motivation and perception of relevance for the learner. Get all these right and you and your colleagues will reap the rewards.

Evidence of Progression

Basic level

- For your education portfolio, write a personal learning plan for the next two weeks.
- Prior to your next theatre list, identify your own learning needs. Explain these to a colleague or your anaesthetic assistant.
- At the next organised teaching session, observe the physical environment. How was it conducive to learning? Could it have been improved? What were the room's limitations?

Intermediate level

- Organise a teaching encounter. Set the learning outcomes, deliver the teaching, seek feedback and evaluate the session.
- Now write a 200 word critical reflection of your efforts to add to your learning portfolio.
- Attend an education workshop dealing with learning and teaching styles.

Higher level

- Expand your education portfolio. Teach in a variety of different environments.
- Conduct one of the departmental teaching sessions. Structure it and request feedback. Ask a colleague to formally assess your teaching skills.
- Have a developmental conversation with a colleague. Use active listening skills and open questioning to discuss a professional dilemma.

Further reading

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References

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GMC (2006). Good Medical Practice, General Medical Council.

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RCoA 2010 Syllabus Key

TM_BK_05   Understands their preferred approach to their own learning.

TM_BS_09   Keeps a reflective portfolio of learning and clinical practice.

TM_BS_10   Appropriately solicits and receives feedback from others regarding their own clinical knowledge, skills and behaviour.

TM_IK_01   Knows how to design and implement a personal learning plan for an educational activity related to their own learning.

TM_IK_02   Understands the importance of demonstrating respect for learners.

TM_IK_05   Understands which teaching method to select for effective learning in a variety of situations.

TM_IS_02   Creates good opportunistic clinical learning opportunities for others.

TM_IS_08   Performs a self-critical review of his or her own educational practice (workplace based teaching, tutorials, simulation training or lectures).

TM_HK_04   Understands how to use a wide range of educational methods to provide effective clinical learning opportunities, such as: opportunistic workplace-based training, lectures, part- and whole-task simulator training, full immersion high fidelity simulation, audio-visual feedback and behavioural debriefing.

TM_HK_08   Understands the importance of assessing and evaluating learning and is able to distinguish between formative and summative assessment.

TM_HK_11   Explains the importance of their own behaviour as a role model for more junior trainees.

TM_HS_02   Creates good learning opportunities to deliver the curriculum.

TM_HS_03   Shows consideration for learners including their emotional, physical and psychological well being with their development needs; acts to endure equality of opportunity for students, trainees, staff and professional colleagues.

TM_HS_04   Identifies the learning needs of trainees.

TM_HS_11   Is able to lead departmental teaching programmes including journal clubs.

TM_HS_12   Encourages discussions with colleagues in clinical settings to share knowledge and understanding.

TM_HS_16   Receives feedback appropriately for the purpose of self-improvement.

TM_HS_18   Conducts developmental conversations as appropriate e.g. appraisal, supervision, mentoring.

TM_HS_23   Show willingness to take up formal training as a trainer and responds to feedback obtained after teaching sessions.

TM_HS_24   Demonstrates a willingness to advance own educational capability through continuous learning.

TM_HS_25   Acts to enhance and improve educational provision through evaluation of own practice.