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Enhancing workplace learning at the transition into practice. Lessons from a pandemic

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What problem was addressed?

Taking responsibility for prescribing is one of newly qualified doctors' greatest stressors.¹ Despite being a routine task, prescribing insulin is particularly stress-inducing. The global pandemic has made it more important to minimise transitioning students' stress; yet there are fewer clinicians to support their accelerated transitions.

We had planned an intervention during 9-week 'Clinical Assistantships' immediately before qualifying. Students would write insulin 'pre-prescriptions', which supervisors would endorse as prescriptions that were appropriate to dispense. A trained healthcare professional or person with diabetes ('debriefers') would conduct one-to-one Case Based discussions (CBDs) to help students learn reflectively from experience.

We could not carry this out as intended: clinical placements were cut short, and students who had been exposed to Covid-19 posed a risk to our debriefers with diabetes. Despite that, we set out to enhance, rather than abandon, our novel form of reflective, experiential education.

What was tried?

We encouraged students to gain experience of pre-prescribing insulin for hospitalised patients, as intended, but under pandemic conditions. Since face-to-face CBDs were impossible, yet one-to-one reflective discussions play an essential part in students' learning, we made a rapid decision to migrate these sometimes very personal discussions onto an on-line videoconferencing platform.

A curriculum administrator took over responsibility for booking CBDs from eleven teaching hospitals. Central organisation of technology-supported reflective conversations made optimum use of available resources, aligned the availabilities of debriefers and students, minimised missed appointments, and made a CBD available to every interested student.

We revised our operating procedures so that, as intended, deep reflective discussions took place, allowing students to reflect on experiences and make commitments to safe and appropriate future

prescribing behaviour. Records of these CBDs provided rich, anonymised descriptions of students' reflective learning; qualitative analysis of these allowed us to evaluate the intervention.

What lessons were learned?

From the 77 students (approx. 25% of the cohort) who participated, detailed records are available for 25 students who both wrote an insulin pre-prescription and completed a voluntary CBD, yielding >7000 words of evaluation data for qualitative analysis.

The pandemic helped students learn three key lessons: 1) Participants who had navigated indeterminate situations, where factors like Covid-19 created ambiguity and made prescribing decisions complex, were able to verbalise how they would manage experiences like these in future; 2) Reflecting on an instance of prescribing helped students situate individual prescribing decisions in the wider context of patients' trajectories of care, where insulin prescribing had to be reconciled with other medications and co-morbidities; 3) Participants learned they were not alone and could develop collaborative expertise by seeking help from fellow professionals, patients, and senior colleagues.

We learned lessons too: 4) It is tempting to abandon workplace education when students are numerous and clinicians are busy, yet pandemic conditions encouraged us to use good learning opportunities creatively; 5) Transitioning to an online communication platform made supporting students' reflection on workplace learning so much easier that conducting CBDs online is our new normal; 6) Helping students seek out educational opportunities can "*engage their brains*" and encourage them to "*ask why things are being done the way they are*". This applies to medical education as much as it does clinical medicine.

Reference:

- 1) Illing J, Morrow G, Rothwell C, Burford B, Baldauf B, Davies C, Peile E, Spencer J, Johnson N, Allen, M and Morrison J, 2013. Perceptions of UK medical graduates' preparedness for practice: A multi-centre qualitative study reflecting the importance of learning on the job. *BMC Medical Education*, 13(1).

