Approaches to Learning

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Disclosure

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• We have no commercial conflicts of interest.
• ICC communities (10) range in size from 5000 to 13000
• Students spend 42 weeks in their communities
• Students meet the same objectives as RBC students
Integrated Community Clerkship

- **3rd** year of a 4-year grad entry medical program
- Physician teachers are primarily family physicians, many with enhanced skills, i.e. generalist environment
- **Comprehensive LIC – Cluster C** (Worley et al, 2016)
- 150 students (2007-2016):
  - On survey, 44% report rural background
- 19 students in 9 communities in 2016-17
Year 4- Rotation-Based Clerkship

- 18 weeks of mandatory rotations
  - 6 weeks subspecialty internal medicine
  - 6 weeks subspecialty surgery
  - 4 weeks emergency medicine
  - 2 weeks geriatrics
- Remainder of year is 2-3 week elective blocks, time off for Canadian Residency Matching Service (CaRMS) and review classes at the end of Year 4
Program of Research

Part of larger program of research:

- Inquiring into how students make sense of their lived experiences in clerkship
- Evaluating program to better understand what works (or doesn’t work), why and for whom
• Approach to learning:
  – “ways in which students go about their academic tasks, thereby affecting the nature of their learning outcomes” (Biggs, 1994, p318)

• Motivation – external/internal
Background – Socio-Cultural Learning Theory

• Participation is the core condition for learning
• Identity, confidence, motivation and sense of reward (“a positive state of mind”) and study skills, applied and tacit knowledge and clinical skills (“Practical competence”) inform the learning process

(Dornan et al, 2007)

• “...teaching as enabling participation in knowing...” (Northedge, 2003)
Research Question

• What was the lived experience of students in the UAlberta Integrated Community Clerkship (ICC)?

Further analysis led to the emic question:

• How do students adapt their approach to learning in Year 3 in the rural ICC (LIC) and in Year 4 in the urban RBC?
Methodology

• Reflective conversations using an open-ended protocol
• Interpretist frame: phenomenological and hermeneutic
• Transcripts read through by individual researchers initially for meaning; then co-analyzed
• Constant return to the transcripts to avoid disconnected sound-bites
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Learning in LIC

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Learning in LIC and RBC

There was definitely lots of learning to do in fourth year, and some, you know some brilliant people... I really felt like in fourth year I was just sort of a learner, like a shadow or ah, I guess what a clerk is supposed to be, the intern tagging along to sorta take a look at how things were done... in ICC you felt like you were a colleague and that you know your responsibilities were real and led to outcomes, versus we’re just there for your own learning and if you didn’t catch up on ‘em, you know if you miss something in the fourth year rotations well you just go back and read about it. Whereas in ICC it felt like if you missed something somebody might get hurt so you had to be on the ball all the time and be in there doing stuff right [2013-04-05].
Learning in rotations is great because you’re constantly being prompted to learn, your constantly learning in a collaborative sense, and you’re constantly learning, un, it tends to be, you know, quite a bit of criticism...I found the academic half days to be amazing, particularly my surgical academic half days where I was able to, you know, we’d have an expert....not quite as much hands-on as the ICC...[2010-04-02]
I really realized that in the city it’s so easy to just get by in medicine, it’s so easy to just pass, just do the bare minimum, show up you know and, and I wasn’t used to that having done ICC. [In] ICC you’re the only student so it’s on you and you have to show up, you have to work hard, ... by the end of the year [Year 4 RBC] I wasn’t even working as hard because I didn’t have to, ... it wasn’t expected of me and I just felt like the bar was a lot lower... I felt more dumb because, you know, because there wasn’t as much expected of me [2012-04-07].
I think when you don’t really know your patients and you’re not really involved in their care it’s difficult to be interested, and so for me when I don’t have that level of connectedness or involvement I lose interest quite quickly [2011-04-02].
Learning in RBC

...honestly all you really have to do is show up on time and that’s your responsibility ... you go from being a really active participant ... and then you sort of come back and get pushed right into observer role and you feel kind of like a second year med student again [2012-04-01].
Learning in LIC

- Connected to patient care
- Motivated by desire to provide safe, quality care
- Learning for and with patients
- Facilitated by teachers that know students
- Grounded in authentic participation as a member of a community of practice
Learning in RBC

• Hierarchical
• Observer/student role
• Less participation in patient care so learning more from books and presentations
• Learning for external realities – pimping, assessments
Limitations

• Generalizability limited by:
  – Nature of research method – lived experience of 5 cohorts of students in one program
• Those who’d done only RBC for years 3&4 were not interviewed
Conclusion

ICC:

• Longitudinality $\rightarrow$ Continuity $\rightarrow$ Relationships
• Relationships key to authentic participation
• Participation facilitates learning
• Learning with and for patients
References


Thank You

Questions???

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