How to incorporate on the job training

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RCP Education Fellow 2017-2019
What can be covered in 10 minutes?
Learning objectives (pre-session brief)

• Explore what is meant by on-the-job training.

• Recognise the barriers, and solutions to overcome.

• Demonstrate two techniques that facilitate learning on the job.
What is on the job training?

- ‘Hands-on’
- Seeing
- Doing
- Experiential
- Everything
- Lifelong
Barriers to on the job training

- Patient availability
- Appropriate patients
- Protected meal time
- Service pressure
- Time
- Patient consent
- Student availability
- Willing patients
- Clash
- Impractical
- Engagement
- Availability
- Relatives
- Inconvenient
- Timetables
- Clinical commitments
Lack of time

GMC surveys – education and training

### Table 8
'I am always able to use the time allocated to me in my role as a trainer specifically for that purpose.'

<table>
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<td>31.86%</td>
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So what can be done?

Never too busy to learn

How to create and maximise learning opportunities in the modern workplace

1. Target your time
   - How to make board rounds more efficient and learning-oriented

2. Utilise brief learning moments
   - ‘Druggles’ and tea trolley training

3. Learn while with patients
   - Keeping ward rounds, the take and outpatients educational

4. Learn by caring
   - Schwartz Round adaptations

5. Practice makes progress
   - Fire drill simulation and the low dose, high frequency approach

6. Share professional experiences
   - Supervision and mentoring

7. Share learning experiences
   - QI project bank and widening the remit of grand rounds

8. Embrace technology-enhanced working and learning
   - Digital platforms that create and maximise learning opportunities
Maximising learning opportunities

‘There is no separation between participation in work and learning. Work activities, the workplace, other workers and observing and listening are consistently reported as key sources for workers to learn their vocational activities through work.’

‘to improve workplace learning, there is a need for appropriate development and implementation of workplace environments that are invitational’

(Billet, 2017)
Multiprofessional teams – share the load!

‘Druggles’

Once a week, since January 2018, Natasha Moore (ward pharmacist at St. George’s Hospital’s paediatric intensive care unit (PICU)) has held 5–10 minute huddles at the end of morning handovers. Providing a chance to share knowledge and understanding in relation to drug prescription these brief learning opportunities have been aptly named ‘druggles’.

The timing of the druggles allows doctors from both the night and day team to attend, as well as the nurse in charge and other staff who can be released briefly from clinical duties.

This concept emerged from the Situational awareness for everyone (S.A.F.E.) programme run by the Royal College of Paediatrics and Child Health and was initially developed in Watford General Hospital.

Natasha’s ‘druggles’ usually start with a review of the prescribing errors from the past week. Sometimes this leads to discussions about what can be implemented to prevent the error from happening again. For example, making the prescribing guidelines available on the PICU website, or changing the prescribing order sentence for gentamicin on the electronic prescribing system.

CS 2.1

Following this, Natasha picks one topic or drug to teach about. This is either related to the errors from that week or a topic suggested by any of the staff on the ward.

This is an opportunity for the immediate learning needs of the staff to be met, when it comes to pharmacy or prescribing matters, and ultimately, should enhance patient safety in the PICU.

Tea trolley training

Take a break to teach, teach to take a break!

At Both NHS Trust the learning opportunities of huddles are being maximised via the use of a tea trolley! Sarah Wickenden, CT3 anaesthetist, describes this innovative strategy:

‘Both tea trolley training is a novel method of training that we have developed in Bath over the past 3 years and which we have used extremely successfully to provide multidisciplinary training in the workplace in our intensive care unit (ICU). It involves loading up a trolley with educational materials on the top and a pot of tea on the bottom.

This trolley then travels around the ICU, with 1–2 trainees providing 5–10 minute teaching sessions to ICU staff in their workplace during their usual working day (or even night shift!), followed by a cup of tea.

We have found that this teaching method works very well for practical procedures (eg airway rescue manoeuvres), new protocols and policies (both new protocols and to refresh existing ones, eg major incident plans, major haemostasis protocols) and even for electronic prescribing. We have run projects in the ICU, operating theatres, delivery suite and on the general wards – and have trained > 200 staff using this method.’

Since the team led by Dr Fiona Kelly (intensive care medicine consultant) started delivering this training 4 years ago, 12 other UK hospitals have also adopted this approach. The strategy has attracted attention on an international scale with organisations in both France and Canada loading up their tea trolleys in order to facilitate multidisciplinary learning throughout the workplace.
A&E referral to medicine

52 year old asthmatic lady, frequent attender, is drowsy in A&E.
52 year old asthmatic lady, frequent attender, is drowsy in A&E.
On the job training techniques

- Think out loud
- Be selective
- Targeted observations
- Pre-brief
- De-brief

- Embrace spontaneity
- Role-model
- Imagine constant student involvement
- Delegate
- Signpost
One-minute preceptor/ 5 step micro-skills model

1) Get a commitment
2) Probe for supporting evidence
3) Teach general rules
4) Reinforce what was done well
5) Highlight areas for improvement
Reality

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Royal College of Physicians
Conclusion

Don’t underplay what we do as physicians.

Memorable learning experiences are often emotive or focused around a story.

Every patient has a story.
Some more stories