Learning Objectives

- Identify the key elements of the learning environment
- Articulate a vision for an optimal learning environment
- Select a strategy to enhance learning for everyone in your setting
What do we mean by “learning environment?”
A Moment To Reflect

When I hear the term learning environment, I think: ....
Improving Environments for Learning in the Health Professions

Proceedings of a conference chaired by
David M. Irby, PhD
April 2018 | Atlanta, Georgia

December 2018
Conference Overview

- 44 leaders in health professions education, health care delivery, learners, patient advocates, and educational accreditors
- 2 commissioned papers and 3 case studies
- 3 days of deliberations generated recommendations
- Final product was reviewed and approved by all
Definition of “Learning Environment”

Learning environment refers to the social interactions, organizational cultures and structures, and physical and virtual spaces that surround and shape participants’ experiences, perceptions, and learning.

Definition of “Learners”

In a continuously learning and improving health system, every participant is both a learner and a teacher. Participants include undergraduate and graduate health professions students, trainees, and researchers enrolled in formal educational programs as well as practitioners, educators, administrators, staff, patients, families, and community members.
Two commissioned papers for conference

COMMISSIONED PAPER:
INTERVENTIONS DESIGNED TO IMPROVE THE LEARNING ENVIRONMENT IN THE HEALTH PROFESSIONS: A SCOPING REVIEW

Larry Gruppen, David Irby, Steven Durning, Lauren Maggio

COMMISSIONED PAPER:
TOWARD EXEMPLARY LEARNING ENVIRONMENTS FOR THE HEALTH PROFESSIONS

Sandrijn van Schaik, Susan Reeves, Linda Headrick
Paper 1: A Scoping Review

2,662 Records identified through database searching

2,201 Records remaining after duplicates removed; title and abstract review initiated

240 Articles retained for full-text review

68 Articles retained for inclusion
Conceptual Framework

**Personal**
- Personal growth and goal direction
- Engagement and emerging autonomy
- Identity formation
- Resilience, well-being

**Social**
- Scaffolding relationships with others
- Becoming part of a community
- Interactions for teaching, learning, patient care

**Physical & Virtual Spaces**
- Adequacy of physical space for learning and practice
- Adequacy of virtual space for online learning

**Organizational**
- Organizational culture, practices, policies
- Curriculum resources, structure, placements
- Accreditation rules
- Information technology infrastructure
Personal Dimension

- Personal growth and goal direction
- Engagement and emerging autonomy
- Identity formation
- Resilience, well-being
Social Dimension

- Scaffolding relationships with others
- Becoming part of a community
- Interactions for teaching, learning, patient care
Organizational Dimension

- Organizational culture, practices, policies
- Curriculum resources, structure, placements
- Accreditation rules
- Information technology infrastructure
Physical/Virtual Dimension

Adequacy of physical space for learning and practice

Adequacy of virtual space for online learning
Strategies to Improve Learning Environments

- Accreditation regulations
  - Work hours, well-being
- Curricular Interventions
  - Continuity, transitions
- Faculty Development
- Grading Practices
  - Pass/fail

- Educational Interventions
  - Blended learning, equity and diversity
- Physical/Virtual Spaces
  - Adequate space and online resources
- Support Services
  - Mentoring, peer support, well-being
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COMMISSIONED PAPER: TOWARD EXEMPLARY LEARNING ENVIRONMENTS FOR THE HEALTH PROFESSIONS
Prepare, support, and inspire everyone involved in health professions education and healthcare to work toward optimal health of individuals, populations, and communities.
Learning environments as complex adaptive systems
Four “Simple Rules” for Learning Environments

1. Shared goal of healthcare and health professional education: improving health
2. Learning is work and work is learning
3. Collaboration with integration of diverse perspectives
4. Focus on continuous improvement and innovation
Examples of Vision in Action

1. Healthcare and health professional education share a goal of improving health for individuals, populations and communities
   - Integration of learners into systems projects
   - Incorporation of population health into medical school curriculum
   - Academic-practice partnerships
Examples of the Vision in Action

2. In exemplary learning environments learning is work and work is learning

- Early clinical integration
- Explicit attention to learning goals during patient-centered rounds
- Initiatives that support professional identity formation and wellbeing
Examples of the Vision in Action

3. Exemplary learning environments recognize that collaboration with integration of diverse perspectives is essential for success

- Focus on diversity and inclusion, in admissions process, orientation and faculty development
- Interprofessional education initiatives
- Creation of collaborative leadership structures, explicitly invite women leaders
Examples of the Vision in Action

4. The organizations and agents in the learning environments learn from and about themselves, and the greater system they are part of, in order to achieve continuous improvement and innovation

- Data driven assessment (dashboards)
- Collect data on the performance of graduates
- Focus on inquiry in curriculum
Putting Ideas into Action

- Take 3 minutes to individually think of an intervention
- Two groups per table; each person gets 1 minute to pitch their idea to the group
- Each group selects one idea to work on
- Take 10-15 minutes to complete the worksheet as a group
- Select one person to report out to the larger group
Discussion

- Report out ideas, discuss surprises and challenges
Improving Environments for Learning in the Health Professions

Recommendations from the Macy Foundation Conference
Conference Recommendations

I: Engaging Academic and Health Care Organization Governance

Governance bodies and executive leadership of organizations responsible for health professions education and health care delivery should ensure positive learning and work environments and be held accountable for allocating the resources necessary to achieve this.

II: Engaging Executive Leadership to Provide Organizational Support

Executive leaders of health professions education and health care organizations should create cultures in which resources, policies, and processes support optimal learning environments across the continuum of health professions education.

III: Creating Physical and Virtual Spaces for Learning

Those in positions of responsibility for learning environments in health professions education and health care organizations should ensure appropriate, flexible, and safe spaces (physical and virtual) for learning.

IV: Providing Faculty and Staff Development

Leaders of health professions education and health care organizations should ensure continuous learning and development opportunities for their faculty and staff to improve learning environments.

V: Promoting Research and Scholarship

Those in positions of responsibility for learning environments should be committed to continuously evaluating, improving, and conducting research on those learning environments.

VI: Setting Policy

Health professions education and health care organization leaders and accreditors should engage in policy advocacy for improvements in health professions learning environments.
Learners, practitioners and patients all thrive in positive environments that support their growth, development and well-being.

All are called to support and sustain exemplary learning environments that promote the health and well-being of all.
References

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