

WORK-BASED LEARNING GUIDE

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Co-funded by
the European Union

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GRANT AGREEMENT NUMBER – 10111173

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ACRONYMS

WBL: Work-Based Learning

CBIT: Community Based Interprofessional Team

1 INTRODUCTION: purpose and target audience

The Community-Based Interprofessional Teams (CBITs) course is designed for health and social care professionals. It aims to prepare individuals to work in CBITs or to enhance the skills of those already working in CBITs. In order to achieve the competencies and learning outcomes set out in the curriculum, it is recommended that 'work-based learning' (WBL) is implemented into educational strategies.

Work-based learning, which is understood as:

"acquisition of knowledge and skills through carrying out – and reflecting on – tasks in a vocational context, either at the workplace (such as alternance training) or in a vocational education and training institution"¹

can be implemented in both private and public community health care providers. Training in such settings, in various forms such as internships, clinical placements and apprenticeships, aims to:

- combine the theoretical knowledge acquired during basic education with practice;
- understand the concept and value of working in CBIT;
- understand the needs of the different groups involved in CBIT, such as patients, patients' families, social workers, health professionals, management institutions;
- become familiar with the use of new technologies, devices, equipment, medical instruments, etc;
- develop key communication skills in the context of working in CBIT.

2 DESIGNING THE WORK BASED LEARNING ENVIRONMENT

2.1 Ensuring the best Work-Based Learning environment

Work-Based Learning (WBL) can include a wide range of activities, such as apprenticeship, clinical placements, internships and so on, depending on national rules and local training contexts of each organization.

Another aspect to consider on a local basis is the level of learning autonomy that our learners (who are already experienced health professionals) have, and the type of supervision that needs to be provided and by whom (e.g. internal faculty staff, staff external to the faculty working in community facilities, technical advisors, etc.).

¹ Terminology of European education and training policy (2014,) European Centre for the Development of Vocational Training, <https://erasmus-plus.ec.europa.eu/programme-guide/part-d/vocational-education-and-training>

This Guide has been developed in line with the EU guidelines, but our purpose here is to provide you with some user-friendly tips that can be put into practice in specific local contexts.

Depending on the type of course you intend to offer (e.g. Continuing Professional Development, post-graduate specialization, etc.) check what are the local specific requirements for the mandatory percentage of WBL (usually between 20%-50%), and part of which may involve also blended or hybrid learning methods, using for instance Simulation Labs.

If learners include currently employed health professionals, they will most likely need to obtain a permission or consent from their employer that part of the work-based learning components of the CBIT program takes place at the employer's site.

When setting up the WBL, check that appropriate arrangements have been made to ensure that course participants are covered in relation to any relevant social security entitlements and insurance requirements, including coverage for occupational accidents, accidents involving third parties, and damage caused to third parties during their work-based learning placements. The requirements may differ depending on the learners' current occupational status (e.g. university student, independent/self-employed, employee, unemployed, on leave, etc.).

Also, verify that procedures are in place to ensure adherence to relevant EU or national regulations concerning the protection of personal data.

In addition, any university student enrolled in the course may need to comply with the applicable rules to respect patient privacy (i.e. while delivering community-based care) and other confidentiality issues that may emerge during their experience of work-based learning. More generally, aspects dealing with legal, ethical and confidentiality issues linked to the provision of community or home care, might therefore need to be adequately addressed and integrated as learning modules in the theory part of the course.

However, regardless of local differences and rules, we recommend considering the following criteria to enable effective WBL:

- ensure that a supportive learning environment and a positive learning culture is present in the work setting chosen for WBL
- make sure that the workplace setting is equipped with skilled facilitators/supervisors who may prompt critical reflections and enforcing positive changes in the students learning experience
- make sure that the WBL provides opportunities for informal interprofessional learning afforded by the workplace.
- preferably recruit learners who already work together in a community-based team, who at the end of their learning experience may more effectively act as change agents for the rest of the team of health professionals.

WBL is always an effective experience, but to ensure that WBL is expressed at its highest

potential, we recommend identifying mentors or tutors for the learners. To this end:

- make sure that the WBL tutor allows learners to take control of their own learning
- make sure that the WBL tutor empowers learners to make changes in their practice learning experience
- make sure that instructors are sufficiently qualified
- make sure that the mentor encourages learners to also conduct informal interprofessional learning during their WBL experience.

In general, it is recommended to carefully select contexts and tutors for WBL. Learners should perform at least a part of their WBL in contexts where there are experienced tutors who are able to offer practical demonstrations of what they should learn to do.

2.2 Training teachers for Work-Based Learning

To ensure that WBL is high-quality, candidate teachers or trainers should be able to deliver the planned Learning Outcomes. So, to achieve excellent results, it is advisable to provide a training session for your teachers/trainers focusing on the following aspects:

- What competences/Learning Outcomes can meaningfully be addressed by WBL?
- What kind of WBL experiences are available? Which of them are best suited to effectively achieve the planned competences/learning outcomes?
- How to effectively design the chosen WBL experience. What are the components to be considered (type or modality of WBL, duration, learners' independent study, assessments, feedback)?
- How to effectively support learners during the WBL and how to orchestrate the learning environment.
- How to monitor and evaluate the learning process and how to assess students during and at the end of their WBL experience.

2.3 Work-Based Learning supported by e-learning

To ensure a more interactive Pilot Course, we recommend that you incorporate e-learning to support and enrich your WBL educational strategy. Innovative tutoring practices between teachers and learners during WBL can be achieved by using several digital tools, such as mobile Apps or other communication tools available on mobile devices.

Digital tools could be used to create an e-portfolio to help learners reflect and analyse any significant events or phenomena that they witnessed during their WBL experience. In this way, learners could further develop their critical thinking skills.

Moreover, learners could also be asked to conduct a literature review to identify studies that underpin their practice and therefore achieve the goal of evidence-based practice. This approach would also enable to integrate academic theoretical learning with practical learning.

To integrate e-learning into WBL in the Pilot Courses, you should select a learning environment that has the following features:

1. e-portfolio: this feature allows teachers to have an online documentation and information on the work their students have done, which enables them to evaluate the students' portfolios via Internet. E-portfolios, like traditional portfolios, can also facilitate students' reflection on their own learning, leading to an increased awareness of their learning needs and the actions required to address them.
2. Functionalities that support resource sharing (e.g. a database): this, for example, allows teachers to share students' contributions to the literature review.
3. Online forums that allow asynchronous tutoring, peer-tutoring, and peer learning.
4. Instant messaging apps for synchronous tutoring.

3 ASSESSMENT METHODS

Work-based assessment refers to any kind of assessment regarding how a trainee applies the knowledge and skills previously acquired during traditional training in a real- life work environment, with different groups of people - patients, workmates, etc. Because of the different learning environment, this form of education requires the development of different assessment tools from those used in traditional classroom education. The choice of specific assessment tools for work-based learning is left to the individual national centres responsible for running the course, as it depends on the cultural and organisational context of the country concerned. Specific to this kind of assessment is the evaluation of the integrated skills presented by the learner, rather than of a specific aspect of communication. Thus, both routine interactions with patients and longer periods of the learner's work with patients can be assessed.

The assessor in work-based learning is not the teacher who delivers the course in the classroom. The assessors can be different people who have had contact with the trainee, e.g. supervisors, workmates, patients, family members of patients and other people with knowledge of the trainee's work.

Workplace assessment is based on observation of the tasks performed by the trainee. Three categories are generally considered in this assessment:

- Occurrence – whether determined behaviours were demonstrated

- Quality – the quality of performance
- Fitness - whether a performance was satisfactory or fit for purpose.

Four observation-based assessment methods are most used in clinical settings:

- Mini-clinical evaluation exercise (mini-CEX) - assessors observe a trainee interacting with a patient in a clinical setting;
- Direct observation of procedural skills (DOPS) - a variation of the mini-CEX, the aim of this method is to assess and provide feedback on procedural skills;
- Cased-based discussion (CbD) - assesses clinical reasoning and decision-making through discussion of a case managed by the trainee;
- Multi-source feedback (MSF) - is based on feedback collected from different assessors such as supervisor, peers, patients etc.

4. TOOLS SUPPORTING WORK-BASED LEARNING

To support the WBL within courses designed to train health and social care professionals for efficient work in CBIT, we recommend the integration of different tools to enrich both the learning experience and its assessment.

Students should compile either digital or manual reports during or at the conclusion of their WBL experience. These reports provide an opportunity for students to reflect critically on their own activities or the procedures they witnessed during the WBL experience. For example, the reports can document how they implemented newly acquired competencies in their practice within a CBIT setting, or if they are not yet employed in such a context, describe their observations of how these competencies were applied in the hosting structure. Additionally, these reports serve as valuable assessment tools for tutors, offering insights into teamwork dynamics and professional interactions of the students within the team.

Another tool that can be used to support the learning experience and its assessment are checklists. Checklists can play a dual role in evaluating the WBL experience from both physical and procedural standpoint. In the first case, the checklist can evaluate aspects such as the availability of appropriate spaces to support interprofessional team meetings, service users' assessments, group education sessions, and telehealth services, as well as the presence of necessary digital infrastructure (e.g., server rooms). In the second case, the checklist can assess if the hosting structure's operational processes align with the CBIT curriculum goals, including regular interprofessional meetings, telemedicine practices, task-shifting strategies, and service user onboarding procedures.

Students could also complete qualitative questionnaires to provide feedback on their

WBL experience in the hosting structures, reporting data related to the relevance of the training to the CBIT curriculum. These questionnaires can gather data on students' satisfaction with core competencies such as interprofessional decision- making observed in the hosting structure.

Finally, the following tools and resources can also be implemented to support the WBL experience:

- shared database: it can be used to have a common folder with learning content uploaded by the tutors;
- virtual direct contact with the tutor through communicating application;
- online portfolio: this platform may be useful to collect the students' weekly reports and the evaluation of tutors.