

## Applications of workplace learning:

Where have you seen examples of these principles?

What applications of these principles do you see for your teaching?

### References

Billett S. Learning in the Workplace: Strategies for effective practice. 2001. Crows Nest, Australia: Allen & Unwin. Figure is an adaptation and expansion of Three Factors of Workplace Curriculum, 180-186.

Doran T, Boshuizen H, King N, Sherpbier A. Experience-based learning: a model linking the processes and outcomes of medical students' workplace learning. Medical Education. 2007; 41: 84-91.

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# Pearls on Educational Principles Workplace Learning

## Pearls on Educational Principles:

- Present an influential idea in education
- Suggest examples of its use
- Give an opportunity to apply the idea to your teaching

Principles  
to Guide  
Teaching  
Practice in  
Medical  
Education

# Workplace Learning

as explained by  
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## The idea:

According to John Dewey, a Progressive Era philosopher and reformer, education must provide balanced amounts of knowledge and hands-on experience. Dewey's philosophies are the basis of research around **learning through participation** in real-world, work-based experiences. Building on Dewey's work, Stephen Billett highlights two key factors in workplace learning.

- **Workplace affordances:** the tasks and activities, relationships and interpersonal dynamics, and rules and norms of practice that support participation in the workplace.
- **Learner engagement:** the characteristics, attitudes, and beliefs of learners that facilitate participation.

Figure 1: Conceptual framework for affordances in workplace learning.



The figure illustrates how affordances influence learner participation. For example, when assigning a task to a student, an attending considers how much supervision the student needs, based on observation and prior experience working with the student (responsibility, continuity) and how the student's knowledge and experience relate to and prepare the student to complete the task (sequencing). Relationships in the workplace influence how

## The examples:

In student-run clinics (SRCs), first-year students quickly progress from observers to active caregivers despite limited clinical skills. The affordances of the SRC workplace that make this possible include:

- Simple (and thus scriptable) tasks.
- Carefully selected, prescribed clinical duties that are low risk for patients.
- Manageable workload.
- Welcoming culture, with most of the care delivered by students.

Graduate medical education is workplace based and participatory, but not always optimally structured. Recommendations to support workplace learning include:

- Provide better orientation to clinical settings.
- Increase residents' engagement in clinical microsystems through quality improvement initiatives.
- Foster substantive relationships with staff through team assignments and huddles.
- Improve evaluation and feedback systems.

welcome the student feels (invitational quality) and how willing others are to work with the student.

Educators play important roles in shaping affordances and encouraging learners to be proactive and empowered to participate. Dornan's work on learning in the clinical workplace emphasizes the importance of supported participation in learning, and characterizes levels of participation in patient-student-doctor interactions (passive observer to active performer).

