Developing a culture of self-directed workplace learning in pharmacy

By Barry Jubraj, Joint Programmes Board (south east) lead for tutor support and lead pharmacist for academic studies, Chelsea and Westminster Hospital NHS Foundation Trust

Pharmacists at the front-line recognise the pressure to evaluate what they need to know in order to practise safely. We are required to keep up-to-date as individuals and, as a profession, to develop a workforce that is fit for purpose. One answer to the same issue in medicine has been expressed as follows: “Overall, the medical profession needs to recognise the sanctity of workplace learning throughout doctors’ careers: life-long, self-directed learning (SDL).”

Learning in and from practice has always played a fundamental part in the preparation of healthcare professionals but, as the practice of pharmacy evolves, many believe that the support structures and processes for learning in the workplace will need to adapt.

Learning and teaching models designed to develop competent practitioners should recognise that the amount of biomedical knowledge doubles approximately every 20 years. When new knowledge is added to the need to develop and maintain skills and appropriate attitudes in the workplace, the exasperated refrain of many practitioners is that it is hard to keep up to date is understandable. Pharmacists will require the ability to develop the skills and attributes to direct their own learning appropriately. The MPharm degree is meant to develop such skills but lacks the clinical exposure and context to achieve this, thereby putting pressure on the preregistration year.

Moreover, there may not be staff in the workplace who can provide all the necessary teaching (assuming that teaching is associated with learning). This may be particularly true for some community pharmacists who may well view themselves as having to be self-directed anyway. Any notion that qualified pharmacists will be taught all that they need to know by others is, therefore, not tenable. Regardless of the sector of practice, there is a need to develop postgraduate programmes that encourage, instil or demand appropriate SDL.

This article seeks to apply some of the relevant literature findings to coalesce issues around SDL in pharmacy, particularly for junior practitioners. A sample definition of SDL for one work-based postgraduate pharmacy programme will be discussed and critiqued with the aim of stimulating further debate.

Self-directed learning as a concept

Malcolm Knowles, widely acknowledged as the guru of adult education, made five core assumptions about adult learning, one of which is that adults are inherently independent and self-directing. Although there are reasons to question the use of the term “self-directed learning”, it is a familiar, current and topical term for many, and has been debated in the literature for a long time.

The next challenge in debating this controversial concept is that individuals and organisations define SDL differently. This makes sense because robust definitions are likely to be context-specific. Kaufman describes SDL in a two-fold manner. First, as “a method of organising teaching and learning in which the learning tasks are largely within the learners’ control” and, secondly, as “a goal towards which learners strive so that they become able to accept responsibility for their own learning.”

There are other definitions or descriptions, for example, “SDL is described . . . as the preparedness of a student to engage in learning activities defined by [himself or herself] rather than by a teacher. Preparedness must be understood as having both a motivational aspect and involving skilled behaviour.”

As we apply these descriptions or definitions to pharmacy, experienced practitioners are likely to be concerned about junior staff defining their own learning activities because they do not yet possess the necessary self-awareness or “skilled behaviour” (eg, self-assessment and the ability to identify one’s weaknesses). Unconscious incompetence is more likely in newly registered practitioners. In other words, “you don’t know what you don’t know”, which could be a real danger in terms of patient care. One mark of a competent practitioner is the ability to identify his or her own strengths, weaknesses and knowledge gaps and to act appropriately. It is valuable for experienced practitioners to reflect on how they have developed this ability. Perhaps some might say they reached a point of accepting the need to direct their own learning, either by themselves or through the input of senior colleagues. This would support research, which demonstrates that “at the process level, we can conclude that teaching students how to be self-directed makes them self-directed.”

Our concerns might be summed up by the following statement that recognises the developmental stage of a student or junior practitioner, and preserves the necessity for a body of skills and knowledge that must be developed by them: “While it is likely to be a good idea for students to find out information for themselves rather than having to be told what chapters and pages they have to study, what is to be learned, as opposed to how it is to be learned, should be non-negotiable.”

Context-specific definitions

The relevant literature highlights the need for care in applying SDL to pharmacy, with general acceptance of the need to begin with minimum standards. There is also a balance between the need for adequate development of the junior practitioner through assessment and feedback with performance management to ensure that the needs of patients and the pharmacy service are met. For the latter to happen, managers need a competently performing workforce.

Work-based programmes, such as those offered by the Joint Programmes Board (JPB), are intended to make full use of workplace learning across the sectors of practice that is student-centred and appropriately self-directed. The need for clarity in defining SDL.
has become apparent and it is important to dispel the myth that SDL can be interpreted as entirely tutee-driven so that little or no tutor input is required. If junior pharmacists were to begin their careers as unprepared and uninterested, then patient safety demands tutor support. Appropriate SDL suggests that this can take the form of:

- Listening and asking questions where possible rather than persistently telling or advising
- Facilitating junior practitioners in identifying problems and what it is they need or want to learn
- Giving feedback rapidly, regularly and effectively

Through surveying some of the medical literature and listening to JPB stakeholders' views and interpretations of SDL, a context-specific definition might be possible: "SDL is about pharmacy practitioners being personally responsible for achieving the required competencies in the workplace to achieve fitness to practise, supported by the infrastructure of what we call SDL. The term "accredited training centre" is JPB-specific and can be replaced with an organisation's own preferred designation.

This example definition of SDL has been circulated for comment. Personal responsibility of the learner and statements about competencies in the workplace have been broadly supported. Helpful concerns and questions have also been raised.

One issue for junior practitioners who recall previous taught programmes may be the apparent lack of a syllabus in a work-based course. Such a course should, therefore, contain clear learning outcomes that can be defined as the syllabus, with rotations, placements and practice experience defined as the curriculum. The learning outcomes constitute what must be learnt, compared with some continuing professional development opportunities without a curriculum, where the self-directed learner can reasonably decide what to be learnt and how something should be learnt.

This leads to another concern, which may be the lack of formal teaching in a work-based programme, such as lectures. Students are familiar with these at university and lecture notes are particularly popular for revision at examination time. Some practitioner students state that, in a taught programme, relevant learning was presented in terms of the "right" topics and the "right" depth. The assumption would be that the teachers must have known and taken responsibility for the depth of content to be taught. Teaching of this kind could also prompt students to engage in further learning that is self-directed.

Facilitating junior practitioners in identifying problems and what it is they need or want to learn

The outcome of a work-based pharmacy programme is to lay the foundations of lifelong learning for pharmacists as medicines experts. If a medicines expert does not know all the details about a medicine required to practise safely (including the science), then this outcome has not been achieved. Depth of knowledge is not the key issue, being knowledgeable about the medicine is.

Perhaps self-direction, with or without facilitation and guidance, is not such a novel concept for pharmacy. A well-structured work-based programme, through its learning outcomes and validated practise-based assessment tools, provides a framework for how to learn along with evidence of fitness-to-practise or poor performance. Continued workplace experience can consolidate, expand and contextualise this learning. If academia can provide clear information to and manage expectations of practitioner students and tutors regarding what will be assessed, to what level and how, concerns can be addressed and the culture may change.

The meaning of infrastructure in the sample definition needs to be explicit from the practitioner student's perspective. They are hopefully motivated and realise the need to take responsibility for their own learning. However, it is important to identify what it is that practitioner students need to "get on with by themselves" and what they (or their employers) get from investing in the infrastructure. As such, a robust definition of SDL needs to be a partnership statement. SDL in a pharmacy workplace context is about practitioner students taking responsibility for their learning and their employer and academia facilitating and directing, particularly through good tutor support, to make sure they achieve the practitioner-based learning outcomes. This can answer a concern about SDL in pharmacy: that the "what" to learn should be non-negotiable and is reflected in the assessment process as part of demonstrating fitness-to-practise.

The notion of student responsibility features in some definitions of SDL and this is being questioned as it impinges on accountability. As part of the profession embracing the concept of pharmacy's moral accountability to patients that requires us to be fit to practise, consideration should be given to include accountability in any definition of SDL. This may constitute a culture change that has significant implications for self-directed learners in pharmacy.

Conclusion

Practitioner students and tutors need to be reassured that SDL is not an abrogation of employer or academic responsibility for learning, but an approach that allows students to learn what they need to learn, with support for their development through provision of the necessary experience, guidance and assessment. This can promote learning in context, inculcate a sense of lifelong learning and prepare students to handle the continued expansion of biomedical knowledge that all practitioners will face.

Pharmacy needs to define and appropriately apply SDL and workplace learning to post-registration education. Along with changes to preregistration education, namely an integrated MPharm, culture change will be necessary. Otherwise, no amount of extra funding will deliver what patients and government require: competent and effective pharmacy staff in all sectors of practice.

ACKNOWLEDGEMENTS Thanks to the many JPB stakeholders, including the tutor support "think-tank", who have shaped and critiqued the context-specific definition of SDL.

References

5. Schmidt HG. Assumptions underlying SDL may be false. Medical Education 2000;34:53–5.