

ESICM 2014: Learning Happens Even During Crises



The image of residents taking part in rounds to hone their clinical skills is a familiar one. In the context of intensive care, and frequent medical crises, how can this learning take place? The tension between the dual responsibility of patient care and optimal learning is felt in many medical disciplines, but learning interactions have rarely been studied. At the recent European Society of Intensive Care Medicine (ESICM) congress Dominique Piquette, Canada, presented a study of how to integrate patient care and clinical learning in the contexts of multidisciplinary rounds and acute medical crises in two intensive care units (ICUs). The results showed two distinct models of learning - learning bubbles and learning flashes.

This study used constructivist grounded theory methodology to observe learning interactions during 74 medical crises and 10 multidisciplinary rounds in the ICUs of two tertiary academic centres. The two researchers spent more than 350 hours in observation. Piquette referred to the text by [Charmaz](#) on constructing grounded theory.

Inductive thematic analysis, theoretical sampling, constant comparison, memo writing, and theoretical sufficiency were used during the iterative process of data collection and analysis.

Results

During multidisciplinary rounds, patient care and learning were completed in series: patient care was interrupted by learning bubbles, i.e. a prolonged sequence of structured learning interactions loosely related to a case. During medical crises, patient care and learning were completed in parallel: participants engaged simultaneously in patient care and learning flashes, i.e. short, unstructured learning interactions closely related to a case. These two models of integration appeared adaptive to clinical contexts that differed in terms of priorities, supervisors' prior knowledge of the patient, and number of individuals involved in the interaction. The two models also presented different educational challenges and opportunities in terms of explicitness of the learning content, ability to tailor to individual trainees, and focus on trainees' knowledge gaps. Piquette noted that the two different models have different implications for learning. One is not necessarily better than the other, but they are complementary. What is apparent is that patient care and learning can be integrated in time-pressured clinical activities.

Concluded Piquette, learning interactions can be integrated into many kinds of clinical activities, including the most time-pressured ones. However, the nature and educational consequences of these interactions differed according to the clinical context. The effects of these differences on learning outcomes should be further explored.

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