

# Maximising Informal Learning for Professionalism and Excellence



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# Aims of the session

- Explore your understanding of the term 'informal learning'
- Reflect on the extent to which you use informal learning in your own professional practice
- Examine the concept of role modelling in informal learning
- Consider the influence of transparency on maximising informal learning



# What do you understand by informal learning?



# Some descriptors ...

*Occurs in the workplace*

*Collaborative?*

*Involving the 'tools of the trade'*

*Context-specific*

*Implicit*

*Incidental*

*Marsick and Watkins (1990)*



# A typology of informal learning

Time of focus	Implicit learning	Reactive learning	Deliberative learning
Past episode(s)	Implicit linkage of past memories with current experience	Brief, near-spontaneous <i>reflection</i> on past episodes, events, incidents, experiences	<i>Discussion</i> and <i>review</i> of past actions, communications, events, experiences
Current experience	A selection from experience enters episodic memory	<i>Noting</i> facts, ideas, opinions, impressions; <i>asking</i> questions; <i>observing</i> effects of actions	<i>Engagement</i> in decision making, problem solving, planned informal learning
Future behaviour	Unconscious expectations	<i>Recognition</i> of possible future learning opportunities	<i>Planning</i> learning opportunities; <i>rehearsing</i> for future events



# Question 1.

Think about your skill set when you were first appointed to your current role. What has changed over time, and what areas of your continuing expertise have been influenced by the clinical workplace? (i.e. not the formal classroom-based learning/courses, nor conferences etc.)

For example:

- What you know?
- Clinical skills/what you do?
- How you 'behave'/relate to others/work as part of the multi-professional team/relate to the patients and relatives?



# Question 2.

Who or what has been part of the process?

*For example:*

- Individual learning – in response to what?
- Learning within your own professional group?
- Within the multi-professional team?
- In response to patients and families?
- The practices in the clinical workplace?
- Learning as influenced by changing roles and responsibilities?
- Anything else?



# Question 3.

How important is informal learning to your continued learning and development?






# Themes from my data

- *The care and management of the patient forms the curriculum*
- *Personal identities motivate learning e.g. clinician /MPT member/lifelong learner*
- *The workplace is a source of continued learning e.g. clinical practices/workplace discourses*



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- Has answering these questions made you more aware of your own learning in practice or changed how you think of its potential?



# Expertise as a journey

1. *Novice*
2. *Advanced beginner*
3. *Competent*
4. *Proficient*
5. *Expert*
6. *Mastery*
7. *Practical wisdom*



# Maximising Informal Learning Through Role Modelling

- ➔ *Role modelling is **fundamental** to informal learning in the workplace*
- ➔ *Role modelling is critically important in the development of **professionalism**, professional identity and career choices (Passi and Johnson, 2016b)*
- ➔ *It is the way in which...*

***“faculty members demonstrate clinical skills, model and articulate expert thought process and manifest positive professional characteristics”***

*(Irby, 1986:40 in Passi et al, 2013)*



# Maximising Informal Learning Through Role Modelling

- ➔ *“We must acknowledge again that the most important, indeed the only, thing that we have to offer to our students is ourselves. Everything else they can read in a book or discover independently.”  
(Tosteston, 1979 in Sternszus & Cruess, 2016)*



# Where does role modelling occur?

- *Formal curriculum*
- *Informal curriculum*
- *Hidden curriculum*
  
- *This can cause feelings of conflict in learners between what is taught in formal contexts and what they experience in the 'real world'*



# Discussion point

➔ ***“Negative modelling occurred most commonly in the informal and hidden curriculum”***

*(Murakami et al, 2009 in Passi et al, 2013:e1426)*



# Intentional Role Modelling

- Balmer et al (2007:180) Role modelling is... “ an intentional learning strategy, even if it was not an intentional teaching strategy.”
- Passi et al (2013:e1428) “Role modelling should be explicit in clinical teaching, as it is important for teachers to make an intentional effort to articulate what aspects they are modelling.”





# The need for faculty development

- *“...faculty development initiatives must support the professional development of their clinical teachers as future role models”*
- *...all clinical teachers need to develop a conscious awareness of being a role model— demonstrating high professional standards in all learning environments and making their implicit actions more explicit for the students”.*

*(Passi & Johnson, 2016a:706)*



# Transparency – Definition & Purpose

- Definition?
- High impact teaching practices
- Harden's (2001) road map

Why

How

Explicit



# Transparent Teaching Practices



patient needs

the expected learning outcomes

criteria for success

areas of expertise covered

curriculum content

trainee assessment

learning opportunities



learning location(s)

learning resources

rota / timetable / collegial networks

learning agreement or PDP management



Source: Adapted from Finley (2016) & Harden (2001)



# Take Home Messages

- *Share with everyone one idea of how you can improve your professional practice through informal learning*
- *Formalise your understanding of informal learning in order to maximise it!*
- *Unearth tacit knowledge – an active engagement with what you know!*
- *Make your professional practice transparent so as to engender informal learning – guide others to excellence*





# Thank you for joining us today

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