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# Workplace-based learning opportunities: Perceptions from a South African postgraduate family medicine training programme

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# Background

- **Workplace-based learning (WBL)** provides authentic learning opportunities to develop fit-for-practice healthcare workers.
- **WBL** have been explored adequately in high-income countries.
- **In the sub-Saharan district health system context**, types of WBL opportunities are not adequately characterised.



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# Aim

- To explore family physicians' and registrars' perceptions of WBL opportunities in a decentralised postgraduate family medicine registrar training programme



# Methods

- Qualitative study
- Semi-structured interviews with 11 family physicians and 11 registrars (2020)
- Face-to-face (8/22)
- Virtual interviews (14/22) due to Covid lock-down



# Methods

- Five decentralised training sites across Gauteng and North West province
- Ethical approval from the HREC (Medical), Wits University (M191140)



# Data Analysis

## **Braun and Clarke six-step approach:**

1. data familiarisation
2. generate initial codes
3. searching for the themes
4. reviewing the themes
5. defining and naming the themes
6. writing the report



# Data Analysis

## Trustworthiness

(Credibility/dependability/transferability/reflexivity-Lincoln and Guba 1985)

- Data triangulation
- Thick descriptions
- Audit trail of coding process
- Intercoder reliability – coding process with co-researchers
- Reflexive section

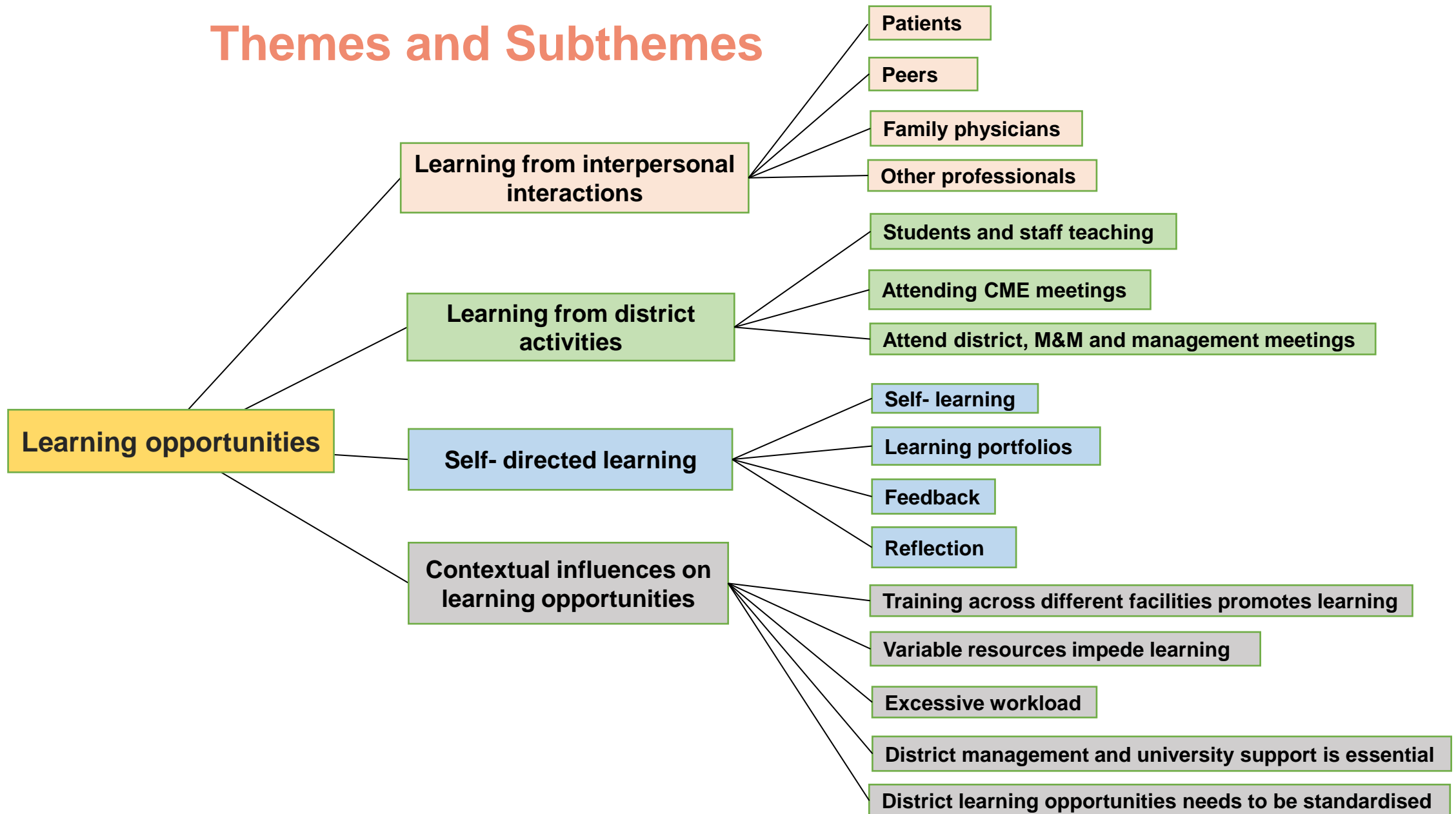


# Results

<b>Family physicians</b>	<b>n</b>	<b>Registrars</b>	<b>n</b>
<b>Years of training experience</b>		<b>Year of training</b>	
1-5 years	3	Year 3	6
>5 years	8	Year 2	5
<b>Current position in the district</b>		<b>PHC experience</b>	
Family Physician	2	Community service doctor	4
Senior Family Physician	6	Worked for 3-5 years as medical officer	3
Principal Family Physician	3	Worked < 1year as medical officer	2
Head or Acting Head of Unit of the district	4	Worked in an HIV clinic	1
Current district education coordinator	3	Worked in private practice	1
Previous district education coordinator	3	Primary-care patients seen at the hospital	1



# Themes and Subthemes



“...**a complex patient** challenges you as a clinician **to broaden your thinking** and to do.”(RG6)

“When they were junior(s), there were people who were senior(s) ahead of them...**opportunities for intergenerational learning.**”(FP9 )

Patients

Peers

**Learning from interpersonal interactions**

Family physicians

Other professionals

“I have **access to my supervisor**, even outside our formal working time. So, I’m free **to discuss cases that I encounter with him.**” (RG 5)

“...**your multidisciplinary level of** ...involving nurses, physiotherapists, OT)...it’s from person-to-person interest,... **not much integrated learning.**” (RG 1)

“... conduct a teaching or training session... how to **gauge the level of knowledge** to focus your training.” (RG1)

“I have **attended** something to do with **malnutrition**...attended **mental health** (training)...**HIV (course)**.”(RG 9)

Students and staff teaching

Attending CME meetings

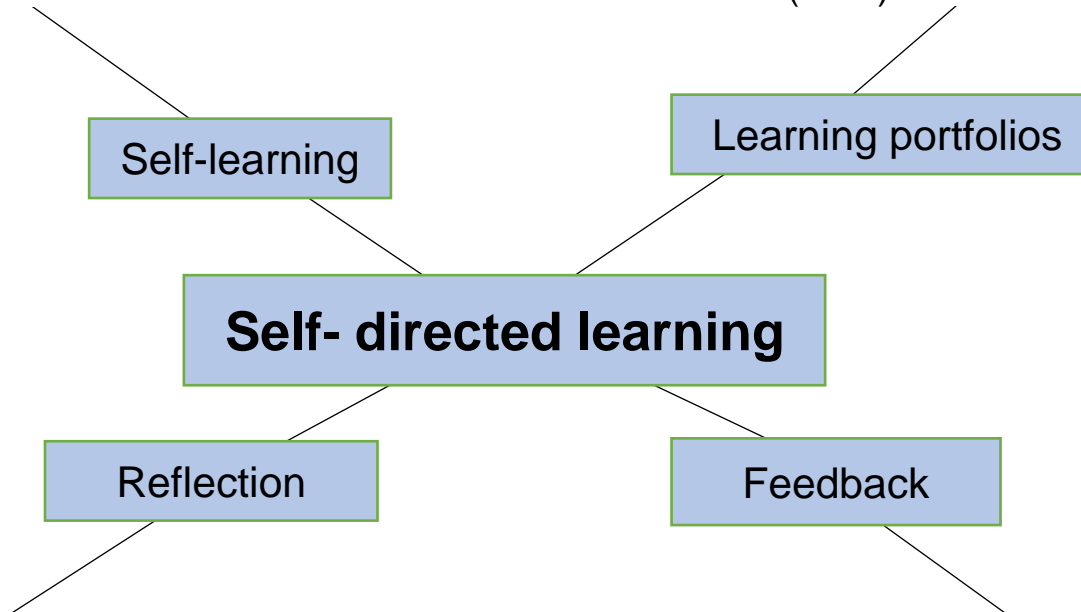
**Learning from district activities**

Attend district, M&M and management meetings

“...**M&Ms (mortality and morbidity) meetings** that I’ve gotten to attend at PHC 3, is an opportunity.” (RG 2)

“...It’s exceptional. They’re **committed to learning**. I’m impressed with their learning **behaviour and dedication**.”  
(FP4)

“...So, it’s more a **deadline-driven process**, I would think, rather than using it as a material to guide us.”  
(FP 7)



“The **reflection is something** that is also a little bit neither here nor there.”  
(FP 11)

“...whether it’s **positive or negative feedback**. So, if it’s negative feedback, that means I will **read more, or to improve** ...on the feedback.”  
(RG 4)

“We’re in a district where more **than 45% of adults are unemployed**. So, the social determinants of health. So, the burden of disease, the environment, is good for learning.’ (FP 9)

“there’s **no like speculums to do like a pap smear**, or things like that.” (RG10)

Training across different facilities promotes learning

Variable resources impede learning

District learning opportunities needs to be standardised

**Contextual influences on learning opportunities**

Excessive workload

“I’d **love a structured approach**, or even, can I say, **a global structure**. Almost to know what are other districts doing” (RG11)

District management and university support is essential

“...so much **patient load at the clinic** that most times we find ourselves **doing service delivery more than learning**”(RG5)



# Conclusion

## Strengths

- Interaction with supervisors, peers and other professionals
- Exposure to complex patients
- Self-directed learning activities
- Student and staff training
- Participation in district activities (M&M, CME and others)



# Conclusion

## Challenges

- Registrar learning behaviour
- Learning portfolio utilisation
- Excessive workload
- Inadequate resources
- Insufficient district management and university support
- Lack of standardisation



# Recommendations

- **Maximise WBL opportunities** addressing contextual challenges
- More **peer learning** and **supervisory engagement is** encouraged
- Adequate **use of the learning portfolio** as a reflective tool
- Utilisation of **interprofessional learning opportunities**





# Recommendations

- **Faculty development** of supervisors to enhance their teaching and learning.
- **Sufficient organisational support** from the district management and university
- More **explicit guidelines or policies** on decentralised training



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