Can nurses be trained as facilitators for physicians’ learning?

Authors

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Background

General practitioners (GPs) in Belgium collaborate with specialized palliative home care teams (PHCTs) in caring for palliative patients. GPs state to learn from this collaboration. Literature indicates that this learning process (workplace learning) is indirect, unintentional and with unknown efficiency. Training PHCT nurses to recognise and address GPs’ learning opportunities might facilitate GPs’ learning. We found no publications on a training program for nurses to act as facilitator for physicians’ learning. This study aims to fill in this gap.

Aim

To describe the development and evaluation of a training program to train PHCT nurses as facilitator of GPs’ learning.

Study design and method

The program content was based on literature of preceptor- and mentorship. The program consisted of a full day training and a half day booster session three months later. Between training and booster session, homework assignments and progress reports were written, and individual feedback was provided. Content analysis was done of the assignments and reports. A summative assessment was conducted using a videotaped conversation. During semi-structured interviews personal experiences were discussed.

Results

Thirty-five nurses participated. The training was overall experienced as useful. The homework assignments helped translating theory into practice but interfered with the daily clinical workload. Progress reports and individual feedback were experienced as fundamental in mentoring the PHCT nurses in their new role. Some program items were more difficult to implement (e.g. clinical incident analysis), others were assimilated easily (e.g. providing feedback). The new facilitator-role sometimes conflicted with team-workplace procedures or with personal preferences of professional role (patient care as core business). Twenty-five nurses took part in the summative assessment; fourteen passed (14/25=56%).

Conclusions

PHCT nurses can be trained as facilitator to enhance GPs’ workplace learning. Protected time is needed to complete all training parts. Personal characteristics (professional identity) and workplace organization should be taken into account during implementation into practice. Individualized and persistent mentoring during transition from the clinical expert role to the new facilitator role is fundamental.