Learning-opportunities in rheumatology practice-a qualitative study

Background. As rheumatology practice is becoming more complex, there is a growing need to go beyond formal training to develop new skills and competencies. Calls for evidence-based practice not only challenges practitioners' research-literacy, but also make demands on their clinical expertise, e g in shared decision-making with more informed patients. While human resource management traditionally focuses on formal education, modern theories about learning in the workplace propose that learning at work is informal, dominated by learning through experience and interactions.

Aims: to explore what perceptions professionals working in specialized rheumatology have about their learning opportunities and about what learning activities they use in their practice.

Methods: 36 practitioners of different professions working in specialist rheumatology were interviewed using a semi-structured interview guide. The data were analysed using conventional qualitative content analysis, with a semi-directive approach, using a typology of formal and informal learning.

Results: The analysis confirms workplace learning theories: interaction with others in the workplace, in most part with professional peers, provided opportunities for learning through consultations and informal meetings concerning patients and treatments. Formal learning in the shape of conferences and pharmacological outreach visits were also perceived as significant for learning. Limitations for informal learning were organisational in nature, often pertaining to leadership and other work-unit characteristics, while limitations for formal learning were the perceived lack of availability of formal continuing education and financial cutbacks in health care. Good relationships in the workplace were perceived as facilitating for informal learning.

Conclusions: the study confirmed that informal workplace learning is an important part of rheumatology clinical learning. Strategies for support for workplace learning will probably differ between work-units. Further studies are needed to clarify in which ways informal and formal learning in the rheumatology clinic may be supported.