

Upcoming Events

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Incidental Learning Converted to Continuing Education

Lifelong learning for healthcare providers generally occurs in segments: undergraduate learning, graduate training, and continuing education. Undergraduate learning takes place in health professional/ medical schools and universities within which students learn basic knowledge and skills relevant to their chosen professions. graduate training (often in the form of a residency or fellowship) provides more hands-on, practical patient care experiences. Continuing education (CE) is imperative in today's fast-paced and constantly changing healthcare environment. It also tends to be more self-directed in nature.

An often-overlooked approach to self-directed learning is the concept of **incidental learning**. "Incidental learning refers to any learning that is unplanned or unintended. It develops while engaging in a task or activity and may also arise as a by-product of planned learning." "When a presenter shares their incidental learning experiences, more formally through the presentation of CE, it can result in improved competence, changed attitudes, and growth in interpersonal skills, self-confidence, and self-awareness for the CE participants.

Let's take the example of a doctor in the role of a patient to see the impact that his incidental learning experience had on the knowledge, competence, and performance of his colleagues. Dr. Jones (a local, well-respected Internist who has been practicing for many years) was sent to a specialist after a routine visit to his primary care physician. The results of the biopsy done by the specialist showed a stage II malignancy.

He barely heard the specialist's words beyond, "Mr. Jones, you have a stage II malignancy," over the phone. He went from doctor to patient in the blink of an eye. He wrote the pathology report in block letters at the top of a yellow legal pad. Not very knowledgeable about this particular malignancy, Mr. Jones had many questions, but the words he wrote on the notepad did not make any sense when he looked at them. The specialist asked where Mr. Jones wanted to have surgery and recommended scheduling the surgery today, clearly emphasizing, "There's no need to wait."

When Mr. Jones arrived at the hospital for his surgery, the professional manner he had practiced for so long; the low voice, the serious eyes seemed superfluous and he gave way to the real emotions and fears of a patient in an uncertain healthcare situation. When the surgery was over, Mr. Jones was wheeled out of the room, not making eye contact with anyone. He didn't want to show his tangled mix of feeling scared, numb, angry, sad, and relieved all at once. After dressing and signing all the forms, a nurse pointed Mr. Jones to the exit. Sitting in the lobby for a few minutes before leaving, Mr. Jones noticed a little girl with a cast on her arm, waiting with her mother by the elevator. Mr. Jones went over to them, looked down at the little girl, and smiled the smile he knew would help put the child at ease. Her lips immediately turned up into a smile. When the elevator arrived, Mr. Jones held the door for her and said, more cheerfully than he felt, "After you, sweetie. You've got to move quickly with these hospital elevators. And make sure you hold Mom's hand!" and he felt his spirit renew a bit.

Dr. Jones later described important points that he (as Mr. Jones) learned through this incidental learning experience to his colleagues as he presents a Grand Rounds session on Doctor/ Patient Communication Skills.

Incidental Learning Points:

Communication:

- Always give your full attention to patients during the time you are with them, listen, and observe.
- Never assume that because a patient is a doctor, their knowledge spans all specialties.
- Do your best to give bad news in person, face-to-face

Reflection:

- Am I showing the same level of compassion and empathy I would like to receive as a patient?
- Do I appear not to be compassionate or understanding to my patients in response to their anguish (explicit or not)?

Objectivity:

- Evaluate yourself fairly and honestly to determine shortfalls and strengths to improve.
- Use that fair evaluation to seek development opportunities without self-judgment

The scenario described within this article was based on real-life events and was the subject of a recent presentation at Carilion Clinic entitled, "A Panel Discussion: When the Doctor Becomes the Patient." The session illustrates the concept of incidental learning and was well-received. The session was designed to meet the educational needs (knowledge, competence, and/or performance) of participating learners and met the criteria as an **AMA PRA Category 1 Credit™** event. The CME Office is always available to help and guide you through the CME process for approval of **AMA PRA Category 1 Credit™**.

Linda Wells, CHCP (Manager, Continuing Medical Education)

References:

1. Kelly S.W. (2012) Incidental Learning. In: Seel N.M. (eds) Encyclopedia of the Sciences of Learning. Springer, Boston, MA. https://doi.org/10.1007/978-1-4419-1428-6_366

What happened on the way, who I met, all that was incidental. I had not quite realized that the interruptions were the journey.

-Ted Simon

Dean's Corner

Last year, the Dean's Corner focused on the principles of Health Systems Science. The focus for the remainder of this year will be Diversity, Equity, and Inclusion and will be authored by Azziza 'Kemi' Bankole, MBBS, Carilion Clinic psychiatrist and VTCOSOM associate professor of psychiatry and behavioral medicine and chief diversity officer. Dr. Bankole devotes this month to the meaning of inclusion.

Lifting Every Voice

"Do the best you can until you know better. Then when you know better, do better."

- Maya Angelou

It is one thing to be invited to the party, but another thing entirely to be included in all the fun. This experience can be especially fraught in the learning or working environment. Our journey to "a more perfect union" requires not just the presence of our knowledge and skills but also the use of this knowledge and skills for the collective benefit.

Inclusion refers to the intentional and ongoing effort to ensure that diverse people with different identities are able to fully participate in all aspects of the work of an organization, including in leadership positions and in the decision-making processes. "Inclusion is a step forward from diversity and requires ongoing and systemic effort. Inclusion is what allows us to reap the benefits of diversity.

We recognize that diversity makes us better. Inclusion is what then creates an atmosphere of understanding and respect for everyone. It is not only in what we say but also in what we do. It is in ensuring appropriate access and accommodations for people with disabilities, taking time to correctly pronounce someone's name, celebrating holidays, providing prayer/meditation rooms, providing lactation rooms, making sure that macro- and microaggressions are addressed in a timely manner, or just simply acknowledging people.

Creating an inclusive environment to learn and work brings the best out of us. It ensures that each person understands that they are welcome and that the group as a whole welcomes their input. It means that they know they will not be ignored or ridiculed for being different from others because their peers, colleagues, supervisors, and institutions have shown them active support.

An inclusive environment allows all people the freedom to put their best foot forward and excel in the job they are there to do. The energy, mental and physical, that would have been spent in protecting the parts of us, including our culture and identity, that we fear would be mocked or dismissed is now channeled to more productive tasks and in the collective mission of the group. Building an inclusive learning and working environment improves morale, performance, talent recruitment, and retention.

It is not enough to be invited to the party we must make sure to take steps to include everyone in the fun. As Verna Myers puts it "*Diversity is being invited to the party. Inclusion is being asked to dance.*"

Kemi Bankole, MBBS

References

1. Tina Q Tan, Principles of Inclusion, Diversity, Access, and Equity, The Journal of Infectious Diseases, Volume 220, Issue Supplement_2, 15 September 2019, Pages S30–S32, <https://doi.org/10.1093/infdis/jiz198>
2. Puritty C, Strickland L, Alia E, Blonder B, Klein E, Kohl M, McGee E, Quintana M, Ridley R, Tellman B, Gerber L. Without inclusion, diversity initiatives may not be enough. Science 357 (6356), 1101-1102. DOI: 10.1126/science.aai9054

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