EHNC 2016: Workshop 1 [First Level]

**Action Learning Session** Suzi High

“The treatment of a problem begins with its first expression as a question.” Susan Langer

Action learning brings reflection, collaboration and actions together in an organised way in order for people learn together and improve practice; it has been an accepted part of human resource theory for 50 years (Brook et al 2012). Revan developed the idea of Action learning in the 1930’s from observing the strength of groups working together to solve problems through focussed questioning and shared learning (Taylor, 2014).

One use of the approach can be to share time with another practitioner to support each other’s reflect learning by listening while we ask short open questions with a clear focus on a case study or situation (Hall). Starting with identifying what has been successful, allows a positive mental frame to prevail when we step on to identifying what could be improved. Keeping clear goals in mind allows us to create effective next achievable steps. Each question is timed and the listener’s role is to pay good attention and really listen (Permaculture Association, 2011).

The session started with an opportunity to think about a patient interaction which came to mind to reflect on, considering learning from the conference which may have brought another perspective to that situation.

In pairs participants took turns to answer all 4 questions, with each question having 2 minutes allocated to reflect on. In the session we used the questions:

- What is going well?
- What has been challenging?
- What are your care goals with your patients?
- What is your next achievable step as a practitioner?

Done on a regular basis, with answered recorded it can provide a process which supports and documents development of your practice (Permaculture Association, 2011).

Next achievable steps shared from the session included: “looking further at formal adherence processes.”; “Identifying the protocol for risk factors in order to provide clearer information in triage, supporting patients to feel calmer and more relaxed.”; “To listen to patients more closely, to accept silence when listening.”; “To listen more deeply, supporting understanding of special needs based on deeper fears”.

**References**


