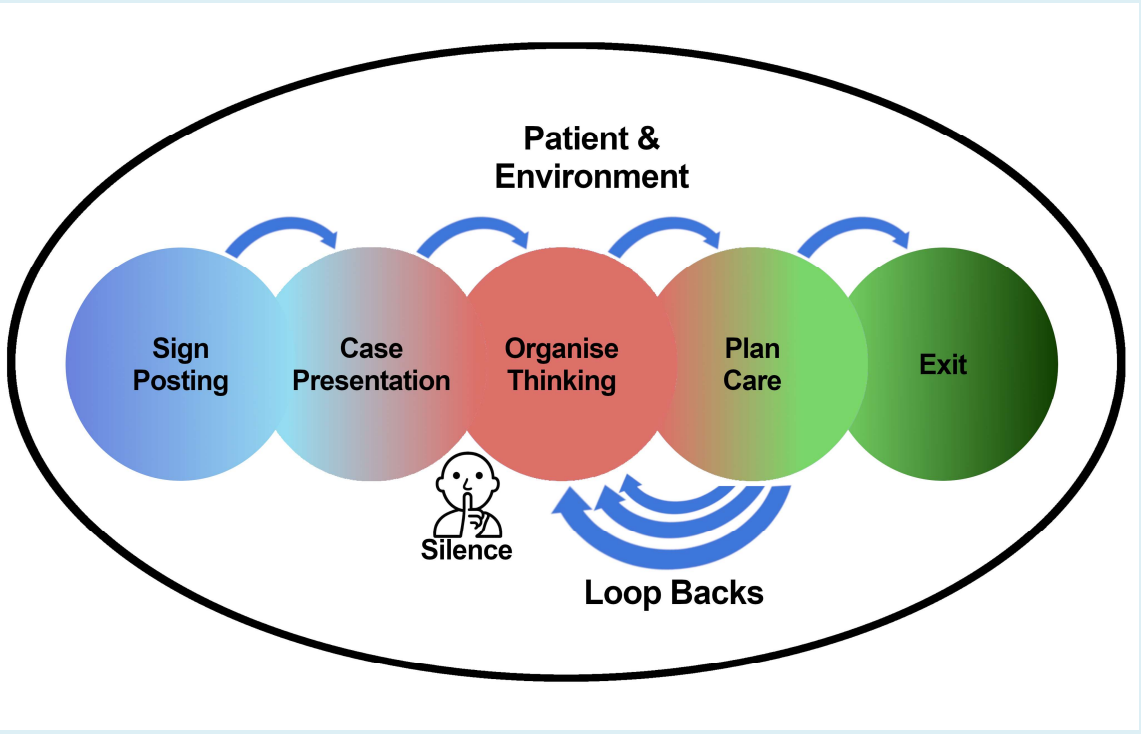
Transforming Workplace Learning Through Co-design of the SCOPE Model

SCOPE MODEL OF LEARNING CONVERSATIONS for ongoing patient care- supports patient care and trainee learning



SCOPE MODEL OF LEARNING CONVERSATIONS

Learning Conversations for ongoing patient care are not handover.
They aim to support trainee learning while providing patient care.
Trainees benefit from time to organise thoughts before Learning Conversation e.g. notes.

S	SIGNPOSTING	**Supervisor** – signposts time available, expectations (e.g long case presentation, only differentials) **Trainee** – signposts needs from the conversation – *"I need help with management/advice; I have no idea; I need help with differentials; I want to work on reasoning /management /interventions."* Together negotiate the Learning Conversation
C	CASE PRESENTATION	**Supervisor** – primes trainee about silence during case presentation. e.g. *"I'll listen silently for 2 minutes."* Active listening **Trainee** – presents case in format suited to context, trainee & patient needs – e.g. long case, key issues, ISBAR, differentials.
O	ORGANISE THINKING	**Supervisor & trainee** – Conversation about clinical issues and learning processes to gain a shared understanding of the patient and their needs i.e. Clinical reasoning. **Supervisor** may ask questions, return to trainee's signposted learning need, demonstrate clinical reasoning through talking out loud.
P	PLAN CARE	**Supervisor & trainee** – Collaborate to plan care and learning. **Supervisor** – Utilise learning opportunities eg resources, websites, care pathways
	LOOP BACKS	Multiple loop backs between actions with further exchanges as needed when new information is received and plan needs to be revised, or trainee needs further information or support. e.g. Discuss x-ray or test results, changes in patient condition.
E	EXIT	**Clinical exit** – transfer of care, patient exits service. **Educational exit – Supervisor** – provide feedback, *"a kind word"*, encourage reflection, identify and plan learning linked to the case.

Structured conversations. Stronger learning. Better patient care.

SCOPE aims to:

- Strengthen learning conversations by providing structured guidance for supervisors and trainees.
- Optimise trainee learning through feedback and reflective dialogue.

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INTRODUCTION

Medical trainees regularly discuss patient assessments and management with supervisors during workplace learning. We define these interactions as learning conversations about ongoing patient care.

Despite existing frameworks for handover and case-based teaching, no framework specifically guides these conversations.

Why this study?

- Learning conversations occur every day in clinical practice.
- No framework specifically guides conversations about ongoing patient care.
- Rural supervisors balance patient care and trainee learning.

Aim: Co-design a practical model for workplace learning conversations.

METHODS

A qualitative study was conducted at two rural hospitals in Queensland, Australia.

The 3Cs of Co-design - Co-define, Co-design, and Co-refine were applied (Pearce & Magge, 2024).

Phase one (Co-define): recorded learning conversations between supervisors and trainees to model current practice.

Phase two (Co-design): supervisors and trainees participated in focus groups, an online survey, and workshop to co-refine a learning conversations model.

Ethical approval: HREC/2023/QRDD/100166 & GU Ref No:2025/065

PARTICIPANT DETAILS

A total 47 supervisors and 35 trainees contributed to the codesign of the SCOPE model of learning conversations through participation in focus groups, survey and workshop.

Activity	Supervisor	Trainee	Results
Focus groups	11	21	3 Supervisor & 4 trainee Focus groups 6.5 hours transcribed
National Survey	13	7	20 surveys completed Demographics & free text responses
National Workshop	23	7	2 hours transcribed from 3 groups 22 participant codesign sheets

The focus group, survey and workshop data was used to codesign the SCOPE model of learning conversations. The purpose of the learning conversation was described as dual, for the clinical care of the patient and education of the learner. The SCOPE model represents learning conversations taking place in the context of patient and environment taking account of the three components of care - the learner, supervisor and patient. This model emphasises the dynamic and iterative nature of learning conversations for ongoing patient care with multiple loop backs as new information influencing patient care becomes available.

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References:

Furness, L., Pinidiyapathirage, J., French, M., Ware, J., Weber, L., & Carrigan, B. (2026). Co-design of a model for learning conversations about ongoing patient care between medical supervisors and trainees in the rural generalist setting: A research protocol. PLOS ONE. https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0351669

Pearce, G., & Magee, P. (2024). Co-creation solutions and the three Co's framework for applying co-creation. Health Education Journal, 1(2), 20-37.

Visuals developed by the authors with assistance from ChatGPT (OpenAI, 2026).

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