



Letter to the Editor

Is it 'Time to Think' yet? Learning hubs in specialty training

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'Time to think' meaningfully about our working and learning is crucial, and we have found Kline's (1999) 'Time to Think' model [1] invaluable in shared learning sessions for public health specialty registrars (STRs) and supervisors in the United Kingdom (UK).

Critical reflection has long been important for public health consultant-level work. Even in a crisis, reflective practice is important [2, 3]. Public health STRs must ultimately achieve a final key area of meta-competencies that select, integrate, and apply the required UK Faculty of Public Health (FPH) competencies to "[improve] population health in complex and unpredictable environments". During the COVID-19 pandemic, in all National Health Service (NHS) postgraduate medical specialty training, "Clinical and educational supervisor meetings should continue... facilitating reflection" [4].

In North West England, the Cheshire and Merseyside Learning Hubs were set up in 2016 when STRs and their supervisors suggested refreshing their shared education time into structured development sessions grounded in everyday practice. The training director designed the Learning Hub around Kline's (1999) Ten Components of a Thinking Environment [below], where everyone matters and is allowed uninterrupted airtime to explore ideas and assumptions [1].

While Kline's model did not develop from a traditional 'evidence-base', it fits with various learning and coaching [5] theories, and has intuitively stimulated reflective practice beyond its organizational development [6] origins. For example, in a rare academic analysis of the model, Bassot and Reid built and critiqued a career counselling approach around it [7], and McKee and Markless referenced it as informing the design of action learning sets for medical students to reflect on their transition to work-based clinical placements [8].

The Cheshire and Merseyside design aimed for a community of practice that contributed to STR competencies (especially integration and lifelong learning) and to supervisors' continuing professional development.

The quarterly 1.5-hours face-to-face Learning Hub contains four rounds where 'everyone participates in turn', with two 30-min 'spotlights':

Welcome round: Each participant answers: 'What has gone well in work recently?'

Spotlight 1 round: A participant presents a prepared 3-min topic or dilemma (ending preferably in a specific question), prompting a

discussant's 2-min complementary or alternative perspective. In a round of 1-min responses (to: 'What is your comment about the ideas shared?'), each participant contributes ideas, examples, or queries without interruption or discussion. Another participant scribes these for the presenter, who concludes with: 'What have I taken from that round?'

Spotlight 2 round: with different topic, presenter, discussant, and scribe.

Freestyle any-other-business: Each participant can pitch STR work opportunities, seek ideas, or suggest future Hub topics.

Evaluation round: Each participant answers: 'What was good at the hub today?'

In the face-to-face sessions (2016-19), attendance was consistently enthusiastic: ~10/20 STRs and 6-7 lead supervisors. Topics spanned research findings, social determinants of health, social prescribing, climate change, and impact of austerity. Ideas shared were valuable on various perspectives (theory, practice, opinion, or evidence-based). Attending once usually convinced participants of time well-spent. Very positive survey evaluation highlighted: "good discipline to [...] have to hold back and let others speak", "trouble-shooting", and "sharing best practice". Local authority practitioner learning hubs were also introduced [9].

Regarding Kline's Ten Components (1999), the Hub worked well by:

- paying *Attention* to all contributions, focusing on their *Appreciation*, yet welcoming critique from *Incisive Questions*.
- promoting: *Equality* (irrespective of career level); *Ease* (safe, unrushed, relaxed); *Encouragement* to contribute not compete; and appropriate *Emotion*, directed at dilemmas and dysfunctions in everyday practice.
- embracing *Diversity* of ideas, experience, and populations served.
- enforcing 'do not interrupt', i.e. 'Listen-Listen-Listen' before supplying or correcting *Information*.
- using an appropriately private, accessible *Place*.

We learnt lessons about process: You should chair sessions with robust timekeeping but informality, flexibility, and well-disposed wisdom, regularly re-stating the format and rules. It is better to assimilate rather than compartmentalize the academic input. To make the most of the event for attendees, facilitate post-Hub networking and follow-on

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business meeting. Staying paper-light is advisable.

The Hub helped participants in diverse ways: They could showcase work across diverse and complex workplaces. They could learn to listen meaningfully, comment succinctly, reflect on quality improvement, assimilate inspiring stories, crowdsource advice and evidence, and add value for colleagues. Participants were aligning constructively with FPH competencies, reinforcing professional identity (and values) and ‘call-to-action’, and sustaining self-directed personal and professional development.

Little did we know that the format would become so valuable during the pandemic. Meeting virtually overcame the challenge of fixed locations that limited attendance in previous years.

Time to Think principles have been adopted in another setting in North West England, the Salford Time to Act group, which is a weekly virtual subgroup of the local authority Health and Wellbeing Board to tackle health inequalities exacerbated by COVID-19 [10].

We commend others to consider when they have ‘time to think’ and how they can transfer a similar format to other public health activities.

Acknowledgements

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References

- [1] N. Kline, *Time to Think: Listening to Ignite the Human Mind*, Octopus, London, 1999 e-book 2011.
- [2] Rodham K, Bains K, Westbrook J, Stanulewicz N, Byrne-Davis L, Hart J, Chater A. Rapid review: reflective practice in crisis situations. PsyArXiv Preprints. Pre-print 6 May 2020. doi: 10.31234/osf.io/e8tqn.
- [3] A. Raiz, Lockdown Advice: Make Time to Think, Bizcommunity.com, 29 May 2020. At 29.3.21, <https://link.gale.com/apps/doc/A625200308/ITOF?u=livuni&sid=ITOF&mid=18c5b12f>.
- [4] S. MacLeod, K. Gardiner, R. Parks, P. Mangat, Maintaining Postgraduate Medical Education and Training: Principles for Educational Organisations during Pandemic

Surges [Joint Statement for Specialty Registrars], 9 September 2020. At 29.3.21, <https://www.hee.nhs.uk/coronavirus-information-trainees>.

- [5] C. Kauffman, K. Tulpa, Interview with Nancy Kline. An act of creation: coaching in a Thinking Environment? *Coaching* 3 (2) (2010) 99–108, <https://doi.org/10.1080/17521882.2010.502665>.
- [6] S. Cleary, A. Du Toit, V. Scott, L. Gilson, Enabling relational leadership in primary healthcare settings: lessons from the DIALHS collaboration, *Health Pol. Plann.* 33 (Suppl) (2018), <https://doi.org/10.1093/heapol/czx135.ii65-ii74>. doi.
- [7] B. Bassot, H. Reid, Constructing a space for career reflection: ‘The gift of time to think’, *Aust. J. Career Dev.* 22 (2) (2013) 91–99, <https://doi.org/10.1177/1038416213497193>.
- [8] A. McKee, S. Markless, Using action learning sets to support students managing transition into the clinical learning environment in a UK medical school, *Action Learn. Res. Pract.* 14 (3) (2017) 275–285, <https://doi.org/10.1080/14767333.2017.1360933>.
- [9] M.I. Abdel Aziz, Public Health Practitioner Learning Hubs. Learning Hub Event Agenda – Hosted by Warrington Local Authority Public Health Team: Building Knowledge and Skills for Practitioners in Public Health and Wider Local Authority Teams, Cheshire and Merseyside Public Health Collaborative, Warrington, 2017. At 29.3.21, <https://www.champspublichealth.com/wp-content/uploads/2021/03/Learning-Hub-programme-Warrington-30.1.17-FINAL.pdf>.
- [10] M.I. Abdel Aziz, A. Page, M. Moonan, Report of the Salford Time to Act (STAT) group, Salford Health and Wellbeing Board, Salford City Partnership, Salford, 2 November 2020. At 29.3.21, <https://sccdemocracy.salford.gov.uk/documents/s30857/HWBB%20-%20Salford%20Time%20to%20Act%20Report%20Nov%202020.pdf>.

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