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Realist protocol: the balance of training and service delivery in the context of primary and secondary care

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Introduction

Dennis *et al.*¹ recently conducted a national survey to explore the priorities for medical education research in Scotland. The identified research themes and their underlying priority areas can be linked to current medical education drivers in the United Kingdom²⁻⁵. The top priority area rated by stakeholders was: 'Understanding how to balance service and training conflicts'.¹ Despite its perceived importance, a preliminary scoping exercise revealed the least activity with respect to published literature reviews.

Design

Pawson's five stages for undertaking realist а review underpin this protocol⁶. We will: (1) clarify the scope of the review by identifying relevant interventions and existing programme theories. understanding how interventions act to produce their intended outcomes; (2) search for evidence from empirical



1998 (the introduction of the European Working Time Directive) on UK multidisciplinary team working concerning these interventions, theories and outcomes; (3) assess the quality of studies; (4) extract data; and (5) synthesise data, drawing conclusions.

Aim and Objectives

This protocol has been developed to enable us to understand how patient care and student/ trainee learning can be simultaneously facilitated within the healthcare workplace. The review will identify key complex



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interventions designed to balance patient care and student/trainee learning, and try to understand how and why such interventions produce their effects. Our research questions seek to address the ways in which identified interventions enable balanced patient caretrainee learning within the healthcare workplace, for whom, why and under what circumstances.

Results and Discussion

These findings should provide important understanding of how workplace-based interventions influence the balance of trainee learning and service provision. They should benefit various stakeholders involved in workplace-based learning interventions, and should continue to inform the research agenda for medical education in Scotland.

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