

ADULT LEARNING PRINCIPLES *and* RECOMMENDED PRACTICES *for* CLINICAL TEACHING

UBC FAMILY PRACTICE RESIDENCY PROGRAM • *Faculty Development*

CHARACTERISTIC		GENERAL RECOMMENDATIONS	SPECIFIC STRATEGIES
1	Learning involves change which can cause anxiety in adult learners	<ul style="list-style-type: none"> ▪ Create a safe climate for sharing ideas and taking risks ▪ Model all desired behaviours ▪ Inform learners early and often as to what will be occurring during the learning session ▪ Advise learners of any assessment expectations for the learning session 	<ul style="list-style-type: none"> ▪ Send "<i>Dear resident</i>" letter prior to learner arriving ▪ Schedule time to conduct thorough resident orientation (see orientation checklist for topics to address) ▪ Get to know the person - who are they, what interests do they have, how do they learn best? ▪ Address and normalize potential areas of anxiety such as not knowing everything and making mistakes ▪ Create a personal space for resident to work and store belongings ▪ Set a positive tone that builds rapport, encourages teamwork, and promotes mutual learning
2	Adult learners come with a wide range of previous experiences, knowledge, interests, and abilities and they appreciate when their assets are recognized and utilized	<ul style="list-style-type: none"> ▪ Leverage learner strengths and input to help achieve learning goals ▪ Design activities that accommodate diversities in needs, knowledge, learning preferences, and ability ▪ Be prepared to be challenged on suggested ideas or approaches 	<ul style="list-style-type: none"> ▪ Assess and acknowledge areas of strength, as well as learning gaps ▪ Work with resident to create a custom learning plan for the rotation, including SMART goals ▪ Have resident talk through a procedure before performing it ▪ Directly observe resident performance and provide constructive feedback ▪ Ask resident to teach you (and others?) about a relevant area of strength (medical, cultural, IT, personal)
3	Adult learners are self-directed and want to be actively involved in the learning process	<ul style="list-style-type: none"> ▪ Provide choices whenever possible ▪ Talk less and engage learners more ▪ Create opportunities for participant input and feedback ▪ Move towards increasing the participant's responsibility in directing their own learning 	<ul style="list-style-type: none"> ▪ Ask residents what competencies or topics they'd like to address during the rotation ▪ Ask resident how s/he learns best and try to provide this style of instruction and feedback ▪ Ask resident "<i>How would you like to challenge yourself today?</i>" ▪ Regularly revisit choices and ask resident to reflect on and self-assess these ▪ Ask resident to write a field note on you, targeting either your teaching or medical skills
SAFETY			
UTILIZATION			
CHOICE			

4 RELEVANCE	Adult learners appreciate programs that address relevant challenges in their lives and provide solutions that are immediately useful	<ul style="list-style-type: none"> ▪ Assess learner needs before designing learning session ▪ Inspire internal motivation for learning by helping learners see the WIIFM? (<i>What's in it for me?</i>) ▪ Customize and individualize to learner input, whenever possible ▪ Facilitate opportunities for learners to relate learning to real-world situations 	<ul style="list-style-type: none"> ▪ Co-create learning goals with resident ▪ Have lots of informal check-ins to assess and adjust goals and learning set-up, as needed ▪ Complete daily field notes on identified areas of interest or concern ▪ Ask residents at end of day to summarize what they learned ▪ Acknowledge key learning points (name it!) and reinforce the importance of that knowledge/skill/approach/perspective ▪ Schedule time for resident to research topics of individual interest
5 SOCIAL LEARNING	Adult learners learn best in informal settings where they can interact socially	<ul style="list-style-type: none"> ▪ Provide opportunities for learner sharing, interaction, and involvement ▪ Plan learning activities that require learner-to-learner interaction 	<ul style="list-style-type: none"> ▪ Organize informal social gatherings (with food!) ▪ Facilitate opportunities for residents to teach each other (and other interested parties) on topics of interest ▪ Invite residents to join learning groups (CME, PBL, JC, rounds, etc) ▪ Encourage residents to interact with members of allied health disciplines (MOA, Nurses, OT/PT, etc) ▪ Utilize the buddy system - ensure all residents have at least one person they can connect with regularly for support

References:

- Brookfield, S. (1986) *Understanding and Facilitating Adult Learning: A Comprehensive Analysis of Principles and Effective Practices*. San Francisco: Jossey-Bass.
- Chickering, A. and Gamson, Z. (1987) *Seven Principles of Good Teaching in Undergraduate Education*. AAHE Bulletin 39, 3-7.
- Kaufman, D. (2003) *Applying Educational Theory in Practice*. British Medical Journal 326:213.
- Knowles, M. (1990) *The Adult Learner: A Neglected Species*. Houston, TX: Gulf Pub.
- McKean, S. et al (2012) *Principles and Practice of Hospital Medicine*. New York:McGraw-Hill.