

Valuing learners' experience and supporting further growth: educational models to help experienced adult learners in medicine. Newman, P., & Peile, E. (2002). *Bmj*, 325(7357), 200-202.

Why We Chose It.

"I seek a method by which teachers teach less and learners learn more." Johann Comenicus, writer of the first illustrated textbook (1630). In medical education there has been a shift from a teacher-centered learning environment ('sage on the stage") to a more learner-centered model ("guide on the side"). This change requires recognizing the individuality of the learner and how he or she makes meaning out of what is being taught. The authors state: "Raised awareness of an individual's learning needs and potential contribution, combined with greater use of these models, will promote a movement away from didactic teaching, which is characterized by an unequal status of teacher and learner, to one of coaching and partnership between learner and trainer, with additional benefit to both."

Main Learning Points.

Adult learning principles:

- Adults need to know why they need to learn something
- Adults maintain the concept of responsibility for their own decisions, their own lives.
- Adults enter the educational activity with a greater volume and more varied experiences
- Adults have a readiness to learn those things that they need to know in order to cope effectively with real life situations.
- Adults are life centered in their orientation to learning.
- Adults are more responsive to internal motivators than external motivators.

The learner brings substantial professional and life experience. Experience is the heart of adult learning. It is the driving force for reflection and learning. The learner is also self-directed and an authoritative/expert teaching style is a severe mismatch for self-directedness. Learners move through various stages and therefore a teacher must be adept at adapting his or her teaching style to the stage of the learner.

		Teacher styles			
		Authority, expert	Salesperson, motivator	Facilitator	Delegator
Learner stages	Dependent learner	Match	Near match	Mismatch	Severe mismatch
	Interested learner	Near match	Match	Near match	Mismatch
	Involved learner	Mismatch	Near match	Match	Near match
	Self directed learner	Severe mismatch	Mismatch	Near match	Match

Fig 2 Matching learner stages to teacher styles (Gerald Grow, 1991)¹⁵

How it Can Be Applied to CME.

1. At the beginning of a CME session, the relevancy of the materials should be stated to the learners.
2. Get input from the audience at live CME sessions especially as it relates to applying the principles in practice.
3. Practice using various types of teaching styles and get feedback from your learners on the effectiveness of the techniques used.
4. Decrease the amount of didactic teaching and gradually shift from an authority/expert teaching style to a delegator teaching style.
5. Use general pediatric cases for general pediatricians to reflect upon (instead of cases presenting to a subspecialist).
6. Create personal learning plans – what do you want to learn AND individualized action plans – what will you do with what you have learned when you get home.

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