

ADULT LEARNING THEORY: A PRIMER FOR THE MEDICAL EDUCATOR

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What Does Adult Learning Theory Mean to You?

OBJECTIVES

1

Share the history of adult learning theory

2

Define pedagogy and andragogy

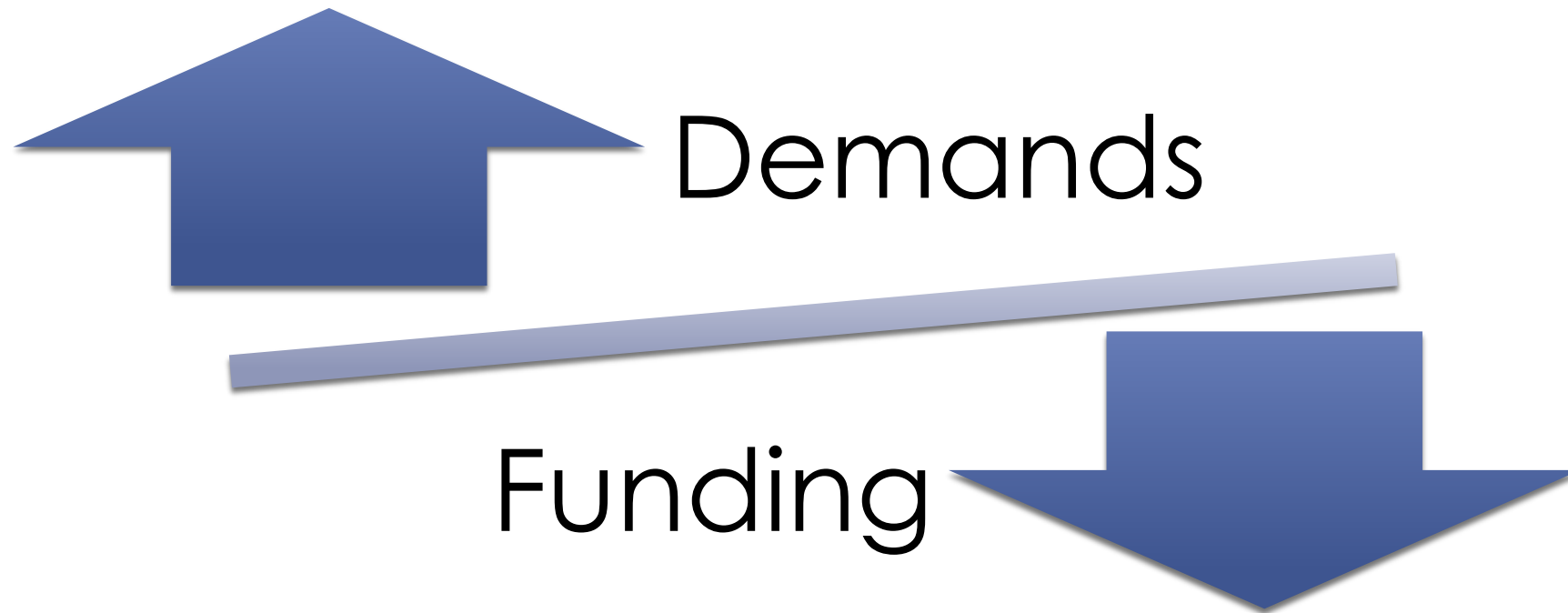
3

Discuss characteristics of the adult learner

4

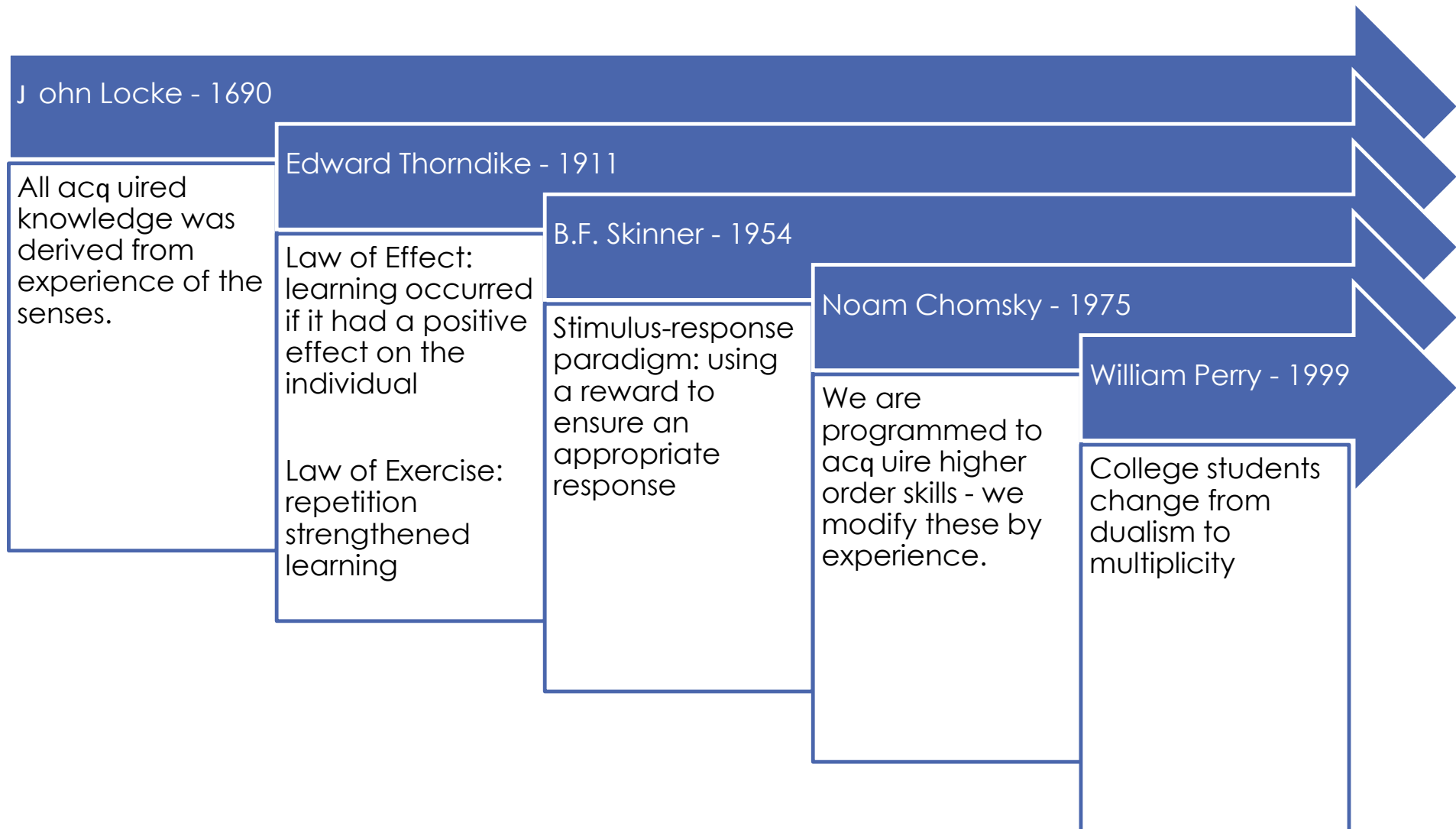
Outline some tips for effective instruction

“THE WORK OF IMPROVING MEDICAL EDUCATION KNOWS NO END” – DR. EDWARD BUCKLEY 2003



MEDICAL EDUCATORS MUST ADJUST OUR CURRICULA TO ACHIEVE THE MOST VALUE FOR A SHRINKING EDUCATIONAL DOLLAR

HISTORY OF ADULT LEARNING THEORY



WILLIAM PERRY'S SCHEME


Dualism: knowledge is received, not questioned



Multiplicity: there may be more than one right answer; student's opinions matter

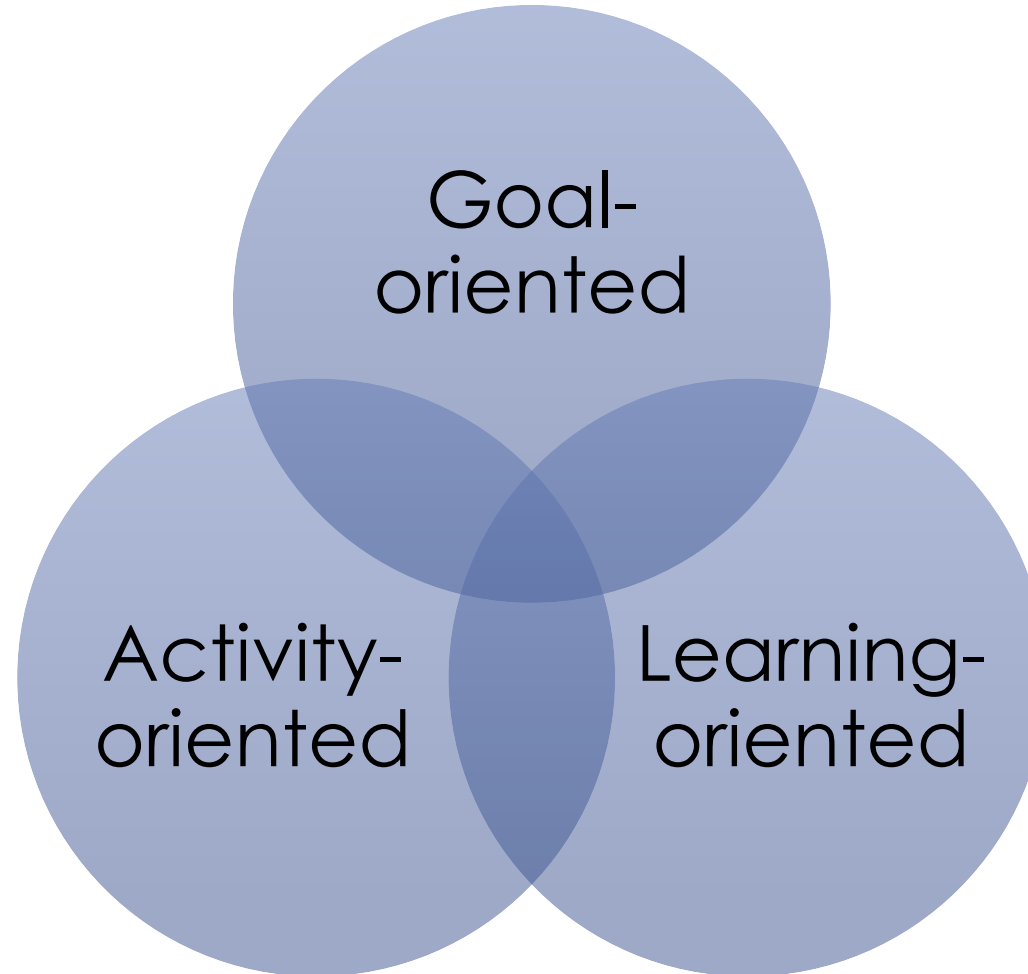


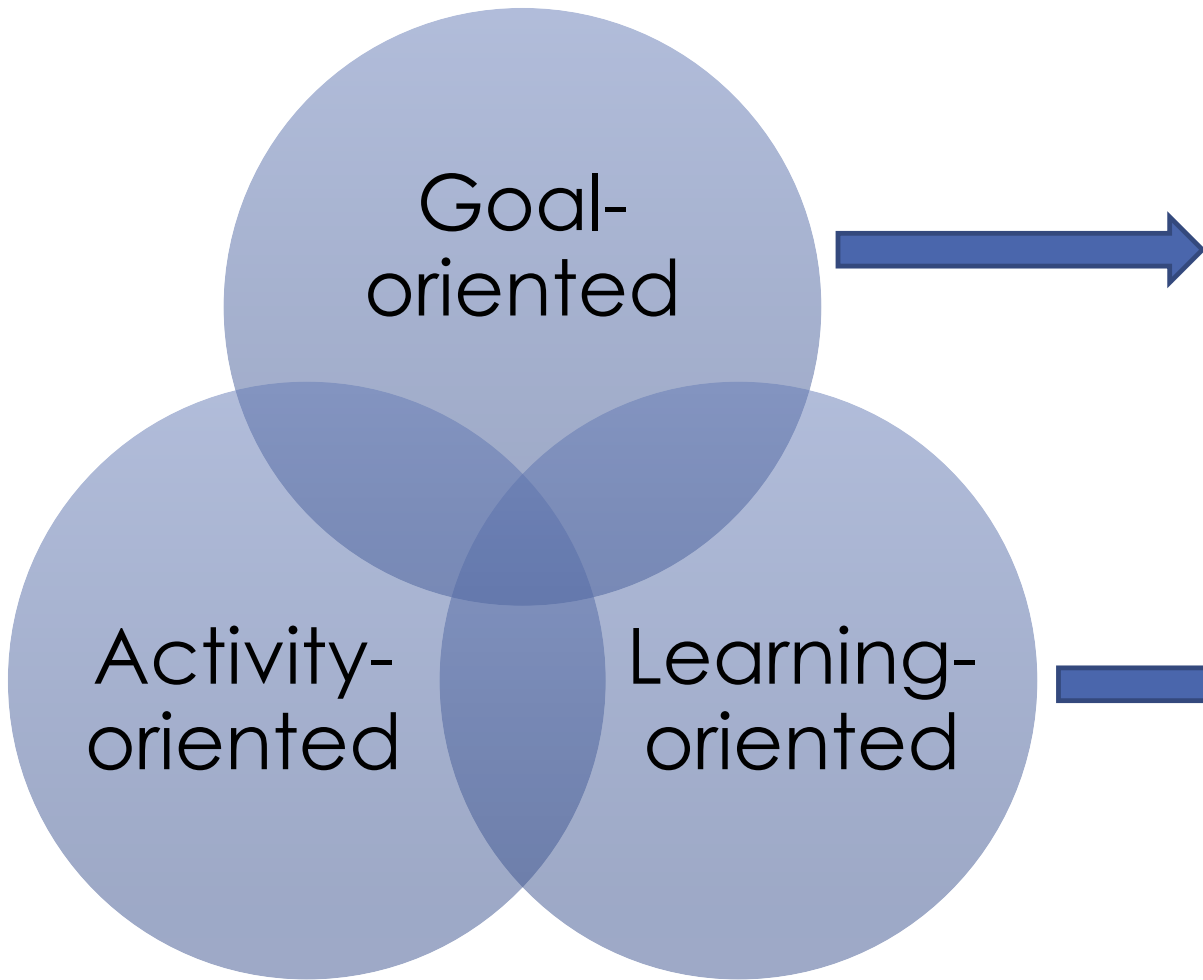
Relativism: knowledge is seen as contextual, even experts are subject to scrutiny



Commitment: integration of knowledge from other sources with personal experience and reflection

CYRIL HOULE 1961: 3 LEARNING TYPES IN MEDICAL EDUCATION

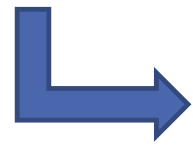




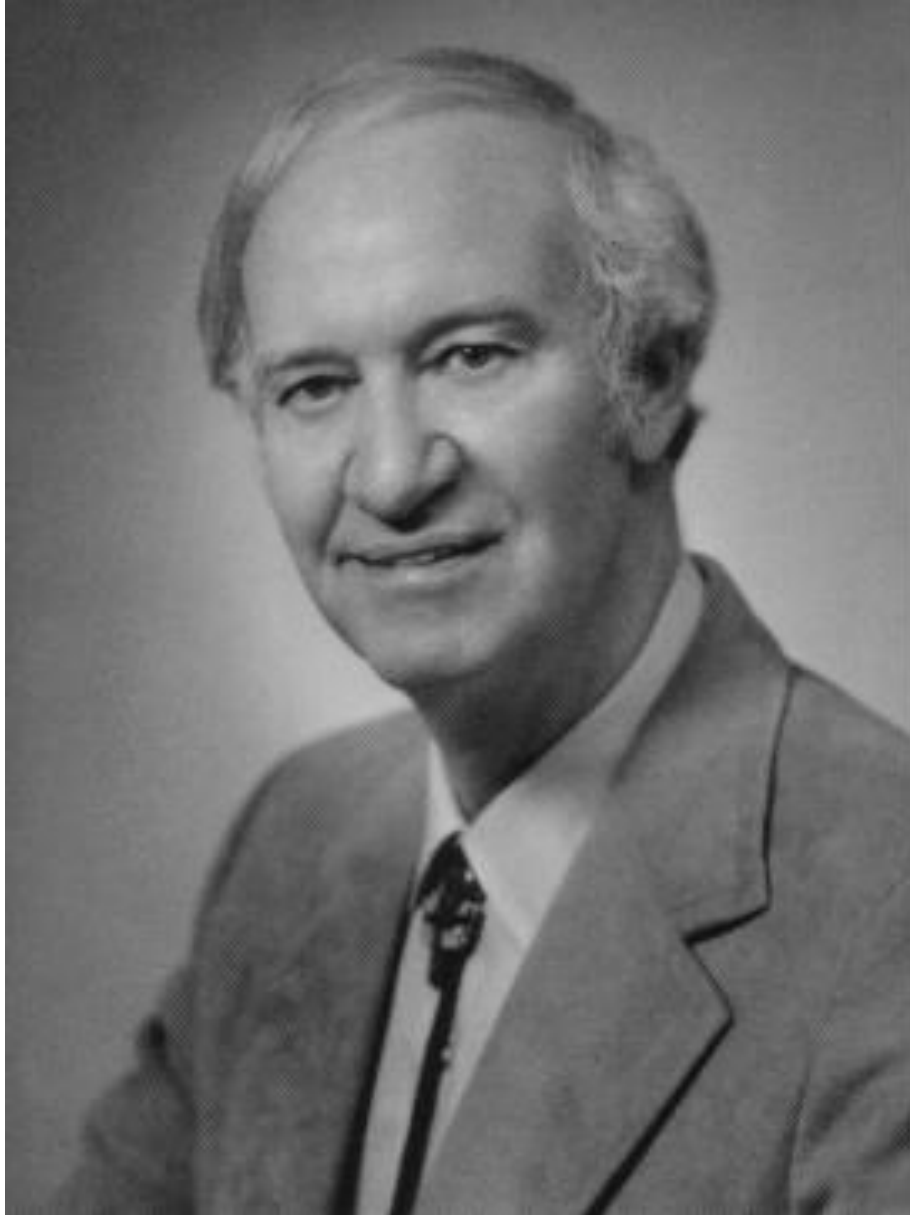
- Education is used as a means to an end.
- Want to accomplish defined objectives.



- More concerned with the journey.
- Learn for the sake of learning.



- Gain knowledge by relating to others.
- Benefit from frequent interaction with fellow learners.



THE MODERN PRACTICE OF ADULT EDUCATION: ANDRAGOGY VS PEDAGOGY

– MALCOLM KNOWLES 1970

- 1940: Director of Adult Education at the YMCA in Boston
- 1960: Associate Professor of Adult Education at Boston University
- 1974: Professor of Education at NC State University

PEDAGOGY

Dependent on teacher

Experience is of little worth

Subject-centered learning

Postponed application

Teacher diagnoses needs, develops objectives and evaluates students

ANDRAGOGY

Increasing self-directiveness



Learners a rich source for learning



Problem-centered learning

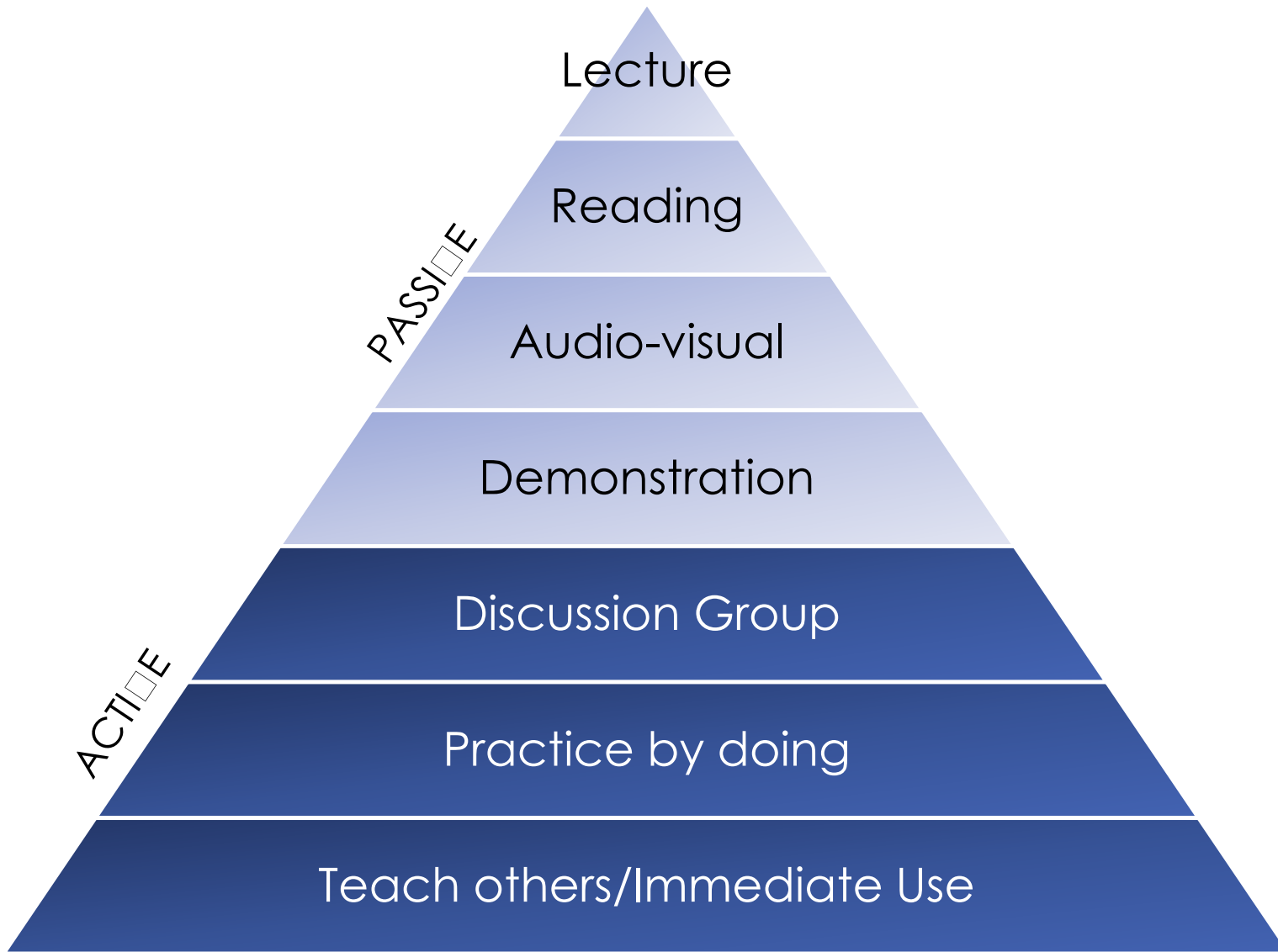


Immediacy of application



Mutual self-diagnosis, mutual negotiation and mutual measurement

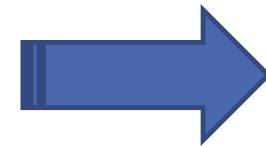
PEDAGOGY	ASSUMPTION	ANDRAGOGY
Less concerned with the reason they need to learn information	The need to know	Need to know why they are learning
“I am dependent on the teacher”	The learner’s self-concept	“I am responsible for my own learning”
Fewer experiences from which to draw	The role of experience	Wide differences between learners enriches experience
May be less ready to learn	Readiness to learn	Understand the need for new knowledge and skills to address real-life situations
Subject- or content-centered	Orientation to learning	Life-, task-, or problem-centered
External grades, instructor, peer or parent approval	Motivation	Internal: self-esteem, job satisfaction, quality of life



MALCOLM KNOWLES: 5 ASSUMPTIONS OF ADULT LEARNERS

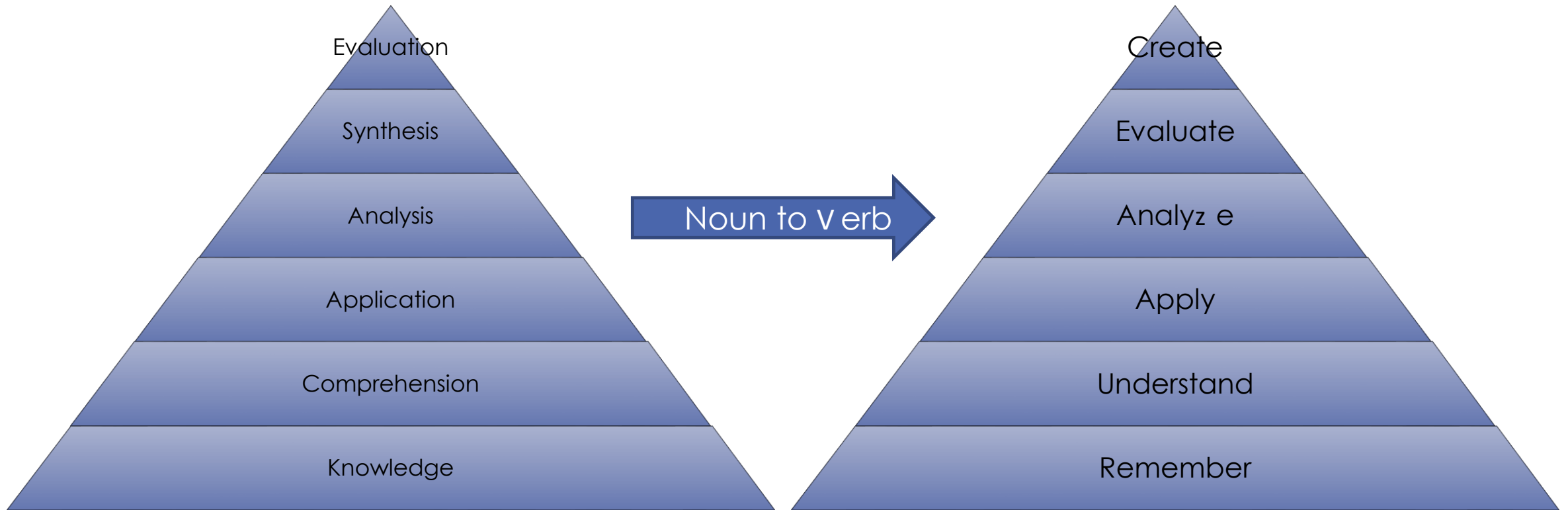


MALCOLM KNOWLES: 5 ASSUMPTIONS OF ADULT LEARNERS

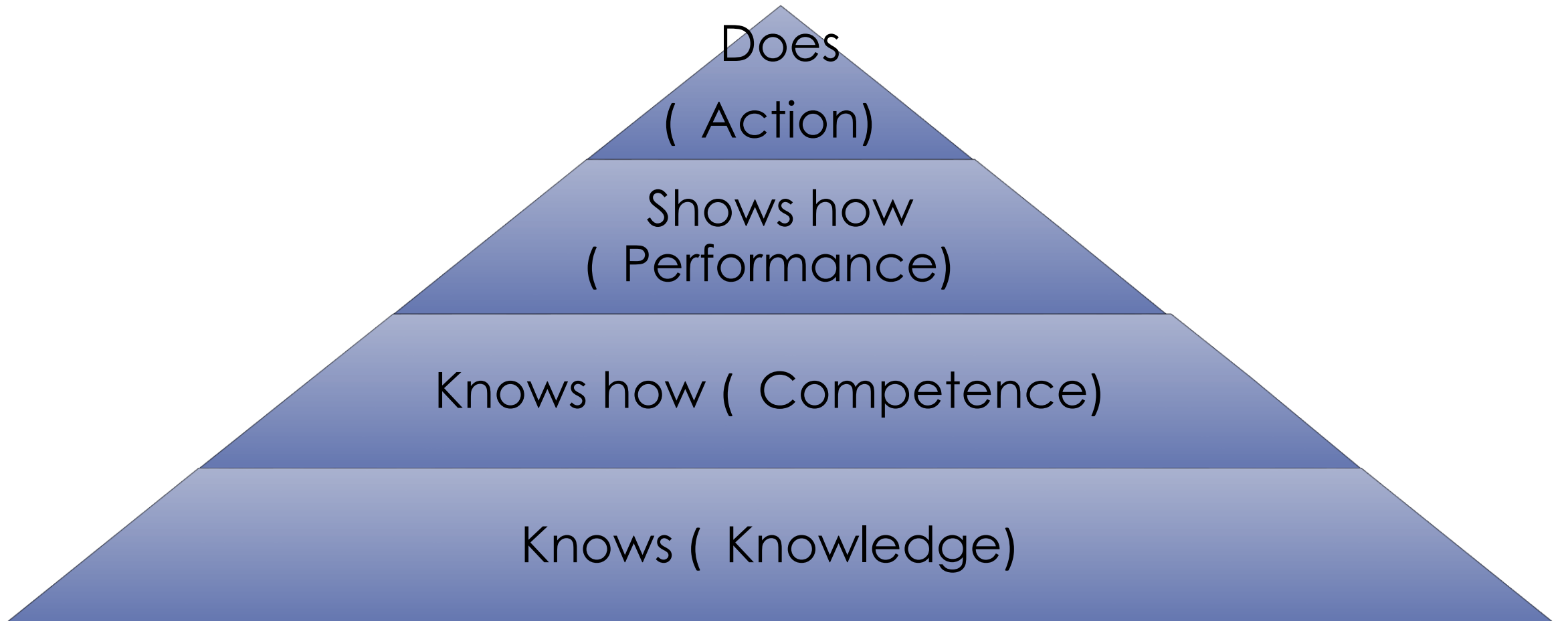


The learner should be actively involved in the learning process.

BLOOM'S TAXONOMY 1956 → 2001



MILLER'S PYRAMID – 1990



J OHARI WINDOW

	Known to Self	Unknown to Self
Known to Others	Known	Blind Spot
Unknown to Others	Hidden	Unknown

Discovery through discussion

Luft, J.; Ingham, H. (1955). *Proceedings of the western training laboratory in group*

CHARACTERISTICS OF ADULT LEARNERS



Adults need to know why they are learning; how will it affect them?



Adults are autonomous and self-directed



Adults have a lifetime of experience



Adults use a hands-on problem-solving approach to learning



Adults want to apply new knowledge and skills immediately



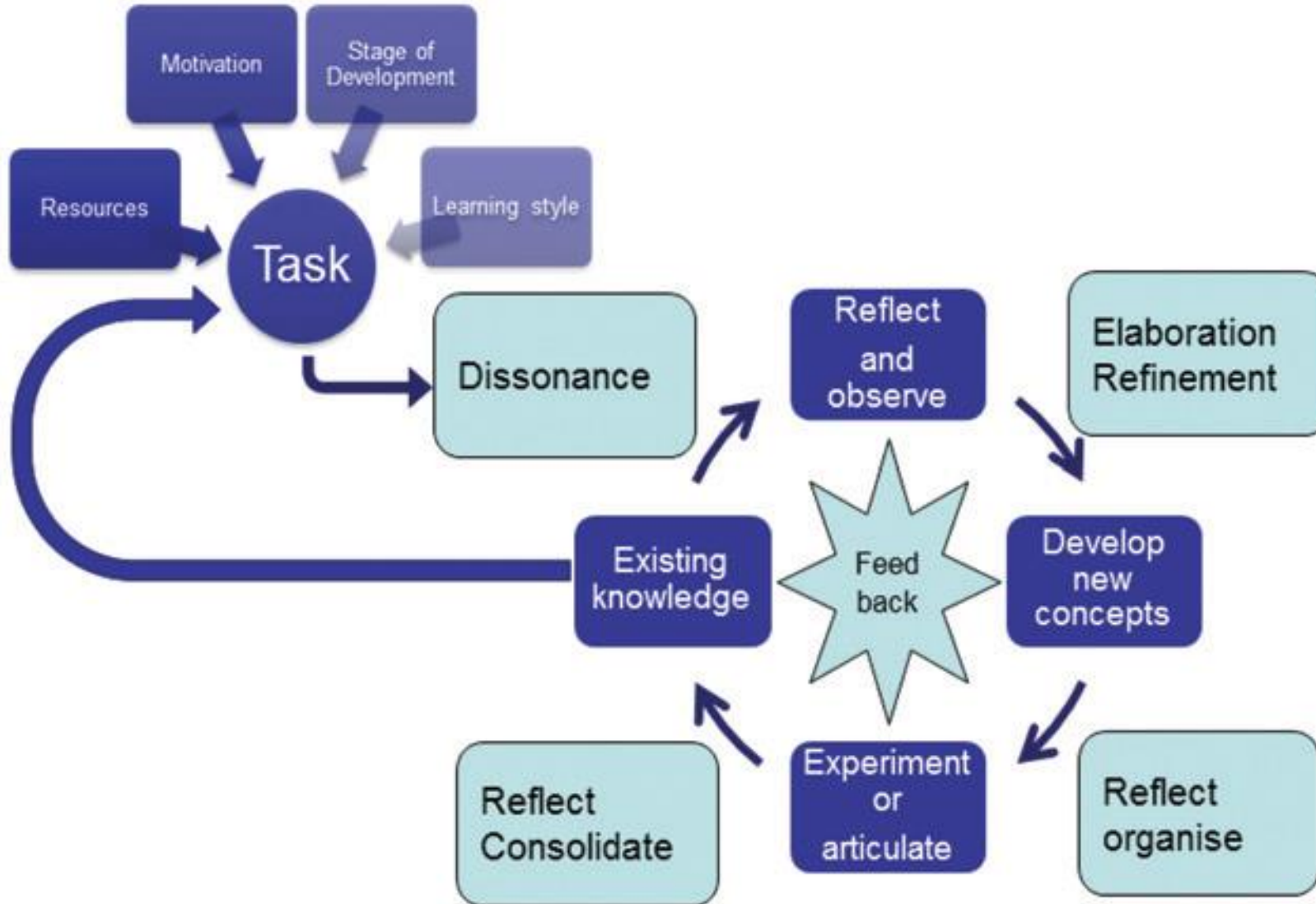
Adults need to be shown respect

ADULTS LEARN BEST WHEN...

They feel the need to learn and have input into what, why, and how they will learn

The content and process of learning are related to past experiences and are utilized as a resource

They learn in a climate that minimizes anxiety and encourages freedom to experiment



PROPOSED MODEL FOR ADULT LEARNING

LEARNING TIPS FOR EFFECTIVE INSTRUCTORS

Set a friendly, open atmosphere

Set an appropriate level of concern

Set an appropriate level of difficulty

IMPLEMENTING ADULT LEARNING PRINCIPLES INTO MEDICAL EDUCATION

- Motivating trainees and eliminate anxiety by:
 - Addressing trainees individually and often
 - Focusing on the desired outcomes at the beginning of a rotation
 - Assisting trainees by organizing material into logical chunks of information
 - Providing learning experiences that promotes short-term to long-term learning (provide activities that promote critical thinking skills)
 - Offering frequent feedback and opportunities for learning reinforcement

MEDICAL EDUCATORS
MUST BE AWARE THAT:

ADULTS learn differently than CHILDREN.

Individual learning styles should not be seen as an obstacle but an opportunity when designing programs.

Teaching strategies should be appropriate for the message wishing to be delivered.

Good educators are made, not born, and that our skills can be improved to the learner's benefit.

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