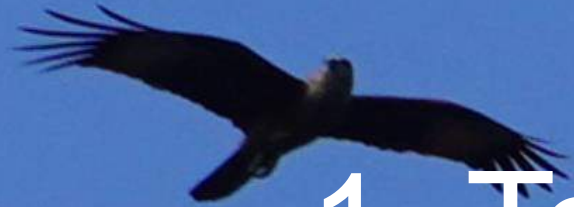


Adult Learning

SP Rao

Dean

Narayana Medical College



1. Teaching = Learning
2. Teaching < Learning
3. Teaching > Learning
4. Teaching \neq Learning
5. Teaching ; Learning

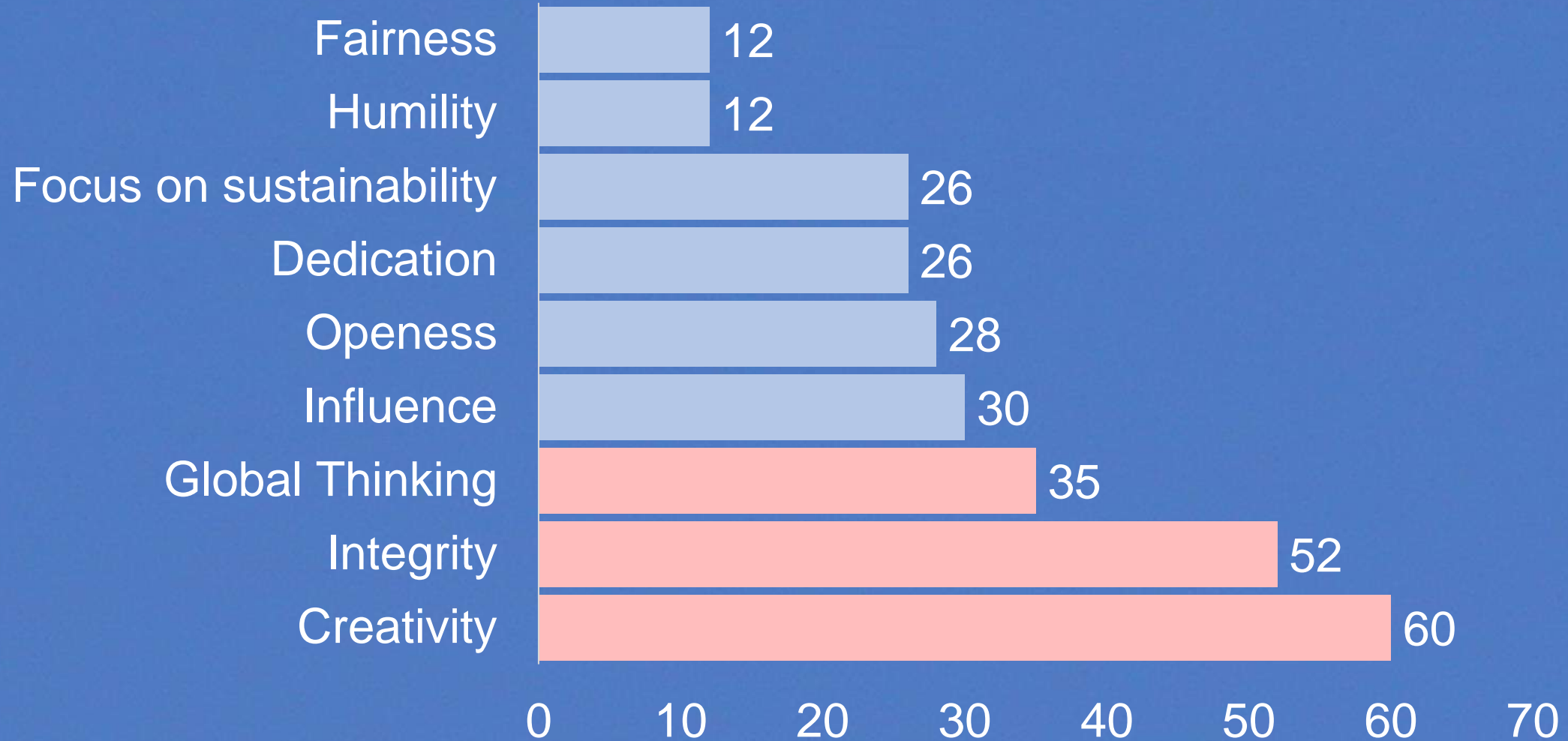


You are the lucky ones,
the chosen ones,
the overachievers





Top *Leadership* Qualities





Objective

*Help you teach more effectively,
efficiently, and for that matter, more
comfortably*



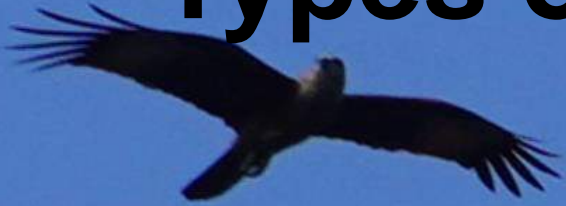
Outline

- Define teaching versus learning
- Explain the basic tenets of adult learning theory
- How learning develops among students & residents
- Specific types of case based teaching techniques



Learning is the act or process
by which
behavioral change,
knowledge, skills, and attitudes
are acquired

Types of Students



Snipper

Uninvolved. Low
esteem and
pessimistic. Hostile
often elusive.



Independent

Confident &
Untreated.
Approach the
material in calm,
objective, and often
creative ways



Compliant

Typical "good"
learners who work
hard, are task-
oriented, show little
emotional turmoil.



Anxious Dependent

Predominant type.
Dependent on
teacher. Anxious
about evaluation.
More concerned
about grades.



Silent

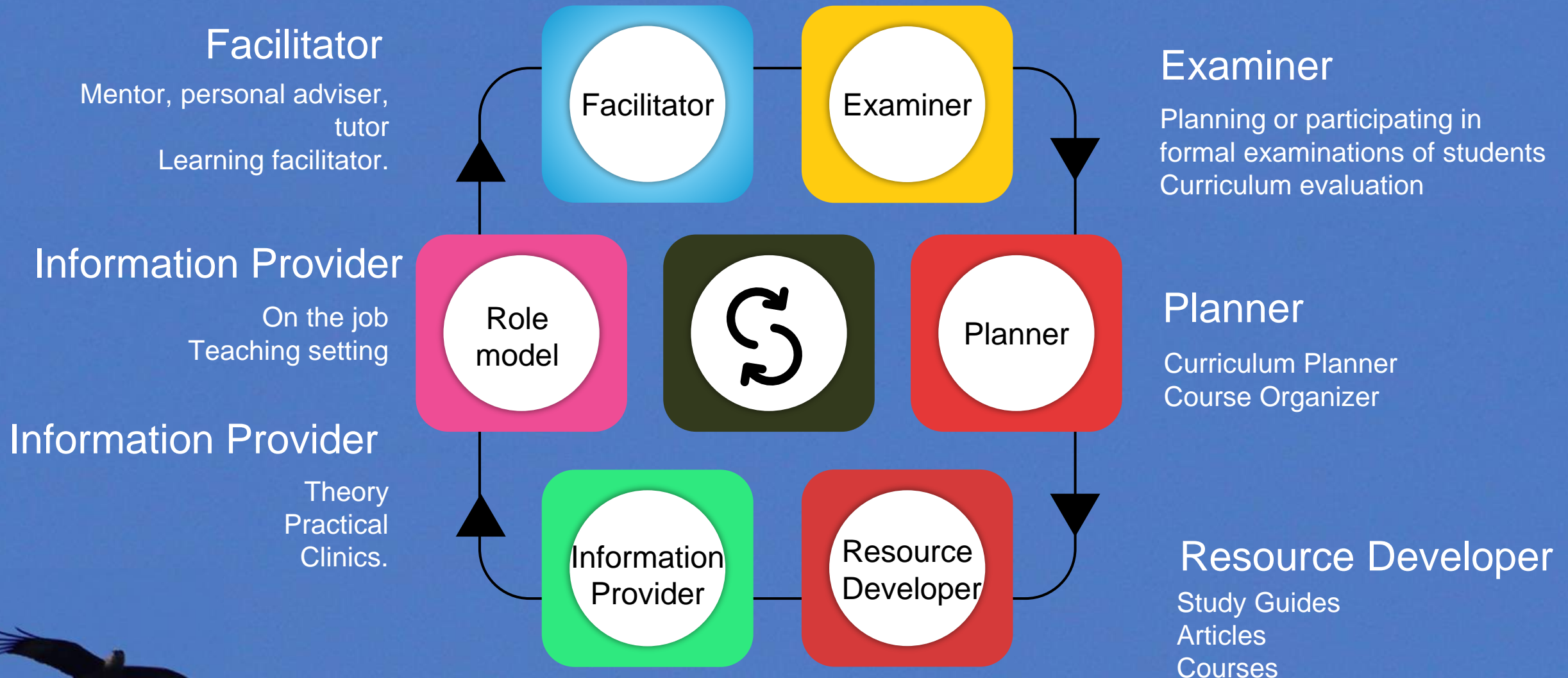
Helpless, vulnerable
but without anxiety.



You are
Talented
Elegant
Awesome
Charming
Helpful
Efficient
Receptive



Teaching: Informed, curious, compassionate, and moral physician(s)



Teaching Vs Learning

- **Medical Commission:**

- PG should acquire skill in teaching of medical/para-medical students in the subject that he/she has received his/her training.
- Be a motivated 'teacher' - defined as one keen to share knowledge and skills with a colleague or a junior or any learner

- **Health University: ?**



Quality of learning
at
Narayana Medical College



Adult Teaching

- Relate teaching to experiences
- Allow active and relevant engagement:
- Nurture a safe learning environment



Remember

- Valuing the answer over the thought process
- Placing emphasis on how we talk about patients than how we talk to patients
- Not recognizing different learning styles and different personalities can be just as effective doctors
- Treating learning as linear
- Forgetting what is common sense, and what should be taught



What the Doctor is able to do

'Doing the right thing'

1. Competence in Clinical skills
2. Competence in practical procedure
3. Competence in investigating a patient
4. Competence in patient management
5. Competence in health promotion and disease prevention
6. Competence in Communication
7. Competence in handling and retrieval of information

How the Doctor approaches their practice

'Doing the thing right'

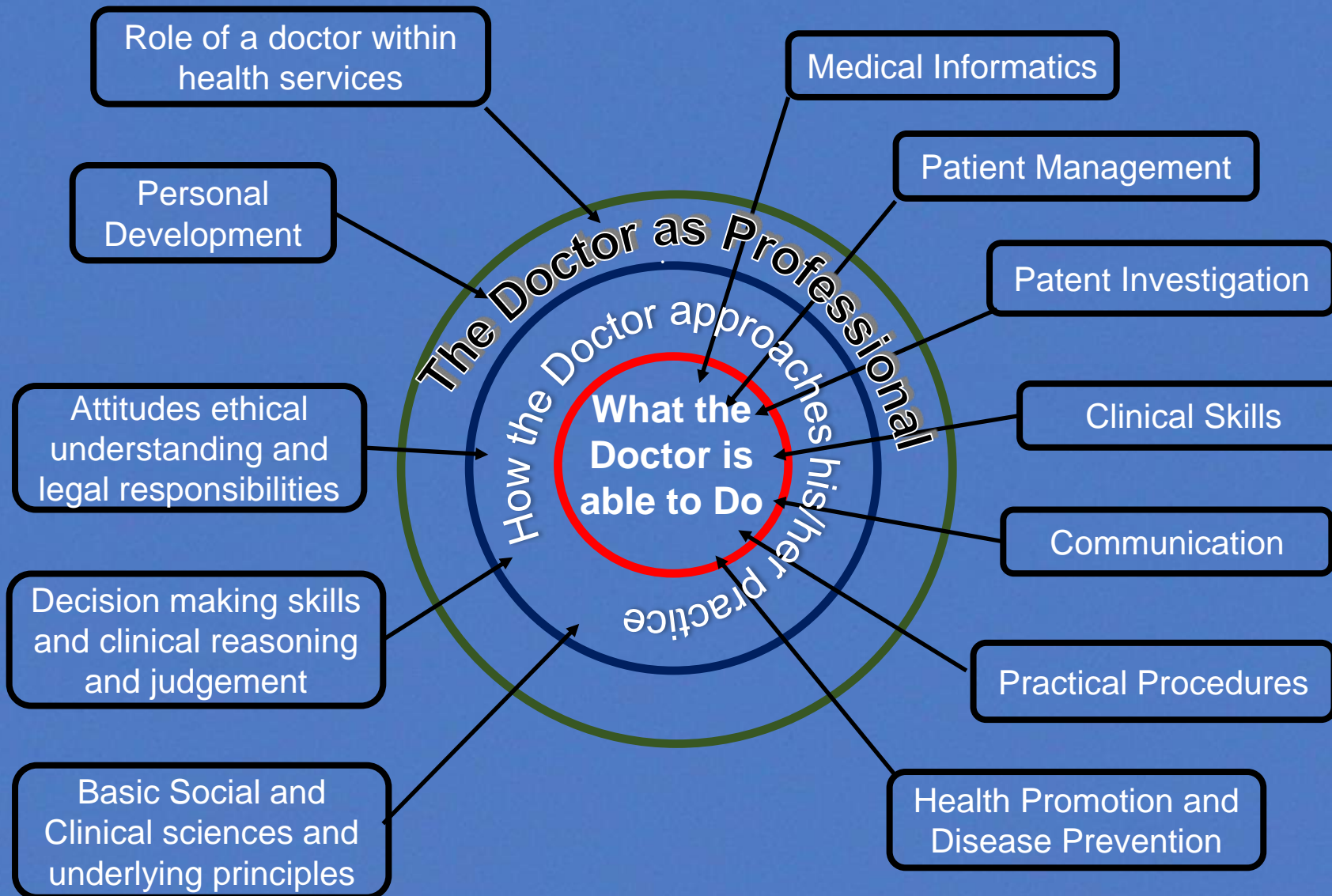
8. With understanding of basic clinical and social sciences and underlying principles
9. With appropriate attitudes, ethical stance and legal reservations
10. With appropriate decision making, clinical reasoning and judgement

The Doctor as a Professional

'The right person doing it'

11. An understanding of the doctor's role in the health service
12. An attitude of personal development and a demonstration of appropriate transferrable skills





Indian Medical Graduate: *C²L²P*



Professional
Leader & Member

Lifelong Learner

Communicator

Clinician



Children



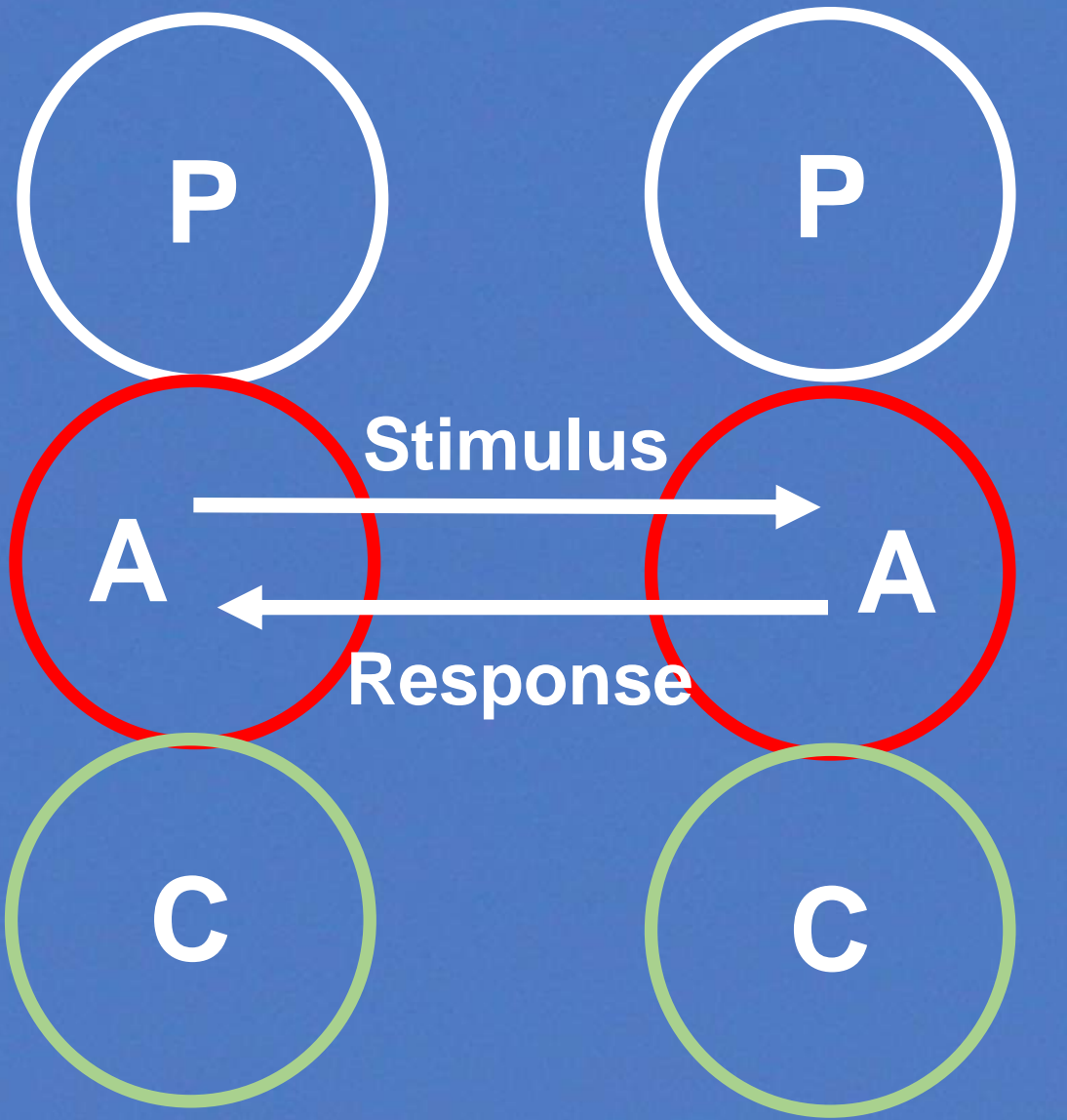
- Rely on others for direction
- No experience- clean slate
- Rote learning
- Not immediate need based
- Accept information on face value

Adults



- Aren't used to taking direction
- Have a wealth of experience
- Need specific opportunities to self-reflect and internalize
- Have preconceived notions about education, learning styles and subject matter
- Often afraid to fail

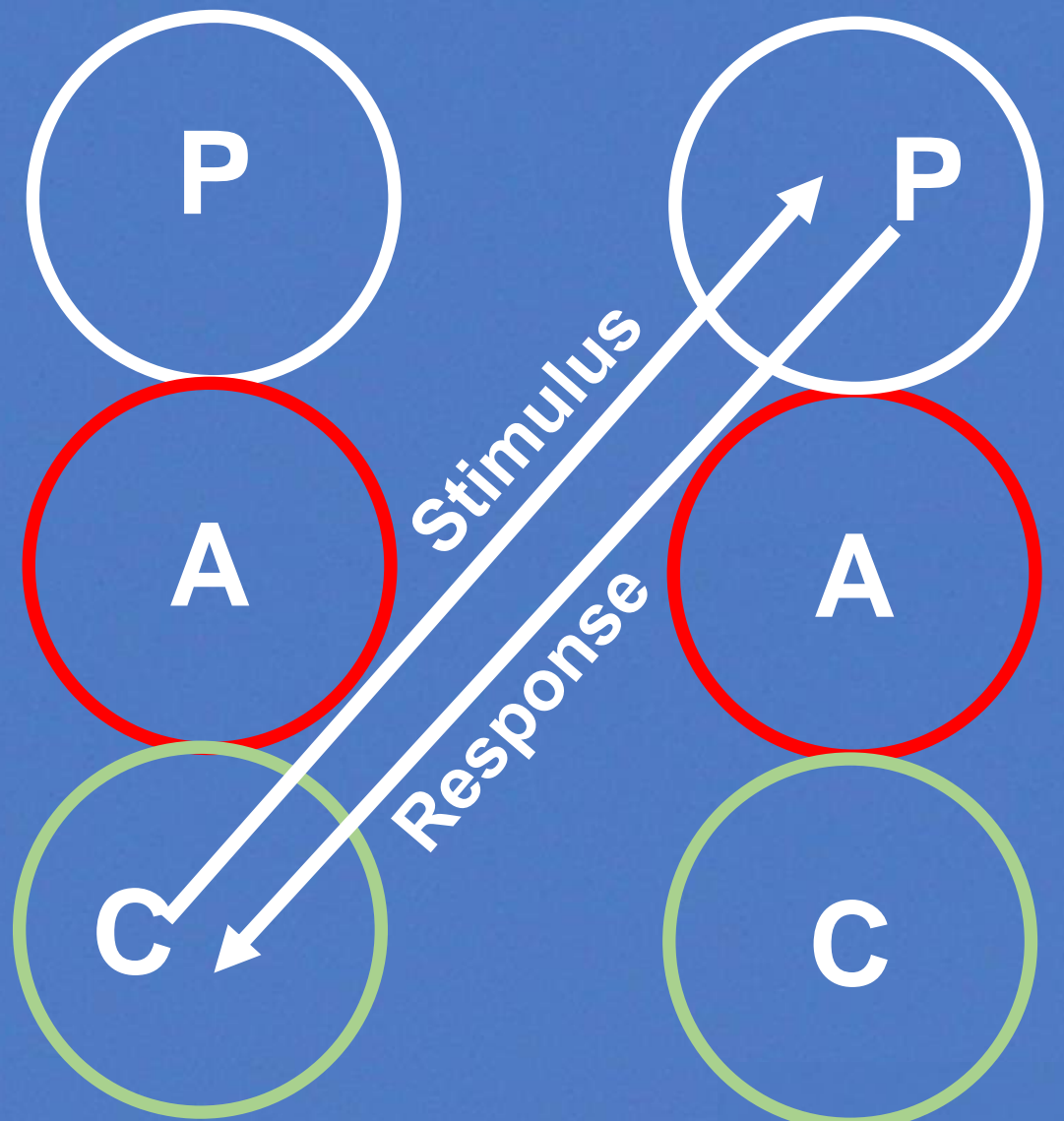




Agent

Respondent

Type I



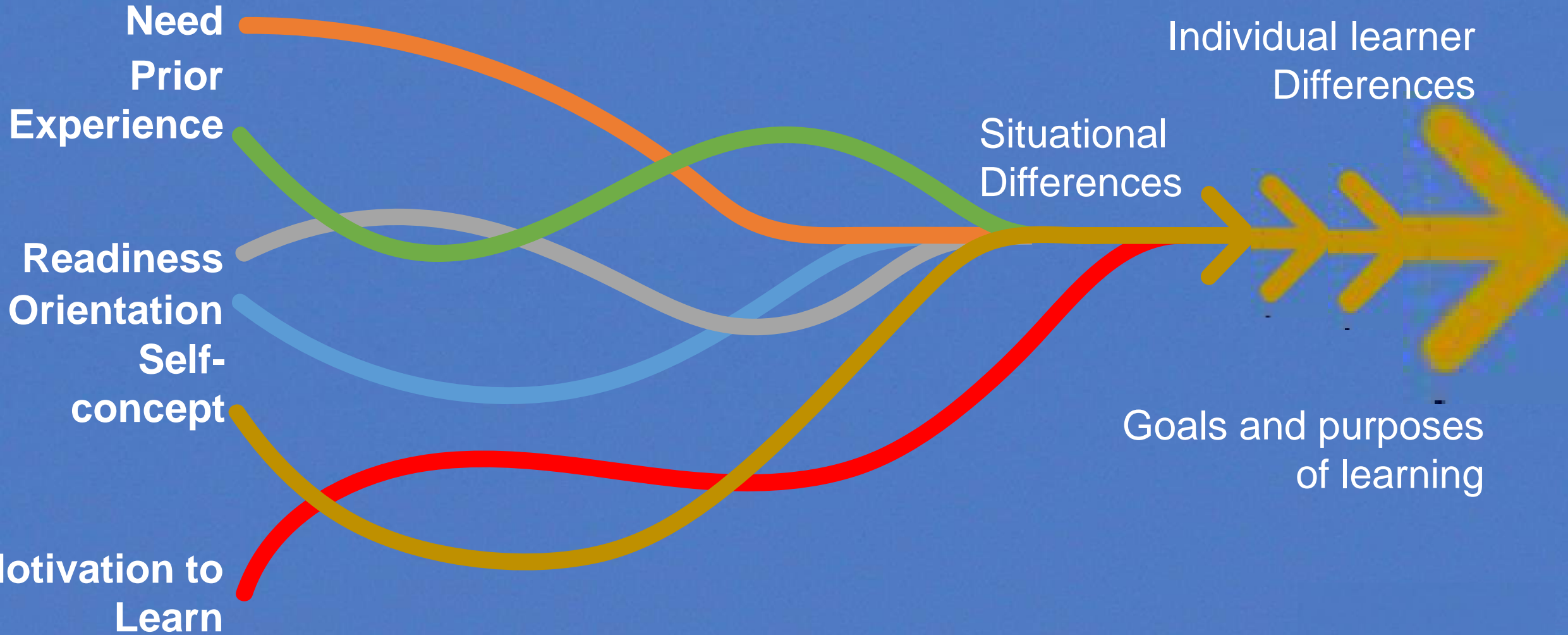
Agent

Respondent

Type II



Principles of Andragogy



Self Actualization

Desire to become the most that one can be

Esteem

Respect, self esteem, status, recognition, strength, freedom

Love and belonging

Friendship, intimacy, family, sense of connection

Safety needs

Personal security, employment, resources, health, property


Physiological needs

Air, water, food, shelter, sleep, clothing, reproduction



Behaviorist/ Connectivist

- **Elemental model**

- Discrete pieces operating in a spatio-temporal field.
- Reactive & Adaptive model
- Stimulus  Response

Cognitive/ Gestalt

- **Holistic model**

- Unitary, interactive model
- Active & Adaptive model
- Functionalist
- Purposive behaviorism

Learning Theories



Adult Learning Theories: Andragogy

- Case Method: Discussing a situation
- Socratic dialogue: Discuss a question
- Cathedral/ Monastic schools: Pedagogy
- Streams of inquiry: scientific; intuitive/ reflective



Types of Learners

Goal Oriented

Episodic learning

Passive

Learning Oriented

Avid readers

Join different classes/ groups

Select serious programs

Activity Oriented

Learning occurs only on pressure
Relationships are important

Pedagogy

Teacher Directed Learning.

01. Need to Know
Students must learn what the teacher teaches if they want to pass .

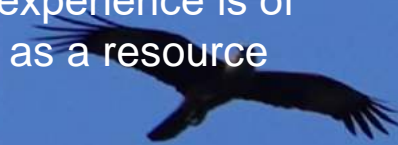
02. Learners Self-Concept
Teachers concept of learner is Dependent; Hence Learner also feels Dependent

03. Role of Experience
Learner's experience is of little worth as a resource

04. Readiness to Learn
Learners become ready to learn what the teacher tells them they must learn if they want to pass.

05. Orientation to Learning
Learners have a subject-centered orientation to learning.

06. Motivation
Learners are motivated to learn by external motivators





Types of Learning



Problem Solving

Requires the internal events usually called thinking.



Principle Learning

Principle is a chain of two or more concepts. If 'A' then 'B'



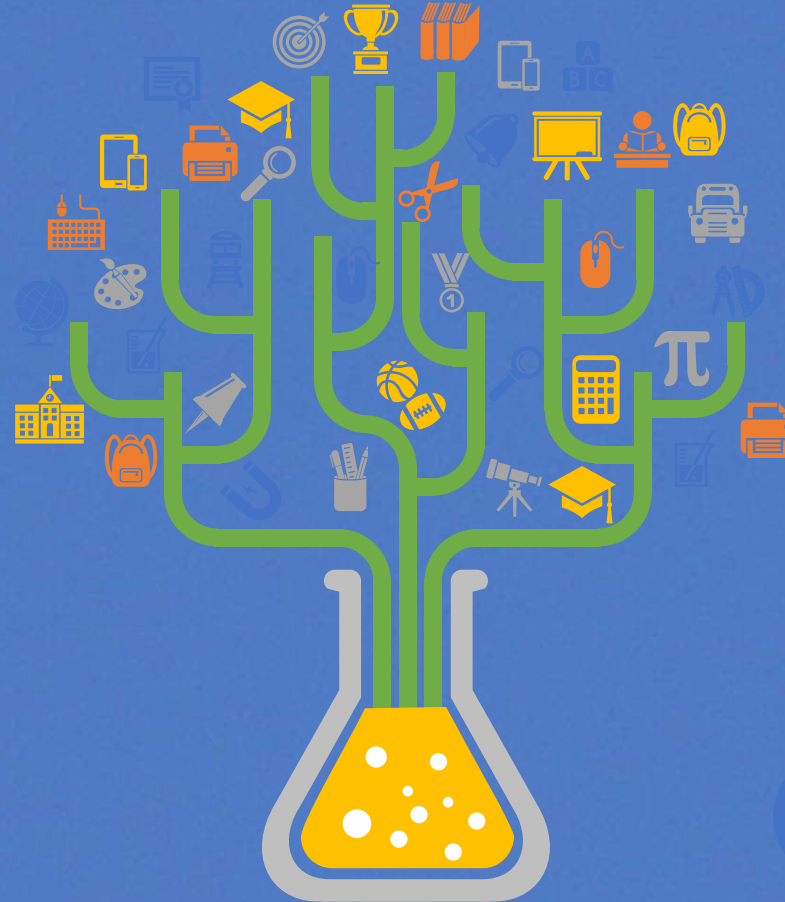
Concept Learning

Response that identifies an entire class of objects or events.



Multiple Discrimination

Different identifying responses to as many different stimuli



Signal Learning

Pavlov- learns to make a general, diffuse response to a signal



Stimulus-Response Learning

Precise response to a discriminated stimulus



Chaining

Chain of two or more stimulus-response connections..



Verbal Association

Mnemonics- repertoire of language



Functions of instructional situation

Feedback

Assess
Learning

Inducing
knowledge transfer

Guiding thinking direction

Furnishing external prompts

Providing a model for terminal performance

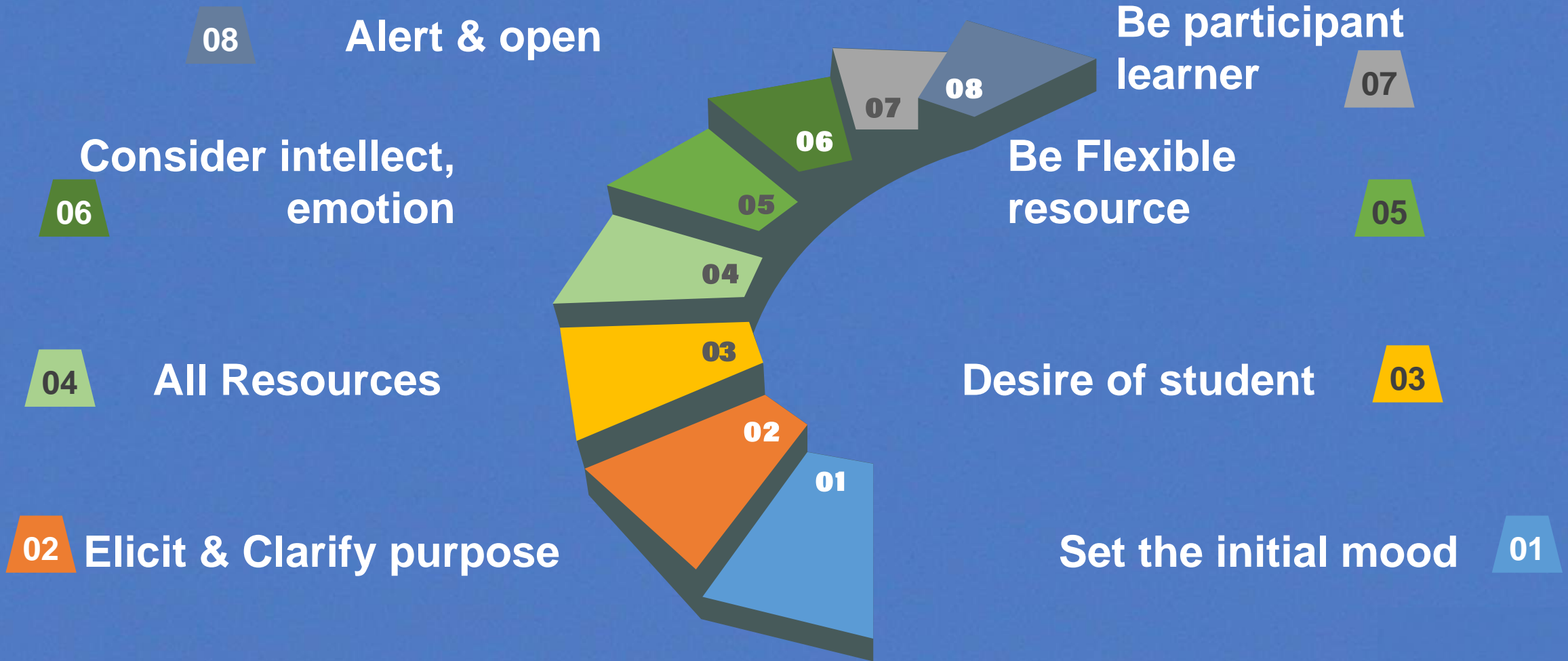
Directing attention and other learner activities

Presenting the stimulus



Guidelines for a facilitator of learning

Reward Learner



Democracy

Continuity

Experience

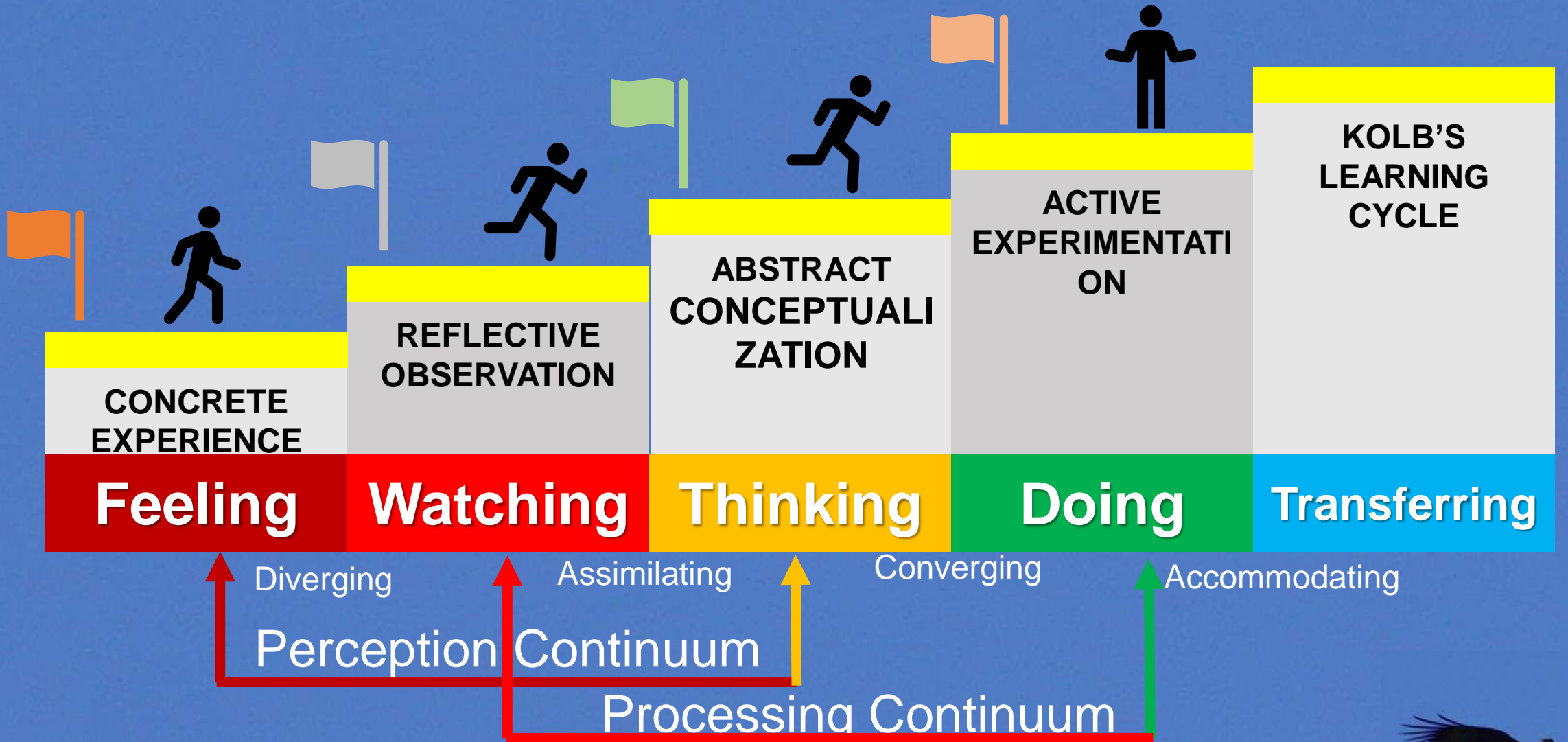
Interaction

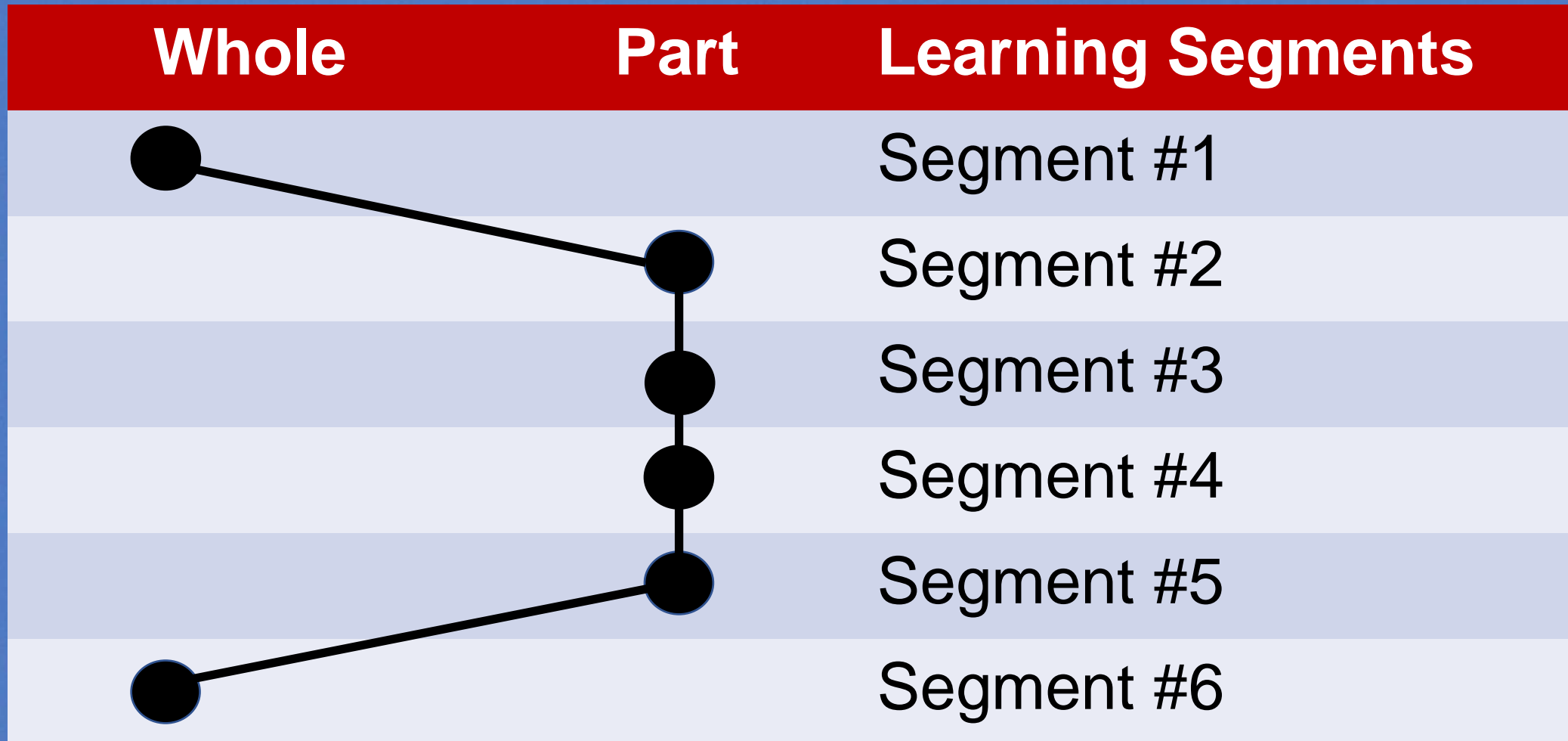
Dewey's
Concepts of
Learning



Dewey's Concepts

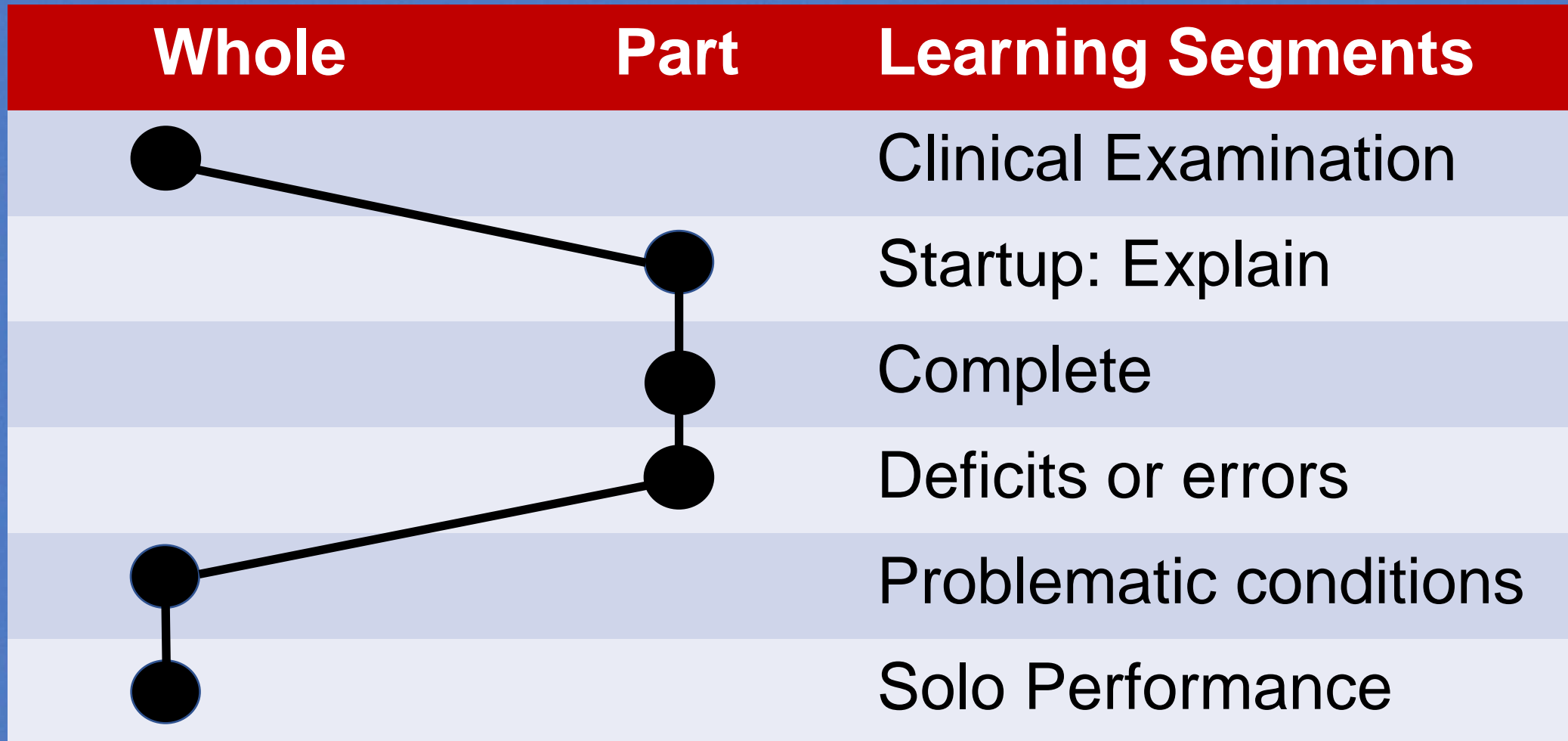






Basic Whole-Part-Whole Learning Model





Basic Clinical Examination Learning Model



- Tells a story
- Focuses on an interest-arousing issue
- Set in the past five years
- Creates empathy with the central characters
- Includes quotations. There is no better way to understand a situation and to gain empathy for the characters
- Relevant to the reader
- Must have pedagogic utility
- Conflict provoking
- Decision forcing
- Has generality
- Is short

Basic rules for case-based learning



Kathryn N. Huggett
William B. Jeffries
Editors

An Introduction to Medical Teaching

Somnath Mookherjee
Ellen M. Cosgrove *Editors*

Handbook of
Clinical Teaching

Innovation and Change in Professional Educa

Olle ten Cate
Eugène J.F.M. Custers
Steven J. Durning *Editors*

Principles and Practice of Case- based Clinical Reasoning Education

A Method for Preclinical Studen



THE ADULT LEARNER, Sixth Edition

*MALCOLM S. KNOWLES,
ELWOOD F. HOLTON III,
RICHARD A. SWANSON*

ELSEVIER





Accordion Process – Slide Template

Lorem Ipsum

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Lorem Ipsum

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Need to Know



Learner's self Concept



Role of Experience



Readiness to Learn



LOREM IPSUM



Lorem Ipsum

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Lorem Ipsum

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