

AETC Webinar

Using Adult Learning Principles to Create Effective Training

Erik Black, PhD, MPH
Associate Professor of Pediatrics and Education
University of Florida

Disclosures

Dr. Black is funded by the Southeastern AIDS Education and Training Programs (HRSA-19-035) and the Association of American Medical Colleges.



Today's Learning Objectives

Upon completion of this presentation, participants will be able to:

- Describe the key principles of adult learning.
- 2. Reflect on how you like to learn today.
- 3. Reflect on the manner in which you currently deliver instruction today.
- 4. Describe how adult learning could be incorporated into your instructional materials.
- 5. Hypothesize about the impact that incorporating adult learning may have on your typical audience.



Agenda

- 1. Introduction to Adult Learning
- 2. Promoters and Barriers to Adult Learning
- 3. Simple Instructional Design
- 4. Example
- 5. Questions



Poll question

What is your present knowledge about adult learning theory, instructional and evaluation methods?

- Novice (no to incomplete understanding)
- Advanced Beginner (working understanding)
- Competent (good working understanding, independently employs adult learning)
- Proficient (deep understanding and experience)
- Expert (authoritative understanding, incorporates methods intuitively, creates new knowledge)



Adult Learning (Knowles, 1975;1984;1984)

- 1. Adults have a need to know why they should learn something.
- 2. Adults have a deep need to be **self-directing**.
- 3. Adults have a greater volume and different quality of **experience** than youth.
- 4. Adults become ready to learn when they experience in their life situations a **need to know** or be able to do in order to perform more effectively and satisfyingly.
- 5. Adults enter into a learning experience with a <u>task-centered</u> (or <u>problem-centered</u> or <u>life-centered</u>) orientation to learning.
- 6. Adults are motivated to learn by both extrinsic and intrinsic motivators.

Poll question

At what age do you consider an individual an adult?

- **18**
- **2**1
- **30**
- **35**
- **36+**



What is an adult?

Biological: One who has reached full sexual maturity.

Legally:

One who has attained the ago of majority, regarded as independent, self-sufficient, responsible.

Biopsychosocial:

Adulthood is a culturally mediated social construct.

- Completion of education?
- Marriage?
- Parenthood?
- No longer on parent/guardian's health insurance?



Subjective markers of adulthood (Arnett & Tanner, 2006; Arnett, 2007).

- 1. Gaining a sense of responsibility for self.
- 2. Independent decision-making.
- 3. Financial independence.

Saint-Exupéry, A., Woods, K. (1943). The Little Prince.



I showed my masterpiece to the grown-ups and asked them if my drawing frightened them.

They answered: 'Why should anyone be frightened by a hat?' My drawing did not represent a hat. It was supposed to be a boa constrictor digesting an elephant. So I made another drawing of the inside of the boa constrictor to enable the grown-ups to understand. They always need explanations. My drawing No. 2 looked like this:



Adult learning promotors

1. Trainer credibility

- Expertise (doesn't always mean post-nominal letters)
- Experience (specific to audience)
- Conviction

2. Authenticity

- Words match actions
- Apriori disclosure of expectations and criteria
- Personhood (authentic autobiographical examples)
- Responsive/adaptive to learner concerns
- Willing to admit error/fault

3. Space/Time/Place

- Room design/materials that encourage collaboration
- Time for collaboration
- Informal and formal places for collaboration



IUPULLE 104: https://www.youtube.com/watch?v=0tMc0JY0978



Adult learning inhibitors

- A lack of knowledge about audience (e.g. motivating factors)
- Failing to recognize audience expertise
- Rigidity
- Not facilitating dialogue
- Positioning the instructor as 'all knowing'



Szilas, C. (2018). TBL: https://teche.mq.edu.au/2018/04/wtf-is-tbl/



Adult learning theory in practice

- 1. Interactive instruction: Group discussions, role playing, case studies
- 2. Individualization: Individualization, guided self-direction
- 3. Experiential learning: Job embedded training
- 4. Learner creation: CarverPedia (Uiowa), open textbooks
- 5. Question banks: Quizlet CPH, USMLE Question Banks
- Just in time learning: Khan Academy, Linkedin Learning, StatsQuest

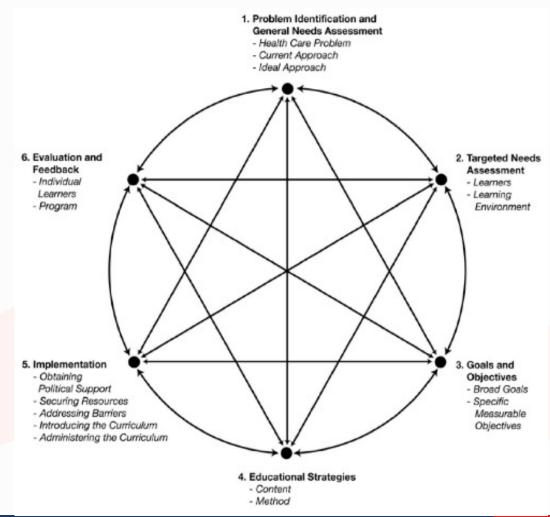


Instructional design: Kern's six step model

Instructional design methods are simple, so simple, we often leave out steps.

- Problem identification & needs assessment
- 2. Targeted needs assessment
- 3. Goals & objectives
- 4. Educational strategies
- 5. Implementation
- 6. Evaluation & feedback
- 7. Repeat

Tariq M, Shamim M, Subhan A, , et al. 2017, 'Re-structuring a University Hospital's Internship Program Using Kern's Six-Step Model of Instructional Design', *MedEdPublish*, 6, [1], 38, https://doi.org/10.15694/mep.2017.000038





Needs assessments (poll)

Do all pediatric residents in North Central Florida need to receive instruction about the congenital transmission of Chagas disease?

- Yes
- No
- Maybe



Example of a non-radical redesign to promote engagement using adult learning

•	8:00- 8:30
•	8:30-8:45
•	8:45-9:30
٠	9:30-10:30
	10:30-10:45
•	10:45-11:45
•	11:45-12:00
•	12:00-12:30
-	12:30-1:30
	Lab
•	1:30-1:45
•	1:45-3:00
	in the

3:00-4:00

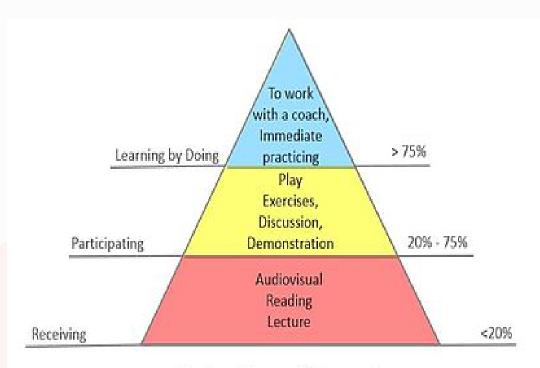
•	8:00- 8:30	Registration – just in time brief knowledge assessment – Attendee assignment to tables
•	8:30-8:45	Welcome
•	8:45-9:00	Icebreaker within small groups (<9)
•	9:30-10:30	State Epidemiology of TB – 40 slides
•	10:30-10:45	Break
•	10:45-11:45	Latent TB 101 with Treatment Case-Based Discussion – 30 slides
•	11:45-12:15	Lunch - Muddiest point assessment
•	12:15-1:15	Active TB 101 with Treatment Case-Based Discussion – 30 slides
•	1:15-1:45	Panel Q & A
•	1:45-2:45	Overview of TB Testing/ TB Lab 101/Molecular Diagnosis – 63 slides
•	2:45-2:55	Break
•	2:55-3:25	Case-Based Discussion/ Managing TB in the Community
•	3:25-3:45	Extrapulmonary TB – 20- slides
•	3:45-4:00 evaluation,	Just in time brief knowledge assessment, concluding remarks



Eliminate slides? Just in time vs. Just in

case

- 1. What are the goals and objectives of the training?
 - a. If a presentation does not promote one or more goals/objectives, why is it there?
 - b. How much can we realistically expect learners to retain in one day?
- 2. What are the goals and objectives of the presentation?
 - a. If a slide does not promote one or more goals/objectives, why is it there?
 - b. Introductory materials *should* be able to be broken down into 3-4 main ideas.

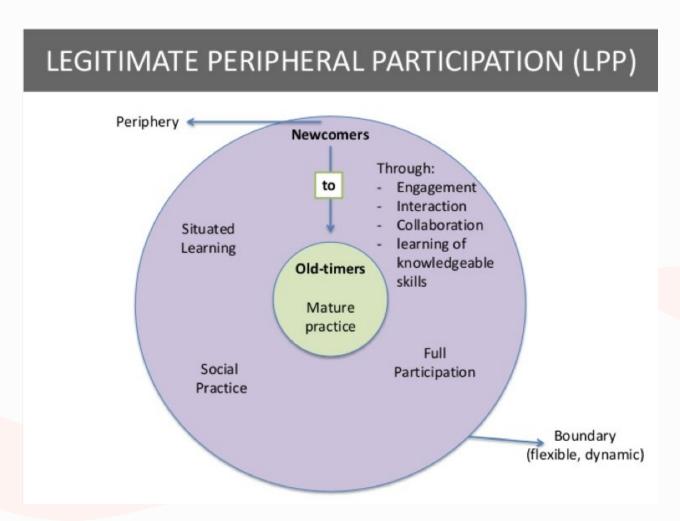


Retention of Learning

Kolechorov @ 2015



Why Icebreakers? This isn't summer camp.



Gagne – Effective instruction

- 1. Gain attention
- 2. Inform learners of objectives
- 3. Stimulate recall of prior learning
- 4. Present the content
- 5. Provide "learning guidance"
- 6. Elicit performance (practice)
- 7. Provide feedback
- 8. Assess performance
- 9. Enhance retention and transfer to the job



Where's the data on effectiveness?

Dunst, Trivette & Hamby's 2010 Meta-analysis included 58 RCTs (N=2095 interventions, N=2213 controls):

Adult methods produced more positive outcomes (attitudinal, cognitive, behavioral, self-efficacy, mastery) than traditional instructional methods.

Incorporating more adult learning principles increases learning outcomes.

More data...

Comings, J. P., Beder, H., Bingman, B., Reder, S., & Smith, C. (2003). *Establishing an evidence-based adult education system*. National Center for the Study of Adult Learning and Literacy, Harvard Graduate School of Education.

Losco, C. D., Grant, W. D., Armson, A., Meyer, A. J., & Walker, B. F. (2017). Effective methods of teaching and learning in anatomy as a basic science: A BEME systematic review: BEME guide no. 44. *Medical teacher*, 39(3), 234-243.

McCall, R.C., Padron, K., Andrews, C. (2018). Evidence-based instructional strategies foradult learners: a review of the literature. Codex (2150-086X), 4(4), 29-47.

Merriam, S. B., Caffarella, R. S., & Baumgartner, L. M. (2006). *Learning in adulthood: A comprehensive guide*. John Wiley & Sons.

Rüber, I. E., Rees, S. L., & Schmidt-Hertha, B. (2018). Lifelong learning–lifelong returns? A new theoretical framework for the analysis of civic returns on adult learning. *International Review of Education*, 64(5), 543-562.

Rutherford-Hemming, T. (2012). Simulation methodology in nursing education and adult learning theory. *Adult Learning*, 23(3), 129-137.

Sawyer, T., White, M., Zaveri, P., Chang, T., Ades, A., French, H., ... & Kessler, D. (2015). Learn, see, practice, prove, do, maintain: an evidence-based pedagogical framework for procedural skill training in medicine. *Academic Medicine*, 90(8), 1025-1033.

Spencer, J. A., & Jordan, R. K. (1999). Learner centred approaches in medical education. BMJ, 318(7193), 1280-1283.

Taylor, D. C., & Hamdy, H. (2013). Adult learning theories: Implications for learning and teaching in medical education: AMEE Guide No. 83. *Medical teacher*, 35(11), e1561-e1572.



Summary

Adult learning: Why, self-direction, experience, need to know,

task/problem/life-centered, motivation.

Adulthood: A cultural construct. Know your audience.

Accelerators: Trainer credibility, authenticity, space/time/place

Inhibitors: Lack of audience knowledge, not recognizing

audience expertise, instructor rigidity, not

facilitating dialogue, instructor as 'all knowing'



Summary Continued

Instructional design: A recipe for successful outcomes.

Needs assessments: Often overlooked, very necessary

Curriculum redesign: Recursive process

Goals and objectives: Must align with materials and assessment

Why: Better outcomes



Questions & Answers

Contact information: ewblack@ufl.edu

