

# **Learning Dynamics**

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# The Adult Learning Process

Adult learners want:

- To help set the learning objectives
- To use what they learn right away
- To problem solve, not just learn facts
- Feedback, so they can evaluate their own progress

# Adult Learning Process

Help set the

learning objectives



**Collaborative**

Use what

they learn right away



**Clinically relevant**

Problem solve



**Practical**

Includes feedback



**Encourages self-  
assessment**

# Case

- Your intern admitted a patient with pneumonia and symptoms of heroin withdrawal. She did a very cursory workup, and did not treat the patient's withdrawal symptoms at all. When you question her, she says : "What's the point? She is just going to leave AMA anyway. I don't have time for this."

You point out the importance of managing withdrawal symptoms in an acutely ill patient and offer to review the management of heroin withdrawal with her.

Your intern rolls her eyes.

What is the diagnosis?

# **The Reluctant Learner**

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- **Definition:**
  - A learner who appears not to be eager, willing and ready to learn what you want to teach



- **Examples of reluctant learners...**

- **Examples of reluctant learners...**
  - The Know It All
  - The Minimizer
  - Passive-Aggressive
  - The Lazy Learner
  - Excuses, excuses...
  - Not my job!
  - Disinterested/Bored
  - The Head Bobber

**Why the “reluctance”?**

# The Reluctant Learner

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You don't "treat" a  
reluctant learner by  
becoming a reluctant  
teacher

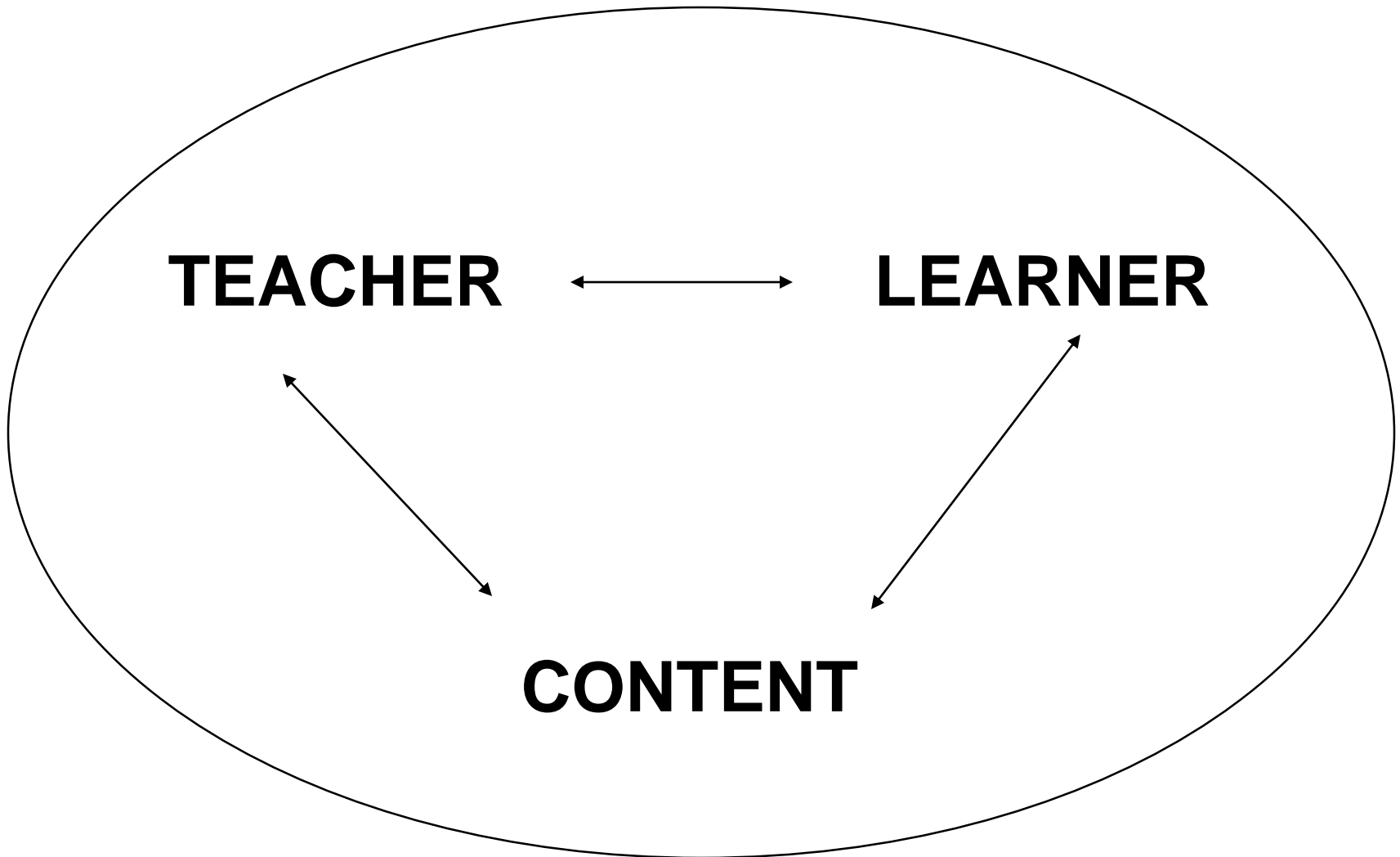
Approach the reluctant learner as you would a challenging “clinical case”



# **Steps to Manage Learner Reluctance:**

- Diagnose the Problem
- Treat the Problem
- Get a Consult

# The Learning Process



# 1- Diagnose the Problem:

- Diagnose the Learner:

**“ASK”**

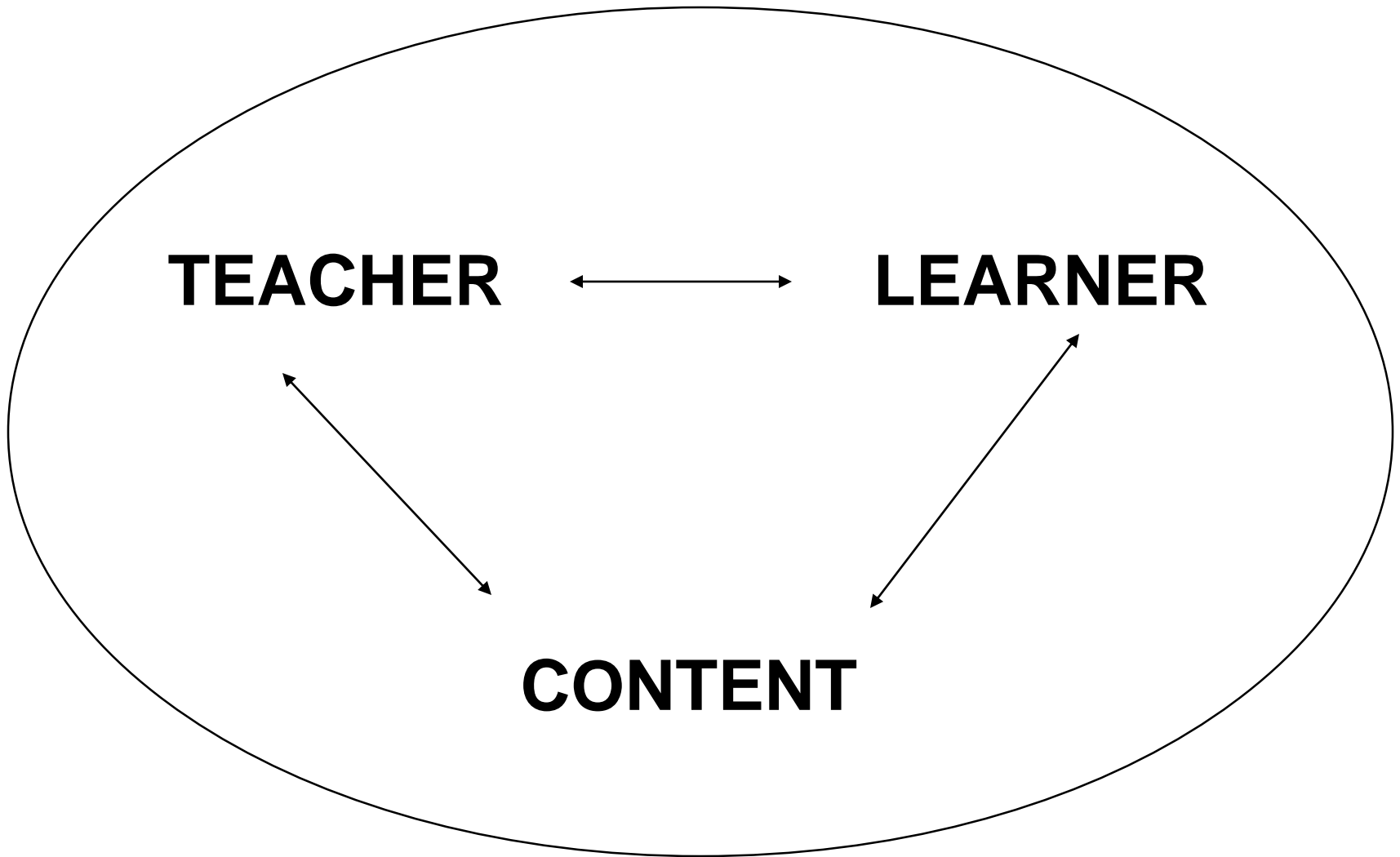
# ASK - Does the learner:

- Have a problem with **Attitude?**
  - judgmental
  - “bleeding heart” who can’t set limits
- Lack **Skill?**
  - unable to put knowledge to practical use
  - uncomfortable asking the questions
- Lack **Knowledge?**
  - clinical relevance of material
  - missing some “background information”

# **“Find the Lesion” for Educators:**

<b>Example:</b>	<b>Learner</b>
<b>Appears Bored</b>	Post-call Just reviewed this with the CR Distracted with-sick pt Distracted by “Life”
<b>Know it All</b>	Does not grasp what is truly relevant Afraid to admit deficiency

# The Learning Process



# “Find the Lesion” for Educators:

Example:	Teacher	Learner	Content
<b>Appears Bored</b>	Too longwinded  Flat delivery	Post-call Just reviewed Distracted with sick patient Distracted by “Life”	Clinical relevance not clear  Background knowledge missing
<b>Know it All</b>	Intimidating  Tentative	Does not grasp what is truly relevant  Afraid to admit deficiency	Too basic

# Diagnosis and Treatment Options:

- **PROBLEM:** \_\_\_\_\_

•Possible Dx	•Possible Rx



# Diagnosis and Treatment Options:

- **PROBLEM:** Minimizer

•Possible Dx	•Possible Rx
Misunderstanding of addiction as real illness/science	Review science, compare stats
Lacks skill to obtain adequate history	Teach the skill

# Diagnosis and Treatment Options:

- **PROBLEM:** \_\_\_\_\_

•Possible Dx	•Possible Rx

## **2- Treat the Problem: “The Therapeutic Trial”**

## **STEP 2 – Treat the Problem: “The Therapeutic Trial”**

- It usually takes more than one try
- Keep the focus on the behavior
- Keep your goal realistic

# Therapeutic Trial

- How to start?

# Principles of Motivational Interviewing (MI)

- Engage (to **connect**)(empathy, affirmation)
- Focus (**prioritize**/agree on topic)
- Evoke (**discrepancy** and change talk)
- Plan

# **Motivational Interviewing**

**MI= Motivating Interns**

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- **(Engage)** Connect— You are on their side
- **(Focus)** Prioritize- What needs addressing? Pick ONE THING
- **(Evoke)** Discrepancy- Intended vs observed
- **Plan-** Doable, acceptable



# Try this-

- **(Focus)** Prioritize- What needs addressing? How do you pick ONE THING
- **(Evoke)** Discrepancy- Intended vs observed
  - Use your Reflective Listening Skills

# Diagnosis and Treatment Options:

- **PROBLEM:** \_\_\_\_\_

•Possible Dx	•Possible Rx

# Preventive Medicine...

- **Before you go into the room (PRIMING)**
  - “What do you think you’ll find challenging?”
  - “What do you want to accomplish in the room?”
  - “Any skills you might use to do that?”
- **In the room**
  - “May I add something?”
- **After you walk out**
  - “How well do YOU think YOU did at X?”
  - “What went well?”
  - “What would you like to do differently next time?”
  - “May I tell you what I saw?”

## **STEP 3 – Get a Consult:**

- Other colleagues, Co-CR**
- Program Director**
- Clerkship Director**

# “Stages of Change” for the Reluctant Learner

**Pre-contemplation**

“I already know all I need to”



**Contemplation**

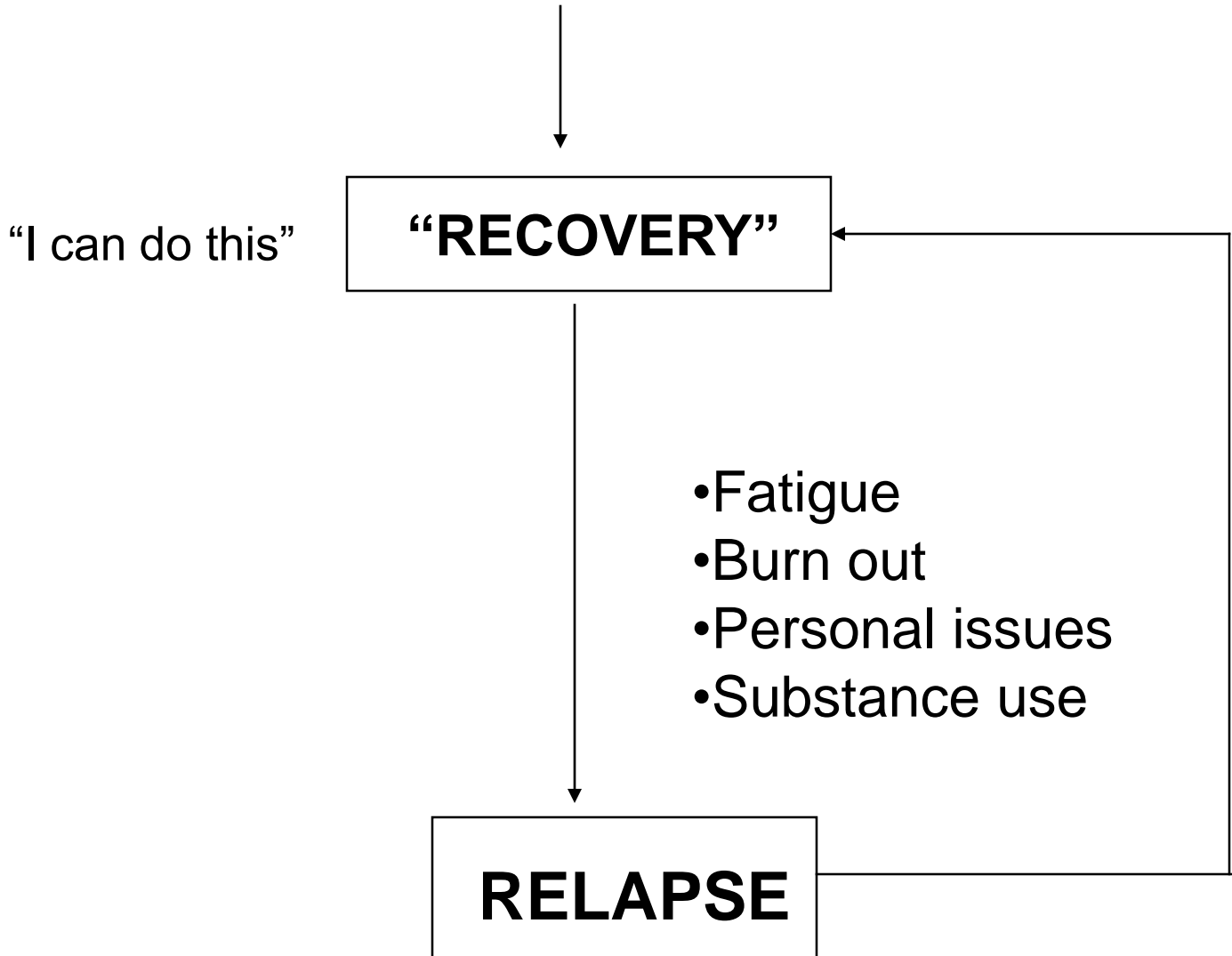
“There may be a better way, but I am doing fine”



**Determination**

“There are some skills that I can learn”  
“Mastering these skills will make me a better doctor”





# Take Home Points:

- “Reluctance is in the eye of the beholder”
- The same systematic approach and the same skills that work with challenging patients, work with challenging (reluctant) learners

# Pivot to teaching formats

- Lectures/Large Group
- One on One
- Zoom sessions
- **Small Groups**

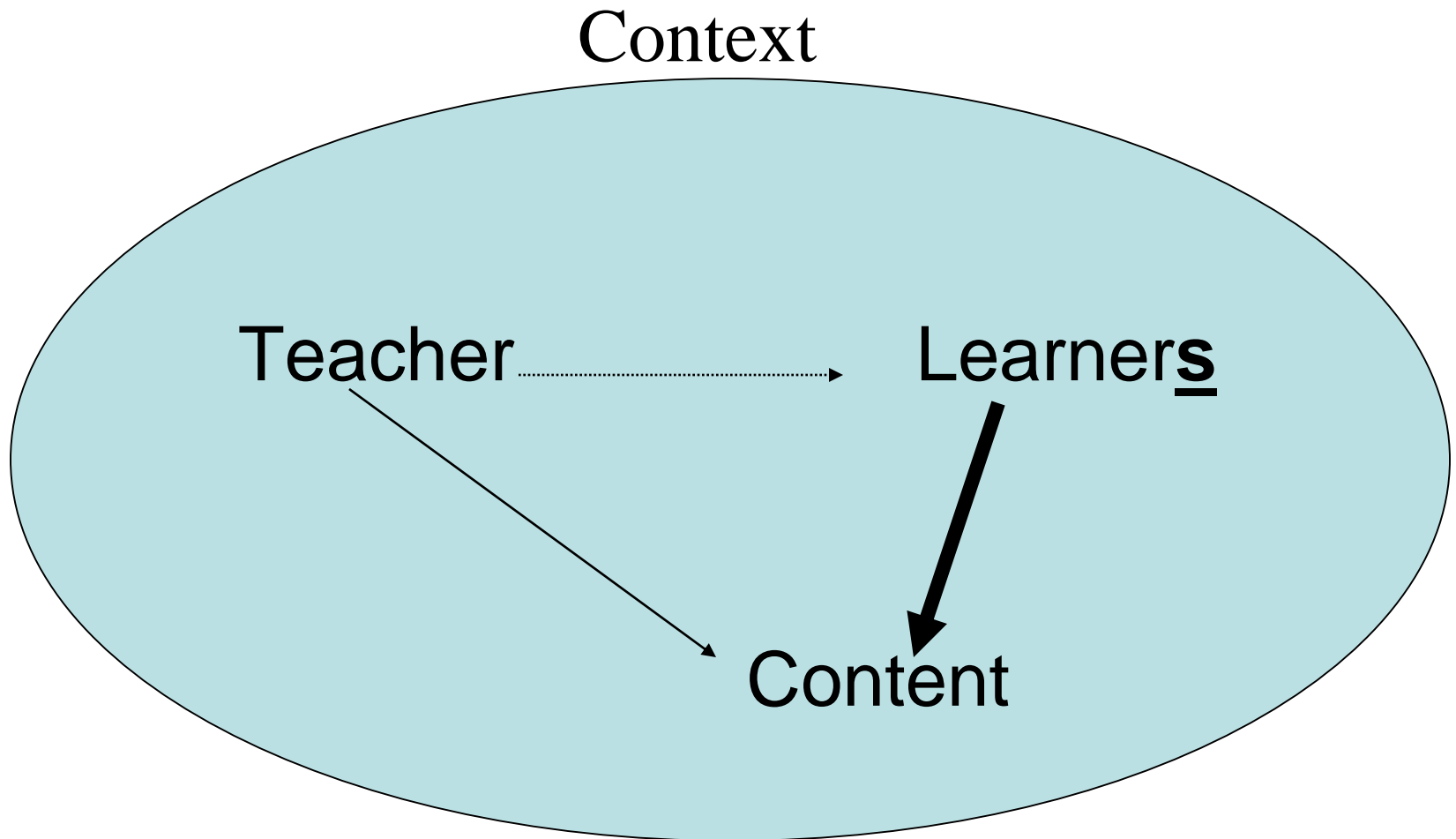


# **Learning in Small Groups**

# Small Groups

- Origin: 1700s German research seminars and 1800s Oxford tutorials
- Defined by DIALOGUE and COLLABORATION= Student engagement

# Small Group Dynamics:



# Small Group Learning:

- Promotes higher level of reflective thinking, problem solving, concept application, attitudinal change
- Collaborative, based on interaction
  - Between learners
  - Between teacher and learner
  - Between existing and new information

# **Small Group Learning**

**Shared responsibility for  
the learning process**

# Small Group Learning

Shared responsibility for the learning process

**Defined by the *process***

# Small Group: Role of the Teacher

- **Coordinate** as much as Communicate
- **Facilitate**, rather than direct
- “**Scaffolding**” around which the learner organizes new information
- **Inspire** rather than inform

# **Small Group Opportunities:**

- Assess the learner's needs and learning agenda
- Observe learner's reasoning skills
- Encourage self-assessment (metacognition)



# Small Group Opportunities:

- Highlight misconceptions and individual knowledge gaps - *unlearning*
- Model good question development
- Provide immediate feedback

# **Small Group Learning: Preparation**

Just show up and start a  
conversation?



"And so you just threw everything together? ... Mathews, a posse is something you have to *organize*."

# **Small Group Teaching: Planning the Session**

Before you start...

**Who?**

**What?**

**How?**

# Small Group Teaching: Planning the Session

- **Who** are your learners?
  - Motivation level?
  - Background knowledge?
  - What do they want to learn?

# Small Group Teaching: Planning the Session

- What do you want to accomplish in the session?
  - “Need to know” vs “Nice to know”
  - What three points should they walk away with?

# Small Group Teaching: Planning the Session

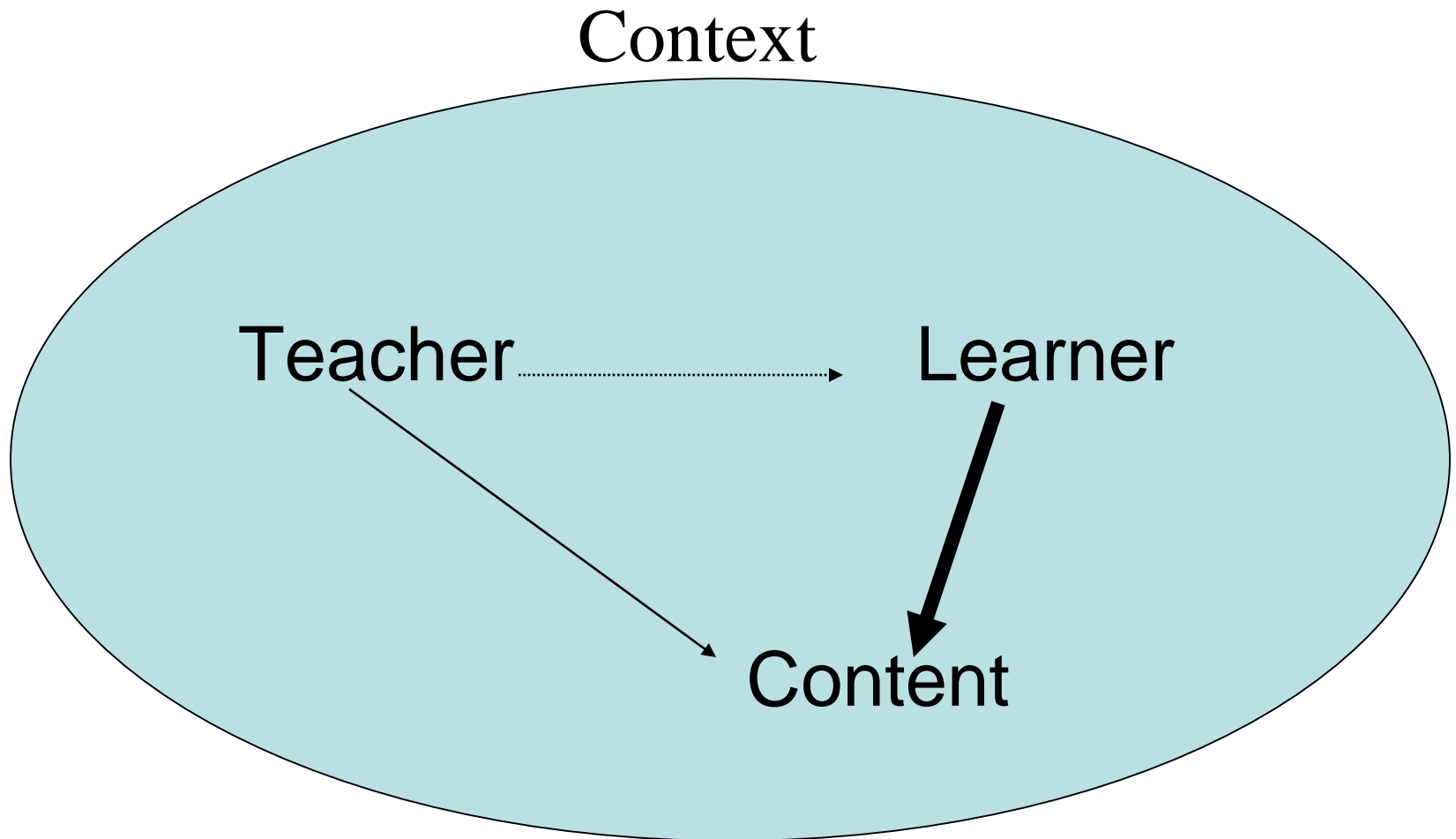
- **How** will you meet your teaching goals?
  - Techniques to use
  - Keep them involved
- **How** will you know that they are learning?

## **Small Group Session Work Sheet:**

- **Who** are your learners?
- **What** do you want to accomplish in the session?
- **What** is challenges do you anticipate?
- **How** will you meet your teaching goals?
- **How** will you know that they are learning?



# Small Group Teaching:



# Small Groups: Your Role

- prepare the general plan for the session
- set the tone for the session
- pay attention to the environment
- encourage participation
- keep the discussion on track
- time management
- help the learners prepare

# Small Groups: Their Role

- The GOOGLER
  - The Note Taker
  - The Time Keeper
- 
- Come prepared- pre-reading, case review, define questions, hot topics

# **Adult Learning Process**

- **Collaborative**
- **Clinically relevant**
- **Practical**
- **Encourages self-assessment**

# **Small Group Teaching: Running the Session**

## **Tips and Techniques**

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- Know their names- and use them
- Learners should talk to each other
- **Count to 10**



# **Small Group Teaching: Running the Session**

## **Tips and Techniques:**

- Know their names- and use them
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- **The “Coffee Cup Technique”**

# **Small Group Teaching: Running the Session**

## **Tips and Techniques:**

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- **3 x 5 cards**

# **Small Group Teaching: Running the Session**

## **Tips and Techniques:**

- Know their names- and use them
- Learners should talk to each other
- Count to 10
- The “Coffee Cup Technique”
- 3 x 5 cards
- **Use summary statements for key points**

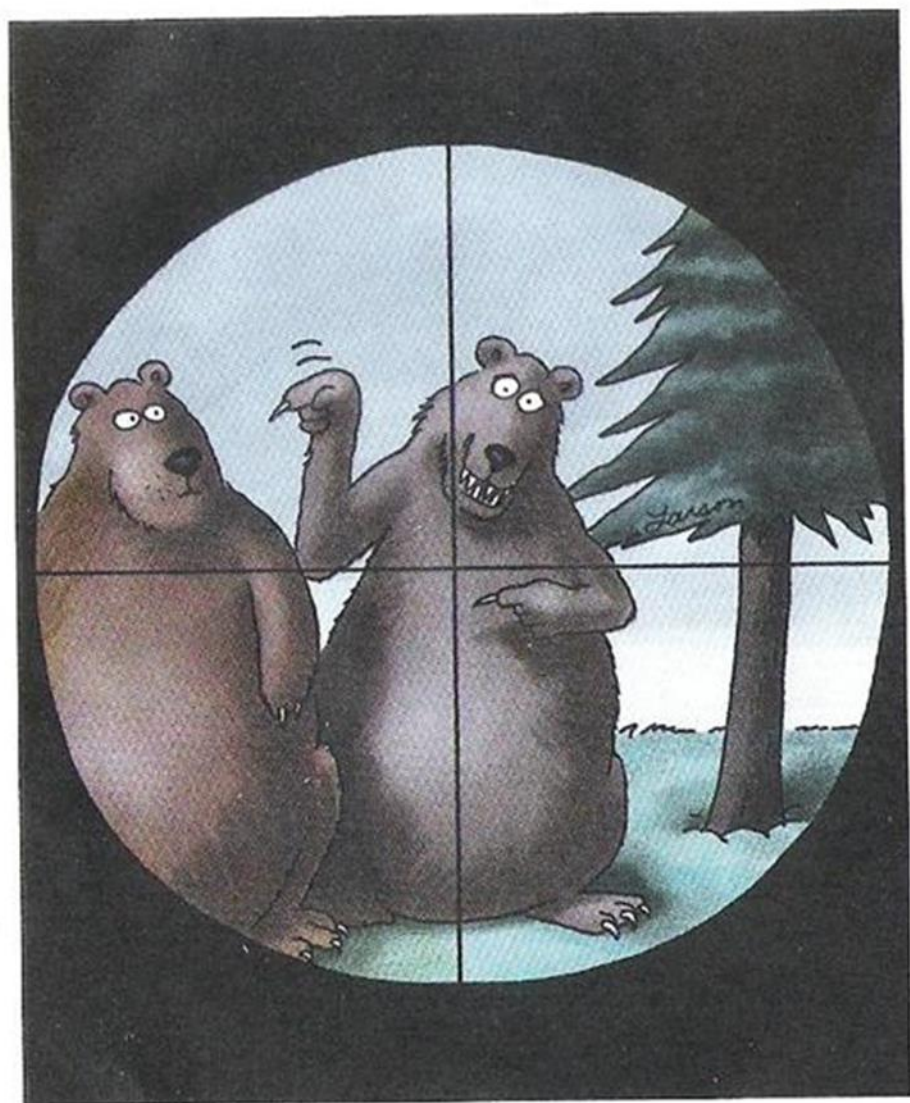
# **Small Group Learning: Running the Session**

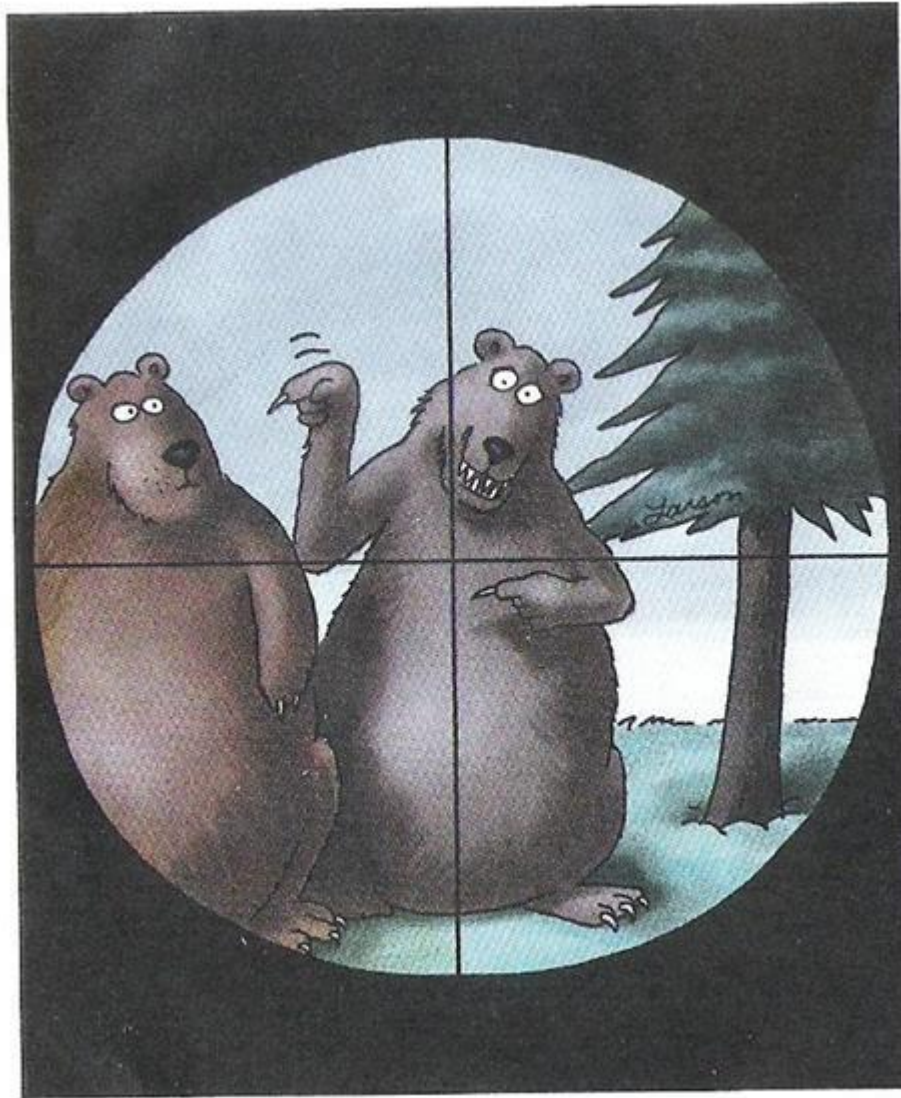
## **Using Questions as Teaching Tools:**

# Questions can:

- Activate prior knowledge
- Explore misconceptions
- Reinforce accurate reasoning
- Promote additional insight
- **“Right answer” vs “Reasoning Skills”**

# **Small Group Learning: Using Questions as Teaching Tools**





ATTENDING ROUNDS



# Small Group Learning: Using Questions as Teaching Tools

- “Pimping” vs “Teaching”
  - Brancati JAMA 1989
  - Detsky JAMA 2009
- What is the “Socratic Method”?

# **Socrates used questions as teaching tools**

Questions about unknowable “truth”

- Existing beliefs placed in question
- Confusion and Doubt
- CURIOSITY
- Search for further truth through discussion

# Small Group: Types of Questions

- **Recall:** first level of interaction with the material  
*(list, name, report, define)*
- **Analysis/ Synthesis:** demonstrate understanding *(compare, categorize, distinguish, design)*
- **Application:** apply new concepts to a specific clinical setting *(interpret, apply, demonstrate, choose)*

# **Small Group Learning: Using Questions as Teaching Tools**

**Ask about something that is  
worth knowing**

# Small Group Teaching: When it's over-

- **Did they** learn?
- **What** did they learn?
- **Why** did they learn?
- What did **you** learn?

# Small Group Learning: Challenges

- Group with learners with different knowledge levels
- The “Learner with Frontal Release”
- The “Know it All”
- The “Bored Learner”--“Sleeping Learner”
- The “Shy Learner”

# **Suggestions**

- **The Frontal Release Learner:**
  - “Can you link what you just said with the point that Timmy raised?”
  - “How do you know that, Jemima? Describe the evidence to support your point. Sam, what evidence would you need to substantiate Jemima’s assertion?”
  - “Can you state/describe that another way?”
  - “Dan, you heard what Jemima shared. What would change if XXX was YYY?”
- **The Bored Learner:**
  - “Mary, can you summarize the discussion so far? Where should we head next?”
  - Sigmund, what if the patient was withdrawing now? Would you suggest anything different?”
- **The Shy Learner:**
  - “Greg, would you keep time, and tell us
  - “We haven’t heard from everyone yet. Alex, do you have something to add? Then Joey next.”
- **The Know it All:**
  - “What evidence would you want Dan to present to support his statement, Angela, if you were going to convince someone else of that point?”
  - “Others may agree with you, Dan, but let’s take another look at the case. Jeffrey, argue the point from a different stance.”
- **The Talker:**
  - “Try waiting until 2-3 others have spoken, before speaking again”
  - “Before you go on, let’s see if someone else has an opinion on that.”
  - “For this group to be successful, everyone has to contribute. What could you do to help make that happen?”
  - “We seem to be going over the same ground all over again. Is that because we’ve run out of new ideas?”

# **Suggestions:**

- Starting:
  - Set ground rules, even if you think they are obvious
  - Distribute roles
  - Clarify time, and establish milestones for the discussion
- Wrapping up:
  - “What are two of the most important ideas that have emerged from this discussion?”
  - “What do you understand better?”
  - “What questions remain for you? How are you going to find the answers?”
  - “What was confusing in the discussion today?”



# Small Group Learning: Keys to success

- 1) Plan ahead
  - 2) Pay attention to the **process**, not just the content
  - 3) Self-assessment: Learners AND teachers
- \* ) Experiment

Now, the 3x5 card...