Chapter 2
How to Become a Learner-Centered Teacher

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Objectives

1. Identify opportunities to promote learner-centered clinical teaching.
2. Adopt key teaching behaviors and attitudes that maximize learner centeredness.
3. Apply basic principles of adult learner motivation in your teaching setting.

Background

In contemporary medical education, evidence suggests that an effective teacher functions as a learning coach or guide who creates a respectful environment and responds to the needs and values of learners. The ultimate responsibility for learning lies within the learner. This truth provides the key to

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S. Mookherjee, E.M. Cosgrove (eds.), *Handbook of Clinical Teaching*, DOI 10.1007/978-3-319-33193-5_2

a learner-centered teaching approach. Transforming teachers into "learning leaders" opens up a space where learning can flourish. As said by the philosopher Kahlil Gibran, "A teacher leads to you the threshold of your own mind."

Highlighting the importance of this concept, "learner-centeredness" has been identified as one of the six core teaching competencies for modern medical educators [1]. Historically, clinical teaching encounters have been largely teacher driven and attending centered [2]. Today's clinicians may lack role models as well as the mental scaffolding to support learner-centered teaching strategies. The educational literature abounds with research endorsing learner-centered approaches, but busy clinicians often find it difficult to synthesize this theory and operationalize learner centeredness in day-to-day clinical teaching. In a learner-centered approach, the teacher focuses on identifying learners' knowledge gaps and resources for growth, allowing the educational impact to continue outside of a specific teaching setting [3]. This chapter incorporates an overview of psychological principles that motivate adult learning with specific teaching behaviors to maximize learner-centeredness.

Set the Stage

You may find yourself overwhelmed with demands of patient care and your own ongoing professional development and think, "You're telling me I'm supposed to design and implement an individualized learning program for each and every student I come into contact with. No WAY!" Indeed, that approach would be unsustainable. But becoming "learner-centered" may be easier than you think. Studies of learner-centeredness have demonstrated that some of the most influential teachers do so by offering learners insight into their own learning process [4]. To begin, the clinical teacher needs to "diagnose the learner." Early-stage learners may lack the broader perspective to identify their own knowledge gaps and prioritize learning goals, while more advanced

learners need less direction but ongoing feedback to assist with self-assessment and growth. For all stages of learners, the teacher can help by establishing where the learner falls on the lifelong skill development continuum for a specific skill or competency (see Fig. 2.1). By working together to estimate a level of proficiency, you and the learner can work together to establish appropriate learning goals and a strategy to advance along the continuum. This concept of diagnosing the learner is repeated throughout the book; in particular, see Chapter 18, "How to Teach Procedures" for another method for diagnosing learners.

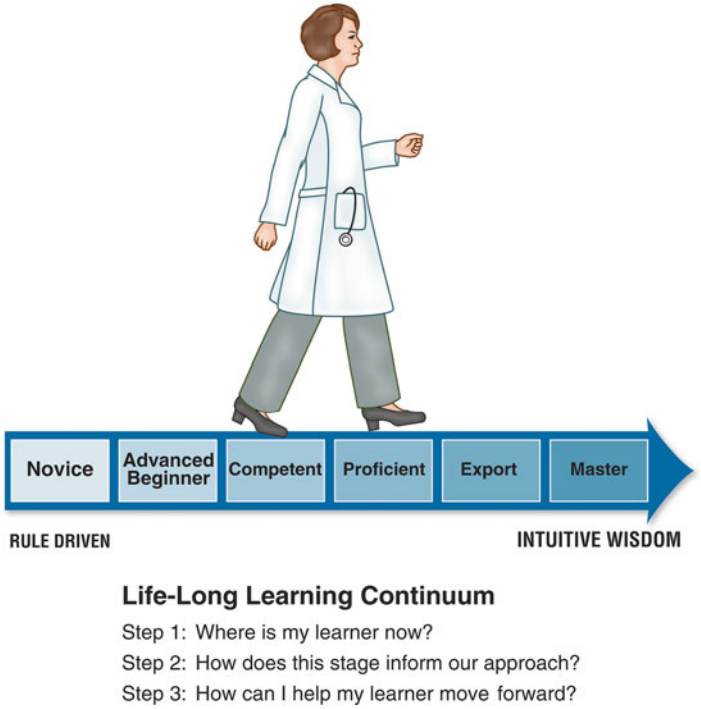

Fig. 2.1 Using the Dreyfus model of skill acquisition to improve learner-centered teaching based on image from Carraccio et al. [5] and Batalden et al. [6]

Plan Your Teaching Behaviors

Identify opportunities to foster more effective learning by understanding important principles which motivate adult learning. Table 2.1 summarizes seven important constructs from adult learning theory. Review these principles to get a broad sense of the factors influencing how adults learn. The chapter reference list offers more details on how to harness these concepts to optimize learning [5, 7, 8, 9]. These principles can be further distilled into three key concepts that translate into specific behaviors for the clinician teacher to promote learner-centered teaching (Table 2.2).

Get Off on the Right Foot

One key strategy for establishing a teaching and learning partnership is to use brief teaching tools to structure your clinical learning encounters [10, 11]. Having a familiar

Table 2.1 Selected principles driving adult learning

Principle	Definition
Relatedness	A sense of belonging to a larger learning community; the contribution of longitudinal relationships to learning
Competence/ self-efficacy	Being in possession of a skill, knowledge, or capacity; feeling confidence in one's own abilities
Autonomy	Individual free will or volitional involvement in the learning process
Curiosity	An innate need to understand; interest in asking questions and seeking answers
Reflection	Ability to practice introspection on, for, and in action
Self-assessment	Ability to monitor and calibrate ones' own performance to external standards

Adapted from Schumacher DJ, et al. Academic Medicine, Volume 88, No 11. November 2013 [7]

TABLE 2.2 Relate, respond, respect: teaching behaviors to maximize learner-centeredness

	Relate	**Respond**	**Respect**
Summary	Identifying as a part of a professional group or community has a strong positive impact on learner motivation and experience. Showing you care about the learner's experience helps the learner to feel connected and valued	Helping the learner to reflect and respond to their experience sets the stage for lifelong learning success. Encourage the learner to self-assess and build self-efficacy by demonstrating trust in their own problem solving abilities	Creating an effective teaching relationship relies on mutual trust. Acknowledging the learner's ability to identify their own needs and providing the learner opportunities to assume increasing degrees of autonomy helps establish a safe learning environment
Example opportunities	• Get to know learners	• Model reflection	• Develop mutually agreed-upon learning goals
	• Establish clear expectations	• Ask for self-assessment	• Encourage questions
	• Role model	• Provide timely, sensitive feedback	• Appreciate diversity
	• Debrief emotional responses, failures	• Adapt to learner's goals, barriers, abilities	• Ask for a commitment
	• Celebrate successes	• Elicit feedback on teaching	• Relinquish control when appropriate
	• Think out loud to share knowledge gaps and personal limitations	• Help learners identify their own learning resources	• Acknowledge contributions and service

structure helps take some of the guesswork out of your teaching and provides a framework on which to hang your learner-centered behaviors. There are numerous such tools and strategies in the medical educational literature; presented here is the "One-Minute Learner" (Table 3.3), a widely used tool that can be a natural companion to the One-Minute Preceptor and SNAPP's teaching models presented in subsequent chapters (see Chapter 12, "How to Teach Medical Students in an Ambulatory Clinic" and Chapter 13, "How to Teach in Free Clinics: Brief Encounters with Learners and Patients in Vulnerable Communities").

The One-Minute Learner is designed to be used at the start of an educational encounter. It is an efficient way to orient your learner and to quickly focus on mutually agreed-upon agendas and expectations for the session. The tool provides a preemptive "checklist" of commonly encountered issues that arise for learners and preceptors in a clinical setting. In particular, it addresses the balance between "service" (i.e., tasks and responsibilities expected of the learner by the preceptor) and education (i.e., educational responsibilities expected of the preceptor by the learner and vice versa). Direct discussion of these items up front can save time in preventing confusion or frustration on the part of the learner or preceptor later on. Also, given the wide variety of learner styles, knowledge bases, and future career directions, this tool complements the concept of "setting the stage" described above, by allowing the learning dyad to efficiently identify where the learner is "at" and focus on a few attainable goals for the clinic or rotation. Defining these bite-sized goals can make the learning process more appetizing for learner and preceptor alike. Finally, taking the time at the beginning of the interaction to establish goals and priorities paves the way for subsequent learner-centered teaching behaviors such as ongoing feedback and assistance with learner reflection and self-assessment (see Chapter 6, "How to Use Reflective and Deliberate Practice to Maximize Learning" and Chapter 25, "How to Give Difficult Feedback").

Table 3.3 One-Minute Learner (OML)

Step	Details
1) Set up Goals	• Review learner's current level of training experience
	• Ask for learner's goals (be *specific*!)
	• Encourage self-assessment
	• Share your goals for the learner/session: "From my perspective, the most important thing for you to take away from today is ___"
2) Getting going	• When, how, and which patients should the learner see?
	• If shadowing, how can the learner be involved? Examples: – Examining key findings with preceptor – Assisting with patient education or clinic discharge information – Using reflection, have student "take notes" on specific strategies used by the preceptor patient interaction for later discussion
	• Any patients/situations *not* appropriate for learner involvement
3) How much and how long	• How much/what tasks should learners do on their own?
	• How long with each patient?
4) Presenting	• What format/level of detail should be used for presentation?
5) Charting/ follow-up	• When and how? Specifics on who should write/ dictate notes, follow up on lab results and studies
6) Questions/ feedback	• When is a good time to discuss the learner's questions?
	• When should the learner expect feedback?

Adapted from Miriam Hoffman, MD, and Molly Cohen-Osher, MD, Boston University; unpublished work

- Have part on all of this brief discussion before the session starts.
- When possible, have the learner prepare for the conversation by sending them the OML ahead of time.
- Preview the clinic schedule or daily work schedule with the learner.

Take a minute to read through the various aspects of the One-Minute Learner. How would you answer the questions for your current clinical teaching? How might your answers differ depending on the level of learner you are interacting with or based on variations in clinical flow? This tool can be modified based on the time available for discussion and can be used in part or in entirety depending on the situation. When time is short, even taking two minutes to stop and identify the learner's goals for the day sends a powerful message of respect for the learner and his or her contribution to the clinical environment.

Key Strategy

Before your next clinical teaching opportunity, complete a brief self-assessment of the "learner centeredness" of your current teaching practice. Review Table 2.2 and reflect on how often you perform the suggested learner-centered teaching behaviors. Next, pick one to two specific behaviors that you'd like to incorporate into your teaching repertoire and focus on performing them consistently the next time you teach.

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http://www.springer.com/978-3-319-33191-1

Handbook of Clinical Teaching
Mookherjee, S.; Cosgrove, E.M. (Eds.)
2016, XIV, 256 p. 40 illus., 33 illus. in color., Softcover
ISBN: 978-3-319-33191-1