Defiance or Deficit: Applying Learning Theory in the Clinical Setting

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March 22, 2017
AODME Webinar

No disclosures
Objectives

- Identify 2 reasons learners at the resident level may struggle
- Define 3 theoretical frameworks for learning
- Describe how the concepts of ZPD, liminality, and scaffolding can be used together to formulate interventions for struggling learners.
- Apply Johari’s Window model to encourage critical reflection.
Learning Problems May Show Up As

- Lack of medical knowledge
- Lack of professional behaviors
- Poor organization
- Poor interpersonal skills
- Lack of insight
- Analogous to “difficult patient”
Impacts of Learning Problems

• Not just on individual learner
• Taxing of resources
  – Increased observation/monitoring
  – Remediation
• Compromised integrity of program
• Negative effects on peers
Why now?

- Early in residency, adjusting to new setting, expectations, personalities, procedures, etc.
- Later in residency, longer placement at one location → more time for issues to surface
- “Perfect storm” of life and work stressors
- Decline in empathy resulting from burnout
- Learning challenges previously present, but not documented or confronted
Theoretical Frameworks for Learning

• CONSTRUCTIVIST VIEW
  – Learning occurs when new knowledge is built on the basis of what we already know

• SOCIAL LEARNING THEORY
  – Learning occurs in community and through interaction

• TRANSFORMATIVE LEARNING THEORY
  – Learning includes critical reflection; transformation of meaning, structure, context, process
Theoretical Bases for Interventions

- Zone of Proximal Development
- Liminality
- Scaffolding
- Johari Window & Reflection
Zone of Proximal Development

ZONE OF PROXIMAL DEVELOPMENT
LEARNING ZONE
What a learner can do with assistance

COMFORT ZONE
What a learner can do on her/his own

ANXIETY ZONE
What a learner cannot do
Liminality

- Liminality: state of being between, in transition; keeps learner stuck on verge of new knowledge, skills, attitudes
• Variety of instructional techniques intended to move students towards greater understanding & ultimately greater independence
Deciding on Specific Interventions

- Similar to clinical setting
- Focused history
- Observation
- Corroborating information
- Differential diagnosis
- Management plan
Deciding on Specific Interventions

• Is learner in comfort zone, anxiety zone, ZPD?
• If not in ZPD, what is contributing to liminality?
• What type of scaffolding is needed to move learner to ZPD?
• Have all of the following been considered?
  – Learner
  – Educator(s)
  – System
Metacognition/Reflective Practice

• Thinking about your thinking
• Reflection on action
  – What does learner think about processes used?
  – Were they rigorous? Appropriate?
Why Use Reflective Practice

• Advocated for teaching empathy, patient-centered attitude
• CRT → stress
• CRT → patient care
• CRT → personal professional development

Lutz, et al. (2013) has extensive table summarizing medical educational studies of interventions using reflection to promote professionalism. Also provides a model Clinical Reflection Training.
The Johari Window

<table>
<thead>
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<th>KNOWN TO SELF</th>
<th>NOT KNOWN TO SELF</th>
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<tbody>
<tr>
<td>KNOWN</td>
<td>DISCOVERY THROUGH DISCUSSION</td>
</tr>
<tr>
<td>DISCOVERY THROUGH DISCUSSION</td>
<td>“UNKNOWN UNKNOWNS”</td>
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Lutz, et al. (2016) used process to improve creative communication skills that mirrors the Johari Window.
Deliberate Practice

- Most effective when guidance involved
- Focused repetition
- Continuous feedback
- Hard to sustain
- Can lead to expert level skills
Recursive Cycle for Learning

- Reflective Practice and Metacognition
- Behavior
- Johari Window
- Deliberate Practice
- Reflective Practice and Metacognition
- ZPD
- Liminality
- Scaffolding
Questions?
References


