

Using Individualized Learning Plans to Facilitate Learner-Centered Teaching



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ABSTRACT

Individualized learning plans (ILPs) are helpful tools that can facilitate learner-centered education and can be used with all levels of learners. We introduce the concept of ILPs, the rationale for their use in pediatric and adolescent gynecology education, and review the challenges that learners might face in creating ILPs, and describes how educators can support learners during this process.

Key Words: Individualized learning plan, Learner-centered education, Learning goals

Introduction

Pediatric and adolescent gynecology (PAG) is a multifaceted subspecialty that incorporates the disciplines of adolescent medicine, pediatrics, and gynecology. Educators in PAG encourage the use of evidence-based educational methods to improve the quality of patient care.^{1,2} However, education in this multifaceted subspecialty can be challenging because of the wide range of learner skill sets and learning needs. We previously described the One-Minute Preceptor as a model for teaching in a busy clinical setting.³ The use of individualized learning plans (ILPs) provides another framework to facilitate teaching of diverse learners and exemplifies the principles of learner-centered education.⁴ ILPs have been used throughout the spectrum of medical education—from medical students,^{5,6} to residents and fellows,^{7,8} and for many specialty boards' plans for maintenance of certification.⁹

What Is an ILP?

An ILP is created by the learner and is composed of multiple different goals, plans to achieve these goals, and outcome measures used to determine when the goal has been met. An ILP serves as an action plan to direct learning. Goals are a significant part of an ILP, but just creating a goal is not enough to truly ensure learning—just saying that you are going to do something is not enough; there must also be a plan in place to meet the goal. The Important, Specific, Measurable, Accountability, Realistic, Timeline (ISMART) mnemonic is commonly used in management, education, and medical education to help in goal-setting and is used to identify 5 aspects of a learning goal necessary for success

(Fig. 1).^{10,11} Aspects of the ISMART mnemonic can be used for each component of an ILP. An example of a worksheet with prompts to guide in ILP creation is provided in Figure 2.

Why Use an ILP?

By situating the learner at the center of the learning process, the ILP allows for individualization of learning on the basis of the learner's unique needs. Support for the potential positive effect of ILPs comes from the educational theory of learner-centered education, which emphasizes the importance of empowering the learner while the teacher serves more as a guide and facilitator.^{4,12} In addition, ILPs are supported by recent recommendations that medical education needs be individualized with standardized outcomes.¹³ Finally, the use of ILPs can develop a learner's self-regulated learning skills, which are crucial to staying current in an ever-changing field.^{14,15}

Studies within and outside of medical education support the benefits of using learning goals and ILPs.^{6,15–20} Students who set specific goals progress more rapidly in their learning and perform better compared with students who set broader goals or do not set goals at all.¹⁸ Experts in sports were found to spend more time creating specific goals with efficient learning strategies compared with novices.¹⁹

How to Use ILPs to Be a More Effective Educator

As a PAG educator, using an ILP can be a concrete and straightforward way to facilitate learning. There are several ways to use ILPs. First, ask learners what their goals are at the beginning of a rotation or when working together. Initiation of the conversation shows an interest in individualizing the learner's experience and provides the educator with guidance on how to tailor and focus the learner's clinical experiences and activities.

Beyond determining what the learner's goals are for the rotation, there are several other ways to support and

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<p>I – Important – Goals must be <i>important</i> to you.</p> <p>S – Specific – Goals must be <i>specific</i> as opposed to generalized with <i>specific</i> steps of how to achieve the goal. Break broader goals down into incremental steps that can each be a smaller specific goal.</p> <p>M – Measurable – The outcome must be <i>measurable</i> to effectively document progress. Answer the question, “How will I/others know that I have accomplished this goal?”</p> <p>A – Accountability – Create means to assure <i>accountability</i> that are both internal (a reminder and tracking system) and external (enlisting the help of mentors, attendings, co-residents, etc).</p> <p>R – Realistic – Goals must be <i>realistic and achievable</i>; something you can accomplish in the time allotted. Seek out existing opportunities based on your schedule/experiences.</p> <p>T – Timeline – Include a <i>timeline</i> and description of how the plan will be incorporated into your daily routines.</p>
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Fig. 1. The components of a successful learning goal: ISMART.^{2,3} ISMART, Important, Specific, Measurable, Accountability, Realistic, Timeline.

promote the use of an ILP. Often, the goals a learner initially creates might not be fully formed, therefore, the role of the educator is to help the learner refine his or her goals. In addition, asking about goals, checking in, and creating clinical experiences that support goals can help learners stay accountable and meet their goals. Clinicians might also come across learners who have not thought about any goals for their rotation. In those situations, the educator can gently steer the conversation to the goals of the rotation, explore those with the learner, and elicit a commitment from them to focus on one or multiple aspects of the rotation goals as their own. Finally, role-modeling is a powerful

learning tool. When educators model goal-setting and being attentive to their own individual learning needs, they convey that this is an important skill that all physicians need to be successful.

Common Challenges that Learners Face for Each Section of an ILP

Goal

The biggest challenge is that the goal is not specific enough. Faculty can help learners hone in on what they

- 1. Goal:** Briefly describe your learning goal.

 - Phrase in an **active** format using action verbs
 - Describe something that you will be able to do once the goal is achieved.
 - Learning goals should be **specific**
 - Avoid broad categories like “learn about pediatric and adolescent gynecology.”
- 2. Rationale:** Respond to question “Why is this **important** for me to learn?” or “How do I know I need to do this?”

 - Include past experiences/specific evidence like: exam scores, past patients, attending feedback, direct observation
 - Career: Include why this goal is important for your career path or current role and why the goal is important to accomplish at this point in your training.
- 3. Plan:** Describe the strategies/activities you will use to meet the goal

 - Must be **multi-source** e.g.: Attending specific clinics, focusing on particular skills during your rotations, going to workshops, reading relevant articles/book chapters, or web based modules/resources.
 - Be as **specific** as possible with the activities you will do
 - Describe how the planned activities will fit into or be a part of your schedule.
 - Ensure that there is a **timeline** that describes the time frame, when you hope to complete the goal, and when each step is accomplished towards the goal.
- 4. Outcome:** Describe how you will know that you have met this goal.

 - Outcome measures should be **documentable**, eg: Give a talk on the topic, attending evaluations/feedback (direct observation), patient evaluations/feedback.
 - Provide evidence of progress or goal achievement.

Fig. 2. The individualized learning plan worksheet.

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