OBJECTIVES: Participants should be able to:

- Describe why Individualized Learning Plans (ILPs) are becoming increasingly important in medical education.
- Describe the unique needs and attributes of adult learners.
- Identify the benefits and challenges of ILPs and Self-Assessment.
- Describe the various components of ILPs and how to effectively facilitate an ILP with a learner.

Individualized Learning Plans: A Construct to Promote More Effective Learning

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Background: Why the Shift?

- Broader concepts of CME:
  - Continuous Professional Development (CPD)
  - Residency training now with emphasis on competency based education
  - Life long learning is recognized as crucial (Practice Based Learning and Improvement-PBLI)
  - Maintenance of Certification (MOC)

- American Board of Pediatrics: requires pediatricians to “assess and enhance knowledge in areas important to their practice” for MOC 2
- Royal College of Physicians and Surgeons requires a variation of ILPs for MOC in Canada
**Reflective Practice: Moving away from old notions of CME**

*“Rather than assimilating a store of largely irrelevant information, doctors now need to develop learning skills which enable them to sift out and acquire information as and when the need arises.”*


**Why the Shift?**

- Continuous Professional Development
  - Not didactic
  - More individualized
  - Meets needs of adult learners
- CPD: In Practice
  - Seeing patients, asking clinical questions
  - Searching the literature
  - Teaching

**MOC Practice-based Model for CPD**

Model developed by the Pediatrics Editorial Board

**The History**

- Self-Directed, Lifelong Learning

**Donald Schon- Learning Cycle**

- Clinical problem
- Reflection-in-action
- Reflection-on-action
- Improvement in action
- Level of Zone of expertise


**Self-Directed, Lifelong Learning**

- Important tenet of medical professionalism
- Integral to maintaining professional competency

**Self-Directed, Lifelong Learning**

- Relationship between clinical experience and quality of care is NOT straightforward
- Physicians in practice longer than 20 years have declining knowledge and provide lower quality of care


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**The History—Where did this come from?**

- Increasing knowledge and information
- Donald Schon: “Practice related learning”
- “Reflective practice”
- Self-directed learning: identifying learning needs, finding resources to meet those needs and evaluating their achievement

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**Why ILPs: The Adult Learner**

- Adults learn best when they are actively engaged in the learning process and self-direct their own learning goals and activities.

Ancient teachers of adults perceived learning to be a process of active inquiry. Pedagogic education began to dominate in Europe in the seventh century. Monastic Schools and Pedagogy. Greek words meaning “paid/пед” = “child” and “agogus” = “leader of”

Eduard C. Lindeman’s *The Meaning of Adult Education* published in 1926 in the New Republic laid the foundation for a systematic theory about adult learners. “The adult learns to become aware of and to evaluate his experience.”

1. Adults are motivated to learn as they experience needs and interests that learning will satisfy.
2. Adults’ orientation to learning is life-centered; life situations, not subjects.
3. Experience is the richest resource for adults’ learning; therefore, the core methodology is analysis of experience.

“That is too important to be taught; it must be learned” - Carl Rogers

“‘I’m always ready to learn, although I do not always like to be taught’”

-Winston Churchill

“The best way to learn about it, is to play about it!”

-Mister Rogers
Learning Contracts

“Without question the single most potent tool I have come across in my more than half-century of experience with adult education”

Knowles M. The Adult Learner: A Neglected Species. 4th Ed. 1990:139

ILP Components in Pediatrics

- Define goals
- Self-assessment
  - Personal attributes
  - Clinical competency
- Summarize learning needs
- Define learning objectives and strategies to accomplish them

Pediatric ILPs- Goals

- Learning contract
- Self-assessment
- Exercise in self reflection
- Formulated by the individual (resident)
- Guided by teacher…focus on learner driven needs
- A RC requirement

ILPs: Adult Learning Skills

- ILPs may improve development of self-directed, lifelong learning skills by actively engaging learners to take ownership of their own learning
- Lifelong learning includes learner identification of learning needs and determination of how to meet those needs

**Why ILPs**

- Getting a commitment in a written form?
  - Radiology students with written learning contracts were more likely to have participated in CME courses and read instructional materials in the last 6 months
  - Compared with those without written learning contracts


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**Pros and Cons**

**PROS**

- Enhanced awareness of learning needs
- Ownership of learning
- Step towards life long learning
- Ongoing feedback-ideally


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**Pros and Cons**

**CONS**

- Time limitations
- Coming up with goals can be difficult
- A change…


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**Pros**

- “Lends focus. Stimulating more purposeful learning”
- “Allows me to re-evaluate learning needs”
- “Allowed my preceptor an opportunity to know what I want to get out of the clinic”
- “It is good to have regular discussions about my goals”


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**Cons**

- “I often don’t know what to work on”
- “Never enough time”
- “Recommendations for specific goals would be helpful”
- “I’m too tired or busy to focus on my goals”
- “Not easy to discuss how learning relates to goals”

Learning Contracts: Medical Students

- Viewed as “less useful” than the clinical experiences
- “As useful” as lectures and seminars
- Utilized a simple form


Learning Contracts: Medical Students

- Primary care clerkship: four weeks
- 187 3rd and 4th year students
- Produced 517 “learner-centered goals”
- 60% knowledge goals
- 37% skill goals
- 3% attitudinal goals


Requirements

- A Requirement (January 2006) per The Pediatric RRC
  - “Documentation of an individual learning plan for each resident must occur annually”

Requirements

- “Companion Document” gives some guidance:
  - 1. Defines ILP
    - Documented personal learning objectives
    - Strategies to achieve them
  - 2. AAP Pedialink
    - Resident Center
    - Program Director Center

Requirements

1. Reflection on long-term career goals
2. Self-assessment of areas of strengths and weaknesses
3. Development of plans/strategies to achieve the goals
4. Assessment of progress on goals
5. Revising goals based on achievement

Li ST, Burke AE. Individualized learning plans: basics and beyond. Acad Pediatr. 2010;10(5):289
The Dreyfus Model


Self-Assessment

- Poor to modest correlations with other subjective and objective assessments
- Multitude of psychosocial factors are in play when one self-assesses
- Over-assessment and under-assessment are not predictable
- Relative ranking model may increase reliability

The value appears to be in its ability to force the learner to reflect on their strengths and weaknesses. Recognize how these strengths and weaknesses may impact learning and performance.

Stewart J et al. Clarifying the concepts of confidence and competence to produce appropriate self-evaluation measurement scales. Med Educ 2000; 34:903-909

The most commonly identified barriers:
- Competing demands, time
- Balancing lives with residency
- Difficulty with Goal generation

Li ST et al. Successful self-directed learning in medicine: a conceptual model derived from qualitative analysis of a national survey of pediatric residents. Acad Med 2010;85:1229

The most common strategies to overcome barriers:
- Manageable, focused goals
- Establish some sort of tracking system

Li ST et al. Successful self-directed learning in medicine: a conceptual model derived from qualitative analysis of a national survey of pediatric residents. Acad Med 2010;85:1229

Self-Assessment

At present our assessment methods stem from the reductionist philosophy that underpins our discipline, and we are, thus, trapped by our need to compare like to like....we will continue to struggle to measure the unmeasurable, and may end up measuring the irrelevant because it is easier.”

Snadden D. Portfolios-attempting to measure the unmeasurable? Medical Education 1999;33:478-479

Study of ILPs

77% of residents surveyed preferred on-line submission
18% have no preference
5% preferred paper-type ILPs


Study of ILPs: I-SMART

Important
Specific
Measurable
Accountability
Realistic
Timeline

Facilitation of ILPs

- Do not be too judgemental
- Use Self assessment to highlight abilities
- Actively listen
- Try to encourage I-SMART goals
- Encourage near term and long term goals
- Follow through with timing and follow-up
- Consider maintaining your own ILP

ILPs: Some Suggestions:

- Skill building in self-directed, reflective learning should be an explicit goal of working with ILPs
- Offer detailed and user friendly examples of entries
- Need some dedicated time

Mahatma Gandhi

“Live as if you were to die tomorrow. Learn as if you were to live forever.”

Discussion...