4 ways to support master adaptive learning at the bedside

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The unpredictability, fast pace and patient focus that typify the clinical environment might seem to make it a suboptimal place to teach and to learn. But the master adaptive learner model demonstrates that, with some careful thought and preparation by faculty and medical students, the bedside can be a wellspring of lifelong learning.

Indeed, the model illustrates a critical aspect of supporting patient safety and quality of care. All members of the health care team are continually learning and must feel comfortable expressing to one another any areas of personal uncertainty.

Following are highlights from “How Will the Master Adaptive Learner Process Work at the Bedside?”, Chapter 10 of *The Master Adaptive Learner*, an instructor-directed textbook designed to help faculty engender the habits of mind for lifelong learning in medicine in their students. It is the first book in the AMA MedEd Innovation Series, which provides practical guidance for local implementation of the education innovations tested and refined by the AMA Accelerating Change in Medical Education Consortium.

**Challenge equals opportunity**

The desire to provide the best care possible is a strong motivation for learning. The issue that makes teaching in the clinical environment so demanding is also what makes it so effective: authenticity.

“There, the master adaptive learner will find many opportunities to assess his understanding, adjust that understanding based on data and feedback, plan how to address an identified learning need, and, after new learning, reassess to continue to grow,” wrote the authors, Julie S. Byerley, MD, MPH, vice dean for academic affairs and chief education officer at University of North Carolina School of Medicine, and Michelle M. Daniel, MD, MHPE, now vice dean for medial education and professor of...
clinical emergency medicine at the University of California, San Diego School of Medicine.

Despite the many obstacles to providing instruction at the bedside, “faculty can come to understand that fostering the master adaptive learner is not necessarily time consuming, but, rather, can be aligned with the work of clinical care,” the authors wrote.

Find out why the physician of the future is a master adaptive learner.

**An expert game plan**

Good clinical teaching doesn’t just benefit learners; it also inspires their faculty and even the patients they serve. The authors noted four key ways to support the master adaptive learner process in the clinical environment:

**Create a positive environment.** Begin by orienting clinical staff and patients to the learner and her role, as well as identifying her lead clinical instructor. Also, to assess understanding and fill gaps in knowledge and skills, encourage the learner to ask questions at the bedside.

“Techniques that clinician-educators can use to demonstrate interest in learner-generated questions are similar to techniques clinicians use to invite patients to express their own inquiries: patiently listening, providing supportive reflection, probing for a deeper rationale and providing answers in terms the questioner can understand,” the authors wrote.

**Set specific expectations.** This includes establishing that the learner should be self-directed and approach each day with specific goals and a mastery mindset.

“The educator could briefly outline the hope that in each clinical encounter the learner will first use metacognitive strategies to recognize his own understanding of the clinical situation, test that understanding by gathering data and feedback, and then establish his own learning need,” the authors wrote.

**Look for teachable moments.** These abound in the clinical environment—they arise any time something unexpected happens—but they might not always be obvious.

“Teachable moments, even the dramatic ones, can be missed without sign-posting, done by a skilled educator or by the attentive master adaptive learner,” the authors wrote, noting that activated observation helps ensure teachable moments are recognized. “A preceptor can encourage activated observation by asking the learner to look for a surprise as she enters into a clinical encounter or by, immediately after an encounter, asking what the learner noted unexpectedly.”
Provide meaningful feedback. Encourage the learner’s self-assessment by asking questions, such as “What do you think you need to learn now?” and then providing feedback on that self-assessment.

“Feedback is most effective when delivered promptly and privately or at least in a safe and supportive environment,” the authors wrote, adding that, whether positive or negative, it should “always focus on behavior rather than provide a simple label of judgment.”

The chapter also explores teaching strategies to promote self-monitoring, metacognition, reflection and critical thinking. Discover more about envisioning the adaptive learner.