How master adaptive learner model can help struggling med students

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No one finds medical school easy, but what should educators do when they identify learners who are struggling more than most of their peers?

Following are highlights from “Can the Master Adaptive Learner Process Help the Struggling Learner?” That is Chapter 13 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.

Medical training is rightfully rigorous, and all learners are expected to struggle at various points with learning content, mastering skills, managing stress and more,” wrote the authors, Lynnea M. Mills, MD, associate professor of medicine, and Patricia S. O'Sullivan, director of research and development, both at University of California, San Francisco, School of Medicine.

Still, they wrote, some learners “face challenges significant enough that they have fallen off the typical trajectory and require additional mentoring, resources, and remediation; these individuals are often referred to in the literature as ‘struggling learners.’”

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A map of obstacles

Just as the master adaptive learning model guides learners in setting priorities throughout their careers, “it can also help them react appropriately at times when their learning is not proceeding as they wish,” the authors wrote, noting that struggles can take place in any of the four master adaptive learning phases. In each of these phases detailed below, having metacognitive skill—the ability to
think about one’s own thinking—is crucial.

**Planning phase struggles.** These could be as simple as having trouble with time management, having unrealistic expectations for oneself or failing to meet deadlines.

**Learning phase struggles.** Appearing fatigued, having trouble making sense of learning resources and blaming poor performance on being a bad test-taker are examples.

**Assessing phase struggles.** These are typified by having unexpectedly low performance outcomes and trouble operationalizing strategies to achieve outcomes, as well as self-assessment that isn’t calibrated—doesn’t match a supervisor’s or a peer’s assessment of the individual’s performance.

**Adjusting phase struggles.** Clues include that the learner is having trouble with new situations, seeing big-picture issues and implementing goals.

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**Having a coach is key**

“Struggling learners need and deserve institutional efforts to remediate their deficits,” the authors wrote. “This process usually entails intensive coaching from a skilled faculty member. It can be extremely time consuming and resource intensive, but it is our obligation as educators to both the learner and her patients.”

Having trouble in medical school is a very emotional experience for students who had to be so successful academically just to get to this point and can be characterized by defensiveness, self-doubt and lack of insight about one’s capacity to improve. The answer for coaches lies in relationship-building—by first demonstrating genuine interest in the learner and validating his or her feelings of frustration. After developing a baseline of trust and respect, the coach can then work on skill-building.

One benefit to using the master adaptive learner “model to try to fill this gap is that it simultaneously tackles two issues—identifying the learner’s area of struggle and emphasizing metacognitive aspects of the learning process—both of which are key to remediation’s success,” the authors wrote. “The time investment is significant, but the efforts feel worthwhile when the learner’s improvement is obvious.”

The chapter also features numerous vignettes that illustrate the struggles learners face and test readers’ knowledge of master adaptive learning concepts.


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