Adult learning theory and the six principles of adult learning

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Adult Learning Theory

Part of being an effective educator involves understanding how adults learn best (Lieb, 1991). Andragogy (adult learning) is a theory that holds a set of assumptions about how adults learn. Andragogy emphasises the value of the process of learning. It uses approaches to learning that are **problem-based and collaborative** rather than didactic, and also emphasises more **equality between the teacher and learner**.

Andragogy as a study of adult learning originated in Europe in 1950’s and was then pioneered as a theory and model of adult learning from the 1970’s by Malcolm Knowles an American practitioner and theorist of adult education, who defined andragogy as “the art and science of helping adults learn” (Zmeyov 1998; Fidishun 2000).

What do you mean by ‘adult learning principles’?

Knowles identified the six principles of adult learning outlined below.

* Adults are internally motivated and self-directed
* Adults bring life experiences and knowledge to learning experiences
* Adults are goal oriented
* Adults are relevancy oriented
* Adults are practical
* Adult learners like to be respected

How can I use adult learning principles to facilitate student learning on placement?

Good question!! Here we will discuss some ways to facilitate learning by applying Knowles’ Adult Learning Principles:

***1. Adults are internally motivated and self-directed***

Adult learners resist learning when they feel others are imposing information, ideas or actions on them (Fidishun, 2000).

Your role is to facilitate a students’ movement toward more self-directed and responsible learning as well as to foster the student’s internal motivation to learn.

As clinical educator you can:

Set up a *graded learning program* that moves from more to less structure, from less to more responsibility and from more to less direct supervision, at an appropriate pace that is challenging yet not overloading for the student.

* *Develop rapport* with the student to optimise your approachability and encourage asking of questions and exploration of concepts.
* *Show interest* in the student’s thoughts and opinions. Actively and carefully listen to any questions asked.
* *Lead the student toward inquiry* before supplying them with too many facts.
* Provide *regular constructive and specific feedback* (both positive and negative),
* *Review goals* and *acknowledge goal completion*
* *Encourage use of resources* such as library, journals, internet and other department resources.
* *Set projects or tasks* for the student that *reflect their interests*and which they must complete and “tick off” over the course of the placement. For example: to provide an in-service on topic of choice; to present a case-study based on one of their clients; to design a client educational handout; or to lead a client group activity session.
* *Acknowledge the preferred learning style* of the student. A questionnaire is provided below that will assist your student to identify their preferred learning style and to discuss this with you.

***2. Adults bring life experiences and knowledge to learning experiences***

* Adults like to be given opportunity to use their existing foundation of knowledge and experience gained from life experience, and apply it to their new learning experiences. As a clinical educator you can:
* *Find out about your student* – their interests and past experiences (personal, work and study related)
* *Assist them to draw on those experiences* when problem-solving, reflecting and applying clinical reasoning processes.
* *Facilitate reflective learning opportunities* which Fidishun (2000) suggests can also assist the student to examine existing biases or habits based on life experiences and “move them toward a new understanding of information presented” (p4).

***3. Adults are goal oriented***

Adult students become ready to learn when “they experience a need to learn it in order to cope more satisfyingly with real-life tasks or problems” (Knowles, 1980 p 44, as cited in Fidishun, 2000). Your role is to facilitate a student’s readiness for problem-based learning and increase the student’s awareness of the need for the knowledge or skill presented. As educator, you can:

* *Provide meaningful learning experiences* that are *clearly linked* to personal, client and fieldwork goals as well as assessment and future life goals.
* *Provide real case-studies* (through client contact and reporting) as a basis from which to learn about the theory, OT methods, functional issues implications of relevance.
* *Ask questions* that motivate reflection, inquiry and further research.

***4. Adults are relevancy oriented***

Adult learners want to know the relevance of what they are learning to what they want to achieve. One way to help students to see the value of their observations and practical experiences throughout their placement, is to:

* *Ask the student to do some reflection* on for example, what they expect to learn prior to the experience, on what they learnt after the experience, and how they might apply what they learnt in the future, or how it will help them to meet their learning goals.
* *Provide some choice* of fieldwork project by providing two or more options, so that learning is more likely to reflect the student’s interests.

“*Students really benefit from regular ‘teaching sessions’ – time spent going through assessments such as how to do a kitchen assessment, and having in-services presented on specific topics – such as Cognition or Perception*” ” *I find they understand more about a topic when it is directly relevant to the work context. This is invaluable as it ties theory to practice.*” S. Bartholomai, OT clinical educator, Ipswich Hospital (personal communication, May 31, 2007)

***5. Adults are practical***

Through practical fieldwork experiences, interacting with real clients and their real life situations, students move from classroom and textbook mode to hands-on problem solving where they can recognise firsthand how what they are learning applies to life and the work context. As a clinical educator you can:

* *Clearly explain your clinical reasoning* when making choices about assessments, interventions and when prioritising client’s clinical needs.
* *Be explicit* about how what the student is learning is useful and applicable to the job and client group you are working with.
* *Promote active participation* by allowing students to try things rather than observe. Provide plenty of practice opportunity in assessment, interviewing, and intervention processes with ample repetition in order to promote development of skill, confidence and competence.

“*I like to encourage students to select and use a clinical model, such as Chapparo and Rankin’s OPM, to apply to practice. It helps students to identify what performance components (e.g. endurance, tone, organisational skills) they want to assess for example, in a dressing task. This helps to reinforce why OTs do things, and how the link to occupation differs from other disciplines.*” (S. Bartholomai, personal communication, May 31, 2007)

***6. Adult learners like to be respected***

Respect can be demonstrated to your student by:

* *Taking interest*
* *Acknowledging the wealth of experiences* that the student brings to the placement;
* *Regarding them as a colleague* who is equal in life experience
* *Encouraging expression* of ideas, reasoning and feedback at every opportunity.

It is important to keep in mind that the student is still developing occupational therapy clinical practice skills. However, with the theory and principles of adult learning in mind, you can facilitate the learning approach of the student to move from novice to more sophisticated learning methods. This facilitates greater integration of knowledge, information and experience; the student learns to distinguish what is important when assessing and working with clients; how to prioritise client needs, goals and caseload; when rules can be put aside and how/when the approach to occupational therapy practice and professional communication emerges from strict modelling of behaviour into a unique therapeutic and professional expression of self. (Fidishun, 2000; Lieb,1991)