

FACULTY GUIDE FOR EXPERIENTIAL LEARNING

INTRODUCTION

A medical graduate should be able to work as a medical professional of first contact for which they need to be taught and trained adequately. For working as a medical professional; knowledge and skills both are equally important.

A conventional classroom tends to place the learning emphasis on the instructor who provides theoretical information and knowledge, while the learner absorbs facts and applies them to a future quiz or test. Although students need certain basic knowledge from education, the act of acquiring this knowledge passively limits students in the ability to transfer skills to a clinical setting.

One of the skill learning methods is 'Experiential Learning'. In experiential learning, the students are purposefully engaged in direct experience with an emphasis on reflection, it increases the ability of students to develop clinical skills during their undergraduate education. In clinical programs in colleges; experiential learning can be an important component of the instructional process.

Experiential learning is aptly defined by Kolb as the process where knowledge is created through the transformation of experience. It can also be described as the process of learning through experience, and is more specifically defined as "learning through reflection on doing." The abundance of life experiences is a great value to the classroom, and sharing these should be promoted.

Experiential learning theory holds that learning is often most effective when based on experience.

THE CONCEPT

Learning that takes place in the classroom differs from learning that takes place externally. Adults need to connect material with previous experiences and with "real life." Experiential learning is not new, around 350 BC, Aristotle wrote -for the things we have to learn before we can do them, we learn by doing them". Experiential learning is the process of learning through experience, and is more specifically defined as "learning through reflection on doing" It is related to, but not synonymous with, other forms of

- Active learning
- Action learning
- Adventure learning
- Cooperative learning
- Service learning
- Situational learning

Experiential learning in medical education requires the medical student to perform an activity or task, share the results and observations, discuss and then reflect on the process, connecting it with real world examples and applying it to another situation. In order to prepare them for the unpredictable and stressful nature of a healthcare setting, it is important that students are exposed to real world scenarios before their practical experience in a safe environment that allows for mistakes and learning opportunities to be made

The experiential learning may be done on actual patients or simulators. Simulation training is interactive, participative and applied. Simulation experiential learning opportunities can be time-consuming and expensive to create, but collaboration amongst faculty, different institutions and the community can lighten the burden. Experiential learning involving the patients directly may be done as under

“One-minute preceptor,” comprises a series of steps, each of which involves an easily performed task, which when combined form an integrated teaching strategy.

Most clinical teaching takes place in the context of busy practice, with time at a premium. Models for using time more effectively and efficiently and integrating teaching into day to day routines have been described.

Teaching in the wards - despite a long and worthy tradition, the hospital ward is not an ideal teaching venue. None the less, with preparation and forethought, learning opportunities can be maximized with minimal disruption to staff, patients, and their relatives. Approaches include teaching on ward rounds (either dedicated teaching rounds or during “business rounds”); students seeing patients on their own (or in pairs—students can learn a lot from each other) then reporting back, with or without a follow up visit to the bedside for further discussion; and shadowing, when learning will inevitably be more opportunistic.

Teaching in the clinic - although teaching during consultations is organizationally appealing and minimally disruptive, it is limited in what it can achieve if students remain passive observers. With relatively little impact on the running of a clinic, students can participate more actively.

A more active approach is “hot seating” here, the student leads the consultation, or part of it. His or her findings can be checked with the patient, and discussion and feedback can take place during or after the encounter.

Another model is when a student sees a patient alone in a separate room, and is then joined by the tutor. The student then presents the findings, and discussion follows. A limitation is that the teacher does not see the student in action.

For experiential learning the learner must have four abilities:

1. The learner must be willing to be actively involved in the experience;
2. The learner must be able to reflect on the experience;
3. The learner must possess and use analytical skills to conceptualize the experience; and
4. The learner must possess decision making and problem solving skills in order to use the new ideas gained from the experience.

SAMPLE

- The learning objective is to teach seventh semester students how to collect 24 hours urine for proteinuria in a case of preeclampsia.
- A didactic lecture will be taken on preeclampsia and during the class the importance of correct estimation of proteinuria will be emphasized. The significance and procedure of correct way of collection of 24 hours urine will be explained.
- The students will be told the benefit and importance of collecting the sample and the practical procedure of its collection.
- The class to be divided into small groups; each group consisting of ten students.
- Two students will be directed to the ward to explain to the nursing staff, the patient about the collection of the 24 hours urine collection. These two students will supervise the procedure.
- After the procedure is done these two students will follow up the testing for proteins in the 24 urine in the laboratory.
- The other students in each group will be explained the procedure by these two students who were directly involved with supervision and implementation of the procedure.
- One student (other than these two) from each group will make a small presentation of 5 to 7 minutes on different aspects of preeclampsia.

ASSESSMENT

A small assessment will be carried out at the end of each learning module in the form of MCQs and one line answers. This will be followed by feedback from students and feedback to students (as a group and individually) regarding level of knowledge attained, any shortcomings and remedial measures.

CONCLUSION

In experiential learning the students are purposefully engaged in direct experience with an emphasis on reflection, increases the ability of students to develop clinical skills.

Experiential learning activity must include exploration, sharing, processing, generalizing, and application. It also enhances the interpersonal component of working within a team. Experiential learning theory holds that learning is often most effective when based on experience. The importance of learning from the patient too has been emphasized.

FURTHER READING

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