

# Individualized Learning Plans: A Primer with Tools and Concepts for Success



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# Agenda

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- Introduction of ILPs (15-20 minutes)
- Barriers to Successful Implementation of ILPs: Small Group Discussion (20 minutes)
- Small Group Reports (10 minutes)
- Best Practice Example #1
- Best Practice Example #2



# Agenda

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- Resident Perspective
- Solutions and Ideas for Success (Even Better than Best Practices) (20 minutes)
- Share Ideas and Group Summaries
- Wrap Up and Conclusions



# Introduction to ILPs: What They Are and Are Not

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# Individualized Learning Plans

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- Background-Why the shift?
- The History-Where did this come from?
- Adult Learners and ILPs
- Pediatric ILPs- What is that?
- Brief Literature Review



# Background- Why the Shift?

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- Broader concepts of CME
- Changes are:
  - 1) New and evolving recertification process
  - 2) Continuous Professional Development (CPD) has supplanted CME
  - 3) Life long learning is recognized as crucial (Practice Based Learning and Improvement-PBLI)



# Background-Why the Shift?

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- “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.”
  - Parsell G. Contract learning, clinical learning and clinicians. *Postgrad Med J.* 1996;72:284-289



# The History-Where did this come from?

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- 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

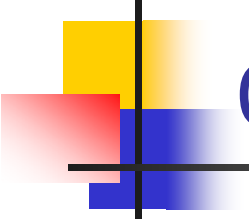


# Donald Schon- Learning Cycle

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

Donald Schon. *Educating the Reflective Practitioner*.  
Jossey-Bass Publishers, 1987

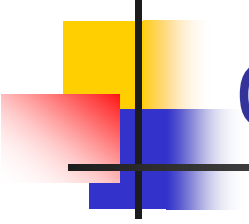


# The History-Where did this come from?

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- “In the practice-learning environment, a physician will begin an educational activity not by entering a conference room but by reflecting on his or her practice performance.”

Barnes BE. Creating the practice-learning environment:using information technology to support a new model of CME. *Acad Med.* 1999; 73:278-281



# The History-Where did this come from?

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



# Adult Learners: Principles

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- 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

Knowles M. *The Adult Learner: A Neglected Species*. 4<sup>th</sup> Ed. 1990.



# Adult Learners: Principles

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- 4. Adults have a deep need to be self-directing; therefore the role of the teacher is to engage the learner
- 5. Individual differences increase with age; therefore there must be optimal provision for differences in style, time, place, etc.



# Adult Learners

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



# Adult Learners

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



# Adult Learners

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

-Mister Rogers





# Learning Contracts

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- “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*. 4<sup>th</sup> Ed. 1990:139



# Learning Contracts

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# Pediatric ILPs- What is that?

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- Learning contract
- Self-assessment
- Exercise in self reflection
- Formulated by the individual (resident)
- Guided by Facilitator
- A requirement



## Pros

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- “Lends focus. Stimulating more purposeful learning”
- “Allows me to re-evaluate learning needs”
- “It is good to have regular discussions about my goals”



## Cons

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- “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”



# Pros and Cons

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“Although the theoretical power of the ILP approach lies with its emphasis on self-direction and individualization of learning, both residents and faculty in our program wanted more guidance, standardization, and structure.”

Stuart et al. Are Residents Ready for Self-Directed Learning? A Pilot Program of ILPs in Continuity Clinic. *Ambulatory Pediatrics*. Vol 5, No. 5, Sept-Oct 2005, pp298-301.



RRC



# Requirements

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



# Requirements

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- “Companion Document” gives some guidance
- Defines ILP
  - Documented personal learning objectives
  - Strategies to achieve them



# ILP Components

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



# Learning Contracts

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- Not set in stone
- Recognize individual differences
- Involves change of attitude
- Product vs. Process

Parsell and Bligh. Contract learning, clinical learning and clinicians. *Postgraduate Medical Journal*. 1996; 72:284-289



# Learning Contracts: Medical Students

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



# Learning Contracts: Medical Students

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

McDermott M, et al. Use of learning contracts in an office-based primary care clerkship. *Medical Education*. 1999;33:374-381



# Self-Assessment

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- Poor to modest correlations with other subjective and objective assessments
- Over-assessment and under-assessment are not predictable
- Relative ranking model may increase reliability

Gordon M. A review of the validity and accuracy of self-assessments in health professions training. *Acad Med* 1991; 66 762-769



# Self-Assessment

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- 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



# Self-Assessment

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- “ 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



# ILPs are not to be confused with....

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- Portfolios
- Evaluations
- IEPs (in the traditional sense)
- In the literature they are made by the Learner for the Learner to take control of Learner needs.



# ILP Queries

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- Is it personality based?
- Should they be done more frequently?
- Does the skill of the facilitator make a difference?
- Can benefit only be seen after years?
- What did we do before ILPs?



# Barriers to ILP Effectiveness

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Small group breakout 20 min.

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

Mahatma Gandhi

# Small Group Reports...

