

## Module 2a:

# How do adults learn?

## *Introduction to learning theory, and why and how to use it with patients*

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### Background for trainer

#### *Why do health providers need to understand adult learning theory?*

Many patients do not understand instructions given by providers – e.g. on how to take (or give) medicines, how to prevent the disease from coming back, how to help their child in the best way, how to treat chronic illness, how to cooperate well with providers in the hospital, etc.



#### **This can lead to e.g –**

- Patients taking/giving wrong doses of medicine
- Patients not getting well
- Patients not learning to take better care of their health
- Lack of cooperation between provider and patient
- Provider judging patient for not wanting to do as she is told, etc.



In other words – not knowing how patients learn can prevent the provider from giving patient centered care, and from empowering the patient to learn to deal better with her own and/or her children’s health. The (exaggerated?) authoritarian style shown in the drawings above can also lead to provider stress and burnout, see modules 3b and 3d, and 2f in the follow-up course. Providers using the authoritarian style usually lack emotional competence.

Patients also forget easily what they have been told, unless they are helped to remember. Research shows for example that most patients forget more than half of what they were told by the provider, soon after the consultation. We also know from literature that adherence to treatment varies greatly, and that e.g. 50% of the patients on long term treatment do not take their medicines the way they should.

Many of the problems are caused by providers not knowing how adults/patients learn. They are therefore not helping patients to understand e.g. **why and how** to take their treatment in the right way, and to remember to do it.

#### ***But, you may say – is it necessary for providers to be “teachers”?***

Shouldn’t patients just make an effort to understand what you tell them, and take responsibility to follow the advice, which you give for their own benefit?

This is of course a valid opinion, although ample research has shown that this traditional authoritarian attitude is based on opinions, not on evidence that it works for patients’ benefit. Furthermore, this approach does not solve the problem of patients not understanding your advice, not telling you that they don’t understand (*because they do not dare to*), or – understanding, but not following your advice, for their own reasons (*your advice is not practical for them, or goes against*

*strong beliefs they have, etc*). And since providers cannot change the way the patients behave, nothing will improve unless health providers take some action to change **their** behavior. They need to learn why their advice is often not acted on and learn how to make it more effective so patients get a real choice to take the right action, and to learn how to manage their disease well.

Some keys to change lie in **understanding how adults learn** (this module), and – in **understanding why they change (or don't change) behavior**. Behavior change is the topic in a later module (3c). Part of the answer is also in using communication skills with awareness, which is the topic in Module 2c, and communicating with emotional competence, which is discussed in Module 3b.

Understanding how adults learn is essential to be able to help patients learn well. When providers experience how they themselves learn well, as adults, and reflect on it, they will be able to see that adult patients learn the same way as they themselves do. In other words – they will see that they can help their patients to learn well, by using the same principles as we use in the course – with awareness and critical thinking as the guiding approach throughout:

- **Relationship** (*patient must feel you see her as a person, and that you relate to her with respect, empathy and emotional competence – and that you are fully present with her in the interaction*)
- **Trust** (*patient must feel she can trust you, by you showing concern for her, and treating her as a person*)
- **Timing** (*give information on what patient needs to learn when patient is relaxed/not in crisis*)
- **Relevance** (*the information must feel relevant to the patient – who must understand why to do what you are asking*)
- **Motivation** (*you must look for what will motivate the patient to follow advice, from his/her perspective – like focusing on a common goal*)
- **Clarity** (*the advice given must be clear and easy to understand*)
- **Feedback** (*you must ask the patient to repeat the instructions you have given, to ensure understanding, and ask if s/he has questions to ask you*)

***The main point is: When the provider respects the patient and her/his emotions\*, developing trust and a good professional relationship becomes natural. Communication and learning will be easier, and sometimes almost effortless. Awareness is the key, throughout the work.***

*\*Practicing emotional competence is to recognize the emotions – his/her own as well as those of the patient – and manage these based on an understanding of what may have caused them. These skills make important differences in the providers' practice. See slides 7-9, and module 3b.*

### **There are six sections in this module. An overview:**

1. **Introduce the topic and establishing relevance** (slides 1-2)
2. **Identify teachers** from whom they learnt well, identify why they learnt well, and link this to their work as health providers instructing patients (slide 3);
3. **Link their understanding of good learning, to learning in this course**, and to understanding the theories behind the pedagogical approach (slides 4-6)
4. **Acknowledge the importance of understanding how emotions affect learning** – both patients' ability to learn well, and providers' ability to instruct well (slides 7-9)
5. **Understand the principles and theory behind the course process and training methods** (slides 10-15)
6. **Understand what characterizes adult learners**, and how we apply these principles in our course (slides 16-21)

## Further background about purpose and contents of the sections

### 1. Introduce the topic and establish relevance

Participants may not instantly see the relevance of this topic to their work. The relevance is best established through asking them to reflect on why learning how adults learn is important for them, and letting them talk with each other for a couple of minutes. You can get short feedback to establish some of the points from the introductory remarks.

### 2. Identify teachers from whom they learnt well

This is an important exercise, which will make them realize that their own good teachers had human characteristics which motivated students to learn well (in addition to the professional/topic knowledge which is common to most good teachers). This exercise should create awareness about what trainers/teachers do to facilitate “good learning” – by making participants connect with their own experience of good learning. See exercise description at the end of the module.

### 3. Link their understanding of good learning, to learning in this course

When they understand how they themselves learn well, it is easier to understand the theory: They will see that the theory “makes sense”, as it is “true” for them and how they have learnt. This makes them ready for understanding the theories behind the pedagogical approach, and to see that experience based (or experiential) learning is needed to learn communication skills well. Being used to lecturing, many will probably see this as “the best way of learning”, as it is the only way they have experienced so far (in schools/training courses). They may thus expect us to use the lecture methods if we are “serious” about their learning.

Ask them to continue to reflect on the use of training methods and assess on themselves how they learn this week through experience-based learning. This will most likely be more effective *than confronting them about their ideas – which tends to make them feel they need to defend the ideas, and this can become a barrier to change*. Many also refer to this method as “learning from life”, or “learning by example” – e.g. the way you learn from role models. In modern training experience based methods are increasingly used – because of the evidence that they are very effective for learning new skills, and for reflecting on attitudes, values and experience.

### 4. Acknowledge the importance of understanding how emotions affect learning

Many participants may be used to seeing “emotions” or “being emotional” as something negative, something they as providers should avoid, and/or control. In many medical schools and nursing colleges, these approaches to “emotions” are still common. If providers learn anything about emotions – it is how to take care of *patients’* emotions, not of their own emotions.

In our course, we look at emotions as natural to people who are sick (*scared, worried, angry..*), and to providers who take care of these patients (*emotions are “contagious” – providers respond to patients’ emotions with their own emotions, often without understanding and managing what is going on. Providers also carry their own emotions to the interactions with the patients*).

The main point here is: When the provider respects the patient and her/his emotions, developing trust and a good professional relationship becomes natural. Communication will be easier, and sometimes almost effortless. Emotional competence will be thoroughly dealt with in Module 3b.

**Emotions influence learning** - and that is the main point to make here: We need to understand emotions, because they influence how patients – and we ourselves – learn, and act: Both positively, and negatively.

## 5. Understand principles and theory behind the course process and training methods

“Process training” may not be a concept which is known to all participants. It is important for them to understand why we are using this approach, and – they can by now relate it to their own learning: They have seen how they have learnt gradually, by doing their observation and reflection tasks. Understanding WHY – both regarding the use of participatory methods to learn communication skills, and the use of process training for the course – will help participants accept the new methods and concentrate on learning rather than wondering what we are doing – and why.

*NB: Since we are trainers and they are students in this context, participants may instinctively, automatically – follow the “old” tradition of not questioning authority, but rather sit quietly and judge, and not take part. As a trainer – you need to be aware of this and let them come forward when they are ready – rather than push them to take part because you think they have been quiet for too long. In our courses, participants have usually “warmed up” to the methods within the first couple of days. And then, even the quiet ones participate – especially in the group discussions.*

## 6. Understand what characterizes adult learners

When thinking of the patient as “the patient”, only – it is easy to put the patient “below” the provider: The provider is the one with the medical expertise, and the patient has come because she/he needs this expertise. Many providers relate to their patients mainly from this narrow perspective.

The purpose of looking at the people who come for treatment and care **also** as “Adult learners” is to broaden this perspective. We need to enable providers to see that the patient is a respected person in his/her own community, with a lot of life experience and problem solving skills, and – s/he is used to being treated with respect. When looking at the patient from this perspective, it becomes natural – and necessary – to treat the patient as a person, and with respect: to see that understanding how the patient learns well will help build trust and establish a good professional relationship between the provider and the patient, and thus also help them to cooperate. The exercise will enable the participants to see this, and – to relate this to their own situation as learners in the course.

***NOTE: Throughout the course, our approach is to first make participants realize how a principle works on themselves – thus linking their cognitive and emotional understanding of the issue. Then, they will be able to transfer this understanding to the patient, and see the parallels. This will help the provider continue to see the patient as a person (as opposed to categorizing and judging them, e.g. as “difficult patients”).***

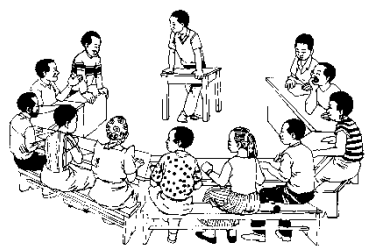

**Time needed:** 1 hour 15 minutes

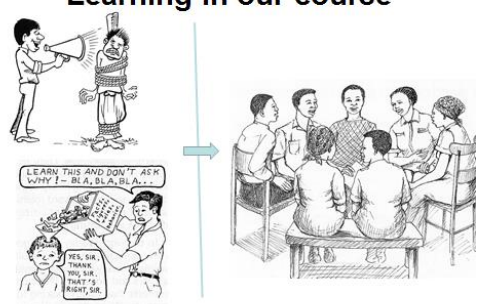
**Preparation:** Discuss with co-facilitator how to receive feedback from exercises. See notes on exercises at the end of the module.





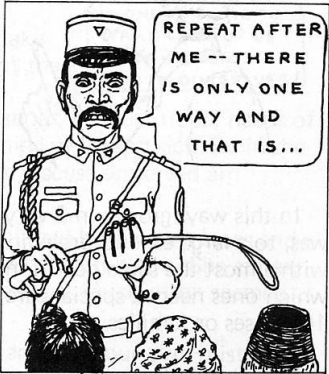

**Materials needed:** Flipcharts (for groups), marker pens (different colors), tape



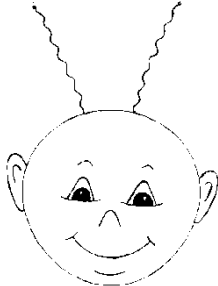


**Facilitator/co-facilitator/assistant roles:** He/she could read out the examples from participants on the slides (if no volunteer from participants). Other tasks: To be agreed between the two (e.g. printing the module before the session, making sure there are enough materials/flipcharts/pens, etc...). Assistant facilitator also writes on the flipchart, when points from participants are to be written down.

**Presentation slides: Comments, questions, main points to bring out**





<p style="text-align: center;"><b>How do we learn well?</b></p>  <p style="text-align: center;">Introduction to learning theory, and methods used in training</p>	<p><b>Ask:</b> Have you ever wondered why patients do not do what we normally advise them? Why is it necessary for us as providers to know how adults learn? (<i>Let them talk to each other briefly, give them time to reflect</i>)</p> <p><b>Main point:</b> When we understand how we learn ourselves, we can better understand how our patients (and other adults) learn</p> <p><b>Ask:</b> What do you see in this picture? What can you say about the sitting arrangement? (<i>Ask them to relate to their own experience</i>)</p> <p><b>Main points:</b> Trainer is respectful; shows conducive atmosphere for learning; participants are attentive</p> <p><b>Ask: What does this have to do with learning?</b></p> <p><b>Get</b> some points</p> <p><b>Explain:</b> In this module, we will:</p> <ul style="list-style-type: none"> <li>* look at how you as adults learn most effectively</li> <li>* discuss how we can use this knowledge to help our patients learn well.</li> </ul> <p><i>Our patients are adults, they have much experience, and need to be respected and seen as partners</i></p>
<p style="text-align: center;"><b>Learning objectives</b></p> <p><b>Strengthen awareness of</b></p> <ul style="list-style-type: none"> <li>• What characterizes adult learners</li> <li>• What makes adults learn well</li> <li>• Why use participatory methods to teach about communication and emotional competence</li> </ul> <p><b>Strengthen knowledge about</b></p> <ul style="list-style-type: none"> <li>• purpose and effect of process training on learning</li> <li>• relevance of learning about emotions in this course</li> <li>• Linking principles of adult learning, to theory</li> </ul>	<p><b>Explain:</b> This is what we will do during the session. (<i>Read out the objectives</i>)</p>
<p style="text-align: center;"><b>My best teacher: Exercise</b></p> <ul style="list-style-type: none"> <li>• Think about a teacher (or someone else) who <b>inspired you to learn</b></li> <li>• What <b>characterized</b> this teacher?</li> <li>• How does this relate to us as health providers?</li> </ul> 	<p><b>Exercise 1: My best teacher</b></p> <p><b>Purpose:</b> To strengthen participants' awareness of how personal characteristics of a teacher (motivation, engagement) and the way he/she relates to and communicates with learners, also influence how they learn (in addition to the professional qualifications). To translate this insight to their role as providers.</p> <p><b>Time</b> for the whole exercise: 20 minutes</p> <p><b>Introduce the exercise:</b> We would like you to tell us about teachers who inspired you to learn</p> <p><b>See instructions for the exercises after the slides</b> <b>Use points and insights from this exercise to refer back to during the subsequent discussions</b></p>




<p><b>Learning in our course</b></p> 	<p><b>Ask</b> participants what characterizes these drawings: What can they say about pictures on the left – how will these people learn?  <b>Why</b> (do they not learn well)?  <b>Main point:</b> People are forced, they will not learn well  <b>Ask:</b> What do they think about the group picture? Why do these people learn well?</p> <p><b>Sum up:</b> In our course, we also learn from each other: You are adults with a lot of experience and ideas to share with each other.  <i>We do not believe the teacher has all the answers!</i></p>
<p><b>Theories behind this course</b></p> <p><b>Research evidence</b> shows that to learn effective communication skills we must understand that -</p> <ol style="list-style-type: none"> <li>People have different experiences and perspectives (e.g. providers and community members), which -</li> <li>Need to be understood and respected for good learning to happen</li> <li>We need to learn – from medical perspectives as well as from social and psychological perspectives</li> <li><b>Modern learning theories:</b> Need to understand issues from <i>cognitive</i> AND <i>emotional perspectives</i></li> <li><b>Influenced by the humanistic approach and Patient Centred Care, where respect and empathy are key concepts</b></li> </ol> <p>In other words – we need to move from our usual, “comfortable” (lecture) learning methods (which allows us to sit back and be passive learners) to  <b>Experience based learning - which requires us to engage, and be active: We have to commit to the learning</b></p>	<p><b>Note to trainer:</b> <i>The purpose of this slide is to explain that we have a solid evidence base for what we are teaching, and -</i>  <i>That teaching communication skills effectively means we need to open up to learning from many perspectives –</i>  <i>Using experience based learning methods, linked to a number of theories.</i>  <b>Explain</b> it your own way, bringing out points like:         <ul style="list-style-type: none"> <li>Most of you are used to lectures, and to learning scientific facts: This “programs” you to judge other methods automatically.</li> </ul> <p><i>(“Meta-message”): They should feel safe that the course is built on solid theoretical AND practical foundation.</i>  <i>They should also be aware that their previous experience can lead to an automatic reaction – that they will question and judge (negatively) methods they don’t know – like experience based learning.)</i>  <b>Link to their situation:</b> When the patients come, they have their own experiences. <i>It is important to find out this from them, and not to assume they don’t know anything.</i> As providers, we need to respect their experiences and knowledge, and build on it – to help them learn. We know this influences e.g. adherence to treatment, and – cooperation with providers.  <i>As participants and providers, you have your own experiences – and we need to learn from each other.</i></p> </p>
<p><b>How do we apply these theories to our learning in the course?</b></p> <ul style="list-style-type: none"> <li>Look at <b>ourselves</b> and <b>our own process of learning</b>, before we can teach others effectively</li> <li>You will be <b>confronted and challenged</b>, to encourage <b>critical thinking</b> and analysis</li> <li>We will talk about <b>emotional competence</b></li> <li><b>Your reactions</b> – could be negative. This is natural</li> <li>You make a choice: Talk, or withdraw?</li> <li><b>Using participatory methods</b> makes learning alive, and flexible. Engages participants, and makes learning more effective</li> </ul>	<p><b>Explain:</b> In our course, we follow some “rules” which are based on adult learning theory, and psychology: <i>(read the points – explain them in your own way)</i>  <b>Main point:</b> Emphasize that no one will be forced to speak in class: in adult learning, participants are free to decide when to contribute. Also – that we know these methods are new to many of them, that the new rules might feel strange, and – that this is to be expected!  <i>We understand first how WE learn and change, then we can teach others</i>  <b>Ask:</b> Any questions?</p>

<p><b>Emotions are natural, and influence learning</b></p>  <ul style="list-style-type: none"> <li>• Emotions influence the way our patients learn from us</li> <li>• Is this true?</li> <li>• <b>How?</b></li> </ul>	<p><b>Trainers' note: Purpose of slides on emotions</b> – to strengthen awareness of the fact that feeling vulnerable and showing emotions is a natural response to being sick. Challenge is to recognize <b>how emotions influence learning</b>, and to replace automatic reactions to emotions with conscious communication.</p> <p><b>Let</b> them buzz, briefly</p> <p><b>Invite ideas;</b> question notions that emotions are “difficult” (not by telling them they are wrong – but asking e.g. – what is the basis for your ideas? What do we know about this, from literature?)</p> <p><b>Conclude e.g.</b> - Every human being has emotions – these are natural, and – they make us act.</p> <p><b>And with a question:</b> <i>Could it be we are skeptical about emotions, because we do not know how to manage them?</i></p>
<p><b>Emotions are natural, and influence learning</b></p> <ul style="list-style-type: none"> <li>• Our patients have many <b>emotions</b> when they come to hospital</li> <li>• When <b>worried or scared</b>, they do not learn well</li> <li>• Emotions also <b>influence providers</b></li> <li>• We need to learn <b>how to deal with fear</b>, anger and conflict</li> </ul> 	<p><b>Explain the ideas in this slide, briefly</b></p> <p><b>Ask</b> e.g – does this make sense to you (<i>not opening up for a discussion – just seeking confirmation for the ideas</i>)</p> <p><b>Explain:</b> When provider respects the patient and her/his emotions, developing trust and a good professional relationship becomes natural. Communication will be easier, and sometimes almost effortless.</p> <p>Ask if they agree....</p> <p><b>Conclude:</b> We will learn how to manage emotions in the course, tomorrow (Module 3b)</p>
<p><b>The power of emotions</b></p> <ul style="list-style-type: none"> <li>• <i>"I was in a meeting with fellow colleagues discussing work issues. One member made a comment that I don't attend meetings, I come late while as a leader I should be a good role model. This made me respond with anger and I shouted at her and telling her there are competing tasks and I do try my best to attend. I later got up and left even before the meeting ended".</i></li> <li>• <i>Patients/guardians will be free to ask questions when you wear a smiling face, when they observe you listening to others with concern and when you respect them for what they are. People feel good and positive when they realize that they are treated so important and without discrimination.</i></li> </ul>  	<p><b>Let co-trainer read</b> the examples – or ask one of the participants to read out to the group.</p> <p><b>Ask</b> if they recognize themselves in the examples</p>
<p><b>Why use participatory methods?</b></p>  	<p><b>Ask</b> participants – why use participatory methods? Get a few ideas</p> <p><b>Explain in your own way:</b> <b>Communication</b> happens between two people (<b>“Communicare” means “to share”</b>) - , so it is evident you cannot learn communication skills by listening to a lecture. <i>Link to what you have done so far.</i></p> <p><b>You need to participate</b>, practice – and get feedback. This is what we will do in our course. (<b>Participatory methods</b> are e.g. group discussion, role-play, buzzing, demonstration, writing on/discussing flipcharts, like in teacher exercise)</p>

<p><b>Participatory methods are best when teaching communication skills</b></p> <p><b>Because:</b></p> <ul style="list-style-type: none"> <li>• Learner centred, alive, flexible</li> <li>• Example focus, learning by observation</li> <li>• Combines cognitive and emotional learning</li> </ul> <p><b>Results:</b></p> <ul style="list-style-type: none"> <li>• Participants develop antennae, become aware</li> <li>• Motivation to learn is higher</li> <li>• Effective for learning skills</li> <li>• Ownership</li> <li>• Can use methods to teach others</li> </ul> 	<p><b>Summarize</b> the discussion from the slide above, by reading these points.</p> <p><b>Link</b> to what you have done in this module so far – and <b>Link</b> to observation tasks – what you need to learn as a participant.</p> <p><b>Explain:</b> This is what we have done – identifying your needs from reading your reports from the observation tasks. The learning here is based on what you have told us.</p> <p>The demonstrations are built on your own situations. By working this way, we achieve the results you see in this slide.</p> <p>Are you with me?</p>
<p><b>Examples: What participants do to facilitate learning</b></p>  <p><i>"What I have realized is that the approach to a colleague, patient using the correct tone of voice, facial expressions – (smile) make communication easier and reduces unwanted stress."</i></p> <p><i>"I have learned that over-reaction makes clients scared, but explaining facts to clients/patients give them a chance to make their own informed decision which helps the service provider &amp; patient."</i></p>	<p><b>Ask co-trainer</b> or participants to read out the example(s).</p> <p>If you are short of time, you can read only one of them.</p>
<p><b>What is "process training"?</b></p> <ul style="list-style-type: none"> <li>* Flexible, gradual learning</li> <li>* Participants define own problems, and request training based on this</li> <li>* Main methods: Awareness, reflection, critical thinking</li> <li>* Use of experience-based participatory methods</li> <li>* Practical exercises, with feedback</li> <li>* Link theory to practice</li> </ul> 	<p><b>Note to trainer:</b> This is a description of our training design – some of the main features.</p> <p><b>Explain</b> them in your own way, and link it to learning</p>
<p><b>Why process training?</b></p>   <ul style="list-style-type: none"> <li>• Effective in changing attitudes and behavior, based on own awareness</li> <li>• Decision to change comes from within each person, not imposed from the outside</li> <li>• Ownership of process and results</li> </ul>	<p><b>Note to trainer:</b> These are reasons why we have chosen this training approach.</p> <p><b>Explain</b> them in your own way, linking to example/ observations: e.g - <i>Respect, greeting – when you discover/become aware that respecting and greeting patients has a good effect on both you and the patient, you decide to change. It is <b>your</b> decision, and because you may have discovered it and tried it out without pressure, you feel free to adopt it. <b>You own</b> the new method, and the results: More effective care for your patients, and less stress for you.</i></p> <p><b>Key issue:</b> This training is something participants want, because they have seen <b>the need</b> for the learning – through the self-observation and reflection tasks. The learning thus becomes theirs, rather than something they are forced to learn.</p> <p><b>Note:</b> <i>This is a main reason the training works well so it is worthwhile emphasizing the points in this slide.</i></p>



<p style="text-align: center;"><b>The effect of observations</b></p> <p><i>“I am a good listener, or so I thought. I am not in many occasions. I am quick to make judgements. I am the worst person when am angry, I just don’t listen. What a shame! I have realized the way I talk/react to situations both verbal and non-verbal has a lot of impact on whoever am communicating with”</i></p> 	<p><b>Ask co-trainer</b> or participants to read out the example – from a reflection and insight from one of the participants.</p> <p><b>Comment</b> that you assume many have had similar insights – and that we will get back to these and discuss them throughout the course.</p>
<p style="text-align: center;"><b>Exercise 2:</b> What characterizes adult learners?</p>  <p><b>In groups of 3 – discuss:</b></p> <ul style="list-style-type: none"> <li>• What characterizes adult learners?</li> <li>• What skills and resources do they have (related to learning)?</li> <li>• What kind of advice are they likely to remember, and use?</li> </ul>	<p><b>Exercise 2: Characteristics of adult learners</b> <b>Introduce</b> the exercise: e.g. – how do we know what are most effective ways to deal with adult learners? <b>Ask</b> participants to buzz in groups of 3 for 5 minutes</p> <p><b>Ask co-trainer</b> to write feedback on flipchart. <b>Get feedback</b>, question by question, from different groups (i.e. – one group answers on what characterizes adult learners, then ask other groups if they have additional characteristics) <i>Other questions: Not necessary to write on flipchart</i></p> <p><b>Check time</b>, you should have about 10 min left to sum up principles and ask for questions</p>
<p style="text-align: center;"><b>Characteristics of adult learners</b></p> <ul style="list-style-type: none"> <li>• <b>Adult learners</b> <ul style="list-style-type: none"> <li>– have a lot of experience from coping with work, family and life in general</li> <li>– are used to solving practical problems</li> <li>– command respect in the family and the community</li> <li>– are busy, and have no time for things that do not feel useful to them</li> <li>– are likely to value and remember knowledge and skills that are of direct use to them</li> <li>– learn at their own pace.</li> </ul> </li> </ul> 	<p><b>Summarize</b> – linking to the flipchart list from their discussions.</p> <p><b>Appreciate</b> their knowledge (they probably got most of these points) – emphasizing that they as participants know a lot about what we are teaching:</p> <p><i>Effective learning is for trainers to identify and acknowledge what learners know, and build on this.</i></p> <p><b>If trainer assumes learners are ignorant, he will turn the learners off, and will have lost the opportunity to help them learn. AND – the trainer is wrong!</b></p>
<p style="text-align: center;"><b>How do we relate adult learning principles to our work with patients?</b></p> <ul style="list-style-type: none"> <li>• We now understand what characterizes adult learners</li> <li>• How do we relate this to working with patients and colleagues?</li> </ul> 	<p><b>Bring the learning from this module together.</b> <b>Ask</b> participants to buzz og questions on the slide. <b>Invite</b> comments</p> <p><b>Main points:</b> Our patients and colleagues are adult learners. If we want them to learn/remember something, we should use these principles:</p> <ul style="list-style-type: none"> <li>• Treat them with respect,</li> <li>• Acknowledge and appreciate their knowledge, experience and</li> <li>• Status</li> </ul> <p><b>Link</b> this to the introduction on why it is important for us as providers to understand how adults (e.g. patients, and relatives) learn, and discuss.</p>

<p style="text-align: center;"><b>“Find out what they know already”</b></p>  <ul style="list-style-type: none"> <li>• <i>“Finally, I have adopted a pattern of seeking to know what my clients already know about the subject we are discussing. I encourage them to tell me everything so that I only add to what they may have forgotten, or omitted.”</i></li> </ul>	<p><b>Read out</b> –as example of using a good adult learning principle in their work</p>
<p><b>P. Freire: Adults learn best when:</b></p> <ul style="list-style-type: none"> <li>• What they learn is relevant to what they feel they need</li> <li>• They can practice what they learn, in a positive and encouraging atmosphere, using participatory methods with feedback.</li> <li>• They are valued for the contributions they make.</li> <li>• Visual aids and practical examples are used</li> <li>• Regular breaks, physical activities, songs, games, exercises and drama are used</li> <li>• They are comfortable in the teaching room(s)</li> <li>• They are fed well</li> </ul>	<p><b>Note to trainer:</b> Please google the famous educator Pablo Freire, who was “the father of empowerment training”.</p> <p><b>Make your own brief summary</b> and comment on who he was, and why we refer to him here.</p> <p><b>Read</b> out the principles. See also notes at the end of this module, on Freire’ principles of adult learning. These can be used e.g. as a handout, or written up and hung on the wall in the training room.</p> <p><b>For Freire, these principles were so important that he was sent in exile for them. He helped free people.</b></p>
<p><b>Principles we follow in the course</b></p> <ul style="list-style-type: none"> <li>• Encourage to open up, broaden perspective <b>BUT</b> – never force</li> <li>• Being silent, choosing not to bring your point is OK. Talk when you are ready.</li> <li>• People’s ideas are welcomed, and <b>never ridiculed or rejected</b></li> <li>• People’s ideas are <b>respected</b></li> <li>• <i>No one will be forced to do something that does not feel right</i></li> </ul> 	<p><b>Sum up</b> by stating what are the consequences of what you have been talking about, on how you will deal with them as adult learners in the workshop</p>
<p style="text-align: center;"><b>Questions?</b></p> 	<p><b>Ask</b> them to talk at their tables for a minute – to find out if they have questions Answer questions yourself – or ask the group to answer (<i>by this time they may have many ideas, and it is empowering to share these with others</i>).</p> <p><b>Appreciate</b> their contributions, and their work on this important topic</p> <p><b>Close</b> the session</p>

## Exercises, principles of adult learning, and examples

### Exercise 1: My best teacher

**Objective/purpose:** To strengthen awareness of the effects of personal characteristics of a teacher, on students' motivation and ability to learn (*e.g. teachers who inspired them were encouraging, ready to advise, cared about me/us, saw me as an individual, humorous, good listener, simple and clear, friendly, appreciate that making mistakes is a part of learning, organized, knowledgeable, etc*): teachers who inspired them were not only good professionals, they were also concerned human beings. Furthermore, to strengthen awareness of how these teachers could have influenced students' choice of profession, and also influenced them in other ways. Finally, to link these insights to their role as providers, to explore their potential influence on patients learning when providers are acting as "human beings", and how this attitude of seeing their patients as **persons** can help them learn.

#### Procedure:

1. **Introduce the task** by asking them to discuss in groups of three, about teachers who inspired them to learn, and what characterized these teachers. The teachers can be in school, college or at home (*some of the participants chose their parents, but more often they will choose a primary school or college teacher*). (5-7 min)
2. **Feedback: Ask for examples** of teachers who inspired them, from 2-3 different participants. As you get the description of each teacher, ask your assistant facilitator to write on the flipchart the **personal characteristics**. Ask follow-up questions to get out more points.
3. Then, **ask** them for examples of **influence the teachers have had on them**, as a person, and for her/his profession
4. **Ask for insights and reflections** – on how this learning relates to their work as providers – and on how they as providers (can) influence patients to learn.
5. **Bring out the point** (by concluding, if participants do not bring it out) that personal characteristics are as important as professional knowledge, in inspiring students to learn.

**NOTE:** The point here is to ask feedback on question by question (*i.e. several participants to respond to question 1 first*), NOT to let one participant finish the two questions before proceeding to next one. If insights are not brought out, trainer should conclude with the points below.

**NB: Make sure – when you plan for this session – that there is space in the classroom to put up flipcharts, and for everyone to walk around and read.**

#### Main points to bring out

- **Good teachers have important influence on students.** Good teaching is about more than knowing your subject! You as providers can use this knowledge when teaching your patients *e.g. how to give the medicine correctly to their child (or – use another example which has come from the discussion)*.
- **Personal characteristics mentioned:** Honesty, see me as a person, knowledgeable, friendly, helping me to learn, gives me feedback, cares about us students, makes the teaching alive.
- **Good teachers inspire students to do well in their subject**, be motivated, choose a profession, work hard, learn well, pay attention, etc
- **Good teachers respect students' emotions**, and never criticize or make fun of them in front of others.
- **Relevance for their role as health providers:** *Their relationship with patients have big impact on whether patients listen to + follow advice*

- **Examples of insights:** “Our teachers have a very big impact on us as students, helping us to learn well. The personal characteristics of the teacher make us motivated and inspired to learn. We as providers also have big impact on our patients, helping them to learn (example). Our personal characteristics – being respectful, understanding etc (quote from your list) – are important for enabling them to understand.”

### Some notes/insights from discussions in Kilifi:

- “A good teacher is a concerned human being”
- “I used to think I was bright, but I now realize this is not enough”
- “This made me believe in myself – I see my potential to help my patients better”
- “We are teachers – our relationship with patients has a very big impact on whether they listen to and follow our advice”.
- “On the communication level, we need to be where they are, and make them feel they are human beings, too – when they are down, and take care to communicate well with them and make sure they understand what to do”.

### Participants may ask:

- “Do you think it is possible for one individual to possess all those characteristics?” (frequent characteristics mentioned are: Motivated/motivates students, believes in me, uses humor, is inspiring, uses examples, makes me see, does not make me feel stupid, asks many questions, is friendly, knows when we understand, knowledgeable..)

### Advise them that

- – whatever characteristics you have as a person, you can work to strengthen them. When you know about the characteristics that make a good teacher, you can decide which of you characteristics you must use more of when you are in a position to instruct someone. Being aware, and communicating with awareness and emotional competence, will make you a better teacher, with time.

## Exercise 2: What characterizes adult learners?

**Purpose:** To strengthen awareness of the fact that their patients, or parents of patients, are resourceful respected adults in their communities, and used to (and entitled to) being treated with respect. Furthermore, to strengthen knowledge about how adults learn best (e.g when what they learn is useful to them and they can apply practically, and when they understand the reason(s) why they should do it this way), and the implications of this for the providers (e.g. that a patient will remember better if the provider shows him/her what to do, why to do it this way, and how – rather than just explaining it, verbally).

### Procedure:

1. **Introduce** the exercise: e.g. – how do we know what is the most effective way to deal with adult learners? **Ask** participants to discuss for 5 minutes
2. **Ask** co-trainer to write feedback on flipchart.
3. **Get feedback**, question by question, from different groups (i.e. – one group answers on what characterizes adult learners, then ask other groups if they have additional characteristics)
4. **The list of characteristics on the flipchart** should at the end be compared with the summary slide of characteristics – to see if there are points missing, on both lists. **Emphasize** the point that they here, as a group of adult learners, have come up with most of the points on the list

### Main points to bring out:

- See next slide, and the international educator Pablo Freire’s principles, below

- *Advice they are likely to remember: When they have practiced something, understood why it is important to do it this way, been appreciated, and – been treated kindly, with concern.*

**Use this opportunity to appreciate the knowledge and experience of the participants**, and to emphasize that even if we have known what characterizes adult learners, we have not necessarily used this in our work as providers. Now that we have been reminded, we can put it to conscious use!

### Principles of effective adult learning (Pablo Freire)

#### **Adults learn best when:**

- What they learn is relevant to what they feel they need.
- They can practice what they learn, in a positive and encouraging atmosphere, using participatory methods with feedback.
- They are valued for the contributions they make.
- Visual aids and practical examples are used
- Regular breaks, physical activities, songs, games, exercises and drama are used
- They are comfortable in the teaching room(s)
- They are fed well

The famous Brazilian educator Paulo Freire developed in the 1960s an effective method for teaching adults literacy skills. Freire is known as “The Father of participatory teaching and learning”. In the 1980s and 90s, his methods have been widely adopted by Governments, NGOs, UN organizations and donors.

#### **The principles:** Freire’s most important principles and methods are:

- **Dialogue.** The teaching method is to be based on dialogue, which is a horizontal relationship between teacher and learner. Communication and empathy are the main methods in the dialogue.
- **The educator is a partner:** Freire’s view of a good educator emphasizes the need for a flatter structure in the learning hierarchy, and for an exchange between teacher and learner: “The mark of a successful educator is not skill in persuasion - which is but an insidious form of propaganda - but the ability to dialogue with the educatees in a mode of reciprocity.” (Freire, 1974)
- **The learner is the subject.** The learning should be based on an understanding of his or her situation, and should lead the learner to see himself as a subject in the world, a subject who can be a maker of the world of culture. Through this, his attitude of being an object, a victim of circumstances, and thus passive with no power, will gradually change. He will become a transforming agent of his own social reality.
- **Critical thinking and analysis.** The learner describes and analyses his situation, and reflects critically on it: He questions the definition of “reality”, and gain the skills to redefine this reality. Through this, he is stimulated to begin solving problems. In Freire’s own words: “We needed, then, an education which would lead men to take a new stance toward their problems - that of intimacy with those problems, one oriented toward research instead of repeating irrelevant principles. An education of “I wonder”, instead of merely “I do”. (Freire, 1970)
- **Problem-posing as a pedagogical method.** Freire’s central message is that one can know only to the extent that one “problematizes” the natural, cultural and historical reality in which s/he is immersed. Problematizing is the antithesis of the technocrat’s “problem-solving” stance. In the latter approach, an expert takes some distance from reality, analyses it into component parts, devises means for resolving difficulties in the most efficient way, and then dictates a strategy or policy. Such problem-solving, according to Freire, distorts the totality of human experience by reducing it to those dimensions which are amenable to

treatment as mere difficulties to be solved. He recognizes participants as thinking, creative people with the capacity for action: "Problem-posing education is prophetic, and as such is hopeful, corresponding to the historical nature of human beings. It affirms people as beings who move forward and look ahead,...for whom looking at the past must only be a means of understanding more clearly what and who they are, so that they can more wisely build the future." (Freire: *Education: The practice of freedom*, 1970)

## Additional examples from observation tasks

### 1. Consequences of not relating well to emotions; effect of emotions

#### Emotions are natural, and influence learning



- Emotions influence the way our patients learn from us
- Is this true?
- **How?**

#### The mother jumped the queue

"A CO was on duty. There was a long queue of patients. A mother with a very sick baby jumped the queue, and the CO shouted at her and told her to get back where she belonged. When it was finally her turn, the mother was crying, and the CO could not get much info out of her about what had happened to her baby. The baby was admitted to hospital, as she was very sick.

The CO reflected on her shouting, and felt she should have rather had a quick look at the baby before deciding if she should be sent back, and that she also needed to step back from her anger reaction, and treat the mother with respect and compassion.

*In some medical circles, "emotionality" is seen as something unnatural, something to be afraid of, something to control and avoid. This does not meet patients' needs."*

*"I discovered that when I get so stressed it drains me so much energy that I have to get a sweet drink to re-energize myself before I proceed with other activities."*

*"I have realized that more often when I get irritated I don't perform well in any procedure or work given, hence the results are poor. Examples: if I have assigned responsibilities to my children or maid and find out that they have not done it I get angered. If it is the children I punish them or if it is the maid I keep quiet"*

*"When am angry I normally feel like crying but, I quickly move away from everybody and go to a quiet place with a person I trust. I explain to her and after talking I feel a bit relieved... "*

### 2. What participants do to facilitate learning

*"I have hindered communication by wearing a negative face and this led to disagreements with colleagues. This brought a lot of complications for a long time and there was a sour relationship. I have now learnt to break these barriers that hinder good communication like wearing a smiling face, cooperating well, adding humor, making people feel free and safe and give them time to open up. I have learnt to listen more, talk less and when I talk, I talk in a sense that I apply skills that make communication effective like eye contact, nodding, creating a good space in between us, wearing a smile face and allow the other part talk without interrupting"*

*"Give information bit by bit always paraphrasing each visit, by asking open ended questions. E.g. I understand that this is not your first session, can we talk about what you learnt on the previous session"*

*"It is very important for parent to understand all procedures done on their children in order to gain full support and trust from them. When the process/procedure is explained in advance and its well*

*understood, then the parents will automatic co-operate in whatever you want to do to improve or treat the child or find the cause of illness”.*

*”The parents have to know what is going to be done on their child, and why is it important. If not done what will be the results e.g. wrong treatment or prolonged treatment, complications of the procedures if any”.*

### **3. The effects of observations**

*”The self exploration and experiential exposures of this training have made me discover myself in another perspective. “*

*”I am also experiencing a change in my way of considering other people’s opinion and increased awareness in situations I am not sure of.”*

*”After a long reflection, I have realized I am not the best communicator. I am sometimes moved by situations and events and so must the type of a colleague or a type of client am dealing with. The time of the day especially when I am tired I do usually become irritated very fast. How you present yourself matter a lot on how I may respond to you. I get bored with stories which are obvious to me.”*

*”I have come to realize that I have been a hindrance to effective communication. I have learnt a lot of things even this month. Have realized that I am a poor listener and I don’t pay attention to instructions. Sometimes I interrupt when one is talking, and give my own opinion. I have been harsh, rude and most people told me that I am always serious and thus they fear me. I have been angry while trying to argue with someone. “*

*”The self exploration and experiential exposures of this training have made me discover myself in another perspective. I am also experiencing a change in my way of considering other people’s opinion and increased awareness in situations I am not sure of.”*