

How we learn is as important as where we learn

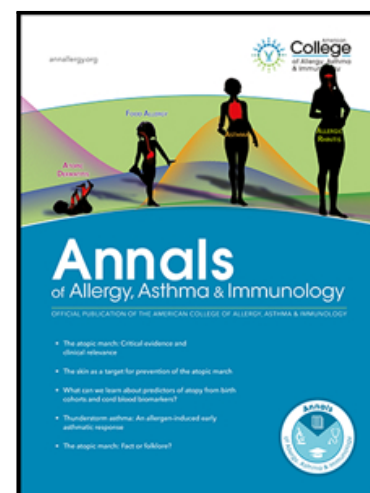
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PII: S1081-1206(21)01174-1
DOI: <https://doi.org/10.1016/j.anai.2021.10.024>
Reference: ANAI 3752

To appear in: *Annals of Allergy, Asthma Immunology*

Received date: 1 September 2021
Revised date: 10 October 2021
Accepted date: 12 October 2021

Please cite this article as: Bryan L. Martin, How we learn is as important as where we learn, *Annals of Allergy, Asthma Immunology* (2021), doi: <https://doi.org/10.1016/j.anai.2021.10.024>



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TITLE Page

Perspective: How we learn is as important as where we learn

Funding source: none

National Clinical Trial Registration: not applicable

Conflicts of Interest: None

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Key Words: Education, Teaching, Simulation, Learning

“Good teaching cannot be reduced to technique; good teaching comes from the identity and integrity of the teacher.”

Parker J. Palmer

Medical Education in general, and Allergy Immunology training in particular, has a problem -- consistency. This includes consistency over time and between programs. In spite of RRC Program Requirements that are applicable to every program, the time worn adage that “If you have seen one Allergy Immunology Fellowship, you have seen **one** Allergy Immunology Fellowship” reflects the variety of experiences that one may have as one of the 308 Allergy Immunology Fellows in our now 81 different programs.

Most medical education occurs in a limited number of settings. Some would argue that the best teaching is done at the bedside, while others argue that even after medical school

there is room for a robust didactic education, where the subject matter, rather than the patient is the center of attention; this may occur as a lecture, seminar, grand rounds, or at a larger event such as a regional or national program.

The advancement of medical simulation has made it possible to do both procedural training and training in such social skills as communication, empathy and professionalism via a simulated approach. In simulations, difficult situations where mistakes are common may be repeated without patient harm until they are done correctly.

Recent events have shown us that education can be done virtually, and as we move from exclusively in person clinicians to being more comfortable with electronic communication with our patients, these differentiations become somewhat artificial. We have learned through the pandemic that we can do many types of clinical interventions and teaching remotely. However, a real problem with remote teaching is the nearly complete lack of feedback. Unengaged learners can leave the virtual presentation onscreen while doing other things. Some have gone so far as to mandate that learners keep their cameras on so the teacher can ensure they are present.

Engagement is an important part of all education, including medical education. Medical educators at all levels, to include those of us who primarily teach fellows, must start with engagement. We have all worked with unengaged learners, and have talked to peers about groups of learners who were so unengaged, that we couldn't "reach" them no matter what we did. The medical educator must engage the learner regardless of when or where an opportunity for learning comes.

Engagement is the “secret sauce” in any educational exchange, and comes from the interaction between learner and teacher. The teacher must therefore understand the basics of motivation for learners, and try to meet the learner in a manner that will most likely end in gain of knowledge by the learner. This leads us to the concept of learning styles, and much is written about this. Briefly, a person’s learning style describes how s/he incorporates, processes, interprets and ultimately organizes information. If we look at learning from this perspective, it is not just about providing the learner with the necessary information, but about assisting the learner in understanding and organizing the information learned. This is not just true regarding scientific knowledge that can be categorized, but also about the softer skills we need to teach such as empathy and professionalism. It is the responsibility of the instructor to lead the learner to his/her own understanding of the required materials.

There are many methods used to categorize and model learning styles. Perhaps the best known and most discussed model is the VARK model developed in 1987 by Neil D. Fleming, an educator for more than 40 years. VARK is an acronym: V is for Visual, learners who process information best when they can see it, and tend to like pictures charts and graphs. A is for Aural, learners who learn best through sound, and tend to like lectures. These learners also like to talk about what they have learned. R stand for learners who learn best when they read/write. They typically take copious notes, which they later read and re-read. K stands for kinesthetic learning, these learners like information that they can gain through practice and experience. Fleming developed this model to help both faculty and students, and noted that a student may prefer one modality or be multimodal. What is important is not the details of any given model, but the idea that each learner, even at the fellow level, brings a set of skills that

s/he can tap into in order to gain new information most effectively, and by understanding this, the faculty will meet the learner's needs most effectively. The learner may not know where they fall on the VARK learning model, therefore, in small group teaching situations such as most fellowships the instructor must pay attention to how what types of teaching are most effective in order to help the trainee.

The ACGME has done more than give program directors the program requirements. Today, every program has milestones, which delineate the skills that each fellow must obtain before s/he can graduate from the fellowship experience. . By discussing the movement toward attainment of each of these skills, the program director and faculty can direct the fellow toward success and can direct the faculty toward ensuring that the fellow gets the individual attention that s/he needs to obtain success.

The Inservice exam is not just a way to examine the readiness of an individual fellow, it is also a way for the program to evaluate its teaching methods. By examining the areas where the fellows as a group have done poorly, the program can recognize areas where teaching needs to be added or made more effective.

We don't just need more teachers of Allergy and Immunology. We must maximize the effect of each allergist immunologist, not just those who self identify as academic. In this model, each of us is a teacher, and we must not only understand what the learner needs to learn, but how best to teach the individual. Good teaching comes from engagement at every level; engaged teachers not only engage learners, but also make the learners engaged enough

to become teachers. It is vital that all allergists and immunologists understand that they are not just clinicians, but educators too. ##

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