

Integrating Interprofessional Experiential Learning into Health Professions Education: Fostering the Development of Master Adaptive Learners



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BACKGROUND

To be prepared for interprofessional collaborative practice, and solve unique and complex problems, healthcare providers need to be adaptive learners who are prepared for future learning, and ultimately develop adaptive expertise. Adaptive expertise is the ability to solve familiar and unfamiliar problems with flexibility, innovation, and creativity. Faculty need to be prepared to develop master adaptive learners.

PURPOSE

The purpose is to discuss the importance of intentional planning of interprofessional experiential learning activities, applying various adult learning theories, including the Master Adaptive Learner (MAL) model, to promote the development of future health professionals that are master adaptive learners, and suggest the intentional use of learning theories to create and integrate experiential learning activities throughout health professions curricula.

METHODS

This presentation will discuss the MAL model (Fig. 1), outline intentional planning of uniprofessional and interprofessional experiential learning activities, with application of learning theories throughout health professions curricula, including social learning theory, experiential learning theory, situated learning, and the MAL model. Experiential learning activities engaged populations across the lifespan, included uniprofessional and interprofessional groups of learners, took place in various environments, and involved engagement with community partner organizations.

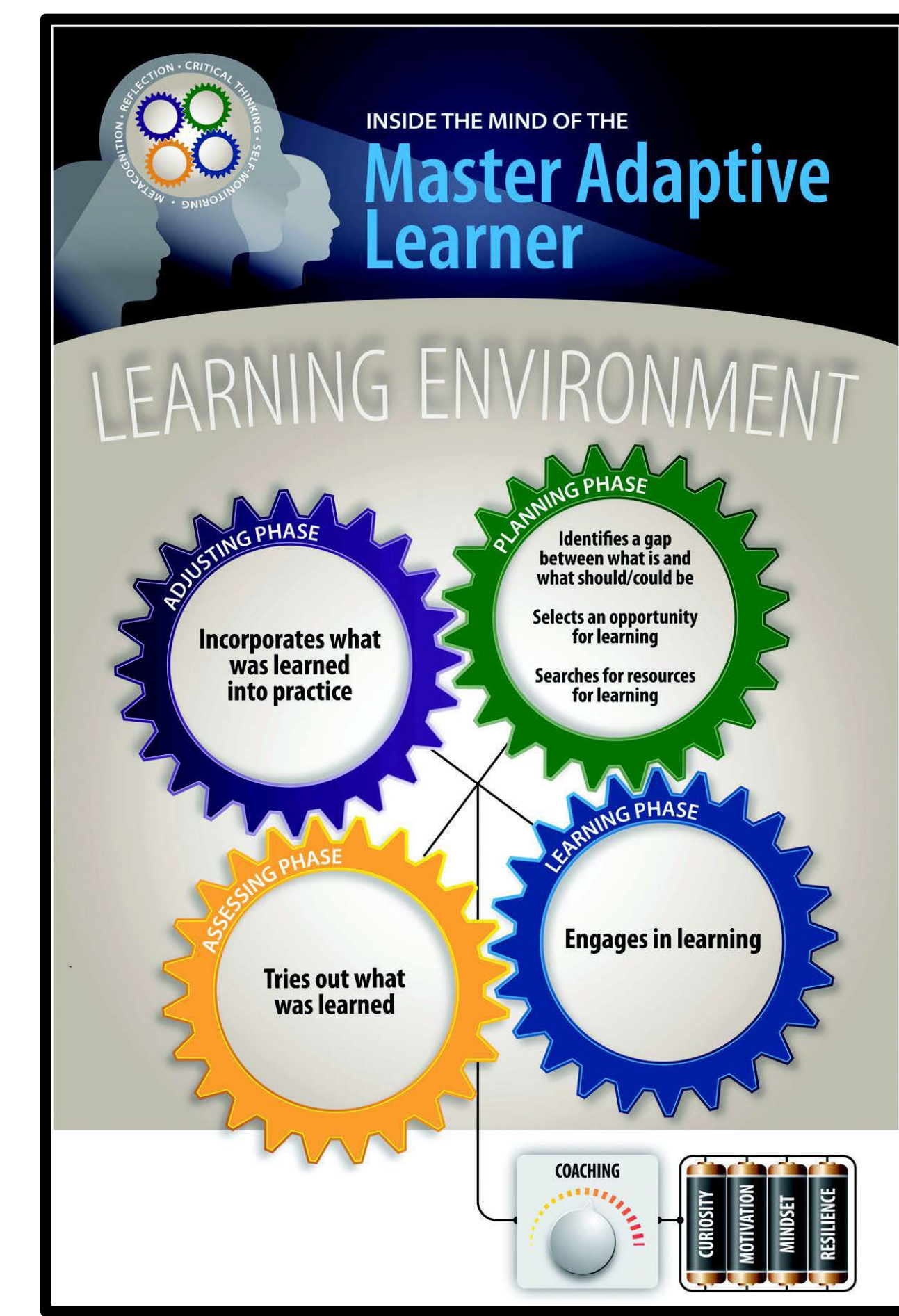


Figure 1 Characteristics and contexts that allow the Master Adaptive Learner process.⁶

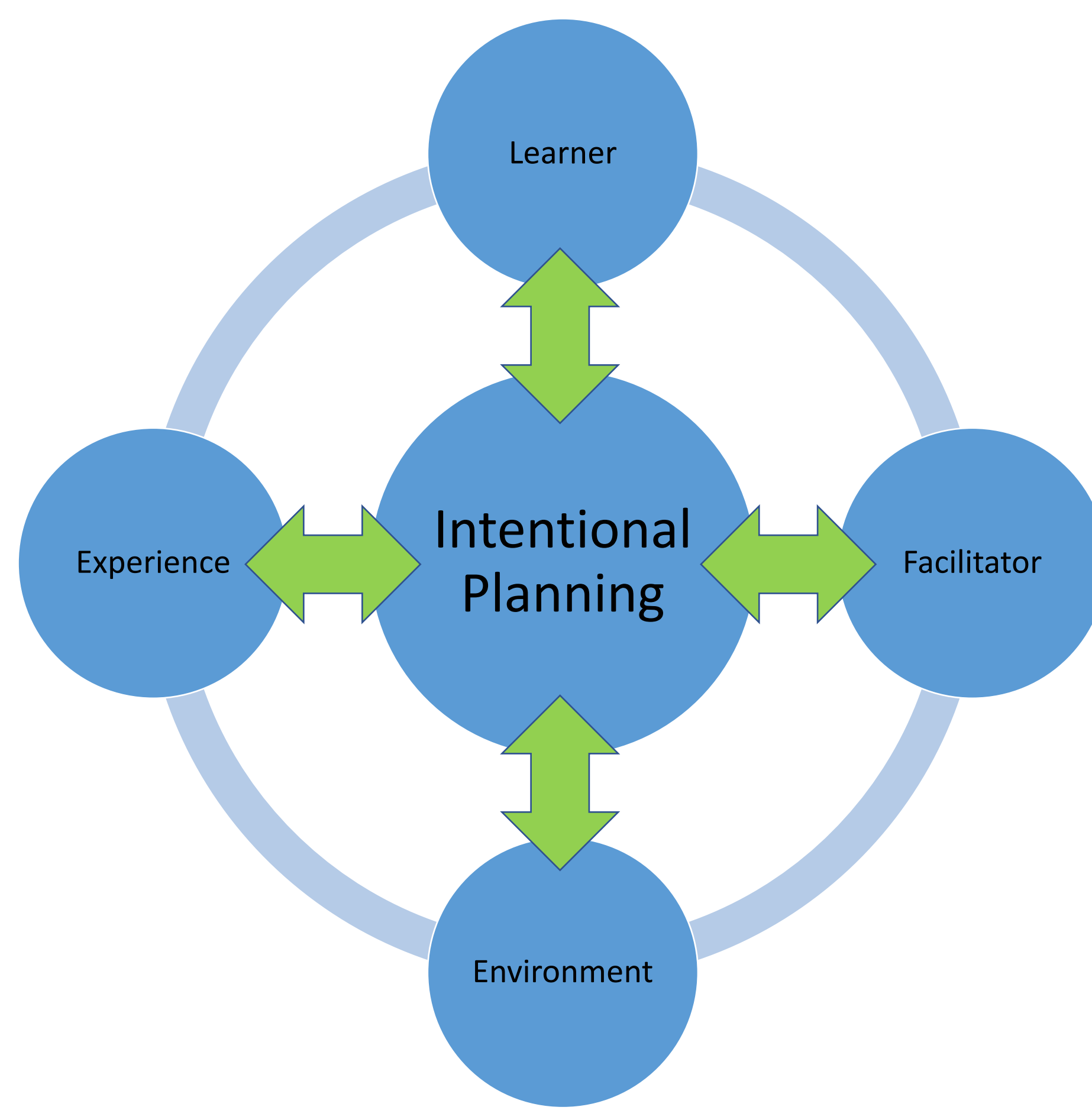


Figure 2 Intentional planning of experiential learning.

Learners	Facilitators
<ul style="list-style-type: none"> • Learner level and content encountered • Foundational interprofessional competencies • Preparatory work 	<ul style="list-style-type: none"> • Facilitator guide creation • Interprofessional facilitator training
Environments	Experiences
<ul style="list-style-type: none"> • Virtual/in person/community • Resources required/available • Psychological safety 	<ul style="list-style-type: none"> • Content encountered and objectives • Scheduling and agenda • Incorporating best practices • Applying learning theories • Novel contexts and challenges • Guided reflection/informed self-assessment

Figure 3 Components of intentional planning of experiential learning.

RESULTS

The authors focused on theories centered on adult learning, experiential learning, and social constructivism, as well as the MAL model, and best practices for experiential learning, interprofessional education, simulation, and peer and faculty feedback to intentionally plan and imbed experiential learning activities into health professions curricula and prepare master adaptive learners. Components of intentional planning centered on the learners, facilitators, learning environments, and the experiential learning experiences (Fig. 2 and 3).

CONCLUSIONS & CURIOSITIES

To be prepared to develop master adaptive learners, health professions faculty need to have a working knowledge of learning theories and intentionally integrate these into curricula. Experiential learning activities can foster learning environments that promote the development of master adaptive learners. Leveraging communities of practice, as well as reciprocal partnerships with local community partner organizations, can help prepare future health professionals to engage with their local communities and meet societal health needs. Creating experiential learning activities across all levels of learners produces learners who can adapt to solve new problems and apply knowledge in different contexts.

REFERENCES

1. Auerbach L, Santen SA, Cutrer WB, Daniel M, Wilson-Delfosse AL, Roberts NK. The educator's experience: learning environments that support the master adaptive learner. *Med Teach*. 2020;42(11):1270-1274. doi: 10.1080/0142159x.2020.1801998
2. Cutrer WB, Atkinson HG, Friedman E, et al. Exploring the characteristics and context that allow master adaptive learners to thrive. *Med Teach*. 2018;40(8):791-796. doi: 10.1080/0142159x.2018.1484560
3. Cutrer WB, Miller B, Pusic M, et al. Fostering the development of master adaptive learners: a conceptual model to guide skill acquisition in medical education. *Acad Med*. 2017;92:70-75. doi: 10.1097/ACM.0000000000001323
4. Fraher E, Brandt B. Toward a system where workforce planning and interprofessional practice and education are designed around patients and populations not professions. *J Interprof Care*. 2019;33(4):389-397. doi:10.1080/13561820.2018.1564252.
5. Regan L, Hopson LR, Gisondi MA, Branzetti J. Creating a better learning environment: a qualitative study uncovering the experiences of master adaptive learners in residency. *BMC Med Educ*. 2022;22(141):1-11. doi: 10.1186/s12909-022-03200-5
6. Regan L, Hopson LR, Gisondi MA, Branzetti J. Learning to learn: a qualitative study to uncover strategies used by master adaptive learners in the planning of learning. *Med Teach*. 2019;41(11):1252-1262. doi: 10.1080/0142159x.2019.1630729
7. Schumacher DJ, Englander R, Carracio C. Developing the master learner: applying learning theory to the learner, the teacher, and the learning environment. *Acad Med*. 2013;88(11):1635-1645. doi: 10.1097/acm.0b013e3182a6e8f8

