

# REFERENCE DOCUMENT

## BASIC PRINCIPLES OF ADULT LEARNING

Adult learning has become a specific field of study and research. The pioneer of adult learning was Malcolm Knowles (date). He identified six principles of adult learning. We will apply them here to the role of clinical educator with students in clinical settings.

1. Adults are **autonomous and self-directed**. They like to direct their own learning, to be actively involved in learning and work around their specific interests and personal goals. Generally, they like to take on leadership roles.

So what does that mean for clinical educators?

- Have you asked the student to discuss with you their personal learning goals for the prac?
- Do you discuss their student learning contract at each weekly supervision session?
- Do you help them to reflect on what they have learnt and set new goals as a result of this reflection?  
Do you help them to modify goals as needed?
- Do you provide them with some choice where there is opportunity for this?

2. Adults bring **life experiences and knowledge** to learning experiences. This may include work-related activities, family responsibilities, and previous education.

So how do I use this experience?

- Do you ask students about their life experiences eg where they grew up? Their school/university experiences to date (particularly with GEMS students who have completed a previous degree), part time work, family commitments etc, hobbies and leisure interests?
- Do you help them connect their learning with their life experiences? For example, their experiences of being parented with a family struggling to manage parenting responsibilities and limit setting or working with an elderly client and their experiences with grandparents.

3. Adults are **goal-oriented**.

How do I capitalise on this?

- Are you explicit about your goals for their prac experience?
- Do you ask them about their personal goals?
- Do you show them how specific learning experiences fit with specific goals? For example, a visit to theatre to see a tendon replacement will assist them with anatomy of the hand and help them to understand what the client has experienced in surgery prior to implementing a splinting regime.

4. Adults are **relevancy-oriented**.

They need to see a reason for learning something. When they see the applicability they also see the value in the experience. Theory needs to be related to practical experiences.

So what do I do here?

- Do you explain the relevance of things you ask students to do? For example, reading up about an intervention prior to administering it or searching OTSeeker for evidence before deciding on an intervention.

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- Do you provide choices for students where appropriate so that they can choose what they consider to be the most relevant?
5. Adults are **practical**. They like to be able to apply their knowledge. Clinical education settings are the ideal place for them to do this, hence most students simply love to be out on prac.
- So if it is all practical at my centre, what else do I need to do?
- Have you made sure that the student can capitalise on all the practical experiences your centre can offer?
  - Have you provide them with opportunities to visit other related settings or other units within your centre?
  - Have they had opportunities to work with other professionals?
6. Adult learners like to be **respected**. They bring considerable life experiences to their clinical placements. They like to be treated as equals, to voice their own opinions and to have a role in directing their own learning.

So, think about:

- Do you treat the student like a future colleague?
- Do you make them feel a part of the department and include them in social and other departmental activities?

For more information about  
Adult Learning Theory, in  
addition to a wide range of OT  
practice education resources,  
visit our website at:

[otpecq.group.uq.edu.au](http://otpecq.group.uq.edu.au)