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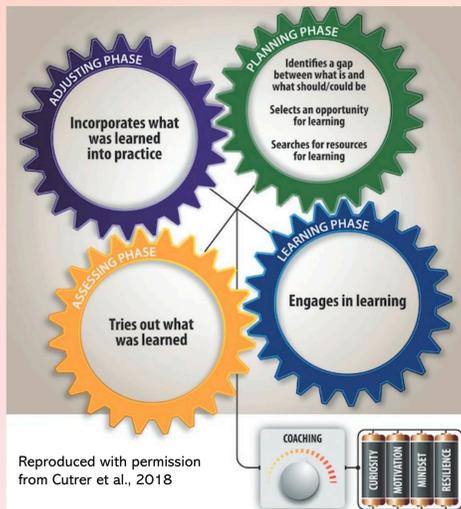
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Development of the Master Adaptive Learner in Residency Training

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Introduction & Objectives



- Family medicine (FM) residents meet with Residency Assessment Facilitation Team (RAFT) 7 times over 3 years to discuss progress in residency.
- Residents write summary statement to community describing educational plans between RAFT meetings.
- The Master Adaptive Learner (MAL) theory describes how medical learners become engaged critical thinkers who anticipate change and shift focus in dynamic clinical environment.^{1,2}

- Population: 32 unique FM residents enrolled AY2018-AY2020.
- Research questions: What does MAL process sound like in residency? Is there evidence of growth over 3-year training period?

Methods

- Qualitative retrospective study.
- 61 RAFT statements deidentified by research scholar to reduce bias.
- Statements coded using *a priori* MAL themes identified and operationalized from literature review.^{1,2}
- Consensus coding of 4 RAFT statements (SR, SH) to calibrate understanding of themes.
- Independent, comparison, and consensus coding of remaining RAFT statements. (SR, SH, DK)
- DK and NB for member-checking.
- Identification of prevalent themes across data set and for each resident year and exemplar quotes.

References

1. Cutrer, W. B., Atkinson, H. G., Friedman, E., Deiorio, N., Gruppen, L. D., Dekhtyar, M., & Pusic, M. (2018). Exploring the characteristics and context that allow Master Adaptive Learners to thrive. *Medical Teacher*, 40(8), 791–796. <https://doi.org/10.1080/0142159x.2018.1484560>
2. "Who Is the Master Adaptive Learner." *The Master Adaptive Learner*, by William B. Cutrer et al., Elsevier, 2020, pp. 1–9.

Results

MAL Phases/Characteristics Seen in RAFT Statements by Training Level

| | Planning | Learning | Assessing | Adjusting | Coaching | Characteristics |
|--------------------------------|----------|----------|-----------|-----------|----------|-----------------|
| First Year Initial RAFT (N=18) | 37.3% | 19.0% | 6.3% | 0.8% | 7.1% | 29.3% |
| First Year End of Year (N=15) | 33.3% | 13.3% | 10.5% | 3.8% | 8.6% | 30.5% |
| Second Year End of Year (N=15) | 37.0% | 14.8% | 8.6% | 3.7% | 6.2% | 29.5% |
| Third Year End of Year (N=13) | 26.2% | 12.3% | 6.2% | 4.6% | 21.5% | 29.2% |

- First-year resident statements most frequently represented Learning Phase activities, but by the third year of training, activities related to the Adjusting Phase became more evident.

"My major focus in the next few months will be choosing an advisor and studying for boards."
-- First Year Initial RAFT

"...continue to leverage my strengths to provide healing and connection (for myself and others, in multiple contexts) and to make consistent, measurable progress in the areas I don't naturally incline towards."
-- Third Year, End of Year RAFT

Limitations

- RAFT statements intended for educational planning, thus results skewed toward that MAL phase.
- Time/resources limited depth of qualitative analysis.
- Despite deidentification, researchers recognized some learner voices, which may have influenced coding.

Conclusions

- Results were consistent with hypothesis; residents showed growth in MAL skills, moving through the 4 phases over 3-year training period.
- Slight growth between each level was evident.
- Third-year residents asked for more coaching related to later phases of MAL process, particularly Adjusting, by seeking insight into what real-life medical practice looked like.