

Editorial ▶ The OEP Clinical Curriculum: The Perfect Learning Experience?

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Over the course of my career, I have spent more hours than I can fathom learning or being taught. There is a huge difference between the two, of course. There were formal lectures and laboratories in undergraduate and optometry school, online courses for my Masters and Educational Doctorate, and continuing education lectures for my license. I have enjoyed some amazing lectures and have slept through many others on the opposite end of the spectrum. As part of the Educational Doctorate degree that I am pursuing through the University of Memphis, I was asked to write a paper detailing my best and worst learning experiences. I will highlight in this editorial my best experience, but since I was always taught that if you had nothing nice to say, say nothing at all, I won't waste time on the flip side. I will simply say that my least favorite lecture format is a large-group style.

The best experience in learning occurred in the series of courses from the Optometric Extension Program Foundation (OEPF), which I attended years after I graduated from optometry school. These courses are specific to my specialized area of optometry, pediatrics and vision rehabilitation. The courses are a mixture of lecture, theory, and hands-on learning, in which the participants get to experiment with the concepts and procedures taught.

When I took the first course in the series, it was mind blowing. The teacher, a fellow eye doctor, challenged me to think outside of the comfort zone of what I was taught in school. I was asked to think critically about the patients that I had examined in my short career and to compare what I was previously taught and what was being shown at that time. To be honest, I hated the first day of the first course. This was really the first time that I had been challenged in this manner. In school, I was taught a set of information and how to think about cases, but in the OEPF course, I received another set of information and a different method for interpreting what I was finding. Over the few days of this course, I began to take a hard look at what I knew and what I was learning, and I eventually realized the need for transformation. The hands-on aspect of the class was most amazing. The ability to test out the theories immediately and to explore them on my own under a teacher's guidance lead to tremendous learning and self-growth. As a tactile learner, I need to feel, touch, and experience and not just sit, watch, and listen to get the most out of the learning opportunity.

What was special about both my first OEPF experience and the other courses in the series that I attended over several



years was that all the participants had taken time out of their busy schedules, spending their own hard-earned dollars, and giving up time from their practices and families to be in the course. All the participants rallied around each other, as did the teacher, to make sure that everyone got the most that they could out of each and every procedure. The interactions were positive and stimulating, both during the formal learning with the teacher and the informal learning with the other students.

Comparing the two learning experiences from afar, I can immediately see why I gravitate towards one versus the other, and perhaps why I appreciate clinical or workshop teaching over pure lectures. Both are learning opportunities afforded me as an adult but come at their tasks from different perspectives. According to Pratt,¹ there are five perspectives on teaching. The lecture format fits into the concepts of the transmission perspective. Common to secondary and higher education, “teachers efficiently and effectively pass along a common body of knowledge and way of thinking”.¹ They may view the learner as a container to be filled up and demonstrate mastery over the content. In the case of the large lecture format, the lecturer is in command of the learner and brings them through the material. As Pratt points out, this does not seem excessively positive, but it can be overcome with a passion for the content and an animated delivery. I would agree with this sentiment, and when I do attend any formal lecture, I tend to choose the lecturer, if I have seen them before, over the topic. On the flip side, I have seen the best of topics ruined by the wrong lecturer.

The course series from OEPF is a very different structure than the large formal lecture. At the OEPF class, there are at most 20 students, leading to significant interaction with the other attendees and teacher. The OEPF classes fit nicely into the developmental perspective. Pratt states, “The primary goal of education or training is to develop increasingly complex and sophisticated ways of reasoning and problem solving within a content area or field of practice.”¹ Yes, there is a certain degree of breaking down the assumptions developed from practice, but without a doubt, the point is to help the learner “build bridges from the learner’s way of thinking to better, more complex, and more sophisticated ways of thinking and reasoning.”¹ In reading about this perspective, it is hard not to smile as I think that those that provide this education would agree wholeheartedly that they abide by these principals. When I teach in the clinical setting, I attempt to abide by the

same concepts, challenging the students to change the way they think and not fill them with knowledge.

Looking at the two learning formats, I believe one fits into the paradigm of adult learning or andragogy, and the other fits better into a pedagogical model. Knowles² put forth six assumptions concerning adult learning, and only one of the lecture formats fits within the first assumption that as “people mature they become more independent and self-directing.”³ The large lecture format harkens back to our undergraduate days when we were passive learners. For some individuals who have limited knowledge in a given area, this may be appropriate, but the greater the knowledge base, the less likely this format is to allow self-directed learning. On the other side of the equation, the OEPF courses set up a “climate of mutual respect and trust and an atmosphere of collaboration.”³ In these courses, there is a great give and take, and the participants have the ability to self-direct their learning by asking for more time spent on certain topics. When challenged by participants, the teachers do not see it as their role to prove themselves right but to lay the groundwork for the learner to arrive at their own conclusions. I also take this approach when working with students and residents in clinical settings, as it shows my students that I value their opinions and that I am there to lead their way and not prove them right or wrong.

In my opinion, in a formal lecture, the opportunity for transformative learning, a “learning process of making meaning of one’s experience,”⁴ is limited. Having a teacher stand up and lecture is informative, but rarely does that lead to transformation. The OEPF seminars have the exact opposite effect. By purposely limiting the classes to 20 people and having a mixture of lecture and hands-on experiences during which the participants discuss, demonstrate, and attempt activities, the groundwork is laid for the individual change to occur. The concept of individual change is actually one that is required as part of the therapy process that is taught in the OEPF classes, which is a neat connection. A given therapy technique cannot totally be successful unless the patient is a willing participant and internally grasps that they are making the change. The individual change in one learner or clinician may be easily spread to others via social interaction and informal and formal learning opportunities. Imagine that one doctor takes the class and tells a few colleagues, posts on social media, or passes on what they have learned in a formal setting. These are the seeds of the social change that numerous scholars and critics of this theory desire.

What is also significantly transformative in the OEPF courses is the interaction with, and ability to learn from, others who either have greater expertise or who are learning along with you. Hearing how colleagues interpret the teachings and how they are experiencing a given task/concept is as important a step in the learning process as hearing it from the teacher in front of the class.

The third condition, enhancing meaning, fits right into the model of classes promoted by OEPF. This is accomplished “through creating challenging and engaging experiences that value the learner’s viewpoints and values.”³ When we talk about meaning, this can represent making connections between previous and new information or connecting the experiences to the learner on a higher level. Many of Wlodowski’s⁵ recommendations for addressing this condition are regular aspects of the OEPF course model, including providing frequent opportunities for questions and answers, problem solving, role playing, and studying cases.

Engendering confidence, the fourth and final motivational condition, helps establish where learners have found success in their experience. This topic is certainly easier to tackle when in a formal education environment in which tests are the expected measure of knowledge, but it is not as simple in either example discussed. The best connection to be made is the learners’ confidence in going back to their offices and employing what they have learned. This can occur in both situations discussed, but given what has been presented so far, it is more likely to occur following the classes put on by OEPF given the shorter time between introduction and experimentation of a concept.

The basis for much of the work that I do in vision rehabilitation is the brain, so it is logical to examine the class structure from that standpoint. In looking at the concept of memory, we know that for long-term memory to be accessed, information must enter through the sensory system and move into the working memory, where it is processed. The trick is then to shift that learned information into long-term memory. This can be accomplished by “rehearsing information or trying to form a mental image or by associating information with prior information.”³ I believe that both class structures offer this opportunity, but the OEPF classes promote it more than the lecture style. The opportunity immediately to experiment with the theories and techniques just learned enhances the likelihood of the information making it into long-term memory. Yes, the information learned in a large lecture format can work in the same manner, but there would be a time lapse between learning and experimentation.

The idea that learning is maximized when both sides of the brain are activated is front and center in the hands-on format of the OEPF courses. The left brain focuses on the verbal and analytical and the right on creative, pictorial, and spatial.³ Again, it is the hands-on, interactive portion combined with the lectures that make for a more successful learning atmosphere. In a large lecture format, this concept can be incorporated by including visuals, especially videos, into the lectures to activate both sides of the brain.

Looking closely at the two learning experiences, how I appreciate one over the other makes total sense on so many levels. I can see the implications in how I participate in meetings and when I teach, the types of opportunities I seek. When given the choice between giving a lecture to a large group or a workshop to a smaller group, I always gravitate towards

the latter. I have a desire to interact with the participants and be a guide for the change and not a giver of information. I also try to make the information as practical as possible. I am grounded in understanding how information can help me today and tomorrow, whether it is to treat patients or to help my students learn more effectively.

When I look at the two teaching methods discussed in light of the learning theories, it is clear to me which one is more of an adult learning experience. The OEPF courses facilitate transformative learning and the connections between cognition and learning. They are not perfect classes in my opinion, though. The instructors too often get stuck in presenting the theory in greater detail than the average clinician requires. As my learning style is tactile, I would prefer more hands-on time and experiences with my fellow participants. For the larger lecture format, I would highly suggest speakers who have above-average presenting skills. The lectures should be one hour at most to ensure attention and to lower the impact of a poor lecturer. I would also suggest the use of examples and demonstrations to enhance activation of both sides of the brain.

The two examples show the variety available in learning opportunities. The crucial point to remember is that even though I learn better in the smaller, hands-on atmosphere in which I can experience the information tactilely, others prefer a lecture where visual and auditory learning are dominant. A lecturer should take all aspects of learning style into account when creating their material and should know their audience in order to create the most appropriate lecture. This exercise helped to codify the ideas that I had connecting lecturing to learning. I will certainly be paying closer attention to learning theory in creating future opportunities to maximize the learning experience.

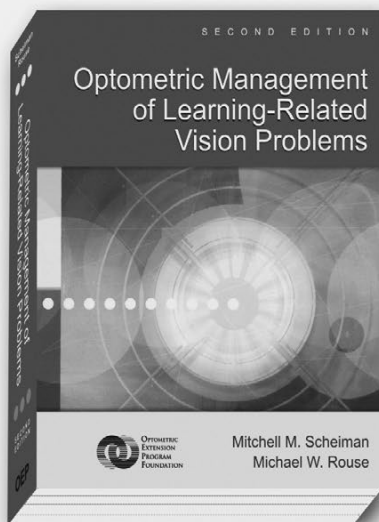
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