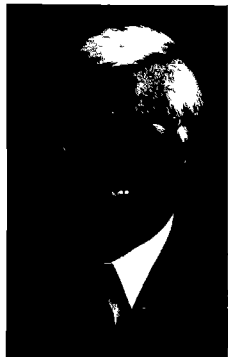


PRESIDENT'S DESK

The 'androgogy' of learning

Paul Raslavicus, MD

We all are familiar with the role of steroid hormones in human physiology. But what is the difference between androgens and androgogy? Here is a clue: The latter term is related to brain function. No, it's not another steroid or a homologue of cholesterol. It is a descriptor for the psychology of adult learning experience.



Malcolm Knowles, an educational theorist, coined the word "androgogy" to describe "the art and science of helping adults learn." He and other educators differentiated pedagogical learning as applied to the teaching of children from the learning experiences needed to educate adults. (I suppose professor Knowles could have called his observations in education "homogogy," but then it was another time, when the male root of the word did not have chauvinistic implications.)

So what does this have to do with us? The time is nearing when it will no longer suffice to list on your relicensure application or reapplication to the medical staff only the courses you have taken or the journals you have read. You may be required to *demonstrate* that you have maintained your competence, and that may mean showing you have learned something in the process. By 2006 the American Board of Pathology will begin to issue 10-year limited certificates requiring re-examination and evidence of continuous learning to maintain Board status. Some health plans and institutions may require "voluntary" recertification in the foreseeable future.

Other physicians and scientists provided most of our medical education. Some of those learning experiences were truly dull; others were great and uplifting. Some of our mentors were gifted people whose tutoring we remember even now. What made them so effective? What did they do intuitively that research has now defined scientifically?

Educational researchers have identified the learning needs of adults. They have defined what it takes to make learning experiences effective and efficient. They have learned that we are self-directed and intrinsically motivated. We draw upon our own rich life experiences, and sharing our varied experiences with other learners provides for dynamic educational exchange. When the information presented is precisely what is needed to address the immediate needs of my personal pathology practice, learning is easy. The mind does not wander. Case studies, problem-based learning, panel discussions, and skills practice sessions are techniques educators use to ensure that

education is relevant for adult learners.

We learn best when the educational experience is contextual and relevant. To clarify context for adult learners, androgogy experts often begin by creating a curriculum within which content can be organized. Curricular learning can be to a greater depth or greater breadth. A fellowship is a clear example of the former. In contrast, the Maintenance of Certification learning components that have been defined for pathologists are an example of a breadth-based curriculum. Which one is best depends on the individual. The desired and measurable outcome is not just the passive transfer of information but also an observed improvement in professional skills. As Herbert Spencer, the eminent sociologist, said, "The great aim of education is not knowledge, but action."

Adult learning is most effective when it is interactive. Learning objectives are achieved when the participant is involved—the information assimilated becomes the daily wisdom needed to be successful in your practice setting. Opportunities for interaction make it possible to learn from colleagues and create networks and resources for future learning. We know from painful personal experience that past meetings and freestanding conferences have often failed to provide that type of learning. The aborted question-and-answer periods at the end of sterile talks have been poor substitutes for a true meeting of the minds. For many of us, our best learning has come when looking into the microscope and sharing an observation with a colleague or mentor. An outstanding example of popular and effective interactive learning is our peer-review-based Laboratory Accreditation Program. How much more effective is learning for both parties when interaction is built into the education program from the start!

Learning is best achieved, too, when the opportunity for reflection is built into the education experience. Reflecting on what is happening as we apply the information and after we have applied it increases the odds that we

will implement our new knowledge to the benefit of our profession and patients. One technique for incorporating reflection into learning is through the use of "action learning," whereby the learner designs part of the education experience.

I share these thoughts and concepts with you as a prologue to what you can expect in the future from your College. As you know, the College has a long history of commitment to education. The education of pathologists was explicitly included in our Constitution as one of our founding objectives. This past year, we reasserted that commitment by adopting a strategic plan for CAP education for the next decade. We have backed up our plan with significant investment in staff and technologies, and we have elevated the Committee on Education, chaired by Elizabeth Hammond, MD, to Board committee status.

An interactive, strategic curriculum with a focused, exciting approach to learning will be the trademark of CAP education. We are working hard to define and address what you think is valuable for the continuing medical education of pathologists and for the continuing professional advancement of all members of our laboratory team. We are committed to using specialized tools and techniques that will make our educational efforts innovative and memorable. New education programs are being developed that use traditional and innovative learning methods, including Web-based instruction, ongoing education activities in place of education events, synchronous and asynchronous interactive programs, and tutorials of various kinds. In the next few months, we will release education programs on CPT coding, HIPAA, molecular pathology, error in anatomic pathology, and virtual informatics. In each case, our goal is to provide you with education of the highest quality, the chief objective of which is to achieve desired learning outcomes. To ensure that desired outcomes are realized, we will measure the gains and impact of this learning on performance in the practice or workplace. This feedback loop will make it possible for us to create even better learning programs for our participants.

As we apply all these principles of modern educational theory, we will not neglect the past, as it, too, is a great teacher. I find all the needed wisdom in an old Native American saying. "Tell me and I'll forget. Show me, and I may not remember. Involve me, and I'll understand." And so it is. □

For a copy of Dr. Raslavicus' remarks to the CAP House of Delegates in March, send your request to president@cap.org.

Revised CAP cancer protocols now online

The 2003 revised CAP cancer protocols are now available for free download from the CAP Web site, www.cap.org. They can be accessed through "Online Resources" or "Practicing Pathology" or by typing in www.cap.org/cancerprotocols/protocols_intro.html. A hard copy of the protocols is slated to be available for purchase this summer.

The revised CAP cancer protocols reflect the American Joint Committee on Cancer's new *TNM Classification of Malignant Tumors*, sixth edition, and the most recent World Health Organization tumor classification system. The College has also made the protocols more consistent and streamlined the checklists.

Protocol users can submit comments about the protocols via the CAP Web site by clicking the "Comment on the Protocols" button at the top of the protocols index. All comments will be forwarded to the CAP Cancer Committee for consideration.

The College has also posted a "Question and Answer" section for the protocols and the American College of Surgeons Commission on Cancer mandate. Protocol users are encouraged to review the Q&A section.