

# Editorial • Stop ... Listen ... Reflect ... Learn: Experiential Learning Theory and Optometry Collide

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The basis for Dr. David Kolb's experiential learning theory originates in the work of educator John Dewey. Dewey<sup>1</sup> espoused the concept that "experience plus reflection equals learning": learning occurs during and from experience. This became the foundation for what is now known as progressive education. For learning to occur, the learner must connect with the experience, and the experience must be genuine.<sup>2</sup> Dewey<sup>1</sup> identified several important aspects for how experiential learning can take place.

- There must be a relationship between the education and experience.
- Experiences must demonstrate continuity and interaction. Learning experiences cannot just happen but must be planned with meaning. The experiences allow the learner to build on and to connect what they learned from those experiences and connect them to future outcomes.
- The environment and the learner's interaction with that environment have an impact or influence on the experience. The environment should be conducive and comfortable for learning to occur.
- Experiences are personal and individualized to the learner. Past experiences guide and impact the connections made, influencing the learning process.

Drawing upon the works of Dewey, Piaget, and Lewin, Kolb<sup>3,4</sup> defined experiential learning as the process whereby knowledge is created through the transformation of experience.

The Kolb learning model consists of four stages that learners progress through during

the learning process: concrete experience, reflective observation, abstract conceptualization, and active experimentation.

- Concrete experience: ability to be open and willing to involve oneself in new experiences
- Reflective observation: ability to reflect on what was observed during the new experience
- Abstract conceptualization: ability to create concepts that integrate their observations with previous knowledge and experiences and logically sound theories
- Active experimentation: ability to try out or use the theories they have learned to make decisions and solve problems

Patient care is the ultimate opportunity for experiential learning. While this may be evident as a student, it by no means stops when we walk across the stage to get our diplomas. Some may even say that at that point, the true education begins. The problem lies in that we all get so busy seeing patients that we forget to stop and smell the proverbial roses. We forget to reflect on our patients, what we have learned from them, and what they have taught us. With that in mind, who better to start with on the reflective aspect of experiential learning than the students I get to interact with every day? This past week, following our usual chaotic day of vision therapy, before I let the group amble off, I asked a few to tell me one thing they had learned that day. Of course I knew what patients they had seen and some of the challenges that they had encountered, but I wanted them to go through the process instead of me telling them. Following their verbal response, I asked each of them to write down what they said for this editorial.

### **Samantha Lee • 3rd-year student**

Vision therapy sessions never seem to go as planned. There is variability in patient, environmental, and doctor factors. After only three weeks of running therapy sessions, I have already learned the importance and necessity of flexibility. In the afternoon, the VT suite at SCO gets busy – crowded with multiple therapy sessions running simultaneously. This past week, my partnered 4th year and I were facing some difficulty in our therapy session due to the patient arriving thirty minutes late and the busyness of the room. We were struggling to find available space to perform activities we had planned. For example, we had planned to use the Wayne Saccadic Fixator to improve upon the previous week's results, however the small room in which it was located was busy with another patient. First instinct was to call it a day since the patient did not have much time left scheduled. However, earlier that day there had been a demonstration of a new toy in the VT room, The Edge by Reflexion. The Edge is similar to the WSF, providing interactive games to work on saccadic function. We ended up performing this new activity instead, and the patient had an enjoyable experience. There are endless therapy activities that are similar or work on similar goals. This experience reminds me to stay flexible in future patient care in VT. One can always be creative and modify activities or look for new activities to make the most out of a patient's time.

### **Jordan Dravitzki • 4th-year student**

Sometimes all it takes to turn a situation around is a minor change, and often, it can be as simple as changing one's environment slightly. Such was the case of J, my unmotivated VT patient. J is a shy boy, or so I thought. During therapy, he would either not be paying attention or looking expectantly at his mother, who accompanied him to all of our sessions, when questioned. All of this changed when we asked his mother to remain in the waiting

room for one of our sessions. J's attitude and personality completely changed, transforming from an introverted bystander into a curious child able to articulate what he was seeing and asking meaningful questions. This change was pivotal, allowing him to dive deeper into the therapies and actually make meaningful gains.

I think sometimes we need a reminder about all the factors that might be influencing our patients' responses and their attitudes toward therapy. This can transfer over to other aspects of patient care, from eye exams to picking out frames in optical. Rather than assuming that they are being uncooperative just to be uncooperative, I've found it is helpful to take a step back and look at the person as a whole. What are their motivations, their fears? Who are they trying to appease? What problems are they trying to fix? Only after answering these questions can we communicate with them, meet them halfway, and ultimately use the most effective treatments available to us to meet their needs.

### **Robert Duncan • 4th-year student**

Last week in VT, I learned that therapy actually starts before the session. Talking with the guardian before and after the session is very valuable for two main reasons. One, you get the opportunity to reinforce the importance of the homework activities and answer any questions they may have. Two, you need to show some form of consistency to the guardians and patients when coming out to greet them and asking them about how things have been going. Many students may underestimate the importance of these key activities and how they directly integrate into patient progress and retention.

### **Kelci Glover • 4th-year student**

This week in my VT rotation, I was reminded of the importance of providing quiet areas that are more conducive for therapy for patients that may have very limited attention or concentration.

My patient was a 4-year-old who is always very excited and looking to play; however, he becomes very easily distracted when other people are around. For a few activities, I was able to take him to a separate room; however, for other activities, the equipment we needed was only located in the main room. I could easily tell the difference between his behavior and how successful he was with the activities in the quiet room versus the common area. It was easy to tell that he would benefit from his therapy session significantly more if he is provided an environment that is more calm and less distracting. We even rescheduled him to morning therapy when fewer patients are around to hopefully help him even more.

This is something that I can easily take with me into future VT sessions and even other patient encounters in the clinic. It shows how important it is to modify the testing environment for any patient of any age that may have attention disorders in order for them to be as successful as possible.

As you can see, the reflections are varied and involve specific patient interactions along with global lessons. I plan on continuing this process when time allows as a way to enhance my students' reflections and hence, promote experiential learning. I challenge each of you to stop and reflect as much as possible. Maybe this is not a daily or weekly activity, but perhaps you can make an effort to make it part of your routine in some manner. One of the tenets of experiential learning is that learning never stops ... it is a life-long process. Just stop and think how much you could learn if you simply listened to yourself!

## References

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