NEXT-GEN LEARNING: STRATEGIES TO INSPIRE AND ENGAGE THE NEXT GENERATION OF APP LEARNERS

JAMES K. TUDHOPE DNP, APRN, PMHNP-BC, NPD-BC, NCE

PROGRAM DIRECTOR FOR THE INTEGRATED COMMUNITY PSYCHIATRY NP FELLOWSHIP PROGRAM, PORTAGE PATH BEHAVIORAL HEALTH

ASSOCIATE PROFESSOR, PMHNP CONCENTRATION COORDINATOR, KENT STATE UNIVERSITY

WHAT IS YOUR BIGGEST CHALLENGE WHEN TEACHING TODAY'S APP FELLOWS?

OBJECTIVES

- 1. **DESCRIBE THE CHARACTERISTICS AND EXPECTATIONS OF TODAY'S ADULT LEARNERS**, INCLUDING GENERATIONAL INFLUENCES, LEARNING PREFERENCES, AND THE IMPACT OF DIGITAL TECHNOLOGY.
- 2. APPLY **ADULT LEARNING THEORY** (E.G., ANDRAGOGY, EXPERIENTIAL LEARNING, TRANSFORMATIONAL LEARNING) TO THE DESIGN AND DELIVERY OF EFFECTIVE EDUCATIONAL EXPERIENCES FOR ADVANCED PRACTICE FELLOWS.
- 3. DIFFERENTIATE **TEACHING STRATEGIES** THAT RESONATE WITH MILLENNIAL AND GEN Z LEARNERS, SUCH AS MICROLEARNING, FLIPPED CLASSROOM TECHNIQUES, AND INTERACTIVE CASE-BASED LEARNING.
- 4. INCORPORATE **INCLUSIVE TEACHING PRACTICES** THAT SUPPORT DIVERSE BACKGROUNDS, EXPERIENCES, AND LEARNING NEEDS IN CLINICAL EDUCATION SETTINGS.
- 5. **DEMONSTRATE APPROACHES TO FOSTER ENGAGEMENT, AUTONOMY, AND REFLECTIVE PRACTICE** AMONG ADULT LEARNERS IN HIGH-ACUITY, FAST-PACED CLINICAL ENVIRONMENTS.
- 6. **EVALUATE THE EFFECTIVENESS OF TEACHING METHODS** THROUGH FEEDBACK, ASSESSMENT, AND LEARNER OUTCOMES, AND ADJUST STRATEGIES ACCORDINGLY.

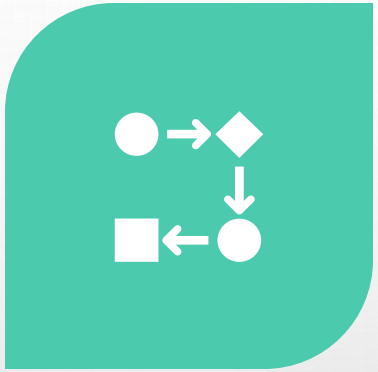
BEGIN WITH THE END IN MIND

WHAT DOES AN AWESOME APP LOOK LIKE IN YOUR ORGANIZATION?

WHAT DOES AWESOME LOOK LIKE IN YOUR CLINICAL MICROSYSTEM?

SUPERSTAR CLINICIANS AND IMPACT PLAYERS

WHO ARE THESE PEOPLE?



WHAT DO THEY LOOK LIKE IN YOUR SPECIALTY AND/OR MICROSYSTEM?

HOW DOES YOUR HEALTHCARE ORGANIZATION RECOGNIZE AND DEFINE THEM?

THE CHALLENGE

HOW DO WE GET TO AWESOME?

THINK ABOUT THE BEST TEACHER YOU EVER HAD

- WHAT DID THEY DO THAT HELPED YOU LEARN?

OUTLINE FOR TODAY'S ADVENTURES

- BROAD CHARACTERISTICS OF TODAYS LEARNERS
- BROAD THEORIES AND STRATEGIES
- SPECIFIC TOOL

WHO ARE TODAY'S LEARNERS?

DIGITAL TECHNOLOGY

COVID EDUCATION DISRUPTIONS

INFORMATION ABUNDANCE

INCREASED ATTENTION TO WELLNESS

GREATER DIVERSITY

BABY BOOMERS 1946-1964

Motivation: Company loyalty, Teamwork, Duty

Communication Style: Whatever is most efficient, including phone calls and face-to-face

Worldview: achievement comes after paying dues, sacrifice for success

LEADERSHIP FOCUS

- EMPLOYERS SHOULD
  - PROVIDE CLEAR GOALS AND TIMELINES
  - LEVERAGE AS MENTORS AND ADVISORS
  - DELIVER STRUCTURED COACHING FEEDBACK

GENERATION X 1965-1980

Motivation: Diversity, Work-life balance, flexibility, performance-based advancement

Communication Style: Whatever is most efficient, including phone calls/Face to Face

World View: Favoring diversity; Quick to move on if employer fails to meet their needs; Protective of work-life boundaries when change impacts personal time

LEADERSHIP FOCUS

- EMPLOYERS SHOULD:
  - PROVIDE IMMEDIATE FEEDBACK
  - ALIGN ADVANCEMENT OPPORTUNITIES WITH DEMONSTRATED PERFORMANCE

MILLENNIALS 1981-2000

Motivation: Responsibility, Quality of manager, unique work experiences

Communication Style: Digital-first (IM, text, email)

World View: Growth-oriented; purpose-driven; will leave misaligned environments

LEADERSHIP FOCUS

- EMPLOYERS SHOULD:
  - GET TO KNOW THEM PERSONALLY
  - MANAGE TO OUTCOMES RATHER THAN ACTIVITY
  - PROVIDE IMMEDIATE FEEDBACK

GEN Z

Motivation: Individuality, personalization, creativity, inclusion

Communication Style: IM's, texts, social media

World View: Digital-native and highly connected; value independence & individuality; report strong alignment with Millennial managers, innovative coworkers & new technologies

LEADERSHIP FOCUS

- EMPLOYERS SHOULD:
  - PROVIDE STRUCTURED AUTONOMY
  - ENABLE RAPID SKILL-BUILDING
  - MAINTAIN FREQUENT TOUCHPOINTS

GEN Z: MYTH VS REALITY

Myth	Reality
Gen Z has a short attention span	Learners sustain attention when content is meaningful.
They need constant praise	They benefit from frequent, specific coaching.
They don't work hard	They often seek purpose, autonomy, and work-life integration.
Technology is distracting	Technology can enhance learning when used intentionally.

WHO ARE TODAY'S LEARNERS? RECAP..

DIGITAL TECHNOLOGY

COVID EDUCATION DISRUPTIONS

INFORMATION ABUNDANCE

INCREASED ATTENTION TO WELLNESS

GREATER DIVERSITY

TODAY'S WORK FORCE EXPECTATIONS

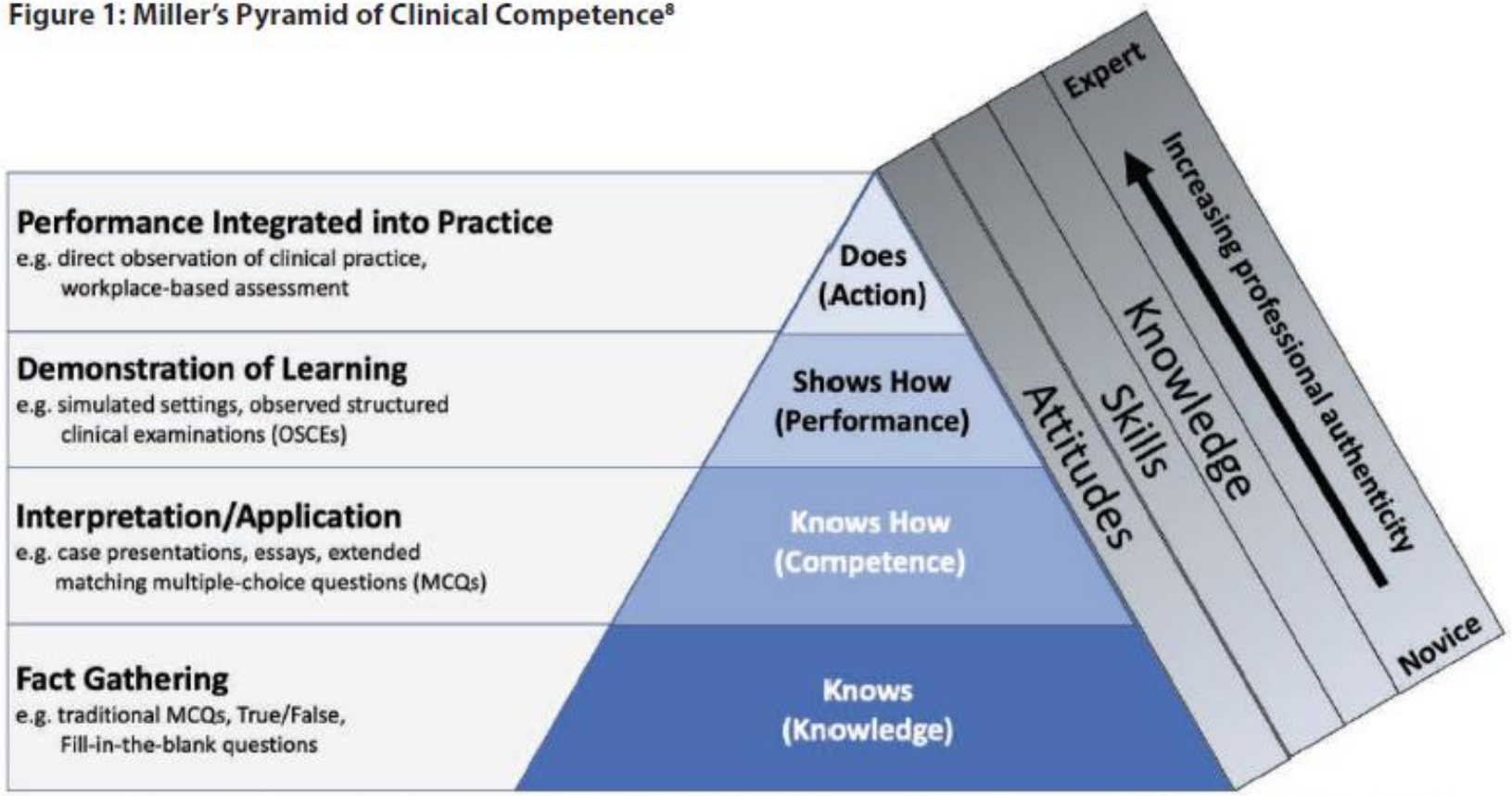
Resilience

Growth

Well-being

HOW DO WE GET TO AWESOME?

Figure 1: Miller's Pyramid of Clinical Competence[8]



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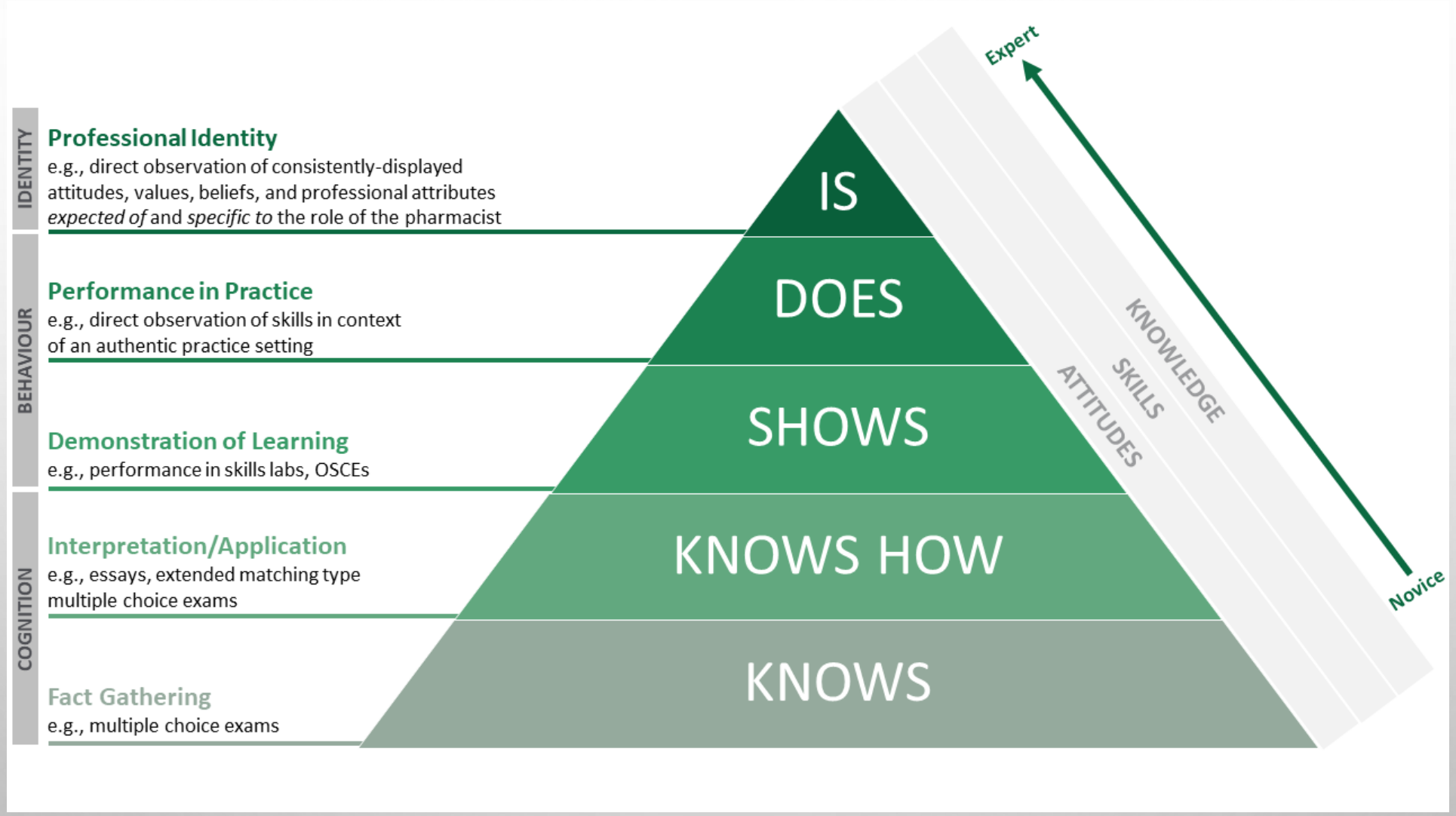
Copyright privileges requested.

Blazar, E., Krishnan, V., Mody, S., & Robinson, D. (n.d.). Miller's Pyramid. In Education Theory Made Practical (Vol. 4), Press Books. Retrieved December 1, 2023, from https://books.macpfd.ca/etmp-vol4/.


IDENTITY
BEHAVIOUR
COGNITION
Professional Identity
e.g., direct observation of consistently-displayed attitudes, values, beliefs, and professional attributes *expected of* and *specific to* the role of the pharmacist
Performance in Practice
e.g., direct observation of skills in context of an authentic practice setting
Demonstration of Learning
e.g., performance in skills labs, OSCEs
Interpretation/Application
e.g., essays, extended matching type multiple choice exams
Fact Gathering
e.g., multiple choice exams
IS
DOES
SHOWS
KNOWS HOW
KNOWS
Expert
Novice
KNOWLEDGE
SKILLS
ATTITUDES

TRANSFORMATIONAL LEARNING

THE CHALLENGE

HOW DO WE TIME TRAVEL?

How do we get from Novice to Expert? (Brenner)

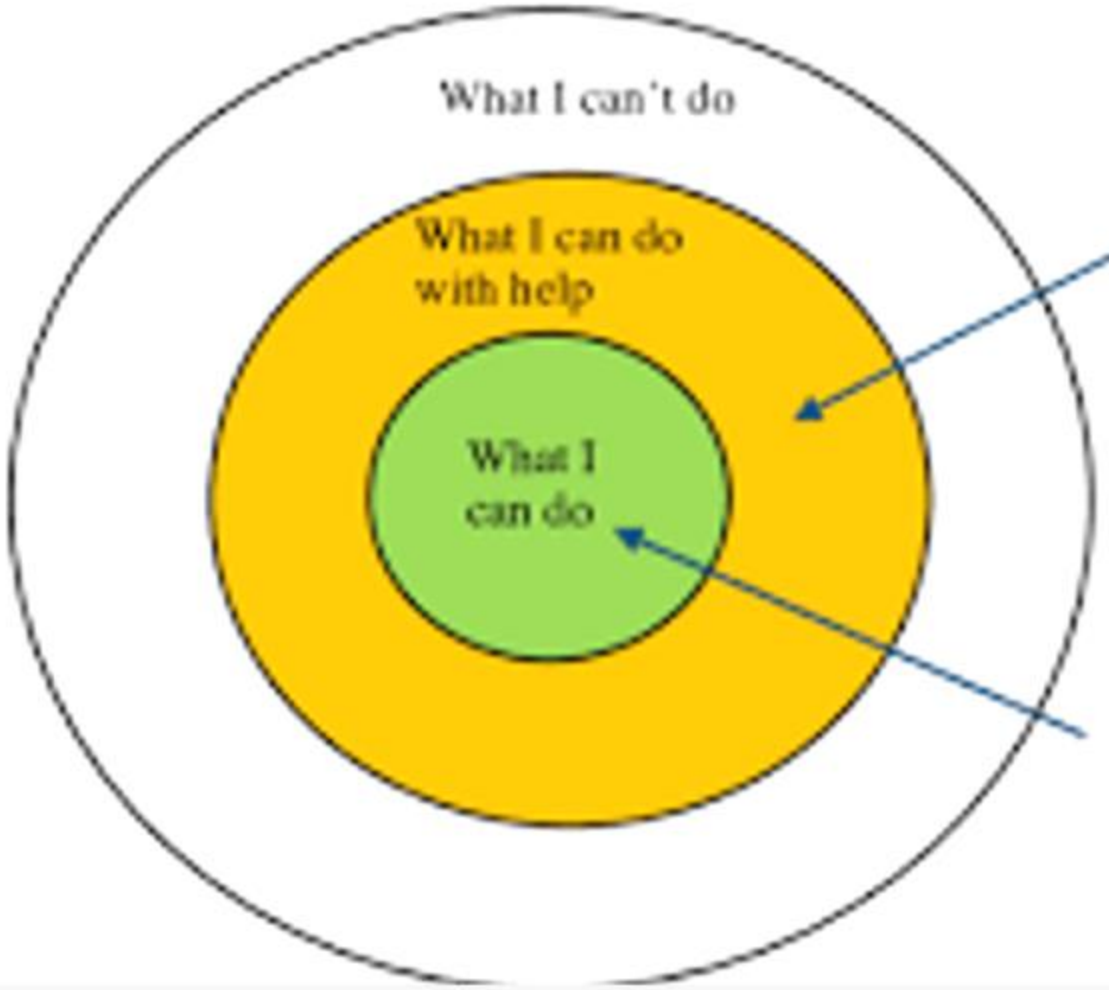
How do we get from Knows to Is/Embody? (Miller)

FLUX CAPACITOR

=

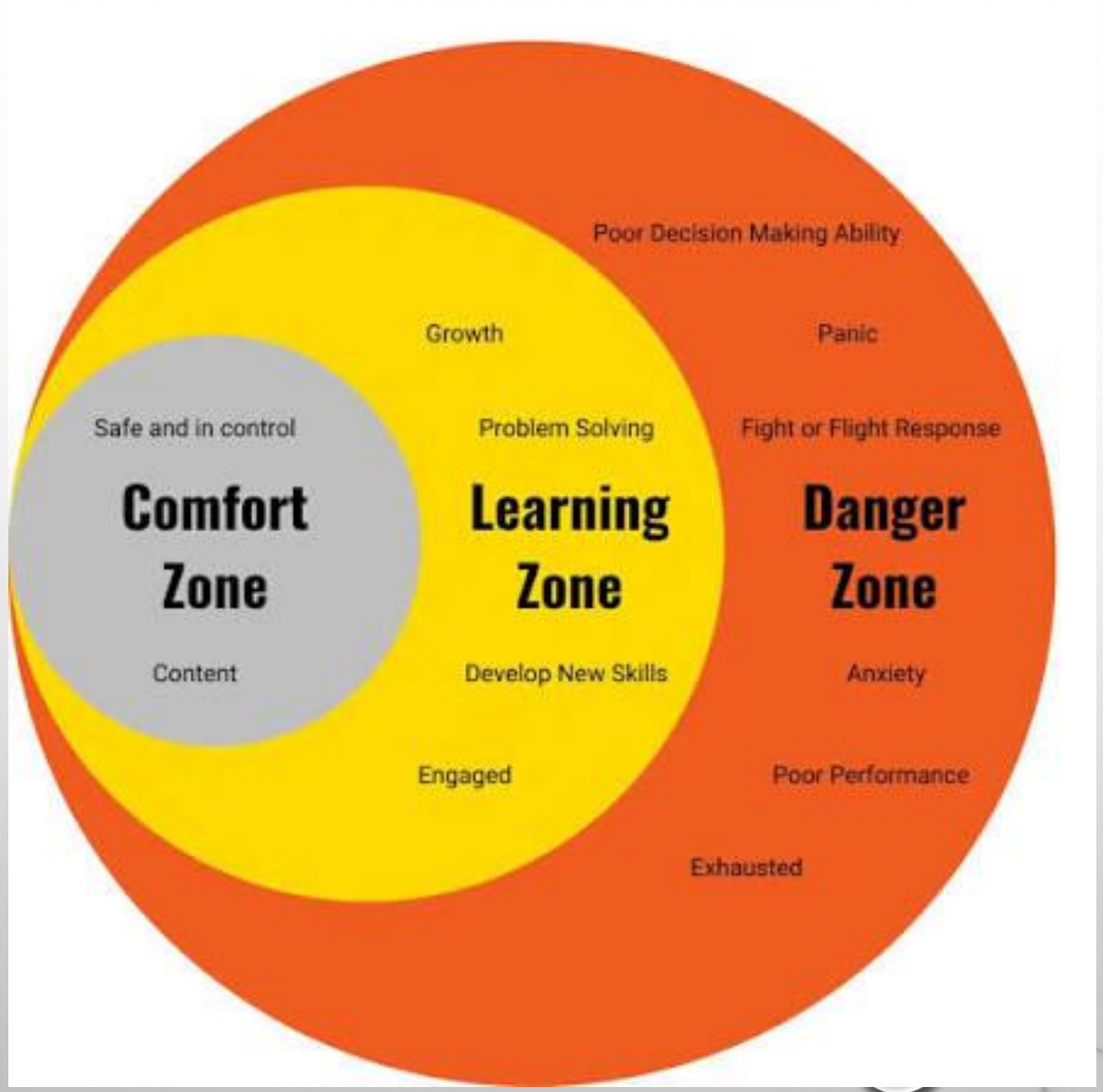
ZPD

ZONE OF PROXIMAL DISTANCE/LEARNING



Zone of proximal Development – ZPD.
What needs to be done to take the learner where he needs to be.

Zone of achieved Development – ZAD
Where the learner is right now


Poor Decision Making Ability
Growth
Panic
Safe and in control
Problem Solving
Fight or Flight Response
Comfort Zone
Learning Zone
Danger Zone
Content
Develop New Skills
Anxiety
Engaged
Poor Performance
Exhausted

KEY

- TECHNOLOGY & TECHNIQUE SHOULD NOT REPLACE MENTORSHIP—IT SHOULD SCALE IT.

- **IT IS ALL ABOUT THE RELATIONSHIP**

TWO THINGS

BUILD A TEAM/COHORT

FOCUS ON PRECEPTORS

HOW DO ADULTS LEARN?

HOW DO ADULTS LEARN?

- COMPETENCE
- AUTONOMY
- RELATEDNESS

KNOWLES'S PRINCIPLES OF ADULT LEARNING

1. **SELF-CONCEPT**

ADULTS SEE THEMSELVES AS SELF-DIRECTED AND AUTONOMOUS.

LEARNING SHOULD ENCOURAGE INDEPENDENCE AND PERSONAL RESPONSIBILITY.

2. **EXPERIENCE**

ADULTS BRING A WEALTH OF LIFE EXPERIENCE TO THE LEARNING ENVIRONMENT.

LEARNING SHOULD RELATE TO REAL-WORLD APPLICATIONS AND INCORPORATE THESE EXPERIENCES.

3. **READINESS TO LEARN**

ADULTS ARE MOTIVATED TO LEARN WHEN THEY PERCEIVE A NEED TO KNOW OR DO SOMETHING.

LEARNING SHOULD BE RELEVANT AND PROBLEM-CENTERED.

4. **ORIENTATION TO LEARNING**

ADULTS PREFER LEARNING THAT IS PROBLEM-CENTERED RATHER THAN CONTENT-CENTERED.

THE FOCUS SHOULD BE ON PRACTICAL APPLICATION OF KNOWLEDGE.

5. **MOTIVATION TO LEARN**

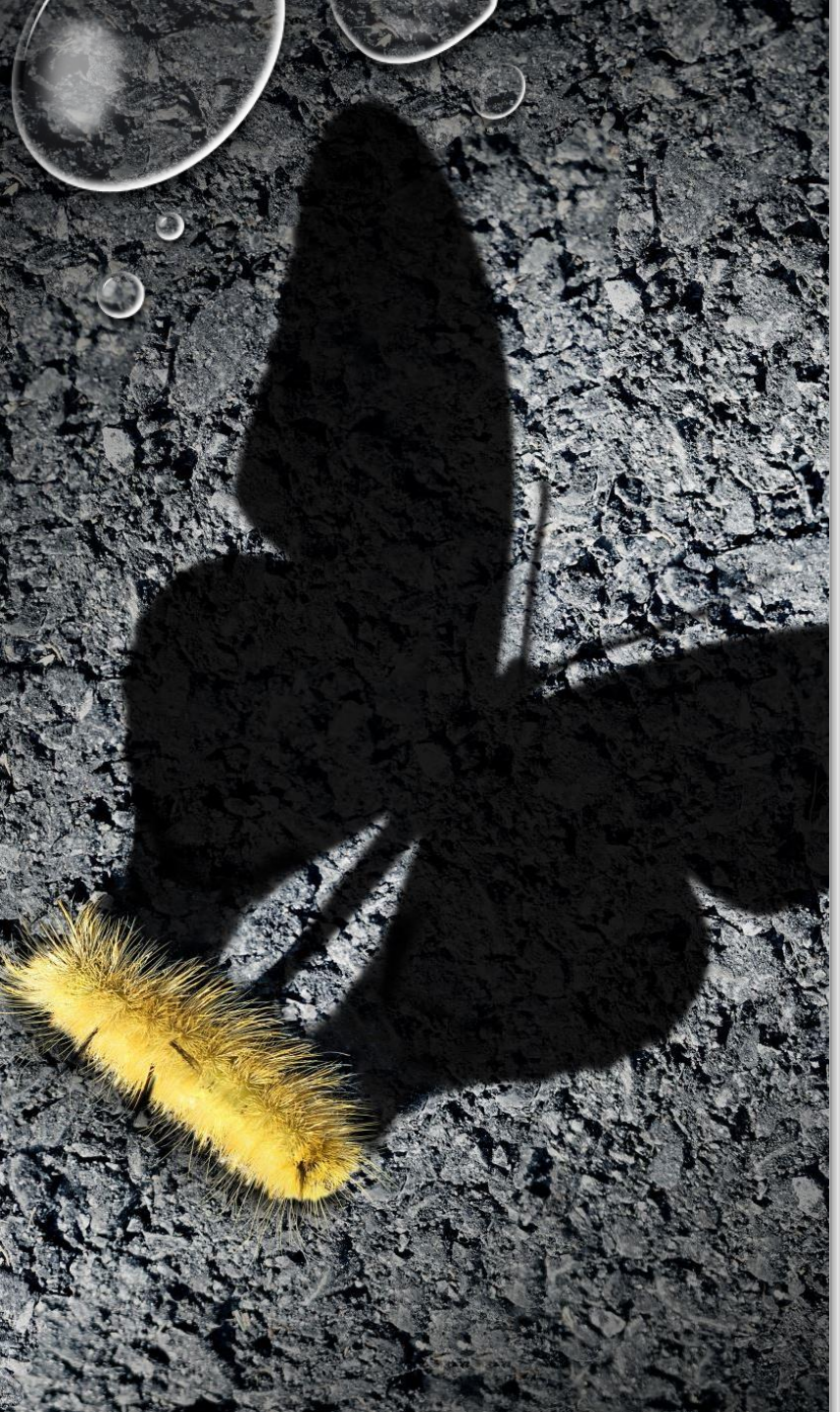
ADULTS ARE INTERNALLY MOTIVATED, OFTEN BY PERSONAL GOALS OR VALUES.

LEARNING SHOULD TAP INTO INTRINSIC MOTIVATIONS, SUCH AS CAREER ADVANCEMENT OR PERSONAL DEVELOPMENT.

6. **NEED TO KNOW**

ADULTS NEED TO UNDERSTAND WHY LEARNING SOMETHING IS IMPORTANT.

PROVIDE CONTEXT AND PURPOSE FOR LEARNING TO HELP ADULTS SEE THE VALUE IN THE CONTENT.



TRANSFORMATIONAL LEARNING

- RESOURCES
- EXPERIENCES

THE NEUROSCIENCE OF LEARNING

- NON-ANXIOUS PRESENCE
- GROWTH MINDSET (OVER PERFORMANCE)
- "PEOPLE LEARN BEST WHEN THEY FEEL SAFE ENOUGH TO THINK ALOUD."

CLINICAL TEACHING ISN'T ABOUT HAVING ALL THE ANSWERS

SHIFT FROM…

TEACHER

↓

COACH

↓

FACILITATOR

↓

MENTOR

TWO THINGS

BUILD A TEAM/COHORT

FOCUS ON PRECEPTORS

INCLUSIVE TEACHING

- **BELONGING**
- BIAS
- LEARNING DIFFERENCES
- NEURODIVERSITY
- TRAUMA-INFORMED EDUCATION
- **PSYCHOLOGICAL SAFETY**
- **GROWTH MINDSET**

KEY ARTICLE

TEACHING AND LEARNING IN MEDICINE
https://doi.org/10.1080/10401334.2021.1879651

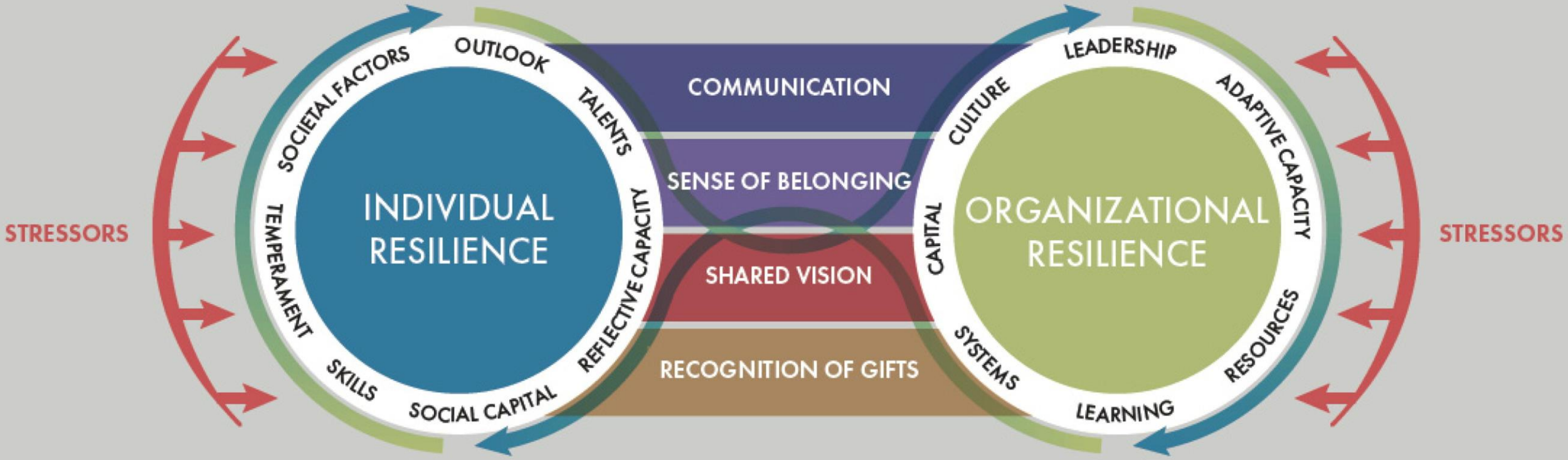
Routledge
Taylor & Francis Group

OBSERVATIONS

OPEN ACCESS

Shifting Focus from Burnout and Wellness toward Individual and Organizational Resilience

Chad Vercio[a], Lawrence K. Loo[b], Morgan Green[c], Daniel I. Kim[b,d] and Gary L. Beck Dallaghan[e]



CLINICAL AND LEARNING ENVIRONMENT

FIVE HIGH-IMPACT TEACHING STRATEGIES

- Microlearning
- Flipped classroom
- Case-based learning
- Deliberate practice
- Reflection

DO THINGS DIFFERENTLY

- GIVE A PERSON A FISH, AND YOU FEED HIM FOR A DAY. TEACH A PERSON TO FISH, AND YOU FEED HIM FOR A LIFETIME.

DO THINGS DIFFERENTLY

- GIVE A FELLOW A ~~FISH~~ PPT LESSON, AND YOU FEED HIM FOR A DAY…..
- …… TEACH A FELLOW TO LEARN HOW TO LEARN, AND YOU FEED THEM FOR A LIFETIME.

COACHING CONVERSATIONS

TEACHING IN BUSY CLINICAL SETTINGS

- ONE-MINUTE PRECEPTOR
- SNAPPS
- MICROSKILLS
- BEDSIDE TEACHING

MEASURING SUCCESS

(MOVE BEYOND SATISFACTION SURVEY)

- KIRKPATRICK
- ENTRUSTABLE PROFESSIONAL ACTIVITIES
- EPA PROGRESSION
- PROCEDURE SUCCESS
- CLINICAL REASONING
- FACULTY EVALUATIONS
- FACULTY EVALUATIONS
- SELF-ASSESSMENT
- REFLECTIVE WRITING
- BOARD CERTIFICATION
- EMPLOYMENT OUTCOMES

WHAT I LIKE TO DO

- ACCREDITATION
- COMPETENCY-BASED EDUCATION
- 70 – 20 - 10 MODEL OF LEARNING AND DEVELOPMENT
- EXPERIENCES AND RESOURCES
- RELATIONSHIP; RELATIONSHIP, RELATIONSHIP; - PRECEPTOR, PRECEPTOR, PRECEPTOR
- ENTRUSTABLE PROFESSIONAL ACTIVITIES
- MEET TWICE A WEEK FORMALLY AS COHORT (MORE FREQUENTLY EARLY ON)
- REFLECTION JOURNAL

ASSESSMENT --HERE IS WHAT WE DO

EPA (QUANTITATIVE)

REFLECTION JOURNAL (QUALITATIVE)

WEEKLY REFLECTION JOURNAL

Reflective Practice

Deliberative Practice

WEEKLY REFLECTION JOURNAL INCLUDES…

- Microlearning
- Flipped classroom
- Case-based learning
- Deliberate practice
- Reflection

WEEKLY REFLECTION JOURNAL

CRITICAL THINKING + CLINICAL REASONING = **CLINICAL JUDGMENT**

- CRITICAL THINKING
  - CLARITY
  - ACCURACY
  - PRECISION
  - RELEVANCE
  - DEPTH
  - BREADTH
  - LOGIC
  - FAIRNESS

- CLINICAL REASONING
  - COGNITIVE AND METACOGNITIVE
  - ANALYSIS OF KNOWLEDGE FOR SPECIFIC SITUATION/PATIENT

WEEKLY REFLECTION JOURNAL CRITICAL THINKING + CLINICAL REASONING = **CLINICAL JUDGMENT**

CLINICAL JUDGMENT

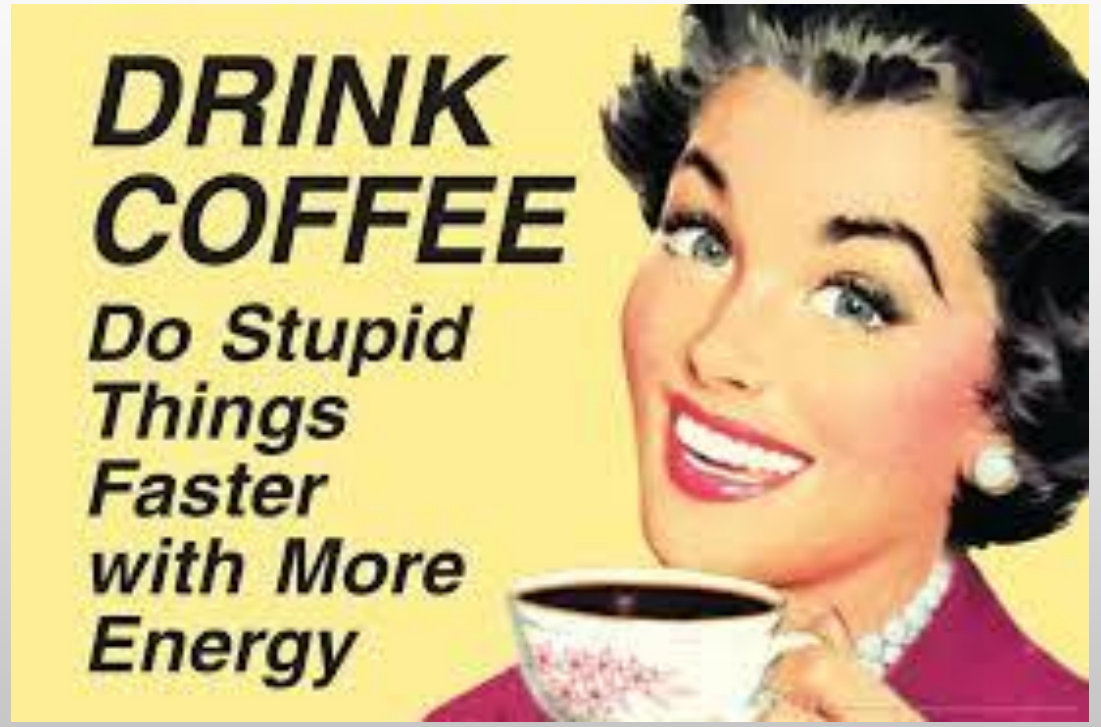
Using both **critical thinking** and **clinical reasoning** skills in clinical practice

DEFINITION: *"An interpretation or conclusion about a patient's needs, concerns, health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response* (Tanner, 2006, p. 204)

ICPNPFP WEEKLY REFLECTIVE JOURNALS

- INTRODUCTION
- BACKGROUND
- (1) NOTICING (ASSESSING)
- (2) INTERPRETING
- (3) RESPONDING
- (4) REFLECTION
  - IN ACTION
  - ON ACTION
  - WHAT DID YOU LEARN?
  - BASED ON THIS ENCOUNTER, WHAT ARE LEARNING GOALS FOR FUTURE?

DELIBERATE PRACTICE
VS.
REPEATING TASKS
MINDLESSLY



DELIBERATE PRACTICE

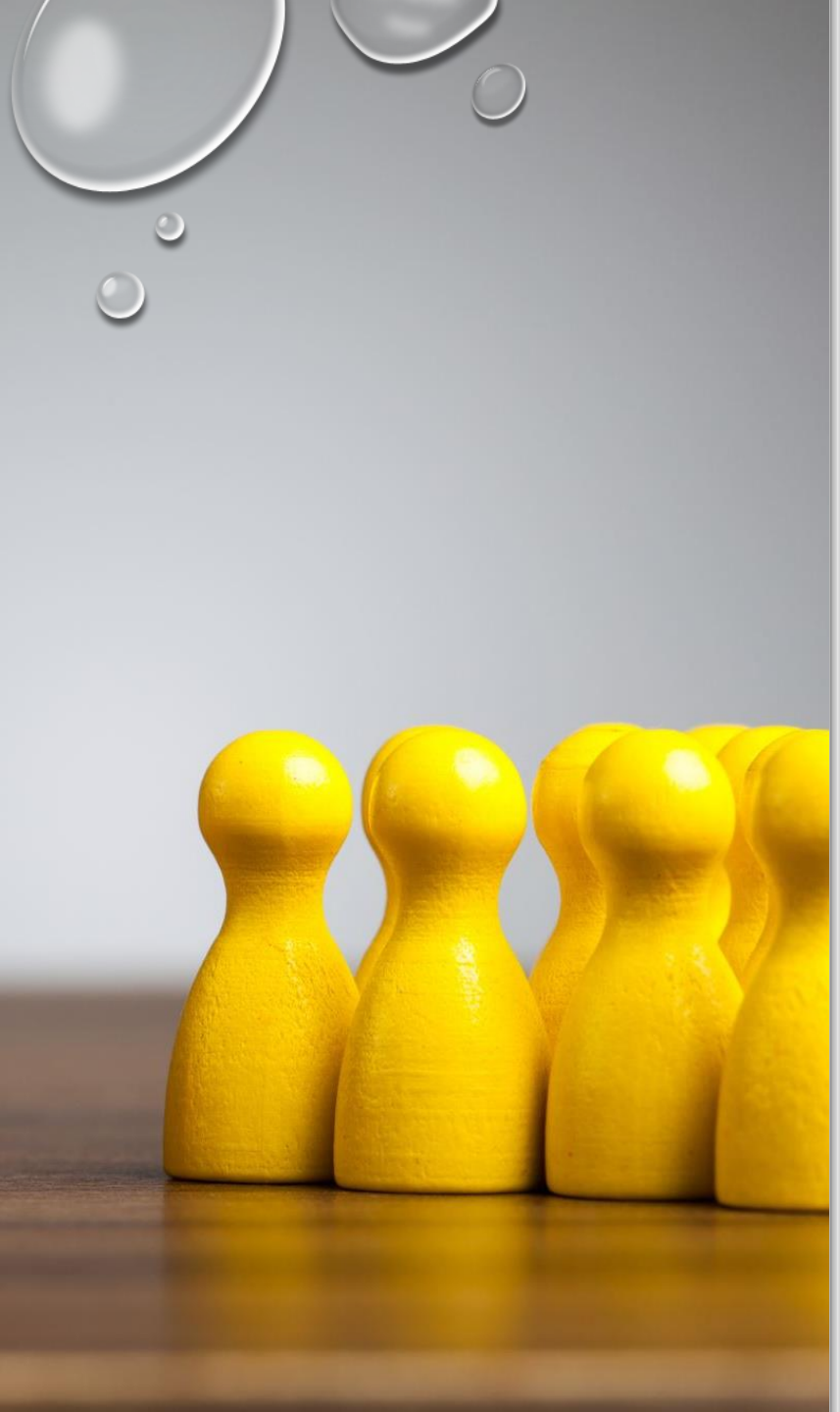
Specific Goal

Focused Attention

Immediate Feedback

Challenge Level

Expert Guidance



COACH THE PERSON NOT THE PROBLEM

- GROWTH OVER PERFORMANCE (ESPECIALLY EARLY ON)

MEASURING SUCCESS

(MOVE BEYOND SATISFACTION SURVEY)

- KIRKPATRICK
- ENTRUSTABLE PROFESSIONAL ACTIVITIES
- EPA PROGRESSION
- PROCEDURE SUCCESS
- CLINICAL REASONING
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- FACULTY EVALUATIONS
- SELF-ASSESSMENT
- REFLECTIVE WRITING
- BOARD CERTIFICATION
- EMPLOYMENT OUTCOMES

Year	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	Total
Graduate Fellow	3	2	4	4	5	4	4	4	28
Compassion Satisfaction	High	High	High	High	High	High	High	High	High
Burnout	Low	Low	Low	Low	Low	Low	Low	Low	Low
Compassion Fatigue	Low	Low	Low	Low	Low	Low	Low	Low	Low
Currently in Workforce (Job Retention)	3	2	4	4	5	4	4	4	28

ProQol Version 5- Low = 22 or Less; Moderate = 23-41; High = 42 or More

OUTCOMES

YOUR TOOLKIT:
WHAT CAN YOU IMPLEMENT MONDAY MORNING?"

- WHERE ARE WE IN THE ACCREDITATION PROCESS?
- ARE WE TRULY FOLLOWING A COMPETENCY-BASED EDUCATION MODEL?
- RELATIONSHIPS & PSYCHOLOGICAL SAFETY (PRECEPTORS)
- REPLACE ONE LECTURE WITH A FLIPPED ACTIVITY
- INCORPORATE ONE MICROLEARNING SESSION DAILY (GOOD PRECEPTORS DO THIS NATURALLY)
- END EVERY CLINICAL DAY WITH ONE REFLECTION QUESTION
- INCREASE COACHING AND DECREASE CORRECTING
- REFLECTION JOURNAL
- MEASURE OUTCOMES BEYOND LEARNER SATISFACTION

EDUCATIONAL FRAMEWORKS

- MALCOLM KNOWLES – ANDRAGOGY
- DAVID KOLB – EXPERIENTIAL LEARNING CYCLE
- JACK MEZIROW – TRANSFORMATIVE LEARNING
- ALBERT BANDURA – SELF-EFFICACY
- LEV VYGOTSKY – ZONE OF PROXIMAL DEVELOPMENT
- JOHN SWELLER – COGNITIVE LOAD THEORY
- DONALD SCHÖN – REFLECTIVE PRACTICE
- DONALD KIRKPATRICK – EVALUATION FRAMEWORK
- ETIENNE WENGER – COMMUNITIES OF PRACTICE

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QUESTIONS?

THANK-YOU

JAMES K TUDHOPE DNP, APRN, PMHNP-BC, NPD-BC, NCE

MEDICATION CLINIC COORDINATOR,

PROGRAM DIRECTOR FOR INTEGRATED COMMUNITY PSYCHIATRY NURSE PRACTITIONER FELLOWSHIP PROGRAM

PORTAGE PATH BEHAVIORAL HEALTH

340. S BROADWAY ST

AKRON, OH 44221

330 253-3100 EXT 1124

JAMES K. TUDHOPE, DNP, APRN, PMHNP-BC, NPD-BC, NCE

ASSOCIATE PROFESSOR

PSYCHIATRIC MENTAL HEALTH NP CONCENTRATION COORDINATOR

KENT STATE UNIVERSITY

COLLEGE OF NURSING

PO BOX 5190

KENT, OH 44242
HENDERSON HALL, RM 308

330-672-8793 OFFICE

THANK-YOU