

BECOMING A STRONGER LEARNER

Four practical habits for better professional practice

Professor Lesley Haig, Vice-Chancellor | Health Sciences University

Lesley.Haig@hsu.ac.uk

**The aim is not more learning activity.
It is more learning that improves practice and care.**

The learning cycle

Strong learners do not simply collect knowledge. They use a repeatable cycle to test what changes practice.

1. NOTICE	2. FOCUS	3. QUESTION	4. TEST	5. ADAPT
Start with a real signal	Define the change	Interrogate the claim	Make one small change	Learn from the result
Patient outcome, variation, uncertainty or feedback	What will I do differently, for whom and why?	What evidence supports it, and what are its limits?	Try it and gather feedback or outcome data	Continue, modify or stop, then repeat

1. Start with purpose. Improve the question.

A vague goal produces vague learning. Start with the change you want to make, then ask the question that will help you make it.

LESS USEFUL - A broad intention	STRONGER - A data-informed question
"I want to improve outcomes for patients with persistent low back pain." "I should learn more about which treatments work." Broad • disconnected from practice data • no clear measure	"My patient outcome data show that improvement often plateaus after four visits." What might explain this pattern, what could I change in my approach, and which outcome measure will tell me whether the change helps?" Specific • informed by outcomes • testable in practice

Try it

- What real signal from patients, outcomes or practice has caught my attention?
- What behaviour or decision do I want to improve?
- What evidence would help me choose a change?
- What measure will tell me whether the change helped?

2. Treat feedback as data

Strong learners do not simply receive feedback. They interpret it, decide what to change and test whether the change improves care.

CONTINUE	What should I keep doing?
CHANGE	What is one thing I could do differently?
APPLY	Where will I test that next?
CHECK	What feedback or outcome will tell me whether it helped?

Sources of feedback: patients • peers • mentors • clinical outcomes • practice variation

3. Be evidence-informed, not AI-informed

Appraisal is a core professional skill and now needs to incorporate AI literacy. Use AI to support exploration, not to replace professional judgement or examination of the original evidence.

- Start with original evidence, guidelines and high-quality syntheses.
- Corroborate key claims across credible sources.
- Use AI-supported exploration with human judgement.
- Treat expert opinion, commercial education and generated summaries as lower-confidence inputs.
- Do not act on unverified social-media or AI-generated claims.

Ask: provenance? evidence? corroboration? context? incentives? certainty?

4. Make learning fit real work

Do not wait for spare time. Attach learning to routines that already exist.

10 min	After clinic	Capture one uncertainty.
15 min	Friday	Review one case.
1 paper	Each week	Read for one question.
1 conversation	Each month	Ask for peer feedback and verify one AI-assisted claim.

Prompt → tiny action → repeat

A 30-day learning experiment

Leave with three commitments, not a longer reading list.

01 ONE GOAL What clinical behaviour will I improve?	02 ONE CONVERSATION Who can show me what I cannot see?	03 ONE ROUTINE Which 15-minute action will I repeat weekly?
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My commitment

Clinical behaviour I will improve: _____

Person I will ask for feedback: _____

15-minute routine I will repeat: _____

Patient outcome or other measure I will review: _____

Review date: _____

Selected references

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RETHINKING HOW WE LEARN

A group worksheet for moving from discussion → strategy → action



SMALL-GROUP ACTIVITY AND DISCUSSION – 10 minutes

In groups of 2–3:

Discuss what we need to: **DO MORE • DO LESS • DO DIFFERENTLY**

Then agree on **ONE** strategy for:

What could we do differently to improve learning in daily practice?

DO MORE

What genuinely supports learning?

DO LESS

What may look like learning without changing practice?

DO DIFFERENTLY

What is one strategy to improve learning in daily practice?

WHOLE-ROOM DISCUSSION – 10 minutes

Take your group's **ONE** “do differently” **STRATEGY** and decide where the change needs to happen. Submit it in Slido under **ONE** category.

MYSELF

SELF

Something I change as a learner

OTHERS

PEERS & TEAM

Something we change together

WORK

ORGANISATION

Something the workplace changes

PROFESSION

SYSTEM

Something the profession/system changes

Choosing and completing a learning goal

Overcoming Barriers to Lifelong Learning: How to Become Better Learners

15 October 2026, 10:30–12:00 | Espen Ohren, DC., BSc (Chiro)

Speaker contribution to session T1B

Many worthwhile questions compete for a clinician's attention. This contribution proposes a practical way to choose one learning goal, arrange support and return to see what changed. It connects the individual learner's effort with the organisations that make learning possible.

Choosing what to learn

Perspective	What it contributes	A question to ask
Personal interest	Energy and curiosity	What will sustain my attention?
Patient needs	A specific situation and learning question	What do I need to understand or do better for this patient?
Wider health needs	Direction for professional effort	Which needs should our profession be better prepared to meet?

Patient safety and the competence required for our work underpin all three. Choose a manageable goal within that foundation. Immediate safety concerns need action now; other new questions can be recorded for a later learning cycle.

A worked example

Imagine an older patient with musculoskeletal pain, changing function and additional healthcare needs. This is a hypothetical educational example. A useful learning question is: "How can I better recognise when coordinated care is needed, and explain that to the patient?"

Work through a case with a colleague, explain your reasoning and rehearse the conversation. Check relevant evidence and local referral arrangements. Select one change to try within your competence, and arrange the review before starting. In this example, two weeks is a practical interval, not a prescribed standard.

Support that helps the learner finish

An association can identify shared needs and maintain a learning group. Educators can help select credible material and suitable cases. Course providers can include rehearsal, feedback and a later review of application. Colleagues can challenge reasoning and help evaluate change. These are familiar approaches; the practical difference lies in agreeing what the group will do and when it will follow up.

"The capabilities we expect at graduation must become habits we continue to develop throughout practice."

Your learning plan

Choose one need for the session discussion. Complete these four fields on your phone or laptop, or use them as prompts for a conversation.

Element	Worked example	Your next step
Goal	Recognise when collaboration may help an older patient, and explain the reasoning.	
Planned change	Use a clearer explanation of when and why I would involve another professional.	
Feedback	Ask a colleague to examine my reasoning and rehearse the conversation with me.	
Follow up	Agree a review date at the start; in this example, meet again in two weeks.	

At the review, ask: What did I try? What got in the way? What does the feedback suggest I should adjust? Record what changed and choose the next question. Observing a change in practice does not by itself demonstrate better patient outcomes.

Evidence and further reading

The four-field plan is Espen Ohren's practical proposal. Dunlosky and colleagues review learning techniques, including practice testing and distributed practice, largely in educational settings; their findings do not validate this clinical plan. Schueren and colleagues examine US continuing-education recognition policies for research and teaching, rather than directly measuring clinicians' day-to-day learning barriers.

1. Dunlosky J, Rawson KA, Marsh EJ, Nathan MJ, Willingham DT. Improving students' learning with effective learning techniques: Promising directions from cognitive and educational psychology. *Psychological Science in the Public Interest*. 2013;14(1):4–58. <https://doi.org/10.1177/1529100612453266>

2. Schueren S, Smith DL, Malaya CA, King JA, Schilaty ND. Continuing education for the chiropractic profession: a cross-sectional study analyzing potential barriers to future chiropractic academic and research development. *Chiropractic & Manual Therapies*. 2025;33:34. <https://doi.org/10.1186/s12998-025-00596-x>

Read the published correction, which updates the competing-interest statement: <https://doi.org/10.1186/s12998-025-00603-1>

3. European Chiropractors' Union. European Consensus Statement on Chiropractic Education, Skills and Competencies. Version 1.0. Ohren E, editor. European Chiropractors' Union; 2026. See sections 4.2–4.4 and 4.15.

The Consensus Statement defines graduate expectations. Using them to frame continuing learning is a proposed application, not a new European CPD scheme.

Contact: eo@chiropractic-ecu.org

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