Johari’s Window and Medical Education

This model, developed by Luft and Ingham in the 1950s, was initially used to describe human interactions. It has more recently been used to teach self-awareness of knowledge in medical training. Below we explain how to use Johari’s window to identify learning needs in the clinical setting. Working backwards…

**Area 4:** This area represents needs that are “unknown” to both the student and preceptor. Recognizing this quadrant exists is the first step. Assessment by multiple stakeholders (self, staff, peers, preceptor) can elicit topics to address.

**Area 3:** This area is often referred to as the “façade” because students are aware of weaknesses that the preceptor is not. Learners must feel they are in a safe environment and trust their preceptors to share fears and flaws. This is challenging when contact is limited in clinic and supports the need for multiple contacts with the same preceptor. Discussion and small group work are useful methods.

**Area 2:** The “blind” quadrant includes learning needs known by the preceptor, but not the student. Trust is again imperative. Formative feedback introduces learning deficits and didactic methods (or assigned readings) can be used to deliver the content.

**Area 1:** The “open” quadrant represents needs that are apparent to both student and preceptor. The goal is to expand this quadrant. Once needs are identified, learning can be facilitated and assessed.

**References / Resources:**


**Figure on left from:** Chapman, A. (2003). Johari window model. www.businessballs.com/johariwindowmodel.htm

To be conscious that you are ignorant is a great step to knowledge.

- Benjamin Disraeli

Sybil, 1845