

Editorial

Role of Self Directed Learning in Competency based Medical Education in creating an Indian Medical Graduate

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Competency based Medical Education (CBME) has been the buzz word of recent times. As a welcome step, MCI has released the much awaited Undergraduate Medical Regulations in 2019 which is based on the VISION document which was conceived a few years ago by medical educators spread across the nation. The end product of this educational model is the Indian Medical Graduate (IMG).

The construct for CBME relies on four foundations¹:

1. Focusing education on patient outcomes
2. Emphasizing learner abilities
3. De-emphasizing time based learning
4. Increasing individualized trainee plans for the learner

Greater emphasis is laid on hands on training, small group teaching and self-directed learning (SDL). Learners are expected to take active part and share responsibility of their learning

According to Grow's Staged Self-Directed Learning (SSDL) model², self-directed learning has four different learning stages: dependent, interested, involved, and self-directed- and corresponding teaching styles (1991). The idea of SSDL model is to propose a way teachers can be vigorously influential while empowering students towards greater autonomy. Medical educators have raised the question as to "who should be the judge of ability, the teacher or the students?"³. It is true that students' ability of learning is influenced by their culture, parenting, education, and other factors. However, a person's psychological maturity is also affected by these external environmental conditions

Learners at the dependent and interested level need coaching, guiding, and motivation to set and reach their goals. In other words, students of first 2 learning stages (dependent & interested) of Grow's SSDL do not clearly explain their learning purpose, potential, and learning strategies. Under this circumstance, teachers should dominate as the judge of ability, and guild learners to advance towards greater self direction. On the other hand, for involved and self-

directed students, who have already formed a sense of self-direction, they have the ability to find out the right teaching style for them. In this case, teachers' role could gradually change to delegator and partner to make Indian Medical Graduate (IMG) a life-long learner. Role of educator/teacher is thus defined to facilitate process from dependency to autonomy and take student towards self directedness. As such, it is proposed that learners become increasingly self-directed as they mature.

The Components of SDL include the ability of Students to Define their learning needs, Set their own learning goals by making learning contract, identify learning resources, select learning strategies, integrate the resources from different sources and also be able to assess learning outcomes⁴.

The primary goal of SDL is to enhance the ability of learners to be self-determined in their studies in addition to foster transformational learning & promote emancipatory learning and social action⁵.

We thus see a movement from pedagogy to andragogy to heutagogy in this transformational learning model of SDL in medical education.

SDL can thus be considered as learning by oneself (auto-formation), as opposed to learning through the actions of others (hetero-formation)⁶. This also in a way imparts leadership qualities where the students assumes the role of leader by taking onus of his learning.

Limitations of SDL might be seen as several pedagogical difficulties that are explained as mismatches between teacher style and learner stage, especially the mismatch between a student needing direction and a non-directive teacher.

Medical colleges and affiliated Universities should perceive the need for creating awareness regarding the process of SDL and create an ambience and learning environment where medical educators and

students understand the need and benefit from the process of SDL to achieve the goal envisioned for an IMG.

References

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