

Self directed learning – preparing current learners for future learners – issues and concerns in Indian context – Part 1

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Introduction

Education is derived 'Educatum' a Latin word, combination of 'e' and 'duco'. 'e' means 'out of' or 'from inside' and 'duco' means 'to lead out' - means to lead out of what is there inside the mind and soul of learner. Medical education has undergone significant changes in the last few decades due to the technological explosion, and medical students need to be exposed in appropriate and calculated manner at that stage of education.

Medical education in India – issues and concerns

Medical education is dynamic and incremental, so need to learn, unlearn what is not relevant and useful and relearn what is relevant and useful, at that stage of education. The best way to achieve this, is self-directed learning. This will also help faculty to meet challenges of current learners i.e.

Generation Z and this generation will be able to meet challenges of learning of their time – future generation, maybe Generation Zeta [1].

The role of teacher is to make the learner aware of it – learn to think and make decisions in the absence of teacher. The learning begins from self and best approach is self directed learning, the change is depicted below

Past	Present –	Future
Teacher centered	CBME by NMC Learner Centred – Self-directed - Facilitated	Learner directed – self paced

Journey for Indian Medical graduate should be planned in graded manner so that learner can cope with the rigours of the medical profession, rather than feel burdened which will not meet desired objectives.

CBME for IMG is divided in to following phases					
Division of CBME	Phase 1	Phase 2	Phase 3 part 1	Phase 3 part 2	Compulsory rotatory medical internship - CRMI
Journey	Dependent – Facilitated	Dependent – Facilitated	Interdependent– Facilitated – for difficult topics	Independent – SELF PACED - help when asked after multiple efforts by her self or himself	Independent – SELF PACED - work on its own

Division of CBME	Phase 1	Phase 2	Phase 3 part 1	Phase 3 part 2	Compulsory rotatory medical internship - CRMI
Quanta/ Byte – learner dependent – Individual Academic learning bundle	10% -25% depending on learner attributes	25% to 50% - depending on learner attributes	50% - 75% depending on learner attributes	100% - as learner is ready – especially last six months – ready for final university examination	100% - as learner is ready to make simple diagnosis, order and interpret laboratory tests and write prescription and carry out core competencies under supervision
Use of Technology	NO – as it will distract and may even confuse	NO – as it will distract and may even confuse	Limited use	Limited use	Freedom to prepare to face patients when not able to comprehend or understand

Let us know our current learners – a real situation analysis – existing concerns

- Few learners want to become health professionals, not opted for their own interests or motivation
- Few learners want to be in active practice of the profession after completion of undergraduate or even post-graduate education
- Few can face and meet the rigours of the medical profession – long hours of studies, training and duties, as they were underprepared and had low scores in the entrance, even in three subjects, find difficult to cope with 16 medical subjects with a bigger syllabus. In patient care, all subjects work at one time. It gives unexpected stress and distress.
- How many are sure of job security, that too of their choice.
- Another important problem is of low achievers, uninterested, distracted and resistant learners

- Ownership – faculty as guardian and mentor should make all-out efforts as we do and will do for our own children – go the extra mile and make extra efforts in initial stages of learners. Once a healthy and robust training program is developed, then less effort will produce better results – “each one, teach one” and peer-assisted learning will be meaningful.

The answer lies in self-directed learning

The definition of self-directed learning is that provided by M. Knowles [2].

“In its broadest meaning, SDL describes a process in which individuals take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcomes”

Desired attributes/roles of Indian medical graduate [3-5]			
Attributes	IMG of 2019	IMG of 2023	Methods to learn
Clinician	Yes	Yes	Starts from early clinical exposure and clinical orientation in teaching, learning and assessment to start from the phase as advocated by NMC
Leader	Yes	Yes	By role model from teachers then assigning small tasks to each
Communicator	Yes	Yes	By learning from teachers in clinical teaching and then peer assisted learning
Life long learner	Yes	Yes	BY SELF DIRECTED LEARNING

Attributes	IMG of 2019	IMG of 2023	Methods to learn
Professional	Yes	Yes	By learning from teachers in clinical teaching and then peer assisted learning
Critical thinker		Yes	BY SELF DIRECTED LEARNING
Researcher		Yes	Facilitated self directed learning – start from small feasible projects

How to start - Know yourself, prepare, plan and organise to make it convenient and feasible over Five and half years. SWOC (Strength, weakness, opportunities and challenges - Not Threat as in earlier versions) analysis is required

IMG – current scenario - Know your learner [6]: Pre-assess, some of which focus more on content and others on pupils’ interests:

- Interests – academic, extracurricular which can be accommodated and to what extent and when
- T-W-H and K-W-L Charts (What do you think about this topic? What do you want to learn about this topic? How do you want to learn about this topic?, or What I know, What I want to know, What I learned) – for some start with single liners and increase gradually so that learners feel comfortable.
- Mind map
- Five most difficult questions or issues which need help and support

- Open-ended question(s)
- Experience inventory.
- “He should know what is relevant and required at that stage of learning, Not comparing what I know at present stage” do not burden learner with future needs at present stage of learning.
- Assess needs of the learners and find out individual competence as there is no common panacea for all.
- Every learner is unique so it is individualised approach, must be adopted and practised by teachers so all stakeholders must be at same platform to achieve best outcomes as it is lifelong process.

Time and content management – A very important issue that must involve all activities and interests.

Learning styles –VARK – start with one and due course keep on adding.

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