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Article:

Three Papers on ….. Self-Directed Learning

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All healthcare professionals are now expected to be self-directed learners, in which the individual takes responsibility and uses their own initiative to direct their learning activities. This approach to learning is increasingly expected across the continuum of healthcare professional education , with greater individual responsibility for learning being required in postgraduate training and continuing professional development compared with undergraduate education.

Healthcare professionals are expected to identify their own learning needs through their daily contact with patients and then use a variety of resources to meet these needs. However, healthcare professional education is often dominated by policy directives that insist on a rigid syllabus or mandatory training and often there is also a requirement for attendance at didactic educational events for the purposes of revalidation. It might therefore appear that healthcare professionals cannot be trusted to be self-directed in their learning!

We consider that healthcare professionals can become self-directed learners to effectively improve healthcare but only if they have facilitated developmental support from medical educators, such as undergraduate tutors, educational supervisors and appraisers. An essential aspect of being a self-directed learner is to develop a self-regulated learning approach, in which the learner adopts a strategic approach to their learning. Self-regulated learners are strategic learners, setting themselves clear learning goals from their identified learning needs and choosing appropriate methods and resources to achieve these goals. An important aspect of being a self-regulated learner is that the individual evaluates whether their chosen methods and resources have helped them attain their learning goals (sometimes making appropriate changes if the goals have not been attained). Our experience is that healthcare professionals require support to develop their self-regulated learning approach.

We present three papers to support our position. The first paper, by Murad et al [1], provides evidence to show that self-directed learning is at least as effective as didactic methods. The second paper, by Brydges et al [2], discusses the importance of becoming a self-regulated learner by having a structured approach to self-directed learning, and highlights the key role of a facilitator. The third paper, by Blaschke [3], reinforces the need for a self-directed learner with a well developed self-regulated approach to learning , especially when using technology.

The effectiveness of self-directed learning

The systematic review of self-directed learning in healthcare professionals' education by Murad et al provides some useful "evidence-based" information in response to the challenge that we have highlighted [1]. A meta-analysis of 59 studies showed that self-directed learning was as effective as

traditional didactic methods of learning for knowledge learning outcomes but was less effective for the development of skills and attitudes. This finding is probably not surprising since the traditional development of skills and attitudes requires more intensive face to face methods of learning, either as an individual or in groups. The authors noted a wide variety in the approaches to self-directed learning that were used in the various studies and this suggests that the self-directed learner has to adapt their approach to learning in response to the particular context within which they are expected to become self-directed. This adaptive approach is an important aspect of being a self-regulated learner.

A structured and facilitated approach for self-directed learning

Brydges et al highlight the importance of structuring the learning process to ensure that self-directed learning is effective [2]. These authors recommend: a structured approach to the identification of learning needs; planning regarding what resources to seek; and reflection on whether the learning needs have been fully met and have been useful to inform practice. The essential implication is that the self-directed learner is also expected to become a self-regulated learner. The important role of a facilitator is also highlighted to ensure that the self –directed learning process occurs by means of a structured approach, and there is the recognition that the role of the facilitator needs to change as the learner becomes more adept at using a structured approach for their self-directed learning. The aim of the facilitator is to develop the self-directed learner as an autonomous and self-regulated learner.

Technology and self-directed learning

In the current climate of using technology for self-directed learning, the article by Blaschke is very topical since it also discusses the need for the self-directed learner to have high self-regulated learning skills when using the wide range of potential learning resources that are available on the internet [3]. I use the word "potential" since the internet can be simply considered as a network of sources of information, from blogs to YouTube to chat rooms, that have to be constructed by the individual to create a learning experience. As the old saying goes "Rubbish in … Rubbish out"! Blaschke, like Brydges et al, also recommends the need for the self-directed learner to develop their self-regulated learning skills through the use of a structured approach that is initially guided by a facilitator. The article also discusses the exciting future use of technology to create opportunities for learners and their facilitators to track and record their online searches. This creates a unique method to inform individual or facilitated reflection and development of more effective approaches to learning.

Conclusions

The important message from the three articles is that self-directed learning for healthcare can be effective and achieve its intended aim of improving healthcare but the learner also needs to become an autonomous self-regulated learner. John Dewey, the great American educational philosopher

and promotor of experiential and self-directed learning, was frequently criticised for his radical views. There was a genuine fear that learners could not be trusted to learn without the control of traditional didactic teaching methods. This view of learning still appears to prevail in many areas of medical education, from undergraduate to postgraduate training to continuing professional development, and the consequence is that learning can become stifled and unresponsive to the complex learning needs of healthcare professionals that arise from their daily experiences and the complexities of healthcare needs. Dewey frequently highlighted the importance of the teacher in facilitating self-directed learning but this call was usually ignored by the powerful institutions and their members – both of which opposed his views. Perhaps it is time to celebrate the self-directed healthcare professional learner and to ensure that we begin to support the development of these learners. A first step to achieve this goal could be to identify and develop the skills of facilitators such as undergraduate tutors, educational supervisors and appraisers. Another step could be to require all healthcare learners to provide information of the process of how they answered their learning needs, instead of focussing on only the outcome. This step is closer to reality with the advent of new learner analytic technologies which could be used for discussion at appraisals and as part of the evidence required for revalidation.

It is surprising how what appears to be a simple concept has the potential to challenge the nature of healthcare professional education.

References

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