Encouraging Self-Directed Learning

Dear Dr. Karimbux:

In the June 2014 issue, Premkumar et al. presented a fascinating account of self-directed learning scores in dental students. Their account is comprehensive, and the take-home message is clear: students’ self-directed learning scores fall during their predoctoral years. Like all research, their account begs the question as to what, if anything, can be done about this. In some ways, it may not be surprising that the scores fall: students spend much of their time in lectures, where learning is directed by the instructor and they are passive recipients. Ultimately, the format of the dental curriculum is likely to have a far greater impact on self-directed learning scores than any pedagogical initiative designed to develop self-directed learning skills; and, for scores to increase, the curriculum might have to change quite significantly.

First of all, learners are more likely to develop self-directed learning skills in an environment where such skills will prove useful. Thus, small-group learning sessions in which all members of the group take part and explore the subject as a team are much more likely to engender self-directed learning skills than lectures. This is especially so when the sessions are case-based—that is, built around a credible case scenario. If the summative assessment takes active participation in such sessions into account, then students are much more likely to take them seriously.

Secondly, self-directed learning skills are more likely to develop in situations where learners are actively motivated and all aspects of their intellects and emotions are stimulated. It is possible for this to happen in a lecture hall, but is more likely to take place in a simulated environment. Simulated sessions often involve simulated patients and simulated interprofessional team members in high fidelity learning environments. The learner is literally put on the spot and asked to come up with answers to complex problems. At the very least, simulation ensures that learners are active participants in their clinical education.

Thirdly, the predoctoral curriculum should perhaps consider its core purpose. Is it to convey knowledge? Or is it to develop lifelong learners with the skills needed to assess their learning needs, actively seek out learning opportunities, reflect on their experiences, and consider how learning can be applied in an actual workplace? Or is it both? Achieving both is a perfectly respectable if ambitious goal. However, if self-directed learning skills are to be developed from the outset, then the dental curriculum must be designed in such a way that these skills are encouraged and rewarded.

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REFERENCES