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RESEARCH ARTICLE

COVID ENHANCED TEETHING PROBLEMS IN CBME IMPLEMENTATION-OUR EXPERIENCE RELATED TO SDL

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Abstract

Background: Self-directed learning or more precisely SDL is an important part of UG curriculum that can be used at all levels. In this form of education, the student or the learner plays an active role in knowledge, skill, and attitude acquisition. It is a lifelong learning process and requires a student to be familiar with the concepts of self-directed learning. Since it is a newly introduced concept, various challenges were faced while designing and implementing the SDL session. The online teaching due to the coronavirus disease 2019 pandemic also added to the teething problems in CBME implementation.

Aim & Objectives: To identify the challenges faced and their possible redressal for proper designing of a SDL session and to understand the precise principles of SDL and share it with the faculty members of the department.

Methodology: In the personal experience with the MBBS batch while conducting a SDL session it was observed that SDL is confused with self learning as initially the students were given a topic and then asked to prepare it. The personal experience and experience of other medical teachers as well as of the students was taken into consideration. Then several publications on SDL were reviewed to understand the concept, and theories related to SDL were also studied.

Results: An exhaustive online search along with discussion with other medical teachers in this regard was very helpful as various doubts got clarified and some facts came into light indicating that concept of SDL is based on experiential and student-centred learning and with stress on higher order cognition. Therefore, the SDL conduct can be designed for two contact sessions and a gap period of few days. The first contact session can focus on introduction and instructions. The intersession period can be designated as the actual learning period for the students. The second contact session can involve debriefing and assessment.

Conclusion: The research helped to impart confidence in designing of the SDL session properly and helped to clarify various doubts and we got an in depth understanding of SDL. Hence, we were able to disseminate this knowledge to other faculty members also. Now we can plan the SDL session accordingly.

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Introduction:-

Undergraduate medical curriculum has largely remained traditional since the ancient system of teaching. There was unidirectional flow of lower order knowledge and irrelevant concepts with no connection with the actual practice of medicine. There were certain lacunae in the existing paradigm of medical education. Therefore, Competency based medical education or most familiar CBME was introduced as a new concept for medical teaching almost 3 years back. It was different from the traditional teaching in the MBBS as practised earlier. The aim was to develop appropriate teaching learning strategies, tools, techniques, and use of technology for providing quality based medical education.¹ Structuring the entire medical syllabus into competencies and placing them in the curriculum design to ensure enrichment of the learner with desired skills was planned. This curriculum was better aligned with conceptual frameworks to provide new vista to medical education making it more comprehensive and relevant to health needs of the society. Some new concepts were Attitude, Ethics and Communication (AETCOM), Early Clinical Exposure (ECE), Self-Directed Learning (SDL) and Indian Medical Graduate (IMG).²

Background:

Self-directed learning or SDL is an important part of UG curriculum under the CBME. It is self-explanatory, describing a process which is learner centric, and the learner self-evaluates the learning outcomes and proceeds further. Here the acquisition of knowledge is an active process. It is a lifelong learning process and aims at improving the understanding and critical thinking of learner. Hence proper understanding of SDL should be at the undergraduate level which can be carried to postgraduate level and finally to entire journey of medical profession.³

Half of what you will learn in medical school will be shown to be either dead wrong or out of date within five years of your graduation; the trouble is that nobody can tell you which half- so the most important thing to learn is how to learn on your own.”

By Dr. Dave Sack This thought very well signifies the need for self-directed learning or SDL.⁴

Need of SDL in Medical Education:

SDL is an active process of learning and revolves around the idea of quality learning and motivation for the development of superior skills, as the medical students are required to be lifelong learner in the present era of dynamic medical sciences. SDL enables to plan the learner to set specific goals that will help in developing the metacognitive skills.⁵

In this newly introduced concept, various hurdles were encountered while designing and implementing the SDL session. The online teaching due to the covid pandemic added to the already existing confusion. Initially SDL was taken as direct the students to read from the book and discuss the topic later. In this article we are just discussing about the conduct, challenges, covid enhanced problems in the implementation of SDL and would be sharing our experience with this new concept under CBME during MBBS teaching at PT. BD Sharma post graduate institute of medical sciences, Rohtak.

Aim:-

To identify the challenges faced and their possible redressal for proper designing of a SDL session.

Objectives:-

1.To identify the challenges faced by the faculty members while designing of SDL and to understand the myths related to SDL designing and implementation.

2.To bring into light the facts related to the myths and the possible solution to the challenges identified and understand the precise principles of SDL and share it with the faculty members of the department for the proper conduct of the session.

Methodology:-

The personal experience and experience of other medical teachers was taken into consideration by group discussion regarding SDL and the relevant points were noted down. Next as students would be the active part of SDL therefore, questionnaire was prepared for the MBBS batch 2019 while conducting the initial SDL sessions in the Dept. of Biochemistry Pt.BDS PGIMS, Rohtak. It was observed that SDL is confused with self-learning as the students believed, they will be reading their topic of choice and will be discussing with the teacher later. So there was lack of

evidence of the content that is most suitable for SDL and there were no uniform guidelines on how SDL can be implemented in teaching to undergraduate medical students. Then several publications on the concept and theories related to SDL were searched. The online search and review of some articles was done to understand the designing.^{6,7,8} In the end the solution to different challenges of SDL was sought by going into repeated details of the literature in CBME module.⁹

Results:-

An exhaustive online search along with the experience of other medical teachers in this regard was very helpful as various myths got clarified and some facts came into light indicating that concept of SDL is based on experiential learning and is directed towards lifelong learning. Training of the facilitator and students is of utmost importance and students/ learner should be motivated and oriented towards SDL, that should be done stepwise as and should include.^{10,11}



Figure 1:- Showing steps for conducting SDL session.

a) Orientation and selection of topic:

The first and most important task for SDL is the selection of an appropriate topic which should be simple and of the student's interest. The topic should fit in the time frame of the session and simple that can trigger the cognitive domain of the students instantly. The topics should be appropriately placed in the curriculum with proper spacing.

b) Providing resources:

This can be achieved through pre-recorded audio- video lectures. Another important aspect where the link of online resource material,digital or E -book/chapter,E- journal can be shared with the students.

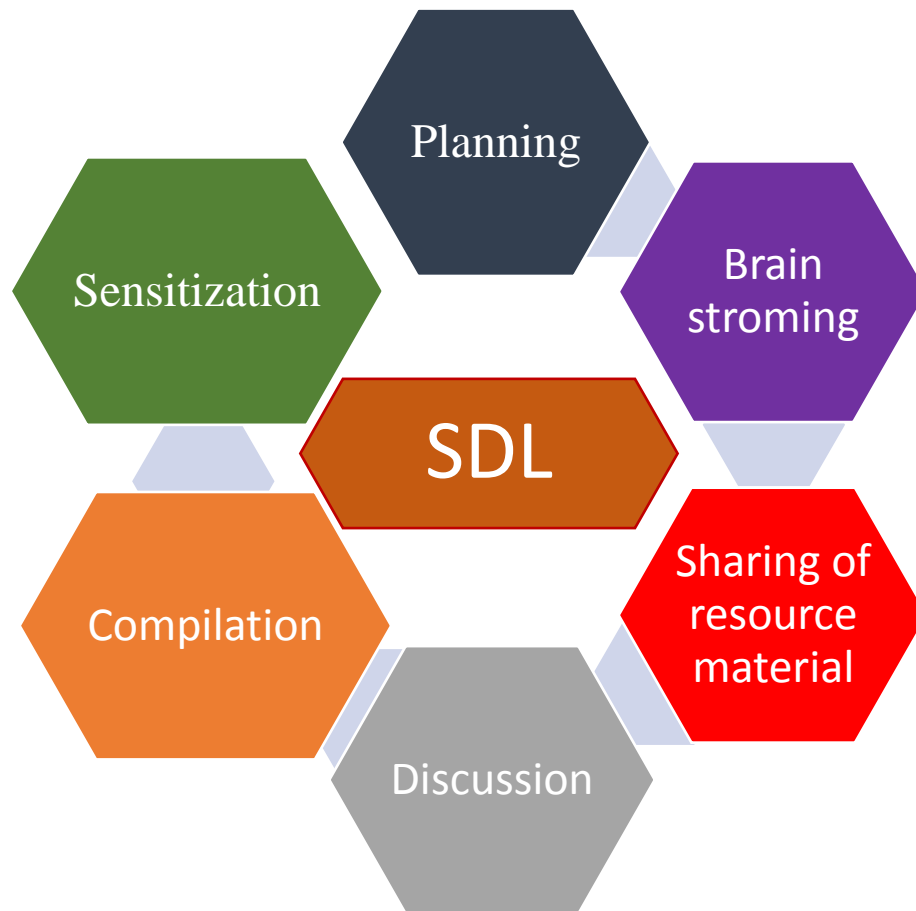
c) Formation of student groups:

This should be planned considering the topic that will be covered in the upcoming SDL session. It can be small groups, flipped classroom or donut rounds.

d)Actual conduct of session:

Then the SDL conduct can be designed for two contact sessions which can be of 40-60 minutes followed by a gap period of few days. The first contact session can focus on introduction and instructions. Students get a trigger question or case on the relevant topic. They also set the learning goals and role of the teacher is the facilitator.

The intersession period is the real learning period for the student and can exceed over days. Students can explore You-tube videos, e-journals, and e-books. The second contact session can involve discussion, debriefing and actual learning based on the learning goals. In the end assessment can be done by various methods like multiple choice questions, short essays, grading, Google Forms or by other conventional methods. Finally, students are directed to write down the reflections based on their experience in the entire SDL session.

Figure 2:- Showing SDL Components.**Conclusion:-**

SDL is one of the key components of adult learning as proposed by Malcolm Knowles. Based on the competencies SDL sessions should be planned and distributed over the entire year as spacing is going to improve the learning process.¹² Although in the Covid-19 scenario all the education was online mode by use of information technology, still it remains an important tool for SDL implementation as Google forms, WhatsApp, telegram, smartphones are helpful in the overall SDL session. Facilitators can share the link for the resource material. However, both the facilitators and the students have to be motivated and need to invest a lot of time. The research helped to impart confidence in designing of the SDL session properly and helped to clarify various doubts. The SDL session should be planned properly as it is an essential component of medical education. The concept should be completely understood to for its successful implementation. and both the training of facilitators and readiness of students must be ensured before the session.

Declaration:

There is no conflict of interest among the authors.

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