

Editorial

From educational theory to clinical practice: self-regulated learning

Workplace-based assessments are designed to formatively assess components of daily clinical practice.¹ With concerns regarding training of medical postgraduates, changes in working legislation and the knowledge of the educational impact of assessment, they were introduced into training programmes in the UK. These assessments sample the post-graduate curricula, require supervisor observation and promote feedback to the learner regarding clinical performance.

Medical teachers recognize constructive feedback is one of the most important aspects of clinical supervision.² However, delivering feedback is a skill teachers find difficult to master and trainees continue to criticise the quantity and quality of feedback they receive.³ Strategies which only address delivery of feedback imply the solution to this problem lies solely with clinical supervisors. By considering a broader context a solution could also lie with learners.

Self-regulated learning is a schema through which a learner develops processes that enhance learning. It emphasizes autonomy and control by the learner, who monitors, directs, and regulates their own actions towards the goals of information acquisition and self-improvement.⁴ Self-regulated learning is a desirable and important skill to develop as there are established links between self-regulated learning, continuous medical education and the quality of care provided by physicians.^{5, 6} I aim to discuss the importance of self-regulated learning and how it applies to workplace-based assessments with a view to enhancing these learning experiences.

Workplace-based assessments in current practice are regulated by training programme providers, including the Royal College of Anaesthetists (<http://www.rcoa.ac.uk/training-and-the-training-programme/workplace-based-assessments-wpba>). Most training programmes stipulate a particular number of assessments are required to provide *evidence of training*. Whilst no specific standard is mandated for the assessments, the information they provide informs a judgement of whether the learner has performed satisfactorily or not during each stage of their training, such that they may progress.

Self-regulated learning

Good Medical Practice requires doctors keep their professional knowledge and skills up to date.⁷ To do this doctors need to

understand their own learning needs, set career-focused attainable goals, and then provide evidence for their continuing professional development; doctors are obliged to be self-regulating learners.

Self-regulated learning can be defined as 'self-generated thoughts, feelings and actions that are planned and cyclically adapted to the attainment of personal goals'.⁸ White and Gruppen described self-regulated learning as a cyclical process involving goal-setting, strategizing, and adapting approaches after evaluation. They highlight the intimate relationship between self-assessment and external feedback.⁹

Butler and Winne illustrated self-regulated learning theory differently (Fig. 1).¹⁰ Whilst still highlighting the close relationship between a learner's internal processes and external influences (usurp self-assessment and feedback) they characterized self-regulatory processes as recursive rather than cyclical. These self-regulatory processes influence internal feedback pathways, which are modified through taking part in tasks. External influences, including feedback, provide additional information to the learner. This is integrated into the internal feedback pathways and thus may also ultimately influence the learner's self-regulatory processes.

Medical education research suggests that advances in the understanding of self-regulation will be facilitated by considering learning in the context of clinical training and practice.¹¹ This introduces the learning environment and supervision as influences of self-regulated learning. Self-regulated learning can lead to seeking, accepting and accommodating feedback information and by return, one feature of feedback is that it promotes self-regulation.

Self-assessment

Self-assessment can be defined as 'judging one's performance against appropriate criteria'.¹² This definition suggests self-assessment requires the learner to be able to evaluate their own performance, have the knowledge of what amounts to an appropriate performance and have criteria by which they can rate their performance.

Factors that inform self-assessment include external factors: externally set goals (e.g. post-graduate examinations); the

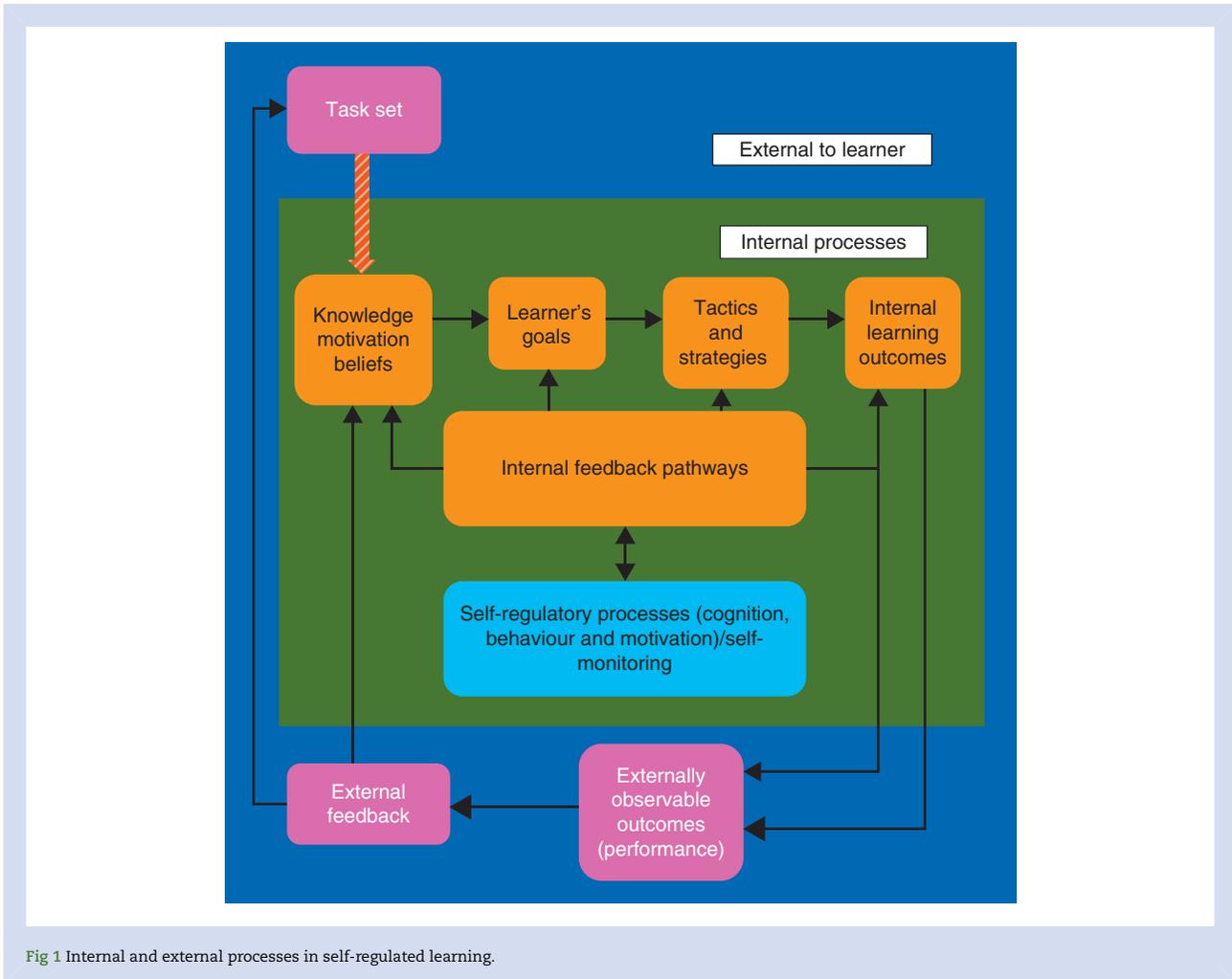


Fig 1 Internal and external processes in self-regulated learning.

context (learning environment); feedback, and internal factors (e.g. personality; competitiveness; curiosity; capability in reflective practice; and their own expectations of self).¹³

To become effective learners who continue their professional development throughout their careers, learners need to develop the capacity to utilise these factors to make accurate judgements about their own work;¹⁴ they must be able to identify a standard (in terms of criteria) and be able to objectively judge their own performance against it. Accuracy is required to correctly diagnose their own learning needs, formulate plans to address deficiencies, and then evaluate their subsequent development such that a deficit no longer remains; a process leading to life-long learning.

Research in health professionals regarding the accuracy of self-assessment concludes that most learners are poor judges of their own performance and do not have optimal self-assessment skills for identifying or quantifying strengths or weaknesses; learners monitor their own progress incorrectly and terminate learning activities before achieving goals.^{13 15}

Curricula that have successfully incorporated self-assessment report non-cognitive benefits (morale, motivation, and communication), cognitive benefits (improved knowledge, performance and ability to self-analyse performance), a positive impact on the learning environment, and a reduction in errors.¹⁶ It is not known if the skills taught in these curricula are maintained over time. Despite high face-validity, the theoretical value of

self-assessment and published benefits, self-assessment skills are infrequently incorporated into medical post-graduate training programmes. Self-assessment is not an explicit aspect of the majority of workplace-based assessments.

Feedback

The marriage of self-assessment and feedback is central to self-regulated learning, where the role of feedback informs the learner's judgement generated through their self-evaluation and improves its accuracy. If self-assessment requires learners to consider their performances with respect to a standard, then feedback adds colour to these perceptions, helping the learners make adjustments to accomplish their goals. Feedback can therefore help learners hone their self-assessment skills and shape their specialty learning.

Feedback offers information from any knowledge, skill or attitude domain, with which a learner can confirm, enhance, or modify their current internal information base through learning. The objectives of feedback are to promote positive practice and redirect negative practice, reducing any discrepancy between current understanding or performance and a desired standard. Effective feedback ensures the learner: understands what the goal is and where they are with respect to it, and considers how to make effective progress towards the goal.

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