Assessment of Self-directed learning readiness among undergraduate medical students using SDL readiness Scale

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Introduction

- Self-Directed Learning is an important attribute of a professional and is ... most essential for lifelong learning. The responsibility is on the student to decide the content and methodology of learning.

- The background with which the students (higher secondary school) enter the profession is such that, the role of teacher in emphasis of content of learning is enormous with very little freedom to the student.

- Are the Indian students joining the course of medicine ready to adapt to self-directed learning. Hence, an assessment of the students with respect to self-directed learning readiness is essential.

Objectives:

1) To assess the Self-directed learning readiness among the medical undergraduates.

2) To study the correlation between academic performance and SDL readiness of the medical students.

Methodology

- Study Design: Cross-Sectional Study   Sample Size: 387
- Institutional ethics committee approval was taken for the study.
- The interested participants after informed consent and assent attempted the SDL readiness questionnaire.
- The results were analysed as per the questionnaire criteria.
- If the total score was ≥ 150 then the participants were considered to be SDL ready. Those participants who scored < 150 were called as not be ready for SDL.
- The questionnaire was categorized into three domains-self control/self management and desire for learning.
- Descriptive statistics of SDL Readiness score was analyzed and summarized in terms of percentage.
- Chi square test was used to compare the SDL readiness among gender and different phases of medical course.
- Pearson correlation was used to find a correlation b/n SDL readiness and academic performance and also between the domains.

Results

SDL scores and Participants:

SDL Readiness	No. of Participants	Percentage
Yes (150)	283	73.1
No (<150)	104	26.9
Total	387	100

GENDER DISTRIBUTION ON SDL READINESS
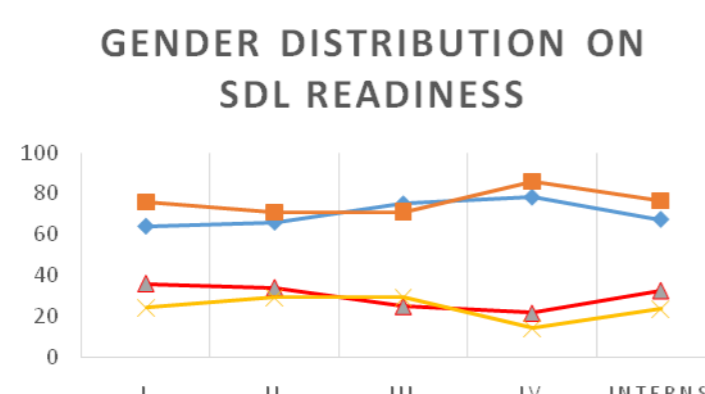
The difference in the SDL scores between males and females was not found to be significant. (P=0.174).

Results

Relationship between Academic performance and SDL scores

SDL Readiness	University score category				Total
	Fail	Second Class	First Class	Distinction	
Yes (≥150)	6(2.5%	84(35.6%	111(47%)	35(14.8%)	236(100%)
No (<150)	2(2.4%)	29(34.5%)	41(48.8%)	12(14.3%)	84(100%)
Total	8(2.5%)	113(35.3%)	152(47.5%)	47(14.7%)	320(100%)

The Pearson correlation showed that there was no correlation between SDL scores and Academic performance. (r -0.026 and p- 0.634

Relation b/n domains of Self control/Self management & Desire for learning:

- The 55 item questionnaire were categorized into 3 domains- Self management, Self control & Desire for learning

- Pearson correlation revealed that as the score of self-management increased, the score for desire for learning and self-control also increased. (r=0.456, p=0.001)

- When each of the domains were controlled (partial correlation), it was inferred that self-control attribute had an effect on desire for learning and self-management. (r=0.473,p-0.001)

Conclusion & References

- Based on the Murray Fisher's SDL readiness questionnaire, 73.1% of medical undergraduates had SDL readiness scores above 150,

- By statistical tests, it was inferred that there was no correlation between SDL readiness and Academic performance and gender.

- Among the domains of self control, self management & desire for learning, it was inferred each one had a positive correlation with each other.

- Also the self control has an effect significantly on the attribute of the other two. (self management and desire for learning).

References:

1) Fisher, M. J., & King, J. (2010). The self-directed learning readiness scale for nursing education revisited: A confirmatory factor analysis. Nurse education today, 30(1), 44-48.
2) Premkumar et al. Self-directed learning readiness of Indian medical students: a mixed method study. BMC Medical Education (2018) 18:134

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