



Self-directed Learning
Self-regulated Learning



Metacognitive Awareness

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LET' S TALK ABOUT IT

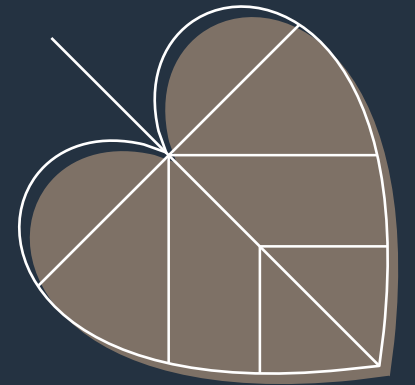
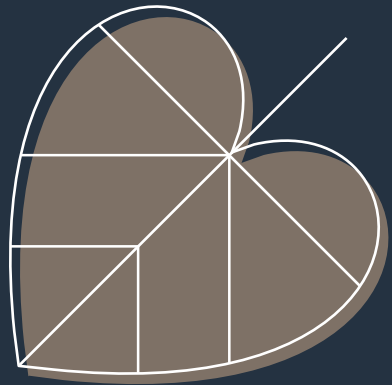


Background

Term Definition


Current Findings

What we still need to find out




Background Info

- Life-long learning is a skill that is central to competent health professionals, and medical educators have sought to understand how adult professionals learn, adapt to new information, and independently seek to learn more (Tracey, 2023) .



- It is critical that medical students develop self-directed, life-long learning skills to navigate medical school successfully and to become competent healthcare professionals (Hill M., 2020)



- E-learning has become the new trend after the pandemic, which requires students to be able to learn on their own.

Term Definition



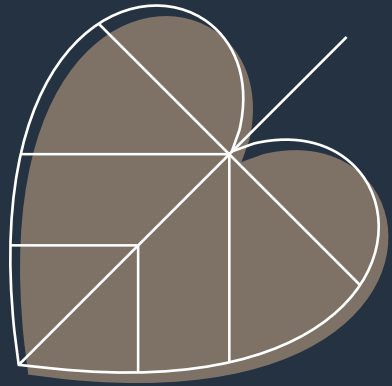
SDL (Self-directed Learning):

It is defined as both a process of learning in which the individual establishes elements of control over their own learning, and characteristics of learners including self-efficacy and motivation (Brockett & Hiemstra, 1991; Hiemstra & Brockett, 2012; Ruttencutter, 2018; Stockdale, 2003).



SRL (Self-regulated Learning):

It is a process of learning that is self-directed in nature, employing tenants of forethought, monitoring, control, and reaction in a learning transaction (Baumeister & Vohs, 2007; Panadero, 2017; Pintrich, 2000).

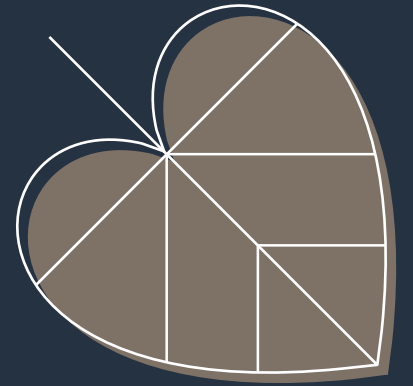


How are they
different?



Similarities

Differences



Similarities

- 1. Both are seen in two dimensions
 - a) external/process/event;
 - b) internal/personality/aptitude;
- 2. Both have four key-phases:
 - A)Defining tasks
 - B)Setting goals and planning
 - C)Enacting strategies
 - D)Monitoring and reflecting;
- 3. Active participation
- 4. Goal-directed behavior
- 5. **Metacognition**
- 6. Intrinsic motivation.



Differences?

- SRL:

- 1. originates from cognitive psychology;
- 2. practiced mainly in school environment;
- 3. task usually set by teacher;
- 4. narrower micro-level construct.

- SDL:

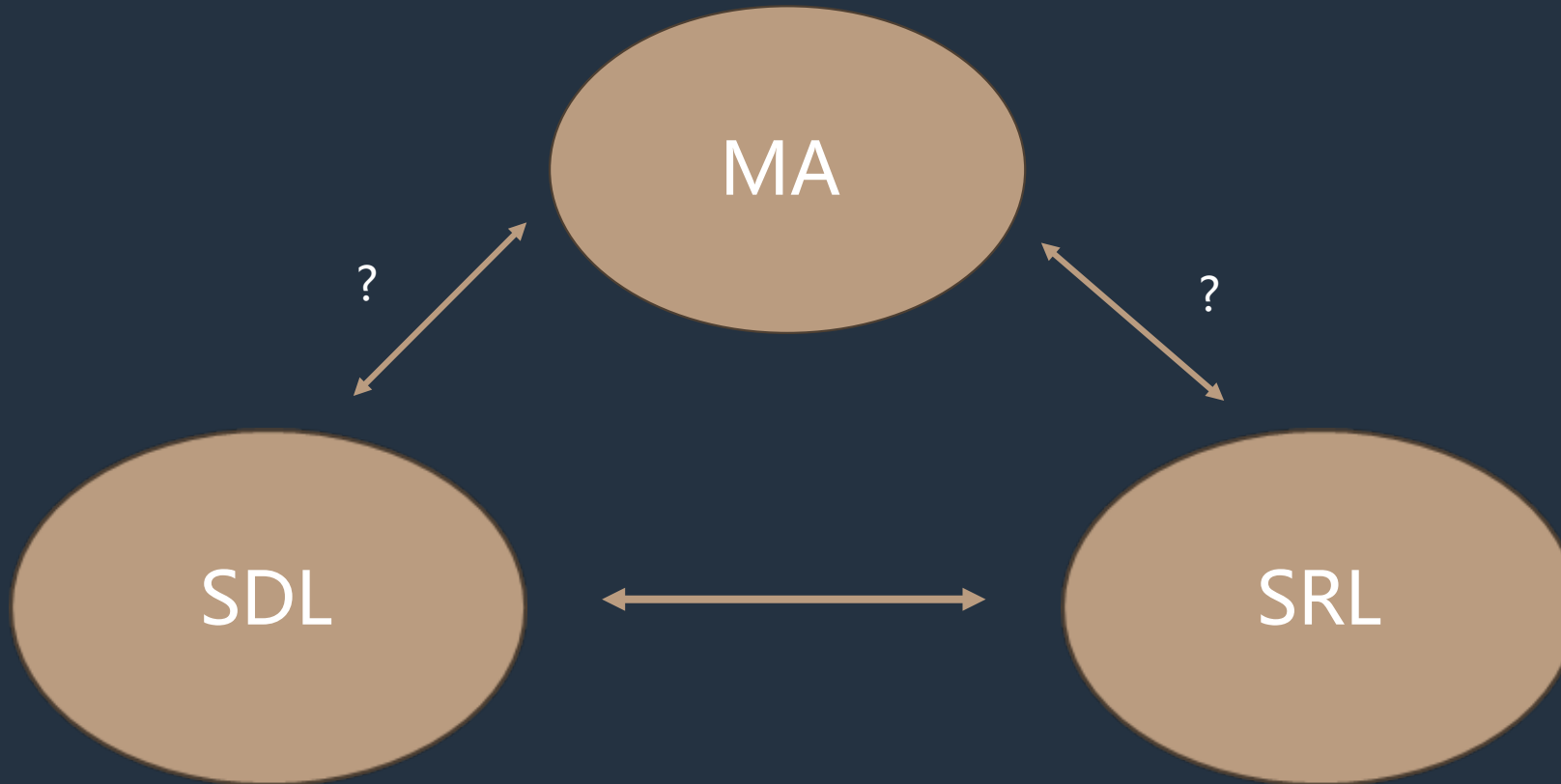
- 1. originates from adult education;
- 2. practiced mainly outside traditional school environment;
- 3. involves designing learning environment;
- 4. involves planning learning trajectory;
- 5. broader macro-level construct.



MA (Metacognitive Awareness):

- One's awareness of their learning strategies and how to apply them successfully. It is about learners' ability to take necessary steps in planning suitable strategies for solving problems, evaluating consequences and outcomes, and taking actions to modify the approach if needed (Schraw and Dennison, 1994; Abdelrahman, 2020)

How are they related?



Current Findings:



- SDL and SRL are crucial for medical students/health major students/nurses.



- Previous studies have mainly focused on how to use them to design a hybrid teaching pattern.

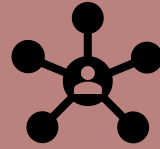


- Some studies indicate that there MAY be an association between SDL and Personality

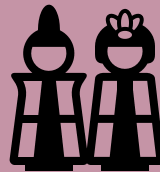


- MA is associated with cognitive behaviors and has been used to design and refine student-centered programs.

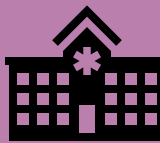
What remains unclear?



1. Is there an association between SDL and MA? (Some may say the connection is obvious, however no studies has been conducted yet)

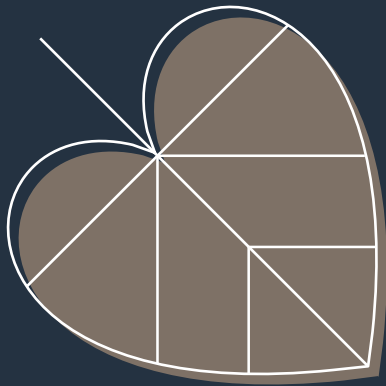


2. Does Asian medical students have SDL ability/high MA levels?



3. Is there a difference in SDL ability/MA levels between medical students and medical workers?

Further Questions that we need to consider:



- 1. Based on the answer to the previous questions, if there' s an obvious difference, what could be the reasons?
- 2. Should we consider a more hybrid teaching pattern?
- 3. Are there any differences in SDL ability between Asian medical students and medical students from other countries? If yes, should we reconsider our medical education constructs?



Thank you for
listening

