Research Paper

SELF-DIRECTED LEARNING IN MODERN EDUCATION: A TREND REVIEW AND PERSPECTIVES OF GULF MEDICAL UNIVERSITY MODEL, UNITED ARAB EMIRATES

www.eprawisdom.com

Dr. Satheesha Nambiar Periya[1]

[1]Associate Professor, Department of Anatomy, College of Allied Health Sciences, Gulf Medical University, Ajman. United Arab Emirates.

Dr. Ahmed Sebihi[2]

[2]Associate Professor, Department of Islamic Studeis and Social Sciences, Gulf Medical University, Ajman. United Arab Emirates.

ABSTRACT

Self-directed learning (SDL) is a method of learning, where the students or the learner understand the subject and master its contents at their own speed. The main feature of the SDL includes self-determination, learner control and self-education. In modern world, self-directed learning has become an effective model for adult education, medical field andbusiness. In medical education where knowledge is boundless and being boosted constantly; the SDL has become an essential part of adult learning. The knowledge obtained from SDL will last for a longer period than knowledge gained by any other method. The method of learning through problem-based learning (PBL) also assimilates the elements of SDL instruction in its model. The impact of SDL, such as the extent to which people perceive themselvescan be assessed by assessment tools whichmeasurethe required learning skills and attitudes. Inrecent years the researchers around the world has shown lot of interest in self-directed learning. Recently, there are numerous new programs and resources such as computer-assisted learning electronic networking, self-help books, support groups and Open University programsavailable for promoting SDL. In this article, we have reviewed the trend in self-directed learning with its perspective in the organ system based integrated curriculum (OSBIC) at Gulf Medical University Ajman, United Arab Emirates.

KEYWORDS: Adult learning; Self-directed learning; Self-regulated learning; Distance learning.

INTRODUCTION

In modern educational world, most adult learners allocate a large amount of timein gathering information and knowledge through advanced learning techniques. A swiftness of diversity, the steady building of brand new knowledge, and continued approach to new data necessitated this acquisition. Learner's initiative and SDL are found to be the most suitable solution for mastering the new knowledge. For the learner, there is an ample opportunity in SDLfor planning, implementing, and evaluating themselves[1]. SDL is a method of instruction where the teacher pre-determines thesubject content and the student masters it according to the learners strength[1].

One of the important characteristic feature ofSDL include; skills to obtain knowledge through one's own efforts without any training. Training with learner control and self-determination. For business, medicine and adult education SDL has become interdisciplinary

training model. PBL includes certain component of the SDL instructions. The skill and attitude, which are essential for successful learning in SDL are measurable. The SDLmethod of learning is also known by several other names, such as; student-centred learning, individualized instruction, and prescriptive learning[2].

What is Self-DirectedLearning?

SDL is not a new concept and has a variety of interpretations. Giving the learners some sort of choice in their learning is the simplest narrow interpretation. The broad meaning of SDL is that, it is an approach where the initiative for learning, identifying, determining and developing the required learning needs,goals, resources, strategies and finally, evaluation of the specific learning outcomesis performed by the learner with or without the help of others (Knowles, 1975)[5]. The prime concern in this definition of SDL is that, the learner seeks a learning experience, completes learning with a great responsibility and accountability. In terms of bothknowledge and study skill, the learner should be able to transfer learning from one situation to another.Group study, internship, and reflective writing and self-guided reading are some of the activities closely related to SDL,

Acquiring the resources, endorsing critical thinking and evaluating outcomes are some of theuseful roles of SDL for the teachers. Most of the educational institutionssupport SDLthrough different means namely; non-traditional course offerings individualized study options, open-learning programs, and innovative programs.In 1969 OpenUniversity in England and other establishment around the word hadincorporated principlesof SDL into severalof their adult education programs. According to Brookfield (1986), a British adult educator had reported that in Germany, Denmark, and Eastern Europethe highereducation effort were individualized and SDL opportunities exist[3]. According to Brockett and Hiemstra (1991) several SDL efforts were made in countries like Saudi Arabia, Japan, China, Sweden, Tanzania, Indonesia, Norway and Russia[4]. Efforts on SDL were also made in many of the healthgovernmentestablishment, industry, religion, and military bases according to Knowles and Associates (1984)[5].

HISTORY OF SELF DIRECTED LEARNING

SDL was existed during the era of Socrates, Aristotle, Plato, Julius Caesar, Alexander the Great, Descartes and Erasmus. Inadequacy of formal educational institutions and the existing social conditions forced these people to learn on their own[1]. About 150 years ago, in the United Statesthere were early efforts to understand SDL and also there is an attempt to document the self-education efforts of several people as reported by Craik (1840)[6]. A book named "Self-Help" by Smiles (1859) had appreciated the value of self development[7].

In the last three decades,SDL has become a dominant research area in the field of education.Initial work was done by Houle (1961) who classified adult learners intothree categories; goal-oriented, activity-oriented. In the subsequent research the activity oriented group were identified and they resembled the self-directed learner[8]. Tough (1979), a Canadian researcher carried a research and analyzed the SDL activities and authored a text book entitled "The Adult's Learning Projects" which prompted similar effort with various other populations around the world[9]. During the same time, the term "andragogy" was made popular in North America, by Knowles (1984)[5] with similar adult instructional processes. He also provided the foundational definitions on SDL his subsequent research and based on his article named "Self-Directed Learning". He postulated that, the wealthy resourcesfor successful adult learning is the learners' experiences and there is a need for self-directing as humans grow in capacity. Various internal incentiveslike; self-esteem, interest, desire to achieve motivates the task or problem-centered learning[10]. A Self-Directed Learning Readiness Scale (SDLRS) instrument established by Guglielmino's (1977) which was subsequently used by several other researchers around the world to quantify self-directed readiness and to compare manyaspects of SDL and its characteristics[11]. An understanding of learners circumstance greatly influence the structure, method and conditions for learning and also promotes SDL as shown by Spear and Mocker (1984)[12].

CONCEPTS OF SELF DIRECTED LEARNING

SDL emphasizes on detecting suitable resources, set learning goals,decree of own learning, decides on the suitable learning methods to use and to evaluate their progression. Distance education, open learning systems, computer assisted instruction which are related new technological advances are the three trends that emerged during the 1990's, had some influence in the ambit of adult learning[3].

South African educational experience of and criticism by Australians on scale for assessing self-directed learning readiness, its reliability and validity

(Field, 1991)[13] had debated that, the self-direction should be looked at astraditional of independent adult learning (Hammond and Collins,1991)[14].

There are certain confusion arouse in SDL, because some concepts of the SDL were used in other mode of studies like self-teaching, self study, self-education, self-planned learning, and learning by projects, independent study, open learning, autonomous learning and autodidaxy. It was estimated that an adult spends almost five hundred hours every year in learning of which seventy percent carried out by the learner himself. Critical intelligence freedom of thought and proper decision-making are associated with autonomous learning[3]. Candy (1991) advised that, adult learners manifest personal autonomy and personality attributes in managing self learning efforts during continuouslearning. He also describes variouscharacteristics of an autonomous learner which include autodidaxy, self-education[15].

The role of SDL in problem based learning (PBL) was investigated by Loyens *et al.* (2008) by examining SDL and Self-Regulated Learning (SRL) in PBL scenarios. He described how SDL itemize to SRL and explained the concept of implementing SDL in PBL. He postulated that SDL and SRL had resemblancewith regard to, intrinsic motivation, metacognitive skills, active engagement, and goal-directed behavior[16]. He indicated that, SRL and SDL is not an easy process to be learned by the students or educators since they need to overcome unpredictability and its feelings (Evensen *et al.* 2001)[17].

GULF MEDICAL UNIVERSITY SDL MODEL

In the Arab world, since the last 10 years there has been tremendous growth in higher education. Gulf Medical University (GMU) established in 1998; is a private University in the city of Ajman in United Arab Emirates.Gulf Medical University and is owned and promoted by Thumbay group. Thumbay Moideen is the founder President, Board of Governors. GMU was listed in Asia's 100 best and rapidly growing private education institute by the World Consulting and Research Corporation (WCRC).The GMU offers undergraduate and post graduate courses in various fields of medicine, dentistry, pharmacy, allied health sciences and general education[18].

From 1998 till 2008 the GMU was following a traditional curriculum. In 2008 the curricula was changed to organ systems based integrated curriculum (OSBIC)as per the faculty feedback and recommendations of

Ministry of Higher Education, United Arab Emirates. The traditional curriculum had many didactic lectures and considered to be as teacher oriented. In the OSBIC, is more productive and it is student centred with ample opportunity for SDL. Several new and advanced teaching and learning methods were incorporatedsuch as interactive lectures using smart boards, project-based learning and PBLcomputer-aided learning (CAL), case-based learningand small group learning in addition to SDL. Human anatomy subject is taught by using Anatomage table in addition to the cadaver dissection. GMU online testing centre and innovative research centre are also available for the student and researchers. In this integrated curriculum, there is good opportunity for SDL, when compared to the traditional curriculum. In the gulf region there are no reports onsuch identical study; though several medical schools have been transformed froma traditional style to integrated curricula.

Almost six hours per week was dedicated to PBL which concernsthediseases and has lot of chance to develop problem solving, SDL and communication skills. Medical undergraduates were provided with five hours for SDL in a weekly program, in which four hours of SDL were pertaining to the objectives of the problem based learning.This organization of our Gulf University medical curriculum al-lows abundant room for SDL.

The specific learning objectives that are either provided by the teacher or mentioned in the course syllabus and provide necessary direc-tions for students to fulfil the learning outcomes by themselves.The readiness for SDLstudents was found muchhigher in traditional curriculum compared to the organ systems based integrated curriculum. However, statisticallythis dissimilaritywas not very significant[19]. In medical education the SDL has become an integral part in where knowledge is extensive and being enhanced constantly. It has been shown that self-discovered knowledge will be long lasting compared to the knowledge acquired byany other means[20].

ADVANTAGES AND DISADVANTAGES OF SELF DIRECTED LEARNING

There are reports that, in many occasions it was advantageous by giving some learning responsibility to learners than in any other approaches.SDL can be carried out by the learner anywhere outside of training centres or formal schools or colleges.There was a strong belief that the adult learning occurs only with the existence of authorised

and designated teachers and this fact was challenged by several educational researchers. Formal education remains highly valued compared to the knowledge obtained outside the formal education system.The SDL and non-traditional programs can face any challenges on the constantly changing knowledge and someadult educators succeed in many ways by perceiving personal responsibility[1]. To compensate the enormity of information available, the succeeding learnersand future generation should become a very self-directed throughout rest of their lives[1].

Brookfield (1988) on his critical review on SDL suggested that, adult educators and practitioners with SDL areimprudent due to insufficient theoretical background and the research on SDLfound to be mostly quantitative[21]. Several SDL researchers had disagreement on the usage of self-directed learning rating scale SDLRS. Without proper validation it has been found unsuitable to apply in certain groups (Field, 1989)[14].According to Candy (1991), due to lack of an appropriate theoretical base, term's meaning, and unsuitable research paradigms, the research on SDL had become a standstill[15]. Ravid (1987) reported the feasibility of SDL to meet job-orientedtraining in industries[22]. Brockett and Hiemstra, (1991) described the responsibility of technology in SDL[4]. Spear and Mocker (1984) had pointed on enhancing the SDL by more desirable understanding of physical, social, psychological and environmental factors of the learner[12].

FUTURE RESEARCH ISSUES

Research is required to test the personal responsibility orientation (PRO) model involvement of a theory of SDL[4]. It should be known that, whether educational establishments and educators can promoteSDL and reinforce critical thinking skills without affecting the merit of SDL. Smith and Associates (1990) described how learners are encouragedto reflect on their learning byasking criticalquestions[23]. As more distance education programs are created, software technology and electronic communicationto be incorporated in suitable way into SDL.Further research is required to design and to form a methodology for SDL to find how competencies necessary for effectious SDL are created, and to measure the quality of SDL.With regard to the SDL, the proper role for educators and educational institutions need to be explored. Finally,all adult educators need to evaluate the practicality and effectiveness of SDL.

CONCLUSIONS

A much clear definition is needed for the word "learning" particularly whether it is referring to cognitive developmentor behavioural change. In adult learning, much greater attentionis required between the interaction of emotion and cognition. Learning throughout the lifespan, where people engage their entire lives for personal and professional accomplishment and to upgrade the status of their lives.

An adult learning on skill development needs to broaden the concept of personal learning or self and to understand the connections between them. Adult learning at place of work, communities and societies should be made meaningful than learning within formal education. Adult learning at different stages in the lifespan need to be linked together and should be given more attention.

REFERENCES

1. Hiemstra, R. Self-directed learning. In T. Husen & T. N. Postlethwaite (Eds.), The International Encyclopedia of Education (second edition), 1994; Oxford: Pergamon Press.
2. Piskurich, GM. Developing Self Directed Learning. Training & Development. 1994; (3): 30-36.
3. Brookfield, S D. 1986; Understanding and Facilitating Adult Learning. Jossey-Bass Publishers, San Francisco, California.
4. Brockett, R G, Hiemstra, R 1991; Self-direction in Learning: Perspectives in Theory, Research, and Practice. Routledge, London, UK.
5. Knowles, M S.& Associates 1984; Andragogy in Action. Jossey-Bass Publishers, San Francisco, California.
6. Craik, G L. 1840; Pursuit of knowledge under difficulties: Its pleasures and rewards. Harper & Brothers, New York.
7. Smiles S. 1859; Self Help. John Murray, London, UK
8. Houle CO. 1961; The Inquiring Mind. The University of Wisconsin Press, Madison, Wisconsin.
9. Tough A. 1979; The Adult's Learning Projects: A Fresh Approach to Theory and Practice in Adult Learning, 2nd edn. University Associates (Learning Concepts), San Diego, and Ontario Institute for Studies in Education, Toronto, Ontario.
10. Knowles M S & Associates 1984 Andragogy in Action. Jossey-Bass Publishers, San Francisco, California.
11. Guglielmino LM. 1977; Development of the self-directed learning readiness scale (Doctoral dissertation, University of Georgia). Dissertation Abstracts International 1978 38: 6467A.
12. Spear G E, Mocker, D W 1984; The organizing circumstance: Environmental determinants in self-directed learning. Adult Education Quarterly, 35: 1-10.
13. Field L. Guglielmino's self-directed learning readiness scale: Should it continue to be used? Adult Ed. Q. 1991; 41, 100-103.
14. Hammond M, Collins R Self-directed learning: Critical Practice. 1991; Kogan Page, London.

15. Candy, P C 1991; Self-direction for Lifelong Learning. Jossey-Bass Publishers, San Francisco, California

16. Loyens SMM, Magda J, Rickers MJP. Self-Directed Learning in Problem-Based Learningand its Relationships with Self-Regulated Learning. Educ Psychol Rev 2008; 20:411–427.

17. Evensen, D H, Salisbury-Glennon, J D & Glenn J. 2001; A qualitative study of six medical students in a problem-based curriculum: Toward a situated model of self-regulation. Journal of Educational Psychology, 93, 659–676.

18. Periya SN, Sebihi A. Modern Trends in Learning System, Healthcare Service and Research in Gulf Medical University, Ajman, United Arab Emirates: A prospective view. EPRA International Journal of Economic Review; 2016; 4 (4): 65-69.

19. Shaikh RB, Comparison of readiness for self-directed learning in students experiencing two different curricula in one medical school. Gulf Medical Journal; 2013; 2(1): 27-31.

20. Ambike MV. Self directed learning in Human Anatomy. Gulf Medical Journal. 2014; 2 (1): 2-5.

21. Brookfield, S D 1988 Conceptual, methodological and practical ambiguities in self-directed learning. In: Long, H B and Associates 1988 Self-directed Learning: Applicationtheory. Department of AdultEducation, Tucker Hall, The University of Georgia, Athens, Georgia.

22. Ravid, G 1987; Self-directed learning in industry. In: Marsick, V J (ed) 1987 Learning in the Workplace. Croom Helm, London, UK.

23. Smith, R M and Associates 1990 Learning to Learn Across the Life Span. Jossey-Bass Publishers, SanFrancisco, California.

SHORT BIOGRAPHY

Dr. Satheesha Nambiar Periya, is currently working as Associate Professor, Department of Anatomy, College of Allied health Sciences, Gulf Medical University (GMU), Ajman, UAE. He is the Chairperson of the Nervous System Course, College of Medicine, Gulf Medical University, Ajman, UAE. He has been teacher and researcher in recognized Medical schools in Indian more than twenty five years. He has been involved in teaching medical, Dental, Pharmacy, Physiotherapy and Allied Health Science students. He has been graduated from Mangalore University and postgraduate from University, Madras, India. He has been awarded postdoctoral research fellowship and underwent research training at Nihon University School of Medicine, Tokyo, Japan. Recently, he completed his graduate diploma course in health professions education (GdPHE) from Gulf Medical University, Ajman, UAE. His area of interest is Neuroscience.

Dr. Ahmed Sebihi, is currently working as Assistant Professor in Islamic Culture and Social Sciences, Gulf Medical University, Ajman UAE. He is the Chairperson of the Islamic Studies, Islamic Culture and UAE Society, College of Medicine, Gulf Medical University, Ajman, UAE. Also he is a researcher, committed teacher and educator. He started his professional career as Chief editor in an Algerian newspaper " AL SAMURAH" and AL AQEEDAH before moving into Tunisia to work as a correspondent with "RUSSIKADIA"newspaper. He then relocated to the Kingdom of Saudi Arabia to assume the role of Director of Media Centre and Public Relations in the High commission of Bosnia and Herzegovina under the patronage of H.H. King Fahd Ibn Abdul Aziz (may his soul rest in peace). Dr. Ahmed, shifted to academic profession in 2010 as Lecturer in American University in the Emirates (AUE) for almost 5 years and before that in the Canadian University of Dubai (CUD) and Gulf Medical University (GMU), Ajman UAE, the University of Sharjah (UOS), Hamdan Bin Mohammed Smart University (HBMSU), Ajman University of Science and Technology (AUST), University College of Mother and Family Sciences (UCMFS). He developed a great deal of educational, learning, and teaching throughout his long enriching experience. Dr. Ahmed has led a range of workshops for teachers and students in Thailand and in UAE and has many contributions in all levels of educational scale in Algeria, Tunisia, Saudi Arabia Malaysia, Thailand and United Arab Emirates.