STUDY ON PERSPECTIVE & PRACITICE OF MEDIC & DENTAL STUDENTS IN FACULTY OF MEDICINE & HEALTH SCIENCES, UNIVERSITY OF MALAYSIA SABAH ON SELF-DIRECTED LEARNING

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Submitted in part fulfillment for the Degree of Bachelor of Medicine in the Faculty of Medicine and Health Sciences Universiti Malaysia Sarawak
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UNIVERSITI MALAYSIA SARAWAK

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We, the research team members of “Study on perception and readiness of Phase 1 medical students UNIMAS on Self-Directed Learning” whose names appear below hereby declare that this research originates from our effort and it is our own genuine work except for certain facts and citation with the sources had been clearly stated in the references.

Yours sincerely,

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Yours sincerely,

Yoganantham Kodiesarn (25426)

Yours sincerely,

Song Yeow Leong (25145)

Yours sincerely,

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Thank you.
ABSTRACT

Self-directed learning skill is a must have skill of a future medical doctor as medical field is endless where medical knowledge is unlimited. It is vital to inculcate SDL skills in Phase 1 medical student in order to prepare them for clinical phase which require lot of self-directed learning. SDL is needed to improve and update their medical knowledge no matter when they are in medical school or even after graduating from medical school. This research is carried out to determine duration of study, usages of learning aids, perceptions towards SDL and readiness of students towards SDL. The study was done among 190 Phase 1 medical students in FMHS, UNIMAS. Data collection was carried out by using questionnaires and analysed using SPSS 17.0 software. It was found out that phase 1 medical students study at average of 2-3 hours per day. First year students are having 68 SDL period while second year students have 80 hours of SDL period. In these SDL periods, they only use 2 out of 10 periods of SDL for study. Study also shows that year 2 students uses learning aids more than first year students but they have poorer perception towards SDL. First year has higher mean of 6.59 than second year students with a mean of 6.38 in perception towards SDL. Higher mean perception is correlate with higher SDLRS score proving that first year student are more ready for Self-Directed Learning method.
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECLARATION</td>
<td>i</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>ii</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>iii</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>iv-viii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>ix-x</td>
</tr>
<tr>
<td>LIST OF CHARTS</td>
<td>xi-xii</td>
</tr>
<tr>
<td>CHAPTER 1 Introduction and Background</td>
<td></td>
</tr>
<tr>
<td>1.1 Introduction</td>
<td>1-3</td>
</tr>
<tr>
<td>1.2 Background</td>
<td>3</td>
</tr>
<tr>
<td>CHAPTER 2 Literature Review and Research Problem</td>
<td></td>
</tr>
<tr>
<td>2.1 Literature Reviews</td>
<td>4-10</td>
</tr>
<tr>
<td>2.2 Research Problems</td>
<td>10-11</td>
</tr>
<tr>
<td>2.3 Significance of Study</td>
<td>11</td>
</tr>
</tbody>
</table>
CHAPTER 3  Research Objectives and Hypotheses

3.1 General Objective 12

3.2 Specific Objective 12

3.3 Research Hypotheses 12

CHAPTER 4  Research Methodology and Operational Definitions

4.1 Research Design 13

4.2 Population Sampling 13

4.3 Inclusion Criteria 13

4.4 Exclusion Criteria 13

4.5 Data Collection Method 13

4.6 Questionnaire 13-14

4.7 Data Entry and Analysis 14

4.8 Variables 14

4.9 Operational Definitions 14-17

CHAPTER 5  Results

5.1 Introduction 18

5.2 Demographic Features 18
5.3 Number of Respondents 19
5.4 Year of Study 19
5.5 Number of SDL 19-20
5.6 Usage of SDL for Study 20
5.7 Usage of SDL For Rest 21
5.8 Usage of SDL for Homework 22
5.9 Usage of SDL for Online 23-24
5.10 Usage of SDL for other Activities 24
5.11 Frequency of Using Anatomy Labs as Learning Aids 25-26
5.12 Frequency of Using Library as Learning Aids 26-27
5.13 Frequency of Using Lecture Notes As Learning Aids 27
5.14 Frequency of Using Lecturers’ Help As Learning Aids 28
5.15 Frequency of Using PBL as Learning Aids 29
5.16 Frequency of Using Histology Slides
5.17 Frequency of Using Internet as Learning Aids

5.18 Frequency of Using Group Discussion as Learning Aids

5.19 Frequency Of Using Other Method as Learning Aids

5.20 SDL is Beneficial for Study

5.21 SDL is Not Beneficial for Study

5.22 Comparison between year 1 and year 2 Medical students whether SDL is Beneficial to their study or not

5.23 Self-directed Learning Readiness Scale

CHAPTER 6 Discussion

6.1 Duration of study

6.1.1 Relationships between years of study with minimum hours of study time

6.1.2 Relationships between years of study with SDL period
6.1.3 Usage of SDL period

6.2 Usage of learning aids

6.2.1 Relationships between years of study with learning aids

6.3 Perceptions towards SDL

6.3.1 Relationships between years of study with perception towards SDL

6.3.2 Relationships between total SDL periods with perception towards SDL

6.3.3 Relationships between usages of learning aids with perception towards SDL

6.4 SDLRS score

6.4.1 Relationships between SDRLS score with Year of study and perception towards SDL

Chapter 7 Limitations, Recommendations and Conclusion

7.1 Limitations

7.2 Recommendations

7.3 Conclusion

References

Appendix

A. Questionnaire
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>TITLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 5(a)</td>
<td>Total number of respondents correspond with the year of study</td>
<td>15</td>
</tr>
<tr>
<td>Table 5(b)</td>
<td>Year of study versus minimum hours of study</td>
<td>16</td>
</tr>
<tr>
<td>Table 5(c)</td>
<td>Total SDL period</td>
<td>16</td>
</tr>
<tr>
<td>Table 5(d)</td>
<td>Usage of SDL for study</td>
<td>16-17</td>
</tr>
<tr>
<td>Table 5(e)</td>
<td>Usage of SDL for rest</td>
<td>17</td>
</tr>
<tr>
<td>Table 5(f)</td>
<td>Usage of SDL for homework</td>
<td>18</td>
</tr>
<tr>
<td>Table 5(g)</td>
<td>Usage of SDL for online</td>
<td>19</td>
</tr>
<tr>
<td>Table 5(h)</td>
<td>Usage of SDL for other activities</td>
<td>20</td>
</tr>
<tr>
<td>Table 5(i)</td>
<td>Frequency of using anatomy lab as Learning Aids</td>
<td>21</td>
</tr>
<tr>
<td>Table 5(j)</td>
<td>Frequency of using library as Learning Aids</td>
<td>22</td>
</tr>
<tr>
<td>Table 5(k)</td>
<td>Frequency of using lecture notes as Learning Aids</td>
<td>23</td>
</tr>
<tr>
<td>Table 5(l)</td>
<td>Frequency of using lecturers help as Learning Aids</td>
<td>24</td>
</tr>
<tr>
<td>Table 5(m)</td>
<td>Frequency of using PBL as Learning Aids</td>
<td>25</td>
</tr>
<tr>
<td>Table 5(n)</td>
<td>Frequency of using histology slides as Learning Aid</td>
<td>26</td>
</tr>
<tr>
<td>Table 5(o)</td>
<td>Frequency of using Internet as learning aid</td>
<td>27</td>
</tr>
<tr>
<td>Table 5(p)</td>
<td>Frequency of using group discussion as</td>
<td></td>
</tr>
</tbody>
</table>
learning aid

Table 5(q) Frequency of using other methods as Learning Aid

Table 5(r) SDL is beneficial for my study

Table 5(s) SDL is not beneficial for my study

Table 5(t) SDL is beneficial for my study

Table 5(u) SDL is not beneficial for my study

Table 5(v) SDLRS score for year 1 respondent

Table 5(w) SDLRS score for year 2 respondents
### LIST OF CHART

<table>
<thead>
<tr>
<th>CHART</th>
<th>TITLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Histogram 5(a)</td>
<td>Usage of SDL for study</td>
<td>17</td>
</tr>
<tr>
<td>Histogram 5(b)</td>
<td>Usage of SDL for rest</td>
<td>18</td>
</tr>
<tr>
<td>Histogram 5(c)</td>
<td>Usage of SDL for homework</td>
<td>19</td>
</tr>
<tr>
<td>Histogram 5(d)</td>
<td>Usage of SDL for online</td>
<td>20</td>
</tr>
<tr>
<td>Histogram 5(e)</td>
<td>Usage of SDL for other activities</td>
<td>21</td>
</tr>
<tr>
<td>Bar Chart 5(a)</td>
<td>Frequency of using anatomy lab as learning aids</td>
<td>22</td>
</tr>
<tr>
<td>Bar Chart 5(b)</td>
<td>Frequency of using library as learning aids</td>
<td>23</td>
</tr>
<tr>
<td>Bar chart 5(c)</td>
<td>Frequency of using lecture notes as learning aids</td>
<td>24</td>
</tr>
<tr>
<td>Bar Chart 5(d)</td>
<td>Frequency of using lecturer helps as learning needs</td>
<td>25</td>
</tr>
<tr>
<td>Bar chart 5(e)</td>
<td>Frequency of using PBL as learning aids</td>
<td>26</td>
</tr>
<tr>
<td>Bar Chart 5(f)</td>
<td>Frequency of using histology slides as learning aids</td>
<td>27</td>
</tr>
<tr>
<td>Bar Chart 5(g)</td>
<td>Frequency of using Internet as learning aids</td>
<td>28</td>
</tr>
<tr>
<td>Bar chart 5(h)</td>
<td>Frequency of using group discussion as learning aids</td>
<td>29</td>
</tr>
<tr>
<td>Bar chart 5(i)</td>
<td>Frequency of using other methods as learning aids</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td>Page</td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>learning aids</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Bar chart 5 (j) Perception on the benefit of SDL</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Bar chart 5(k) SDL is non-beneficial for study</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Line chart 5(a) SDLRS score for year 1 respondents</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Line chart 5(b) SDLRS score among year 2 respondents</td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>
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April, 2011
CHAPTER 1: Introduction and Background

1.1 Introduction

Self-directed learning is the courses or programs in which students choose the outcomes, design their own activities and pursue them in their own way. An estimated 70 percent of adult learning is self-directed learning (Cross 1981). Self-directed learning has been described as “a process in which individuals take the initiative, with or without the help of others, “to diagnose their learning needs, formulate learning goals, identify outcomes (Knowles 1975).

Mocker and Spear (1982) included self-directed learning in a descriptive model of lifelong learning based entirely on the focus of control for decision making about objective and the means of learning. In the medical profession, the ability to direct and regulate one’s own learning experience is crucial to success (Mast 1994). SDL skills, which are associated with lifelong learning, are particularly important in the medical field, where knowledge is continuously changing and advancing, and dealing with novelty is an important aspect of patient encounters.

The traditional didactic curriculum dominated by the large group lecture has a long tradition in medical education (Ludmerer, 1999). The typical school lecture involves as single lecturer in a large amphitheater supported by some degree of audiovisual technology such as PowerPoint. In 1998, The University of Texas Medical Branch at Galveston (UTMB) moved away from teaching medical students with a traditional lecture-based approach to an integrated medical curriculum (IMC) that emphasized interdisciplinary, small group SDL. research evidence indicates that student participation in problem-based learning (PBL)curricula leads to use of SDL skills and some medical schools have designated specific desired outcomes of SDL to their curriculum in an afford to capture this concept of lifelong learning.
This study was done to detect the student perception on a self-directed learning approach and student perceptions of the self-directed approach were employed.

Globalization promotes universities in developing countries to invest heavily in the use of learning technology within their learning systems. The introduction of new learning technologies, the fast expansion of the Internet and the introduction of the World Wide Web (WWW) have made significant changes in education (Bates, 2005).

There are a number of advantages in these technologies and one of them is to offer opportunities for learners to enhance the possibilities of more individualized and self-directed learning. There is a drive for Web-based supports that have been shown to provide prospect for supporting student-centered learning modes (Dabbagh & Kitsantas, 2005). There is a growing interest in using modern technologies to facilitate the process of teaching and learning at higher education level. E-learning is being more rapidly adopted by many universities and is designed to become a larger part of educational experience of students in years to come. Educational technologies entail learners to be more pro-active and autonomous, and these enable learners to take responsibility of what he select, manage and access even outside the class and it is quite similar to SDL.

In self-directed learning (SDL), the individual has to initiate, plan, carry out and evaluate their own learning experiences’ (Merriam and Caffarella, 1991). In fact, universities require greater self-direction and creativity on the part of students as success in the knowledge-based society demand a variety of skills, including active, self-directed learning. The present research study investigate these aspect that how
students make use of technology to enhance their learning when they work independently.

1.2 Background:

Faculty of Medicine and Health Sciences, UNIMAS (FMHS) is located in Jalan Tun Ahmad Zaidi Adruce, Kuching, Sarawak. It is located around 500 metres from the Sarawak General Hospital (SGH). This faculty has started registering its pioneer group of medical students in May 1995 with amount of 29 students. It’s followed by a group of nursing in May 1998. Up to date, the faculty of Medicine and Health Science consists of around 500 students including the medical and nursing students. The faculty managed to produce around 80 medical graduates and 40 nursing graduates every year. The medical course in Unimas is divided into 2 phases. Phase 1 or commonly known as Preclinical years helps to build the medical knowledge among medical students. Meanwhile phase 2, or the clinical years, the students are instructed to do ward rounding where they are exposed to real patients to gain experience. Only phase 1 medical students are involve in this study, where the relationship between SDL and the facilities for SDL is studied.
CHAPTER 2: Literature Reviews

2.1 Literature reviews

SDL definition and model

SDL is defined as an individual’s take the initiative, with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies and evaluating learning outcomes. (Knowles, 1990)

SDL recognizes the significant role of motivation and volition in initiating and maintaining learners’ efforts. Motivation drives the decision to participate, and volition sustains the will to see a task through to the end so that goals are achieved (Corno, 1992; Garrison, 1997).

As the term suggests, SDL views learners as responsible owners and managers of their own learning process. SDL integrates self-management (management of the context, including the social setting, resources, and actions) with self-monitoring (the process whereby the learners monitor, evaluate and regulate their cognitive learning strategies) (Bolhuis, 1996; Garrison, 1997).

Candy (1991) concluded that SDL, as an umbrella concept, encompasses four dimensions: “self-direction” as a personal attribute (personal autonomy); “self-direction” as the willingness and capacity to conduct one’s own education (self-management); “self-direction” as a mode of organizing instruction in formal settings (learner-control); and “self-direction” as the individual, non-institutional pursuit of learning opportunities in the “natural societal setting” (autodidaxy) (p.23).

Tough (1979) speaks of independent learning—learning, for the most part, independent of teachers and institutions. Tough’s approach to learning, with little or
no institutional support, is also shared by the advocates of distance learning (e.g., Garrison, 1987).

Brockett and Hiemstra (1991) provided a rationale for two primary orientations in developing an understanding of SDL: process and goal. In the first orientation, SDL is viewed as a \textit{process} “in which a learner assumes primary responsibility for planning, implementing, and evaluating the learning process” (p.24). In the second orientation, SDL is referred to as a \textit{goal}, which focuses on “a learner’s desire or preference for assuming responsibility for learning” (Brockett & Hiemstra, 1991, p.24).

In SDL, control gradually shifts from teachers to learners. Learners exercise a great deal of independence in setting learning goals and deciding what is worthwhile learning as well as how to approach the learning task within a given framework (Lyman, 1997; Morrow, Sharkey, & Firestone, 1993). Teachers scaffold learning by making learning ‘visible.’ They model learning strategies and work with students so that they develop the ability to use them on their own (Bolhuis, 1996; Corno, 1992; Leal, 1993). SDL is, ironically, highly collaborative. Learners collaborate with teachers and peers in (Guthrie, Alao & Rinehart; 1997; Temple & Rodero, 1995).

SDL develops domain-specific knowledge as well as the ability to transfer conceptual knowledge to new situations. It seeks to bridge the gap between school knowledge and real-world problems by considering how people learn in real life (Bolhuis, 1996; Temple & Rodero, 1995).

Garrison’s model of SDL also includes the perspectives of SDL as a personal attribute as well as a learning process. According to Garrison (1997), SDL is accomplished by three dimensions interacting with each other: self-management, self-
monitoring, and motivation. In educational settings, self-management involves learners’ use of learning resources within the learning context. The focus of Garrison’s (1997) model is on resource use, learning strategies use, and motivation to learn. Garrison explained that self-management involved learners taking control of the learning context to reach their learning objectives. He further explained that learner control did not mean independence, but rather collaboration with other people within the context. From this perspective, we can see Garrison’s model did have a certain focus on the learning process perspective of SDL.

Benefits and effectiveness

The benefits of SDL are best described in terms of the type of learners it develops. The literature on SDL asserts that self-directed learners demonstrate a greater awareness of their responsibility in making learning meaningful and monitoring themselves (Garrison, 1997). They are curious and willing to try new things (Lyman, 1997), view problems as challenges, desire change, and enjoy learning (Taylor, 1995). Taylor also found them to be motivated and persistent, independent, self-disciplined, self-confident and goal-oriented.

Several studies (Durr, 1992; Merriam, 1993; Piskurich, 1993) note a number of efficiency and effectiveness reasons for using SDL:

1. SDL has greater relevance to the particular needs of the individual learner.
2. SDL allows greater scheduling flexibility.
3. SDL promotes meta-skills for approaching and solving problems beyond the immediate learning project.
4. SDL allows for frequent and timely updating of skills and knowledge.
5. SDL can provide more focused learning in highly specialized fields.