



## ORIGINAL ARTICLE

# Evaluation of “Student- directed learning” Characteristics in morning report sessions in five educational hospitals of a Type-1 Medical university (Evaluation of student- directed learning)

Giti Noghabaei<sup>1</sup> and Maliheh Arab<sup>2,3</sup>

1. General Physician. Preventative Gynecological research center (PGRC). Shahid Beheshti University of Medical Sciences, Tehran, Iran.

2. PhD student of medical education. Shahid Beheshti University of Medical Sciences .Tehran, Iran

3. Professor of Gyneco-oncology. Preventative Gynecological Research Center (PGRC). Shahid Beheshti University of Medical Sciences .Tehran. Iran.

\*Email: [drmarab@yahoo.com](mailto:drmarab@yahoo.com)

### ABSTRACT

*Great respect to student – directed learning as the most common adult learning method is considered an essential aspect of education. This study is to evaluate this matter using three objective items in morning report sessions. Five educational hospitals in a Type-1 medical university including morning report sessions of 26 clinical wards, each three times were evaluated. Trained person used time table for determining student- teacher speaking duration, student’s speaking interruption and discussion (asking question by other students). Mean score of three studied subjects was considered student directness.*

*Mean student to total speaking time ratio of sessions was 52%. Student speaking interruption was revealed in 53 out of 73 sessions (72.6%). Question asking of audience was not shown in 42 out of 73 (57.2%). Total score of student directness based on three before mentioned subjects in the present study was 40.8%.*

*Student directness in morning report sessions are inappropriate in the present study. In order to improve it, clear concepts in student directness, more attention to learning process, more teachers time and more teachers education might play positive role.*

**Keywords:** *medical education, teaching hospitals, students, morning report, learning*

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### INTRODUCTION

Nowadays, there is a great respect to student – directed learning in medical education [1]. Student-directed learning, as the most common adult learning method is considered an essential aspect of education [2, 3]. In this method, students undertake planning, required implementation assessment and learning outcomes with or without assistance [4]. The student- directed learning is a challenging word, itself. “Candy” described self-directedness in four dimensions including personal independence, self direction, student autonomy and self learning [1, 5]. The Issue is comprehensive, including about one hundred adjectives used in the literature of medical education to describe student- directed learning [6]. “Kember”, 1997, showed two perspectives in education including teacher and subject directed besides student and learning directed approaches [7]. Main aspects of student – directed learning are active and deep learning, high student responsibility, self direction, collaboration of teacher– learner, respective interrelationship associated with reflection in educational process [8]. “Gibbs” describes student-directed learning an active manner rather than passive process. Student’s previous experience, competence and process based activity [9] are other components suggested in learning [10, 11]. Some authors define student– directed learning as the learners’ decision about their education. Other view is more activity of learner’s leading to a change in teacher – learner equilibrium in favor of student part [11]. Student directed learning is characterized by locating students in the basic situation of policies, experiments and decisions that is a comprehensive approach in learning harboring several main

principles. These main features are active learning, outcome evaluation, curricular flexibility, more responsibility of learners, collaboration, development of thinking and problem- oriented skills [12]. The current study aims to determine the student- centered situation of morning report sessions of a Type-1 medical school of Iran. Three criterions of being student – centered considered in the study are teacher- learner speaking time proportion, interruption of the students and active participation of students in discussions.

**METHODS**

Five educational hospitals in a Type-1medical university that was wealthy of all general and resident training clinical wards was selected and morning report sessions in these 26 clinical wards were included in the study each for three times. A Type-1university signifies an Academy that office all the prominences of ministry of health, Remedy and medical education. Proficient clinical wards and wards that didn't agree to accompany were excluded.

Twenty six wards and 3 times evaluation were considered. Written permission of educational deputy of the hospital and ward staff was received. Trained person participated in morning report sessions to gather student- directedness data. Three main subjects were student – teacher speaking ratio, student speaking interruption and asking questions by other students in the morning report session.

Trained person used time table for determining student- teacher speaking duration in minutes. Finally percent of student speaking was calculated. The trained person, documented students speaking interruption and asking question by other students. If student's speaking would not be interrupted, score would be 100 and if it was interrupted no score was achieved. Regarding question asking of student audience, 100 score was recorded if discussion was present. Mean score of three studied subjects was considered student directness. Subgroup analysis of major and minor departments was done. Major departments included surgery, obstetrics & gynecology, internal medicine and pediatrics and other departments were categorized as minor. Analysis of the results was done by SPSS18 software in mean and median forms.

**RESULTS**

In one out of twenty six included departments in the study, permission of staff was not achieved in one and in another one it was just permitted for once. So, results of the 73 times attendance in the morning report sessions of 25 departments were included. Mean student to total speaking time ratio of sessions was 52%. Mean of major- minor department's data is shown in figure 1.

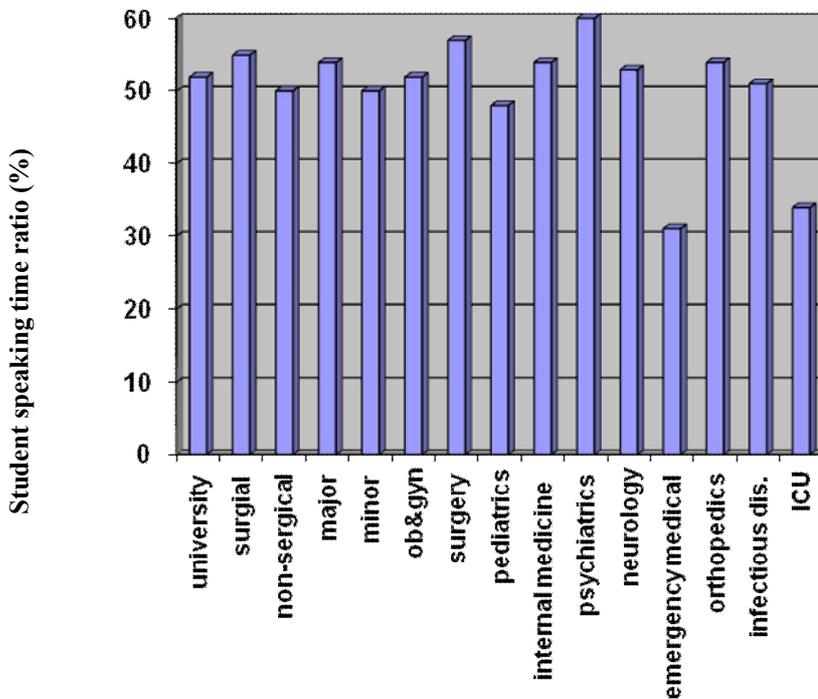


Figure 1- Mean of student speaking ratio in subgroups of the study

Student speaking interruption was revealed in 53 out of 73 sessions (72.6%). Frequency of student speaking interruption of major- minor departments is shown in figure 2. Total score of student speaking interruption was 43%.

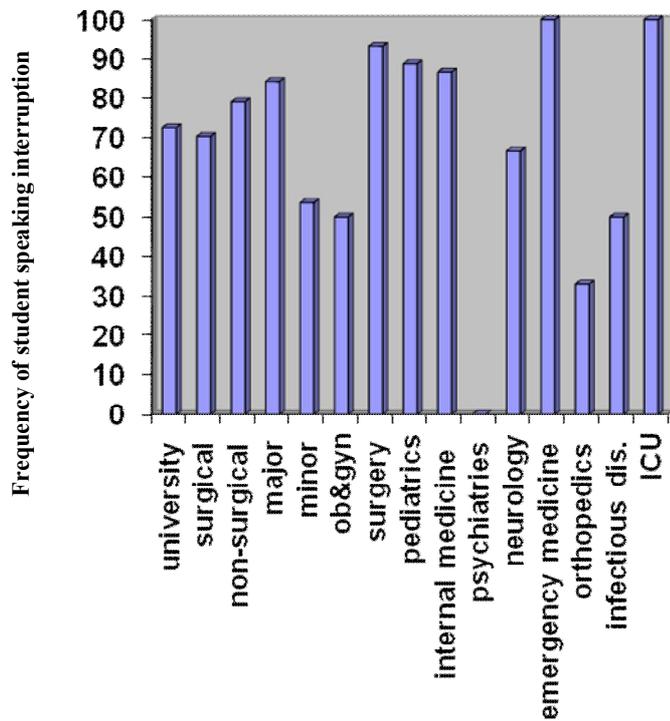


Figure 2- Frequency of student speaking interruption in subgroups of the study

Question asking of audience of the sessions was not shown in 42 out of 73 (57.2%) and just in 42.5% discussion was recorded (figure 3).

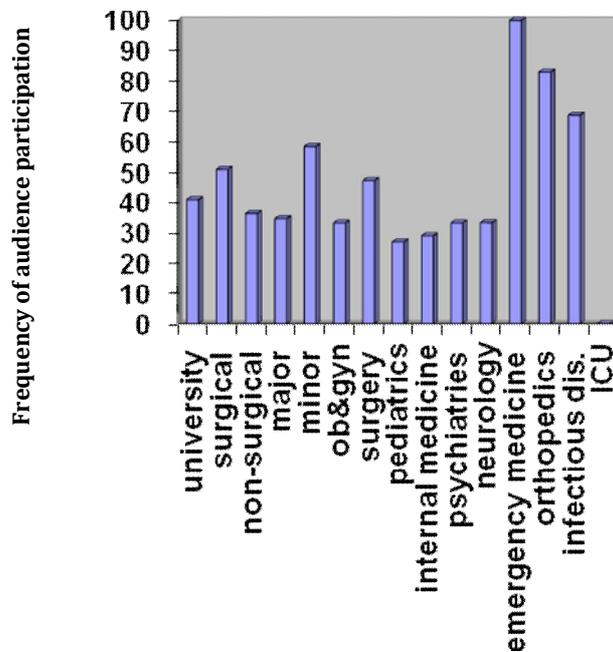


Figure 3- Frequency of students' participation in discussion (question asking) in subgroups of the study

Total score of student directness based on three before mentioned subjects in the present study was 40.8%. Subgroup scores are presented in figure 4.

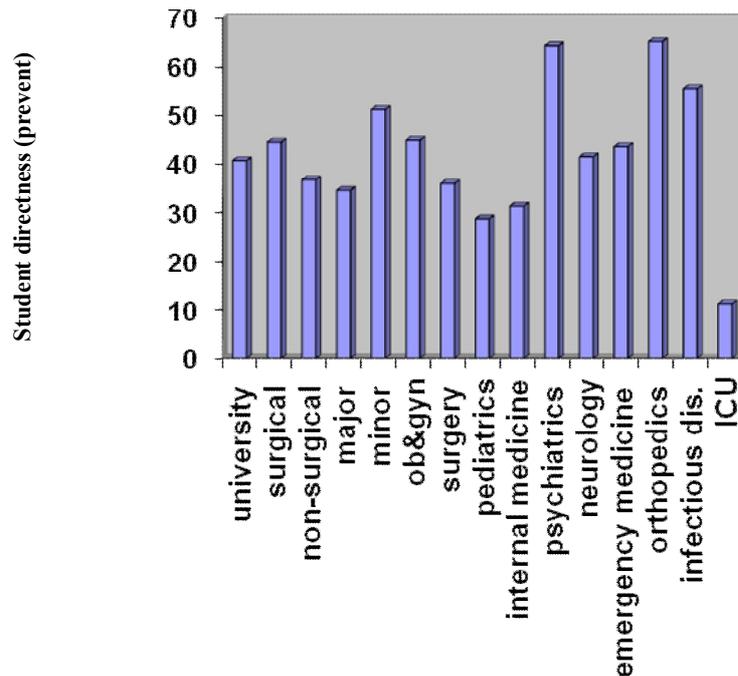


Figure 4- Student directness in subgroups of the study

## DISCUSSION

Student- directness in morning report sessions of the present study is equal to 40.8 out of 100, which seems not enough. Reviewing literature regarding barriers of student- directness might be helpful. One of the problems is misunderstanding in the concept, specially resulting in conflicts in the case of educational innovation. Agreement in descriptions would clarify misconceptions. Clearly defined concepts lead to more effective collaboration of medical teachers [1]. Group education cost more, due to increased need of teachers. Some teachers find out group education as a difficult job. Sometimes group education is changed to a lecture like or one- directional discussion [13].

Another limitation of student directness is a usual need of assessment and comparison between students. Scores are more regarded, while positive feedback and learning function are attended less. Comparisons are highlighted more than student improvement [13]. Careful planning is needed preventing group sessions changing into unplanned programs [13-14]. In the present study departments with more emergent and urgent cases including intensive care unit (ICU), emergency medicine and surgery, interruption of student speaking were more frequent: 100%, 100% and 94% respectively (Figure 2).

A common problem in group learning is teacher's tendency to speak most of the time. Speaking and discussion between students should be encouraged instead of teacher- student speaking. Students should be permitted to discuss about their ideas [13]. Listening to students is prerequisite for student - directness and active learning. In the present study, student to teacher speaking ratio was 52%. In 72.6% of cases, students speaking were interrupted. Interesting point is no case of student interruption in psychiatry department (figure 2). This clear difference clarified the role of teachers' awareness of communication skills to other people and students. In this regard workshops or courses for teachers might play an important role.

## CONCLUSION

Student directness in morning report sessions are inappropriate in the present study. In order to improve it, clear concepts in student directness, more attention to learning process, more teachers time and more teachers education might play positive role.

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