Readiness for Self- directed Learning among Undergraduate Medical Students of Guntur Medical College, Guntur.

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Abstract
Introduction: *Self-directed learning (SDL) is most essential and has been identified as an important skill for medical graduates to meet the challenges in today's healthcare environment. Medical students need to acquire a number of learning skills such as confidence, autonomy, motivation and preparation for lifelong learning.* **Aim:** *The aim of the study was to measure the readiness for SDL of students among 6th semester medical students in Guntur medical college.* **Objectives:** *To assess the self-directed learning readiness among 6th semester undergraduate medical students of Guntur Medical College Guntur using SDLR instrument. 2. To find out the association between readiness for self-directed learning and students' demographic characteristics.* **Methodology:** *Cross sectional study is conducted among 161 medical students of 6th semester in Guntur Medical College in a period from April 2020 to june 2020 selected by purposive sampling technique. Data analysis using IBM-SPSS version 16.Independent T test Chisquare tests were used. Results: The mean and median SDLRS scores of 161 medical students in this study was 147.99±26.141 and 147.5 respectively. 46.3% of the respondents scored >150 and were categorized as 'highly ready for SDL'. Keywords: SDLRS, Self-directed learning readiness scale.*

I. Introduction

➢ Self-directed learning (SDL) is most essential and has been identified as an important skill for medical graduates to meet the challenges in today's healthcare environment.

➢ Gibbons defined SDL as "any knowledge, skill, accomplishment, or personal development that an individual selects and brings about by his or her own efforts, using any method in any circumstances at any time"[1].

➢ Readiness for SDL is the degree to which an individual possesses attitudes and abilities necessary for SDL[2].

➢ Medical students need to acquire a number of learning skills such as confidence, autonomy, motivation and preparation for lifelong learning[3]

➢ The process of learning in which the learner, assumes primary responsibility for planning implementing and evaluating the learning project, the learner chooses what to learn, how to learn and also decides and when to continue and when end the learning project.

➢ A process in which the learner take the initiative, with or without help of others to diagnose the learning goals, identify recourses for learning, select and implement learning strategies and evaluate the learning outcomes.

➢ SDL involves 4 process i.e self motivation, self management, self monitoring and self modification.

➢ Skill needed to an effective SDL are goal setting skills, processing skills, decision making skills, self awareness, content competence and other cognitive skills.

AIM
➢ The aim of the study was to measure the readiness for SDL of students among 6th semester medical students in Guntur medical college.

OBJECTIVES
➢ 1. To assess the self-directed learning readiness among 6th semester undergraduate medical students of Guntur Medical College Guntur using SDLR instrument.
➢ 2. To find out the association between readiness for self-directed learning and students' demographic characteristics

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Methodology
- **Study setting**: Guntur Medical College.
- **Study period**: from April 2020 to June2020
- **Study population**: 6th semester medical students.
- **Study design**: Cross sectional study to assess the self-directed learning readiness.
- **Sampling technique:** Purposive sampling
- **Study tools:** Pre tested structured Questionnaire containing socio demographic profile and Self-directed learning readiness scale (SDLRS) which was designed by Fishers' et al., in 2001[4]
- The SDLRS has 40 items grouped under three domains: self-management (13 items), desire for learning (12 items) and self-control (15 items).
- The student's response was collected in a 5-point Likert scale.

Responses
- 1. Almost never true of me; I hardly ever feel this way.
- 2. Not often true of me; I feel this way less than half the time.
- 3. Sometimes true of me; I feel this way about half the time.
- 4. Usually true of me; I feel this way more than half the time.
- 5. Almost always true of me; there are very few times when I don't feel this way.
- The readiness for SDL is categorized as high (>150 scores) and low (<150). Domain wise scores (self-management, desire for learning and self-control) were analyzed.
- **Method of collection: P**retested structured Questionnaire given to the 6th semester students and the purpose of study was explained and student responses were collected.
- Out of 223 only 161 students gave responses.
- **DATA ANALYSIS***: The data was entered in MS excel and analyzed using IBM-SPSS version 16. Independent T test, chi-square tests were applied to elicit the association between readiness assessment and demographic variables.

II. Results
Among 161 study participants, 37.9 % were boys and 62.1% were girls, 70.8 % from urban area and 29.2 % from rural background, 41.6 % were hostlers and 58.4 % were day scholars, 18.6 % have physician in family and 81.4 % don't have any & 76.4 % were from state board schooling and 23.6 % were from central board schooling. Mean score of 47.09 $\pm$ 10.675 are self managed, 59.5 $\pm$ 10.733 has desire for learning and 41.07 $\pm$ 7.891 has self control. Mean and median SDLRS scores of 161study participants in the study were 147.99 $\pm$ 26.141 and 147.5 respectively. 46.3 % of the respondents scored more than 150 and were categorized as highly ready for SDL. This data is tabulated in tables and bar charts as given below:

Table 1: Demographic details of the study participants

Characteristics	No[%]
GENDER	
Boys	**61 [37.9%]**
Girls	**100 [62.1%]**
AREA OF RESIDENCE OF PARENTS	
Urban	**114 [70.8%]**
Rural	**47 [29.2%]**
PLACE OF STAY	
Hosteller	**67 [41.6%]**
Day scholar	**94 [58.4%]**
PRESENCE OF PHYSICIAN IN FAMILY	
Yes	**30 [18.6%]**
No	**131 [81.4%]**
BOARD OF PRE-UNIVERSITY SCHOOLING	

State board	123 [76.4%]
Central board	38 [23.6%]

Table 2. Mean and Standard Deviation in the domains SDLR.

SDLR DOMAINS	Mean score[±SD]
Self- management[SM]	47.09±10.675
Desire for learning[DL]	59.5±10.733
Self-control[SL]	41.07±7.891
Total	147.99±26.141
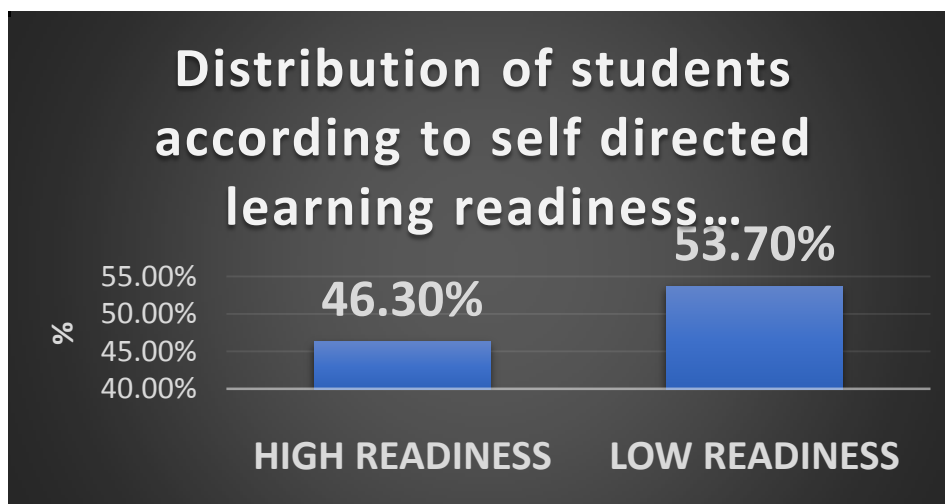
**Table 3. Self-directed learning readiness scores of the study participants**

Characteristics	MEAN±SD	t value	P value
GENDER			
Male	147.99±27.710	-1.644	.102
Female	143.59±25.013		
AREA OF RESIDENCE OF PARENTS			
Urban	147.09±26.14	-0.621	.535
Rural	149.91±26.52		
PLACE OF STAY			
Hostel	149.13±24.97	-0.498	.619
Day scholar	147.04±27.15		
PRESENCE OF PHYSICIAN IN FAMILY			
Yes	161.23±21.01	3.173	.002
No	144.86±26.38		
BOARD OF PRE-UNIVERSITY SCHOOLING			
State board	145.77±27.43	-1.88	.062
Central board	154.84±20.53		

TABLE.4 Association of Demographic Variables with SDLR

VARIABLE	SDLR		CHI-SQUARE VALUE	P VALUE
	LOW	HIGH		
PRESENCE OF PHYSICIAN IN THE FAMILY				
YES	6[20%]	24[80%]	17.198	.000

NO	81[61.8%]	50[38.2%]		
BOARD OF PRE-UNIVERSITY SCHOOLING				
STATE BOARD	73[59.3%]	50[40.7%]	5.921	.015
CENTRAL BOARD	14[36.8%]	24[63.2%]		

Association of Demographic Variables with SDLR
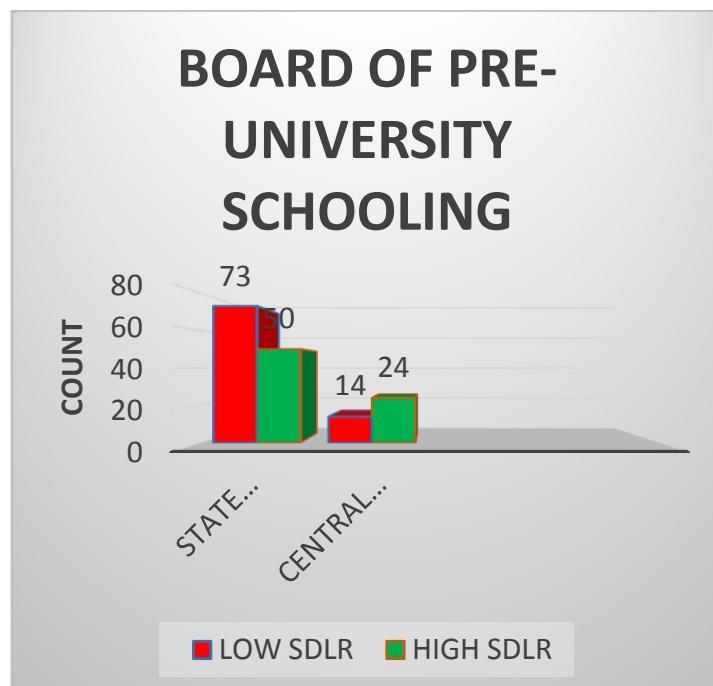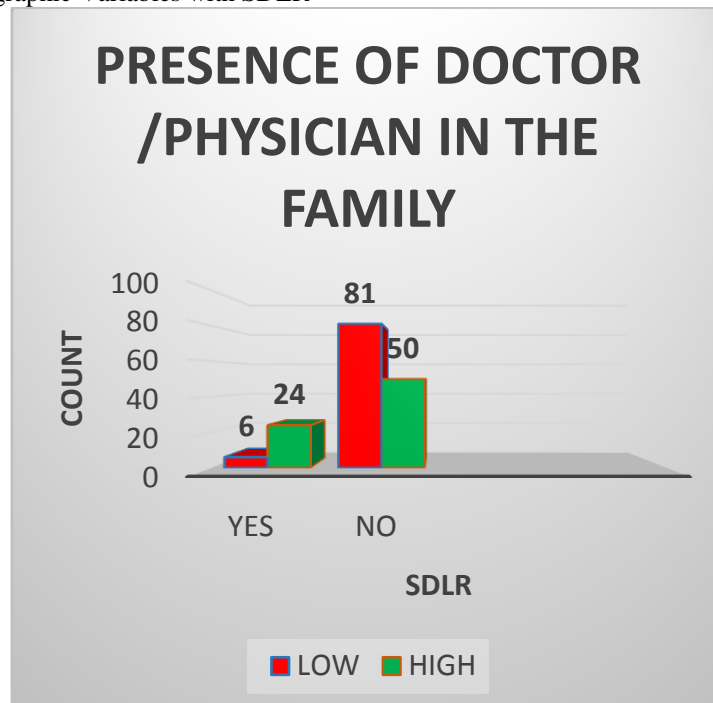
III. Discussion

❖ The mean and median SDLRS scores of 161 medical students in this study was 147.99± 26.141 and 147.5 respectively. 46.3% of the respondents scored >150 and were categorized as 'highly ready for SDL'

❖ Whereas the mean and median SDLRS scores of 164 medical students in Madhavi KVP, Madhavi BD study was 145.17±18.18 and 145 respectively where 36% of the respondents scored >150 and were categorized as 'highly ready for SDL'[5].

❖ Whereas the mean and median SDLRS scores of 440 medical students in Balamurugan study was 144.6±34.8 and 146 where 38% of the respondents scored >150 were categorized as 'highly ready for SDL'.[6]

IV. Conclusion

➢ More than half of the students are having low SDLR. So, special care should be given so that they can develop and practice SDL skills.

➢ It may be necessary to study the correlation of the SDL scores with the forthcoming University and licensure examinations before more precise major conclusions could be drawn.

➢ Multi-centric study involving various semester students would draw more confirmative evidence.

Acknowledgement

References

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