

The Impact of Self-directed Learning on the Future of Family Medicine Education

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The landscape of health care delivery has changed dramatically in the past 2 years. For better or worse, the COVID pandemic and surges in police brutality resulting in the killings of innocent Black individuals have undoubtedly been catalysts for this evolution in health care systems. As we stand on the frontlines of care with our core focus on reducing health care disparities through a biopsychosocial perspective, family physicians are uniquely poised to rise to meet this evolving scope of care. Despite our intrinsic advantages as a specialty (namely comprehensiveness of care and community health focus), family medicine leaders and educators must face the reality of preparing our future workforce to adapt and thrive in these arduous, rapidly-changing times.^{1,2} This responsibility cannot rest solely on our outstanding family medicine educators but must include learners as well. Since the dawn of the COVID-19 pandemic necessitating virtual education and telehealth care, we anticipate a stronger emphasis on learner-centered training that focuses on aspiring family physicians becoming not just independent practitioners but also master learners evolving to meet the needs of the communities they serve.³

In this issue of *Family Medicine*, Jonathan Lee, PhD, and Shelley Ross, PhD, describe a multicenter study at three Canadian family medicine residency clinics comparing residents' self-assessment (submitted by residents) of their clinical competencies to preceptors' assessments.⁴ Approximately 7,000 field notes completed by residents and preceptors, using a validated three-point rating scale, were included in the data analysis. Analysis of the

aggregate of competency ratings showed that residents tended to provide more positive ratings of their performance than preceptors. However, subgroup analysis of ratings by resident class did not detect a significant difference between residents' and preceptors' ratings, particularly among first- and third-year residents. The majority of variation between learner and preceptor assessments was seen in second-year residents. These findings emphasize that residents' self-assessment of their clinic performance may not be as discrepant or as inaccurate as the existing literature tends to portray.⁵⁻⁷ This study also postulates that the minor discrepancies detected between second-year residents' self-assessment and preceptors' assessment should be analyzed within the context of demonstrating confidence versus competence and formative versus summative evaluation.⁴

Self-assessment has been described as the juxtaposition of social psychology and education, including techniques through which students describe, compare, and evaluate the quality of their own learning processes and products in comparison to an external reference.⁸ The concept of quality improvement (QI), though often considered a broad topic, at its core simply includes the combined and unceasing efforts to make changes leading to better patient outcomes,⁹ an embodiment of self-assessment. A 2019 survey conducted during the

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American Board of Family Medicine examination showed that residents who were involved in QI activity during residency training felt significantly more prepared to continue self-assessment and QI efforts once they progressed beyond training.⁹ Health care and its family medicine footprint will not realize its full potential and be able to adapt to new innovations unless QI becomes an intrinsic part of everyone's day, from training and beyond.^{10,11}

Self-directed learning has become a focus of undergraduate and graduate medical education. With the advent of virtual classrooms and workplaces, and the recently approved Accreditation Council for Graduate Medical Education (ACGME) revisions promoting more flexibility in residency education, equipping learners with skills in accurate self-assessment is more paramount than ever. In section V of the recent ACGME guidelines, devoted to evaluation, the ACGME emphasizes fostering a positive learning climate that empowers residents to continuously reflect on their personal growth in a supported yet autonomous manner.¹² In light of these revisions, family medicine residency programs are charged with developing a curriculum to not only build the foundational basis of the practice of self-assessment, but also to teach residents how to develop individualized learning plans, the importance of lifelong adaptive learning, and reflective practicing. Operationalizing these curricular elements will have important ramifications in successfully attaining and maintaining clinically competent family physicians and also for quality improvement in our professional workforce. Empowering the future of the family medicine workforce with these leadership skills during residency will ensure that family physicians meet the health care needs of the current and future population.

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