



ISSN:2456-9836  
ICV: 60.37

Review Article

Social Learning in Medical Education

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ARTICLE INFO

ABSTRACT

Article History:

Received on 11<sup>th</sup> January, 2018  
Peer Reviewed on 28<sup>th</sup> January 2018  
Revised on 19<sup>th</sup> February, 2018  
Published on 28<sup>th</sup> February, 2018

Keywords:

Social learning, medical  
undergraduates, clinical workplace

Social learning is an integral part of learning process of medical professionals and its principles can be applied to different stages of MBBS curriculum in order to enhance the learning experience for students. This paper suggests certain pragmatic approaches to apply social learning principles in a clinical setting like formation of vertical learning groups as “communities of practice” which include members of all levels of seniority and incorporates measures for their effective functioning. The commentary reflects on the potential of social learning approach in interprofessional education and “peer tutoring” workshops. It includes discussion on the complex nature of “hidden curriculum” given that social learning theory relies heavily on learning by observation of role models and participation in team activities. The paper also emphasizes the importance of teacher training and development of good facilitation skills for successful application of these principles.

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**INTRODUCTION:**

Social learning has particular relevance in medical education considering that during the course of study a medical student undergoes transformation from a lay person to a professional. The goal of medical school education is to prepare learners effectively as members of the medical profession and it is essential that clinical environment also support this preparation and transformation.

Medical educationalists as well as learning psychologists recognize a number of learning theories and constructs which can be used in combination to effectively design and map the medical curriculum, introduce novel learning opportunities for medical students and make the learning experience interesting and effective. Social learning is one such theory proposed by Bandura [1] which defines learning as a function of interaction between the individual, the peers and the environment. This implies that learning occurs individually as well as in collaboration with others.

Social learning has its roots in several other educational theories namely behaviorism, cognitivism as well constructivism. "Social learning occurs in the context of shared tasks, so that cognition is distributed over several individuals" [2]. Individual learners use their past experience, knowledge, skills and attitudes to learn and interact dynamically with others in the environment. Through this social interaction they further co-construct their knowledge and perceptions as well as acquire skills.

The works of Vygotsky [3] emphasize that learning takes place in the zone of proximal development (ZPD) which is "the distance between a student's ability to perform a task independently and the ability to perform the same task under guidance or peer collaboration". It is through instructing, modelling, questioning, and

feedback that experts and peers would scaffold learners and move them toward independence. Thus, guiding, coaching, feedback and mentoring become the responsibility of senior community members. If we apply the concept to medicine, hospital workplace may be viewed as a "community of practice" as described by Lave & Wenger [4] where junior members like medical students, interns and ward doctors doing house jobs begin with observing and performing basic tasks termed "legitimate peripheral participation". Over a period of time, they become more skilled through active participation and sharing clinical responsibilities, thus taking on a more central role.

Knowledge creation is both a social and individual process with medical students being socialized into the professional hospital culture as they learn. Lave and Wenger [5] advocated a "learning curriculum which consists of situated opportunities for development, whereby the community becomes the learning resource and learning occurs in many ways". Thus, better learning can be expected at clinical workplaces which exhibit readiness to engage learners and welcome students' participation. The clinical tutors could strategically create vertical learning groups with senior and junior resident doctors, interns and medical undergraduates, specifying learning objectives and lesson plans over a fixed duration. Seminars, case presentations and teaching workshops should be designed keeping in mind the actual development zone, so that the learning material presented elaborates their cognitive skills and knowledge base.

Individual learners display varying level of engagement with the learning opportunities afforded by the clinical workplace. Approaches that maximize participation should be adopted to ensure that medical students and junior doctors engage increasingly in the academic and clinical

activities of the community and along the way transform experience into learning. The participation metaphor described by Sfard [6] sees learning as a continuous transformative process taking place through active participation in all activities of the community. It is a deliberate approach which legitimizes the role of students in the clinical workplace, provides organizational support for learning, minimizes barriers in contribution to patient care and includes opportunities for feedback and reflection. It is absolutely critical that learners are engaged in meaningful tasks that contribute to consolidation of the subject for them through experiential learning [7].

Social learning allows learners to participate in interprofessional teams and to understand the roles of different community members. Thus, interprofessional groups which relate to real practice could be strategically created in patient management teaching and clinical skills training with specific tasks distributed over different members of the group as per their role. The learning style would be participative here and communication skills along with relevant ethical teaching could be integrated. The sessions should be led by expert doctors and nurses trained in facilitating interprofessional groups [8]. There can be several issues with interprofessional groups like a tendency to adopt hierarchical roles, misunderstandings regarding the roles of other health care professionals and the topics and activities planned not being of relevance for all professions present. Teaching sessions which are not meaningfully designed keeping in mind the appropriate learning objectives of various professional groups can frustrate the students and waste the opportunity of interprofessional learning. Good facilitation is absolutely empirical here as is workshop planning since the learning needs are not similar for different professional

groups of students present which must be taken into account [9].

It is well recognized that clinician time is limited for teaching activities and frequently clinical jobs related to patient care take priority over teaching responsibilities. To overcome this practical barrier, medical colleges could formalize the practice of “peer assisted learning” to provide additional teaching and mentoring support to new students in a cost-effective way. These junior students who are initially on the boundary of the “community of practice” they have just entered, get integrated into the hospital environment with the aid of their peers who may be a year or two seniors to them. Peer tutoring sessions can be planned where senior medical students facilitate small group teaching of junior students and address specific gaps within the curriculum [10]. Good organization and preparation can improve learning in a more friendly and relaxed environment for students as well as increase personal development and confidence for peer tutors. Training workshops for peer tutoring in educational institute should prepare educators for the challenges that they might encounter [11]. Apart from sharing the educational burden of the institution, peer tutoring process also contributes to the preparation the senior students as professional entities who as medical practitioners in the near future will be expected to teach and assess peers.

In social learning theory, considerable learning occurs through observation, of both peers and experts; hence there is a risk that errors or flippant attitude of seniors might be imbibed subconsciously. This “hidden curriculum” influences students in a social learning setup in complex ways [12]. Informal learning takes place even in the absence of overt teaching where students have no awareness of certain values, behaviors or habits they might have inherited, and these may both strengthen or undermine the

intended curriculum. Medical undergraduates are naturally placed in a learning environment where positive and negative elements are present for them to use as role models. It becomes empirical for teachers and mentors to model appropriate behavior to ensure that medical students and junior doctors assume the right skills, norms and values of the clinical community [13].

Even as the social aspects of learning are discussed here, it should be kept in mind that different learning theories are not mutually exclusive but are rather overlapping. It would be useful to remind here what Sfard [6] warned regarding restricting to only one metaphor of learning and that pedagogical strategies to support both “acquisition and participation metaphor” are required. Relying solely on the situated learning framework and participation metaphor runs the risk of gradual disappearance of a well-defined subject matter.

Eraut [14] acknowledges that learning is as much a social process as an individual one and social and individual learning theories are complementary rather than competing. However, it can be stated without doubt that learning can be improved in a clinical setup through providing structured opportunities for increase interaction of students with their peers and experts. Although each individual’s preferred mode of learning should be considered, most people do appear to benefit from demonstration and examples. Learners should be assigned specific tasks that encourage them to use new terminology and concepts during interpersonal communication and group situations. Learning through participation highlights importance of learning from peers and from members at all levels of seniority and disciplines, as well as allowing professional and personal development.

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**How to cite this article:**

**Shalini Gupta. *Social Learning in Medical Education*. Br J Pharm Med Res , Vol.03, Issue 01, Pg.806-810, January - February 2018. ISSN:2456-9836 Cross Ref DOI : <https://doi.org/10.24942/bjpmr.2018.186>**

**Source of Support:** Nil

**Conflict of Interest:** None declared

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