
Self-assessment, self-direction, self-regulation and other myths

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The responsibility for self-regulation

- Self-regulation a cornerstone of professional autonomy
 - Both a privilege and a right
- Manifests in two forms
 - “Authorities” set standards and address breeches of standards by members
 - Individual members ensure personal maintenance of competence

The archetype of the self-regulating professional

- Reflect regularly on daily practice
- Self-assess gaps in knowledge or skill
- Seek opportunities to redress gaps
- Invest energy to learn (or relearn)
- Incorporate new knowledge into practice
- Repeat

(Handfield-Jones, et al, 2002)

Today's Talk

- Identify assumptions in this model of the self-regulating professional
- Briefly examine the evidence for each of these assumptions
- Discuss implications for conception of self-regulation
- Construct a more sophisticated understanding of the phenomenon

Problematic assumptions in the archetypal description

- We use reflection to look for gaps
- We find gaps when we look
- We try to address gaps through learning
- We incorporate new information into practice

We use reflection to actively
search for gaps

The self-protective role of reflection

- Presumption that reflection on practice is used to expose gaps
- But reflection often used to protect self-concept
 - Eg, gamblers' interpretation of losses
 - Eg, surgeons' reflections on bad outcomes
- “It's a one time thing, it just happens a lot”
 - Suzanne Vega

Value of self-protective reflection

- Such re-interpretive reflection important
 - Depressed people have more “accurate” interpretation of own role in events
 - Lab-induced “learned helplessness” model of depression
 - Self-efficacy leads to success
 - Confidence to persist in face of initially negative feedback or results
 - Willingness to keep trying in difficult situations

Implications for self-regulation

- “Rose colored glasses” approach to reflection understandable and necessary
 - Not just a “selfish” activity
 - Important for ability to function and succeed
- But
 - How much of “reflection” is elaborate rationalization?
 - How much rationalization is “too much” for the assumption that professionals search for weaknesses?

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We find gaps when
we look for them

The rhetoric of self-assessment

- Almost every article on self-assessment begins with the same basic sentence:

“The ability to self-assess is vital to the concept of professional self-regulation”
- Cornerstone of many professional “Maintenance of Competence” programs

The literature on self-assessment

- Hundreds of articles
- Many literature reviews
- One conclusion:

**Self-assessment ability
is generally poor**

Three key patterns of data from self-assessment literature

- Little or no relationship between externally generated scores and self-assessed scores
- All but the very highest performers tend to overestimate ability
- Worst offenders are those in lowest quartile of performance

The “Lake Woebegone Effect”

- Everyone thinks they are above average
 - Eg, driving
 - Eg, flying a plane(?)
- Kruger and Dunning (1999) explanation:
 - Poor performers don't know what a good performance looks like
 - Form of domain specific “perceptual deficit”

Implications for self-regulation

- Those most in need of improvement are those least likely to know
- For any given skill, 25% of us are in the bottom quartile of performance
- Those of us who are in the bottom 25% think we are above average
- So whose job is it to tell us?

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We try to address gaps
through learning

The motivation to learn

- Assumption that the “adult learner” is motivated to fill gaps in knowledge / skill
 - Motivation comes from recognition of the value of learning the information / skill
- But where does assumption come from?

The Theoretical Support

- Malcolm Knowles
 - “The Adult Learner”
- Anders Ericsson
 - Expert Performance
- Bereiter and Scardemalia
 - “Surpassing Ourselves”

But...

- Think about last conference attended
- How did you select sessions to attend?
 - “Wow, thank goodness they have a session on that, I am really poor at that and should find out how to come back up to speed.”
- Evidence that physicians attend CME events that confirm what they already know (cf Miller, 2005)

The flaw in the theories

- All theories of adult learning / expertise focus on the reasons why people learn
 - Areas where we excel
 - Areas where we have an interest
- Our own reflections focus on times we chose to learn

The flaw in the theories

- Little or no research on why people DON'T learn
 - Areas where we struggle
 - Areas that do not interest us much
- Few examples in our own heads of times we chose not to learn or gave up
 - “Wouldn't it be fun to learn how to play the guitar?”

Glenn's axiom of learning

- LEARNING IS NOT FUN
 - Learning fun things is fun
 - Learning hard things is hard
 - Learning boring things is boring

The decision to learn

- Decision to learn is “cost/benefit” analysis
- Sometimes “cost” of outweighs benefits
 - Most likely in areas where we struggle or are uninterested
- Then learning requires intense and sustained self-control
 - More often leads to a decision to avoid rather than engage in learning

Implications for self-regulation

- For any given skill, 25% of us are in the bottom quartile of performance
- Placing the responsibility for improving areas of weakness on the individual professional may produce an unbearable burden
- So whose job is it to make us do something about it?

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We incorporate new knowledge
and skills into practice

Translating knowledge to practice

- Surprisingly little research in the CE literature regarding implementation of learning into practice
 - When we do look, the data are worrisome (eg Davis et al, 1999)
 - Efforts to address this tend to focus on:
 - “What works best?”
- NOT:
- “Why doesn’t this work?”

Implications for self-regulation

- Easy to underestimate difficulty of activity in practice
 - Sounds logical and sensible in the “classroom” but ...
 - Must recognize spontaneously when it is valuable
(cf Elman, 2004)
 - Must have confidence to implement
(cf Kennedy, 2004)

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- ~~We~~ incorporate new information into practice
 - the ineffectiveness of CME for changing practice

Summary so far...

- Many of the assumptions built into the model of the self-regulating professional are questionable at best
- Difficult to justify continuing with the current version
- But, we are not chin deep in incompetent health care professionals (are we?)
- If not, what IS happening?

Revisioning these concepts

- Is there a better model of self-assessment that makes sense in daily practice?
- What do we do when we identify areas of weakness?
- How can we incorporate these concepts into a more sensible model of the self-regulating professional?

Better models of self-regulation?

- Knowing when you are over your head
 - Knowing when to slow down / look it up / refer
 - Shifting from knowing in action to reflection in action
- Innovating in practice
 - Problem solving as a form of self-directed learning
- Teamwork and shared responsibility
 - For safe and effective practice
 - For “self-regulation” and feedback

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