

Self-regulated learning of history-taking

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Propositions

Self-regulated learning of history-taking: Looking for predictive cues

Michaela Wagner-Menghin,

Wednesday, 25.9.2019, at 10:00 hours

1. When learning how to take history, students think they are doing better than they actually are.
2. Medical students' monitoring and self-judgment skills should be trained alongside their patient-communication skills.
3. Once we know how students monitor their history-taking, we can start thinking about how to help them self-judge more accurately.
4. Monitoring more accurately requires students to pay attention to cues indicating good or poor history-taking performance.
5. Learning in authentic real life settings should be compulsory in all medical curricula.
6. To rise learners' skills, innovating assessment is the second best strategy. The best is to improve training.
7. No instructional design can force students to learn or have them gain knowledge and skills 'magically' without having them invest high effort.
8. Helping medical students and supervisors truly appreciate the high complexity of history-taking might make both groups more at ease with problems related to learning history-taking.
9. Thinking is like walking: It is not the size of your strides that determines your success but how many you take. (*Kevin Ashton in 'How to fly a horse/ The secret history of Creation, Invention and Discovery,' Chapter 2*)
10. Adaptive self-regulation of behaviour in learning situations depends on affective changes. (*Julius Kuhl, 2000 in '[...]Personality Systems Interaction Theory[...]', International Journal of Educational Research*)
11. There is only one crucial question for successful instructional design.