

Medical education and autonomous motivation among students

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Student motivation is usually an ignored part in the medical curriculum. Teachers involved in medical education are always expected to give support to students in form of autonomous motivation. Over the decade the concept of self-directed or the autonomous learning is gaining momentum and is being used by many researchers¹. Appropriate execution of these self-regulated learning skills during the period of their course would definitely satisfy the basic requirement of a competent doctor.

Generally, motivation can be classified into intrinsic and extrinsic types. The intrinsic motivation is one which arises from within oneself, and extrinsic arises from external factors. Various theories in motivation are put forth but, the self-determination theory (SDT) is leaving a huge impact in medical education as it shows new approaches on how increase in motivation can be attained through teachers' autonomy support and learning environment². The important three basic SDT needs are autonomy, competence and relatedness.

However, both intrinsic and extrinsic types of motivation could be followed in varied levels and it is observed that they are interlinked and internalization is needed for the student to get transformed. The higher the level of internalization, the more autonomous is the motivation.

An early involvement of the medical students in clinical practice in combination with a high level of responsibility by following a setting that can satisfy all three basic psychological needs for the transformation could be: autonomy by giving students liability of patients, competence through feedback from seniors/ teachers and relatedness by working in teams of peers, seniors / expertise all the way through³.

Imbibing autonomous motivation in our teaching learning activities among medical students at the early phases would definitely foster deep learning, improve study behavior, accomplish academic excellence, master communication skills and retention.

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