Pedagogy vs Andragogy in Surgical Education

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Abstract
Continuing Medical Education is evolving, it is critically important to recognize the differences between the adult and child learning process, and to understand the motivators of an adult learner to take specific actions to reach the desire level of knowledge in a specific subject.

Keywords: Continuing Medical Education (CME); Pedagogy; Andragogy; Adult Learning; Learning Process; motivation; Needs assessment; Path-goal theory

Short Communication

Continuing Medical Education (CME) is evolving with changes in the academic environment. Surgeons, surgical educators, and administrative associations, need to know what to teach and how to do it, to succeed [1,2]. It is critically important to recognize some of the differences between the learning process of children and the learning concepts that can be posed in adults. To begin with, it is important to know that the term pedagogy is derived from the Greek paidagogos, itself a synthesis of ago, “I lead”, and paidos “child”, which would mean “to lead a child” [3,4].

On the other hand, the term “andragogy” was coined by researchers to refer to adult learning, for contrasting their beliefs about learning with the model for teaching children. The term was derived from the Greek word for “man, not boy.” The concept of andragogy implies self-directedness and an active student role, as well as solution-centered activities [4]. As you may see, some of the most rooted educational concepts in our minds were postulated for the classical education association between an adult who guides a child in his or her learning path and the guided child. One of the main differences between the adult and child learning process is that the latter rely on others to decide what is important to be learned; while, adult learners decide for themselves what is important to be learned. The motivation of an adult learner comes from himself, and from this in a close relation with his subjective assessment of his current knowledge of a specific topic, and his desire to know more about that subject.

The difference between the depth of knowledge of a specific topic, and the desire to deepen it to acquire a greater knowledge, is known as a “gap” and must be assessed in the adult through a process known as “need assessment” [5]. The awareness of a gap situation can generate a desire or motivation, strong enough to take actions that allow the adult learner to decrease the gap and become better in that specific area of knowledge; this also recognize as the path-goal theory [3].

While children immediately accept the information presented to them, adults need to validate such information based on their beliefs and experience. The latter often makes the adult learning process slower and the previous experiences frequently produce fixed viewpoints which are difficult to break down, to establish new concepts and alternatives when making decisions. While children expect that what they are learning will be useful in their long-term future, their adult counterparts expect that what they are learning will be immediately useful. In addition, adults can serve their teachers and peers as a source of information, since their professional and personal experiences...
can be useful for solving problems, presenting new evidence, or contrasting points of view.

In conclusion, the needs, motivation, and learning techniques in adults are unique and must be known in depth to facilitate the educational learning process of adults. Taking these conditions into account when developing continuous medical education activities will generate a greater and better impact on these activities, and facilitate the learning process of surgeons, resulting in a better quality of care for our patients.

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References


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