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The Relations of Educational Practices to Learning Theories

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Short commentary

To begin with, three published abstracts from the AMEE "Abstract Book" of the year 2021 were chosen for this commentary. All of them were written by this year's "Winners". This commentary draws upon the above abstracts to illustrate the practices of the theory of learning that were foundational to Learning Sciences: The sociocultural theories. Scholars described sociocultural as a close relation of human activity with the situations, techniques and the community histories and cultures that the concerned activity took place [1]. According to Vygotsky's concept of sociocultural learning, the acquisition of humans' consciousness happened through cultural means. Vygotsky also defined the shared region between learners and mediators as the zone of proximal development [2].

According to the first abstract, medical students were widely recognized that they would be invited to volunteer during the epidemic. The research results showed that their decisions were greatly influenced by multiple factors, which included their own interests, interests of peers, role boundaries, pre-requisite knowledge, years of medical education and the nature of voluntary duty etc. All these considerations echoed with the concepts in sociocultural theories that the medical students were reviewing their pre-requisite knowledge in a sociohistorical perspective [3,4], the possibility to apply learnt theories into a transfer context [5] and the motivations driven or discouraged by this emergency with their individual participation [6,7].

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Those factors interacted with each other and were nested in a complexity system [2]. Before making up their mind, those social variables would have come across them through different cultural tools or artefacts [8]. They might have read different sorts of news or information regarding both the positive and negative nature of the voluntary work. They might also gain insights from seniors or peers who shared their previous experience as a volunteer or concerns voiced out by their family members. These technical and psychological tools would shape their perceptions over the matter. If the students finally decided to join and apply their own knowledge into practice, the team leader or the more experienced coach in the voluntary team could help scaffolding them to reach their zone of proximal development to create the most supportive network [9].

Secondly, according to the second abstract, a higher Uncertainty Tolerance (UT) level could lead to a positive impact on the provision of healthcare service in long run. The research had studied how the medical students and partitioners learnt to manage the uncertainties in clinical placement and practices. The concepts in sociocultural theories could explain the nature of uncertainty stimuli that they would encounter, including the professional hierarchy, conflicts between clinicians and stakeholders, diagnostic difficulties and career prospect etc. Their medical knowledge could sometimes be challenged by others with different cultural or historical practices [10]. The uncertainty stimuli arose regardless of their years of medical experience, they still had to transfer their knowledge despite experiencing any negative factors [5]. In fact, the results showed that those uncertainties gave them the motivation to improve and acted as a moderator that shaped their further participation in the clinical work [6,7].

Those uncertainties varied from different institutions, work settings and cultures. To name a very recent conflict in the healthcare system, some populations in the Western country disagreed with the need to wear face masks during the epidemic as they saw it as a violation of human rights and freedom. This example illustrated how the medical profession could be challenged by cultural values. Uncertainties could be deemed as very complex. As we could observe or imagine a daily routine of doctors in an A&E ward, their work had been continuously expected to be of high quality and professional by the general public. At the same time, they had to handle various uncertainty stimuli, such as experiencing the anger or grief by overwhelmed caregivers. Usually by the scaffolds provided by a more senior doctor or the ward manager, those frontline doctors could excel and perform better by reaching their zone of proximal development [9].

Lastly, the third abstract discussed the present situation of disability inclusion in medical education and prompted for a re-evaluation of current structure. The writer's ideas reminded me of an important concept in the sociocultural theories that learning was dependent on the social context [11]. The terms disability and inclusion had their own definitions in different people's mind, with the influence of social values and atmosphere. Inclusion here referred to the negotiation of capability imperative between the disabled students and the school-official, in which scaffolding should be in place to assist them to excel in certain clinical tasks [12].

Although more attention and modification for inclusion in the medical education had been in place over the years, both the ordinary and disabled students would learn their individual differences through various cultural lens and artefacts [2]. The technical artefacts included the information shared on the internet and even posters around the community promoting disability equality and protecting against discrimination. The psychological artefacts or the semiotic mediation could be the biased comments or disrespectful gossips generated by the public or friends around. Both the technical and psychological artefacts [8] would shape the educator's and peers' perspectives over their nature of disability. With the disabled medical students reported experience of being marginalized and labelled as "other" (a different category of student), educators should continuously provide scaffolds to them with the aim to maximize their potentials in acquisition of medical knowledge and clinical performance by reaching their zone of proximal development [9].

In summary, all the three selected abstracts illustrated the concepts proposed in sociocultural theories. They shared the same notion that learners' knowledge would be greatly influenced and shaped by the community and the culture that they were situated in. Moreover, the provision of scaffolding to these learners could facilitate them to perform at a higher level by attaining their zone of proximal development.

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Case studies from AMEE 2021 "Abstract Book"

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2. Dr Georgina Stephens, Monash University, Australia - Exploring Uncertainty - Tolerance in Medical Students on Clinical Placements: A Longitudinal Qualitative Study.
3. Dr. Neera Jain, University of Auckland, Faculty of Education and Social Work, New Zealand. Negotiating the Capability Imperative: Enacting the Disability Inclusion. In Medical Education

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