**Learning Theories.**

THEORY: it is a set of principles/ideas that provide an explanation of working of a concept or basis of practical happenings or connections between various principles in a model or working together.

**Behaviorism theory**; says that learning is a “change in behavior in the desired direction” that happens due to using various techniques like reward and encouragement for correct behavior; repetition, feedback and reinforcement for corrections needed in behavior so that corrections are done and sustained.

**cognitivism theory.;** represents internal cognitive restructuring due to changes in individual’s schemata (knowledge). The learner uses cognitive tools, such as insight, information processing, perceptions, and memory to facilitate learning. It involves acquiring, storing, and retrieving information. The learner develops capacity and skills for effective self‑directed learning.

**Constructivism theory;** explains how new understanding develops by building on individual’s existing understanding. Learner constructs knowledge based on their experiences and that how they do so is related to their biological, physical, and mental stage of development. Learner

assimilates, accommodates, and adapts knowledge to develop new understanding. The learning process involves construction of meaning from experiences through critical reflection.

**Sociocultural theory**.; assumes learning to be a social process where learning happens in a social context. Learning is in relationship between people and environment.

**Critical theory**; explains how to change society to make it equal for all by encouraging participation of all learners especially those who are marginalized or oppressed.

**Humanism theory;** says that learning is more related to one’s own growth as a doctor and human being.

(behaviorism theory is teacher‑centered; cognitivism, humanism, and constructivism theory are learner‑centered)

**BEHAVIORIST ORIENTATION**

The behaviorist learning orientation is particularly useful for the development of competencies and for demonstrating technical or psychomotor skills. This learning theory is most advantageous when a change in behavior is the desired outcome of an educational intervention.

**A Typical Behaviorist-based Educational**

**Practice: Design of Behavioral Objectives**

**Behavioral Objective Should Include:**

The performance or behavior (what the learner will be able to do, what behavior will be performed); Conditions (which are necessary for the performance or under which the performance must be performed); Criteria (what measure or criteria defines unacceptable performance). **For example**: Given a simulated patient with CHF and a third heart sound(S3) (**condition**), learner will identify an S3 (**performance**), with 80 percent accuracy (**criteria**).

**CONCLUSIONS;**

If educators want a learner to perform a new skill, then choosing a behavioral approach

makes sense. If educators want students and postgraduate trainees to develop critical thinking and clinical problem-solving skills, then a cognitivist approach may be the best choice. If educators want learners to assume responsibility for their own continued professional development, then a humanistic approach with a focus on self-directed learning may help achieve this goal. If educators want a learner to initiate best practices in a

clinical setting, then social learning approaches in which learners model expert behavior may be the preferred strategy. Finally, if educators want a learner to understand physician-patient relationships or the meaning of family dynamics, then a constructivist approach might help uncover underlying meaning and unmask embedded assumptions.