A commentary on autonomy-supportive teaching: A reply to Duguid et al. (2020)

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Dear Editor

We appreciate the interest of Duguid et al. (2020) in our recently published paper, ‘How medical students’ perceptions of instructor autonomy-support mediate their motivation and psychological well-being (Neufeld and Malin 2020). They argue autonomy-supportive teaching is desirable but only practical in limited situations (e.g. smaller groups or topics that accommodate every student’s input). This is a common misconception, highlighting the need for more clarity around the concept of autonomy-support.

Being autonomy-supportive means promoting learner engagement, by supporting feelings of volition and personal responsibility. It is achievable through simple actions beyond requiring teachers to cater to every students’ perspective or learning goals. Autonomy-supportive teaching applies in all teaching contexts, including large groups, lectures, clinical encounters, and problem-based learning (Kusurkar et al. 2011). The opposite of autonomy-supportive teaching styles are controlling ones, where teachers motivate students to learn via tactics that undermine intrinsic motivation (e.g., extrinsic rewards, high-stakes testing, social comparisons, demanding language, and judgmental feedback). See our article for a helpful guide (Table 6) (Neufeld and Malin 2020).

To be autonomy-supportive in large group settings or those that might involve less student participation (e.g. a didactic anatomy lecture), the instructor could state, ‘We recognize this content is heavy for students. To help everyone navigate this, we will schedule breaks, welcome questions or suggestions, incorporate sample cases and discuss the answers, and provide clinical pearls, to demonstrate anatomy’s relevance to clinical practice’. Without affecting the lecture or teaching quality, this instructor created a context for learning that supports students’ autonomy. They gave emotional support, provided structured guidance, nurtured students’ interests, optimized the level of challenge, and communicated value in the topic – all exemplifying autonomy-support (Kusurkar et al. 2011). Students then see the value of this learning as consistent with their goals and become active agents in the learning process. An additional benefit is that teachers become more autonomy-supportive once they realize how easy it is (Reeve and Cheon 2016).

In sum, autonomy-supportive teaching is simple, flexible, and promotes students’ intrinsic motivation. It is more about establishing positive, non-controlling learning environments, and less about group sizes or learning topics. This reminds us that, like medicine, autonomy-support is based in scientific theory but is ultimately grounded in humanism.

Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this letter.

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References

Reeve J, Cheon SH. 2016. Teachers become more autonomy supportive after they believe it is easy to do. Psychol Sport Exercise. 22:178–189.

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