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**FOR YOUR INFORMATION/POUR VOTRE INFORMATION**

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## **Self-Directed Learning Network**

*Kathleen M. Clark*

The Self-Directed Learning Network was established in 1982 to provide a way of connecting health professionals and others interested in promoting, facilitating, and studying self-directed learning in health care. Currently we have 90 members participating in the Network: nurses, physicians, a social worker, a physiotherapist, a dietician, a librarian, and several adult educators. Over the past four years the Network has gradually expanded largely as a result of word-of-mouth publicity.

The primary purpose of the Network, like most other networks, is to enable the sharing of information pertinent to the needs and interests of the network participants. Information flows through the Self-Directed Learning Network in two ways—direct contact and a quarterly newsletter. Members connect with each other directly by phone or letter in order to get help with problems or questions, as well as to share experiences with research projects and educational programs. Members become acquainted with each other's work and interests by reading self-introductions published in the Network newsletters. When new members join the Network they are asked to submit a profile of their background, current work, and interests in self-directed learning. These self-introductions are shared in the newsletter with the names, addresses, and phone numbers of the new participants.

Every three months a newsletter is produced with content contributed by members. Book and journal article reviews, news items, and meeting notices are regular features. In each issue we try to focus on a different aspect of self-directed learning. We have published articles about measures of self-directed learning readiness, in particular Guglielmino's scale. Inservice educators have shared information about self-directed learning approaches to staff orientation programs. Faculty members from basic programs have written about their attempts to introduce self-directed learning to baccalaureate, associate degree, and diploma programs. We have also looked at the use of self-directed learning in patient/client education.

We recognize the interrelatedness among different approaches to learning and education. Self-directed learning has much in common with distance education, competency-based education, and other progressive educational approaches. Some aspects of the mutuality of distance education and self-directed learning are discussed in Michael Moore's article, "Self-Directed Learning and Distance Education," published in the first issue of this Journal. We are eager to develop links with educators interested in distance education who have an involvement with health care.

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