Learning styles for medical students: is it as simple as it seems? [Letter]

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Dear editor

We read with great interest the article by Parashar et al¹ regarding learning styles. We would like to offer our reflections as medical students. The author highlighted that kinesthetic and aural forms of learning are preferred by early year medical students; it also concludes that a multimodal approach is best for enhanced learning. We agree that a multifaceted approach should be used, but how it is applied is where the discussion lies.

We feel it is important to discuss and highlight a number of salient points pertaining to learning styles. There are studies which show that, despite some effect, multimodal learning does not result in significantly higher grades than other learning styles.² We believe a cohort study where students experience different modes of learning with subsequent examinations to survey changes from baseline knowledge would be better suited to explore enhanced learning, rather than a cross-sectional study.

The study by Parashar et al¹ identified learning styles exhibited by students by using four distinct styles; there is little evidence to suggest that this model which attempts to categorize learners is educationally valid.³ Instead, it is suggested that there are learning preferences exhibited by students, rather than a few, distinct styles.³ It may also not be feasible for medical schools to accommodate for all learning preferences when covering the content outlined in the medical syllabus for extensive cohorts. Further consideration is required when addressing the method by which the effectiveness of teaching styles is established.

We hold the view that pedagogy should be classified in accordance to the topic being covered. In our experiences, different modules require different facets of teaching. As medical students, we have found that anatomy teaching is best aided by visual stimulation: images, labeled diagrams and cadaver teaching. We have benefitted from case-based learning, and this has been shown to improve understanding of concepts and academic performance.⁴ Therefore, we believe that medical students will need to adopt more than one style of learning to successfully develop their clinical knowledge and expertise; this will be invaluable when facing challenges as future doctors.

We greatly value the study by Parashar et al,¹ which brings light to the effect of different forms of learning styles on acquiring and processing information.

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With the evolution of medical teaching, further studies are required to investigate styles of learning that complement particular modules. The use of technology is being incorporated more in medical education and can be seen as a foundation for addressing obstacles that can be faced when delivering a new curriculum.⁵ This is a huge step in progressing further to accommodate for millennial medical students in the future.

Disclosure

The authors report no conflicts of interest in this communication.

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