Dear editor

It is really good on your part to show your interest in the article and putting your valid views.

As you have pointed out:

1. The author highlighted that kinaesthetic 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 is it applied. — Through VARK modality, we have touched the sensory domain for perception. Changing teaching styles during digitization has motivated us to study this topic.

You are right, a multimodal approach should be used, With reference to Table 2 in our study, it was suggested that among four learning styles there was relatively more preference for aural and kinesthetic styles, which means considering a multimodality approach too.

2. Identified learning styles exhibited by students by using our distinct styles; there is little evidence to suggest that this model which attempts to valid. Instead, it is suggested that there are learning preferences exhibited by students, rather than a few distinct styles. — Study suggested by Papanagnou et al and Peyman et al may prove it is valid to use VARK as a study tool for classification of learners based on sensory modality.

3. We hold the view that pedagogy should be classified in accordance to the topic being covered. In our experience, different modules require different facets of teaching. — Here we have taken the classification of learners based on sensory modality that generally touches almost every aspect of learning preferences, such as how case-based learning reflects the kinesthetic aspect.

Cadaver teaching in anatomy also reflects the kinesthetic and visual aspect of learning. Moreover, cadaver teaching is difficult to inculcate in the minds of learners until they have a better auditory explanation of it and we should not neglect other aspects like visual modal and reading and writing as the more you read the more you will be able to learn.

As you have rightly mentioned, keeping in mind the pedagogy of learning, we should do some cohort studies to prioritize the different methods of learning in medical education and studies should be done to match the academic performance. We are looking forward to study in this area.
Disclosure
The authors report no conflicts of interest in this communication.

References
