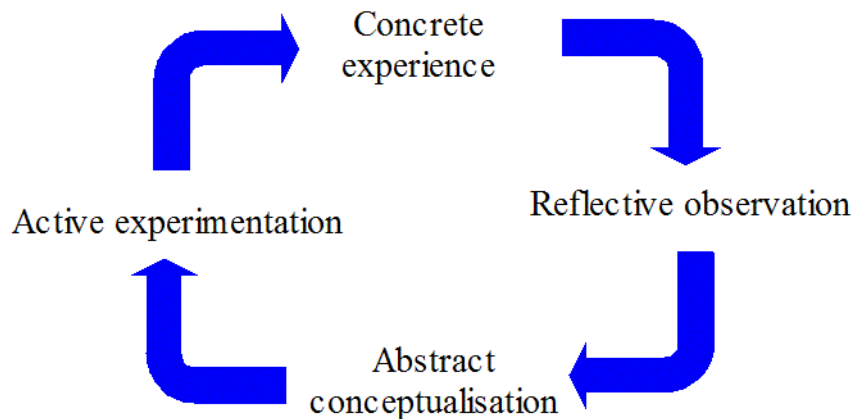


Understanding Teaching and Learning Styles

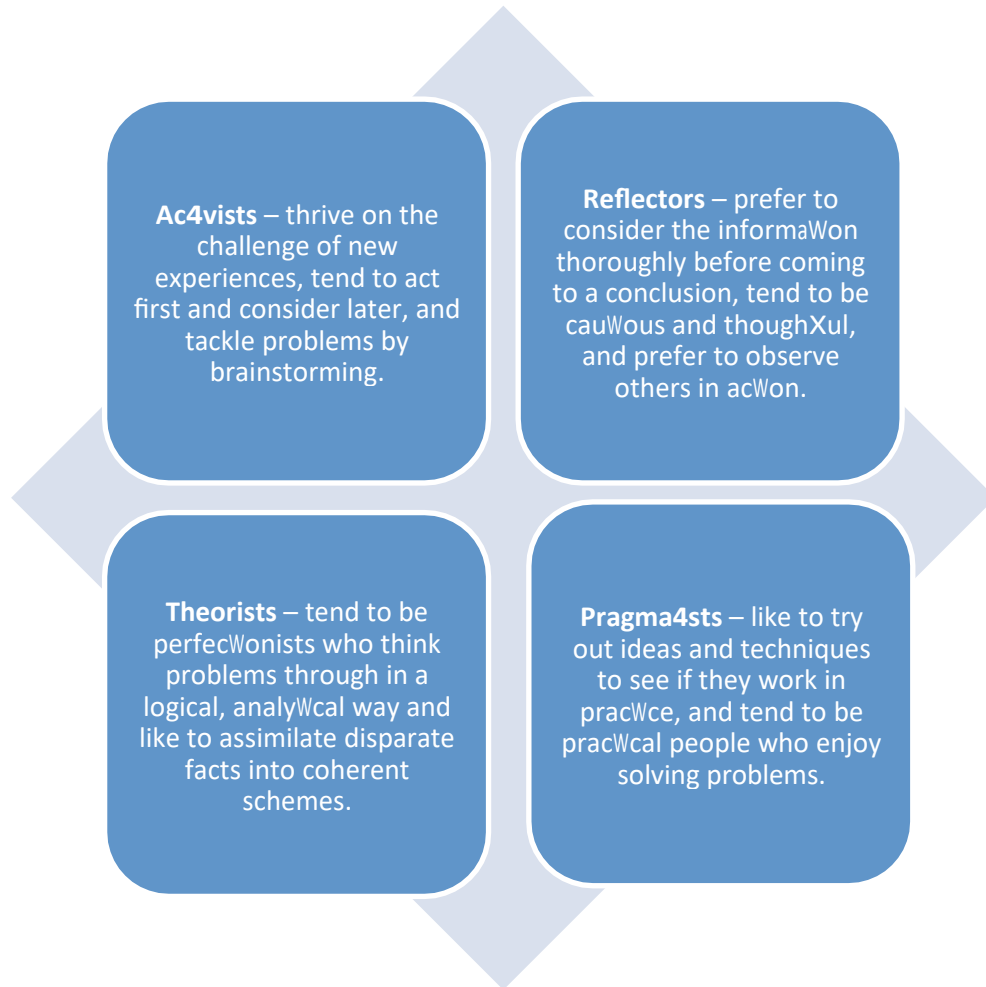
In order to maximise the education value of our medical student teaching, it is very helpful to have an understanding of how adults learn, and how we as teachers can best facilitate this.

Kolb described a learning cycle which is very appropriate to medical education:



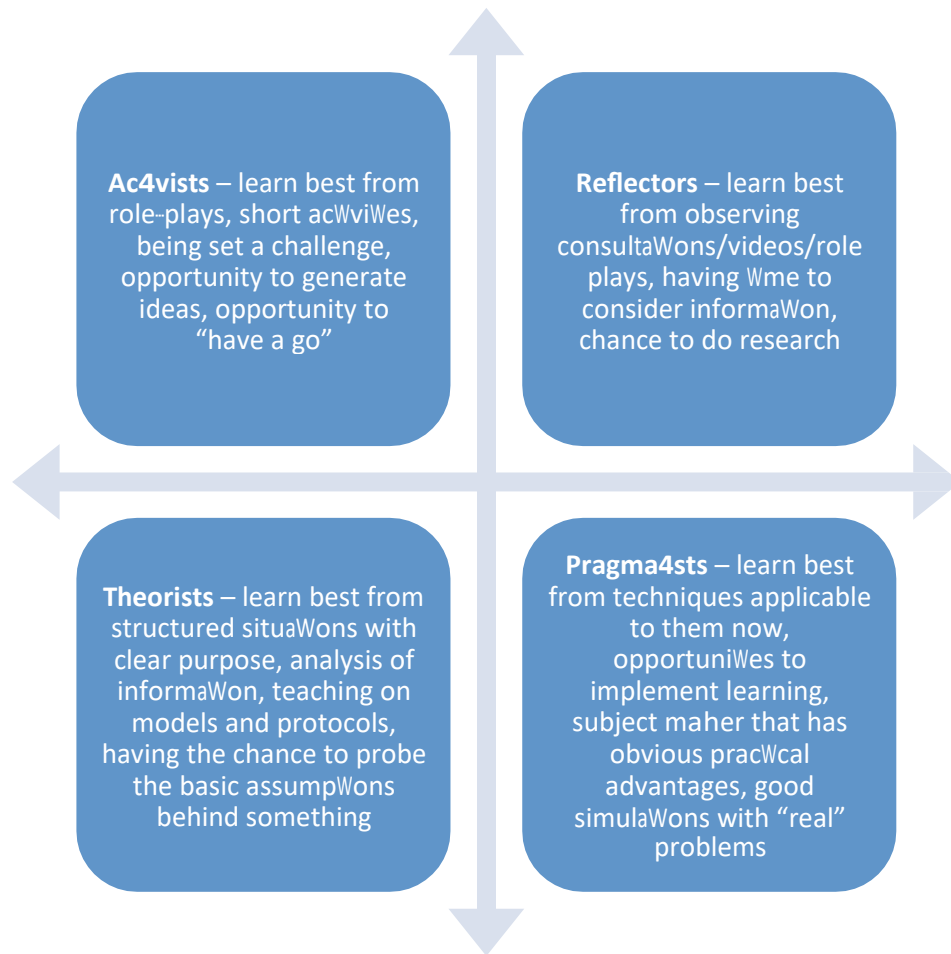
The terms are slightly obtuse but starting with concrete experience this could also be described as having an experience, thinking about the experience, concluding from the experience, and planning the next experience.¹ This is a cycle we as clinicians go through every time we encounter a patient or a clinical problem that is difficult, and students go through the same process when for example learning a new clinical skill. Different students will enter the cycle at different points, and all should have the ability to pass through all four stages, although most people will have one or more preferred learning styles.

A learning style can be defined as the usual manner in which a student goes about the task of learning.² Learning styles are sometimes thought of as being fixed, unchanging personality traits, but it is more likely that they are relatively ingrained over time but that they are possible (but maybe difficult) to change. Different learning styles have been described, and Honey & Mumford's styles are widely used³. They classify learners as one or more of:



Most learners will have a learning style that includes elements of two or more of these, but will often lean more heavily towards one style. Having an understanding of which type of learner your students are, and also of your own preferred learning style, can help you to tailor your teaching activities to enhance both your and your students' satisfaction with the teaching session. It would not be feasible to complete the full learning style questionnaire for every student you teach, but it may be useful to do this for students who will be with you for longer (for example Year 5 Community Care), and it would be a worthwhile activity to do yourself to discover which is your preferred learning style. You can download the Honey & Mumford Questionnaire here www.peterhoney.com/content/LearningStylesQuestionnaire.html, or try out this free learning styles questionnaire www.engr.ncsu.edu/learningstyles/ilsweb.html

But although most of us have a preferred way of learning, it is probably useful to encourage students to use a range of learning styles. And given that more often than not you won't know the preferred style of all the students in your teaching session, it is important when preparing a teaching session that you try to incorporate activities that will appeal to all four learning styles and therefore to most of your students. A common pitfall in teaching can be to always plan teaching sessions that appeal to one's own preferred learning style. Here are some examples of the types of teaching activity that Activists, Reflectors, Theorists and Pragmatists learn best from:



A common issue medical educators face is how to encourage students to take a “deep” approach to learning as opposed to a “surface” approach – memorising information, rote learning and learning facts without a meaningful context.⁴ Much traditional medical teaching focuses on fact-transfer and information recall, which encourages a surface approach. Students often have the misconception that studying medicine requires them to simply amass large quantities of factual information. It is our responsibility as educators to challenge this idea, and to guide students towards achieving a greater understanding of the subject matter and to think critically. By providing a learning environment which is interactive, dynamic and experiential and where students encounter a range of ways to learn, this might stimulate student interest and curiosity in their patients and encourage a deeper approach to learning that will stand them in good stead throughout their medical career.

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