

# Learning preferences in higher education: a medical student's perspective

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## Dear editor

We note with great interest the article by Aldosari et al,<sup>1</sup> which investigated the learning style preferences of dental students at a single institution in Riyadh. Although the original article focuses on a single institution in Riyadh, we believe that the approach to improve student learning is critically important on a global level. We appreciate the authors' efforts in understanding different learning styles to improve the effectiveness of teaching.

We share similarities with dental students in Riyadh as we have progressed from an initial didactic-based learning model to more practical experience. The use of traditional lectures, alongside the problem-based learning groups, and clinical skill role-plays have targeted the broad learning preferences of our peers. Similarly, a multimodal style of learning was preferred with the majority (63%) of students in the study. However, the article fails to suggest the challenges associated with the visual, aural, read/write, kinesthetic (VARK) learning theory, as it requires the need to incorporate four different learning styles. A study by Kharb et al<sup>2</sup> demonstrated the difficulty in teaching similar content in multiple learning styles, and from our experience, busy clinicians with time and resource limitations may not be able to apply a multimodal approach for all students.

Nevertheless, the VARK learning theory is an effective tool in determining a personal learning style, allowing students to avoid methods that may contradict their style to succeed academically.<sup>3</sup> Interestingly, students with a grade point average (GPA) of "C" had a unimodal preference in contrast to GPA of "A" scores preferring multimodal methods. Conversely, the authors did not acknowledge that students with a GPA of "D" had similar learning styles to those with GPA of "A" scores. This may be due to poor understanding of student learning styles and not utilizing the correct sources to facilitate their learning. Therefore, we suggest that the authors could have incorporated additional questions enquiring about various methods regarding each sensory modality.

Finally, it was a noteworthy finding that female students were statistically significant in manipulating bimodal learning in comparison with males. Nevertheless, this was a frail finding considering the lower percentage of females participating in the study. Thus, to increase the reliability, the authors could have presented the questionnaire during holiday periods to increase female participation as previous studies have demonstrated no significant difference between male and female students.<sup>4</sup>

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Although dental students experience different teaching practices, the identification of a multimodal learning preference is a common style also preferred among medical students.<sup>5</sup> Understanding student learning preferences is vital to increase teaching efficiency in such demanding university courses. Hence, we commend the authors for identifying such teaching practices and welcome further studies promoting teaching techniques that acknowledge broad learning styles to improve overall student satisfaction.

## Disclosure

The authors report no conflicts of interest in this communication.

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