

# Exploring the Learning Styles of Postgraduates in a Public-Sector University at Karachi

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## **ABSTRACT**

**Introduction:** Learning styles is a term used to refer to the methods of gathering, processing, interpreting, organizing and thinking about information. Knowledge of the learning styles can be helpful in making teaching and learning process more efficient. Little is mentioned in medical education literature in Pakistan about the learning styles knowledge in deciphering the teaching and learning process.

**Objective:** To identify the distribution of the learning styles among the postgraduate students and to find ways to improve the way the courses, the practical hours and training are performed.

## **Methodology:**

The current study analyses the learning styles of post graduate students of Dow University of Health Sciences Karachi to guide facilitator as well as students in organizing their teaching sessions more efficiently and maximize the utility of educational resources with subsequent improvement in educational process. During Jan 2016 to Dec 2016, this cross-sectional study using Kolb's learning inventory as the instrument to find out the learning styles was conducted among post-graduates' students of a public-sector university by using English language versions of Learning Style Inventory (LSI) of 216 post-graduates' students.

**Results:** According to observation and data analysis by Kolb's learning Styles Inventory most of the postgraduates had their learning style reflector (Diverger). However, some were Theorist (Assimilators) and then very few were Activist (Accommodator) and Pragmatist (Converser) respectively.

**Conclusions:** Differences in the learning styles and learning approaches have important implications in development of effective medical curricula in post graduate medical education.

**Key words:** Learning style, Postgraduate students, medical education

**Introduction:** The term "learning styles" refers to the concept that individuals differ regarding what mode of instruction or study is most effective for them. Proponents of learning style assessment contend that optimal instruction requires diagnosing individuals' learning style and tailoring instruction accordingly. Although assessment instruments are extremely diverse however, assessments of learning style typically ask people to evaluate what sort of information presentation they prefer (e.g., words versus pictures versus speech) and/or what kind of mental activity they find most engaging or congenial (e.g., analysis versus listening). The most common but the only hypothesis about the instructional relevance of learning styles is the meshing hypothesis, according to which instruction is best provided in a format that matches the preferences of the learner.

Teaching is an ever-evolving process that demands continuous updating of both students and teachers. The challenge is to impart a large amount of knowledge within a limited time in a way that it is retained, remembered and effectively interpreted by a student. This has resulted in crucial changes in the field of medical education, with a shift from didactic teacher-centered and subject-based teaching to the use of interactive, problem-based, student-centered learning. Most medical school curricula have adopted new methods of teaching and learning to varying degrees<sup>1</sup>. It has been argued that knowledge of learning styles can be useful to both teachers and students, in that teachers can tailor pedagogy to correlate with the learning styles of students<sup>2,3</sup>.

Similarly, students with knowledge of their learning styles could be empowered to identify and use the techniques of learning best suited to their individual styles, resulting in greater educational satisfaction<sup>4</sup>.

Pattern of learning styles:

1. Diverger: Feeling and watching.

- They prefer to watch rather than do.
- Tending to gather information and use imagination to solve problems.
- These people perform better in situations that require ideas-generation, for example, brainstorming.

2. Assimilators: Watch and think.

- These people require good clear explanation rather than practical opportunity.
- People with this style are more attracted to logically sound theories than approaches based on practical value.

3. Converger: Think and do.

- People with a converging learning style can solve problems.
- Find solutions to practical issues.
- They can solve problems and make decisions by finding solutions to questions and problems.

4. Accommodator: Do and feel.

- People with an accommodating learning style tend to rely on others for information than carry out their own analysis.

Kolb's theory: Life cycle stages:

Based on a model of learning that is active, cyclical, and involves:

- Concrete experience (ce) "feeling".
- Reflective observation (ro) "watching".
- Abstract conceptualization (ac) "thinking".
- Active experimentation (AE) "doing".

**Objective:** The present study aims to identify the distribution of the learning styles among postgraduate students and to identify ways to improve the way the courses, the practical hours and training are performed.

**Methodology:** This study analyzes the learning styles and approaches to learning in a cohort of postgraduate students in Dow University of Health Sciences (DUHS) during January 2016 to December 2016. The postgraduate study program is based on an apprenticeship model with on-the-job training, work-place based assessments, self-study and professional exit clinical examinations. Since the quantity of information is considerable and the healthcare is extensive, it is useful for these students to facilitate the access to information according to how they are more likely to absorb it. Knowing in which category they belong is of considerable importance in the implementation of courses and internship. To collect responses English language versions of Learning Style Inventory (LSI) was administered. Each response was scored according to protocols developed by the developers.

**Results:** For this study 216 postgraduate students of a public sector medical university participated by face-to-face interview. The mean age of participants was  $37.22 \pm 6.9128$  years and female (n=120) outnumbered male (n=96). Socioeconomically 50% of participants were from middle class family. According to observation and data analysis by Kolb's Learning Styles Inventory most of the postgraduates had their learning style reflector (Diverger). However, some were Theorist (Assimilators) and then very few were Activist (Accommodator) and Pragmatist (Converger) respectively. The pattern of learning styles among postgraduate students were

104(48.1%)pragmatist (Converser), Activist (Accommodator) and reflector (Diverger) both were 48(22.2%) and theorist (Assimilators) were only 16(7.4%)respectively.

**Table 1 Demographic characteristic (n=216)**

S.NO	Characteristics	No/Mean	Percentage/ $\pm$ SD
1.	Age (years)	37.22	$\pm$ 6.91
2.	Gender Male Female	96 120	44.4% 55.6%
3.	Education 1. 16 years 2. 18 years	176 40	81.5% 18.5%
4.	Income Low Medium High	72 109 35	33.33% 50.47% 16.20%

**Table 2: Gender wise comparison of learning scores**

Gender	N	Mean	$\pm$ SD	p value
CE Male	96	14.33	6.493	0.18
Female	120	15.33	3.679	
RO Male	96	13.25	5.921	<0.001
Female	120	15.47	3.087	
AC Male	96	19.83	5.411	<0.001
Female	120	15.67	3.293	
AE Male	96	20.67	4.964	<0.001
Female	120	16.73	2.921	
LD Male	96	2.58	0.959	0.011
Female	120	2.27	0.857	

**Table 3: Education wise comparison of learning scores**

Education Score	N	Mean	$\pm$ SD	p value
CE 3	176	15.05	5.538	0.348
4	40	14.20	2.672	
RO 3	176	14.50	4.994	0.87
4	40	14.40	3.045	
AC 3	176	17.82	5.092	0.055
4	40	16.20	3.098	
AE 3	176	18.86	4.677	<.001
4	40	16.80	2.345	
LD 3	176	2.27	0.810	0.011
4	40	3.00	1.109	

**Table 4: Correlations of learning scores**

	Concrete	Reflective	Abstract	Active
	Experience	Observation	Conceptualization	experimentation
<b>CE</b>	<b>1</b>			
<b>RO</b>	<b>0.956'</b>			
<b>AC</b>	<b>0.198'</b>	<b>0.228'</b>		
<b>AE</b>	<b>0.311'</b>	<b>0.408'</b>	<b>0.627'</b>	
<b>LD</b>	<b>0</b>	<b>0.258'</b>	<b>0.106'</b>	<b>0.159'</b>

**Discussion:**The Kolb's questionnaire was developed by Peter Diesche which was used to determine basic demographic, education goals and goals in attending college. Kolb explains that learners must be open and receptive to external stimuli to learn effectively. He further proposes that the learner must be able to consider new observations in light of old perceptions. The learner must be able to conceptualize in an abstract theme and must be able to test implications of concepts and hypotheses. Kolb's inventory is very useful to comprehend learning styles of postgraduate students in a medical university. Curriculum development, training, teaching and assessment will be at par excellence if these studies are conducted in future at an early stage<sup>5</sup>.

Our study revealed several interesting differences among post graduates with regards to learning styles and approaches. To begin with the response rates in our study was altogether quite high. Post graduates were individually approached by the investigators, and that may explain the high response in the group. The differences observed in our students may be attributable to the pre-university education system in the country<sup>6</sup>, where students traditionally follow didactic lectures in schools<sup>7</sup>.

**Limitations:**This study had several limitations. Firstly, there is little evidence that learning styles really do make a difference to learning. Nonetheless, knowledge of learning styles and approaches can be used to tailor curricula to suit the majority of students. Secondly, our study was cross sectional rather than longitudinal. Thus, we were only able to describe differences between the cohorts studied, and no firm conclusions can be drawn regarding changes in learning styles and approaches over time.

**Conclusions:**Differences in the learning styles and learning approaches have important implications in development of effective medical curricula in post graduate medical education.

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