

# Learning styles: a guide for the foundation year doctor

## Introduction

Learning, especially in the field of medicine, is a never-ending process. You have to keep continuously updating and upgrading yourself almost for ever in life, in order to keep up with rapidly-progressing advances, hence the concept of 'lifelong learning'.

As an undergraduate, a surface approach to learning is explainable as it gives an overview of the width of knowledge. It will at least help in passing the examinations. However, as a postgraduate, you have to adapt to a deep approach to learning, which holds a qualitative concept. This enhances a well-structured knowledge base, focuses on the underlying meaning and encourages self-questioning and rational thinking.

## Postgraduate learning

The undergraduate curriculum provides a good baseline for the necessary theoretical knowledge. As a foundation doctor, it is now time to apply the knowledge that you have gathered. As a foundation doctor, the learning goals are completely different from those of the undergraduates. Learning methods are not aimed at just passing the examinations but preparing yourself for the practical aspects of patient management.

Bloom's (1971) taxonomy of educational objectives divides them into the areas of knowledge, skills and attitude. The basic principle of learning revolves around these headings. Based on this, the attributes and abilities that a trainee will need to develop include knowledge, clinical skills, problem-solving and decision-

making, interpersonal skills, personal understanding, evaluation and critical thinking, values and attitudes.

As an undergraduate, you might have memorised twenty causes of headache. However, as a foundation doctor you need to know the top five most important life-threatening causes of headache, their diagnosis and management. You do not have to concentrate on studying like a book-worm; it is time actually to apply knowledge for better patient care. Scheduled teaching sessions, including simulated scenarios in the clinical skills laboratory, are still important. External courses, including electronic learning (e-learning), are abundant, but it is essential to be able to put theory into practice.

You cannot master skills unless you have performed them as part of experiential learning. For instance, just because you have read in a textbook how to do an appendicectomy, it does not mean you can carry one out. Nor does even watching or assisting automatically mean you can do one. Shadowing or sitting in may seem like an easy option, but it can also be boring and you may not learn as effectively as doing it yourself with appropriate supervision. Under Modernising Medical Careers, certain competences have to be completed and signed off. The learning period is now shorter and more focused.

Supervision is an important aspect of learning with a view eventually to progressing as an independent practitioner. You get to learn lots of practical skills from your supervisors' experiences that may not always be found in any book. It is always good to be a keen learner and try to analyse what could be a good technique to practise. The bad old days of 'see one, do one, teach one' are fast disappearing. There is a perception in some quarters that current trainees are less experienced than formerly. However, learning from your own mistakes when tired or unsupervised is no longer acceptable.

As regards attitude, it might not involve how you deal with friends and acquaintances but understanding patient views and

working as a team member alongside other members of staff. You learn to be more confident and assertive as you start applying the knowledge you have learnt. Even if you are working in an undesirable specialty for you, no learning is ever wasted.

As a postgraduate, the days of spoon-feeding have gone – if they ever did exist. You have to develop self-driven learning where much of the input has to come from you, the individual. Developing reflective practice, like maintaining a portfolio, auditing your own day-to-day practice and trying to improve continuously, is a good proactive way of learning.

Always try to obtain specific feedback on your performance from your fellow colleagues. Always welcome any constructive criticism, which could come from anyone, including nursing staff or even patients. Having the courage to face criticism is also an important aspect of learning.

Lots of debate is going on about what is the best method of learning. The pendulum has swung from the traditional way of learning to the problem-based learning (PBL) approach (Jones et al, 2002; Woodhouse, 2007). PBL is directed towards organization of knowledge, helps develop reasoning and critical thinking, and activates the use of prior knowledge. Although traditional ways of learning provide breadth of knowledge, studies have shown that PBL has changed the overall profile of graduates entering professional practice (Jones et al, 2002).

## What is your learning style?

There is probably no single way of learning. Styles differ with every learner and are largely dependent on an individual's inherent personality. You have to modify your approach to learning accordingly. You have to identify your own learning style and work towards it to get the maximum outcome.

Honey and Mumford (2006) have described four different preferences an individual has for learning. These include the activist, reflector, theorist and pragmatist styles. Activists like to take direct

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action and try new things out. They relish the opportunity to initiate. Reflectors take a thoughtful approach and think about things in detail before taking action. Theorists are logical, analytical and pay great attention to detail. Pragmatists like experimenting with new things and to gain practical advantage from learning.

Trainees generally prefer active learning, by doing and being shown how to do something, and through interactive teaching. Passive activities such as sitting in on clinics or lectures or e-learning are less favoured (Roberts et al, 2007).

## Conclusion

You have to cultivate your own learning styles to adapt to the new goal of learning in the foundation years and arena of Modernising Medical Careers. You need to develop a learning style that helps widen knowledge, skills and attitude for better

patient care. You need to learn to enhance knowledge, hands-on experience to enhance practical skills, dealing with other members of staff and your approach towards patients.

Do not be afraid to seek out appropriate learning opportunities and ensure supervision of procedures. **BJHM**

*Conflict of interest: Dr Hooke has worked in both management and medicine.*

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## KEY POINTS

- Postgraduate learning is more in-depth and practically-based than undergraduate learning.
- Experiential learning is essential for procedures.
- It is important to have good supervision and to learn from supervisors.
- You need to work out your own learning style and use it optimally.
- Learning is lifelong nowadays, as knowledge is never stagnant.