One of the most pervasive themes in education is that of the learning style. For those new to the topic, the word on the street is that everyone has one of three learning styles, be that auditory, visual, or kinesthetic. If you're a student, it is widely reported that you learn more effectively when using your preferred learning style. As an instructor, the task is to present content that addresses all of the learning styles in the classroom. The same thinking could hold true with patients in the clinic - they are just students of another realm. However, the more we talk about this, the more we perpetuate one of the greatest myths in education.

Let's start off with a basic shift in the narrative: learning styles should have never been called learning styles in the first place. If anything, they should have been called learning preferences. I liken learning styles to the effect of having a cold beer. I may have a preference for my beer - I might like it from a bottle, a can, or a frosty mug. I may perceive that I enjoy it more one way or another. But in the end, the beer is the beer.

Active learning requires actively engaging with content, regardless of how you do so or what type of content it is. You might like your content presented to you in the form of visuals, lectures, podcasts, or hands-on. You still have to wrestle with it and make meaning of it. A simple lack of exposure to other learning strategies over time may have biased you into thinking that you actually learn better or worse with any particular modality of content. The reality is that we all process the world in a similar fashion. This entails sensory memory, working memory (which has visuospatial and auditory components), and our ability to store information in long-term memory. In effect, we process the world from a visual, spatial, and auditory perspective

regardless of the “learning style.”

But if it is, in fact, just a preference, then why fuss about it? Unfortunately, it does two things that have a resounding impact on education. First, in a land of evidence-based learning strategies, it perpetuates a non-evidence-based fallacy that has been soundly refuted in the scientific literature for over two decades. That’s a problem. However, there is one far more important aspect. It doesn’t empower the student - in fact, it has exactly the opposite impact. When Student A goes through life thinking that they are an auditory learner - and thus thinks that either they don’t learn or learn poorly via any other strategies - we are doing them a disservice.

When the world wavers from that as will assuredly be the case at some point, then two things may occur. One is that the student perceives that they can’t learn as effectively because the content is not presented the way that they learn. The other is that the problem is now the instructor’s fault. My inability to learn is your fault - you didn’t provide a variety of media to foster MY learning style.

As educators, we are perpetuating a perceptual bias that will likely limit their ability to employ more effective learning strategies. But here’s the real twist in the plot. Over 50% of our cerebral cortex is processing visual information in one form or another! Now imagine if you weren’t perceived to be a “visual” learner - a brain is a sad thing to waste …

We are all learning - as instructors, clinicians, students, and patients. We are all processing information in similar ways. We all possess huge potential given the evidence-based learning strategies that exist. Call it “student-directed” or “patient-centered”, but the principles remain.

As educators and clinicians, we must aspire to be better than this. We can empower our students and our patients by guiding them in the principles of how they truly learn. It’s just one step - but we will all be better for it.

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