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Learning Styles in Plastic Surgery

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Editorial

A learning style is a student's consistent way of responding to and using stimuli in the context of learning. Stewart and Felicetti (1992) define learning styles as those 'educational conditions under which a student is most likely to learn'[1]. Thus, learning styles are not really concerned with 'what' learners learn, but rather 'how' they prefer to learn. Research has been conducted comparing and contrasting surgical versus medical specialties, and within surgery itself [2,3]. Within plastic surgery very little research exists regarding learning styles such as how trainees learn, what methods exist to facilitate learning and what are the most successful methods for trainees to learn [4,5]. Using a learning styles inventory (LSI) can identify an individual's learning styles and through its analysis an individual can be classified according to the knowledge, skills and attitudes a trainee possesses [6,7]. As a result, educational activities and training could be tailored to that individual's needs or preferences, which would in turn embellish such traits and thereby encourage and promote better performance [7]. Plastic surgeons and trainees in the specialty share many qualities and characteristics. Generally speaking, they are regarded as creative, innovative, always thinking of new ideas, approaches and techniques, continually challenging the boundaries of surgery. They are regarded hard-working, dedicated, and as a result are competitive and high achievers. They are deemed to have sound clinical knowledge and surgical expertise. If a learning style which suits these individuals can be identified perhaps their learning and their subsequent training could be optimised? A study by Barrick and Mount (1991) looked into factors affecting job performance. In this large study they analysed 117 studies utilising 162 samples with 23,994 participants [7]. They found that conscientiousness showed consistent relations with all positive performance criteria for all occupational groups. Further, extraversion was a valid predictor for occupations involving social interaction such as management and sales. Furthermore, extraversion and openness to experience were valid predictors of training proficiency criteria. Therefore, one can extrapolate these interesting findings into medicine, concentrating particularly in surgical training and education. The implications of a larger version of this study are as far ranging as undergraduate training, postgraduate training, and recruitment into plastic surgery, FRCS (plast) examination and its preparation, teaching on courses, service provision and 'on-the-job learning' as well as clinical governance could be influenced and affected by this attitudinal shift. Inspiration is the platform for many medical students and postgraduates to embark on a career in a surgical specialty [2]. Therefore, the methods used in order to inspire these individuals should be well developed, evidence-based and promote lifelong learning. Studies have shown that career choices are made a result of preconceived ideas and positive experience and exposure to a specialty, including mentorship, acknowledgment and positive contribution as well as learning from that experience [2,8,9]. The author became familiar with the concept of learning styles during his part-time MSc studies in Clinical Education, Peninsula Postgraduate Health Institute, University of Exeter. Through his study he realised the potential application to his daily practice as a trainee in plastic and reconstructive surgery as well as methods of learning (including operating and training time). This therefore was the inspiration and catalyst to undertake this project. Interesting preliminary results have been collated, however, further work needs to be undertaken to achieve a greater sample size so in order to illicit significant conclusions. The authors would appreciate participation from the journal's readership by completing an online questionnaire at www.surveymonkey.com. It is hoped that a definite learning style could be delineated amongst plastic surgeons and their trainees. Further work could compare junior trainees to registrars to consultants, to identify factors which could affect the development of a particular learning style. It may be that as surgeons in the UK we should look at the practice and learning of our colleagues elsewhere to see if too can gain from their educational learning programmes. It is hoped through this further work, we will be able to add to clinical education and thereby promote new studying skills and higher learning which provide surgical trainees with the techniques to learn and practice safely and hopefully fulfil their true potential.

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