

## Teaching Styles

	<b>Teacher's Role</b>	<b>Students' Role</b>	<b>Example Situation</b>
<b>Formal Authority</b>	<ul style="list-style-type: none"> <li>-Teacher gives all knowledge to students. Lecture</li> <li>-Content focused</li> <li>-Not concerned with relation with students or students relationship with each other</li> </ul>	<ul style="list-style-type: none"> <li>-Listen and ask for clarification however their primary role is listener or receiver of knowledge from teacher</li> <li>- Takes notes and follows along listening asking questions when unclear.</li> </ul>	The teacher explains and talks about the present perfect tense. Might even have handouts or write examples on the board. The teacher explains the rules and exceptions. Teacher explains common errors. The teacher does almost all of the talking and explaining. All knowledge and learning comes from what the teacher presents and explains.
<b>Demonstrator/ Model</b>	<ul style="list-style-type: none"> <li>-Teacher is the model and demonstrator</li> <li>-Teacher centered</li> <li>-Coach and guide students</li> <li>-Show by example the process and help master tasks</li> </ul>	<ul style="list-style-type: none"> <li>-Students observe the teacher as the model.</li> <li>-They practice what is shown by the teacher.</li> <li>-Students follow the example set by the teacher.</li> </ul>	The teacher is introducing vocabulary and tells several stories within which is expressed the vocabulary and how to use it correctly. The students then follow by using that information to mimic what was stated in pairs or in groups. The students use the teacher's language to produce and practice what was said by the teacher.
<b>Facilitator</b>	<ul style="list-style-type: none"> <li>-Teacher creates situation for students to practice what was taught</li> <li>-Student centered learning</li> <li>-Lessons focus on group activities</li> </ul>	<ul style="list-style-type: none"> <li>-Students responsible for seeking help from peers</li> <li>-Student learn according to their desire</li> <li>-Student centered activities for application knowledge</li> </ul>	The teacher explains the focus of the exercise and then divides the class into groups. Students are required to figure out what they should say in order to order food from a restaurant. Each student will take a different role and act out the scene. First they must work together and collaborate on what they will say and how each will act in the scene. In this situation students are forced to
<b>Delegator</b>	<ul style="list-style-type: none"> <li>-Learning takes place according student intuitive</li> <li>-Teacher acts as counselor or consultant</li> <li>- Student centered learning</li> </ul>	<ul style="list-style-type: none"> <li>- individual students or groups are responsible for the learning</li> <li>- students have learn through own projects</li> </ul>	Students are given a project or activity that they must film. They have complete freedom to choose the length and focus of the project. The students will meet and work together based on their own motivation and desires. The teacher places responsibilities on the students for the completion of the project. Teacher is used as a consultant only.

1976, 1987, 1990, 1996 by Anthony F. Grasha

(Adopted from *Differences in teaching styles*, Basic Training and Resources for Teaching English to Speakers of Other Languages)

## Teaching Skills and Methods

Although a variety of teaching methods may be used by individual preceptors. Included below are common ambulatory teaching methods.

<b>Common Ambulatory Teaching Methods</b>	
<p>Assess student’s level of clinical competence, discuss preceptor expectations, teaching methods, and introduce student to the clinical site, policies, and personnel.</p> <p><u>Determine student learning objectives and priorities:</u> prior to each clinical session, develop a teaching plan that builds on clinical learning objectives.</p> <p><u>Develop a problem-oriented focus:</u> Select a concept or problem area for each clinical day that enhances variability in clinical learning (e.g., physical exams of various age groups, consulting, and referrals).</p> <p><u>Readying:</u> Preceptor-directed patient briefing (1-2 minutes) of student regarding the patient and tasks to accomplish prior to accompanying the student into the patient’s room.</p> <p><u>Pattern identification:</u> The process of recognizing that signs and symptoms occur in patterns and the student recognizes the relationship between assessment data and a hypothesis or working diagnosis.</p> <p><u>Clinical problem solving:</u> Teaching in the patient’s presence. Student presents signs and symptoms in front of the patient and the preceptor “utilizes the teachable moment” in response to this student’s presentation.</p>	<p><u>Control the number of teaching points:</u> Limit teaching to 1 or 2 key critical components per student preceptor interaction.</p> <p><u>Deliberate reflection:</u> Student observes preceptor behaviors complemented by preceptor rationale for selected actions.</p> <p><u>Critique and evaluation:</u> Preceptor assesses learners’ level of knowledge and understanding in order to formulate plan for teaching related concepts.</p> <p><u>Feedback method:</u> Guides student’s clinical development through a process of beginning with analyses of specific experiences, student self-assessment, identifying relationships between clinical experiences and general concepts, and determining concept.</p> <p><u>Student/Learner reflection:</u> Collaborative discussion that guides the student in making critical relationships between prior knowledge and new clinical experiences.</p>

(Adopted from Partners in NP Education Preceptor Manual; National Organization of Nurse Practitioner Faculties, 2000)

### Characteristics of an Effective Teacher

Personal Characteristics	With Students
Is trustworthy, energetic, enthusiastic, and responsible	Demonstrates clinical and professional competence
Keeps agreements, sets a good example, models appropriate behavior	Shows respect, interpersonal regard for the learners, and commitment to their growth
Stimulates interest, has knowledge and presents it with clarity	Explains things well, is responsive to questions, provides clear feedback
Relates well interpersonally	Displays high expectations, emphasizes improvement rather than competition
Attributes success to effort and failure to lack of effort	Respects students' authority, nurtures self-directed learning, builds student confidence
Enjoys patient care and teaching	Involves students in learning process

(Adapted from the Medical College of Georgia)

## Teaching Strategies for Adult Learners

Adult Learning Characteristics	Teaching Strategies
Adults have years of experience and a wealth of knowledge	Use your adult students as resources for yourself and for other student; use open-ended questions to draw out students' knowledge and experiences; provide many opportunities for dialogue among students
Adults have established values, beliefs, and opinions	Take time to clarify student expectations of the course; permit debate and the challenge of ideas; be careful to protect minority opinions within the class
Adults expect to be treated as adults	Treat questions and comments with respect; acknowledge contributions students make to class; do not expect students to necessarily agree with your plan for the course
Adults need to feel self-directed	Engage students in designing the learning process; expect students to want more than one medium for learning and to want control over the learning pace and start/stop times
Adults often have a problem centered approach to learning	Show immediately how new knowledge or skills can be applied to current problems or situations; use participatory techniques such as case studies and problem-solving groups
Adults tend to be less interested in survey types of courses and more interested in straightforward how-to	Focus on theories and concepts within the context of their applications to relevant problems; orient the course content toward direct applications rather than toward theory
Adults have increased variation in learning styles (individual differences among people increase with age)	Use a variety of teaching materials and methods to take into account differences in style, time, types, and pace of learning

(Adopted from Rochester Institute of Technology, *Teaching Strategies for Adult Learners*)

### Clinical Teaching Skills for the Preceptor: Hints to Help Students Learn

Clinical Teaching Skill	What the Preceptor Might Say
Agree on a central clinical issue.	“What do you think is going on?” “I agree....”
Get the student’s opinion of the central issue.	“Have you considered....?”
Ask targeted questions to define the student’s learning needs.	“What led you to that conclusion?” “What part of the comprehensive assessment is most important in this situation?” “Is the patient’s primary concern the same as yours?”
Teach general clinical rules.	“When this happens, you need to consider...”
Reinforce the principles of care whenever possible and discuss modifications when appropriate.	“The standard guidelines for treatment include....” “The typical treatment for this problem is not appropriate for this patient because...”
Positively reinforce good clinical skills and appropriate professional behavior.	“You were through in your collection of the patient’s history.”
Review what needs to be improved. Correct mistakes.	“I noticed you palpated the abdomen before auscultating. What can you think of as being the problem with this approach?”
Promote critical thinking skills.	“The patient is complaining of weakness and is taking a diuretic. What kind of connection might there be?”

(Adopted from the Mennonite College of Nursing – Illinois State University, *Preceptor Manual*)

## **Top Ten Teaching Tips for Clinicians**

1. Orientation is the most important – you want the student to feel welcome and a part of the team at your site. Make sure to introduce the student to all staff, show students the bathroom, lunch room; review emergency procedure safety factors such as exits and resuscitation equipment; and explain your clinical protocols/guidelines and teaching handouts. Discuss regulations, consultations, location of labs, ancillary staff locations, and anything else you think is helpful and useful. Try to be comprehensive this first day so you won't have to repeat yourself as often.
2. Students are afraid/nervous initially – use humor and a relaxed attitude and talk realistically about your boundary of safety. Set very clear parameters and expectations for your students. Spell out very clearly what you want. Remind them to review their clinical practicum portfolios for examples of charting, teaching, overview of care for visits.
3. Have students follow you the first day to watch how and why you do things this way. Give them explanations for how you organize, prioritize, evaluate, examine and educate. Role modeling needs to be intentional; you should discuss your behavior and decisions with students so that they can understand specific rationale for actions.
4. Respect the student – always focus on the action not the person for correction of problems or prevention of future issues. Remember that you are a teacher, and effective teachers develop positive relationships with their students. Remember to use humor and be flexible.
5. Adult learners appreciate a style that is geared to them – be probing, encouraging and collaborative. Avoid being didactic and encourage more discussion. Teach them how to analyze information or where to find additional information rather than just teaching facts.
6. Thinking out loud is very helpful to let students know how you are processing information, and this can often be done in the room while examining the patient. Explain what you are doing and why, what you are considering as a differential diagnosis, and what you are dismissing. This process teaches both patient and student, and patients often enjoy being a partner in the teaching process. Brainstorming with the student involves the student in the decision making process and teaches the student how to analyze and evaluate information.
7. Set times for student workups. Time management skills are essential to practice, and students need to learn how to do an efficient, focused history and physical. However, avoid pushing students to see too many patients too soon. The priority is to learn.

8. Feedback is fundamental to good learning. Here are some suggestions for providing feedback: 1. Immediate feedback is more effective and helpful, and you don't forget to do it; 2. Be specific and precise in your observations; be in the room with students for at least part of each visit, and you'll observe behavior in small segments; 3. Identify positives and negatives about performances, the so-called "sandwich technique" of putting criticism in between praise (positive/critical/positive); 4. Be non-threatening, factual, and precise; 5. Encourage students to assess and analyze situations independently before giving your input.
  
9. Top microskills for efficient, effective office teaching:
  - a. Get a commitment from the student – "What do you think is going on?"
  - b. Probe for supporting evidence – "What led you to that conclusion?"
  - c. Teach general rules, major points – "Patients with UTIs usually have....."
  - d. Reinforce what was right – "You were right to be concerned about....."
  - e. Correct mistakes – "Next time this happens, try this....."
  - f. Always watch your language:
    - DON'T – What are you doing?
    - DO – Can you tell me why you're doing.....this way?
    - DON'T – Don't do it that way!
    - DO – Let me show you how I do it and why I do it this way.
    - DON'T – Criticize students in front of other people.
    - DO – Can we go to the next room; I need to talk to you.
    - DON'T – Be mean.      DO – Be kind, realistic and offer helpful suggestions.
  
10. Always end an evaluation with a plan for the next time to give students the opportunity to learn further about a topic, correct their mistakes and review needed skills.

## Good Teaching Strategies

If you need to teach your student something that involves more than just a demonstration, the following outline can help you organize your thoughts and plan an organized approach:

**Get focused on the topic.** Is there any equipment or supplies you need to teach about a particular topic?

**Start effectively.** Your attitude and opening words can do a lot to put the student at ease. The student needs to feel free to ask questions and safe to make mistakes. Briefly summarize what you plan to do.

**Let the student/learner know what is expected of him/her** by the end of the demonstration and what he/she will be doing. Good teaching requires good communication.

**Find out what the student/learner already knows.** You may need to cover a great deal of detailed information or perhaps just some key points. Your student's clinical objectives and personal objectives will be your guide.

**Catch the student's attention and keep him/her involved.** Why should he/she be interested in learning about this topic?

**Use appropriate teaching techniques.** What teaching technique is best to achieve the type of outcome you intend? If you expect the student to perform a procedure, it may be useful for the student to perform it under your guidance rather than having the student watch as you perform it.

**Check the student's progress** every now and then and let him/her know how he/she is doing. Explain how you will measure and evaluate the learning.

**Close effectively.** What do you want the learner to think about? Summarize key points.

**Plan time for teaching.** It is not always easy to find time to talk to a student. Plan your teaching into your busy schedule.

(Adopted from California State University, Fullerton: *Department of Nursing Preceptor Handbook*)

## **5 Step Approach to Teaching Skills/Procedures**

### **Step 1: Role Model Patient-Centered Medicine**

The preceptor provides a complete demonstration of the skill at normal speed while talking to the patient. Little or no explanation is given to the learner, while the preceptor models explaining the procedure to the patient. This step gives the learner an idea of how long the skill or procedure normally takes, it role models patient interaction and it provides a holistic example. Also the simplified version of the procedure given to most patients is a good starting point for the student.

### **Step 2: Provide Instruction**

Pre-planning: remember that you do the skill automatically and may have forgotten how you learned the skill. It's important for the preceptor to break down the number of steps required to complete ahead of time. If there are more than seven steps, break the process of learning into stages, where learners complete one stage at minimal competence before moving onto the next. A written checklist will improve retention of complex steps.

The preceptor provides repetition of the skill with full explanation, encouraging the learner to ask questions. Counting out the number of steps as you do them is very important; don't assume if you say there are six steps, that the student knows what those six steps are.

This step can be accomplished in the learning lab on a simulation mannequin if a patient is not available.

### **Step 3: Rehearsal for Patient Safety**

The demonstrator performs the skill for a third time with the learner providing the explanation of each step and being questioned on key issues. The demonstrator provides necessary corrections. This step may be repeated until the demonstrator is satisfied that the learner fully understands the skill. This step is a very important safety check before the student works with a patient. If a patient isn't available, ask the learner to verbally recite the steps.

### **Step 4: Supervised Practice**

The learner now carries out the skill under close supervision describing each step before it is taken. The more guided experience a student has, the more proficient they will be. See one, do one may not be a useful adage when trying to develop proficiency.

### **Step 5: Proficiency Practice**

The learner practices under loose supervision until they have reached an appropriate level of skill to perform independently.

*(Adopted from 5 Step Approach to Teaching Skills/Procedures)*

