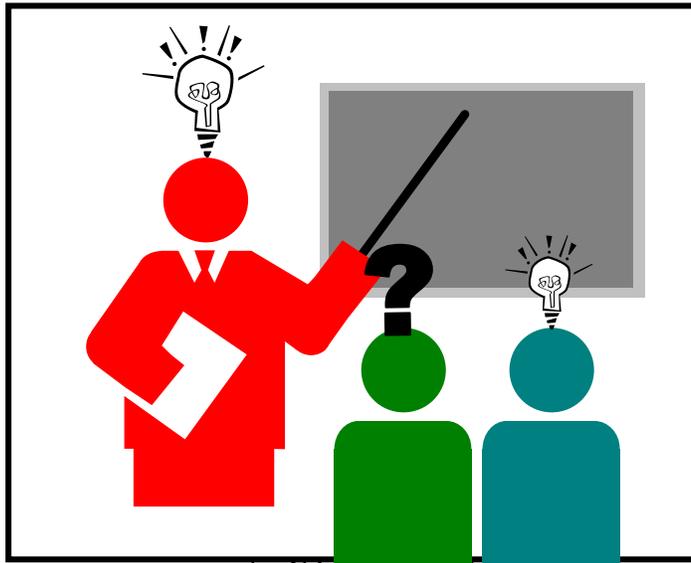


# Teaching Styles/ Learning Styles



An Educational Monograph

For Community-Based Teachers

This faculty development program is offered by the Southern New Hampshire AHEC. The information is based on materials from the preceptor development program of the Mountain AHEC Office of Regional Primary Care Education, Asheville, North Carolina, with support from HRSA Family Medicine Training Grant #1D15PE50119-01.

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## **Continuing Education**

**Purpose:** The purpose of this Preceptor Development Program Monograph Series is to provide training in teaching and educational techniques to individuals who teach health professions students in the community setting.

**Target Audience:** This monograph is designed for clinicians who teach students in community settings including, but not limited to, hospitals, home care settings and medical offices.

### **Accreditation:**

This continuing education session has been awarded 1 hour by the Southern New Hampshire Area Health Education Center as a provider of continuing education in nursing by the New Hampshire Nurses' Association Commission on Continuing Education, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center's Commission on Accreditation.

### **To Obtain CME Credit:**

- 1) Read the monograph.
- 2) Complete the post-test questions.
- 3) Complete the program evaluation form.
- 4) Return Answer Sheet and Evaluation to Southern NH AHEC.
- 5) Enclose appropriate processing fee, if required.

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## **INTRODUCTION**

Just as every clinician has a unique style of interacting with patients, every clinical teacher has their own teaching style. In clinical medicine there is no one 'right' way to practice, and in teaching there is no preferred style that is best at all times. It is also the case that clinicians and clinical teachers are able to vary their styles based on the situation that presents itself.

The purpose of this monograph is to help you to recognize your preferred styles of interacting with learners and to provide you with a tool that will help you assess your learners' preferences so that you may more easily match your teaching techniques to their needs and preferences.

The goals for this monograph are to:

- 1) Use a teaching style questionnaire to assess your teaching style preferences.
- 2) Discuss the principles of adult learning
- 3) Review how different styles promote assessment and teaching of knowledge, attitudes and skills.
- 4) Develop a strategy for using a learning style questionnaire in your teaching.

A large body of literature and numerous theories on teaching styles and learning styles exists. We hope that his brief introduction and simple assessment tool will help you to recognize more quickly the learning styles of those you teach and to more readily adapt your teaching styles to encourage professional and personal growth.

## **TEACHING STYLES/LEARNING STYLES**

We all have preferences. Some appear to be genetic, such as left- or right-handedness. Others are based on what we have experienced in our lives and often are based on the preferences of those who taught us. These preferences are not fixed. Even the tendency to right- or left-handedness can be modified if required, as demonstrated by strict elementary school teachers of the past. Preferences can be modified to meet the situation and adapted when necessary to provide a better outcome. Baseball players can change their stance or swing based on the pitcher they are facing. Tennis players can modify their serve and volleys in response to the strengths and weaknesses of their opponents. The clinician can change his/or her style based on characteristics and needs of the patient.

It is the same in clinical teaching. Our preferences are based in part on how we were taught. They are modified by our successes in teaching and are often adapted to meet a particular situation. Our learners have preferences, too. Ingrained from their pre-clinical and clinical experiences, their attitudes and approach to seeking knowledge and skill can vary dramatically. Fortunately they are also able to change and adapt. But knowing where teacher and learner are starting from is an important step.

### **TEACHING STYLES: Self Assessment**

Before we discuss some aspects of teaching and learning styles, take a moment to complete the enclosed Teaching Styles Self-Assessment. Each item is a statement from a preceptor to a learner. As you read it consider how likely you would be to use this style in your teaching. Focus less on the content but on the manner that the question or statement is given. Indicate on the scale on the right-hand side your level of likelihood in using this style of question or statement. There are no right or wrong answers – only preferences. Complete the form before reading further in the monograph.

## TEACHING STYLES: Andragogy vs. Pedagogy

One way to look at teaching and learning styles is to consider differences in adult and child learning – andragogy and pedagogy. Though derived from the Greek word for child, the term pedagogy had historically been used to apply to all teaching; the term andragogy was introduced to highlight the differences between learning and teaching in adults and children (Whitman, 1990). Characteristic of each are described in Table 1.

**TABLE 1: Pedagogy and Andragogy Contrasted**

	<b>PEDAGOGY</b>	<b>ANDRAGOGY</b>
<b>Concept of the learner</b>	<b>Dependent</b>	<b>Self-directed</b>
<b>Focus of learning</b>	<b>Foundation</b>	<b>Application</b>
<b>Learning orientation</b>	<b>Knowledge for later</b>	<b>Competency today</b>
<b>Role of teacher</b>	<b>Director/ Expert</b>	<b>Facilitator/ Resource</b>

The pedagogical style is teacher centered – the teacher decides what is taught and how it is taught. As a result the learner is dependent on the teacher for direction as well as the content itself. The focus of learning is to build a foundation of knowledge that may be useful later.

Andragogy or the adult learning style is learner-centered. Learners take a much more active role in directing what they need. The focus of the learning is more on application of knowledge and the development of competency in skills needed at that moment. The role of the teacher is more as a facilitator of learning and a resource to the learner. The adult learner takes responsibility for his or her education.

Each style of teaching is effective in some situation. At times the teacher should take control of the learning situation and work to ensure that the learner has a solid base of knowledge for future use. At other times learners must be encouraged and allowed to assess their needs and direct their learning.

Essentially all of the learners that we work with in clinical teaching – medical students, nurse-practitioner students, physician assistant students and residents – are all technically adults, but are they all adult learners? One of the main differences in adult learning style and pedagogic learning style is motivation. Many of our learners come from systems where the motivation and rewards for learning are external – grades, honors, rewards etc. The motivation for the adult learning style is internal – the value and usefulness of the knowledge and skill itself.

Look at your Teaching Style Self-Assessment. Questions 1-6 reflect variations on a pedagogic or andragogic learning style:

Question 1: “We’ve got a few minutes now ... I’ll give you my 10 minute talk on \_\_\_\_\_.” This statement indicates a teacher-centered approach to using some available teaching time where the teacher selects the topic and mode of teaching.

Question 2: “What are the seven causes of \_\_\_\_\_?” This style asks for a listing of seven specific causes of a medical problem. The implication is that the learner will recite these from memory, a type of inquiry used in a pedagogic style.

Question 3: “\_\_\_\_\_ is an important and common problem. Read this chapter so that you will know more about it.” In this example, the teacher determines the subject matter and the material and mode of learning.

Question 4: “We’ve got a few minutes now ... What would you like to discuss?” The preceptor allows the learner to determine the content of some teaching time and implies discussion rather than a more formal talk or lecture – a more andragogic approach.

Question 5: “We saw two patients with \_\_\_\_\_ today. What useful things did you learn and what questions remain?” Here the preceptor asks the learner to assess what they had already learned about a clinical problem and to determine what additional learning was needed – an adult learning style.

Question 6: “Look carefully at your knowledge base and your clinical skills and let me know tomorrow what needs improvement and how we can work on that over the remaining three weeks.” An even more in depth self-assessment is asked of the learner and significant responsibility for directing learning is offered.

You may notice that your answers do not fall neatly into one category or another. Your preferred answers may be an even mixture of both styles. As we have discussed there is no right or wrong teaching (or learning) style and a variety of responses can indicate flexibility and comfort in a variety of areas.

How can you use information from the questionnaire? As an adult learner you have just assessed your preferences. You may want to reflect a little upon the results. For example, you may think about why you are more comfortable with one question style than another. Am you able to use both an adult and a pedagogic style, as the situation requires? A version of the questionnaire for learners has been supplied with the monograph, a Learning Style Self-Assessment Tool. By comparing your preferences with the style preferences of the learner you may find specific areas where you wish to adjust your preferred teaching techniques. This will be discussed more fully later in the monograph.

## **KNOWLEDGE, ATTITUDES and SKILLS**

As a clinical preceptor it is your chosen task to assess and instruct knowledge, attitudes and skills (Whitman & Schwenk, 1984). These are the content areas that are needed to produce a well-

trained professional. As in other aspects of our practices and our teaching, we have a higher comfort and skill level in some areas than in others. Much of our assessment of these areas comes from our questioning and interaction. The Teaching Styles Self-Assessment Tool looks at these areas.

### **Assessing Knowledge**

Questioning is a primary mechanism for the assessment of a learners knowledge. Quirk (1994) suggests that there is a spectrum of teaching styles that reflects the mode of questioning and the manner in which information is given. See Table 2. The style varies from the more teacher-centered assertive style, to a suggestive style where opinion, practical experience and suggested alternatives replace the direct questions and provided answers. The next stage – the collaborative style – is even more learner-centered with acceptance and exploration of the learner’s ideas and empathic sharing of experience. The most learner-centered style in this model is the facilitative, where the exchange extends beyond the clinical content to the feelings of learner and preceptor.

**Table 2: Teaching Styles**

<b>ASSERTIVE</b>	<b>SUGGESTIVE</b>	<b>COLLABORATIVE</b>	<b>FACILITATIVE</b>
<b>Gives directions</b>	<b>Suggests alternatives</b>	<b>Elicits/accepts learner ideas</b>	<b>Elicits/ accepts learner feelings</b>
<b>Asks direct questions</b>	<b>Offers opinion</b>	<b>Explores learner ideas</b>	<b>Offers feelings</b>
<b>Gives information</b>	<b>Relates personal experience (model)</b>	<b>Relates personal experience (empathize)</b>	<b>Encourages</b>
			<b>Uses silence</b>

Questions 7-12 from the Teaching Style Tool explore comfort with these teaching styles:

Question 7: “What is the drug of choice for \_\_\_\_\_? This question addresses the assertive in style, asking for very specific information.

Question 8: “Amoxicillin is an option for that purpose, but in my experience increasing resistance patterns have made trimethoprim/ sulfamethoxazole a better choice.” This is a suggestive statement; the information given is provided as opinion more than fact, with experience offered to back it up.

Question 9: “How did you arrive at that diagnosis and why?”

Question 10: “O. K. So your working diagnosis for this patient is \_\_\_\_\_. What would you recommend for treatment and why?” Both of these questions explore the learner’s ideas for their decision. This is a very useful assessment technique as it allows the teacher to assess not only the answer itself as right or wrong, but the process by which that answer (whether correct or incorrect) was arrived at.

Question 11: “What if the x-ray were normal? Would that change your diagnosis? This technique varies a clinical situation in order to assess other aspects of the learner’s knowledge.

Question 12: “Mr. Clyburn shared some difficult information about his illness with you. How did that make you feel?” This is within the facilitative category, discussing the feelings elicited in a patient encounter, leaning more towards attitudes than knowledge.

Review your responses on the questionnaire. Are there styles that you prefer and feel more comfortable with? Are they techniques that you would like to experiment more with to expand your repertoire?

### **Assessing Attitudes**

Questions 12-13 of the Teaching Style Assessment Tool deal with the area of assessing the attitudes of the learner. Learners’ attitudes are most accurately reflected by their behavior (Whitman & Schwenk, 1984), but discussion of these ideals and opinions can be fostered through questioning. You will recall that Question 12 was discussed in the preceding section. Exploration of feelings is a part of the facilitative teaching style.

Question 13: “There is a wide variety of opinions on how to approach that ethical situation. What do you think you would do?” Ethical issues may arise from time to time in practice and preceptors and learners may vary in their comfort in discussing them.

Question 14: “You seem to be having difficulty in dealing with this patient. What ‘buttons’ do you think this situation might be pushing for you?” It is a high-level skill for the clinician to be able to comfortably self-assess an unexpected emotional reaction to a patient.

Teaching professional attitudes involves more than an occasional discussion. Just as the behavior of your learners most accurately reflect their true belief and attitudes, your own professional behavior is the strongest message your learners will receive. Table 3 summarizes some strategies for positively influencing the professional development of your learners (Whitman & Schwenk, 1984). A high value is placed on professional competence and excellence. By providing the highest quality of patient care you will help promote a similar value system. Sensitivity to patient issues is best promoted by the preceptor's sensitivity to patients and to learners. Learners respond more enthusiastically to teachers who demonstrate a genuine interest in the learner and in patient care. This more enthusiastic and interested learner can be more rewarding to teach – a direct return on the energy invested. Being yourself reflects a willingness to demonstrate and defend your approach to patient care and being willing to share how you deal with the uncertainties and challenges that all practitioners face. Often the words “I don't know” are the best answer.

**Table 3: Role-Modeling Professional Attitudes**

- 1. *Be Capable:* Demonstrate your belief in competency and excellence in providing the best possible care to your patients.**
- 2. *Be Sensitive:* Demonstrate sensitivity to patient concerns as well as to the anxiety and needs of the learner.**
- 3. *Be Enthusiastic:* Sharing your enthusiasm for patient care, teaching and learning can produce more enthusiastic (and fun) learners.**
- 4. *Be Yourself:* Demonstrating your approach to patient care and honestly dealing with the uncertainty and ambiguity of clinical care.**

Preceptors and learners may vary in their comfort and willingness to explore the emotional aspects of clinical care and the attitudes that underlie them. The Teaching and Learning Self-Assessment Tools may help you determine where there is mismatch and where more careful attention is needed.

### **Assessing Clinical Skills**

History taking and physical exam skills are vital tools of the well-trained clinician, yet providing appropriate supervision and feedback can be very challenging in the busy clinical setting. Direct observation is an important aspect of training. The title of an article by George Engel summarizes it well: “What if music students were taught to play their instruments as medical students are taught to interview?” Yet not all preceptors and learners are comfortable with direct observation. Your answer to Question 15 (“I'm going to watch you interview this next patient”) may indicate your own attitude towards direct observation. Whatever your response, it can be guaranteed that it will not match with those of all of your learners.

Teaching clinical skills and procedures is a challenge. It is difficult to know how much latitude you can give the learner while insuring the quality of patient care provided. Whitman provides a useful modification to the old standard “See one, do one, teach one” model.

- 1.) *Demonstrate* the skill, providing an opportunity for the learner to observe.
- 2.) *Supervise* the learner who now is given the opportunity to practice the skill under your watchful eyes.
- 3.) *Monitor* the learner, giving him or her the opportunity to perform the skill with as little interference from you as possible taking into account the need to do no harm to the patient.
- 4.) *Assist* the learner, giving him or her the opportunity to perform the skill without you. You might discuss the procedure in advance and debrief afterwards, and be available, but not necessarily present, during the procedure.

(Whitman & Schwenk, 1984)

Advancement from one step to another is not contingent on an arbitrary number performed but on demonstration of competence and skill at the current level.

Question 16: "Watch my technique on this patient and I'll supervise you for the next."

Question 17: "I know you've not done this before but I'll be right there to help you?"

Question 18: "You've done it before? OK. I'll watch you do it."

Responses to the above questions and statements indicate the preceptor's varying levels of comfort with allowing learners to do procedures and with accepting the learners' self-reports of skill or competence. As expected these responses will vary from preceptor to preceptor. The comfort level of learners can also vary significantly. Learners who indicate a high level of comfort in their answers may be highly skilled in clinical procedures or may have an unrealistic assessment of their skills. On the other hand, other learners may underestimate their clinical skills and may need coaching to build confidence. In general, learners' skills should be directly assessed whenever possible, but the assessment tool questions can help point out strategies to build appropriate self-assessment and skill.

## **PERSONALITY PREFERENCES AND TEACHING STYLES**

Volumes have been written on personality types and preferences. The topic is too vast to go into in great detail here. Nevertheless, we have all experienced variation in the temperament or personality of the learners with which we share our offices. There is the gregarious and outgoing learner who seems more comfortable and at home in our office after two days than we are. On the other hand there is the quiet and introspective learner whose excellent knowledge base and abilities needs to be carefully drawn out. There is the quick-thinking learner who seems to relish the challenge of being put on the spot with questions in the hallway, or the more cautious learner who prefers a chance to process a question overnight and provide a comprehensive answer in the morning. Of course the true spectrum includes every variation in between.

Question 19: "I feel comfortable and "at home" very quickly in new environments."

Question 20: "It takes me a while to adapt and feel comfortable in new environments."

Question 21: "I enjoy being asked questions on the spur of the moment."

Question 22: "When possible, I prefer the opportunity to think about or research a question before answering."

These final four questions in the teaching/learning style assessment tool can give you insight into your own preferences and those of your learner. Reviewing the reported preferences of your learners can help promote their comfort in your office and allow you to more quickly respond to their personalities, rather than simply assuming that their preferences are similar to yours.

## **USING THE LEARNING STYLE ASSESSMENT TOOL**

Throughout the monograph we have referred to the use of the Learning Style Assessment Tool with your learners. It may be useful now to discuss this in more detail.

At the beginning of the rotation there is often a “feeling out” period in which the learner and the preceptor are adjusting to each other and learning each other’s styles and preferences. Having the learners complete the Learning Style Assessment Tool early in the rotation can help facilitate this process. Completion of the form early in the rotation may give a more accurate reflection of their preferences; later their reporting may be influenced by their observations of your style.

Once you have the learner’s completed self-assessment form, get out your own self assessment that you have completed and lay their form on yours so that you can see both answer columns. Where are the similarities and differences? It is not expected, nor is it wise, for you to adjust your style to completely match that of the learner. The learner who has a strong preference for pedagogic, teacher-centered learning, needs encouragement, guidance, and opportunity to develop a more learner-centered style. The learner reporting comfort with performing new techniques and procedures may need closer monitoring to assure that their confidence is backed up by appropriate skill. Consider showing your self-assessment with the learner. This promotes a collaborative approach to addressing style differences.

The end result of this mutual self-assessment can be recognition of the strengths of the learner and the teacher, with both expanding their repertoire of styles and preferences to their mutual benefit.

## **SUMMARY**

We all have natural preferences and styles that suit our personalities and experiences. One of the challenges of teaching health professions learners is that we place ourselves in a close working relationship with learners who have differing styles and preferences. Thoughtful self-assessment of our styles and preferences, as well as determining the preferences of our learners, will allow both to stretch their abilities, resulting in improved clinical and professional skills.

## **REFERENCES**

Whitman, N. (1990). Creative Medical Teaching. Salt Lake City: University of Utah School of Medicine.

Whitman, N., & Schwenk, T. L. (1984). Preceptors as Teachers: A Guide to Clinical Teaching. Salt Lake City: University of Utah School of Medicine.

Quirk, M. E. (1994). How to Learn and Teach in Medical School. Springfield, IL: Charles C. Thomas.

## **RELEVANT PRECEPTOR DEVELOPMENT PROGRAM TOPICS**

Setting Expectations

Feedback

Dealing with the Difficult Learning Situation

## POST-TEST QUESTIONS:

- 1.) Which of the following statements regarding style preferences is not correct?
  - A) Some preferences have a genetic basis.
  - B) Preferences are often learned from experience.
  - C) Most preferences are fixed and cannot be modified.
  - D) A clinician may change their style preferences to adapt to the needs of different patients.
  
- 2.) Choose the correct statement about pedagogy from the following:
  - A) Pedagogy is the preferred style for all learning.
  - B) The teacher serves the function of expert and director of learning.
  - C) The learner in pedagogy is self-directed.
  - D) The content of pedagogical teaching deals with the application of knowledge now.
  
- 3.) Andragogy is a term developed to describe a learning style that contrasts with pedagogy. Select the incorrect statement from the list below.
  - A) Andragogy can be used as a synonym for 'adult learning style'.
  - B) In andragogy, the learner is self-directed and takes a more active approach to learning.
  - C) The focus of learning is more on application of knowledge and the development of competency skills needed at that moment.
  - D) The role of the teacher in andragogy is as director and expert provider of information.

- 4.) There are different strategies to assess the knowledge of the learner and to provide knowledge. Which statement is not correct.
- A) In the assertive style, the teacher asks direct questions, directs the actions of the learner and gives specific information to the learner.
  - B) The suggestive style is less directive -- the teacher suggests alternatives, offers opinions and uses personal clinical experience to teach.
  - C) In the collaborative model, the teacher elicits and explores the learner's ideas.
  - D) The facilitative style is a method to suppress the feelings and attitudes of the learner that get in the way of clinical learning.
- 5.) The attitudes of the learner are most accurately reflected by their behavior. Likewise, the attitudes of the teacher are most accurately reflected by their behavior. Which of the following suggestion on promoting professional attitudes is incorrect?
- A) *Be Capable*: Demonstrate your belief in competency and excellence in providing the best possible care to your patients.
  - B) *Be Insensitive*: Demonstrating sensitivity to patient concerns will add to the anxiety and needs of the learner.
  - C) *Be Enthusiastic*: Sharing your enthusiasm for patient care, teaching and learning can produce more enthusiastic (and fun) learners.
  - D) *Be Yourself*: Demonstrating your approach to patient care and honestly dealing with the uncertainty and ambiguity of clinical care.

6.) True or False: Direct observation is an important strategy for assessing and teaching clinical skills.

- T) True
- F) False

7.) True or False: The “see one, do one, teach one” model of clinical skills training is a proven approach that is always effective.

- T) True
- F) False

8.) True or False: The approach of the preceptor in teaching clinical skills or procedures should be adjusted based on the experience and skill of the learner.

- T) True
- F) False

9.) True or False: If there is significant variation in how the learner and the preceptor answer the Teaching/Learning style questionnaires, the preceptor should request a different learner.

- T) True
- F) False

10.) True or False: The preceptor’s preferences should always be set aside in favor of the learner’s apparent preferences.

- T) True
- F) False

## **POST-TEST ANSWERS AND DISCUSSION:**

1.) C.

Preferences generally are modifiable. Even preferences with a genetic basis, such as handedness, can be changed. Many preferences are based on experience and habit. Just a skilled clinician can change their preferred style to meet the needs of a patient, the skilled preceptor can change their teaching style to best meet the needs of the learner.

2.) C.

In pedagogy the teacher has a central role as the expert provider of information and director of the learning process, deciding what the content and technique will be. As a result the learner is a passive recipient of learning. Pedagogy focuses content on stocking the shelves with knowledge for later rather than for the present. Although a pedagogical style has its place, it is not necessarily the preferred style for all teaching.

3.) D.

Andragogy is term used to describe an adult learning style in which the learner is self-directed and takes an active role in determining the content and technique for learning. The focus of the learning is application of knowledge and the development of skills needed at that moment. The role of the teacher is as facilitator and resource rather than as director and expert.

4) D.

The facilitative style encourages expression and discussion of feelings of the learner in order to promote professional and personal growth. The assertive style is directive – seeking and providing specific information. The suggestive style seeks to guide with suggestions, opinions and examples. The collaborative model uses the learner's ideas and the basis for teaching.

5.) B.

The behavior of the preceptor is one of the primary ways of communicating attitudes to the learner. Role modeling is a key method for promoting professional growth. Being sensitive – not insensitive – to patient and learner concerns and needs is very valuable.

6.) T.

Observation of the learner allows the learner to directly assess the learner's competency and to provide behavior specific feedback to promote improvement.

7) F.

This long-standing model may be inadequate for complex procedures or for learners who require more training and assistance.

8) T.

The preceptor should base their approach to teaching clinical skills or procedures on a careful assessment of the learner's skill, preferably through direct observation.

9) F.

There is often significant variation between the preferences of learners and preceptors. This is not a sufficient reason to cancel a rotation. Both parties are usually able to adjust and vary their styles resulting in a quality learning experience. Knowing where the variation exists is a major first step.

10.) F.

There should be adjustments by both the preceptor and learner to produce a range of styles and techniques. Adjusting to different learning styles will help the learner be more adaptable and flexible and practice with different teaching styles will enhance the repertoire and skill of the preceptor.



## Learning Styles Self-Assessment Tool

Instructions: For questions 1-18, each item is a statement from a preceptor to a learner. As you read it, focus less on the content but on the manner that the question or statement is given. Indicate on the scale on the left-hand side your level of comfort in hearing this style of question or statement from a preceptor. There are no right or wrong answers – only preferences.

Very uncomfortable 5.....4.....3.....2.....1  
 Very comfortable

- |   |           |
|---|-----------|
| 1. “We’ve got a few minutes now ... I’ll give you my 10 minute talk on _____.”  | 5 4 3 2 1 |
| 2. “What are the seven causes of _____?”  | 5 4 3 2 1 |
| 3. “_____ is an important and common problem. Read this chapter so that you will know more about it.”   | 5 4 3 2 1 |
| 4. “We’ve got a few minutes now ... What would you like to discuss?”  | 5 4 3 2 1 |
| 5. “We saw two patients with _____ today. What useful things did you learn and what questions remain?”  | 5 4 3 2 1 |
| 6. “Look carefully at your knowledge base and your clinical skills and let me know tomorrow what needs improvement and how we can work on that over the remaining three weeks.” | 5 4 3 2 1 |
| 7. “What is the drug of choice for _____?”  | 5 4 3 2 1 |
| 8. “Amoxicillin is an option for that purpose, but in experience increasing resistance patterns have made trimethoprim/sulfamethoxazole a better choice.”                       | 5 4 3 2 1 |
| 9. “How did you arrive at that diagnosis and why?”  | 5 4 3 2 1 |
| 10. “O. K. So your working diagnosis for this patient is _____. What would you recommend for treatment and why?”  | 5 4 3 2 1 |
| 11. “What if the x-ray were normal? Would that change your diagnosis?”  | 5 4 3 2 1 |

**Very uncomfortable 5.....4.....3.....2.....1 Very comfortable**

12. "Mr. Clyburn shared some difficult information about his illness with you. How did that make you feel?"
13. "There is a wide variety of opinions on how to approach that ethical situation. What do you think you would do?"
14. "You seem to be having difficulty in dealing with this patient. What 'buttons' do you think this situation might be pushing for you?"
15. "I'm going to watch you interview this next patient."
16. "Watch my technique on this patient and I'll supervise you for the next."
17. "I know you've not done this before but I'll be right there to help you."
18. "You've done it before? OK. I'll watch you do it."

Instructions: For questions 19-20 consider how the statements reflect your own preferences and indicate this on the scale to the right.

19. I feel comfortable and "at home" very quickly in new environments.
20. It takes me a while to adapt and feel comfortable in new environments.
21. I enjoy being asked questions on the spur of the moment.
22. When possible, I prefer the opportunity to think about or research a question before answering.

5 4 3 2 1

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**CME POST-TEST and EVALUATION**

**Teaching Styles/Learning Styles Monograph**

**This Monograph is eligible for one (1) hour of AMA Category 1.**

**To receive credit: You must practice or teach in New Hampshire and must complete this Post-Test and Evaluation form and submit it to:**

**Southern NH AHEC  
128 State Route 27  
Raymond, NH 03077**

**NOTE: A processing fee of \$5.00 is required from participants located outside New Hampshire.**

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_ \_ -- \_\_\_\_ \_ -- \_\_\_\_ \_

**Profession:** MD/DO \_\_\_\_ NP \_\_\_\_ PA \_\_\_\_ RN \_\_\_\_ **Other:** \_\_\_\_\_

**Specialty:** \_\_\_\_\_

**Type of Learners Taught: (Circle all that Apply)**

**Medical Students   Residents   NP Students   PA Students   Nursing Students   Other:**

\_\_\_\_\_

**POST TEST ANSWERS:**

**Circle letter that corresponds to your answer for each question**

1) **A B C D**

6) **T F**

2) **A B C D**

7) **T F**

3) **A B C D**

8) **T F**

4) **A B C D**

9) **T F**

5) **A B C D**

10) **T F**

**PROGRAM EVALUATION:**  
**Teaching Styles Learning Styles Monograph**

**Rating Scale Range is 5-1**  
**5=Excellent 4=Good 3=Fair 2=Somewhat Disappointing 1=Poor**

**Please rate:**

- |   |                  |
|---|------------------|
| <b>1. The monograph overall</b>   | <b>5 4 3 2 1</b> |
| <b>2. The extent to which the learning objectives were met, that you are now able to:</b>                               |                  |
| <b>Use a teaching style questionnaire to assess your teaching style preferences.</b>                                    | <b>5 4 3 2 1</b> |
| <b>Discuss the principles of adult learning.</b>  | <b>5 4 3 2 1</b> |
| <b>Review how different styles promote assessment and teaching of knowledge, attitudes and skills.</b>                  | <b>5 4 3 2 1</b> |
| <b>Develop a strategy for using a learning style questionnaire in your teaching.</b>                                    | <b>5 4 3 2 1</b> |
| <b>3. The relevance of the content to your precepting</b>   | <b>5 4 3 2 1</b> |
| <b>4. The extent to which this format makes it easier for you to participate in preceptor development activities</b>    | <b>5 4 3 2 1</b> |
| <b>5. What did you like about this monograph (in terms of content or format)?</b>                                       |                  |
| <br>  |                  |
| <b>6. What would make it better?</b>  |                  |
| <br>  |                  |
| <b>7. List one idea or recommendation gained from this activity that you will use in your future clinical teaching.</b> |                  |

**Check off additional PDP topics that you are interested in learning more about:**

- Setting Expectations**
- Feedback**
- Evaluation: Making it Work**
- Dealing with the Difficult Learning Situation**
- Integrating the Learner into the Busy Practice**
- Teaching at the Bedside**
- The Effective Preceptor**
- The One-Minute Preceptor**

**Preferred Format(s):**

\_\_\_\_\_ **Monograph**

\_\_\_\_\_ **World-Wide Web**

\_\_\_\_\_ **Lecture/Seminar**

