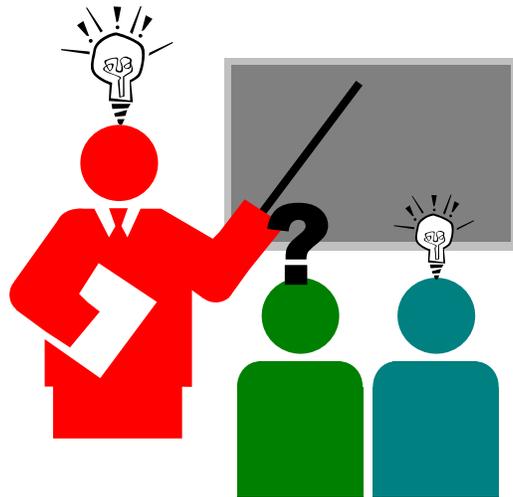


Teaching Styles/ Learning Styles



An Educational Monograph For Community-Based Teachers

Sponsored By:

The Mountain Area Health Education Center
Department of Continuing Medical Education
and the
Office of Regional Primary Care Education
Preceptor Development Program



PRODUCED BY:



The MAHEC Office of Regional Primary Care Education

As a part of the:



Planning Committee:

John P. Langlois MD (Project Director), Sarah Thach MPH,
Marianne Kaple MEd, Sue Stigleman MLS, Cynthia Janes PhD, Suzanne
Landis MD MPH, Traci Riddle, Tom House, Betsy Hobkirk MPH, Diana
Ramsay MSW, Bob Gingrich MPA.

Continuing Medical 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 physicians, physician assistants and nurse practitioners who teach medical students, residents, nurse practitioner students and physician assistant students in the office or hospital settings in North Carolina.

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To Obtain CME Credit:

- 1) Read the monograph.
- 2) Complete the post-test questions.
- 3) Complete the program evaluation form.
- 4) Return the answer sheet and evaluation to MAHEC CME Dept.
- 5) Enclose appropriate processing fee (if required).

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INTRODUCTION

Every physician has a unique style of interacting with patients and every clinical instructor has a distinctive style of teaching. There is no one “right” way to practice medicine; similarly, in teaching there is no single preferred style. Clinicians and clinical teachers both can vary their styles based on individual situations.

The purpose of this monograph is twofold. It will help you recognize your preferred style(s) of interacting with learners and provide a tool to assess your learners’ preferences so that you may more easily match your teaching techniques to their needs and preferences.

At the end of this module, you will be able to:

- 1) Determine your teaching style preferences by use of the teaching style questionnaire.
- 2) Describe the characteristics of adult learning.
- 3) Discuss how each style influences 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 this brief introduction and simple assessment tool will help you recognize more quickly the learning styles of those you teach and more readily adapt your teaching style to encourage professional and personal growth.

TEACHING STYLES/ LEARNING STYLES

We all have preferences or ways of doing things. Some appear to be genetic, such as left- or right-handedness. Others are based on our previous experiences and often are based on the inclination of those who taught us. Preferences can be modified to meet the situation and adapted when necessary to provide a better outcome. Tennis players can modify their serve and volleys in response to the strengths and weaknesses of their opponents. The clinician often will change his or her style based on the characteristics and needs of the patient.

Clinical teaching is much the same. Our preferred teaching style(s) might be based on how we were taught. Even these may be modified by our successes in teaching or adapted to meet a particular situation. Our learners have preferences, too. Experiences from their pre-clinical and clinical training have influenced their attitudes and approach to seeking knowledge and skill. These can vary dramatically among learners. Fortunately, they too are able to change and adapt. An important initial step is to determine both the preceptor and learner styles.

TEACHING STYLES: Self Assessment

Before we discuss some aspects of teaching and learning styles, take a moment to complete the Teaching Styles Self-Assessment (found at the end of this module). 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 more on the manner in which the question or statement is given and less on the content. Indicate on the scale your likelihood of using this style of question or statement. There are no right or wrong answers – only preferences.

TEACHING STYLES: Andragogy vs. Pedagogy

One way to look at teaching and learning styles is to consider differences between adult learning (andragogy) and child learning (pedagogy). The term “pedagogy” has historically been used to apply to all teaching. 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

	Pedagogy	Andragogy
Concept of the learner	Dependent	Self-directed
Focus of learning	Foundation	Application
Learning orientation	Knowledge for later	Competency today
Role of teacher	Director/ Expert	Facilitator/ Resource

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 everything, direction and content. 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, where the learner takes a more active role in directing what they need. The focus of this learning is more on application of knowledge and the development of competency in skills for immediate use. The teacher’s role is more as a facilitator of learning and a resource to the learner. Adult learners take responsibility for their education.

There are situations where each style is effective. At times, the teacher should take control of the learning situation to ensure that the learner has a solid base of knowledge for future use. At other times, learners must be encouraged to assess their own needs and direct their learning.

Essentially all of the learners in clinical situations are technically adults, but are they all “adult learners”? One of the main characteristics of adult learning style is motivation. Most learners come from systems where the motivation and rewards for learning are external, such as grades, honors, etc. For adult learners, the motivation becomes internal, where the value and usefulness of the knowledge or skill are more important.

In the following questions from the Teaching Style Self-Assessment, decide which learning style is reflected in each question:

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, using 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 he or she 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.

Look and compare your responses from your Teaching Style Self-Assessment. You may notice that your answers do not fall neatly into one category or other. Your preferences 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 evaluated your preferences. Why you are more comfortable with one question style than another? Are you able to use both the adult and the pedagogic style as the situation requires? By comparing your style with the preferences of the learner, you may find specific areas where you wish to adjust your usual teaching techniques. A version of the questionnaire for learners (the Learning Style Self-Assessment Tool) has been provided for this purpose. This will be discussed more fully later in the module. {LINK to Learning Styles Assessment Tool}

KNOWLEDGE, ATTITUDES and SKILLS

Knowledge, attitudes and skills are the content areas needed to produce a well-trained professional. As a clinical preceptor, you must first assess the learner in these areas before beginning instruction (Whitman & Schwenk, 1984). Much of our insight into these areas comes from our questioning and interaction with the learner. The Teaching Styles Self-Assessment Tool examines these areas.

Assessing Knowledge

Asking questions is the usual way to measure a learner's knowledge. Quirk (1994) suggests that the mode and manner of questioning reflect four different teaching styles. See Table 2. The teacher-centered **Assertive** approach is characterized by direct questions and answers, which relay information. Closely related is the **Suggestive** style, where the teacher offers opinion, practical experience and suggests alternatives often by relating personal experience. The **Collaborative** method moves toward being learner-centered with acceptance and exploration of the learner's ideas and empathetic sharing of experience. The mode most learner focused is the **Facilitative**, where the exchange extends beyond the clinical content to the feelings of student and preceptor.

Table 2: Teaching Styles

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

See if you can determine which style each of the following questions characterize.

Question 7: "What is the drug of choice for _____?"

This question reflects the Assertive 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, and experience is offered to back it up.

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

Question 10: "Ok. So your working diagnosis for this patient is _____. What would you recommend for treatment and why?"

Both Questions 9 and 10 are Collaborative: they explore the learner's reasons 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 question reflects the Facilitative style, discussing the feelings elicited in a patient encounter, and asking more about attitudes than knowledge.

Review your responses to Questions 7-12 on the questionnaire. Are there styles that you prefer and feel more comfortable with? Are there techniques that you would like to experiment with more to expand your repertoire? Trying new styles can help keep teaching fresh and rewarding.

Assessing Attitudes

Determining the learner's professional attitude may at first seem a difficult task. Learners' attitudes are generally reflected by their behavior (Whitman & Schwenk, 1984), but discussion of these ideals and opinions should also be encouraged. The Teaching Style Assessment Tool can be used to assess the attitudes of the learner.

One type of attitude is feelings. You will recall that Question 12 was discussed in the preceding section. Exploration of feelings is a part of the Facilitative teaching style. Understanding and processing the multitude of feelings that occur as part of health professions training and practice is an important component of teaching and learning.

Look back at your response to 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 also examines the learner's attitude: "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 reflects their true belief and attitudes, your own professional behavior is the strongest message your learners will receive.

Whitman and Schwenk have suggested four behaviors, which can positively influencing the professional development of your learners (Whitman & Schwenk, 1984).

1. **Be capable:** Demonstrate your belief in competency and excellence in providing the best possible care to your patients. By demonstrating the highest quality of patient care, you will help promote a similar value system in your learners.
2. **Be sensitive:** Demonstrate sensitivity to patient concerns as well as to the anxiety and needs of the learner. Learner sensitivity to patient issues is best promoted by the preceptor's visible sensitivity to patients and to learners.
3. **Be enthusiastic:** Share your enthusiasm for patient care, teaching and learning – it can result in more enthusiastic (and fun) learners. Learners respond most to teachers who demonstrate a genuine interest in them and in patient care
4. **Be yourself:** Demonstrate your approach to patient care and honestly dealing with the uncertainty and ambiguity of clinical care. Be 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.

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 when 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 (1982) summarizes it well: “What if music students were taught to play their instruments as medical students are taught to interview?”

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 will probably not match all of your learner’s preferences.

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 and Schwenk (1997) provide 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.

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

Look again at Questions 16-18 in your The Teaching Styles Self-Assessment Tool. Your response to these questions can give you some measure of your comfort with allowing learners to do procedures and 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 estimation of their skills. On the other hand, learners may underestimate their clinical skills and may need coaching to build confidence.

In general, learners' skills should be directly evaluated whenever possible, but the learning-styles tool 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 great detail here. Nevertheless, we have all experienced variation in the temperament or personality of the learners with whom 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.

The final four questions (Questions 19-22) in the Teaching/Learning Styles Self-Assessment Tool can give you insight into your own preferences and those of your learner. Recognizing your own characteristics and style is important in that there is a natural tendency to presume that others will have similar preferences. 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.

USING THE TEACHING/LEARNING STYLE ASSESSMENT TOOLS

Two versions of the Assessment Tool are provided. The preceptor should complete the Teaching Style Assessment Tool before beginning the module. Learners should finish the Learning Styles Assessment Tool on the first day before the orientation to the office.

At the beginning of the rotation, there is often a "feeling out" period in which the learner and the preceptor adjust to each other and learn each other's styles and preferences. The Learning Style Assessment Tool can facilitate this process. Completing the form early in the rotation will more accurately reflection the student's preferences; if done later, their answers may be influenced by their observations of your style.

Once you have the learner's completed self-assessment form, compare it with your own completed self-assessment. 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 teacher-centered learning, needs encouragement, guidance and the 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 his or her confidence is backed up by appropriate skill.

Consider showing your self-assessment to 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 and expansion of each person's 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 different styles and preferences. Thoughtful self-assessment of our styles and preferences and identification of the preferences of our learners will allow both preceptors and learners to stretch their abilities, resulting in improved clinical and professional skills.

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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 incorrect?
 - 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 learners are most accurately reflected by their behavior. Likewise, the attitudes of teachers 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*: Share your enthusiasm for patient care, teaching and learning; it can produce more enthusiastic (and fun) learners.
 - D) *Be Yourself*: Demonstrate 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 Styles Self-Assessment Tools, 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 left- or right-handedness, can be changed. Many preferences are based on experience and habit. Just as skilled clinicians can change their preferred style to meet the needs of a patient, skilled preceptors 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 on “stocking the learner’s shelves” with knowledge for later use rather than for present use. Although a pedagogical style has its place, it is not 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 to be a facilitator and resource rather than a 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 as the basis for teaching.

5.) B.

Observing the behavior of preceptors is one of the primary ways that learners learn attitudes. 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 preceptor 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 his or her 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.

Both the preceptor and learner should adjust their styles to produce a range of styles and techniques. Adjusting to different learning styles will help the learner be more adaptable and flexible, and practicing different teaching styles will enhance the repertoire and skill of the preceptor.

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: Please complete this Post-Test and Evaluation form and submit it to:

**MAHEC Department of Continuing Medical Education
501 Biltmore Avenue
Asheville, NC 28801**

NOTE: A processing fee of \$10.00 is required from participants located outside MAHEC's Western North Carolina region.

Name: _____ Date _____

Address: _____

Social Security Number: ____ -- ____ -- ____

Profession: MD/DO ___ NP ___ PA ___ **Other:** _____

Specialty: _____

Type of Learners Taught: (Circle all that Apply)

Medical Students Residents NP Students PA Students Other: _____

POST TEST ANSWERS:

Circle letter that corresponds to your answer for each question

1) A B C D

2) A B C D

3) A B C D

4) A B C D

5) A B C D

6) T F

7) T F

8) T F

9) T F

10) T F

Please complete the evaluation on the following page.

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:

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

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

- | | |
|---|--|
| <input type="checkbox"/> Setting Expectations | |
| <input type="checkbox"/> Feedback | |
| <input type="checkbox"/> Evaluation: Making it Work | |
| <input type="checkbox"/> Dealing with the Difficult Learning Situation | Preferred Format(s): |
| <input type="checkbox"/> Integrating the Learner into the Busy Practice | <input type="checkbox"/> Monograph |
| <input type="checkbox"/> Teaching at the Bedside | <input type="checkbox"/> World-Wide Web |
| <input type="checkbox"/> The Effective Preceptor | |
| <input type="checkbox"/> The One-Minute Preceptor | <input type="checkbox"/> Lecture/Seminar |

Teaching Style 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 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	

Teaching Style Self Assessment Tool



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?"	5 4 3 2 1	
13. "There is a wide variety of opinions on how to approach that ethical situation. What do you think you would do?"	5 4 3 2 1	
14. "You seem to be having difficulty in dealing with this patient. What 'buttons' do you think this situation might be pushing for you?"	5 4 3 2 1	
15. "I'm going to watch you interview this next patient."	5 4 3 2 1	
16. "Watch my technique on this patient and I'll supervise you for the next."	5 4 3 2 1	
17. "I know you've not done this before but I'll be right there to help you."	5 4 3 2 1	
18. "You've done it before? OK. I'll watch you do it."	5 4 3 2 1	
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.	5 4 3 2 1	
20. It takes me a while to adapt and feel comfortable in new environments.	5 4 3 2 1	
21. I enjoy being asked questions on the spur of the moment.	5 4 3 2 1	
22. When possible, I prefer the opportunity to think about or research a question before answering.	5 4 3 2 1	

Learning Style 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	

Learning Styles Self Assessment Tool



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?" **5 4 3 2 1**

13. "There is a wide variety of opinions on how to approach that ethical situation. What do you think you would do?" **5 4 3 2 1**

14. "You seem to be having difficulty in dealing with this patient. What 'buttons' do you think this situation might be pushing for you?" **5 4 3 2 1**

15. "I'm going to watch you interview this next patient." **5 4 3 2 1**

16. "Watch my technique on this patient and I'll supervise you for the next." **5 4 3 2 1**

17. "I know you've not done this before but I'll be right there to help you." **5 4 3 2 1**

18. "You've done it before? OK. I'll watch you do it." **5 4 3 2 1**

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. **5 4 3 2 1**

20. It takes me a while to adapt and feel comfortable in new environments. **5 4 3 2 1**

21. I enjoy being asked questions on the spur of the moment. **5 4 3 2 1**

22. When possible, I prefer the opportunity to think about or research a question before answering. **5 4 3 2 1**

