Module 2 – Teaching Methods and Learning Styles

What makes an effective teacher?

What are learning styles?

What strategies can you use to teach students effectively?

Clinical placements are a setting in which theory and practice meet. It is at this point that students can apply what they have learned in the classroom to the clinical setting and begin to build their clinical skills. It is impossible for them to accomplish this independently; careful guidance is required to help them develop effective professional behavior.

Clinical teaching differs from classroom teaching in many ways, but one of the primary differences is that clinical teaching is inherently interactive. As students begin to practice their skills, coaching and feedback are essential, both to ensure clinical success and to build confidence. Given the inherent interactive nature of clinical teaching, the relationship between student and preceptor is essential in the development of the students learning. [1]

This module will assist you to:

1. Identify characteristics of learners
2. Identify characteristics of effective teachers
3. Identify and accommodate various learning styles
4. Understand intergenerational issues for learners and instructors
5. Identify and apply effective teaching strategies


2.1 Identify characteristics of learners

Most of the students at the post-secondary level will exhibit characteristics of “adult learners” and will differ in their motivation and learning styles from children and youth. For these reasons providing a learning environment that suits the learning needs of your students should be based on the particular learning styles of your students’ stage of educational development.

For example, generally, adult learners:

- Have a greater level of maturity and understanding;
- Bring a wealth of experience and prior knowledge to a learning situation;
• Are more likely to choose what they want to learn;
• Determine the extent to which they will engage in a learning experience based on what they feel is relevant and interesting to them.

Therefore, teaching adults should:

• Aim to take these factors into account
• Take advantage of the adult learners’ knowledge and experience
• Be relevant to what they want to learn [1]


**Facilitate engagement**

You can facilitate learner engagement by…

**Taking time to find out about your students**

• What skills and experience are they bringing to the learning environment that are, either directly related or transferable?
• Is this educational program a career change?
• What has led them to this point?

**Finding out about their motivation**

• What interests this person most about the discipline they have chosen to study?
• What aspect of it engages them the most?
• What do they most want to learn?
• What information or experiences can you provide that would meet these learning goals?

**Designing educational goals to meet their needs**

• Offer opportunities to acquire information and develop skills that build upon based upon their identified needs

Using this approach will not only make for a more effective and productive learning experience, it should also draw on the learner’s motivation for being there, and encourage more interest, enthusiasm and engagement. [1]

2.2 Identify characteristics of effective teachers

Given its practical nature, the following points can be helpful to inform effective clinical teaching [1]:

- Learning is evolutionary
- Participation, repetition and reinforcement enhance learning
- Using a variety of learning activities increases interest and readiness to learn
- Readiness to learn, and Immediate use of information and skills, enhances retention

Effective Teacher Characteristics

Burns et. al (2006) describes characteristics that students found particularly helpful in their preceptors, and these included:

- Empathy – *the power of understanding another person’s feelings*
- Warmth – *a feeling of affection or cordiality*
- Respect – *polite or kind regard; consideration for others*
- Humor – *the ability to perceive what is amusing or comical*
- Flexibility – *adaptable (to a given setting or situation)*
- Fairness – *free from discrimination, dishonesty; just or impartial*
- Enthusiasm – *keen interest*
- Consistency – *act in a even or uniform manner (attitudes, behaviour, practice)*
- Dependability – *steadfast or trustworthy* [2]


Effective teaching means building rapport

Building rapport with learners increases the probability that students and teachers will participate in a successful learning experience [1]. Therefore, teaching in a clinical setting involves much more than just teaching students a technical skill. Students will also be observing and learning from your interpersonal skills which are a major part of their professional development. By modeling the skills necessary to build rapport, students learn how to establish trust with others.

Building rapport, with your student, through mutual trust and respect, accomplishes several things including:
- Invites an environment of open communication, whereby you can better understand how your student learns, their general way of doing things, and how the two of you might work effectively.
- Facilitates the process of providing feedback, which is essential to any teaching relationship.
- Provides a model of communicating for students to follow in which they can develop relationships with other colleagues and clients.


**Tips for building rapport**

Here are some tips for building rapport [1]:

**Be interested by learning about your students. You can ask them…**

- What are you most interested in learning about?
- How do you feel about being here?
- How do you learn best?
- What kind of feedback works best for you?
- What has helped your learning in placements previous to this one?

**Be respectful – obvious, but not always practiced!**

*Remember...*

- Students bring a lifetime of skills and experiences with them
- These experiences may be different than yours, but they still have value
- Back when you were a student and the challenges you faced
- It can be a bumpy road, for everyone

*Try...*

To maintain a sense of curiosity when conflicts arise whether they are personality differences or differences in the style of working or learning

**Be supportive.**

A preceptor’s goal is to assist a student in developing effective clinical skills and professional attitudes. Therefore, the manner in which you speak and act with your students should reflect this and may include:

- Providing a secure supportive environment when students face difficult situations
- Refraining from being judgmental or harsh when students make mistakes
- Demonstrating that you are genuinely interested in seeing them succeed


**Think about it**

Think about one of the best teachers you ever had. What made that teacher effective?

### 2.3 Identify and accommodate various learning styles

**Begin with yourself**

Ask yourself how you learn best? Do you like things explained to you before you attempt them, or do you prefer to see them demonstrated? Perhaps you like to try things first and discuss them afterwards. Regardless of how you learn best, it will probably affect your teaching style.

[Click here to get a sense of how you learn.](#)

**Develop awareness**

We are more likely to be effective in helping students learn if we begin by trying to understand how they learn best. Students may not understand how they learn best. Therefore, providing examples helps both the preceptor and the student to better understand the different learning styles. [1]

*For instance, you can ask...*

- Some people like to see things done by an experienced person before they try them. Others like to discuss the skill or action first. What do you find most helpful?
- How would you put together something, such as a barbeque or a desk. How would you begin this task? Would you read the whole instruction manual first, go through it as you were doing it, or want to talk to someone who had done this before beginning?

  Caution: Be sure to explain to your student that there is no wrong answer, only information that will help them how they like to learn.

Models of learning styles

If a student appears to be struggling with information or techniques, a place to begin may be taking another look at how the information has been conveyed, and trying to determine if another method of delivery might allow a student to learn more successfully.

The concept of learning styles is based on many factors that include the individual, the context in which an individual learns, and the teaching-learning process.

On the next three pages we will look at three different models of learning styles:

- Newble and Entwistle (1986)
- Kolb Learning Cycle
- VAK learning styles

Newble and Entwistle

Recent educational research has indicated that “students approach their study in different ways.” Although “this is partly determined by learning style” or the manner in which an individual prefers to learn, “it is also significantly influenced by the context.” The combination of the two produces characteristic approaches to learning which are recognizable in all groups of students…”

A model of “how students learn in different ways which are partly attributable to their preferred learning style and partly to the context in which the learning takes place.” Newble and Entwistle (1986) describe three basic approaches: surface, deep and strategic – each resulting in a different learning outcome. The most desirable and successful is the deep approach. [1]


Kolb Learning Cycle

Based in a model of experiential learning, the following four stages of learning have been established by Kolb and Kolb (2005) [1].

1. **Concrete experience.** Feeling: experiencing or ‘doing’ the task.
2. **Reflective observation.** Watching: observation or reflection.
3. **Active conceptualization.** Thinking: forming abstract concepts.
4. **Active experimentation.** Doing: planning next action steps.
In any learning situation, we begin by deciding whether we want to do, watch, think or feel. It begins with having a conversation with your student about how she learns best. This learning cycle contributes to the four learning styles, also described by Kolb & Kolb (2005):

1. **Diverging.** A person with this style prefers concrete experience (feeling) and reflective observation (watching), and would rather watch than do. They also prefer to work in groups.

2. **Assimilating.** This person prefers reflective observation (watching) and active conceptualization (thinking). He also requires clear, concise explanations of things, is very logical, and prefers reading, lectures, and having time to work things through.

3. **Converging.** This person prefers abstract conceptualization (thinking) and active experimentation (doing). She uses learning to find solutions, and prefers technical tasks over social/personal ones.

4. **Accommodating.** This person prefers active experimentation (doing) and concrete experience (feeling). She tends to be hands-on, values intuition and enjoys new challenges and experiences.

To understand more about Kolb’s Learning Style Inventory please visit the website below:

- [McLeod, S. A. (2010). Kolb | The Learning Style Inventory](#)


**VAK learning styles**

One of the most common and widely-used categorizations of the various types of learning styles is Neil Fleming’s VARK model (sometimes VAK) which expanded upon earlier Neuro-linguistic programming (VARK) models:

- visual learners
- auditory learners
- kinesthetic learners or tactile learners

Fleming claimed that visual learners have a preference for seeing (think in pictures; visual aids such as overhead slides, diagrams, handouts, etc.). Auditory learners best learn through listening (lectures, discussions, tapes, etc.). Tactile/kinesthetic learners prefer to learn via experience—moving, touching, and doing (active exploration of the world; science projects; experiments, etc.). Its use in pedagogy allows teachers to prepare classes that address each of these areas. Students can also use the model to identify their preferred learning style and maximize their educational experience by focusing on what benefits them the most. [1]

Therefore, by facilitating a process so your students can self-identify how they learn best – that is whether they are a visual, auditory or kinesthetic learner (seeing, hearing or touch/tactile,
respectively) can help preceptors meet the learning needs of students more efficiently and effectively,

- Visual learning style involves the use of seen or observed things, including pictures, diagrams, demonstrations, displays, handouts, films, flip-chart, etc.
- Auditory learning style involves the transfer of information through listening: to the spoken word, of self or others, of sounds and noises.
- Kinesthetic learning involves physical experience – touching, feeling, holding, doing, practical hands-on experiences.

For more information or to get a sense of your learning style, click here.


Making adjustments

Adjust to the extent that you can.

Once your student has described how they learn best and you have a sense of how you learn (and teach), you can adjust to the extent that you feel comfortable. If you like to see things done first but have a student who prefers to talk about a procedure initially, make an effort to provide a learning experience that they will find most effective. This will also help to build rapport with your student.

In summary keep in mind that…

- Learning styles are general and not every student may fall directly into any particular category
- Not every student learns best with the same methods
- Discovering ways to accommodate various learning styles can facilitate successful learning for students
- It begins with having a conversation with your student about how they learn best

2.4 Understand intergenerational issues for learners and instructors

The workforce today is composed of individuals who were born between the 1950’s and 1990’s which creates a group of individuals that are of wide-varying ages. Research surrounding generational differences in the workforce reflects that these age differences are potential sources of conflict and misunderstanding.
As times change, so do cultures and values, and co-workers from differing generations may have widely varying value systems in relation to professionalism, learning styles, understanding of culture and politics, and social norms. [1]

Awareness around intergenerational dynamics is important because it can help us to better understand a person’s potential motivation. While generalizations can be dangerous and certainly don’t apply in every situation, information on intergenerational differences can be useful in helping to understand your students varying learning styles and values. [2]

Click here for some brief information on finding out what generation you are in.


Intergenerational Issues

Intergenerational learning is reciprocal

Individuals of all ages have many experiences to share across generations. For instance, Baby Boomers may have knowledge and skills to share with their younger counterparts, while younger generations may bring understanding of current cultural trends and technology that can foster fresh ideas.

*What students say…*

Many students who participated in the research conducted for this project identified that one of the things they valued most in a clinical instructor was the acknowledgement and perception that learning was a reciprocal process between student and preceptor. [1]

Different understandings of the same issue

Some research reports that age differences can be a factor in perceptions of appropriate behavior and attitude in a workplace setting. [2]

Relationship to technology is one of the more explicit examples of this issue. Younger generations may be used to being constantly connected to their social groups via cell phones or texting, while older generations may experience these habits as unprofessional, distracted or rude.

*Remember that …*

Many of the students entering post-secondary education institutions today have grown up with the internet and mobile devices as their only method of acquiring information and for
communicating to friends and family. They may not be aware that the use of these devices in a professional setting can be viewed in a negative manner. Let the boundaries about these devices be known to your students in the beginning.

**Assumptions about people based on age**

Assumptions about particular groups of people in our society can prevent us from seeing people as they actually are. Many assumptions exist based on age, both young and old, and are particularly relevant to learning and teaching situations because they often concern ability, experience, skill level and maturity [3]. Therefore, a reciprocal understanding between student and preceptor may be the key to avoid age-based assumptions.


**Navigating generational issues**

Here are some tips on navigating generational issues in the workplace.

**If a behaviour is bothering you, identify your thoughts on what it means.**

- Does it appear that a student may be being intentionally rude or unprofessional?
- What do you think is motivating this person?

**Consider alternative explanations.**

- While your initial thoughts may indeed be accurate, consider alternative motivators for a student’s behavior.
- What do you think the student is assuming about what is acceptable or reasonable?
- Where might those assumptions stem from?

**Be an open and clear communicator.**

The best way to address intergenerational issues is to discuss them openly.

**Some suggestions on approaching this situation...**

- Respectfully, and with curiosity, ask the student about the behaviour in question.
- After obtaining their impression, you can offer your perception of the situation, and where that comes from.
Creating a greater understanding of where each person is coming from can de-escalate a tense situation.


Think about it

Have you experienced any generational issues before with students? What is an example? How did you overcome it?

2.5 Identify and apply effective teaching strategies

By responding to the teaching styles of your students, preceptors are able to incorporate a number of different teaching strategies. [1][2]

Some suggestions include...

**Modeling and observation**

Providing students with the opportunity to observe your clinical skills is a good place to start, and can provide the basis for discussion of techniques and approaches.

**Coaching**

Verbally guiding a student through a procedure while they are performing the skill can provide a supportive learning environment for some students.

**Case presentations**

This type of learning strategy can provide students with the opportunity to verbalize their approach, develop critical analysis skills, and to determine conclusions and a plan of action. Contributions from other members of a team can provide students with valuable feedback from a variety of health care professionals helping them develop a multi-professional view of clients.

**Direct questioning**

This method can be particularly helpful in fostering students’ critical reasoning skills, and actively engages them in their decision-making and acquisition of information. While questions are an excellent way to stimulate thought, analysis, and transfer the responsibility of learning to the student, equally important is the way in which the questions are
posed. Research reflects that this method is most effective when students do not feel that they are being ‘grilled’ (McGee & Irby, 1997).

Types of questions:

1. **Low level questions** ask for facts, concepts or definitions.
2. **Higher level questions** ask for an analysis or evaluation of information to form a judgment.
3. **Affective questions** help students to identify their own thoughts or feelings.
4. **Open questions** provide students with an opportunity to display what they know, and to share how they are approaching and analyzing problems.

Tips for effective questioning:

- Begin with easier questions.
- Avoid assumptions on what a student knows.
- Try to keep an open mind about their response.
- Ask one question at a time.
- Allow at least three seconds for the response to be given.
- Listen with openness and curiosity.


‘One Minute Preceptor’ method

The “One Minute Preceptor” method, described by Neher, Gordon, Meyer and Stevens (1992), is a quick and focused way to teach in the busy context of a clinical setting, and can be used effectively when there is little time for lengthy discussions. [1]

The “One Minute Preceptor” uses the following five ‘microskills’:

1. **Get a commitment from the learner.** (What do you think is going on here/what are the most important issues?)
2. **Request evidence to support the above conclusions.** (Can you tell me what you’re basing that on/how you arrived at that?)
3. **Introduce general rules.** (In these kinds of cases, (insert general rule).
4. **Reinforce correct conclusions** (You’re right about (blank))
5. **Correct any mistakes.** (One thing that you need to keep in mind here is (blank)).

Preceptoring videos

Watch this video example of preceptoring WITHOUT using the ‘One Minute Preceptor’ technique.

http://www.youtube.com/watch?feature=player_embedded&v=937G0m5SUsl

Watch this video example of the ‘One Minute Preceptor’ technique.

http://www.youtube.com/watch?v=lCeyzpU7PMw&feature=player_embedded

Think aloud and directed readings

Two other strategies for effective teaching include the ‘Think Aloud’ method and directed readings.

‘Think Aloud’ Method

Have the student explain why they are choosing to use a particular approach as/before they begin, and throughout the intervention. This encourages critical reflection and builds clinical reasoning skills. (Lee & Ryan-Wegner, 1997) [1]

Directed Readings

Encouraging students to seek relevant information in the literature insists that they actively participate in the educational process, and reinforces the habit of life-long learning, a useful skill for any professional.


Exercise 1 – Fill in the blanks

Test your comprehension of some of the important terms from this module. In this fill-in-the-blank review exercise, enter the word that completes or defines the sentence or phrase. All words come from Module 2 – Teaching Methods and Learning Styles.

To open the exercise, click on this link (Module 2 – Fill-in-the-blank Review Exercise) or the image below.

Note that the exercise will open in a new window/tab and you will have to return here to continue the module.
Exercise 2 – Hashtag search

Twitter, the social media service, has also been voted the top online educational tool by learning professionals for several years running [1]. It can be a very good way to stay up-to-date with current issues in teaching and learning.

One way to use Twitter for educational purposes and professional development is to search for particular “hashtags” on different subjects (see more about hashtags here). For example, three common hashtags for education are the following: #edchat, #teachchat, #healthed.

In this exercise, click on the links below to open up new tabs with Twitter searches for those hashtags. You will see lots of people posting and discussing many topics that relate to those subjects.

- #edchat – a general discussion of educators around the world
- #teachchat – a discussion among teachers and their classrooms
- #healthed – a general discussion of health educators around the world

Optional – Sign up for Twitter and join the conversations.


Exercise 3 – Final thoughts

In this review exercise, enter your answers to the four questions below. One you are done and hit SEND, an email will be sent to the eLearning course supervisor with your answers.

1. What characteristics do you have that can help you become an effective teacher?

2. Describe your preferred personal learning style.

3. What generational issues do you think you will encounter as a preceptor? How will you deal with them?

4. What are a couple of your favourite teaching strategies that you will use during a preceptorship?

Please enter your (1) name, (2) email address, and (3) profession below before you SEND. Your information will not be shared with anyone other than the eLearning course supervisor.

References – Module 2

Please note that a Dalhousie NetID may be required to view some of the following articles.


