

Teaching Styles

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Basic Principles

- **Although there are different teaching styles (and we often may use a combination of more than one), there are basic principles that apply to all styles**
 - **Do not over teach:**
 - **Students can only learn so much over a 6 week rotation. The more information you give them the less they will retain.**
 - **Repetitiveness is good.**
 - **Students learn by repetition. Ask them questions on assignments that they may have had 1-2 weeks ago.**
 - **Set aside time for questions and answers emphasizing that there are “NO DUMB QUESTIONS”.**
 - **At least once a week for 15 minutes can be extremely helpful.**

Basic Principles (continued)

- **If you give a student an assignment, be specific on what you want them to learn.**
 - **If you ask them to read a 50 page chapter in a book, be specific on the important points that you want them to learn.**
- **Try and incorporate critical thinking: Critical thinking is the ability to solve problems. There are different methods of teaching critical thinking.**
 - **One method is to have a student to evaluate a patient that does not yet have a diagnosis and ask them to make the diagnosis. This involves all of the positive aspects of critical thinking.**

Basic Principles (continued)

- **Critical thinking (continued)**
 - **Debating helps establish critical thinking**
 - **Point Counter Point**
 - **Journal Clubs**
 - **One-minute preceptor**
 - **Case evaluations**

Basic Principles (continued)

- **Feed back. Try and make this constructive. Pointing out the positive along with what can be improved upon. Make sure you show them how to make the improvements.**
 - **Set aside a time for feed back so there is time for a discussion. **Immediately following a presentation is a good time.****
 - **Asking the student to critique themselves is often a good way to start. *“What do you think went well and what could you have improved upon?”***
 - **Start with the positive and then go to what can be improved upon.**

Teaching Methods

- Although there are many teaching methods, **the student is ultimately responsible for learning.**
- **Lecturing:**
 - You lecture to the students or have the students lecture to you. If more than one preceptor is teaching a rotation, then there should be continuity between the different preceptors. If there is a lecture outline, then all of the preceptors can use the same outline. If the student lectures to you, be specific about what you want. (*I use pathophysiology, presentation, diagnosis and treatment*).
- **Patient discussions:**
 - Have the student present a patient to you and you evaluate the students approach including history of current disease, social history, medications, evaluation of laboratory data and differential diagnosis. The preceptor interjects learning points and offers ways of improving the presentation.

Teaching Methods (continued)

- **Collaborative learning:**
 - Learning in small groups
- **Visualization:**
 - Depending upon the subject, visualization is one of the most effective forms of learning. I can tell a student what a diabetic foot looks like, but once they see a few, the visualization will stay with them long past my words.
- **Literature review:**
 - Please look up the latest treatment for multiple sclerosis and we will discuss it tomorrow.

Teaching Methods (continued)

- **Listening:** This is a very important part of precepting.
 - Show a genuine interest in what the student is saying.
 - Let the student talk without interruption
 - Demonstrate that you are listening by making eye contact and occasionally nodding.
- **Shadowing:**
 - Seeing a preceptor as a clinician who interacts with the hospital staff and makes effective changes that benefit a patient should be incorporated into all teaching styles.
- **Hands on experience:**
 - Interviewing patients, examining patients, compounding, writing progress notes. Students learn the most when hands on experience is incorporated with other teaching styles.

One-Minute Preceptor

- **Get a commitment.** “Do you think this patient as a VAP “ *Student “No”*”
- **Probe for evidence.** “How did you make your decision? “ *Student “Although the patient has an elevated white count, fever and has thick secretions, the TA did not grow any bacteria and the portable CXR showed atelectasis”*”
- **Teach a general point.** “*The TA may not have growth, but may still point to a pneumonia. Note the TA showed many WBCs and many GPC. If you look at the gram-stain we see many gram-positive diplococci. Streptococcus pneumoniae is a fastidious bacteria that can be difficult to grow and the CXR was portable and therefore is not very accurate”*”
- **Reinforce positive behaviors.** “*Your were right to look at the TA results, secretions and the CXR”*”
- **Correct errors or mistakes.** “*Remember that certain bacteria may not grow, but still be present and the CXR can sometimes be misleading”*”