

Teaching Tips

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Learning Styles & the 5-Step Microskills:

Understanding a student's style and approach to learning can help you become more effective in your role as a clinical teacher. Last month we covered the [5-step microskills model of precepting](#), and this month we review the general characteristics of three learning styles, and provide examples of how the microskills can be applied when working with students in the clinical setting.

VISUAL LEARNERS prefer when information is presented in written or pictorial form, and often learn best when they can watch demonstrations and follow along. When working with a student who seems to be a visual learner, suggest that they **write their ideas down** prior to precepting a case with you. Having these notes to refer to can help them make a commitment early in the presentation. The use of **medical algorithms** as concept maps can aid the student in providing supporting evidence. Employing **charts, graphs and tables** when teaching general rules will promote retention. **Mnemonic devices** can also be very helpful for visual learners. When receiving feedback, visual learners can benefit from **writing down key points**, and **creating charts** to outline what should be done differently the next time they encounter a similar situation.



Review of the 5-Step Microskills:

1. Get a commitment
2. Probe for supportive evidence
3. Teach general rules
4. Reinforce what was done well
5. Correct mistakes



AUDITORY LEARNERS

best process information that is presented verbally, and they need to hear or speak something to really know it. Giving auditory learners **time to formulate their thoughts** prior to the precepting encounter will help them make a commitment, and **repeating information back** to the student as you probe for supporting evidence will give them a chance to hear key points again. When teaching general rules **provide references / guidelines** that the learner can read aloud. If time permits, it can be helpful to sit together and look for these resources! You can also suggest that they **audiotape their presentation** to review later on. This gives the learner a chance to review the full precepting encounter, paying particular attention to what they did well and what they should do differently in the future.



TACTILE/KINESTHETIC LEARNERS respond well to movement in the learning environment. Having a **whiteboard** (or other large surface) and **colored markers** available for the learner to use when presenting can facilitate the process of getting a commitment and probing for supportive evidence. You can also use these materials when teaching general rules. By asking the learner to **locate and review resources** on the topic you are teaching, the learning process will become more active, and they will be prepared to **report back** on their findings. To reinforce what was done well and correct mistakes, **break your feedback down into its component parts**. **Write it out** or **model the behaviors** you thought the learner did well or can improve. Role playing parts of the patient encounter is another useful strategy, particularly when dealing with a difficult case.



We use the example of teaching in the 5-step microskills format to demonstrate how you can employ a variety of teaching techniques to fit a student's preferred learning style. These strategies can be used in any kind of teaching. Most learners benefit from multimodal teaching, so combine these strategies whenever possible!

References / Resources:

- Barrett, N. and Gopal, B. Using the five microskills with different learning preferences. *Family Medicine*, 2008;40(8):543-5.
- Vaughn, L. and Baker, R. Teaching in the medical setting: balancing teaching styles and teaching methods. *Medical Teacher*, 2001;23(6):610-2.