

Teaching styles: a guide for the foundation year doctor

Introduction

In the authors' view, teaching is the best way of learning. One has to understand any subject thoroughly before one is able to make others understand it. All medical professionals will be involved in teaching, either formally or informally, at some point during their careers so why not begin as a foundation doctor. Teaching medical students, nursing staff, paramedical staff, junior doctors and various other team members, or even participating in regional teaching sessions, may later become a part of one's routine.

Aims and objectives

As a teacher, the aim is to establish a positive motivational context and a well-structured knowledge base and skills. Bloom's (1971) taxonomy of educational objectives divides objectives into the areas of knowledge, skills and attitude. Set precise and measurable objectives in terms of what should be learned, not what is taught.

The final outcome measure is what one has learned, and this should be assessed in the same way as teaching styles are evaluated, i.e. by questionnaires that are filled in at the end of the session.

Methods of teaching

Teaching sessions can be conducted at the bedside where a group discusses a clinical scenario. In this situation one can gain both theoretical and practical knowledge about how to perform a task. Didactic lectures in a meeting or lecture hall can be made more interesting by using a PowerPoint presenta-

tion, which can help learning as the material sticks in the trainees' minds. Sometimes video presentation of a particular procedure or surgical technique can be both informative as well as interactive, as the audience can ask questions about the technique while the video is running.

Understand your learner

Individuals have different preferences for learning (Trivedi and Hooke, 2007), and so teaching programmes should be designed keeping this in mind.

For instance, an activist-style learner would learn best if by being involved in an interactive problem-solving situation rather than being subjected to didactic lectures or monologues.

A reflector-style learner would learn best from listening, watching or observing and then trying to assimilate the knowledge that has been acquired. This type of learner might react adversely if subjected to interactive discussion.

A theorist would learn best from didactic lectures, and having a systematic and logical approach of understanding the subject. These learners want to understand the methodology, assumption and rationale, and enjoy didactic lectures with interactive opportunities.

The pragmatist-style learner is technique oriented and likes to test things out in practice. They have a tendency to reject anything without an obvious application.

Teaching programmes should be designed keeping these aspects in mind, so that all learners, regardless of their learning styles, can get the maximum benefit from the programme.

Assessment

Assessment looks at the competence of the learner (Crossely et al, 2002). A well-designed assessment is a very powerful educational tool, which can reflect back to the learner his/her areas of strength and weakness and give a focus to further learning.

A properly designed assessment has the curriculum as an integral part, so that as

comments, strengths and weaknesses are recorded, the learning priorities become apparent.

An overall assessment based on Bloom's taxonomy can judge knowledge, problem solving and critical thinking skills, clinical skills and attitude. Miller's (1990) cognitive domain, i.e. know, know-how, show, do, gives a good guide to assess knowledge, skills and attitude.

Know

To assess the 'know' component, multiple choice questions (true or false) or extended matching questions help to cover large areas of factual knowledge.

An extended matching question is a variation or extension of a multiple choice question. It can be adapted to clinical decision making, data interpretation and to many intellectual tasks such as the recall and recognition of knowledge, and some problem-solving activities.

Know-how

Short answer questions require a short descriptive answer which helps to assess the knowledge and the reasoning or understanding that goes behind it. The length of the answer depends upon the diagnostic skills being tested.

Show

Practice observation is used to confirm acquisition of a procedural or demonstrable skill.

Testing of practical skills that involve various aspects of competence, including personal attributes, clinical skills, interpersonal and communication skills, should be carried out.

Do

Although know-how and show demonstrate competence, they cannot predict day-to-day performance. Checking whether the learners do what they are supposed to do can be assessed by a surprise visit.

The learner is encouraged to maintain a portfolio and keep both a comprehensive record of daily events and also a logbook

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of his/her clinical experience throughout the period of training.

This method triggers the process of learning from experience. This allows the individual to have an experience, review the experience, conclude from the experience and plan a way to improve.

Feedback

Constructive criticism of one's performance is crucial in the progress and development of both the teacher and the learner. As a teacher one has to be a careful observer and should be capable of providing feedback for the learner.

Evaluation

Evaluation is based on effectiveness of the teacher or teaching process in contrast to assessment, which is based on the competence of the learner (Donabedian, 1966).

Evaluation can contain the question for the learner: 'What did you think of my teaching style?' Evaluation is all about change, and people are much more likely

to change if they are involved in reviewing their own work and deciding the need to change.

Conclusions

The process of teaching and learning is what actually takes place between teacher and learner, and between the learner and the content of the learning. This includes the way the agenda is set, the appropriateness of teaching methods, and the relationship between learner and teacher.

Outcomes must be defined in terms of change in the knowledge, skills, and attitude of the learner. [BJHM](#)

Conflict of interest: Dr Hooke has worked in both management and medicine.

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KEY POINTS

- You can learn by teaching.
- Didactic teaching is no longer necessarily appropriate in medical education.
- Teachers should be aware that trainees learn in different ways.
- Teachers should be prepared to receive constructive feedback from learners.
- Learning should be assessed and teaching evaluated.