

# YOUR TEACHING STYLE

a practical guide to understanding,  
developing and improving

KAY MOHANNA | RUTH CHAMBERS | DAVID WALL



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# Preface

We have said before that the credit for many of the insights we use when writing and teaching about learning and teaching should in fact be given to our own teachers in our study of medical education.

We have also said that:

it would be impossible to name all the influences [on us as teachers] even if we could tease out who had taught us what. If you recognise your words in our work, you were a good teacher. Thank you.<sup>1</sup>

This applies even more so to developing our thinking about teaching styles. Each of us remembers inspirational teachers who have drawn us into the study of medical education. In addition we also recall examples of such appalling lack of match between our preferred learning style and the teaching style of our teachers that we determined to do better ourselves. Only our students know if we succeed more often than we fail in that aim.

There is a changing culture towards development of a 'learning environment' in the health service. There are many new learning requirements in the modern National Health Service (NHS) and much that has to be learned will be about attitudes and beliefs in addition to knowledge and skills. Traditional learning activities (e.g. in the lecture theatre) can be less helpful for such domains of learning. We are seeing an increase in the amount of learning in teams and, as novices to this way of learning, teams may need some help to get going with development of team leaders as facilitators of learning. The emphasis on access, both to care and to learning opportunities, within the NHS also means that teachers will need to be able to motivate and teach a new set of mature health professionals who may require different types of support from their teachers.

This book is based on our original research looking at effective teaching. We have devised a self assessment questionnaire to determine your preferred teaching style and aim to provide tips and advice that can be integrated into your everyday teaching and learning practice. We hope it will enable you to plan to improve your teaching skills and enhance your effectiveness as a teacher.

**Kay Mohanna**  
*October 2007*

## Reference

- 1 Mohanna K, Wall D, Chambers R. *Teaching Made Easy: a manual for health professionals*. 2nd ed. Oxford: Radcliffe Medical Press; 2004.





# About the authors

**Kay Mohanna** is a principal in general practice and a GP trainer for undergraduates and postgraduate doctors in training. She is also principal lecturer in medical education at Staffordshire University where she has developed and run the MSc in medical education for the past eight years. She is an external examiner at Warwick University and is an associate dean at the West Midlands Workforce Deanery for assessment in GP specialty training. Currently Vice Chair of the Royal College of General Practitioners Midland Faculty, she was previously the education convenor and was responsible for the West Midlands GP Appraisal Support Programme. Her particular interest in teaching is in faculty development and she has a research interest in evaluation of teaching. She has worked with and listened to lots of learners in a variety of settings and this work on teaching styles partly arose from those discussions.

**Ruth Chambers** has been a GP for 25 years and still practises part-time. She is the director of postgraduate general practice education at NHS West Midlands Strategic Health Authority, Professor of Health Development at Staffordshire University and national education lead for the NHS Alliance. She has made lots of mistakes in teaching and training repeated less often as the years have gone by. Ruth has given and organised many lectures, workshops and seminars for small groups and vast numbers of people. She has run several series of learner sets, as well as written and organised a distance learning course. Her Doctorate included research about the ways that health professionals apply new knowledge in practice. Ruth and others have written a series of books for doctors and nurses to help them to prepare and collect evidence of their competence and performance in their everyday work, whatever their specialty.

**David Wall** is deputy regional postgraduate dean in the West Midlands Workforce Deanery and honorary professor of medical education at Staffordshire University. He has been deputy postgraduate dean since 1996, having previously been the regional adviser for general practice. He has been a general practitioner in Four Oaks in Sutton Coldfield for 30 years. He is also external examiner for the University of Dundee, and has just finished five years as external examiner with the University of Plymouth and Peninsula Medical School. He obtained a diploma in medical education from the University of Dundee in 1996 and a Masters Degree in medical education from the University of Dundee in 1998. He has obtained a PhD in Education from the University of Birmingham, on the effects of educational qualifications on the work of medical educators. His research interests include curriculum studies, teaching the teachers, assessment of behaviours and anything else in medical education that seems an interesting research question to try to answer.



# The importance of variation in teaching styles

Kay Mohanna

Recommendations to novice healthcare teachers about effective teaching of the ‘how to do it’ variety, tend to be based on the obvious (‘prepare well’), personal opinion (‘this is how I do it’) and faith (‘trust me, I’m a teaching expert’). This differs from an approach that would look to see whether we can detect any common themes in the behaviours of the teachers of those learners who are achieving. Or indeed, whether we can map those recommendations against measures of learning or student progress.

Part of the reason for this of course is that it is very hard to be certain what actually does influence the development of students’ learning. Despite a wealth of literature, both opinion and evidence, on cognitive styles, the psychology of learning and how information is processed and activated in learning situations, there is still a leap of faith required to be sure of the extent to which teachers can positively influence that learning journey. Transfer into clinical practice and impact on patient care are long-term outcomes of teaching in clinical settings and many factors can have an effect along the way. The link between our activities as teachers, and practitioner competence may seem too tenuous. In addition it is likely that for some bright, motivated students learning will occur whatever the teacher does.

However as long ago as 1963, a model of school learning proposed that given time and *good teaching* almost all pupils will be able to master what they are being asked to learn. The concept of mastery learning, has since been somewhat displaced by other theories of teaching and learning. It does however, emphasise the role of the teacher in learning.<sup>1</sup>

On the other side of the coin it is well recognised, at least by learners, that ‘bad’ teaching can get in the way of learning. It is all too easy to demotivate learners and reduce their confidence and trust in themselves as learners. Inexpertly handled remedial interventions at times of dawning ‘conscious incompetence’ (perhaps a failed exam or a patient complaint) can reinforce the feeling of worthlessness and a disinclination to persevere with learning. Those moving towards ‘unconscious incompetence’ from a previous position of expertise, perhaps through ill health or a rapidly changing work environment, also need sensitive guidance from expert teachers and mentors. It is easy to see how we could make things worse rather than better if we are clumsy in our feedback skills as we draw learners’ attention to their deficiencies.<sup>2</sup>

Students need guidance to develop study skills. Not all learners will demonstrate, for example, the same degree of self directedness at the same chronological stage in their learning and training or, for any one student, in relation to all subject areas. A 'hands-off' teaching style too early in their development or when content is new or uncertain can leave students all at sea and floundering in a morass of unmet and indeed unrecognised learning needs. In Grow's model of the stages of self direction, which we will return to below, unwary teachers can fall into two traps of mismatch: <sup>2</sup>

- 1 dependent learners with supervisory-style teaching can result in frustrated learners feeling isolated and lacking in direction; fearful of the freedom they are not ready for
- 2 teaching self directed learners with a coaching-style of teaching risks learner resentment of the authoritarian teacher.

Educational theories might stress the importance of curriculum alignment or sequencing in teaching or emphasise constructivism or discovery learning. Others contrast teachers as managers of learning with their being involved in direction of students. Still more are based on an understanding that teachers are best employed as facilitators of learning. Whichever we subscribe to in a given situation we can see that teachers clearly have a role in student progress.

It would seem less than useful for a teacher to stand by and leave [a learner] alone in his enquiries, hoping that something will happen.<sup>3</sup>

Some of the early experiments with implementing a problem based learning approach to medical undergraduate curricula, may have unwittingly discovered just that.

There are some basic principles, derived predominantly from expert opinion but also from outcomes based evaluation, that tend to be repeated as elements of effective teaching:

- set clear goals and expected outcomes
- provide adequate supervision and assessment against these goals
- provide meaningful feedback
- show concern for students' progress.

Over the past 25 years, work has been done on these areas to link students' opinions about the presence or absence of these factors in their teachers with subsequent development of clinical skills.<sup>4</sup> Such work however tends to be concentrated on 'what to do' rather than 'how to do it'. Developing competency as expert teachers requires us to analyse and reflect on *how* we carry out tasks.

Entwistle points out that we should be on our guard against an expectation that there will be a view of education that delivers a panacea in all teaching and learning situations.<sup>1</sup> Many descriptions of effective teaching, proposed to help the development of teachers, may in fact be an expression of the writer's

own preferred learning styles and understanding of how learning occurs. In addition, sometimes such advice appears to be plucked out of the air rather than grounded in theories about learning and learners.

We are familiar with the need to incorporate learner difference in teaching. Work by Honey and Mumford amongst others has drawn attention to the importance of matching learning opportunities provided by the teacher, with the preferred learning styles of the learner.<sup>5</sup> In teaching practice we now routinely spend time determining our learners' preferences. In longitudinal relationships, such as between registrar and trainer in vocational training for general practice this can be straightforward. But we can also attempt to provide teaching and learning activities likely to appeal to different types of learners even when their learning styles are not known to us, such as in one-off teaching situations.

However in the teacher-learner dyad, learner difference is only one variable. Effective teachers are adaptable and flexible in providing variety in their teaching activities. They aim to match their manipulation of the teaching and learning environment to the needs of the learner. But we also believe that teachers should know what type of activities they are most effective at delivering. This book aims to help healthcare teachers reflect on their teaching practice. You should consider how you can implement what is known about best practice in teaching and how you can maximise the advantage to be gained from playing to your own innate strengths and characteristics as teachers. After all, just as mismatched learning styles can cause dysfunctional learning situations, one of the causes of stress in teachers, can be an incongruence between the type of activities they are good at carrying out and external expectations of 'good teaching'.

## Recent developments in NHS healthcare settings in the UK

The impact of continuing changes in, and modernisation of, healthcare is being felt in training and education. The need for high quality teaching staff was reinforced by commitments to education and training in the NHS Plan which emphasised continuous professional development, lifelong learning, increasing training commissions for doctors, nurses and allied health professions, interprofessional learning and working, and preparation of students and staff for new roles and new ways of working.<sup>6</sup>

The importance of developing a learning culture in the NHS has been recognised as to enable skill mix, sharing of good practice and the capacity to learn from errors. Learning is linked with the implementation of good clinical governance strategies.

In August 2004 the requirements of the European Working Time Directive for doctors and dentists in training were implemented. With this change came significant changes in patterns of service delivery which impact on time available for teaching and training. These changes extend the need to ensure that we have teaching staff with flexibility, as well as appropriate qualifications, experience and commitment to deliver education and training to support