

# Engaging All Learning Styles: Using Learning Theory To Improve Teaching

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# Objectives

- Define (4) major learning theories and (5) modalities for learning styles
- Apply learning theory and styles to specific clinical situations
- Describe 2-3 strategies and skills to accommodate and overcome barriers to learning

# Discussion

- Why would/should we look at learning theory?
- What do you know about learning theory - or how knowledge is built?



# Discussion

What methods do you use to engage learners?

How do you decide what to use?

What strategies have you used or seen recently to engage learners?

# Deep Versus Surface Learning

Surface learning is a tenuous understanding

The learner:

- Focuses on discrete bits of information
- Memorizes, but cannot explain concepts
- Has difficulty ordering material into an organized presentation (or re-ordering it)
- Has difficulty using the information in new ways

# Deep Versus Surface Learning

Deep learning is real understanding; the learner “owns” the material.



The learner can:

Explain the information

Focus on what is important

Relate the concepts to previous knowledge

Organize the content in meaningful ways

Use the information in new ways

# Learning Theory Brief

## Theory

1. Behaviorism
2. Constructivism
3. Social learning
4. Socio-cultural learning

## “Learning”

1. Demonstrated change in behavior
2. Integration of new knowledge into what is known
3. Learn by imitating a model behavior
4. Participating in a specific culture in the “correct” way



# Summary

Learning theories include concepts of:

Behavior acquisition through  
stimulus/response

Observation and modeling the behaviors of  
others

Acquisition and meaningful use of the  
professional language

Active integration of new knowledge with  
old



# Adult Learning Theory

Principles for Educating and  
Learning

# Adults and Learning

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We're all adults – how do you learn best?

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What techniques or methods support your learning?

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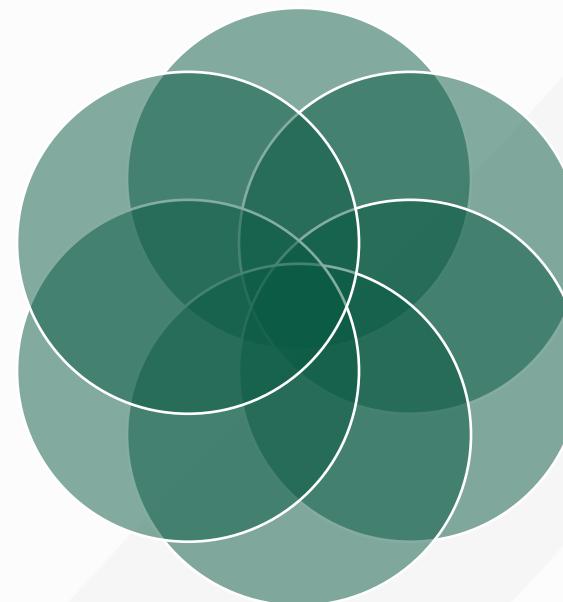
Inhibit your learning?

# Characteristics of Adult Learners

Adults want to know that what they are asked to learn is relevant to their needs.

Adults are practical and problem centered rather than subject-centered

Adults are at various stages of autonomy and self –direction.



Adults have a broad base of experience upon which to draw and to share with others.

Adults seek to learn what they have identified as important rather than what others deem important.

Adults look to learn what can immediately be applied.

**KNOWLEDGE  
IS POWER**



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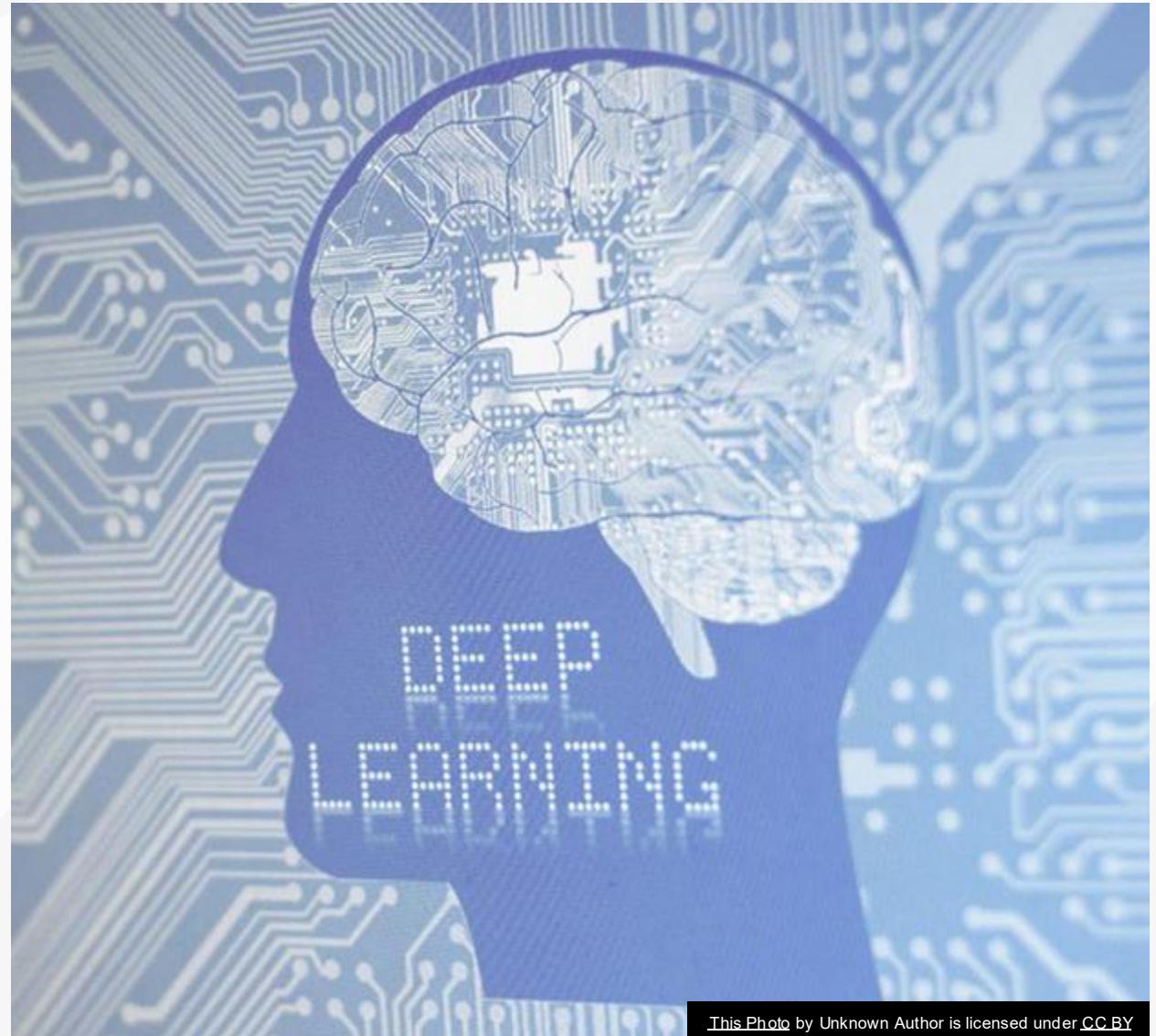
## Implications for Teaching

Adults look to learn what can immediately be applied.

As clinical teachers, you have a real advantage here - how can/do you do this?

# Summary

1. Learners come with **prior knowledge**
2. Prior knowledge must be **activated** for the connections to happen
3. Learners must **actively construct** new meaning/knowledge
4. Deep learning takes **time**
5. Motivation has a **strong impact** on learning



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# Pause Procedure

- What was the mudd
- Reflect on your own presentation be alte

• lead to a clearer point so far?

• How could this be improved?

# Facilitating Learning

Learning Styles and Strategies

# Learning Styles

- Learning theories provide an explanation for how different adults can learn differently and propose different definitions of what learning *is*
- Learning *styles*, however, refer to methods of teaching that align with learners' preferences
  - Though research shows that **all learners** benefit from varying “entry modes” into learning (Kaplan, 2013)

# Learning Styles

**Input mode:** Visual, Auditory or Kinesthetic

**Motivation:** Extrinsic to Intrinsic

**Content:** Practical to Conceptual

**Social Context:** Independent to Interpersonal

**Plan:** Strategic to Spontaneous

# Implications for Teaching

Acknowledge the usefulness of different styles

**Help your learner identify his/her preferences**

Accommodate your learner when appropriate

Varying the way that you teach will also make you a more flexible teacher

**This is relevant for teaching patients as well**



# What if they don't get it?

Sometimes we encounter barriers to effective teaching

- Teachback
- Active reflection – you and learner
- Application
- **GNOME** (as a form of assessment)



# Practice

Read each case.

On your own, strategize methods or modalities for engaging learners in the scenarios.

Share and discuss with shoulder partners.

# Case: Physical/HT Assessment

- You have been tasked with teaching new learners how to conduct a comprehensive physical/head to toe assessment.
- Pick three learning styles and discuss how to incorporate them into your teaching plan for this skill.

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# Case: Orientation Redesign

- You've been asked to redesign your clinical site's orientation for new learners. The current approach is a printed packet detailing elements like parking, lockers, the layout of the clinic, etc.
- Discuss three impactful changes that can be made.

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# Case: Something isn't Clicking

- You have asked your student to see one of your patients with poorly controlled diabetes and hypertension.
- You **review** the patient's history and **discuss** potential treatment strategies. The learner doesn't say much and after seeing the patient says they are motivated to make changes in their exercise regimen.
- While this is great, the patient's A1C today was 13.1%, and you feel you need to start insulin. The learner hadn't considered this.
- What are possible ways to engage and teach this learner?

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