



THE BEACON



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I AM A TREE, I CAN BEND

Part Two By Stan Cohen, Ed.D.

This is part two of a five-part series on teaching and learning styles. The information that we present is taken from the book entitled *I Am a Tree; I Can Bend: Adapting Your Communication Style to Better Suit Your Students' Needs*, by Stanley R. Cohen.

The Thinking-Style Teacher

□ Description: After observing hundreds of teachers in higher education, the conclusion is that the predominant pattern of teaching follows the thinking-style pattern with clear organization, handouts, assignments, lectures, and interactions with students. In this pattern, tests are used as the measure of learning outcomes. In the classroom setting, there is an atmosphere dominated by teacher talking and students listening

□ Management and Discipline: Thinking-style teachers spend a huge amount of time planning each session and their syllabi objectives set the boundaries for scope and sequence of content. They use time in a planned, structured, detailed way so that every moment in the class is thought out in advance. They make reminder lists for everything they do and they often integrate material they have used in previous years that worked well.

□ Evaluation: Thinking-style teachers may be perceived as inflexible, closed-minded, and dogmatic with favorite students being the introverted, conforming, quiet, non-leader type of student. Students who analyze logically and agree with teacher conclusions are held in high regard and often produce a high quality of work.

The Feeling-Style Teacher

□ Description: Feeling-style teachers look forward to classroom interaction because they value contact with other people. Their concern for people can be observed in their selection of objectives. In addition to the topical outlines, one often sees references to real life out-of-school situations involving stories designed to understand human emotions. In the classroom, analysis of communication will show a great deal of shift from teacher initiated content to student-initiated questions. This produces a shift in the learning curve upward, a warmer environment, and a boost in student morale.

□ Management: Even though the course of study contains the curriculum guide, specific time lines will not be used when planning lessons. There will be less structured activity that allows for more spontaneous response from students based on need. Teachers who employ this style spend a great deal of energy in motivating the students to learn the content.

□ Discipline and Evaluation: Criticism from thinking-style teachers can be a problem, and feeling-style teachers are often described by their thinking-style colleagues as too touchy-feely, impulsive, missing important details, moody, easily hurt, unpredictable, clinging vines, or romantics. Thinking-style students sometimes find feeling teachers too easy-going and soft on control. Those students do better in a structured, more predictable environment with tight boundaries.

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Upcoming Events

All HPD faculty are invited to attend these luncheon seminars.

RSVP to Kathleen Hagen at ext. 1235 three days before these events.
12:00-1:15pm Chancellor's Dining Room (5th floor of the Terry Building)

Faculty Development Seminars

Hosted by the Center for Teaching and Learning.

February 15, 2006. Diane Lippe from the I-Zone and Dr. Melanie Crandall from the College of Optometry will speak on "Instructional Technology."

March 8, 2006. Dr. Patrick Hardigan from the Center for Teaching and Learning will speak on "Knowing Your Students."

April 5, 2006. Dr. William Rapaport from the University of Buffalo will speak on "Your Students' Place in the Perry Scheme."

Faculty Research Development Seminars

Hosted by the Faculty Research Development Committee.

February 28, 2006. Dr. Stephen Bowen from the College of Osteopathic Medicine will speak on "Recreational Drug Use Among Hispanic Men Who Have Sex with Men in South Florida."

March 23, 2006. Dr. Luigi Cubeddu from the College of Pharmacy will speak on "Salt Sensitive Hypertension: How Much, How Often, How Important?"

April 25, 2006. Dr. Harvey Mayrovitz from the College of Medical Sciences will speak on "Limb Lymphedema: Features and Assessment Methods."

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ASK THE EXPERTS: "MULTICULTURALISM IN THE HEALTH PROFESSIONS"

by Patrick Hardigan, Ph. D.

We are often asked why is it necessary to pay attention to diversity issues within the classroom. Or on a more fundamental level, why should faculty care about this issue? NSU has a vision to prepare our students to live and function in a diverse and global society. Increased awareness of how to better understand the subtle ways we may be influencing the teaching and learning environment for our students makes us better teachers and learners (Stanley, 2003). The demands upon higher education are also changing (Rudenstine, 1996). Our traditional approaches and structures are challenged to keep up with these changing demands and expectations (Stanley). Change is complex and often necessary to accommodate the new realities of higher education (Stanley). It offers us a chance for individual and collective growth in accordance with our ideals.

Students at NSU vary according to race, ethnicity, age, gender, religion, sexual orientation, culture, socioeconomic status, and learning style/ability. Faculty often times view this as diversity, but really these factors are part of a larger picture called multiculturalism.

[Multiculturalism]...seeks to promote the valuing of diversity and equal opportunity for all people through understanding of the contributions and perspectives of people of differing race, ethnicity, cultural, language, religion, gender, sexual orientation, and physical abilities. A multiculturalism curriculum provides a more comprehensive, accurate, intellectually honest view of reality; prepare all students to function in a multicultural society, and better meet the learning needs of all students . . . (Morey & Kitano, 1997)

The multicultural approach to education promotes the transformation of the educational process to reflect the ideals of democracy in a pluralistic society. In this manner students are taught content using instructional methods that value cultural knowledge and differences (Sleeter, 1996). The guiding principle to health educators is that a multicultural reflective education process recognizes the diversity of students and patients alike, and demands that we develop critical thinkers capable of dealing with the complexities of individual differences (Hanley, 2003).

The principles of a diverse classroom that promotes and actively nurtures critical thinking were first articulated by Chickering and Gamson (1987). In their research the authors discovered seven characteristics of teaching that demonstrate positive learning outcomes.

- 1.1. Encourages student-faculty contact
- 1.2. Encourages cooperation among students
- 1.3. Encourages active learning
- 1.4. Gives prompt feedback
- 1.5. Emphasizes time on task
- 1.6. Communicates high expectations
- 1.7. Respects diverse talents and ways of learning

The Center for Teaching and Learning recognizes the importance of this subject at the Health Professions Division. Therefore, over the next seven issues we will discuss these characteristics and offer suggestions on how to incorporate the principles within the classroom.

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Stan's Soap Box

A NEW YEAR'S CHALLENGE

There have been several hundred studies reported in the last 25 years that support the notion that students have different learning styles. It has also been documented that educational planning is critical in creating an environment in which all learning styles can be accommodated to maximize new knowledge.

According to Armstrong from Harvard Medical School, such accommodation does not mean watering down content. For many health professions students it means a need for more active involvement in the content selection so that convergence with what the learners know to new content is achieved.

One of many devices for measuring student learning style is the Kolb Learning Style Inventory (LSI). In fact, when Plovnick used the LSI in medical research, he found a correlation between students' learning style and the medical specialties they chose. (However, some later research challenged Plovnick's conclusions, showing a need for more quality research.)

So, what does this all mean to faculty members planning an educational session even after they see the results of the Kolb LSI? After all, the class (and especially the larger classes) will have all learning styles represented. While it may not be logistically feasible to group students by learning preference, at least the Kolb results will tell us how the majority of students learn best. We can then attune our teaching style to achieve greater congruence with the majority of our students.

Kolb has identified four basic structures to achieve lasting learning:

1. Activate prior knowledge. This can be facilitated by asking students to bring their questions and their goals to the first class. This provides a good starting point for understanding the experience base, and we can listen to what students expect to accomplish. By reflecting on what they already know, students will be more likely to accept new information.

2. Identify new knowledge. This can be facilitated by bringing in books and journal articles that expand on the existing student knowledge. The students move from their concrete experiences by thinking through relevant data, analyzing the concepts involved and forming new principles of which they were previously unaware.

3. Test out alternatives. Kolb called this moving from theory to practice. Case histories are used at first to solve problems. The learner has to analyze the cases and present a valid solution. The group will come up with alternative solutions which the presenter has to analyze and react to. In addition to case histories, role playing, patient simulations, and even mini teaching exercises can be useful to build practice time with new concepts.

4. Develop an action plan to just do it. The gap between new knowledge and really putting this knowledge into practice is huge. Realistic action plans written by students may help to make this commitment. The bottom line is that the learners' prior knowledge is greatly enhanced, and they have developed skill in how to learn the rest of their lives.

If we can incorporate these four structures in planning our content, chances are all learning styles may benefit.

Quotes to Brighten Your Day

I am not a teacher; only a fellow traveler of whom you asked the way. I pointed ahead - ahead of myself as well as you. - *George Bernard Shaw*

The art of teaching is the art of assisting discovery. - *Pablo Casals*

It is the supreme art of the teacher to awaken joy in creative expression and knowledge. - *Albert Einstein*

Education is not the filling of a pail, but the lighting of a fire. - *William Butler Yeats*

Teachers unlock the door, but you must enter by yourself. - *Chinese Proverb*

Man's mind, once stretched by a new idea, never regains its original dimensions. - *Oliver Wendell Holmes, Jr.*

The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires. - *William Arthur Ward*

You cannot teach a man anything; you can only help him find it within himself. - *Galileo*

Education is not preparation for life; education is life itself. - *John Dewey*

Reminder:

Mark your calendars for the
Faculty Development Presentation
"Your Students' Place in the Perry Scheme"

April 5
See Page 1
Upcoming Events
for details

I AM A TREE, I CAN BEND PART 2

(continued from Page 1)

The Sensing-Style Teacher

□ Description: Sensing-style teachers love hands-on activity. They are action oriented so their lectures will be interspersed with simple tasks that require little time. These are down-to-earth activities that require using the senses to evaluate solutions. They love to work with students and thrive in competition. Students who solve problems quickly and correctly are recognized and rewarded. The last one finished is a drag, drag, drag and gets little or no reward.

□ Management: Management of the sensing-style classroom is difficult in lecture halls with bolted-down seats because it is harder to get students to move around. Such a teacher will not lecture for two hours or show a film for sixty minutes. This is too passive. Active field trips such as the city morgue can stimulate activities in the class. Designing a competitive surprise activity for the "me-here-now" sensors acts like magic.

□ Discipline and Evaluation: Discipline in the sensing-style teacher's classroom is also practical. Rules are strict and students who choose to break them are quickly punished. Such students are reprimanded immediately when they do something wrong, very often in front of the class and without much sensitivity for student embarrassment. Sensing teachers can steam-roll over feeling, sensitive students, so others see them as insensitive to emotions and in a sense, anti-intellectual. They are often called the "jocks" in education.

The Intuitive-Style Teacher

□ Description: Intuitive teachers see possibilities in everything. When planning lessons, innovative ideas, especially those based on concepts, are described in broad outlines. Sensing teachers see this style as chaotic and prefer to implement solutions to old problems rather than solve new ones. Students who learn to think through a problem independently and make up their own minds, are rewarded with higher grades. Intuitive style teachers' desks are usually messy, filled with loads of books and scattered papers, which they will describe as organized confusion. Others see them as cluttered and disorganized because they can't always find the things they need.

□ Management: The absence of structure in the classroom is apparent. Enrichment activities are valued and become more important than the formal curriculum described in the syllabus. Intuitive teachers really enjoy having fun with students. The emphasis here is in stimulation of ideas rather than specific outcomes. So traditional outcome measures, which test content knowledge, are difficult to design. Intuitive teachers tend to prefer essay exams.

□ Discipline and Evaluation: Intuitive teachers reject classical rules that don't make sense. They strive for self-discipline so students see for themselves why certain behaviors pay off. Their students learn from experience there is a bottom-line cost to everything they do. This is an important outcome because students can design their own rules for life. Intuitive style teachers value and give the best grades to students who grasp the meaning of ideas and abstract subject matter. For concrete, sensing student learning styles, this can be a disaster. Many of them find that abstract thinking flies right over their heads and they don't know what to do.

DIRECTOR'S CORNER

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The future of online publishing is evolving as the growth of the open access movement continues to expand exponentially. Peer-reviewed journals such as PLOS (Public Library of Science) Medicine and PLOS Biology lead the way to the free and open publication of research findings. Our own College of Allied Health publishes an open access journal entitled IJAHSP (Internet Journal of Allied Health Sciences and Practice).

In addition, there are multiple examples of open access textbooks, such as WikiMD (www.wikiMD.org), a free, open-content medical encyclopedia that is created and edited by its users. Corporate sponsors such as the Merck Pharmaceutical company have begun to offer free online medical books.

The trend is toward greater use of electronic books and reduced purchasing of print texts. In the HPD Library, we have seen a definite decrease in the circulation of print materials along with a sharp increase in the number of times electronic titles are accessed. Future purchases will reflect this continuing shift away from print titles as more become available in digital format. Please contact us with your thoughts about electronic books in general and suggestions for future purchases. Please inform us when titles in your field become available online. We also welcome opposing viewpoints.

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An Allegory: The Mechanic and the Surgeon

A mechanic was removing a cylinder head from the motor of a Harley motorcycle when he spotted a well-known heart surgeon in his shop.

The surgeon was there waiting for the service manager to come take a look at his bike when the mechanic shouted across the garage, "Hey Doc, can I ask you a question?"

The surgeon, a bit surprised, walked over to where the mechanic was working on a motorcycle. The mechanic straightened up, wiped his hands on a rag and asked, "So Doc, look at this engine. I open its heart, take valves out, repair any damage, and then put them back in, and when I finish, it works just like new. So how come I get such a small salary and you get the really big bucks, when you and I are doing basically the same work?"

The surgeon paused, smiled, leaned over, and whispered to the mechanic: "Try doing it with the engine running."

DIRECTOR'S CORNER

by Kaye Robertson, Director of the NSU Health Professions Division Library

EBOOKS REVISITED...

In the ever-evolving world of medical resources, electronic books are coming to the forefront as a vital and accessible medium for current, reliable information. As the fastest-growing segment of the publishing industry, ebooks represent a growing trend away from print and toward digital delivery of information. This format offers many of the important features that users expect from print medical texts, including:

□ Comprehensive coverage-Many of the classic texts in the medical specialties are now available digitally, as well as subspecialty topics.

□ Updated content-The most recent editions are automatically added to the subscriptions from major vendors. Many textbooks, such as Harrison's Principles of Internal Medicine, are updated weekly. While print textbooks are frequently out of date as soon as they are printed, ebooks have the potential for truly being up to date.

□ Complete text access-All contents of the book, including images, charts, tables, etc., are included.

□ Searching capability-Most interfaces provide sophisticated search tools as well as indexes to make the contents fully accessible.

□ Adaptability-various ebooks are available in many formats, including hand-held devices. Pages and images can be downloaded and printed easily.

While electronic books have been around since before the advent of the World Wide Web, many people have dismissed them as being expensive, hard to read, ephemeral, or a threat to "real" books. The idea of reading an entire book from a small computer screen is repugnant to many. However, when viewed as an extension of a library's print collection, digitized books greatly expand the accessibility to the library's collection via any Internet

connection. The recent adoption of the VitalSource electronic textbook library by the College of Dental Medicine has provided students with 75 valuable textbooks stored in their laptops. HPD Library provides access to more than 200 medical and health texts via its homepage, and NSU Libraries subscribe to hundreds more via the Novacat electronic library catalog. Add to that the thousands of electronic texts available free on the WWW, and you begin to see that the future of the electronic book is a vital and growing one. Here is a short summary of what is available.

From the HPD Library homepage (www.nova.edu/hpdlibrary) select Electronic Books for a complete listing of the licensed textbooks provided. They come from four main vendors:

□ MDConsult, which has been in the electronic text business since 1996, offers access to more than 50 textbooks, 70 journals and 56 eClinics, which are clinical reviews of timely subjects that are updated annually. Included are titles such as Braunwald's Heart Disease (7th ed.), Ferri's Clinical Advisor (2006 ed.), and Robbins and Cotran's Pathologic Basis of Disease (7th ed.). The site also offers clinical guidelines, patient handouts, and current medical news.

□ Books@Ovid focuses on hospital-based specialties such as cardiology and radiology. We currently subscribe to 20 textbooks, including Adams & Victors' Principles of Neurology (8th ed.), Casarett & Doull's Toxicology: the Basic Science of Poisons (6th ed.), and Clinical Evidence (2005 edition).

□ STAT!Ref was started by a family physician after seeing his first encyclopedia on CD and deciding to find a way to offer medical textbooks electronically. HPD Library subscribes to 76 medical texts via STAT!Ref. You can search titles individually or in combination. There

are several reference tools available as well, such as Stedman's Medical Dictionary, MedCalc3000 and other tools for medical students and residents.

□ Thieme ElectronicBook Library contains the popular Flexibook Atlases and Textbooks Series, and includes 26 color atlases covering the musculoskeletal system, cytology, ENT diagnosis, immunology, pathology, physiology and other topics.

□ An additional resource, UpToDate, is not a textbook per se, but is a series of clinical reviews, written by about 3,000 physicians, with more than 70,000 pages of original, peer-reviewed text, a drug database, Medline abstracts, graphics, a news summary of the latest findings, and patient handouts.

In addition to these licensed products, you will find links to many excellent free textbooks on the HPD Library Electronic Books page, including these:

□ Virtual Hospital was developed by the University of Iowa Hospitals and Clinics in 1992 to make the Internet a useful medical reference and health promotion tool for health care providers and patients. The digital library contains thousands of textbooks and booklets as well as Continuing Education (CE).

□ FreeBooks4Doctors provides access to 650 medical texts. The site is dedicated to the promotion of free access to medical books over the Internet.

□ MerckMedicus is a service for medical professionals which offers free access to MDConsult, Harrison's Online, the Merck Manual, medical textbooks, patient handouts, etc. Registration is required using a professional or medical student ID number.

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