TAILORING VETERINARY TECHNICIAN TRAINING TO LEARNING STYLES

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Hi everyone! Thank you so much for being here. My name is Brandie Johnson—I'm an RVT and LVT and currently serve as the Training and Education Coordinator at Dogs and Cats Emergency and Specialty in Maryland.

"Today we're going to dive into something I'm really passionate about—how we teach. Not just what we teach our veterinary nurses and assistants, but how we deliver it in a way that actually makes sense to them."

"This talk is called Tailoring Veterinary Technician Training to Learning Styles, and the goal is simple: to help you walk away with clear, realistic, and practical strategies to support every kind of learner on your team."

"You won't need to reinvent your whole training program—but I hope you leave with at least a few ways to adjust how you teach, to better match how your staff learns."

"Let's jump in."

"If a child can't learn the way we teach, maybe we should teach the way they learn." – Ignacio Estrada

"This quote isn't just about kids—it's about learners. And if you've worked in veterinary education for more than five minutes, you know our learners are all over the place."

"About a year and a half ago, I hit a wall. I felt like nobody was retaining what I was teaching—no matter how many times I explained it. I started questioning myself as a trainer."

"One day, I was chatting with our marketing manager—of all people—and I started venting about this. And she casually said, 'Maybe they just learn differently than you do.' That comment sent me into a full-blown learning styles deep dive."

"Now look, we're not teaching kids, but adult learners still come with preferences. Some need to hear it. Some need to read it. Some need to do it. And some... need all three."

"That moment shifted how I approach training. I stopped thinking, 'Why aren't they getting it?' and started thinking, 'How can I deliver this better?' And that's what we're here to explore today."

WHY LEARNING STYLES MATTER

- Vet techs enter with different backgrounds
- Medical concepts are complex.
- One-size-fits-all creates frustration
- Adapting increases retention and success

"So let's talk about why this even matters. In vet med, we work with such a wide range of people. Some came from tech schools, some are second-career professionals, and some were hired with no formal training at all."

"Now, when we teach everyone the same way, we assume they all learn the same way—and they don't. That's where things break down. You end up with trainees who look like they're listening… but a week later, they still can't do the task."

"That's frustrating—for them and for us. It slows down onboarding, delays confidence, and can make someone feel like they're not cut out for the job—when really, it's just that we didn't teach it in a way that clicked for them."

"But when we recognize that people absorb information differently, we can start to adapt—just a little—and that's where the magic happens. Suddenly the lightbulb goes on. They retain more. They ask better questions. They start owning the skill."

"Understanding learning styles doesn't mean you need four separate lesson plans. It just means

offering some flexibility in how we teach—and that flexibility can be the difference between 'still struggling' and 'nailed it.'"

WHAT ARE LEARNING STYLES?

- Learning styles are the ways individuals prefer to absorb, process, and retain information.
- Multiple theories exist—some based on behavior, cognition, or experience.
- Popular models include:
  - Kolb's Experiential Learning Cycle
  - Gardner's Multiple Intelligences
  - Fleming's VARK model

"Before we dive into the VARK model, I want to take a step back and talk about learning styles more broadly."

"Learning styles refer to the unique ways people prefer to take in information, process it, and ultimately retain it. There's no single way to categorize learners, and researchers have come up with several models over the years."

"One popular framework is Kolb's Experiential Learning Cycle, which focuses on how learners move through four stages: doing, reflecting, thinking, and applying. This model is especially relevant in clinical learning where hands-on experience is key."

"Then there's Howard Gardner's Multiple Intelligences Theory, which proposes that people have different kinds of intelligence—like linguistic, logical, spatial, or bodily-kinesthetic—and these shape how they learn best."

"But the model we'll focus on today is Fleming's VARK—which stands for Visual, Auditory, Reading/Writing, and Kinesthetic. VARK is especially useful in veterinary training because it's

simple, easy to observe in real time, and highly actionable."

"So while there's no one-size-fits-all theory, what matters is that we as educators recognize that learners are diverse, and we have tools to meet them where they are." And just to be clear—these aren't hardwired categories. Learning styles are better thought of as preferences. Most people aren't only one type, and their style can shift depending on the situation. We're not labeling learners—we're simply recognizing what helps them succeed."

THE VARK MODEL OF LEARNING

Visual: Learns best with images, diagrams, and spatial understanding.
Auditory: Learns best through listening and speaking.
Kinesthetic: Learns best with hands-on activities and physical engagement.
Reading/Writing: Prefers written word, notes, and reading-based content.

Visual · Auditory · Read/Write · Kinesthetic

"Now that we've covered some of the broader theories, let's zoom in on the one I've found most useful in veterinary technician training—the VARK model."

"VARK stands for Visual, Auditory, Reading/Writing, and Kinesthetic. It was developed by Neil Fleming as a simple, practical way to think about learning preferences—especially for educators and trainers."

"Here's a quick breakdown:"

" ◆ Visual learners do best with images, diagrams, charts, or spatial layout. If they can see it, they can remember it."

" ◆ Auditory learners thrive when they hear and talk through information—lectures, discussions, even repeating things out loud helps."

" ◆ Reading/Writing learners like handouts, protocols, checklists—if it's in written words, they're on it."

" ◆ Kinesthetic learners need to move, touch, do. They learn best through hands-on experiences, real-world application, or even just getting up and walking through a process."

"We'll explore each one more deeply in a moment, but here's the key thing: most people aren't just one type. In fact, most learners are multimodal—meaning they use more than one of these styles depending on the situation."

"But understanding these four gives us a toolbox to work with—and that's where the magic starts happening in training."

DEBUNKING THE "LEARNING STYLES MYTH"
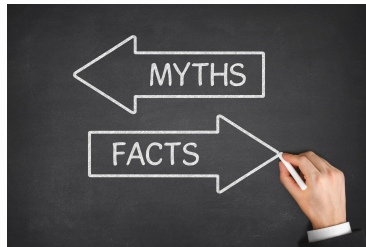
- Critics argue matching style to teaching doesn't always improve test scores
- BUT—research supports variety, repetition, and active learning
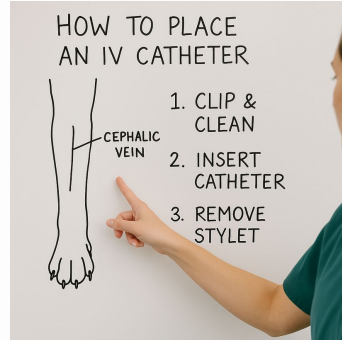- Learning preferences still guide engagement, retention, and confidence

"You may have heard that learning styles aren't real, or that matching instruction to someone's preferred style doesn't actually improve test scores. And that's true—multiple studies, including a 2008 review by Pashler and colleagues, have shown limited evidence for improved academic performance through style-matching alone."

"But here's the thing—we're not just teaching for tests. In clinical training, we're teaching for retention, confidence, and real-world application. And for that? Variety is gold."

"When we present information in more than one way, learners stay more engaged, they ask better questions, and they retain more. Even more importantly—they feel seen. That builds trust and confidence, which accelerates skill development."

"So while we're not here to label learners, we are here to meet them where they are. That's what makes the VARK model a practical tool—not because it guarantees a score bump, but because it helps us teach with more intention and flexibility."

VISUAL LEARNERS: "I NEED TO SEE IT"

HOW TO PLACE
AN IV CATHETER

CEPHALIC
VEIN

1. CLIP &
CLEAN

2. INSERT
CATHETER

3. REMOVE
STYLET

- **Visual**: Learns best with images, diagrams, and spatial understanding.
- Prefer diagrams, color coding, flowcharts, and spatial layout
- Benefit from visual sequencing and organization
- Learn well through photos, labeled illustrations, and maps
- Common tools:
  ○ Procedure diagrams
  ○ Color-coded charts
  ○ Sketches or dry-erase drawings
  ○ Infographics or visual SOPs

"Let's start with visual learners. These are your 'show me' people—they need to see the information laid out visually to make sense of it."

"They love diagrams, color coding, and flowcharts. They often think in pictures and make connections through spatial layout or organization."

"In veterinary training, this might mean showing them a labeled image of an ECG lead placement instead of just explaining it. Or using a flowchart for triage decision-making rather than a checklist."

"These learners benefit when you draw out a procedure on a whiteboard, use color-coded drug charts, or even walk them through a laminated protocol with pictures."

"And here's the bonus—visuals don't just help visual learners. They help everyone. But for visual learners, they're essential. Without that image or spatial anchor, things just don't click the same way."

AUDITORY LEARNERS: "LET'S TALK IT OUT"

- **Auditory**: Learns best through listening and speaking.
- Learn best through listening, speaking, and verbal repetition
- Prefer lectures, podcasts, discussion, and explaining concepts aloud
- Benefit from repetition, mnemonic devices, and "teach-back" moments
- Common tools:
  - Verbal walkthroughs of procedures
  - Recorded debriefs or podcasts
  - Discussion-based case reviews
  - Interactive Q&A sessions

"Next up are auditory learners. These are the people who learn best by hearing and talking. They often prefer verbal instruction, like lectures or explanations, over reading alone."

"Have you ever trained someone who remembered something just because you said it out loud while doing it? That's your auditory learner. They process through sound."

"They thrive when you narrate your steps during a procedure or review a case out loud. They love discussion-based learning, especially if they get to participate and ask questions."

"And one of the most powerful tools for them is something called 'teach-back.' Ask them to explain a concept or protocol in their own words. Not only does it reinforce their learning—it shows you what they understood."

"You can also encourage them to use repetition or verbal mnemonics—things like 'Red–Yellow–Green' for triage categories or 'DR. CAT' for CPR steps."

"These learners might look disengaged if they're not writing or doing, but once they hear it and

repeat it—they've got it."

KINESTHETIC LEARNERS: "LET ME TRY IT"

- **Kinesthetic**: Learns best with hands-on activities and physical engagement.
- Learn best through movement, hands-on tasks, and real-life scenarios
- Prefer labs, demos, repetition, and physical models
- Struggle with abstract explanations or excessive lecture
- Common tools:
  - Skill stations or wet labs
  - Roleplay (triage, CPR, client communication)
  - Handling instruments, setting up procedures
  - Shadowing + immediate practice

"Now let's talk about kinesthetic learners. These are your 'let me do it' people. They learn by doing—not by hearing or reading about it."

"They retain information when they get to move, handle tools, repeat physical steps, or simulate the real scenario. The more active they are in the learning process, the better they do."

"If you've ever seen someone fidget through a lecture but completely light up when handed a syringe—you're looking at a kinesthetic learner."

"Some of the best ways to support them are through hands-on skill stations, mock scenarios like triage roleplay or bandaging drills, and even letting them just set up a procedure for repetition."

"They may struggle if they're forced to sit through long protocols or lectures without any application, so the sooner you can get them involved physically, the more confident they'll become."

"Vet med is full of kinesthetic learners—and honestly, most of us benefit from this kind of

reinforcement. When in doubt—add movement."

READING/WRITING LEARNERS: "LET ME READ"

- **Reading/Writing**: Prefers written word, notes, and reading-based content.
- Learn best through written text, notes, and self-paced reading
- Prefer lists, charts, definitions, and standard operating procedures
- Benefit from writing things out, rewriting steps, and using written guides
- Common tools:
  - Training handbooks and SOPs
  - Checklists and reference sheets
  - Self-assessment quizzes
  - Encouraging journaling or summary writing

"Finally, we have reading/writing learners. These are your folks who want the words. They learn best through text—reading it, writing it, summarizing it."

"They often ask, 'Can I get a copy of that?' or 'Where's the protocol for this?' They thrive when they can sit down and read the information, then maybe take notes or create their own lists."

"These learners do really well with SOPs, checklists, printed training guides, or even writing out steps by hand. It's not unusual for them to study using flashcards or rewrite notes just to lock things in."

"They might get overwhelmed by excessive talking or fast demos—but give them a binder, a quiet corner, and a highlighter? They're golden."

"When you create structured written resources—like laminated protocols or end-of-week self-check quizzes—you're not just organizing training. You're directly supporting this learning style."

MULTIMODAL LEARNERS: "IT DEPENDS"

- Most people don't have a single dominant learning style
- Learning preferences can change by task, context, or stress level
- Multimodal learners benefit from layered teaching
- Training that blends VARK elements supports long-term retention and confidence

"Here's the thing—very few people are just one type of learner. Most of us are multimodal, which means our preferred learning style might shift depending on what we're learning, how we're feeling, or the environment we're in."

"Someone might be a kinesthetic learner when it comes to bandaging but a reading/writing learner when studying fluid therapy. Or maybe they need a hands-on demo first, but then reinforce it by reading the protocol."

"Multimodal learners benefit from what I call layered teaching—when we offer content in more than one way. A diagram and a hands-on demo. A verbal explanation and a printed checklist."

"You don't need to redesign your entire training program—just mix it up a bit. That flexibility creates stronger, more confident learners who retain information better and are more prepared for real-world scenarios."

"So if you've ever thought, 'I already explained this three ways!'—good! That might've been exactly what that learner needed."

RECOGNIZING LEARNING STYLES

- Observe how trainees engage: do they ask to see, hear, write, or try?
- Listen for language cues:
  - "Can you show me that again?" (Visual)
  - "Can you talk me through this?" (Auditory)
  - "Can I try it next?" (Kinesthetic)
  - "Is this written down somewhere?" (Reading/Writing)
- Ask open-ended questions
  - "How do you like to learn new things?"
  - "What helped you master [previous skill]?"

"Okay, so now you know the four VARK types and how they show up—but how do you actually spot someone's learning style when you're training them?"

"Start with observation. Watch what they do when you introduce a new skill. Do they lean in when you draw something out? Do they grab the instrument to try it themselves? Do they ask you to repeat the instructions, or request a handout?"

"Language cues are huge. If someone says, 'Can you show me again?'—you've probably got a visual learner. 'Can I try it?' is likely kinesthetic. 'Is this written down anywhere?' means they're craving a reading/writing resource."

"You can also just ask—especially during onboarding. Try, 'How do you like to learn new things?' or 'What's helped you the most when picking up new skills in the past?'"

"And here's the big thing: learning styles aren't static. People change. So keep watching, asking, and adapting."

ASSESSING LEARNING PREFERENCES

• Use informal tools: observation + open-ended questions

• Try self-assessments during onboarding or early check-ins

• Include prompts in training logs:
• ▪ "What format helped most with this skill?"
• ▪ "What confused you the first time you learned it?"
• Encourage learners to reflect and advocate for their style

• Reminder: assessment = insight, not a label

"Once you start noticing different learning styles, the next step is to actually assess them—formally or informally."

"Most of the time, I start with just two tools: observation and conversation. Ask questions like, 'How do you usually like to learn something new?' or 'What made this skill finally click for you?'"

"You can also use a simple learning style self-assessment during onboarding or orientation. Nothing fancy—just a few questions that ask things like: Do you prefer to watch first, listen, do it yourself, or read a guide?"

"One of my favorite tricks is adding reflection prompts to training logs or skills checklists. Things like: 'What format helped you learn this?' or 'What part of this was hardest to retain?'"

"Encourage learners to reflect and speak up about what works for them. That awareness helps them become more active participants in their own education."

"And just a reminder: this isn't about sticking people in a box. It's about insight, not labels. We're

not stamping them 'kinesthetic' forever—we're just giving ourselves a starting point to teach more effectively."

ADAPTING TRAINING TO LEARNING STYLES

- Use multiple formats: blend VARK approaches into one lesson
- Match delivery to learner's preferred style when possible
- Encourage learners to reframe content in their own way (draw it, say it, write it, do it)
- Modify training materials:
  - Add diagrams to protocols
  - Record walk-throughs or voice memos
  - Create short skills checklists or worksheets
- Flexibility improves retention and team confidence

"So we've identified learning styles, we've talked about how to recognize and assess them—now let's get into the fun part: adapting your training."

"Here's the key mindset shift: You don't need four different versions of every training. What you need is a little intentional variety."

"That could mean showing a diagram and walking through it verbally. Giving someone a checklist, but also encouraging them to try the skill hands-on right after. Or letting someone draw out the concept on a whiteboard as they explain it back to you."

"If you know a trainee is visual, tweak your SOP with a diagram or color-coded steps. If they're auditory, record a quick voice memo explaining the protocol. If they're kinesthetic, involve them in setting up the procedure from start to finish."

"The goal here isn't perfection—it's flexibility. The more formats you use, the more learners you support. And when learners feel like the training makes sense to them, they retain more, perform better, and ask better questions."

"And bonus—it makes you a more effective educator without burning out."

PRATCTICAL TEACHING STRATEGIES

• Mix modalities: explain, show, write, and let them try

• Create repeatable workflows using different styles

• Example: Teaching jugular catheter placement
  ○ Show labeled anatomy diagram (Visual)
  ○ Talk through steps aloud (Auditory)
  ○ Provide printed protocol with checklist (Reading/Writing)
  ○ Practice on model or real patient (Kinesthetic)
• Encourage learners to reflect:
  ○ "What helped you the most with this?"
  ○ "What part was confusing?"

"Now let's talk about putting this all into action—because that's what matters. It's one thing to know learning styles exist. It's another to teach in a way that works for all of them."

"The easiest strategy? Blend your methods. Explain the skill. Show it. Let them read about it. Let them try it. You don't have to teach the same thing four separate times—you just teach it with layers."

"Let's take jugular catheter placement as an example. You can:
→ Start with a diagram of neck anatomy for your visual learners.
→ Verbally walk them through the steps before the demo—that helps auditory learners.
→ Hand them a printed checklist of supplies and steps for your reading/writing learners.
→ And then, let them try it on a manikin or patient—perfect for kinesthetic folks."

"When you do this consistently, learners start to self-identify what works best. That's when you start hearing things like, 'I loved that you had the diagram,' or, 'Can we try it again with me doing it this time?'"

"And don't be afraid to ask. Questions like 'What helped the most with this skill?' or 'What part didn't stick the first time?' give you live feedback to adjust your teaching style in the moment."

PRACTICAL TEACHING STRATEGIES (CONT.)

- Build habits: narrate your steps, draw when explaining, hand over tools sooner
- Use "train & test" loops: short teaching + active demonstration
- Rotate methods during week 1 of onboarding
- Create skill stations with:
  - Diagram
  - Checklist
  - Roleplay script
  - Quick teach-back moment
- Normalize asking:
  - "Want to see it again?"
  - "Want to try it next?"
  - "Want to talk through it?"

TEACH
DO
REVIEW
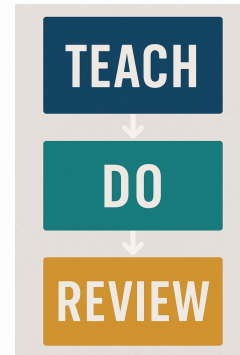
"Let's build on the strategies we just discussed. Here are some easy habits that make your training style more flexible—without adding time."

"Start by narrating your steps during procedures. That supports auditory learners. Sketch a diagram or flow on a whiteboard while you explain—that hits your visual folks. And then hand over the tool as soon as possible for your kinesthetic learners."

"You can also use a 'train & test' loop: give a brief explanation, then let the learner immediately try or demonstrate it. This gives you instant feedback and reinforces their confidence."

"During onboarding, vary your methods throughout the first week. Do a visual handout on Monday, roleplay on Wednesday, checklist by Friday. This approach hits multiple styles before you even know their preference."

"I also love skill stations—think mini learning pods. One setup might include a diagram, a checklist, a roleplay cue card, and a chance to teach the skill back in 60 seconds. It's layered and interactive."

"And don't forget to normalize flexibility. Ask things like: 'Want to see it again?' or 'Want to try it next?' That alone can tell you how someone learns—and makes them feel supported."

CASE EXAMPLE- CROSS TRAINING A NEW HIRE

- Kayla, New ICU Assistant
- Background: Very quiet, new to specialty, struggled with IV fluid setup
- First approach: Provided printed protocol + verbal review (no retention)
- Observed: She kept watching other techs instead of speaking up
- Adjusted strategy:
  - Created diagram of fluid setup
  - Did hands-on demo together
  - Let her practice three times
- Result: Mastered setup by the end of the week; asked for more diagrams to review other skills

"Let me walk you through a real-world example. We had a new hire named Kayla—she came into ICU from general practice, quiet but enthusiastic."

"One of the first things we tried to teach her was IV fluid setup. We gave her the printed protocol and explained it step by step. But she just wasn't getting it."

"After a few days, I noticed something—she kept watching other techs work but wasn't asking questions. That tipped me off that she might be a visual and kinesthetic learner."

"So we changed it up. I drew a labeled diagram of the IV line, ports, and bag connection. Then we walked through it side by side. I had her do it three times, back-to-back."

"By the end of the week, she was confidently setting up fluids and asking if I could make her a diagram for the syringe pump next."

"That small shift—just recognizing her learning style—turned the corner for her. It built her confidence and helped her feel supported."

"This is what adapting training looks like. It's not fancy. It's just flexible."

CHALLENGES & WORKAROUNDS

❌ "I don't have time to individualize every lesson."
✅ Use layered teaching—one activity, multiple styles

❌ "I don't know their learning style yet."
✅ Mix methods early, observe and adjust

❌ "Some learners don't seem engaged no matter what."
✅ Ask reflective questions and change format

❌ "I'm the only one doing the training."
✅ Create reusable materials that support all styles

"Let's be honest—not every training session is ideal. You're busy. You're tired. You've got a list of things to teach and not enough time to do it."

"So here are some of the most common challenges I hear when we talk about learning styles—and the simple, real-world ways to work around them."

"First—'I don't have time to customize training for every person.' Totally valid. That's why we use layered teaching. One activity—like jugular catheter placement—can hit multiple styles if you use visuals, speak it out loud, offer a checklist, and let them do it. That takes no extra time once you get in the habit."

"Second—'I don't even know how this person learns yet.' At the beginning, you don't. That's okay. Just mix your methods in the first few trainings and watch what clicks. Once you spot it, you can lean into that."

"Third—'This trainee isn't engaged at all.' That doesn't mean they're lazy—it usually means they're overwhelmed or disconnected. Ask questions like: 'What's helped you learn in the past?' or 'Would

it help if I showed you, or we tried it together?'"

"And finally—'I'm the only one doing all the training.' I see you. That's where reusable materials help—visual SOPs, recorded walk-throughs, and checklists all work for multiple learners and save you time in the long run."

IMPLEMENTATION TIPS

- Start small: Pick one training to modify this week
- Layer your approach: combine visual, auditory, written, and hands-on methods
- Use intake forms or onboarding checklists to capture learning preferences
- Build a reusable toolkit:
  - Visual SOPs or diagrams
  - Recorded walkthroughs
  - Printable checklists and worksheets
- Reflect + adapt: Ask learners what helped or what didn't
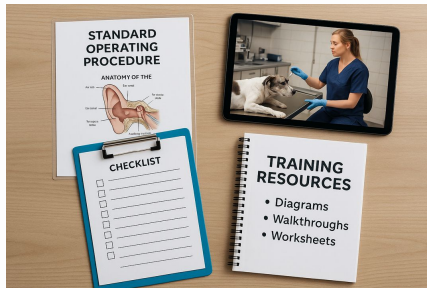
"You don't need a total overhaul to implement learning styles into your training. Start small. Pick one training this week—maybe blood smear review or triage intake—and modify it just slightly. Add a visual. Offer a checklist. Talk it through and write it out."

"Use layered delivery—that strategy alone touches every learner in the room."

"During onboarding, include a section in your training log or intake form that asks how they like to learn. If you're already doing a skills checklist, add a column that asks: 'What format helped you the most?'"
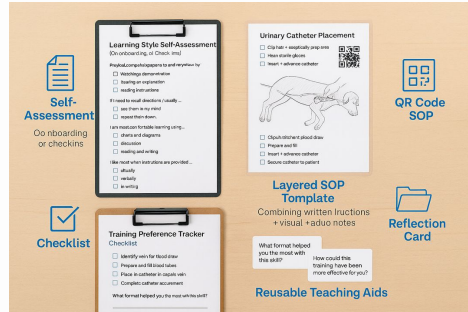
"Over time, you can build a training toolkit. I keep visual SOPs with diagrams, recorded walkthroughs in our shared drive, and reusable checklists laminated at key stations. These support all learners—and they save me time."

"And finally, just reflect. Ask: 'Did that training style work for you?' or 'Would a different format have helped?'"

"The goal isn't perfection—it's adaptability. And the more you adapt, the better your team learns."

"Let's make this practical. Here are some tools and templates you can start building into your training program right away."

"First is a Learning Style Self-Assessment—a simple quiz that helps learners reflect on what works best for them. You can include it in onboarding paperwork or during skills check-ins."

"Next is the Training Preference Tracker. I love adding one line at the bottom of a checklist that says: 'What format helped you learn this best?' This builds awareness—for them and for you."

"Then there's the Layered SOP Template. You can take any existing protocol and adapt it by adding a diagram, a QR code that links to a short demo, or even a short recorded voice note explaining it."
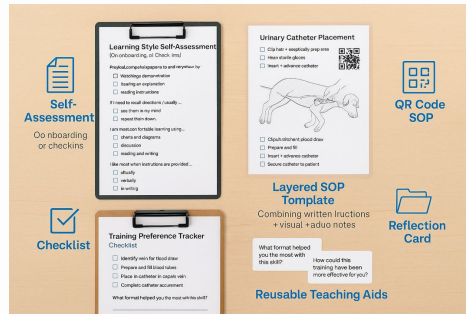
"Finally, create a stash of reusable teaching aids—laminated checklists, diagram-based protocols, skills cards, Study guides, or reflection questions. Keep them at workstations so they're always available."

"You don't need to reinvent everything—just evolve it a little. These tools meet learners where

they are, and over time, your entire training culture becomes more effective and more inclusive."

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"ONE SKILL, FOUR WAYS"
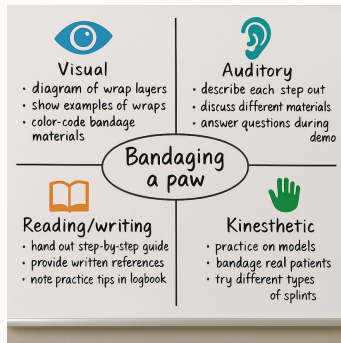
- Instructions:
  - Choose one common veterinary skill.
  - Work with a partner or small group to brainstorm how you would teach that skill using all four learning styles:
    - Visual
    - Auditory
    - Reading/Writing
  - Kinesthetic
- **Be ready to share 1–2 examples with the room!**

"Let's bring this all together. We've talked about the VARK model, seen how learning styles show up in real training, and looked at ways to adapt."

"Now it's your turn. You're going to choose one common veterinary skill—anything from placing an IV catheter to administering eye meds to setting up an oxygen cage."

"Then, with a partner or small group, I want you to brainstorm how you'd teach that one skill using each of the four learning styles:
Visual, Auditory, Reading/Writing, and Kinesthetic."

"How would you adapt the teaching for each style? What tools or approaches would you use?"

"You'll have about 6–8 minutes, and then I'll ask a few of you to share an example. No pressure—this is meant to be creative, collaborative, and practical."

"You'll be surprised how many things you're already doing without even realizing it."

KEY TAKEAWAYS

- Learners process and retain information in different ways which builds better training
- The VARK model offers a practical, easy-to-use framework
- You don't need to teach four separate lesson, just blend formats
- Observation, reflection, and conversation help you identify learner preferences
- Small shifts = big impact on retention, engagement, and confidence

"As we wrap up, here are the biggest things I hope you take with you."

"First—learners process information differently. That's not a weakness—it's human. And when we acknowledge those differences, we train more effectively."

"Second—the VARK model gives you an easy framework to recognize learning styles and adapt without a ton of extra effort."

"Third—you don't need a separate lesson plan for each learner. A blended approach—where you explain, show, write, and do—covers all the bases."

"Fourth—observe. Ask. Reflect. The best trainers aren't the ones who talk the most—they're the ones who listen and adjust."

"And finally—small shifts lead to big results. When we teach the way someone learns, we empower them to succeed faster, retain more, and show up with confidence."

"That's what good training does—and that's what you're already capable of."

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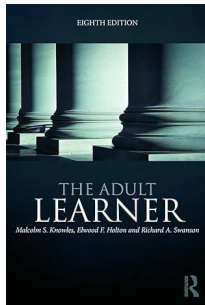
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EIGHTH EDITION

THE ADULT LEARNER

Malcolm S. Knowles, Elwood F. Holton and Richard A. Swanson

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"These are a few of the primary texts and learning models I referenced throughout today's presentation, including VARK, Kolb's learning cycle, and Gardner's multiple intelligences. If you're looking to dig deeper into adult learning theory, I highly recommend Knowles' The Adult Learner."

THANK YOU!

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"Thank you all so much for spending time with me today. I hope you walk away with at least one tool, idea, or shift in mindset that makes training at your hospital more engaging, more effective, and more fun—for both you and your learners."

"If you'd like a copy of any of the tools or templates I shared, just shoot me an email—I'm always happy to connect with other educators."