



Nova Scotia Department of Health, Primary Health Care

# Generations and Learning Styles at Work Participant Materials

*Building a Better Tomorrow Together:*

Team Development for Primary Health Care Collaboration

2009



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# Building a Better Tomorrow Together

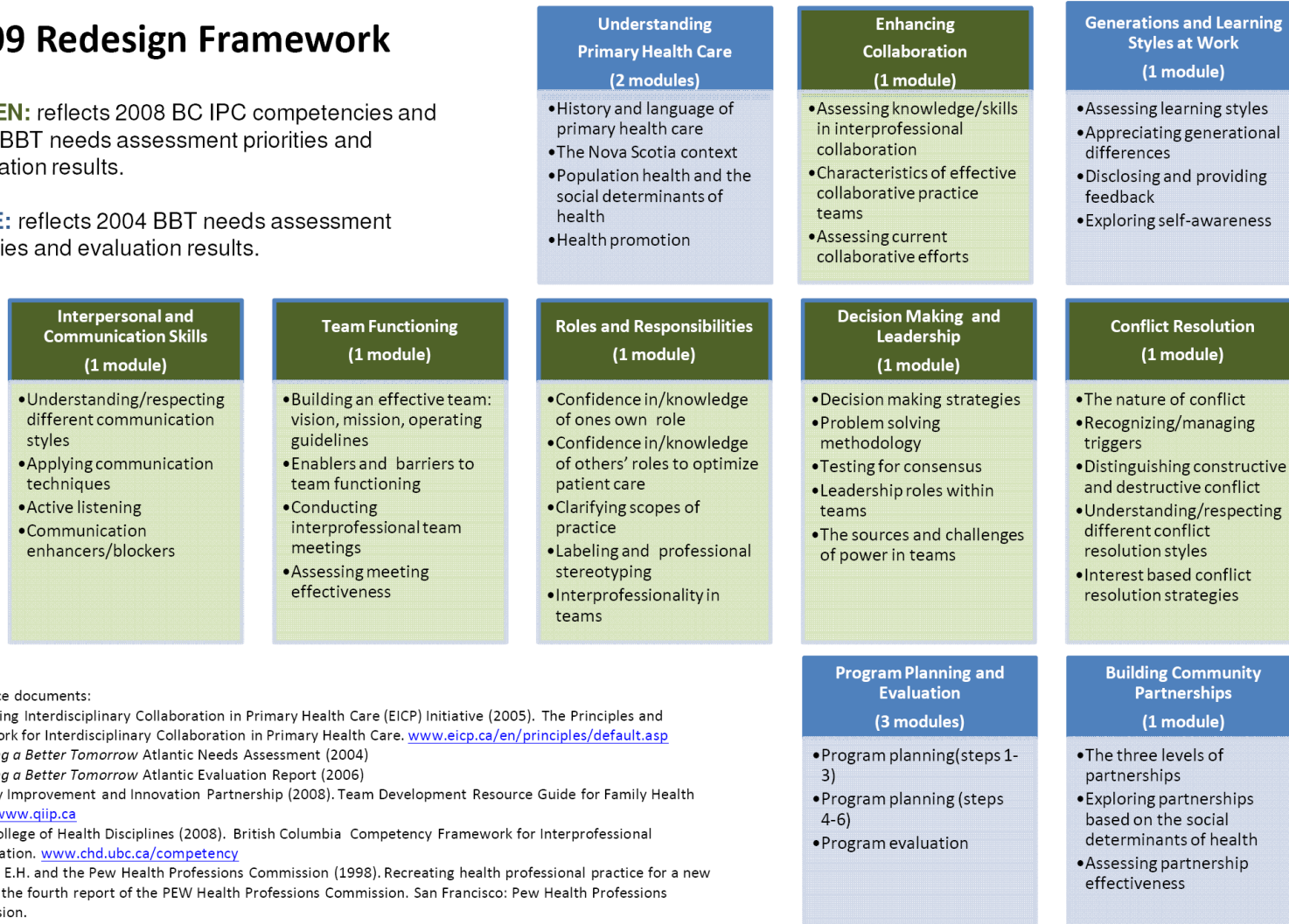
## Team Development for Primary Health Care Collaboration



### 2009 Redesign Framework

**GREEN:** reflects 2008 BC IPC competencies and 2004 BBT needs assessment priorities and evaluation results.

**BLUE:** reflects 2004 BBT needs assessment priorities and evaluation results.



**Reference documents:**

- Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative (2005). The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care. [www.eicp.ca/en/principles/default.asp](http://www.eicp.ca/en/principles/default.asp)
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- *Building a Better Tomorrow* Atlantic Evaluation Report (2006)
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- O'Neil, E.H. and the Pew Health Professions Commission (1998). Recreating health professional practice for a new century: the fourth report of the PEW Health Professions Commission. San Francisco: Pew Health Professions Commission.



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# Generations and Learning Styles at Work

## Agenda

Welcome and Introductions

Understanding Self

Identifying Learning Styles

Appreciating Generational Differences

Disclosing and Providing Feedback

Wrap-Up



# Generations and Learning Styles at Work

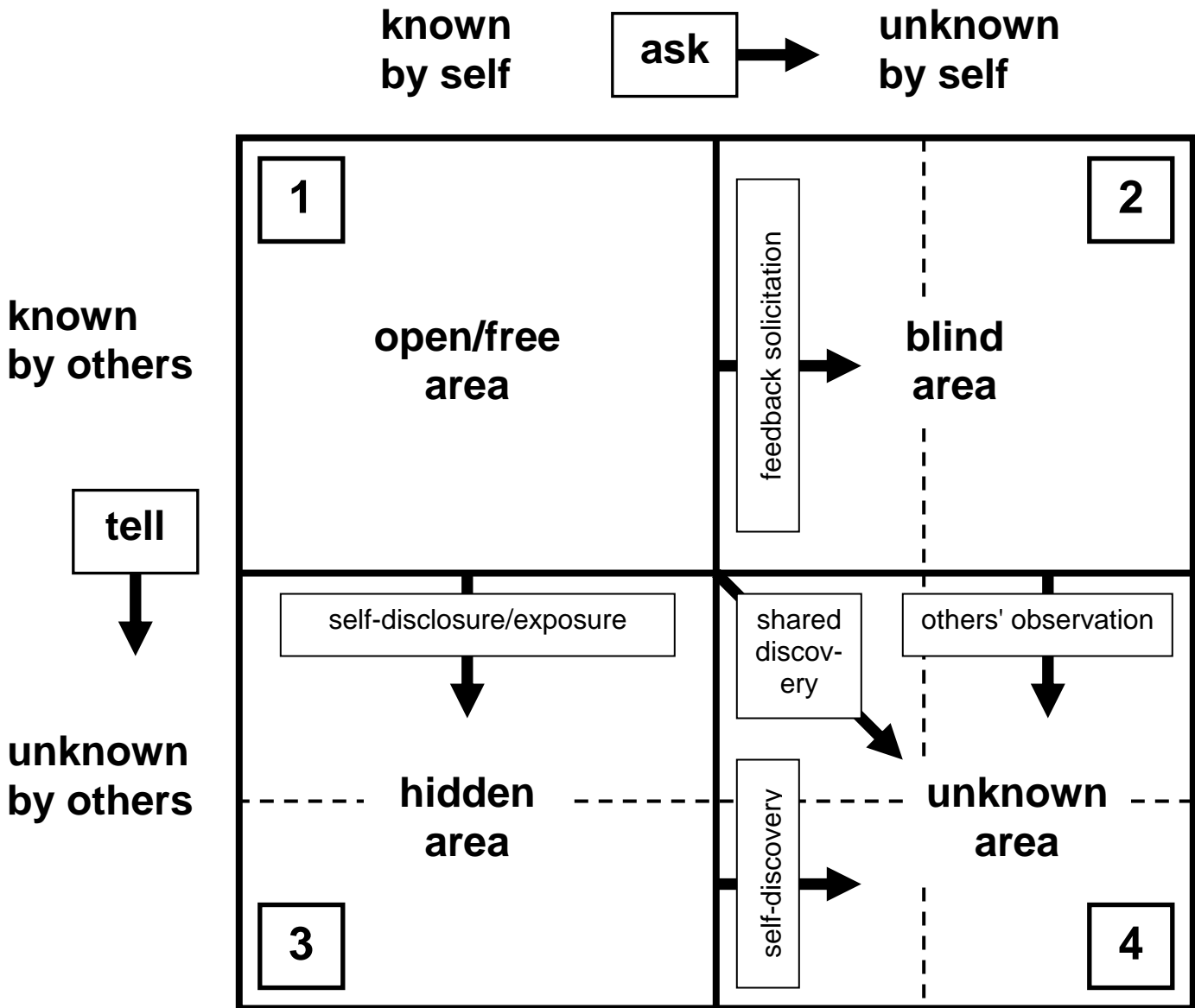
## Learning Objectives

Upon completion of this session, participants will be able to:

- Explain self-awareness using the Johari Window Model
- Identify the sensory, social and cognitive components of learning styles
- Recognize the dominant characteristics of an individual's learning style
- Describe strategies for adapting to different learning styles
- Identify the most critical generational influences for Baby Boomers, Gen Xers and Millennials
- Identify potential workplace motivators and irritants for Baby Boomers, Gen Xers and Millennials
- Use disclosure and invite feedback to increase self-awareness

# Johari Window Model

Developed by Joseph Luft & Harry Ingram 1955



## What is the Sensory Component of Your Learning Style?

This questionnaire has been adapted from O'Brien (1985). Respond to each of the following statements using the following responses:

- 1 - The statement never applies to you
- 2 - The statement sometimes applies to you
- 3 - The statement often applies to you

1. \_\_\_\_ I enjoy doodling and often my notes have pictures and arrows in them.
2. \_\_\_\_ My written work is often messy.
3. \_\_\_\_ I don't like to read directions; I'd rather just start doing.
4. \_\_\_\_ Studying at a desk is not for me.
5. \_\_\_\_ When studying I prefer to read out loud rather than silently.
6. \_\_\_\_ People tell me I have nice handwriting.
7. \_\_\_\_ I remember something better if I write it down.
8. \_\_\_\_ I remember better things that I hear, rather than things I see or read.
9. \_\_\_\_ Writing is tiring. Often I press too hard with my pen or pencil.
10. \_\_\_\_ I need frequent breaks when I am studying.
11. \_\_\_\_ I think better when I have the freedom to move around.
12. \_\_\_\_ I visualize things to remember them better.
13. \_\_\_\_ I am better with names than with faces.
14. \_\_\_\_ If I am trying to concentrate noise is a distraction for me.
15. \_\_\_\_ Before I follow directions, it helps me to see someone else do it first.
16. \_\_\_\_ I prefer to show people how to do something, rather than tell them.
17. \_\_\_\_ When I read I underline, hilite, or make notes in the margin.
18. \_\_\_\_ I like to use a diagram to explain things.

19. \_\_\_\_ I sometimes talk to myself or sub-vocalize.
20. \_\_\_\_ I have a very good sense of direction.
21. \_\_\_\_ I can easily understand charts, flow sheets and blueprints.
22. \_\_\_\_ I remember better things that I do, rather than things I've seen or heard.
23. \_\_\_\_ When I have to concentrate I often close my eyes.
24. \_\_\_\_ I find repeating things out loud a good way to remember things,
25. \_\_\_\_ I rely on a word "looking right" to tell if it is spelled correctly or not.
26. \_\_\_\_ When I read I sometimes don't bother to look at the illustrations.
27. \_\_\_\_ I am a poor speller.
28. \_\_\_\_ I tend to fidget quite a bit when sitting for any length of time.
29. \_\_\_\_ I remember faces better than names.
30. \_\_\_\_ If I am reading I often skip long descriptions.

Notes:

## Summary – Sensory Component of Learning Styles

VISUAL	AUDITORY	KINESTHETIC
1. _____	2. _____	3. _____
6. _____	5. _____	4. _____
7. _____	8. _____	10. _____
12. _____	9. _____	11. _____
17. _____	13. _____	15. _____
18. _____	14. _____	16. _____
21. _____	19. _____	20. _____
23. _____	24. _____	22. _____
25. _____	26. _____	27. _____
29. _____	30. _____	28. _____
Total:	Total:	Total:

## What is the Social Component of Your Learning Style?

Which of the following statements better describes you?

A		B
I like to talk things through to understand them	Or	I like to think things through before talking about them
I prefer to interact with people while learning	Or	I prefer to learn in a private, individual way
I like to try new things out right away	Or	I like to take plenty of time before I act
I prefer to study with a group of people	Or	I prefer to study by myself
I prefer to study in a place where there is lots of activity	Or	I prefer to study in a quiet place
I tend to ask a lot of questions and participate freely during classroom training	Or	I tend to sit back and listen, preferring to ask questions during breaks
I usually volunteer quickly even if I am not sure what I am volunteering for	Or	I seldom volunteer unless I know exactly what will be involved
I make it a point to talk to and introduce myself to my fellow trainees	Or	I usually wait to be introduced rather than initiating contact with others
I usually seek out and chat with my fellow trainees at lunch or during break time	Or	I often spend breaks or my lunch time on my own
I like group work – the more the better	Or	I often prefer to work on my own

Total Column A:  
Extroverted Learning Style

Total Column B:  
Introverted Learning Style

## What is the Cognitive Component of Your Learning Style?

Would you rather ...

A		B
Start with the big picture and work down to the details	Or	Start with the details and build up to the big picture
Learn about things that catch your interest or imagination	Or	Learn about something with a practical value
Learn things that are interesting	Or	Learn things that are useful
Think about ideas	Or	Remember facts
Understand theories	Or	Understand practical applications
Find original ways to solve problems	Or	Follow tried and proven methods to solve problems
Learn new skills rather than practice familiar ones	Or	Practice familiar skills until they are habit, then learn new things
Start with the general and move to the specific	Or	Start with the specific and move to the general
Consider many different ways to do things	Or	Be advised of the best way to do something
Find your own way through new material	Or	Go step-by-step through new material

Total Column A:  
Global Learning Style

Total Column B:  
Sequential Learning Style

## Recognizing Different Learning Styles

Indicate which of the following aspects of learning style each statement is referring to: Introversion (I), Extroversion (E), Sequential (S), Global (G), Visual (V), Auditory (A) or Kinesthetic (K).

1. I usually am the first one to respond to a question.
2. I am most interested in learning about something that I will be able to use.
3. When introduced to new material I like to have the “big picture” before the details.
4. I prefer an approach where I am actively engaged in learning.
5. I am generally very good at reading charts and flow sheets.
6. Trainers may find me a little challenging to “read”.
7. I like to take a lot of notes.
8. The theory behind the practical is what interests me most.
9. I like an organized, step-by-step approach to learning.
10. If I am under considerable stress you may hear me talking to myself.
11. I prefer to have time to think about things before commenting on them.
12. Hands-on training is the most effective for me.
13. When I am listening I seldom write notes – it is distracting.
14. To study I write and then rewrite my notes.
15. I may be considered by others to have “the gift of the gab”
16. I often use a “trial and error” approach to learning a new task.
17. It is helpful to me to read out loud.
18. I like to ask hypothetical, “what if” types of questions.
19. If I am frustrated about something I will speak up and tell you about it.

20. I am more attracted to facts than to theory.
21. I sometimes prefer to work by myself rather than in groups.
22. I really like class discussions.
23. Fellow trainees may think that I am hard to get to know.
24. For me theory is boring – I like things in the “real” world.
25. One of the best ways for me to learn is to just sit back and listen.
26. I find on-the-job training much less stressful than classroom training.
27. I am more relaxed when I can participate when I want to – not when a trainer wants me to.
28. I like to have lots of visual aids.
29. I find it challenging to remember details unless I have a context for them.
30. I really enjoy bouncing ideas off of other people and group work.

Notes:

## Worksheet – Learning Styles

The most dominant characteristics of my learning style are:

- 
- 
- 
- 
- 

Therefore, during training I tend to like:

- 
- 
- 
- 
- 

And, I dislike:

- 
- 
- 
- 
-

## Adapting to Different Learning Styles

For each of the following cases identify the strategies you may use to adapt to the needs of the learner.

### Case # 1

You have been asked to provide a routine refresher training program to a group of co-workers. One of the participants is a relatively new employee and you have observed that she is very quiet and seldom participates in discussions. Most of the other participants are very familiar with each other and generally are very comfortable with large group discussions. How will you adapt to meet the needs of this learner?

### Case # 2

You have been asked to orient a co-worker to your team, explaining your work practices including paperwork requirements. You very quickly identify that this co-worker is finding your approach – which is to explain things as you do them - is not working for this co-worker. She is trying to write down everything you are saying. How would you adapt to better meet this person's needs?

### Case # 3

You are going to be working with a team that you have worked with a number of times before. One of the participants always dominates every discussion and frequently interrupts with questions. She also often engages in sidebar conversations. What strategies will you use to adapt to this learner?

## Understanding Generations In The Workplace

	Baby Boomer	Gen X	Millennial
Influences	Post War Prosperity, 1960s, "Traditionalists"	Recession, "Baby Boomers", Media	911, Diversity, Child Focus, Technology
Core Values	Work = Self Worth, Teamwork, Inclusive	Self-Reliant, Informal, Independent	Tolerant, Realistic, Achievement Oriented
Assets	Driven, Team Players, Service Orientation	Adaptable, Assertive, Technological Savvy, Independent,	Optimistic, Learners, Collaborative
Liabilities	Non-Assertive, Conflict, Sensitive to Feedback	Impatient, Cynical, Blunt, Self-Serving	Expect Mentoring, Over Confident, Impatient
Preferred Work Environment	Team-Oriented, Recognition, Engaging	Flexible, Fun, Results-Oriented, Efficient	Positive, Collaborative, Flexible, Respectful
Preferred Supervisory Style	Involves People, Fair, Open Communication, Warm and Friendly	Direct, Competent, Confident, Informal, Welcomes Change	Positive, Pleasant, Supportive, A Mentor, Values Diversity
Expectations of Co-Workers	Respect Contributions, Develop Relationships, Commitment to Work	Competent, Assertive, Independent, Work/Life Balance	Respect Opinions, Mentor, Collaborate, Optimize Technology

References: Generations At Work, Zemke, Raines, Filipczak; Millennials Rising, The Next Great Generation, Howe, Strauss; Connecting Generations, Raines; The Xers and Boomers, Hunt, Raines; Boom, Bust and Echo, Foot; Managing Generation X, Tulgan; When Generations Collide, Lancaster, Stillman

## Applying Generational Theory – Motivators and Irritants

Match the following lists of potential motivators and irritants in the workplace to the generation they are most closely associated with. Place the appropriate numbers in the spaces provided in the table below.

Potential Motivators	Potential Irritants
<ol style="list-style-type: none"> <li>1. Making a difference</li> <li>2. Interesting experiences</li> <li>3. Accountability</li> <li>4. Recognition</li> <li>5. Making things happen</li> <li>6. Variety</li> <li>7. Face time with decision makers</li> <li>8. Challenging work</li> <li>9. Involvement</li> <li>10. Empowerment</li> <li>11. Flexibility</li> <li>12. Networking</li> </ol>	<ol style="list-style-type: none"> <li>1. Family unfriendly workplaces</li> <li>2. Lack of collaboration</li> <li>3. Lack of engagement</li> <li>4. Catering to other groups</li> <li>5. Hierarchy</li> <li>6. Slow decision making</li> <li>7. Inadequate technology</li> <li>8. Lack of recognition for contributions</li> <li>9. Negativity</li> <li>10. Micromanagement</li> <li>11. Gossip and office politics</li> <li>12. Impersonal environments</li> </ol>

Generation	Potential Motivators	Potential Irritants
<b>Baby Boomers</b>		
<b>Gen Xers</b>		
<b>Millennials</b>		

## Appendix A: Cultural Competence - Essential to Building a Better Tomorrow Together

Cultural Competence refers to the attitudes, knowledge, skills, behaviours and policies required to better meet the needs of all the people we serve. Culture...refers to a group or community that share common experiences that shape the way its members understand the world. It is multi-layered, evolving and includes groups that we are born into or become such as; national origin, levels of ability, gender, sexual orientation and identity, race/ethnicity, socio-economic class or religion. People have multiple cultures.<sup>1</sup>

So begins the *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*, first endorsed by the Nova Scotia Department of Health in 2006. These guidelines originated as a response to identified needs and barriers of identified through consultation with Nova Scotia's diverse minority communities. The guidelines provide us with clear direction for enabling culturally competent care. They also serve to remind us that healthcare providers, health promotion staff, health systems and health organizations are accountable for the delivery of such care.

### **The complete list of *Guidelines* include:**

1. Nova Scotia DHAs, CHBs, the IWK and primary health care organizations should ensure that their staff provide to Nova Scotia patients/consumers, primary health care that is respectfully delivered and responsive to cultural health beliefs, practices, lived experiences and linguistic differences in Nova Scotia.
2. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively with culturally diverse populations, including but not limited to: First Nations, African Canadians, Acadians, Francophones and Immigrant Communities, to design targeted, accessible and effective health initiatives in all aspects of primary health care.
3. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, IWK and academic institutions should collaborate to devise and implement strategies for the recruitment, retention and promotion of diverse health staff, providers and leaders at all levels.
4. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK, primary health care organizations and health related, academic institutions should make cultural competence training available on an ongoing basis to all primary

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<sup>1</sup> Province of Nova Scotia (2008). *Cultural Competence Guidelines for the Delivery of Primary Health Care in Nova Scotia*

health care students, staff and providers at all levels and across all disciplines, and facilitate the development of cultural competence across the primary health care system.

5. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, the IWK and primary health care organizations should offer and provide services in Canada's official languages with the phased in recruitment of French speaking, bilingual staff and the use of cultural health interpreters.

6. Nova Scotia DHAs, the IWK and primary health care organizations should offer and provide cultural health interpretation services in languages provided by Nova Scotia's Community Health Information and Interpreting Service for any primary health care patient/consumer with English or French as a second language at no cost to the patient/consumer.

7. Nova Scotia DHAs, the IWK and primary health care organizations should provide written notice of the availability of cultural health interpretation services in all of the languages provided by Nova Scotia's Community Health Information and Interpreting Service and when possible, cultural health interpretation in the Mi'kmaq language.

8. Nova Scotia DHAs, the IWK and primary health care organizations should ensure that patient/consumer family and friends not be used to provide interpretation services except at the direct request of the patient/consumer.

9. Nova Scotia DHAs, the IWK and primary health care organizations should reflect Nova Scotia's diverse populations in pictures, written information and advertisements and post signage and provide written material for all literacy levels in the languages commonly spoken in their service areas.

10. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs the IWK and primary health care organizations should ensure that their vision, mission, strategic plans, job performance expectations and accreditation processes incorporate accountability for cultural competence and culturally appropriate services at the highest level of the organization.

11. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should work collaboratively and independently to develop public information and communication plans to explain the importance of race, ethnic and linguistic identifiers in epidemiological and health utilization data for the purposes of effective planning, program delivery and the development of a culturally competent, primary health care system.

12. DHAs, CHBs, the IWK and primary health care organizations should maintain up-to-date demographic, cultural and epidemiological profiles of their communities in order to effectively plan and provide services that respond to the racial, ethnic, cultural, spiritual and linguistic needs of the populations they serve.

13. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and updated through the MSI database, and other data collected by organizations incorporates, with patient/consumer agreement, information that specifies race, ethnicity and language of patients/consumers without individual patient identification.

14. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK and primary health care organizations should ensure that data collected and research resulting from the data, facilitate best practice in culturally competent care, movement toward the elimination of health disparities among populations, and the improvement of health status of those populations most at risk for poor health.

15. The Nova Scotia Departments of Health & Health Promotion and Protection, DHAs, CHBs, the IWK, provincial programs and primary health care organizations should inform, increase and facilitate culturally appropriate screening among Nova Scotia's culturally diverse populations for chronic diseases including but not limited to; diabetes, cancers, cardiovascular disease, hypertension and sickle cell anemia.

Attention to cultural competence is essential for reducing health disparities, addressing inequitable access to care and respectfully responding to the diversity of Nova Scotians. We must thus integrate cultural competence considerations when designing and delivering health and health promotion services, working collaboratively with diverse populations.

But we must also strive for cultural competence by building inclusion and respect for diversity in the workplace. Diversity has been identified as one of five core values within *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants* (2009). This code supports creating work environments that are free of discrimination and where differences are valued and respected. Attention to diversity will enable our workplaces to be more representative of Nova Scotian society. It will also help us to ensure that the healthcare services promoted and delivered to Nova Scotians are themselves more culturally competent.

Considering diversity and inclusion in the workplace begins with you—understanding your own culture, your biases and beliefs, and continuing to learn about the culture of diverse Nova Scotians with whom you work. It means understanding and incorporating difference in your daily work. It means creating and fostering inclusive work environments for all staff during meetings and planning sessions. It means building relationships for appropriate and respectful community consultations and partnerships. It means paying explicit attention to culture, gender and diversity when planning, implementing and evaluating health and health promotion programs and services. Building a better tomorrow for all Nova Scotians means truly believing that “diversity fuels ideas and that ideas fuel progress.”<sup>2</sup>

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<sup>2</sup> Province of Nova Scotia (2009). *Values, Ethics and Conduct: A Code for Nova Scotia's Public Servants*.

# Building a Better Tomorrow Together Evaluation Questionnaire

**Module Title:** \_\_\_\_\_

**Training Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. This module addressed my learning needs in this area.	1	2	3	4	5
2. The information which was provided was applicable to my practice/work.	1	2	3	4	5
3. My participation in this module has enhanced my knowledge and skills in this area.	1	2	3	4	5
4. My participation in this module will influence my practice/work in the future.	1	2	3	4	5
5. The facilitator was knowledgeable of the subject matter being presented.	1	2	3	4	5
6. The facilitator presented the information in a clear and concise manner.	1	2	3	4	5
7. The facilitator was enthusiastic and responsive to participant's learning needs.	1	2	3	4	5
8. There was opportunity to interact with other participants.	1	2	3	4	5
9. There was opportunity to interact with the facilitator.	1	2	3	4	5
10. The facilities were comfortable and conducive for learning.	1	2	3	4	5
11. The module was well organized.	1	2	3	4	5
12. I would recommend this module to others.	1	2	3	4	5

13. What did you like about this module?  
\_\_\_\_\_

14. What changes or improvements could be made?  
\_\_\_\_\_

15. What aspects of your practice/work do you intend to change as a result of participating in this module?  
\_\_\_\_\_

## Notes

## Notes