**TEACHING PLAN**

Residents will use a Teaching Plan for every teaching activity (direct instruction, small-group facilitation, precepting) that s/he is involved with during the residency program to help plan the delivery of the activity. After the event residents will write a reflection on the experience: were teaching goals and objectives achieved, successes/challenges and how the experience has affected or influenced their future teaching experiences. Completed teaching plans are used to inform the clinical rotation assessments.

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| --- |
| **Topic/Title:**  |
| **Date:** **Time:** **Length of session**: **Location:** |
| **Goal(s) and Learning Objectives**  |
| **Goal(s):** |
| **Learning Objectives** **By the end of the presentation the audience should be able to:** |
| **Learning Context** |
| **A. The Learners****1) Who are the learners?**  |
| **2) How many learners are in the audience?**  |
| **3) Prior learning assessment: what prior experiences, knowledge, skills and attitudes do the learners bring to this learning experience?** |
| **B. Learning Environment** (one-to-one, small group, large group, on the unit, classroom) |
| **C. Resources/Materials** (websites, video, articles, technology, handouts, paper/markers) |
| **Teaching Method** | **Learning Styles** |
| * Direct Instruction
* Modeling
* Coaching
* Facilitation
 | * Visual Verbal Write Read
* Participation Auditory Reflective
* Independent Teamwork
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **Engagement**  |
| **Introduction Time:** |
| **Learning Activities Time/activity:** |
| **Content Time:** |
| **Assessment Time:**  |
| **Learners demonstrate their learning based on learning activities and objectives:** |
| **Conclusions of session Time:**  |
|   |
| **Q&A/Feedback Time:**  |
|  |
| **My Reflections on the teaching session**Consider: were teaching goals and objectives achieved, successes/challenges, how the experience has affected or influenced your future teaching experiences |
|  |
| Resident Signature   | Preceptor Signature |
| Date  | Date |

Adapted with permission from Trillium Health Partners: August 2020