**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