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# Using Personality Type to Improve Clinical Education Effectiveness\*

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cises. Some nuclear medicine technology programs use one of these assessment tools to gain insight into their students; these programs may share such information with clinical instructors to improve clinical education. Regardless of one's formal experience with personality type, a little read-

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and clinical instruction that keeps the student focused on one activity to its completion before moving to another. A very hectic day in the clinic can frustrate this student and reduce the amount of knowledge gained. The sensing student can acclimate to a busy setting over time but may find it difficult early in the learning process, whereas the intuitive student seems to be comfortable working on multiple tasks simultaneously as long as the final goal is known. The intuitive student frequently is future oriented and may ask many “what if” questions, such as what the next step in a patient’s hospital course will be now that the nuclear medicine results are known.

### **Clinical Teaching Scenario**

On the first day of rotation at the clinic, the clinical instructor cannot keep Samantha on task. She seems to be floating from room to room and activity to activity without focus. The instructor worries that she is learning bits and pieces about a lot of procedures rather than in-depth details about a single procedure. Because this is the first day of her clinical rotation, should the instructor request that Samantha stay in one area, or can her personality preference explain her behavior?

### **Discussion**

On the basis of the description provided, Samantha seems to be a person who must see the full spectrum of a clinical site at the outset of a rotation. When given 1 or 2 d to observe overall department operations, such a student with intuitive preferences should be able to begin focusing on specific tasks to their conclusion. If the focus is not demonstrated, then the instructor must advise the student about the behavior that requires modification. Stifling a “big picture” student such as Samantha too soon may leave her frustrated because she will be unable to see how her actions contribute to the overall productivity of the department.

### **METHOD OF DECISION MAKING**

People use reason or compassion when making decisions. The person who relies on reason and facts displays a preference for thinking, whereas the person who makes decisions based on compassion and group harmony demonstrates a preference for feeling. It is not surprising to note that a large percentage of nonphysician health care providers demonstrate a preference for feeling because a strong sense of compassion typically directs people to health care careers. This preference is also tied to sex in that two thirds of all females, who comprise the majority of the nonphysician health care workforce, demonstrate a preference for feeling (5). Students with a preference for feeling learn more from a gentle but direct reprimand than a loud admonition when a mistake occurs. Students with a preference for thinking can accept a poor performance evaluation when their errors and deficiencies are clearly and honestly identified.

### **Clinical Teaching Scenario**

Debbie graduates from nuclear medicine school in 1 mo. Her clinical instructor’s perception is that she focuses on talking to and sympathizing with patients and their families to the detriment of her technical skill development. She routinely displays difficulty keeping up with the pace required in a busy clinic. Does Debbie display a preference for thinking or feeling? How can the instructor effectively approach her about concerns regarding her technical abilities?

### **Discussion**

Debbie obviously displays a preference for feeling because she places greater focus on the people she encounters rather than the technical skills she must learn. Although her preference will always be for people, the clinical instructor must point out to Debbie that she is emphasizing this characteristic at the expense of her overall development as a nuclear medicine technologist. Sometimes a student must be made aware of such a situation at frequent intervals until she develops better control over the preferred behavior.

### **RESPONSE TO CIRCUMSTANCES**

When managing the daily circumstances of life, people may respond in a scheduled, organized manner or in a flexible, spontaneous manner. The former preference is called judging, and the latter is called perceiving. A student with a judging preference thrives in an organized clinical experience that adheres to clearly stated learning objectives. A student with a perceiving preference learns with structured objectives but is more spontaneous about deviating from the objectives when a unique learning opportunity, such as a rarely performed procedure, arises. The judging student may study the patient schedule for the day and then become frustrated as additional procedures are added because the original schedule has not been followed. In the same situation, the perceiving student seems to be more adaptable.

### **Clinical Teaching Scenario**

Discuss Mark, a student completing his second month of rotation at the facility. The radiologist 27491.2(states)-491.2(that)-491.2(Mark)-4 down, and cannot do anything without referring to the protocol manual. Is Mark’s preference for perceiving or judging? How can the supervisor assist 27209.4(Mark)-309.3(and)-309.3(16)BN9

is still displaying this behavior, the supervisor should reflect on the personality type of the technologist working with Mark. Does he display the opposite preference, which may explain his frustration level? If so, the supervisor should meet with the student and the technologist to discuss their opposite preferences and how to teach and learn effectively in such a situation. The student also must be told that the technologist will begin challenging his reliance on notes and protocols to help wean him from the habit.

## CONCLUSION

It is important to reiterate that one preference is not better than another in any of the domains. Care should be taken to avoid placing people in rigid categories because adaptation facilitates effective interaction outside a preference area when the situation demands it. Personality type affects learning preferences, which is why a basic knowledge of

type can be helpful to a nuclear medicine technologist acting as a clinical instructor. When this knowledge is put into practice on a daily basis, instructors communicate more effectively with students and deliver clinical education and evaluation in a manner that maximizes the clinical learning experience for each student.

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