

# Multimodal Minds in Motion

Bridging Classroom & Clinic for Real-World Learning

*Teaching the way veterinary technicians actually learn*

*By Mariel Hendricks and Elizabeth Stark*



As you are waiting for the presentation to  
begin, please spend a few minutes on this  
short quiz!



## Introductions



# Session Overview

This session blends multimodal learning theory with clinical application — structured for flow, engagement, and **true multimodal delivery (VARK)**. Not just talking about it, but modeling it.

01

---

## Intro + Framing

5 min

03

---

## Classroom vs. Clinic Gap

10 min

05

---

## Application Strategies

7 min

02

---

## Understanding Multimodal Learners

10 min

04

---

## Group Activity

15 min

06

---

## Wrap + Reflection

3 min

## SESSION OBJECTIVES

# By the End of This Session, You Will:

### Identify

Multimodal and neurodivergent learning patterns in your learners

### Recognize

Where breakdowns happen between classroom and clinic

### Apply

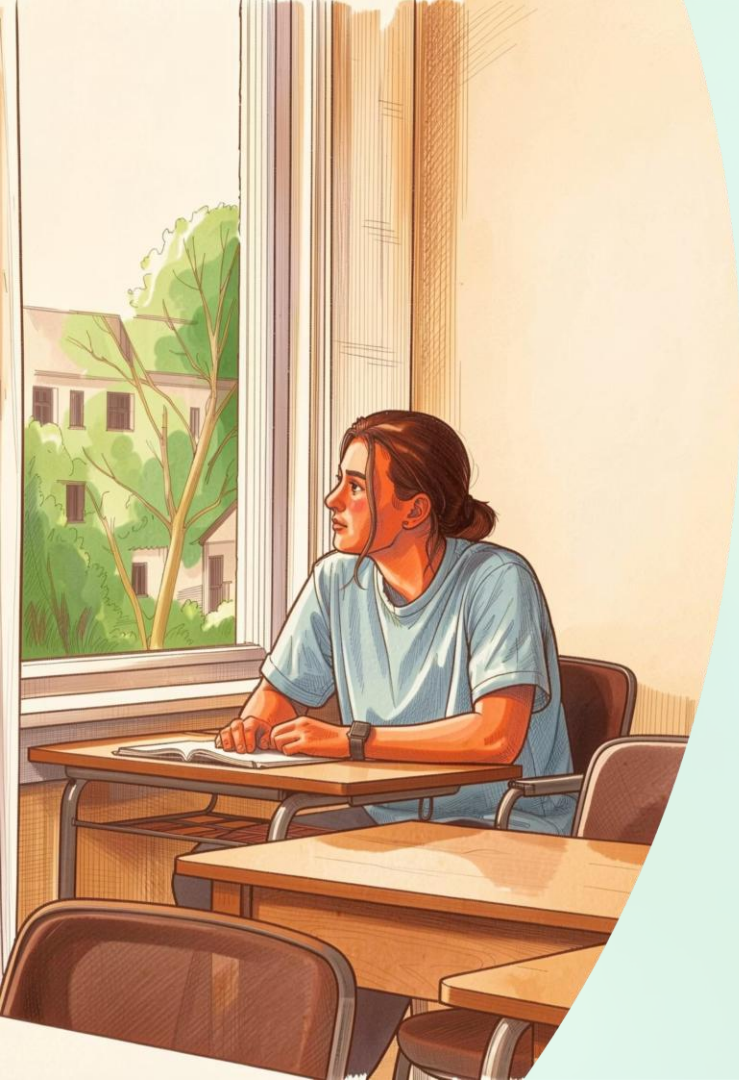
Simple, realistic teaching strategies you can use immediately

### Strengthen

Clinic and classroom alignment for better learner outcomes







# "Think About Your Strongest Learner..."

## **Fast in Crisis**

Performs exceptionally under pressure and in urgent situations

## **Struggles in Lecture**

Disengages in passive, structured classroom environments

## **Great Hands, Shaky Confidence**

Technically capable but uncertain when asked to explain or test



**Ask your audience:** "Have you ever thought... why?"

# The Core Problem

## We Are Not Failing Learners

We are **mismatching instruction** to the way learners actually process and retain information.

## Classroom

- Structured & sequenced
- Theory-heavy
- Controlled environment

---

## Clinic

- Fast-paced & reactive
- Hands-on
- Unpredictable

# What Is a Multimodal Learner?

Most veterinary technology learners don't rely on a single learning style — they use **a combination** of modalities depending on context and task.



## Visual

They need to **see it** — diagrams, demonstrations, vein maps, and visual cues



## Kinesthetic

They need to **do it** — hands-on repetition and physical practice



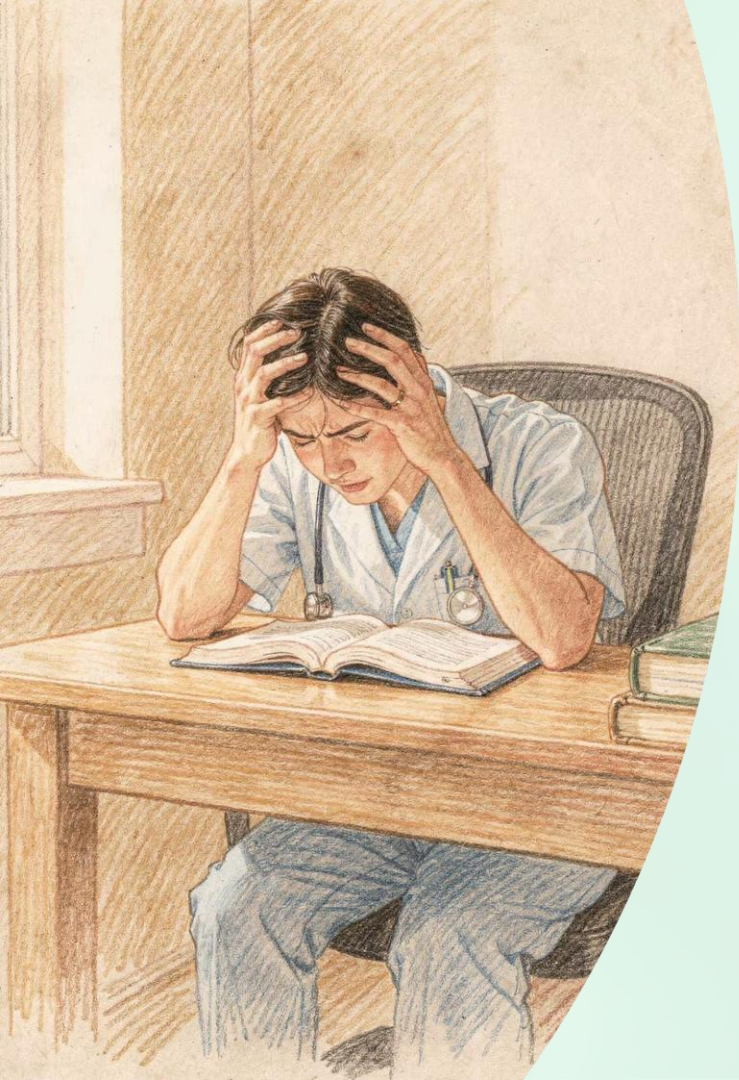
## Aural

They need to **hear it in context** — verbal walkthroughs and narrated steps



## Read/Write

They need to **reference it later** — checklists, notes, and written protocols



# Why This Matters

When teaching doesn't match learning, the consequences are measurable and serious.

## Confidence Drops

Learners doubt themselves even when they have the skills

## Errors Increase

Mismatched instruction leads to preventable mistakes

## Learners Disengage

Passive formats push capable students to check out

## Performance Suffers

Results look worse than actual ability



**Key insight:** This is not a competency issue — it's a **translation issue**.



# Neurodivergence in Clinical Learning

Neurodivergent learners are often **misread** in academic settings — yet they frequently thrive in clinical environments.



## ADHD

Thrives in urgency and fast-paced environments. Struggles with passive, lecture-heavy learning.



## Anxiety

Freezes without repetition and clear structure. Needs predictable scaffolding to build confidence.



## Pattern-Based Thinking

Excels in hands-on, contextual tasks. May struggle to articulate reasoning in traditional formats.



Clinics are often the **ideal environment**. Classrooms are often the **barrier**.

# VARK in Real Life

The same skill can be taught through multiple entry points. Here's how **blood draw** looks across all four modalities:



## Visual

Vein maps and anatomical diagrams to see the target



## Aural

Talk-through steps narrated aloud during demonstration



## Read/Write

Step-by-step checklist for reference and self-review



## Kinesthetic

Hands-on repetitions until the skill becomes automatic

✓ Learning sticks when reinforced **across formats**.

# Where Learners Struggle Most

1

## First Externship

Sudden shift from structured classroom to unpredictable clinical reality

2

## First Fast-Paced Shift

Speed and simultaneous demands overwhelm sequential thinkers

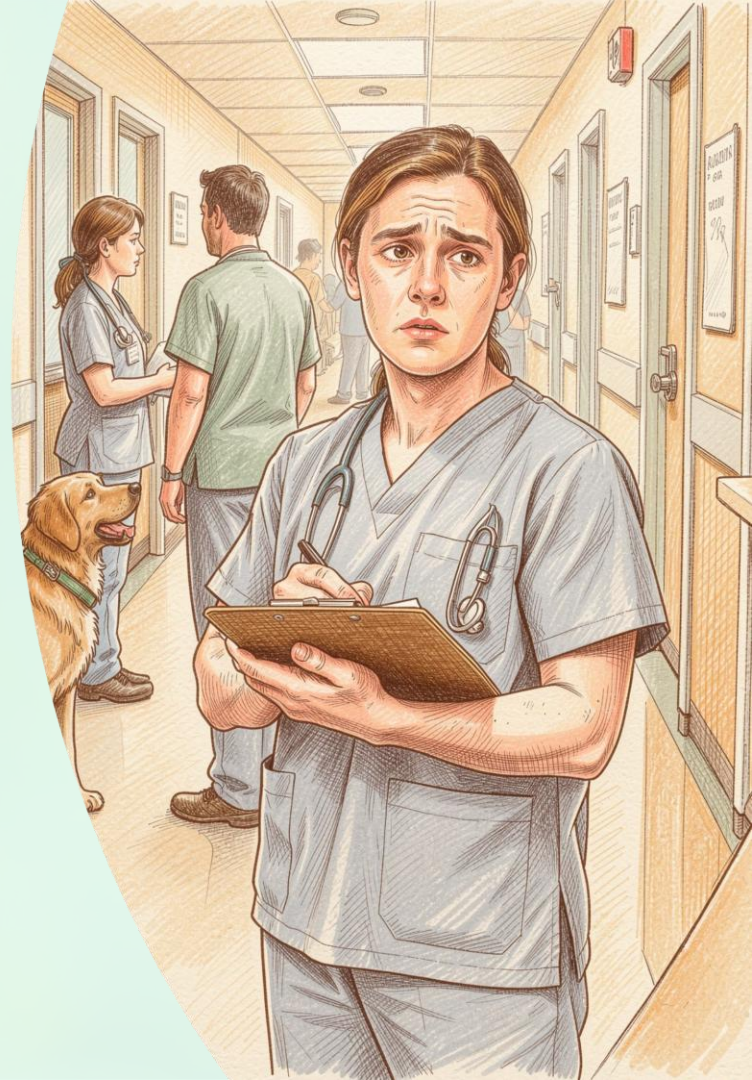
3

## Theory → Action

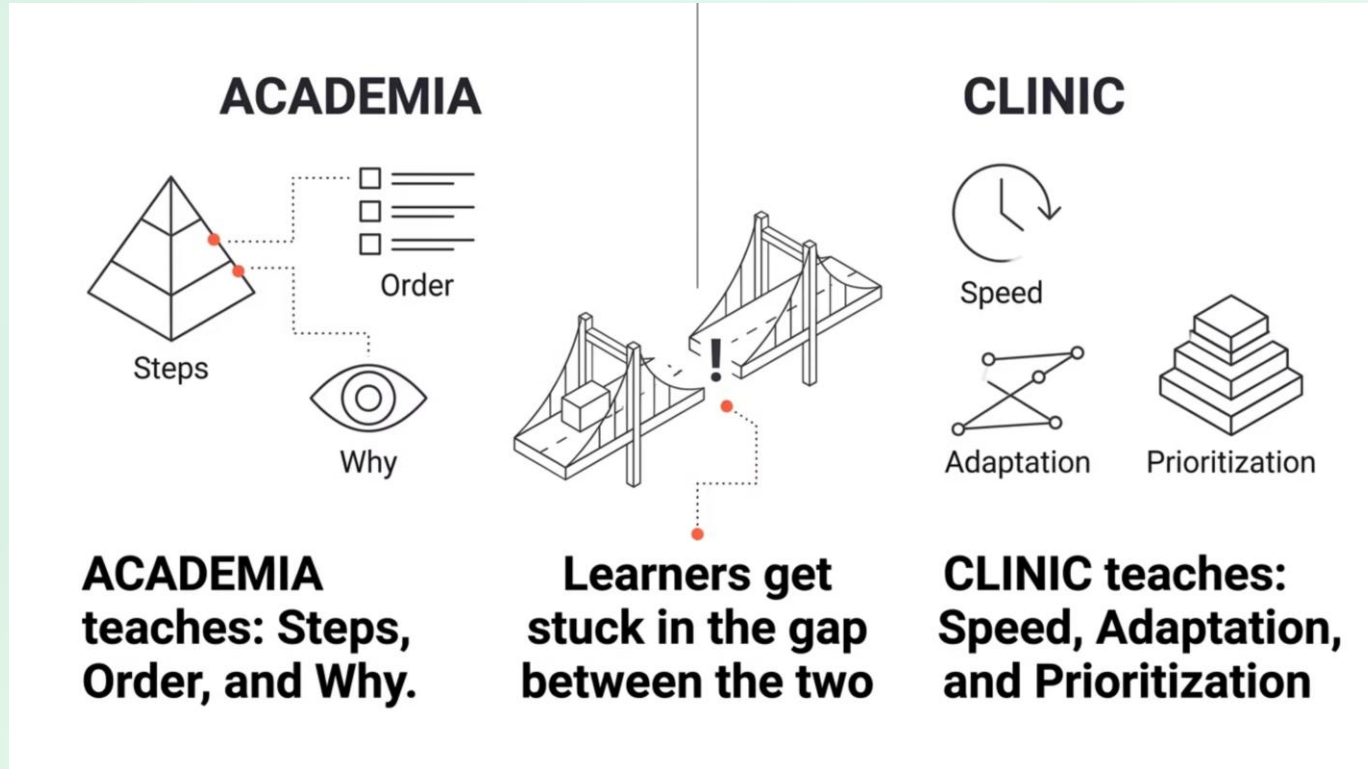
Translating textbook knowledge into real-time clinical decisions



They *know it*. They just **can't execute it yet**. That's the gap we need to close.



# Classroom vs. Clinic Reality



Both environments are essential — but learners are rarely taught how to **bridge the gap** between them. That transition must be intentional.



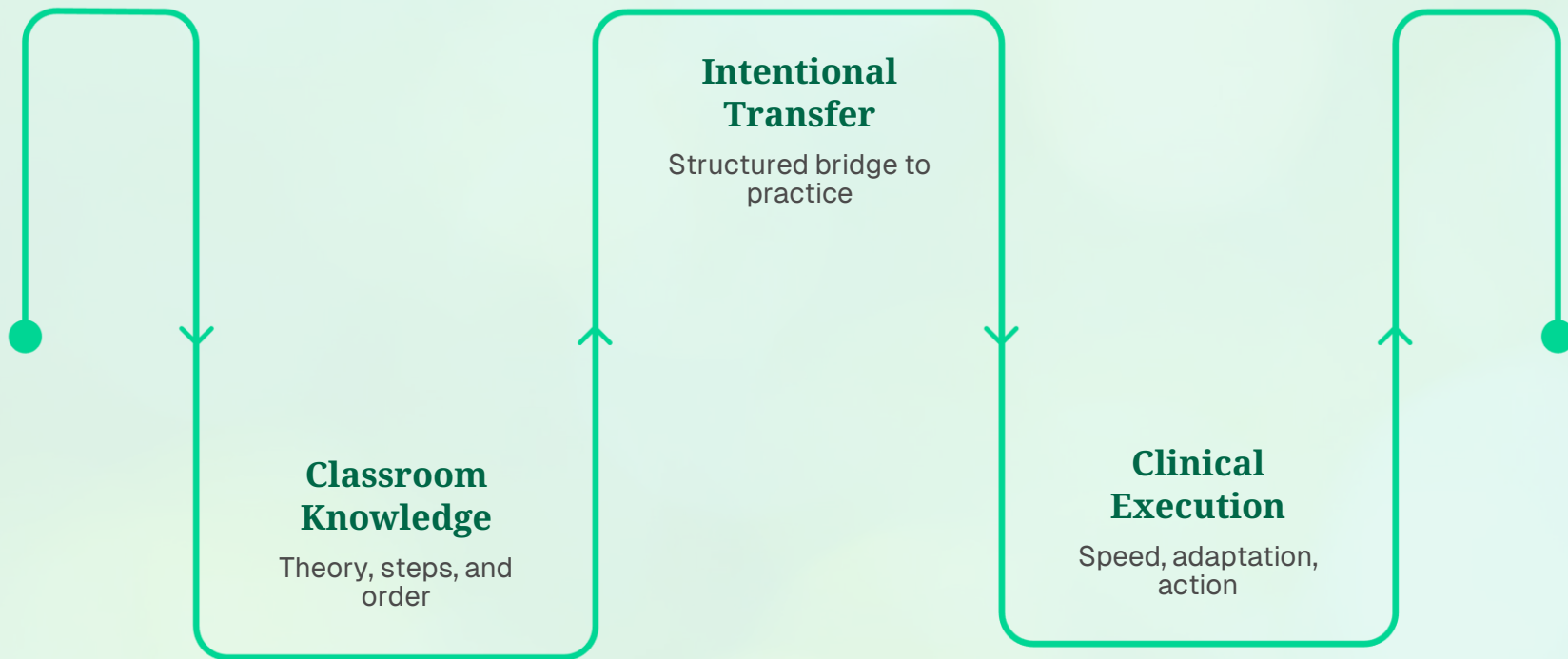
# The Skill Transfer Gap

## The Assumption

We assume that once a learner understands a concept in the classroom, they will automatically apply it in the clinic.

## The Reality

Transfer does **not** happen automatically. It must be **taught intentionally** — through scaffolded practice, contextual repetition, and deliberate bridging strategies.



# "Let's make this real."

We're moving from theory into practice. The next section is your core learning experience — a structured group activity designed to surface real patterns from your own teaching context.

GROUP ACTIVITY

# Activity: "Fix the Breakdown"

Break into small groups of **3–5 people**. Each group receives one learner scenario to analyze and problem-solve together.

## Scenario A

A struggling extern who can't seem to keep up despite strong classroom performance

## Scenario B

An overwhelmed new hire who shuts down under pressure

## Scenario C

A high performer in clinic who consistently underperforms in class



# Scenario Examples

## Scenario 1

Student acs exams but **freezes during patient intake** — knowledge is there, execution breaks down

## Scenario 2

Extern is great hands-on but **consistently skips documentation** — strong skills, weak follow-through

## Scenario 3

New hire is **overwhelmed by pace** despite demonstrating strong technical skills in training

# Activity Task

Each group works through three focused questions. Keep it **simple** and **real** — draw from your own experience.

## 1 What type of learner is this?

Identify the likely dominant modality or neurodivergent pattern at play

## 2 Where is the mismatch?

Pinpoint the specific gap between how they're being taught and how they learn

## 3 What's ONE adjustment you would make?

Propose one realistic, immediate change to instruction or environment



# VARK Lens for the Activity

As your group works through the scenario, apply the VARK framework to your proposed solution. Ask yourselves:



## SEE

What would this learner see differently with your adjustment?



## DO

What would they do differently — more reps, simulation, practice?



## HEAR

What would they hear differently — narration, feedback, discussion?



## REFERENCE

What would they have to reference — checklists, guides, notes?

# Share Out

Each group shares their scenario, the breakdown they identified, and their proposed solution. The facilitator's role is to **connect patterns across groups** — surfacing the common threads that emerge.

- ❗ Most groups will land on the same insight: the issue is almost always a **mismatch**, not an inability.



# Key Takeaways from the Activity



## Mismatch, Not Inability

Most learner struggles trace back to an instructional mismatch — not a lack of capability or effort



## Small Changes, Big Impact

One intentional adjustment to format or environment can dramatically shift a learner's trajectory



## Translation Support

Learners need explicit help bridging what they know in theory to what they must do in practice

# Practical Strategies: Simple, High-Impact Fixes

## → Pair Explanation with Demonstration

Never explain without showing — connect verbal instruction to a visible action

## → Use Checklists + Repetition

Give learners a written reference and build in multiple low-stakes practice reps

## → Normalize "Thinking Out Loud"

Model your own decision-making process so learners can hear expert reasoning

## → Create Low-Stakes Practice Reps

Reduce the pressure of first attempts — repetition builds confidence before competence



# In the Clinic/ Skills Labs

Clinical educators have a unique opportunity to shape how learners internalize and execute skills in real time.

## **Slow Down First Exposure**

Resist the pace of the clinic during a learner's first encounter with a new skill

## **Narrate Decision-Making**

Think aloud so learners can follow your clinical reasoning, not just your actions

## **Observe → Then Act**

Allow learners to watch before they perform — observation is a valid learning step

## **Immediate, Specific Feedback**

Vague feedback doesn't stick — name exactly what worked and what to adjust



# In the Classroom

Academic educators can close the gap by making classroom experiences feel more like the clinical world learners are preparing for.



## Scenario-Based Learning

Replace abstract problems with real-world clinical scenarios that require decision-making



## Incorporate Simulation

Give kinesthetic learners a safe space to practice before the real environment



## Case-Based Discussions

Use actual or simulated cases to drive analysis, reasoning, and peer dialogue (Merrick sight for lab!)

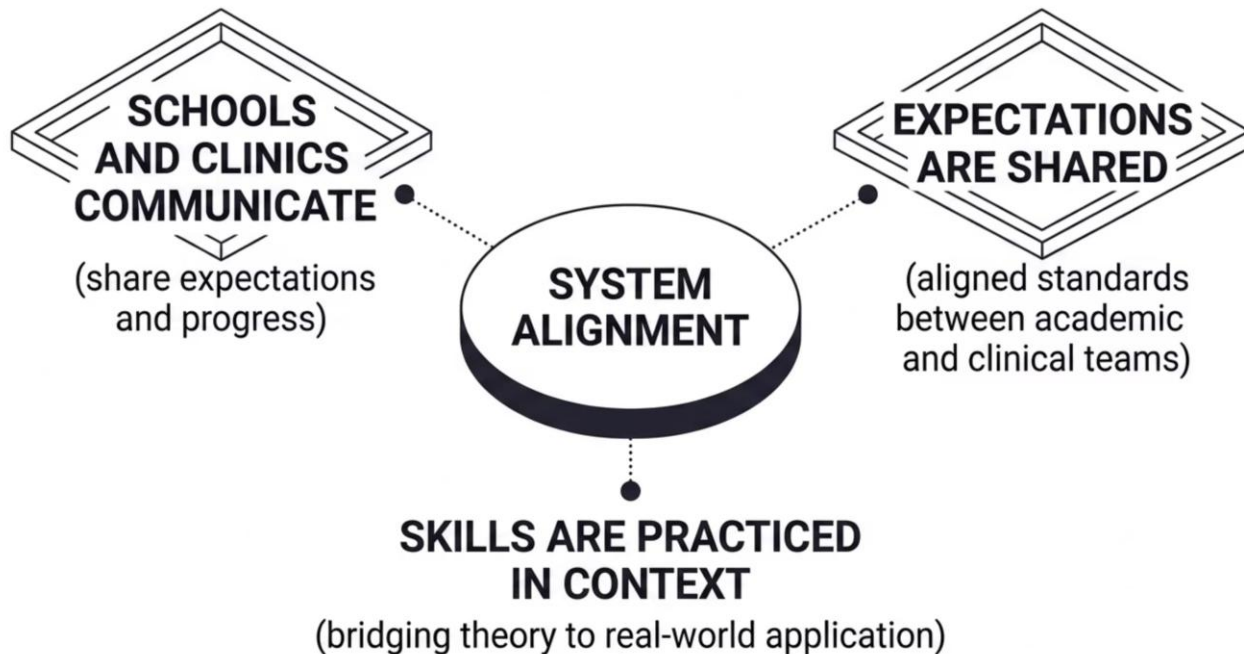


## Reduce Passive Lecture

Replace extended lecture blocks with active, participatory learning formats

# The Alignment Strategy

The best learner outcomes don't happen by accident — they happen when **schools and clinics work as a system**.



This is a **system problem**, not an individual one. Blaming the learner misses the point entirely.



# The Reframe

## ✗ Stop Asking

*"Why are they struggling?"*

This question centers the problem in the learner — implying the issue is their effort, ability, or attitude.

## ✓ Start Asking

*"How are we teaching this?"*

This question centers the problem in the system — where educators actually have the power to make change.

**Teaching Note: Ask your students what is working for them and what is not.**

# Let's Put This Into Practice! What Do You Think?

| Veterinary Topic    | Visual | Aural | Read/Write | Kinesthetic |
|---------------------|--------|-------|------------|-------------|
| Parasitology        |        |       |            |             |
| Anesthesia          |        |       |            |             |
| Large Animal Theory |        |       |            |             |
| Pharmacology        |        |       |            |             |
| Open Choice         |        |       |            |             |

CLOSING REFLECTION

## Final Reflection

# "What is ONE change you can make this week?"

Take a moment to write it down. Be specific — name the learner, the context, and the adjustment. This engages your **Read/Write** learners and creates a personal commitment to action.



Writing it down increases follow-through. This is VARK in action — right now, in this room.



# When We Teach the Way Learners Learn



## Confidence Rises

Learners trust themselves when instruction matches how they process information



## Performance Improves

Skills transfer more reliably from classroom to clinic



## Retention Increases

Multimodal reinforcement makes learning stick long-term



And we build **better veterinary teams** — for the animals, the clients, and each other.



# Thank You for Your Attention!

We're here to support you!

Thank you for your engagement and participation today. We truly appreciate the time and energy you brought to this session, and we hope the ideas shared are useful as you move forward.

## Elizabeth Stark

**Email:** [your.email@example.com]

**Website / Organization:** [Your Website or Organization]

## Mariel Hendricks, MVEd, RVTg, FVTE

**Email:** mariel@mentorvet.net

**Website / Organization:** www.mentorvet.net

# Optional Handout: Multimodal Quick Guide

A single-page takeaway learners can keep and reference. Highly recommended for extending impact beyond the session.

## What to Include

- VARK breakdown — one-line description of each modality
- 4 teaching adjustments — one per modality
- Reflection box — space to write their one weekly change

## Why It Works

A physical handout activates Read/Write learners, gives kinesthetic learners something to interact with, and serves as a lasting reference tool after the session ends.

# Real Talk: The Coach Moment

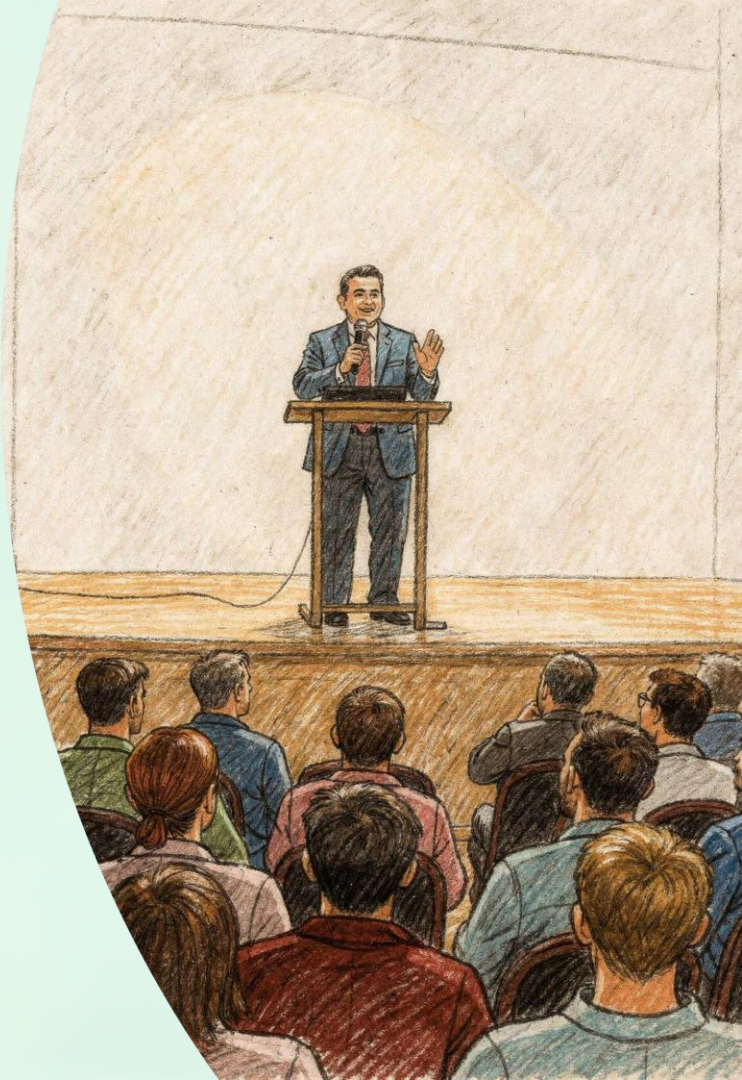
This topic challenges ego — especially in education. Some participants will default to *"they just need to try harder."* Don't let the room stay there.

## Push Constructively

**High standards and adaptive teaching are not opposites.** You can hold both simultaneously.

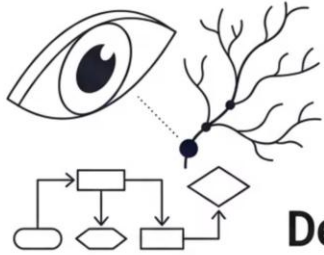
## Name the System

**If learners consistently struggle, the system needs adjusting.** That's where your credibility as an educator lands.





# The Full VARK Framework at a Glance



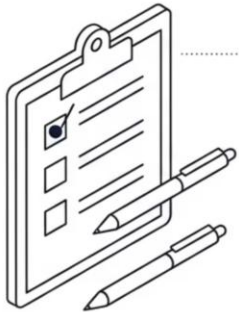
## **VISUAL**

Diagrams  
Vein Maps  
Demonstrations



## **AURAL**

Talk-throughs  
Narration  
Verbal Feedback

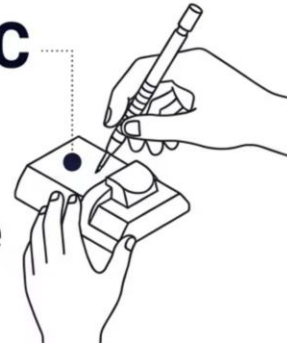


## **READ/WRITE**

Checklists  
Notes  
Written Protocols

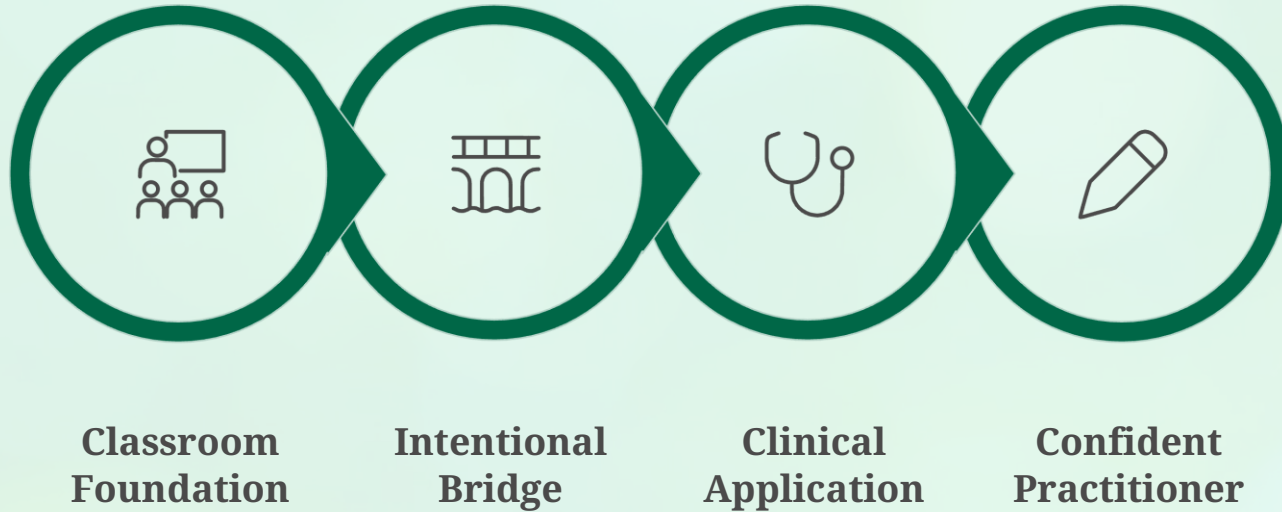
## **KINESTHETIC**

Hands-on Reps  
Simulation  
Physical Practice





# The Classroom-to-Clinic Bridge



Transfer doesn't happen by accident. Each stage of this bridge must be **deliberately designed** by educators who understand how their learners think, process, and grow.