One Minute Preceptor Teaching Microskills

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ABSTRACT

A new teaching strategy is evolved to conduct the teaching in minimum period of time without compromising on the importance of clinical examination, discussion, diagnosis and management strategies. The One-Minute Preceptor approach allows the preceptor (teacher) and learner to take full advantage of the entire encounter in order to maximize the time available for teaching. The total time allotted for one minute preceptor teaching program is 10 minutes and includes presentation of the patient by learner - 6 minutes, questioning - 3 minutes and discussion and teaching 1 minute. The method includes six steps like Get a commitment, Probe for supporting evidence, Reinforce what was done well, Give guidance about Errors and Omissions, Teach a general principle and correct the mistakes and Conclusion. The One-Minute Preceptor is a useful combination of proven teaching skills combined to produce a method that is very functional in the clinical setting. It provides the preceptor with a system to provide efficient and effective teaching to the learner around the single patient encounter in short period of time.

Key words : One minute Preceptor.

Introduction :

In 1992, the five-step "micro skills" model of clinical teaching commonly known as the One-minute Precept or first appeared in the medicine literature[1]. The method is used in medical training settings where a learner initially assesses a patient and then seeks help from a preceptor. The one minute Preceptor is a framework around which teacher-student conversations can be built and is particularly helpful for teaching clinicians. It is quite brief, easy to learn, and has been shown to improve teaching and learning process[2,3].

In clinical practice of teaching undergraduate or postgraduate students, it is common practice to discuss the long or short cases based on the systems involved during the bed side clinics. The discussion during these cases usually transfers the information between the student (learner) and the teacher (Preceptor) at length. There are many problems like Headache, fever, abdominal pain, chest pain, ECG interpretation, laboratory tests or reports etc which are not discussed during such teaching programs and yet are important from patient and students point of view. Further the teaching of students in outpatient departments or during bed side rounds also is rarely done due to patients load and constraint of time. Teaching the students in conventional clinics takes at least an hour or so. Such time cannot be spared for OPD or bed side clinics or during laboratory works. A strategy is therefore evolved to conduct the teaching in minimum period of time without compromising on the importance of clinical examination, discussion and management strategies. One minute preceptor is such a program.

Health specialist and educators who choose to teach the undergraduate or postgraduate students face the challenge of teaching efficiently and effectively to these learners. The effective teaching by the residents, junior teachers, physicians' assistants and inculcating skill by such teachers remains an important issue[4]. The one minute preceptor (OMP) is a very handy method to impart clinical reasoning skill to undergraduate and postgraduate students[5].

Much of clinical teaching involves the learner interviewing and examining a patient, and then presenting the information to the preceptor. Studies have indicated that on average, these interactions take approximately 10 minutes and the time is divided into several different activities. Much of the

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Received on 12th July 2017 Accepted on 13th August 2017

time is taken for presentation of the patient by the learner. As a result only about one minute of time is actually spent in discussion and teaching. The teaching encounter may take longer than a minute but the time spent is more efficiently used and the teaching effectiveness is optimized. The One-Minute Preceptor approach allows the preceptor to take full advantage of the entire encounter in order to maximize the time available for teaching. The total time allotted for one minute preceptor program is approximately 10 minutes. The one minute model is based on experience of clinical teachers regarding spending time during clinical encounter. The one minute preceptor model focuses on the last one minute which crucial from the learning point of view and hence its name.

Different activities in 10 minutes teaching Program include,

- Presentation of case by learner 6 minutes.
- Questioning and clarifying the contents of the presentation 3 minutes.
- Discussion and teaching 1 minute.

One-Minute Preceptor approach allows the preceptor to take full advantage of the entire encounter in order to utilize maximally the time available for teaching. The discussion and teaching may take longer than a minute but the time spent is more efficiently used and the teaching effectiveness is optimized.

FIGURE 1: HOW TIME IS SPENT IN TEACHING ENCOUNTER

The Method

The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise manner. Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the teaching[4,6].

Stepwise skills employed in One minute Preceptor

There are six steps employed in OMP as under,

The One- minute Preceptor method

1. Get a commitment
2. Probe for supporting evidence
3. Reinforce what was done well
4. Give guidance about Errors and Omissions
5. Teach a general principle

Step one : Get Commitment

The learner carries out history taking and physical examination, presents to preceptor commits some diagnosis and waits for the response of preceptor. The act of stating a commitment pushes the learner to move beyond their level of comfort and makes the teaching encounter more active and more personal. This can show respect for the learner and fosters an adult learning style.

The appropriate questions from the preceptor during interaction might be :

- "What do you think is going on with this patient?"
- "What other diagnoses would you consider in this setting?"
- "What laboratory tests do you think we should get?"
- "How do you think we should treat this patient?"
- "Do you think this patient needs to be hospitalized?"
- "Based on the history you obtained, what parts of the physical should we focus on?"

The benefits of this stage are,

The preceptor obtains important information on the learners' clinical reasoning ability and the learner is given a higher sense of involvement and responsibility in the care of the patient.

If the learner is correct, there is opportunity to reinforce a positive skill. If the response is incorrect, the preceptor carries out the appropriate teaching. The impact of the teaching is likely to be greater since the learner has made the commitment.

The preceptor tries to assess the learners' ability of reasoning skill.

Step Two : Probe for supporting evidence :

Once the learner has made his / her commitment and looks to preceptor for confirmation, the preceptor shall interact with the learner to understand the rationale for his / her answer instead of giving immediate judgement on the commitment. The preceptor asks further questions to learner in support his / her diagnosis.

The common questions asked by learner for this purpose include,

- What factors in the history and physical support your diagnosis?
- Why do you feel it is important to do that part of the physical in this situation?
- Why would you choose that particular medication?"
- Why do you feel this patient should be hospitalized?

There are significant benefits from using this step of probing for supporting evidence. The preceptor is able to immediately judge the strength of the evidence upon which the learner has made the commitment. In addition, any faulty inferences or conclusions made by the learner can be corrected. This step allows the preceptor to closely observe the vital skill of clinical reasoning and to assist the learner in improving and perfecting that skill. The learners get further chance to demonstrate their ability to integrate and use clinical data.

Step Three : Reinforce What Was Done Well :

In order to improve the performance, the learner should be made aware of what they did well. The simple statement like" presentation was good" is not useful. The learner should also be told why his presentation was good or bad; like whether the learner omitted the vital signs or has not included current medication in the specific scenario.

The encouraging statements like, "your diagnosis was well supported by the history or physical examination" will help the student to get motivation for further learning.

The preceptor should encourage specific behaviours that confirmed knowledge, skills or attitudes.

"Your presentation was well organized. You had the chief complaint followed by a detailed history of present illness. You included appropriate additional medical history and medications and finished with a focused physical exam."

With such few sentences the preceptor reinforces positive behaviours and skills and increased the likelihood that they will be incorporated into further clinical encounters.

Step Four : Give Guidance about Errors and Omissions

It is important for the learner to know what he / she has done well and which areas need improvement. This step also fosters to the learner the continuing growth and improved performance by identifying areas of relative weakness. It is advocated to avoid extreme terms such as "bad" or "poor". Expression such as "not best" or "it is preferred" may carry less of a negative value. Comments should also be as specific as possible to the situation so that the performance can be improved in future. The comments also include guidance on alternative methods of examination or laboratory investigations or differential diagnosis.

For example, a learner might have diagnosed upper respiratory infection, without looking at the ear. Telling the learner that it is difficult to rule out otitis media without looking at the ears is more likely to be remembered.

Some preceptors may focus on the positive criticism like telling what is done best and how the performance can be further improved.

The benefit of this step is to foster continuing growth and improve the performance by identifying areas of relative weakness. It reflects the balance between positive and constructive criticism.

Step Five : Teach a General Principle

This step is one of the most important and key component of one minute preceptor program. In this step the data obtained from the learner during his or her individual learning situation is accurately and correctly generalized to other situations.

For example, "Smokers are more likely to get bronchogenic carcinoma than non smokers. In such

situation the patient is counselled to stop smoking". While discussing this step, the preceptor should be aware that there is always tendency to over-generalize the rule. All patients in similar situation may or may not behave in same way or require same diagnosis.

In this step it is not practical to do a major teaching session due to limitation of time for teaching, but the preceptor can outline one or two relevant and general teaching principles. Sometimes the learner is unable to identify an important general principle that can be applied effectively in the future. The senior preceptor can inculcate the general principles about the illness based on his experiential and experimental strategies on diagnosis and management of diseases.

Step Six : Conclusion

This is the final step in one minute preceptor teaching program. This step serves the very important function of ending the teaching interaction and defining what the role of the learner will be in future. It is sometimes easy for a teaching encounter to last much longer than anticipated one minute. The teaching encounter is smoothly concluded and the roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care.

ADVANTAGES OF OMP[5]

- The One-Minute Preceptor is a useful combination of proven teaching skills combined to produce a model which is very functional in the clinical setting.
- It provides the preceptor with a system to provide efficient and effective teaching to the learner around the single patient encounter in short period of time.
- It is one approach that can help us in challenging situations.
- This model enhances the clinical reasoning skill of learner.
- This model provides guidelines to sequence clinical conversation.

DISADVANTAGES[5]

- This model is not useful for very junior students because the learner should have an adequate knowledge base before the learner commits diagnosis.
- It is not useful for teaching clinical skills.

SUMMARY :

Although it is useful to divide one minute preceptor activity into discrete steps, it is difficult to remember all items in order. The One-Minute Preceptor is a useful combination of proven teaching skills combined to produce a model that is very functional in the clinical setting. It is not intended that this technique should replace existing teaching skills and techniques.

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