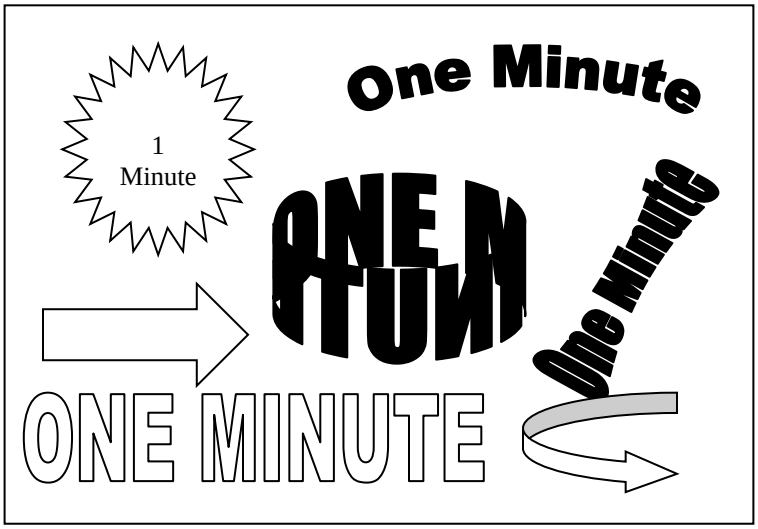
The One-Minute

Preceptor



An Educational Monograph

For Community-Based Teachers

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Continuing Education

Purpose: The purpose of this Preceptor Development Program Monograph Series is to provide training in teaching and educational techniques to individuals who teach health professions students in the community setting.

Target Audience: This monograph is designed for clinicians who teach students in the office or hospital settings.

Accreditation:

Southern NH AHEC is an Approved Provider of continuing nursing education by the Northeast Multistate Division (NE-MSD), an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

1.0 contact hours Activity Number: 1263G

The Southern NH Area Health Education Center, accredited by the NH Medical Society, designates this live activity for a maximum of 1.0 AMA PRA category 1 Credit (s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Release Date: December 2018. Course valid until December 2020.

Timeframe: It is estimated that it will take 1 hour to complete each module which is available in hard copy or on the web at www.snhahec.org under the topic preceptor development.

To Obtain Continuing Education Credit:

1) Read the monograph.
2) Complete the post-test questions.
3) Complete the program evaluation form.
4) Return Answer Sheet and Evaluation to Southern NH AHEC.
5) Enclose appropriate processing fee, if required.

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INTRODUCTION

Health care providers face many challenges in the day to day pursuit of their careers, and those who chose to teach health professions students face the further challenge of efficiently and effectively providing teaching to these learners. No matter what type of learner – resident, medical student, physicians assistant or nurse practitioner – and no matter what their level of skill or training, the challenge of integrating teaching into your day to day routine remains. Fortunately tools and techniques have been developed to assist the preceptor. A tested and valuable approach is the One-Minute Preceptor.

Initially introduced as the "Five-Step 'Microskills' Model of Clinical Teaching" (Neher, Gordon, Meyer, & Stevens, 1992), the One Minute Preceptor strategy has been taught and tested across the nation (Irby 1997a, 1997b; STFM, 1993) and has been welcomed by busy preceptors. The dissemination of this technique has been allowed and encouraged, and we are pleased to be able to present it to you as part of our Preceptor Development Program.

At the end of this module you will be able to:

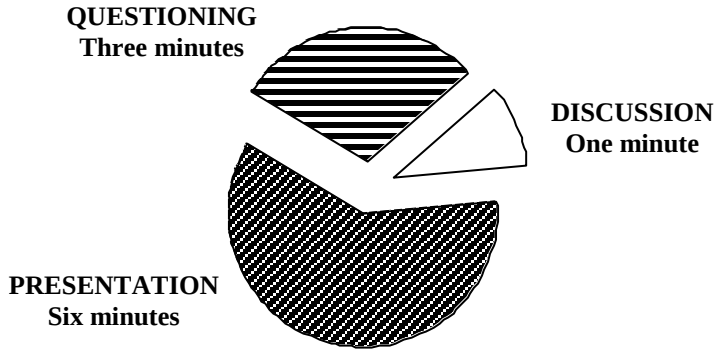
1) List the Steps of the One-Minute Preceptor model of clinical teaching.
2) Explain how each step fosters effective and efficient teaching.
3) Demonstrate understanding of the One-Minute Preceptor on a sample student presentation.
4) Integrate the One-Minute Preceptor model into your clinical teaching.

MAKING THE MOST OF TEACHING TIME

Much of clinical teaching involves the learner interviewing and examining a patient, and then presenting the information to the preceptor. This strategy is common both in the office and hospital setting. Studies have indicated that on average, these interactions take approximately 10 minutes and the time is divided into several different activities. (See Figure 1.) Much of the time is taken up by the presentation of the patient by the learner. Additional time is spent in questioning and clarifying the content of the presentation. As a result only about <u>one minute</u> of time is actually spent in discussion and teaching.

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 teaching encounter will still 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 fashion at the end of the learner's presentation. (See Table 1.) Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting.

Table 1: 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**
6) **Conclusion**

AN EXAMPLE:

Let us look at a sample presentation in order to help illustrate the steps of the One- Minute Preceptor model and their practical application.

You are working with student from a physician's assistant program who is in your office for their final six-week preceptorship before graduation. The student has just finished seeing a patient and is presenting to you in your office while the patient waits in the exam room.

Student: Hi…I just saw Mrs. Winkler. She is a 67-year-old woman who comes in today with a complaint of fever, cough and shortness of breath. As you may know, she has a 30-pack year smoking history and carries the diagnosis of mild COPD. She began getting sick about two days ago with what she thought was a cold but by yesterday she had more chest congestion and a temperature of 101 orally. She also noted that she was more winded than usual in her usual activities at home. Yesterday her cough was productive of whitish sputum but by this AM it had become yellow to tan with streaks of blood. She noted chills this AM and her temp was 100.5 and she called to come in. She has noted some increase in her wheezing but denies chest pain, except when she coughs.

"She is on Capoten and HCTZ for high blood pressure, and uses an albuterol inhaler and has been using this about every two hours since last evening. She has no allergies, got a flu shot this year and had the Pneumovax 2 years ago.

"On physical she is working hard at breathing with wheezes heard without a stethoscope. HEENT is basically normal but her lung exam reveals diffuse wheezes expiratory wheezes and decreased breath sounds in the area of the right middle lobe..." [Student pauses here waiting for your response]

STEP ONE: GET A COMMITMENT

At this point, there are many teaching techniques you could employ, but the One-Minute Preceptor method suggest that you get a commitment from the learner – to get them to verbally commit to an

aspect of the case. 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.

In this situation the learner stopped their presentation at the end of the physical exam. An appropriate question from the preceptor might be: "What do you think is going on with this patient?" This approach encourages the learner to further process the information they have gathered. You obtain 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 answer is correct, then there is the opportunity to reinforce a positive skill. If the response is incorrect, an important teaching opportunity has occurred and the impact of the teaching is likely to be greater since the learner has made the commitment.

Not all learners will stop at the same point in their presentation, but the preceptor can still get a commitment. Additional examples include:

"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?"

By selecting an appropriate question, the preceptor can take a learner at any stage and encourage them move them further along in their skills and to stretch beyond their current comfort level.

Notice that questions used in getting a commitment do not simply gather further data about the case. The goal is to gain insight into the learner's reasoning. Questioning by the preceptor for specific data reveals the preceptor's thought process – not the learner's. The learner in the example above needs the opportunity to tell you their assessment of the patient data they have collected.

STEP TWO: PROBE FOR SUPPORTING EVIDENCE

Now that you have a commitment from the learner, it is important to explore what the basis for their opinion was. The educational setting often rewards a lucky guess to the same degree as a well-reasoned, logical answer. In the clinical setting, it is important to determine that there is an adequate basis for the answer and to encourage an appropriate reasoning process. By the same token it is important to identify the "lucky guess" and to demonstrate the use of appropriate supporting evidence.
Once the learner has made their commitment and looks to you for confirmation, you should resist the urge to pass immediate judgement on their response. Instead, ask a question that seeks to understand the rationale for their answer. The question you ask will depend on how they have responded to your request for a commitment:

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

There are significant benefits from using this step at this time. You are able to immediately gauge the strength of the evidence upon which the commitment was made. In addition, any faulty

inferences or conclusions are apparent and can be corrected later. 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. Our learner in the role-play will get a further chance to demonstrate their ability to integrate and use clinical data.

STEP 3: REINFORCE WHAT WAS DONE WELL

In order for the learner to improve they must be made aware of what they did well. The simple statement "That was a good presentation" is not sufficient. The learner is not sure if their presentation is "good" because they included current medications or because they omitted the vital signs. Comments should include specific behaviors that demonstrated knowledge skills or attitudes valued by the preceptor.

> "Your diagnosis of 'probable pneumonia' was well supported by your history and physical. You clearly integrated the patient's history and your physical findings in making that assessment."
>
> "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 a few sentences you have reinforced positive behaviors and skills and increased the likelihood that they will be incorporated into further clinical encounters.

STEP 4: GIVE GUIDANCE ABOUT ERRORS AND OMMISSIONS

Just as it is important for the learner to hear what they have done well, it is important to tell them what areas need improvement. This step also fosters continuing growth and improved performance by identifying areas of relative weakness. In framing comments it is helpful 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 judgement while getting the point across. Comments should also be as specific as possible to the situation identifying specific behaviors that could be improved upon in the future.

Examples:

> "In your presentation you mentioned a temperature in your history but did not tell me the vitals signs when you began your physical exam. Following standard patterns in your presentations and note will help avoid omissions and will improve your communication of medical information."
>
> "I agree that, at some point, complete pulmonary function testing may be helpful, but right now the patient is acutely ill and the results may not reflect her baseline and may be very difficult for her. We could glean some important information with just a peak flow and a pulse oximeter."

The comments are specific to the situation and also include guidance on alternative actions or behaviors to guide further efforts. In a few sentences an opportunity for behavior change has been identified and an alternative strategy given.

It is important to reflect here that a balance between positive and constructive criticism is important. Some preceptors may focus on the positive, shying away from what may be seen as criticism of the learner. Others may focus nearly exclusively on areas for improvement without reinforcing what is already being done well. As with many things in life, balance and variety are preferable.

STEP FIVE: TEACH A GENERAL PRINCIPLE

One of the key but challenging tasks for the learner is to take information and data gained from an individual learning situation and to accurately and correctly generalize it to other situations. There may be a tendency to over generalize – to conclude that all patients in a similar clinical situation may behave in the same way or require the exact same treatment. On the other hand, the learner may be unable to identify an important general principle that can be applied effectively in the future. Brief teaching specifically focused to the encounter can be very effective. Even if you do not have a specific medical fact to share, information on strategies for searching for additional information or facilitating admission to the hospital can be very useful to the learner.

Examples:

> "Smokers are more likely than non-smokers to be infected with gram-negative organisms. This is one situation where you may need to broaden your antibiotic coverage to be sure to cover these more resistant organisms."
>
> - OR -
>
> "Deciding whether someone needs to be treated in the hospital for pneumonia is challenging. Fortunately there are some criteria that have been tested which help…"
>
> - OR -
>
> "In looking for information on what antibiotics to choose for a disease. I have found it more useful to use an up-to-date hand book than a textbook which may be several years out of date."

Because of time limitations it is not practical to do a major teaching session at that moment, but a statement or two outlining a relevant and practical teaching point can have a significant impact on the learner.

STEP SIX: CONCLUSION

Time management is a critical function in clinical teaching. This final step serves the very important function of ending the teaching interaction and defining what the role of the learner will be in the next events. It is sometimes easy for a teaching encounter to last much longer than anticipated with negative effects on the remainder of the patient care schedule. The preceptor must be aware of time and cannot rely on the student to limit or cut off the interaction.

The roles of the learner and preceptor after the teaching encounter may need definition. In some cases you may wish to be the observer while the learner performs the physical or reviews the treatment plan with the patient. In another instance you may wish to go in and confirm physical findings and then review the case with the patient yourself. Explaining to the learner what the next steps will be and what their role is will facilitate the care of the patient and the functioning of the learner.

Example:

"OK, now we'll go back in the room and I'll repeat the lung exam and talk to the patient. After, I'd like you to help the nurse get a peak flow, a pulse ox, and a CBC. When we've gotten all those results, let me know and we can make a final decision about the need for hospitalization and our treatment plan."

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.

SUMMARY:

You have learned and seen examples of the six steps in The One-Minute Preceptor model. Although it is useful to divide something into discrete steps, it is hard to remember several items in order, especially when you are first using them. To help you with this challenge you will note that the back cover of the book may be cut into several pocket size cards which you may carry with you to help you remember the steps.

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. It is not intended that this technique should replace existing teaching skills and techniques that already work well for the preceptor or to avoid the need to learn further techniques. It is one approach that can help you in the very challenging work that you do.

Table 1: 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**
6) **Conclusion**

REFERENCES

Irby, D. (1997, February). The One-Minute Preceptor. Presented at the annual Society of Teachers of Family Medicine Predoctoral meeting, Orlando, FL.

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Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. Journal of the American Board of Family Practice, 5, 419-424.

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POST-TEST QUESTIONS

Based on the teaching interaction below, please answer the questions on the answer sheet.

A nurse practitioner student is in your office and has just seen a patient of yours for a follow up visit. Here is her presentation:

Learner: "Hi, Doctor. I just saw Mrs. Bodman for a 2-month follow up visit for her diabetes. She is a 60-year-old woman who has had Type 2 diabetes for 5 years. She states she has felt well except for a cold that she just got over. She tests her blood sugar at home about twice a week and says her fasting sugars have been between 120 and 160. She didn't bring in her logbook, though. She denies polyuria and polydypsia, but says she has gained some weight because she went on a cruise last month. She did have one episode of shakiness and sweating which got better when she ate.

"Her current regimen is glyburide 5mg BID and glucophage 500 mg BID. She also takes an occasional dose of 25mg hydrochlorothiazide about once a week for foot swelling. Other meds are calcium, and Premarin.

"On physical, her weight is 165 (up from 160 last time), BP is 140/80, pulse is 84 and temp is normal. Her fundi were hard to see but looked normal to me. Lungs are clear, heart regular without murmur and abdomen slightly obese but normal. She had a blood sugar checked when she came in and it was 180 but she had lunch two hours ago." [Learner pauses and waits for your comments]

1) According to the "One-Minute Preceptor" Model as discuss in the monograph, what is the first step?

   A) Teach a general principle?
   B) Keep the interaction moving?
   C) Get a commitment?
   D) Reinforce what was done well?
   E) Probe for supporting evidence?

2) Which of the following might be an appropriate comment for you to make at this first step? (More than one answer may be correct. Select all that apply.)

   A) "Your presentation was well organized and complete. You covered the major symptoms of diabetes well."
   B) "Has she had a recent hemoglobin A1C test?"
   C) "Do you think she is in good diabetic control?"
   D) "All diabetic patients should have a foot exam at each follow up visit."
   E) " What do you think that the sweating and shakiness 'spell' that she had was?"

After your comment the learner states:
" She seems to be doing well. I think her diabetes is under good control."

3) What is the next step in the "One-Minute Preceptor" model?

   A) Give guidance about errors and omissions.
   B) Give positive feedback.
   C) Probe for supporting evidence.
   D) Teach a general principle.
   E) Get a commitment.

4) Which one of the following statements is most appropriate for this step?

A) "Yes, I agree. She seems to be doing quite well."
B) "An acceptable goal for fasting blood sugars is 140 or less in non-pregnant patients."
C) " Have you considered that she may have had a hypoglycemic episode?"
D) "What evidence supports that conclusion?"

The learner replies:

"Well, by history her blood sugars are pretty good, although I would like to have seen the log. She's not having any major symptoms and she might have been losing weight if she was really in trouble. She had a hemoglobin A1C after the last visit that was just above the normal range and her regimen hasn't changed since and she seems to be compliant. She had one spell that sounded like low blood sugar but that was when she had the cold and she said she wasn't eating much. All in all I think she is doing well."

5) What is the next step in the One-Minute Preceptor model?

A) Give guidance about errors and omissions?
B) Reinforce what was done well?
C) Teach a general principle?
D) Conclusion?
E) Complain that this is taking longer than one minute?

6) Which of the following would be considered appropriate statements for this step? (More than one answer may be correct.)

A) "Your assessment of her degree of control is well supported by the facts you have in hand. You clearly thought this through in an organized and systematic manner and this was reflected in the organization of your presentation. You took into consideration the quality of the evidence that you were given, since the patient did not have written blood sugar readings."
B) "The hemoglobin A1C is a valuable measure of diabetic control, but there are certain conditions, such as sickle cell disease and renal failure, where it may not be accurate."
C) "Your presentation was good and I think you did a very good job assessing this patient."
D) "You spent a bit too much time in your presentation on less pertinent findings such as the heart and lung exam."

TRUE OR FALSE Questions:

7) The One-Minute Preceptor Model will make teaching interactions much shorter.

A) True.
B) False.

8) The learner may have difficulty in generalizing a specific case to other clinical situations.

A) True.
B) False.

9) A formal “Conclusion” step helps manage time and lets the learner know what the next steps will be.

A) True.
B) False.

10) The One- Minute Preceptor Model should become the preceptor’s exclusive teaching style.

A) True.
B) False.

ANSWERS:

1) C.
The initial step in the One-Minute Preceptor model is to get a commitment. This encourages the learner to make a clinical decision and makes the learning process more active for the learner.

2) C & E.
Both answers C and E encourage the learner to commit to a specific answer. Note that the nature of the commitment that is requested can vary based on the learner's level of skill and knowledge and on the teaching points that you want to make. Option A is reinforcing positive behaviors, and option D teaches a general principle. Both are later steps in the process. Option B is searching for specific additional data and is not a formal step in the model.

3) C.
Probing for supporting evidence helps you to understand the learners reasoning or rationale for their decision. This additional information is allows you to correct faulty assumptions and to reinforce sound clinical reasoning. It is a valuable step whether the learner's initial commitment was correct or incorrect.

4) D.
Answer D asks the learner specifically to support their conclusion. Option B tries to teach a general principle, a later step in the model. Option A agrees with the conclusion but does not request supporting information. Option C probes for specific additional information not clearly related to the learner's initial commitment.

5) B.
The next step in the One-Minute Preceptor model is to reinforce what was done well. Behavior specific positive feedback will encourage the learner to continue successful strategies and behaviors.

6) A.
This response has the most behavior-specific feedback reinforcing things that were done well. Option C, although supportive, is very general and is not behavior-specific. B teaches a general principle and D focuses on suggestions for improvement that would be more appropriate for the next step.

7) B.
False. The One-Minute approach will probably not significantly shorten the time spent interacting but can enhance the productivity of the time that is spent.

8) A.
True. Assisting the learners by helping to generalize the issues brought up by the case can help direct their clinical thinking and development.

9) A.
True. A conclusion step can help manage the amount of time spent on an individual patient and direct the next steps in the interaction of the preceptor, learner and patient.

1O) B.
False. The One-Minute Preceptor is just one strategy for teaching. You are encouraged to use and perfect a variety of techniques.

POST-TEST and EVALUATION

One-Minute Preceptor Monograph

This Monograph is eligible for one (1) hour of continuing education credit.

To receive credit: You must complete this Post-Test and Evaluation form and submit it to:

Southern NH AHEC
128 State Route 27
Raymond, NH 03077

Or scan and email to: bferraro@snhahec.org
Or fax: 603-895-1312

NOTE: A processing fee of $5.00 is required from participants located outside New Hampshire.

Name: _____Today's Date: _____

Address: _____

_____

_____

Profession: MD/DO ___ NP___ PA ___ RN___ Other: _____

Specialty: _____

Type of Learners Taught: (Circle all that Apply)

Medical Students Residents NP Students PA Students Nursing Students

Other: _____

School Affiliation for Preceptor:_____

POST TEST ANSWERS:
Circle letter that corresponds to your answer for each question

1) A B C D E
2) A B C D E
3) A B C D E
4) A B C D
5) A B C D E
6) A B C D
7) A B
8) A B
9) A B
10) A B

PROGRAM EVALUATION:

One-Minute Preceptor

Rating Scale Range is 5-1
5=Excellent 4=Good 3=Fair 2=Somewhat Disappointing 1=Poor

Please rate:

1. The monograph overall 5 4 3 2 1

2. The extent to which the learning objectives were met, that you are now able to:

List steps of the One-Minute Preceptor Model of clinical teaching 5 4 3 2 1

Explain how each step fosters effective and efficient teaching 5 4 3 2 1

Integrate the One-Minute Preceptor into your clinical teaching 5 4 3 2 1

3. The relevance of the content to your precepting 5 4 3 2 1

4. The extent to which this format makes it easier for you to participate in preceptor development activities 5 4 3 2 1

5. What did you like about this monograph (in terms of content or format)?

6. What would make it better?

7. List one idea or recommendation gained from this activity that you will use in your future clinical teaching.

A Preceptor Development Program "THUMBNAIL"

The One-Minute Preceptor

This is a step-wise strategy which efficiently incorporates a series of proven educational techniques. The process begins after the learner has seen a patient and has presented the case to the preceptor. In the examples, a patient with a sore throat has been presented to you.

STEP ONE: Get a Commitment

Why: Learner becomes more active in teaching encounter.
Allows you to assess how learner has processed information presented.

Examples: "What is your working diagnosis for 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?"

STEP TWO: Probe for Supporting Evidence

Why: Uncovers learners reasoning process for arriving at conclusion.

Examples: "What factors in the history and physical support your diagnosis?"
"Why would you choose that particular medication?"
"How will that test help us in this situation?"

STEP THREE: Reinforce What Was Done Well

Why: Behavior specific positive feedback will promote and encourage desirable clinical behaviors.

Examples: "Your physical exam was complete: you covered all the relevant areas including lymph nodes and an abdominal exam for hepatosplenomegaly."
"I liked your differential – You took into account the patients age, recent exposures and symptoms in deciding which diagnosis was most likely."

STEP FOUR: Give Guidance About Errors or Omissions

Why: Behavior specific constructive feedback discourages incorrect behaviors and correct misconceptions.

Examples: "Your ear exam appeared to be uncomfortable for the patient. We can review some useful tricks at the end of the day that give you better control of the otoscope."

"Although trimethoprim/sulfa will kill strep in the lab and in some places in the body, it does not cover strep throat.

STEP FIVE: Teach a General Principle

Why: Helps learner to effectively generalize knowledge gained from this specific case to other clinical situations.

Examples: "Remember that there are about 10-15 % of people who are carriers of strep and could lead to false positive strep tests."

" Although sulfa antibiotics can kill strep in the test tube and in other parts of the body, they do not effectively treat strep throat."

STEP SIX: Conclusion

Why: Helps control time and sets clear agenda and roles for remainder of encounter.

Example: "OK, now we'll go back in the room I'll show you how to get a good throat swab. When we have the results let me know and I'll watch you go over the treatment plan with the family."

Source: Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. Journal of the American Board of Family Practice, 5, 419-424.