

Applying the One Minute Preceptor Model to Pediatric and Adolescent Gynecology Education



Tai M. Lockspeiser MD, MHPE¹, Paritosh Kaul MD^{2,*}

¹ Section of General Academic Pediatrics, Department of Pediatrics, University of Colorado, School of Medicine, Children's Hospital Colorado, Aurora, CO

² Section of Adolescent Medicine, Department of Pediatrics, University of Colorado, School of Medicine, Children's Hospital Colorado, Aurora, CO

ABSTRACT

There are multiple challenges to teaching in the clinical setting. The One Minute Preceptor is a learner-centered model for effective and efficient teaching in a clinical setting that can help to overcome these challenges. It consists of 5 microskills: get a commitment; probe for supporting evidence; teach general rules; reinforce what was right; correct mistakes. This article illustrates with case vignettes the use of these microskills for the busy Pediatric and Adolescent Gynecology clinician.

Key Words: One Minute Preceptor, clinical teaching, medical education in PAG

Introduction

Teaching in a clinical setting is a challenge because it occurs within the context of decisions, discussions, and direct patient care. Preceptors must balance 2 separate goals: (1) provide the best care possible for the patient and (2) assure that the learner is able to move forward in their professional development.^{1,2} Teaching is often opportunistic both because it is dependent on what patient comes into the clinic or the hospital and because interactions with learners are brief and unpredictable.¹ This makes it difficult for the attending to prepare for the teaching encounter. Additionally, there is a lack of incentives and rewards for teaching and the physical environment may not be conducive to teaching.

Despite these challenges, teaching in the clinical setting remains central to a learner's education. The quality of the supervision has a greater impact on clinical competence and knowledge than the number of patients seen.³ Thus even brief teaching encounters provide valuable learning opportunities to the trainees. The purpose of this article is to describe 1 model of efficient clinical teaching that can be used in Pediatric and Adolescent Gynecology (PAG), a unique field that blends the content and skills of gynecology, pediatrics, and adolescent medicine, to assure that clinician educators in PAG can effectively train learners while caring for patients in a busy clinical practice.

Knowles' principles of adult learning suggest that in order for learning experiences to be most effective, learners require clear goals and objectives, active involvement in

learning, and feedback.^{4,5} Social constructivist theories similarly argue that it is important for the learner to be an active participant in patient care and take on increased responsibility as their skills improve.^{4,6} Educational models such as the One Minute Preceptor (OMP, Fig. 1) are designed to provide guidance and suggestions on teaching in a clinical setting in an efficient and effective manner.⁷

The OMP is the most widely known and researched model for teaching in the clinical setting.^{2,7-11} Research on the OMP has shown high satisfaction of learners and faculty.⁸⁻¹⁰ In particular students rate this model higher than a traditional case presentation in which the emphasis is on diagnosing the patient.⁸ In addition, the OMP has been shown to improve preceptor's ability to diagnose patient's medical problems and to increase their self-confidence in their ability to evaluate the student.⁸ Finally, introducing OMP to an internal medicine clinic led to an increase in the amount of feedback provided to 3rd year medical students.¹²

The OMP is a learner-centered model of education which describes 5 microskills that can be used to teach in a busy clinic.⁷ Fig. 1 includes the 5 steps of the OMP and Table 1 includes phrases to consider for each step. Although initially designed for residents and fellows, this model can be adapted to learners at any stage of training.¹ Similarly it can be used in settings other than the outpatient clinic such as the inpatient wards or after a procedure. In addition, aspects of the model can be used more informally when new information about a patient is available. The OMP emphasizes discussion between learner and teacher and uses carefully chosen questions to better understand what is going on with the patient and with the learner.

The first step of the OMP is to "get a commitment." After the learner has summarized the case, the preceptor should encourage him/her to articulate her own diagnosis or plan (see Table 2 for example). The goal is for the learner to

* Address correspondence to: Paritosh Kaul, MD, Section of Adolescent Medicine, University of Colorado – School of Medicine, Children's Hospital Colorado, 13123 East 16th Ave, Box B025, Aurora, CO 80045; Phone: (720) 777-6116; fax: (720) 777-7339

E-mail address: paritosh.kaul@childrenscolorado.org (P. Kaul).

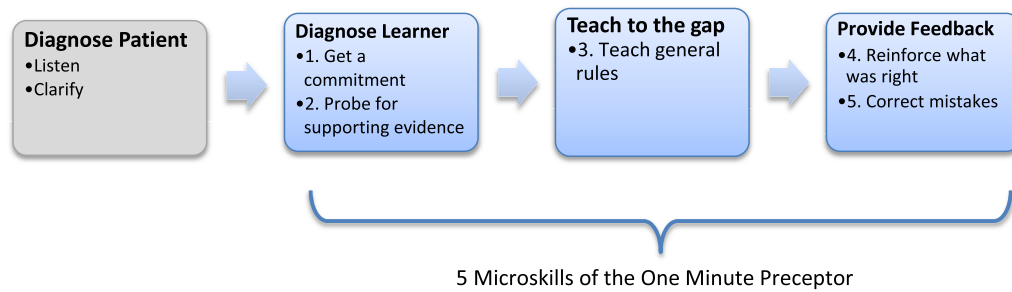


Fig. 1. Steps in one minute preceptor model of teaching in the clinical setting.

process the information just collected about the patient. One or 2 clarifying questions about the patient's presentation may be necessary but avoid the temptation to ask too many questions and take over. Often this step will reveal additional clinical information not included in the learner's case summary that may aid in making decisions about the patient.

The second step is to “probe for supporting evidence” to evaluate the learner's knowledge and reasoning about the case (see [Table 3](#) for example). Asking open-ended questions can encourage the learner to synthesize the case and identify gaps in his/her knowledge or errors in reasoning. This step may also involve discussing alternate possibilities for the patient that the learner thought were less likely and why he/she thought this. This step is crucial to thoroughly understand the learner's underlying reasoning as well as to identify an appropriate gap that could be useful for a teaching point.

The first 2 steps involving diagnosing the patient and diagnosing the learner, the third step allows for teaching but emphasizes the importance of “teaching general rules,” particularly those that fill the gap identified in steps 1 and 2 (see [Table 4](#) for example). A common challenge with clinical

teaching is the desire to teach everything possible about a given diagnosis. Instead of doing that, the OMP encourages preceptors to focus on common take-home points or rules of thumb. This should emphasize how this case may generalize to other similar patients in the future and focus on any gaps identified in the first 2 steps of the OMP. In addition to being useful educationally, it also allows the preceptor to use their time wisely to be most efficient in a clinical setting.

To aid PAG educators in determining appropriate content to teach, the North American Society for Pediatric and Adolescent Gynecology (NASPAG) has created educational materials including the PediGyn teaching set and the PediGyn CD-ROM.¹³ In addition, the resident education committee of NASPAG has published a Short Curriculum for pediatric and adolescent gynecology.¹⁴ Other educators have used simulation and web based resources to reinforce specific skills.^{15,16} These different resources can assist the PAG educator to “teach a general principle.”

The fourth and fifth steps focus on providing feedback to the learner, both reinforcing and constructive (See [Tables 5 and 6](#) for examples). Feedback is central to the learning process and an educational topic unto itself (see article by

Table 1
Phrases to Consider for Each Step of the One Minute Preceptor

Microskill	Phrases to Consider
1. Get a commitment	<ul style="list-style-type: none"> • What do you think is going on? • What do you want to do for this patient? • What other diagnoses would you consider in this setting? • How do you think we should treat this patient?
2. Probe for supporting evidence	<ul style="list-style-type: none"> • What laboratory tests do you think we should get? • What led you to that conclusion? • What factors in the history and physical support your diagnosis? • What else did you consider? How did you rule those things out? • Why would you choose that particular medication? • What other information might you need?
3. Teach general rules	<ul style="list-style-type: none"> • “When this happens, do this...” • A way of thinking about this problem is... • Key features of an illness • Ways to distinguish between two diagnoses • Treatment options • Important parts of history or physical
4. Reinforce what was right	<ul style="list-style-type: none"> • Specifically you did an excellent job of... • Your diagnosis was well supported by your history and physical. • Your presentation was well organized • Your differential diagnosis was thorough and considered all the possibilities
5. Correct mistakes	<ul style="list-style-type: none"> • What would you do differently to improve your encounter next time? • The most likely diagnosis is X but you don't want to miss Y. • Although you included all of the information in your presentation, it was hard to follow because.... • Those tests might be useful at some point, but right now we need to focus on... • Because we were considering this diagnosis, this part of the physical would have been important to do.

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