Developing the One-Minute Preceptor

Peter Gallagher, Mike Tweed, Sean Hanna, Helen Winter and Kath Hoare, Medical Education Unit, University of Otago, Wellington, New Zealand

SUMMARY

Background: Learning from experienced doctors in real clinical settings is very important for medical students. However, the busy and at times unpredictable nature of clinical work means that clinical work must take priority over teaching. What clinicians want is to be able to offer quality learning experiences for students without significant disruption to their clinical work.

Context: In the context of medical education, students are learning in a variety of physical locations. These various locations require different sets of teaching skills. This article describes how as faculty educational developers we worked with clinicians to enhance their role as teachers within busy clinical contexts. More specifically, we will describe how we augmented an established programme of travelling workshops for clinical teachers by incorporating the key principles associated with the development of the One-Minute Preceptor.

Innovation and implications: We combined classroom training with observation of teaching in the clinical area, and by doing so were more able to translate classroom theory into authentic workplace practice.
INTRODUCTION

There is a subject upon which clinicians (as teachers) and medical students (as learners) agree. They both agree that busy working environments inevitably mean that explicit time to teach and learn is a scarce and highly valued commodity.1,2

Clearly the clinical setting, whether it is a hospital ward, an out-patient clinic or a family practice, is for the clinical staff first and foremost a place of work. Nonetheless, at times this same setting must also function as a primary and authentic learning environment for medical students.

THE EVOLUTION OF BEDSIDE TEACHING

The presence of medical students alongside experienced clinicians presents a practical dilemma. In the short term the presence of students may well slow clinical encounters, and there is a need to balance effective and efficient clinical work with optimising the learning opportunities for students. As the General Medical Council (in the UK) states: ‘There is a tension between service delivery and protected time for education and training…’3

Forms of teaching and learning that take place in the presence of patients are usually referred to by the umbrella term ‘bedside teaching’.4 This form of opportunistic teaching has sometimes been referred to as ‘teaching on the run’.7

As faculty educationalists wishing to enhance the clinical learning environment for students, we acknowledged that irrespective of terminology, contemporary approaches to clinical teaching in busy contexts require a different set of teaching skills.8,9

FACULTY SUPPORT FOR CLINICAL STAFF

The Medical Education Unit at the University of Otago provides educational support to clinical staff across a wide geographic region: covering approximately a 350-km radius. The change in emphasis to briefer, focused bedside teaching directly impacted on the nature of the help that we needed to offer clinicians who supervise and teach our students.

From our earlier work it was clear that although clinicians were enthusiastic about teaching medical students, they were also very aware that clinical teaching should provide as little disruption as possible to their clinical work.10

As part of our established curriculum, and from a range of possible approaches to clinical teaching,9 we chose to develop the skills associated with the One-Minute Preceptor peripatetic educational programme for clinical teachers.10

THE ONE-MINUTE PRECEPTOR

In response to requests from clinicians for practical tips on how to facilitate one-to-one learning, we selected the principles of the One-Minute Preceptor as the basis for our support of clinical teachers.11

We chose the One-Minute Preceptor for the following reasons. First, its principles are straightforward and easy to remember. Second it has a high...
degree of practical relevance across a range of clinical contexts. Third, for us as educators the One-Minute Preceptor was easy to teach experientially. Finally, as an educational tool the immediacy and relevance of the One-Minute Preceptor has been favourably reported by both teachers and students.6,11

To facilitate learning about the One-Minute Preceptor, we incorporated two separate but related educational activities, directly aligned to the five key principles contained in The one minute preceptor: shaping the teaching conversation.12 The key principles are that the clinician should:

• choose a topic that occurs as a matter of course in routine clinical practice;
• explore the students thinking in relation to the selected topic;
• present the student with one or two core principles;
• reinforce positive behaviours;
• identify areas for improvement or development.

HOW TO DEVELOP THE ONE-MINUTE PRECEPTOR

The first of our teaching activities was an interactive workshop that introduced and reinforced the key principles of the One-Minute Preceptor approach to workplace-based teaching. Our second activity was to observe and provide feedback to clinicians while they engaged in one-to-one teaching as a naturally occurring component of their working day.13

The workshop
The workshop had three related components: a paired exercise; an analysis of an actual one-to-one clinical teaching session; and an introduction to the five stages of effective clinical teaching, as exemplified by the One-Minute Preceptor.

The workshop started with the first component of a paired exercise, in which participants were required to rank a list of teaching and learning activities that they employ the most. The list was taken from the Learning Retention Pyramid (LRP).15 In brief, the LRP is a hierarchal representation of some common teaching and learning activities in which the efficacy of each activity is expressed as a percentage. For example, it is estimated that attendance at a lecture produces an average 5 per cent retention of learning (the lowest). Whereas at the other end of the spectrum a student who teaches something to others increases that average to 90 per cent retention.

Although the authority and origins of the LRP are disputed in some quarters,15 as a group exercise it serves as an excellent catalyst for stimulating discussion. In addition it reinforces active engagement by means of demonstration, conversation and participation as potent learning experiences.

Furthermore, the experiential nature of the exercise effectively reproduces and reinforces the types of teaching clinicians undertake in their work place in reality, namely paired discussions.

In the second component, participants were shown a brief DVD of a clinician teaching a...
The teaching observations
The second activity that we chose to assist in the development of the One-Minute Preceptor was our offer to observe senior clinicians teaching in the course of their everyday clinical work, most usually during a ward round or patient consultation.

The workshops were attended by between 15 and 20 clinicians, and approximately one-quarter accepted our invitation.

On the occasions that we were invited to observe, the clinician had no more than one or two learners, which meant that the tenor of the teaching was low key and personal. All of the educationalists from the university were registered health professionals who were familiar with the sensitive nature of clinical contexts, and perhaps more importantly were mindful of the rights of the patients who agreed to participate.

In advance of our observation we met with each clinician to determine how the observation would proceed, its duration, the role of the observer venue and importantly to ensure that all those present had consented to our presence. During our observations we silently, and hopefully unobtrusively, made brief notes, but intentionally made no comments. We then arranged a time and a venue shortly after each observation to provide individual feedback to each clinical teacher. That feedback highlighted particular strengths and made suggestions for improvement or development. We also offered to construct a written report if the clinician requested a permanent record for their personal use.

Observer reflections on the practice of teaching on the run
A most obvious feature of the teaching encounters was the unpredictable nature of the clinical environment. There were often many other activities occurring at the same time and it was necessary for ‘teacher and student’ to block out extraneous conversations and distractions. Maintaining focus and allocating time to incorporate some teaching points for learning is important, and clinical teachers need to have some pre-planned ideas about how to maintain this teaching focus whilst ‘getting the job done’.

Most conversations took place whilst clinicians and students reviewed case notes, donned protective gowns or, most often, during their walk between patients. These occasions were used to maximise teaching opportunities. As the clinician and students walked along the corridor it was noticeable how physically relaxed they appeared. To the observer the formality of the discussion may have lessened but not the focus on learning. It is the framing and capturing of the teaching moment in these brief interludes from clinical practice that clinicians should optimise in order to make best use of the One-Minute Preceptor.

Table 1. Developing the one-minute preceptor: some tips for teachers

<table>
<thead>
<tr>
<th>The key principles of the One-Minute Preceptor</th>
<th>In line with the key principles of the One-Minute Preceptor, faculty members should:</th>
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<tbody>
<tr>
<td>1. Choose a topic that occurs as a matter of course in routine clinical practice.</td>
<td>1. Be prepared to offers sessions, to a group or one-to-one, at a time and venue that suits the clinicians.</td>
</tr>
<tr>
<td>2. Explore the students thinking in relation to the selected topic.</td>
<td>2. Keep any formal presentation to a minimum and encourage discussion.</td>
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<tr>
<td>3. Present the student with one or two core principles.</td>
<td>3. Model the One-Minute Preceptor, and make the sessions brief and focused.</td>
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<tr>
<td>4. Reinforce positive behaviours.</td>
<td>4. Develop a culture wherein observing clinical teaching is natural and routine.</td>
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<tr>
<td>5. Identify areas for improvement or development.</td>
<td>5. Always provide feedback.</td>
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</tbody>
</table>

Maintaining focus and allocating time to incorporate some teaching points for learning is important.
We close with our tips for learning activities that are more likely to develop the skills of an effective One-Minute Preceptor in clinicians (Table 1). These tips are drawn from our direct experiences of the teaching workshops and peer observations described in this article.

CONCLUSION

All of these teaching and learning activities can effectively enable clinicians to turn clinical teaching into a conversation, with the thinking work being undertaken by the student, the intern or the trainee.

Busy rounds offer both depth and breadth of teaching opportunities for learners. With some brief pre-planning and by asking, rather than telling, we suggest all clinicians can effectively teach on the run.

REFERENCES


Corresponding author’s contact details: Peter Gallagher, Medical Education Unit, University of Otago, PO Box 7343, Wellington 6242, New Zealand. E-mail: peter.gallagher@otago.ac.nz

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