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The One-Minute Preceptor

A Five-Step Tool to Improve Clinical Teaching Skills

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The One-Minute Preceptor (OMP) is a teaching tool that has been used successfully for over 10 years in family practice residency programs. It was designed to enhance the teaching skills of physicians involved in the clinical education of new residents. This article describes the five steps of the OMP and how it was taught to a group of nurse preceptors and reports their evaluations of the impact that this education had on their ability to instruct and offer feedback to the novice nurse.

Preceptors, who have the ability to teach, support, and provide feedback to the novice nurse, can make a positive impact on the orientation process. The literature supports that preceptors who can provide learning opportunities and stimulate critical thinking are a vital factor in developing clinical competence (Boychuk Duchscher, 2003; Floyd, 2003; Gignac-Caille & Oermann, 2001; Grealish, 2000; Hom, 2003; Simpson & Creehan, 1998). A preceptor who can link education and practice is the essence of an orientation program, which leads to competency and job satisfaction. Acquiring the knowledge and mastering the skills necessary to be an effective preceptor does not just happen. Preceptors need guidance and education to develop these skills.

Preceptors have usually been selected based on their level of clinical expertise. The expert bedside nurse may not be equipped with the tools and knowledge needed to face the challenges of the preceptor role (Floyd, 2003; Madison,Watson, & Knight, 1994; Myrick & Barrett, 1994). The ideal preceptor is responsible for guiding, supporting, teaching, and evaluating the new orientee. Many preceptors have limited or no educational preparation for this expanded nursing role. Excellent clinicians do not necessarily make excellent preceptors. It is essential that preceptors be introduced to adult learning principles, strategies that promote critical thinking skills, and methods used to evaluate and deliver feedback (Nursing Executive Center, 2001).

To meet the learning needs of preceptors and improve the orientation process, the preceptor council at a 350-plus-bed community hospital in Northwestern Pennsylvania had recommended that yearly preceptor educational programs be provided. As part of this education, the One-Minute Preceptor (OMP) was introduced. The OMP is a widely used and successful teaching program originally used to educate family practice residents (Furney et al., 2001; Neher, Gordon, Meyer, & Stevens, 1992; Neher & Stevens, 2003). When used for medical education, Neher and colleagues found that this program was relatively easy to teach, provided a basic framework for improving clinical education, and was especially effective in improving learner feedback.

CONCEPTUAL FRAMEWORK

The OMP incorporates features from Malcolm Knowles' andragogy, Jerome Bruner's (1966) constructivism theory, and Donald Schon's (1983) theory of reflective practice. Components from these established theories are used to engage adults in a learning process that is result focused. While incorporating components of various theories into practice, the OMP allows opportunities for the learner to obtain competence and confidence. When getting commitment and probing for

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supporting evidence, the first two steps of the OMP tool, concepts from the constructivist theory are used as the preceptor engages the orientee in an active learning process and builds on what the learner already knows (Bruner, 1966). In the third step, teaching general rules, the preceptor uses Knowles' theory of andragogy by focusing on points that have immediate relevance to the learner (Knowles, 1984). This instruction is oriented to the situation currently occurring and relevant to expected nursing responsibilities. As the preceptor moves to the fourth step, reinforcing what was done well and providing feedback, the orientee is actively involved in the evaluation. This step allows for reflection to incorporate new learning into practice (Kaufman, 2003). The fifth step, correct errors and make recommendations for improvement, is a time to build upon current knowledge and encourages the orientee to actively seek out additional learning experiences.

One important feature of using the OMP teaching tool is that by promoting the reflection process, it is possible for both the orientee and the preceptor to learn from the experience (Ferraro, 2000). For the preceptor, the learning situation can refine current teaching skills while at the same time add to the preceptor's clinical expertise as the orientee and the preceptor, together as a team, seek out knowledge. The collaboration of orientee and preceptor leads to learning. According to Schon (1983), in the real world, problems do not have one solution. Reflection on a situation leads to the generation of ideas and, possibly, alternative solutions. It is the interaction and brainstorming of preceptor and orientee together that leads to a deeper understanding.

FIVE-STEP OMP TEACHING TOOL

The five steps of the OMP are defined as follows:

1. Get a commitment—means that the preceptor will first encourage the orientee to present his or her interpretation of the risk/problem or plan for nursing care. In making this commitment, the orientee is processing information and beginning the problem-solving process. The preceptor elicits a commitment by asking a few questions such as the following:
   - What is going on with this patient? What is your plan of care?
   - When do you believe we should notify the physician?
   - What further assessments or nursing actions would you do?

   The preceptor accepts the orientee's response in a nonthreatening manner, using an incorrect response as a teaching opportunity.
2. Probe for supporting evidence—occurs after the orientee has made a commitment. The preceptor explores the orientee's thought processes as to what evidence or rationale led to the decision by asking questions such as the following:
   - Why did you choose that nursing action?
   - Have you considered any alternative nursing measures?
   - Why would you take that action first?

   These questions encourage the orientee to "think out loud" so the preceptor can assess the orientee's knowledge and decision-making skills.
3. Teach general rules—if the orientee is missing the connection or is incorrect in his or her assessment, then correct information is provided or the orientee is informed what resources are available to locate the information. The preceptor can skip this step if the orientee presented all needed information and there is nothing additional to present. Examples of teaching general rules are as follows:
   - "The hypoglycemic protocol is in the green book, and it lists the steps to take when the chem strip is 60. You need to review it prior to caring for this patient."
   - "This is a medication that patients should be informed to take with food to avoid GI upset."
   - "Use the 0–10 scale to reassess the patient's perception of pain 30 minutes after administering a narcotic."
4. Reinforce what was done right—by providing positive feedback to build self-esteem and encourage the right actions to be repeated. Praise specific actions; general praise, however, should be avoided. For example, do not just say "you did a good job" but rather, be specific: "Your assessment was accurate and you included the abnormal laboratory results in your report. That will encourage others to continue to assess the laboratory results."
5. Correct mistakes—by providing specific recommendations for improvement. It is possible to accomplish this by having the orientee critique his or her actions first, often acknowledging the problem and asking for suggestions for improvement. Another approach may be to arrange a private setting for both positive and negative feedback to be given as soon as possible after the event. The focus of correcting mistakes should be on ways to prevent or avoid the same circumstances in the future. Examples of statements for correcting mistakes are as follows:
   - "Your assessment that an emergency situation was occurring was correct, but leaving the patient to get help was not the best action; next

time, stay with the patient and use the call system to obtain help.''

- ''You were able to recognize the need to take vital signs more frequently, but the physician was not notified immediately. Prompt notification is important to obtain orders for the needed antibiotic therapy.''

PROGRAM

In May 2004, all registered nurses who were active preceptors at this hospital were invited to attend a 1-hour education program on the OMP. The program consisted of a lecture presentation with written handouts introducing the objectives and the five steps of the OMP model (see Table 1). Case examples were provided with time allotted for participants to role play clinical scenarios using the five steps of the model. Preprogram and postprogram surveys were used to determine differences in preceptors' perception of their teaching abilities before and 1 month after attending the OMP program. Twenty preceptors attended the program and completed the presurvey. The sample was predominantly Caucasian women over the age of 39 years who worked in various nursing units of the hospital. The educational preparation of the sample was mixed: 20% were graduates of a diploma program; 15%, graduates of an associate degree in nursing program; 45%, graduates of a bachelor of science in nursing program; and 20%, graduates of a master's of science in nursing program. The preprogram survey consisted of 30 items, and the postprogram survey contained 33 items. Twenty-two of these items were taken from a previously validated instrument developed by the Stanford Faculty Development Program (Litzelman, Stratos, Marriot, & Skeff, 1998). The Stanford instrument was based on seven educational categories.

These categories include the following:

1. Establishing a positive learning climate—a stimulating environment where the learner feels comfortable
2. Controlling the teaching session—the teacher's ability to focus and pace the encounter
3. Communicating goals—goals and expectations are expressed clearly
4. Promoting understanding and retention—teaching methods are used to enhance retention

TABLE 1 Outline of the Preceptor Education Program

Objectives	Content (Topics)	Time Frame	Methods
After attending the Preceptor Education Program on OMP, the nurse preceptor will be able to			
Describe the five steps of the OMP model.	Introduction to the OMP model Background Benefits	20 minutes	Lecture Written handouts
Identify ways to use the OMP model in the clinical setting.	Understanding the five steps: 1. Get commitment—ask questions 2. Probe for supporting evidence—explore the knowledge base 3. Teach general rules—teach information and knowledge to be used in future assignments 4. Reinforce what was done right—give feedback 5. Correct mistakes—give suggestions for improvement	10 minutes	Review of case examples
Apply the five steps of the OMP model to simulated clinical teaching scenarios.	Present several examples of how to use the OMP model Care of the patient with hypoglycemia Care of the patient with a temperature elevation	20 minutes	Participants team up to role play selected clinical scenarios
	Question and answer session	10 minutes	Open discussion

Note. OMP = One-Minute Preceptor.

5. Evaluating—the learner's achievements are assessed and directed for further development
6. Providing feedback—information is provided to improve performance
7. Promoting self-directed learning—the learner is encouraged to seek out learning opportunities

The reported reliability of this instrument ranged from .82 to .95, with mean interitem correlations ranging from .67 to .84 (Litzelman et al., 1998). Additional questions concerning demographics, the preceptors' perceptions of the OMP program, and their role as preceptors were asked. It was estimated that it would take 10–15 minutes for participants to complete each survey.

Participants were encouraged to use the five steps when orienting new nurses. They were informed that they would receive a postprogram survey 1 month after attending the OMP program. Within the time period established for return of the postprogram survey, 13 were completed, representing a 65% return. A paired *t* test was used to determine whether scores were significantly different before and after attending the OMP program.

FINDINGS

Statistically significant differences were found between pre- and post-OMP-program responses. It is noteworthy to report that 92% of the respondents indicated that they have been preceptors for over 5 years and believed that they had effective teaching skills prior to attending the OMP program. From this group of relatively experienced preceptors, prior to attending the OMP program, more than 30% either agreed or strongly agreed that it was difficult to evaluate new employees, provide feedback, and promote self-directed learning.

All of the 13 preceptors who completed the postprogram survey indicated that they either agreed or strongly agreed that they understood the five steps of the OMP model. Twelve out of the 13 respondents (92%) who completed the postprogram survey indicated that they had already used the skills they had learned at the OMP program and indicated that they would continue to use these skills.

The postprogram survey contained an area for the preceptor to add additional comments. All of the written comments ($n = 4$) expressed positive feelings toward the value of the OMP program. One preceptor commented, "The OMP presentation was excellent and very beneficial and pertinent to the preceptor role." Another commented, "It is a better way of teaching, shifting the responsibility of learning to the orientee. The OMP encourages dialogue and provides a way to correct mistakes without destroying (the orientee's) self-confidence and self-esteem." After receiving education on the OMP model, participants reported less difficulty in all seven educational categories identified by the Stanford Faculty Development Program. Figure 1 depicts a comparison of preprogram and postprogram responses.

Most preceptors in this sample indicated that they were committed to the preceptor program. However, in both presurvey and postsurvey, 15% of preceptors indicated that they felt tired and drained from being a preceptor. It is noteworthy that approximately 30% of preceptors in both presurvey and postsurvey indicated that they were willing to share knowledge with others but found it difficult to do so in the clinical setting. This finding implies that the work environment is a significant factor in orienting new nurses. This group of preceptors indicated that even after learning the five steps of the OMP model, the clinical setting could limit preceptor–orientee feedback. The importance of providing feedback has been described as a crucial element in the successful orientation and retention of new nurses (Greene & Puetzer, 2002).

Because of the positive response generated from the initial OMP educational program, the program was offered again in November 2004. At that time, 14 different preceptors attended, with 50% completing a postprogram survey 3 months after attending the program. All of the preceptors who responded to the

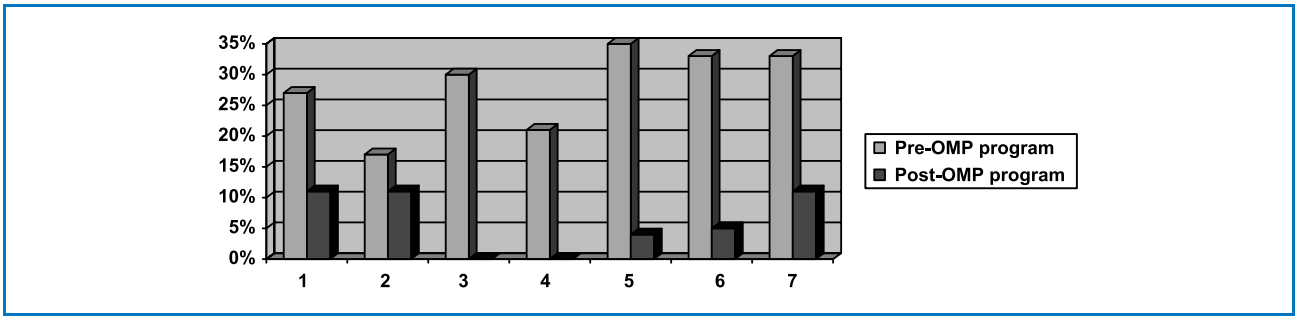

FIGURE 1 Percentage of preceptors reporting difficulty in the identified seven educational categories before and after learning the One-Minute Preceptor (OMP) model. The seven educational categories surveyed: (1) establishing a positive environment, (2) controlling the teaching session, (3) communicating goals, (4) promoting understanding, (5) evaluating, (6) providing feedback, and (7) promoting self-directed learning.

postprogram survey agreed that they understood the steps of the OMP program, had used the skills learned, and planned on continuing to use the tool. All of the preceptors from this second group indicated that the information learned at the OMP educational program had helped them to create a positive learning environment, promote understanding and retention of information, evaluate learning, and provide feedback to improve performance.

DISCUSSION

It is documented in the literature that nurses need educational preparation and continuing support to successfully function in the preceptor role (Hom, 2003; Yonge, Krahn, Trojan, Reid, & Haase, 2002). Based on data collected and analyzed in this sample, the OMP educational program presented useful information for nurses in the preceptor role, even for experienced preceptors. Results revealed that there were positive differences in preceptors' ratings of their teaching skills after receiving education on the OMP. Preceptors welcomed education on methods that promoted critical thinking, stimulated dialogue, and encouraged feedback. Although the sample size was small, nurses from various educational backgrounds and areas of expertise gave the OMP teaching tool a positive rating. In today's healthcare environment, there is a need for preceptors who have the skills to stimulate the development of problem-solving and decision-making skills, rather than just focusing on the completion of tasks.

SUMMARY

The foundation of the OMP program is based on recognized educational theories, such as Knowles' adult learning theory and Schon's theory of reflective practice. The five steps of the OMP program support learning by encouraging questions and providing feedback and an opportunity for reflection during a clinical experience. Learning is linked with understanding and solving clinical problems. Through dialogue with the preceptor, the novice is supported and encouraged to discuss, analyze, and think of alternative solutions. Learning in the clinical setting is a complex phenomenon. It is recognized that a number of extraneous variables can influence the preceptor–orientee relationship and the teaching experience in the clinical setting. In an era of high-technology health care, it is important that preceptors be prepared with the skills to nurture and develop critical thinking skills of the novice nurse. The OMP is a teaching tool that can be introduced to nurse preceptors in a 1-hour program. This is a tool that is relatively easy to learn and apply in the clinical setting. Using the five steps of the OMP is one approach that can contribute to a successful orientation program.

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