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Original article

Use of "one minute preceptor" in Orthopaedics post graduate residents in orthopaedic OPD.

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Abstract:
The art of history taking, and Thorough clinical examination is now a days dying. This becomes apparent in fast ambulatory situations like orthopedic OPD**.** Post graduate students face rush of patients during OPD hours and at times find it difficult to reach the provisional diagnosis. There is rising tendency to send patients to investigations without really utilizing history and clinical findings to reach the diagnosis.Later it becomes a habit to rely upon the investigations instead of developing a thought process.Another commonly observed situation where the residents bring the patient to teacher with problem-the patient is taken over by the teacher and readymade answer is provided.
Keywords: one minute preceptor, orthopaedic OPD

Introduction-

The art of history taking, and Thorough clinical examination is now a days dying. This becomes apparent in fast ambulatory situations like orthopedic OPD**.** Post graduate students face rush of patients during OPD hours and at times find it difficult to reach the provisional diagnosis. There is rising tendency to send patients to investigations without really utilizing history and clinical findings to reach the diagnosis.Later it becomes a habit to rely upon the investigations instead of developing a thought process.Another commonly observed situation where the residents bring the patient to teacher with problem-the patient is taken over by the teacher and readymade answer is provided. Diagnosis is rather handed over than processed.

Ideal approach-

Residents should devote time to take careful history and clinical examination. They should develop a thought process to utilize these findings of history and clinical examination to come to a provisional diagnosis. They should write the case history and provisional diagnosis after completing the history and clinical examination.In this process teacher's role is to guide (not spoon feed) the resident to come to provisional diagnosis.

Innovation-To achieve this goal, the use of 'One Minute Preceptor'was adapted which provides a different approach compared to the traditional teaching.

WHAT IS OMP?

The" one-minute preceptor" is a strategy for efficiently structuring an interaction with a learner.[(1)]**Traditional precepting** of students takes 3-6 minutes per patient and follows the following format:Formal "case presentation"

by the learner (75% of precepting time).The preceptor asking follow-up clarifying questions(25% of the time).This traditional model focuses on "missed areas" rather than primarily on teaching and leaves very little time for teaching or feedback.[2].

"One Minute Preceptor" (OMP) model is learner centered model of precepting.It focuses the teaching encounter on the learner's reasoning while simultaneously gathering the necessary components of the history and physical examination. (Somewhat analogous to asking open ended questions to patients to gather the history, rather than jumping right in to direct questioning). This model allows preceptor to assess the learner's knowledge and reasoning and provide key messages for learning. When evaluated, the OMP modelallows preceptors to equally or better diagnose patient compared with traditional precepting models, in the same (or less) amount of time as usually spent reviewing patients with learners.[2]

Key steps of the OMP model- [3, 4, 5, 6]

1. Get a commitment from the learner
2. Probe for underlying reasoning
3. Teach general rules (key teaching points)
4. Provide positive feedback
5. Correct errors in reasoning

AIM - Useof"One Minute Preceptor" in post graduate residents in Orthopaedic OPD.

Objectives-

Residents to develop thought process to reach provisional diagnosis with the help of history and clinical examination. The tendency to rush for investigations should change and they should utilize the investigative tools to reinforce their diagnosis rather than getting to seekreadymadediagnosis. They should write a better case record.

Materials and methods:

1. Pre-project questionnaire
2. Implementation
3. Interval feedback
4. Assessment

Observations / findings:

Pre-project background- Questionnaire Part-I for faculty and residents

1.Faculty unanimously agreed that residents are not taking thorough history, carry only superficial clinicalexamination, rely too much on investigations and write case sheet after receiving investigations.

2. In contrast Residents stated that they take thorough history, do proper clinical examination, do investigations only to reinforce their provisional diagnosis and write case sheet immediately.

During OMP power point presentation to residents and faculty- Questionnaire Part-II for residents

1. Here in informal dialogue the residents agreed to the faculty observation (Part I) but didn't commit so on paper, because they had no idea about the project content or intent of questionnaire. After knowing about the OMP concept all were willing to participate and in fact were happy to have such sessions.

During implementation

1.Residents and faculty participation was very positive.

2. Better interaction was shown by III-year residents compared to First year residents.

3. The number of sessions increased during last month when the exam going residents took this opportunity for spot mini presentations.

Assessment

1.Definite improvement was observed in resident's approach towards patient interaction, history taking, clinical examination and case sheet writing.

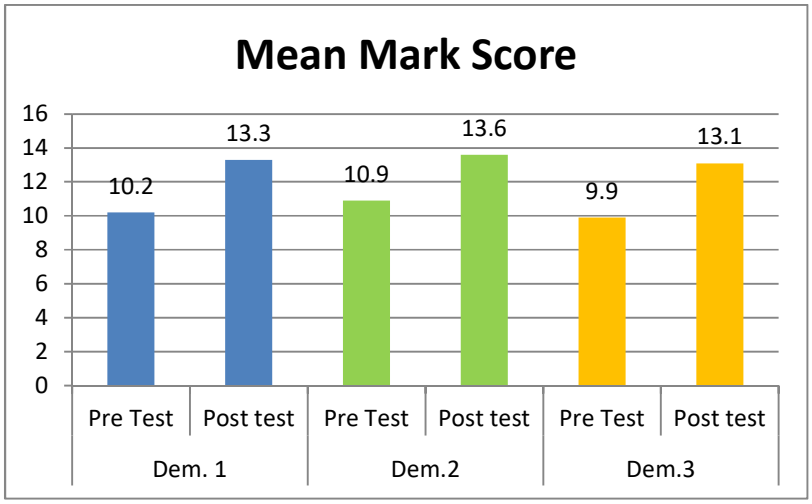
2. Assessment in the form of OSPE showed improvement in resident's approach towards provisional diagnosis using history and clinical examination.

3. The routine case sheet writing is showing improvement and proofs of diagnosis processing.

Results:

The sample size and scope of project is too small to draw any conclusion.There were no comparison groupsand statistical tests could not be applied.

Still if allowed to statethe outcome of this project - It shows that the use of the teaching method "One Minute Preceptor' in orthopedic residents in ambulatory setup of orthopedic OPD has positively contributed in achieving objectives of developing thought process to reach provisional diagnosis by utilizing history and clinical examination. The 'commitment part' is encouraging them to read more and increasing their contact time and interaction with the patients. It is also helping them in writing better case record and becoming better clinician.



Discussion:

A scenario of orthopedic OPD during rush hours was selected where residents are individuallyinteracting with patient from- receiving them, listen to their complaint, take essential history, do the clinical examination, analyze the findings to form a provisional diagnosis, plan for investigations and prepare a plan of management. When faced with difficulty, the residents look to the faculty for guidance. In traditional teaching, patient is taken over by faculty and readymade diagnosis ishanded or the teacher resorts to ask questions to the patient which are missed by the resident. In such scenario to achieve the stated objectives, a project was undertaken to utilize the innovative method of "One Minute Preceptor" in place of traditional teaching.

1. Initial framework of the project was prepared under the guidance of MET faculty.
2. The project was submitted to Institutional Ethical Committee and approval was obtained.
3. Five faculties voluntarily consented to participate in this project. Their opinion about the considered scenario was obtained by providing them a questionnaire. The questionnaire meant for residents was also put to them for opinion.
4. Opinion about the considered scenario was obtained from the residents in the form of questionnaire. They were not given idea about project or proposed use of innovative method. Thus,the opinion of residents was unbiased.
5. The concept of One Minute Preceptor was presented to the faculty and the residents in the form of power point presentation.
6. All residents (18) voluntarily consented to participate in the project. (Thus no one was excluded)
7. The residents themselves chose the patients to present for OMP sessions on their respective OPD days. Roster was prepared for residents so that everyone got equal opportunity. All residents wereallowed toobserve all OMP sessions if they wished. Two OMP sessions were carried out on each day. Each day of week from Monday to Friday was divided among the five faculties.The faculties were provided checklists to be filled at the end of each session.
8. The OMP sessions were performed in the month of March, April and May 2018. Each faculty took part in at least 24 sessions thus total sessions by all faculty came to 120. In the last month I took some additional sessions.
9. In the middle of April an interval feedback was obtained in the form of questionnaire from participating faculty and residents.
10. Assessment was carried out on last two days of May in the form of OSPE. The residents were asked to examine patients selected by faculty and answer thequestions relevant to explaining process of diagnosis.

Experience:

Positive findings-

The participation response by faculty and resident was instantaneous and unanimous.

Faculty executed the OMP sessions seriously and wrote checklist at the end of every session.

Resident's response was warm and remained same throughout.

It was challenge to faculty because case selection was left to residents and it needed serious faculty involvement in on spot dealing with the last three micro skills

Difficulties

It needed determination to remain focused on the project because of routine work load.The participating faculty gave full support, but no one had formal training in OMP sothe plan to execute OMP was prepared by referring to available literature. Uniformity or method of execution of OMP by faculty could not be monitored. Residents had different levels of clinical experience.Out of five faculty, four are PG guide and PG examiners. The resident's feedback could bebiased- The responses are likely to be answered in a way to please the faculty.

References:

1.One minutepreceptor-A method for efficient evaluation and feedback – adapted by Physician assistant program, Oregon Health University

2. Eva Aagaard , Arianne Teherani: Effectiveness of the One Minute Preceptor model for diagnosing the patient and the learner: Proof of concept: Academic medicine, vol.79 No1 January 2004 (42-49)

3. Scot L. Furney, Alex N. Orsini, Kym E. Orsetti: Teaching of One Minute Preceptor, a randomized controlled trial, J .Gen. Intern Medicine2001:16:620-624

4. John O. Neher, Nancy G. Stevens: The One Minute preceptor: shaping the teacher's conversation: Family Medicine 2003, 35(6)391-393

5. David M. Irby, Eva Aagaard, Arianne Teherani: Teaching points identified by preceptors observing One Minute Preceptor and traditional preceptor encounters: Academic Medicine vol-79 No1/Jan2004 (50-55)

6. Stephen M. Salerno, Patrick G. O'Malley: Faculty development seminarsbased on One Minute Preceptor improve feedback in the ambulatory setting: J. Gen. Intern Medicine2002: 17:779-787

7. Elizabeth Eckstrom, Lou Horner, Judith Brown; Measuring outcomes of one Minute preceptor faculty development workshop; J. Gen. Intern. Medicine2006; 21:410-414

8. Maximizing the 'ad hoc' teaching encounter; Australian Family Physician vol-36 (12) Dec2007

9. The One Minute Preceptor: 5 micro skills for one on one : teaching Monograph developed by MAHEC office of Regional Primary Care Education Asheville North Carolina

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