

TEACHING SKILLS

Precepting is essentially “individualized teaching, reinforced with practice, of the adult learner” (Flynn, 1997). But, precepting occurs in the clinical setting and often must be done quickly and spontaneously when opportunities present themselves. Thus, teaching skills that are effective in the classroom might not be effective when precepting. We have chosen to present two teaching models and hope that you will find one (or both) of them useful to you in precepting.

The Five-Step Microskills Model.

In deciding how to present teaching skills, we perused many journal articles, books, and websites. We were struck by how often medical school websites used *The Five-Step Microskills Model*. We investigated this model and decided that it provides an excellent process for teaching/precepting in the clinical setting. If you are interested in developing your precepting skills further, you might investigate the University of North Carolina School of Medicine website. They have a group of modules entitled *The Expert Preceptor Interactive Curriculum*. This site can be accessed at: <http://www.med.unc.edu/epic/>. We have received permission to link to their site. You can work through their module and receive an Expert Preceptor certificate, if you choose to do so. We have borrowed heavily from the UNC website and appreciate their generosity in sharing.

We have perused the UNC School of Medicine and other websites and what appears to be the original article (Neber et al., 1992) to come up with our modified version of *The Five-Step Microskills Model*. One of the goals of this model is to provide a process for teaching that encourages discussion and the opportunity to provide feedback. By developing a standard format, the preceptor has a system that can become fairly automatic and discourages lecturing (not the most effective strategy in the clinical setting). This also provides the intern with a guide for what is expected. Although Neber et al suggests that this model can be accomplished in 5 minutes or less, that is probably heavily influenced by the complexity of the clinical problem, the intern's level of competence, and the amount of time available. It is easy to see how some steps of the model could be expanded when there is more time. But, remember that the 5 steps are designed to be done in the same sequence every time.

We begin with the 5 steps in the model:

1. Get a commitment.
2. Probe for supporting evidence.

3. Teach general rules.
4. Reinforce what was done right.
5. Correct mistakes.

You can quickly see that the model is designed to determine the thinking process of the intern, then to provide the opportunity to teach the skills the intern is lacking and provide feedback. Now the details:

1. [Get a commitment](#). By asking the intern to commit to what they think is going on, the preceptor can see what the intern is thinking and have a better understanding of what the intern knows and what they do not know. The UNC website suggest the following as questions that might be asked:

"What do you think is going on with this patient?"

"What would you like to accomplish in this visit?"

"Why do you think the patient has been non-compliant?"

One of the keys to success with this step is to have developed an environment that makes the intern comfortable with making a commitment. That, of course, means they are willing to make mistakes, and know that you will be supportive of their effort.

2. [Probe for supporting evidence](#). Before commenting on the intern's commitment, ask him/her for the evidence that supports their commitment. By doing this, you can see what their thought processes are and further determine their gaps in knowledge. One approach to doing this might be to ask the intern what other options they considered and why they chose the one they did. Again, you are getting the intern to reveal their thought processes, which will also reveal their knowledge.

3. [Teach general rules](#). If the intern has revealed gaps in their knowledge, now is the time to teach to those gaps. Teaching is more effective when it is specific to the case at hand and, having followed the first 2 steps in the model allows you to target your teaching to what the intern knows and does not know. This is where you can fill in the connections that the intern may have missed. At the same time, it is most helpful when the preceptor also teaches how what is being

learned would generalize to other situations. When the intern has not exhibited gaps in knowledge, you would skip this step.

4. [Reinforce what was done right](#). In providing positive feedback, the UNC website suggests that you comment specifically on what was done right, but also what effect it had. For example, "You did an excellent job of querying Ms. Smith about why she had trouble following her diet in a non-judgmental way. I could tell that your approach made her comfortable with sharing those problems with you and that resulted in a better understanding of the obstacles she has." Positive reinforcement is most effective when it is specific, when the intern can see what their effect was, and when it is an action that can be repeated in other clinical situations.

5. [Correct mistakes](#). Neber et al state that they specifically put this step last because it is the tendency of most of us to do it first – and that probably is not the most effective.

Several issues are important in this step. First, it might be best to have the intern first self-evaluate their performance. Often the 1st 3 steps of this teaching model will have helped them to realize what they did not do well and, long-term, it may be most effective to increase their skill in self-evaluation. But there may not always be time for that. Second, the setting for correcting mistakes must be chosen carefully. It would be best to provide this feedback as soon as possible but it may be a bigger concern to do it in a more private setting. After all, you want the intern attending to what you're saying and not what others in the area are thinking. The most effective correction will be specific, but you also want your feedback to focus on how to avoid or correct the error in the future.

[Summary](#). While this process might seem a bit awkward and time-consuming at first, if practiced it can become second-nature; not only to you, but also to the intern. If you participate in rounds at your facility, you may already be familiar with how it works.

The DR. F.I.R.M. Teaching Model

This is another teaching model that we frequently encountered in preceptor information provided by other dietetic internship programs. We have started with the text provided by the Oneonta program (SUNY-Oneonta), then gone back to the book by Powers (1987) to modify it here. Like the Five-Step Microskills Model, this model may feel awkward at first but, if practiced, will become automatic. In order to be the most effective, all steps in this model should be used.

- D** Demonstration, presentations and problem solving
- R** Rehearsal of content
- F** Feedback and correction
- I** Independent practice
- R** Review
- M** Motivate to persevere

Application of the Teaching Model

Demonstration

During an orientation period, let interns observe you, then walk them through the steps, explain the sequence, and talk about ways to save time or other resources without sacrificing quality. During this time, explain the rationale for the various steps and the assumptions behind any "shortcuts". Share with interns the benefits of your experience. If you have developed efficient ways of dealing with patients, or ways to increase the accuracy of information that is received from the patient, share these with the intern. Throughout the internship, the intern will be learning many technical skills.

Try to facilitate their learning by:

- Specifically indicating how the intern has improved.
- If demonstrating, leave part for the intern to do.
- Clarify why acceptable work is not perfect.
- Praise specific aspects of the intern's work rather than generalities.
- Direct interns' attention to relevant cues and make sure he/she can detect them.
- Prompt interns to help them give answers to your questions.
- Determine when and if an intern needs directions on what to do.

- Set clear, well-defined criteria for performance.
- Ask questions during demonstrations to direct attention to various components.
- Describe contingencies to influence behavior.

Remember to spend some time talking about attitudes and values-both the intern's and those of the employees and clients. Provide the intern with positive role models and talk with them about positive attitudes. Encourage the intern to spend time reflecting upon both what they have learned and the attitudes and cultures they have experienced.

This is your first step in helping interns to attain entry-level competence. Learning is not always easy for interns. In the beginning, it is helpful if you stick to the important points and help interns develop their problem solving skills.

Rehearsal

Help interns role-play the dietitian's job. For example, have an intern calculate a diabetic meal plan or give a diet instruction to you. The only way to know if the intern has achieved the skills needed is for the preceptor to observe the intern directly so that the intern's performance can be evaluated. You may need to show an intern the steps required to accomplish tasks that you do automatically. Explain how to dovetail two things at the same time. Interns may be unaware of these on-the-job timesaving techniques.

Feedback and Correction

Feedback to interns about their skills communicates your empathy and approval or disapproval. Feedback should be open, corrective, and specific. It is important for interns to feel comfortable about having made mistakes while learning (rehearsal). At this time, preceptors can give additional hints (e.g., hints for shortcuts, thoroughness, etc.). Subtleties frequently slip past interns. You will need to be specific.

Ask the intern open-ended questions that are what patients or staff may ask. Emphasize thoroughness and process as well as outcomes. For example, ask interns how they assessed patient understanding after a diet instruction. Errors should be corrected and interns should repeat the demonstration of their skills as often as you deem appropriate. Give positive feedback when appropriate. You may need to analyze parts of a diet instruction or other task performed by the intern to help isolate why the intern is having certain problems. For example,

interns may do a poor job explaining the operation of a piece of equipment because they do not know its use themselves.

Independent Practice

This is the time for you to “let go”. Interns should ask you questions as needed. You can place a time deadline for specific tasks and shorten the deadline as interns progress. You may want to take the “sink or swim” approach for some of the smaller tasks and have interns report back. Be creative. Make it fun for yourself as well as for interns.

Review

Ask interns to demonstrate their assigned tasks. Do not assume anything. Mention strengths and weaknesses. You may have to demonstrate again the learned shortcuts, etc. Have interns rehearse again, if needed.

Motivate

Tell interns how their good work makes a difference. Suggest that interns relate it to something that they feel is important (e.g., because of their screening, tube feeding was initiated, etc.). Make specific comments, not general ones.

Interpersonal Skills and Cultural Competence

In order to be effective dietitians, it is necessary for interns to develop and/or refine their interpersonal skills and to develop “cultural competence.” Interns need to have numerous interpersonal skills, including, but not limited to being able to:

- Respect the personality and personal characteristics of others
- Give the benefit of the doubt, that employees &/or clients are trying to do what they should
- Acknowledge mistakes when they make them