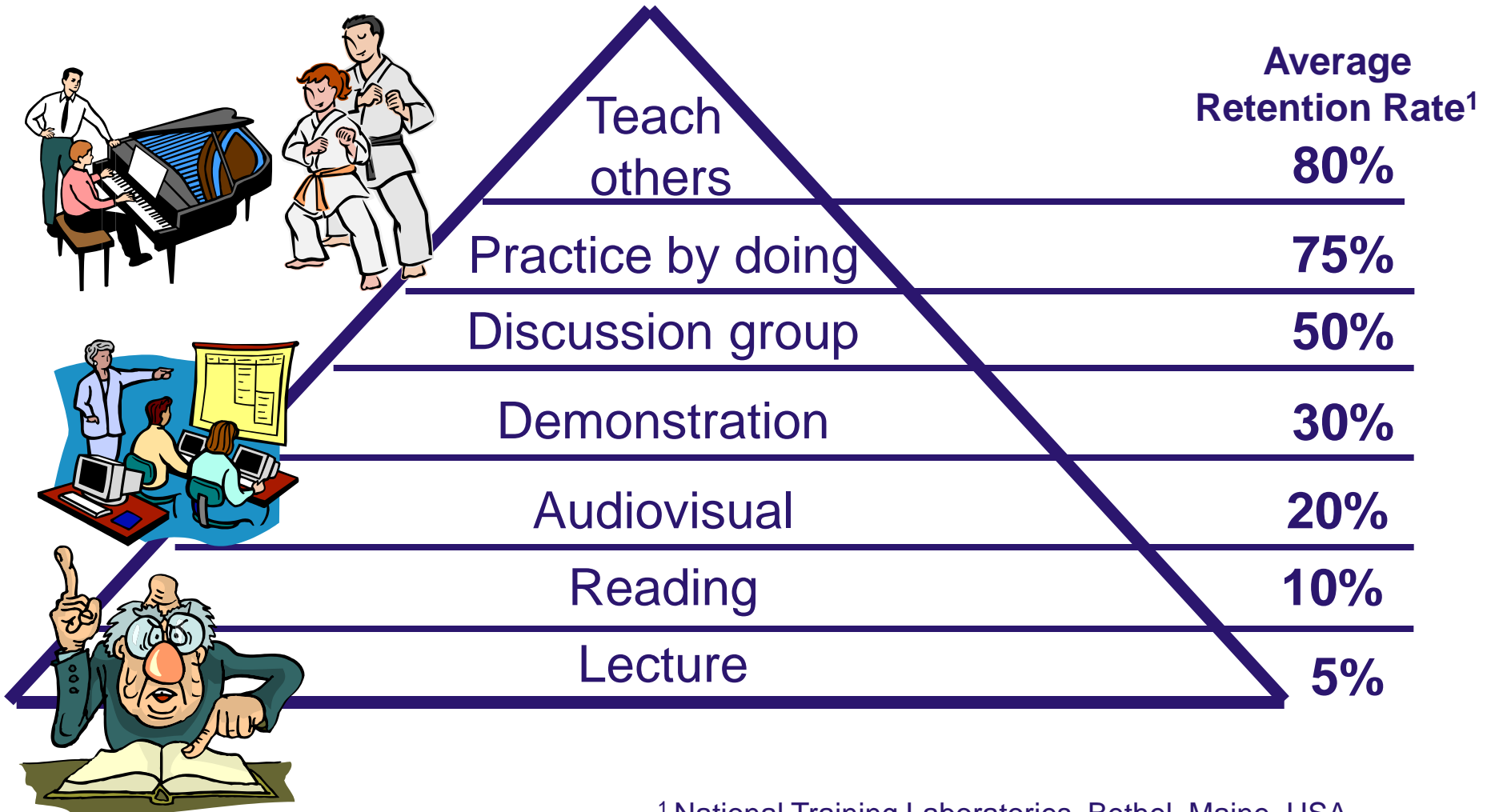# The "One Minute Preceptor": 黃金一分鐘教學法

血液腫瘤科

滕傑林

醫學臨床教育常用的教學方法

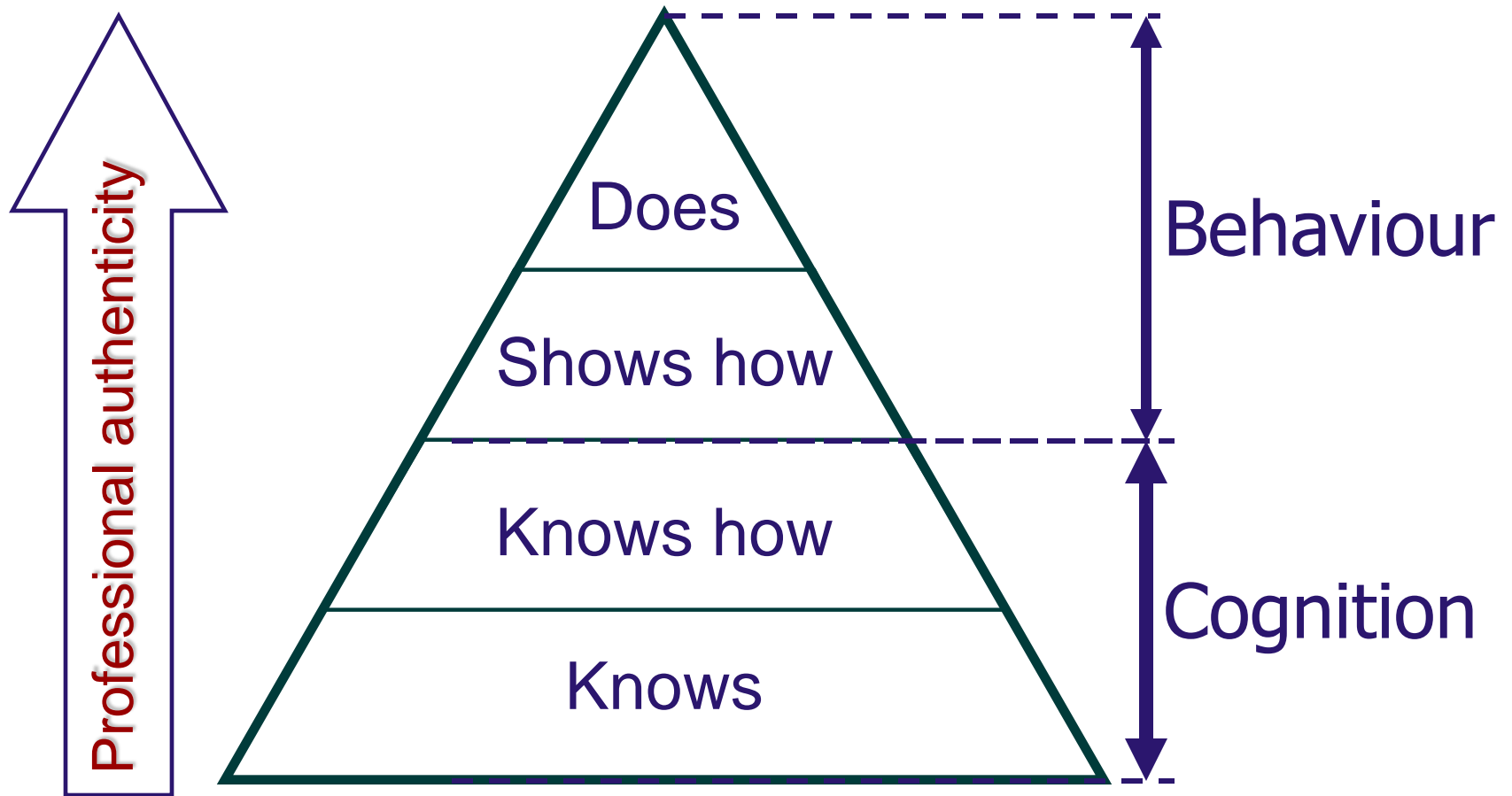- 閱讀**(Readings)**

- 演講**(Lectures)**

- 示範**(Demonstration)**

- 小組討論**(Group Discussion)**

- 標準病人**(Standardized patients)**

- 模具**(Simulators)**

- 臨床經驗**(Clinical experiences)**

- 角色模範**(Role models)**

When do we learn most?

	Average Retention Rate[1]
Teach others	80%
Practice by doing	75%
Discussion group	50%
Demonstration	30%
Audiovisual	20%
Reading	10%
Lecture	5%

[1] National Training Laboratories, Bethel, Maine, USA

醫院中的教學是要教 "Does"

Does

Shows how

Knows how

Knows
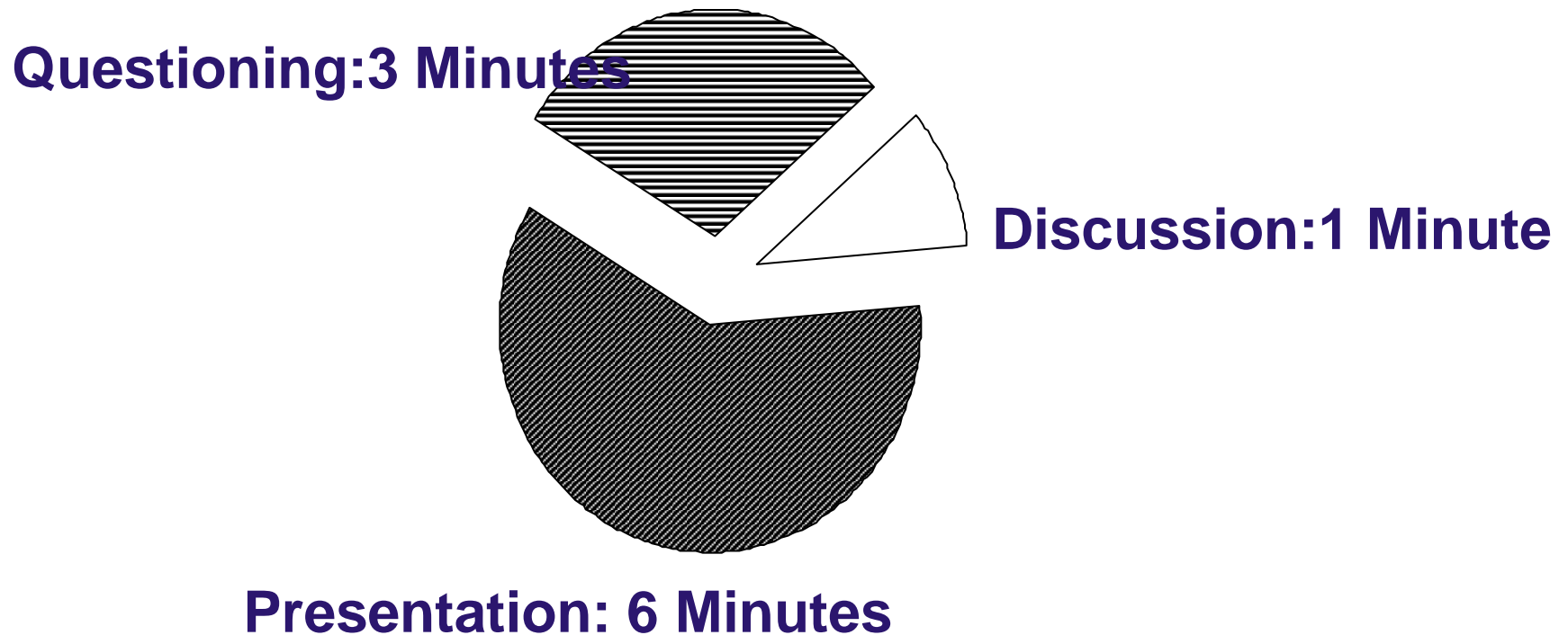
Professional authenticity

Behaviour

Cognition

Miller GE. The assessment of clinical skills/competence/performance.
Academic Medicine (Supplement) 1990; 65: S63-S7.

Teaching Styles

- **Expert**

- **Socratic**

- **Others?**

- **"One Minute"**

The "One Minute Preceptor"

10 Minutes of "Teaching Time"...

Questioning:3 Minutes

Discussion:1 Minute

Presentation: 6 Minutes

Neher J. O. et al. (1992). Journal of the American Board of Family Practice,5, 419-424.

五步驟快速臨床教學法
The 5-Step Microskills Method

1. Get a
2. Prob Evide
3. Reint Done
4. Give Error
5. Teac Princ

Get a Commitment

- **請學員簡報case (約5-6分鐘)**

- **開始教學提問**

- **舉例:**

  - 你認為為什麼她會有右肘關節痛?

  - 根據你問到的病人history, 你還要做哪些focused PE?

  - 你還有什麼鑑別診斷?

  - 你還需要做什麼檢查嗎?

  - 你認為該如何治療這個病人?

  - 你覺得她需要住院嗎?

Probe for Supporting Evidence

- **Why?...**

  - 可以幫助老師評估學員的knowledge與能力(是真的會還是碰巧猜對了)

- **舉例:**

  - 為什麼你會這樣想?

  - 哪些history, PE 或Lab 檢查結果支持你的想法?

  - 你為什麼選Penicillin, 不選第一代cephalosporin?

  - 你為什麼認為這個病人需要住院?

  - 你特別檢查他的有無flank knocking pain是考慮什麼?

稱許嘉行
Reinforce What Was Done Well

■ **Describe specific behaviors and likely outcomes**

■ **Why?...**

  ■ 做對的行為被稱讚之後可以有正向加強的效果

  ■ 下次繼續保持

■ 舉例

  ■ "Your diagnosis of `probable pneumonia' was well supported by your history and physical. You clearly integrated the patient's history and your physical findings in making that assessment."

  ■ "Your presentation was well organized. You had the chief complaint followed by a detailed history of present illness. You included appropriate additional medical history and medications and finished with a focused physical exam."

更正錯誤 Guide Errors/ Omissions

■ **Describe what was wrong (be specific), what the consequence might be, and how to correct it for the future**

■ **Why?... Corrects mistakes and forms foundation for improvement.**

■ 舉例:
   ■ 你剛剛用耳鏡在幫病人檢查時我注意到病人有不舒服的表情…
   ■ 你剛剛觸診病患關節時力道不大夠,應該….

教通則就好 Teach a General Principle

- **Why?**
  - 下次才能舉一反三

- **舉例:**
  - 第一線要決定哪些肺炎病患需要住院雖有點困難, 但是還是有 criteria 可循....
  - Remember 10-15% people are carriers of Strep., which can lead to false positive strep tests."
  - "In looking for information on what antibiotics to choose for a disease. I have found it more useful to use an up-to-date hand book than a textbook which may be several years out of date."

Indications for Hospitalization - Pneumonia

- **The two most commonly used prediction rules are the Pneumonia Severity Index (PSI) and CURB-65**

- **CURB-65 uses five prognostic variables:**

  - Confusion (based upon a specific mental test or disorientation to person, place, or time)

  - Urea (blood urea nitrogen in the United States) >7 mmol/L (20 mg/dL)

  - Respiratory rate >30 breaths/minute

  - Blood pressure [BP] (systolic <90 mmHg or diastolic <60 mmHg)

  - Age >65 years

    - 0-1 門診治療

    - 2 住院

    - >=3 住加護病房

老師做總結

- **Why?...**

  - Limits Time.

  - Directs remainder of the encounter.

- **舉例:**

  - Let's go back in the room and I'll show you how to get a good throat swab. Tell me when we have the results, and I'll watch you go over the treatment plan.

Take Home Message

- 一分鐘五步驟黃金教學法

- "5" Step Microskills Method

1. 投入教學Get a Commitment

2. 追問證據Probe for Supporting Evidence

3. 稱許嘉行Reinforce What Was Done Well

4. 糾正錯誤Give Guidance About Errors or Omissions

5. 教導通則Teach a General Principle

明天回到病房，你會怎麼教你的學生？

Show time

- 俞V & 陳intern

- **Recurrent UTI in a 58 y/o woman**

Recurrent UTI in a 58 y/o woman

- **Urinary incontinence** (41% versus 9 % for cases and controls, respectively)

- **Presence of a cystocele** (19% versus 0 %)

- **Postvoiding residual urine** (28% versus 2%)

- **Multivariate analysis showed the following factors were most strongly associated with recurrent UTI** (presence of a cystocele or a postvoiding residual urine were excluded because of low frequency in the controls):

  - Urinary incontinence (OR 5.79)

  - A history of UTI before menopause (OR 4.85)

  - Nonsecretor status (OR 2.9)

Practice Makes Perfect