Teaching in Limited Time Training Using a 'Champion' Approach

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Abstract Time constraints are the most significant obstacle experienced by clinical teachers when they want to provide high-quality learning experiences or attend faculty development training. The faculty development program will be effective if it involves 'champions' or a small number of people committed to change. This study aimed to explain the application of one-minute preceptor (OMP) training with a flexible design through the champions. This study was qualitative descriptive research conducted at the UKDW Faculty of Medicine Teaching Hospital. The champions were chosen from Internal Medicine, Surgery, Pediatrics, and Obstetrics and Gynecology Department. Four champions participated in OMP training individually and adjusted to their schedule. The training was conducted in three phases; initiation, development, and implementation, accompanied by observation, giving feedback, reflection, and interviews by the facilitator. The results were analyzed using content analysis. The feedback delivery in OMP training still focused on the preceptors instead of the learners. The preceptors tended to correct the mistakes and give explanations to the learners. The flexible training format could accommodate all participants attending all the training phases. A flexible training strategy using a champion approach is needed to initiate teaching innovation among busy clinical teachers. This method demonstrates that lecturers can provide quality teaching even in a limited time. However, the training strategy should be evaluated to provide a suitable feedback delivery method focused on the learners.

Keywords Time constraint · One-minute preceptor training · Champion · Feedback · Clinical teacher

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List of Abbreviation

OMP One-minute preceptor

1 Introduction

According to clinical teachers, time constraints are a significant obstacle in the planning and providing of quality clinical teaching [1, 2]. Generally, being an effective clinical teacher is more challenging than being a busy doctor in clinical practice [1]. Clinicians tend to want to provide quality learning experiences for learners without disrupting their clinical work [3].

There are several tips for teaching in a limited time, namely identifying the needs of learners, choosing a model for teaching in a limited time that can be integrated into daily routines, and providing feedback [4]. The method of teaching "micro-skills," or one-minute preceptor (OMP), is a short method for teaching in a clinical environment and provides a simple framework for daily teaching during patient care. The original OMP model uses a five-step approach: (1) getting commitment, (2) probing for supporting evidence by encouraging students to think critically and conduct clinical reasoning, (3) teaching general rules, (4) reinforcing what has been done well, and (5) correcting mistakes. The strengths of this teaching method are increasing involvement with patients, increasing clinical reasoning by students, brief student admissions, and high-quality feedback from mentors [5, 6].

From various studies, OMP is proven as an effective and efficient teaching method. An experimental study showed that students who were guided using the OMP model had comparable abilities, was even better at diagnosing patients, had higher self-confidence, and assessed OMP methods to be more effective and efficient than traditional methods [7]. Other research in the United States of America (USA) through qualitative assessments and workshop evaluations showed increasing role-play participation and training material satisfaction [8]. Short clinical teaching, such as OMP, that could be done more often than traditional teaching, increased student satisfaction [9]. A study in Hong Kong demonstrated that the new lecturers became more committed to students in reinforcing what had been done correctly by students [10]. OMP also had an impact in encouraging concept teaching at a higher level, facilitating the assessment of student knowledge, encouraging the provision of feedback, and increasing student satisfaction with clinical case-based teaching methods in the emergency department [11].

Leading or implementing change in educational programs and using scholarly teaching techniques in clinical environments effectively is a competency that must be possessed by clinical teachers [12]. In order to have skillful clinical teachers, a faculty needs to organize teaching training activities to facilitate clinical learning. The faculty needs to provide the necessary training for their clinical teachers to give them a conceptual framework for teaching and help them adopt and adapt specific

teaching behaviors to actual clinical settings. One of the teaching behaviors about teaching in a short time is the OMP approach [1].

Damp et al. [13] stated that two aspects that became a challenge in faculty development were incorporating training material into daily activities and limited time to allow participation in faculty development programs. In that study, the researchers found that effective faculty development programs can be implemented in flexible formats and overcome common barriers to participation [13].

In order to improve the effectiveness of faculty development program implementation, "champions" are needed to achieve these goals [14]. Based on Miech et al. [14], the meaning of "champion" as a role is related to implementation with the characteristics of people who (1) are internal to the organization; (2) generally have an intrinsic interest and commitment to implement change; (3) work diligently and endlessly to encourage future implementation, even if the efforts do not receive formal recognition or compensation; (4) are enthusiastic, dynamic, energetic, personal, and persistent; and (5) have the power to convince others of the efficacy of an effort or approach. In an organization, the role of champions can focus on particular project-based innovation or focus on individual changes in transformative practices.

The "champion" is vital in introducing new ideas, including clinical teaching methods. An ideal "champion" is someone who is an expert in his field, is involved in medical school activities, and becomes an educator who understands the importance of integrating topics into the organization. "Champions" can support the premise, that it is essential to recruit other colleagues to support the development of curriculum content and plans, as well as to provide ongoing training for the program's sustainability [15]. Thus, this study aimed to explain the application of one-minute preceptor (OMP) training with a flexible design for the busy schedule of clinical teachers using "the champion approach."

2 Methods

This study was a qualitative descriptive research conducted at the UKDW Faculty of Medicine Teaching Hospital. The champions were chosen from Internal Medicine, Surgery, Pediatrics, and Obstetrics and Gynecology Departments using students' evaluations and consideration from the faculty. The four champions who participated in OMP training individually adjusted with their schedule. After that, the facilitator pre-initiated the champions with regard to adjusting the training design to the champions' schedule. All champions had non-uniform schedules. Three of the four champions recommended individual training so that they did not have to spend the time determined by the facilitator to be present in groups. With these considerations, medical education experts delivered the OMP material via video, while the training was packaged individually with a schedule to adjust to the champions' requests. The training was conducted in three phases; initiation, development and implementation [16].

In the initiation phase, the champions were interviewed about the experience of conducting daily clinical teaching, the challenges and obstacles of clinical teaching, teaching clinical reasoning, and providing feedback. After that, the facilitator displayed the OMP material video.

In the development phase, the champions tried to apply the OMP in clinical teaching for one week with direct observation by the facilitator. After one week of trial implementation, the facilitator guided the reflection of experience in the implementation using the Gibbs reflective cycle. Participants were asked to describe the process of clinical teaching using the OMP method (description), share their thoughts and feelings about the implementation (feeling), experiences that have been good and bad regarding the implementation (evaluation), what can be learned from the implementation (analysis), the suitability of the implementation with the theory (conclusion), and any follow-up to improve the subsequent implementation process (action plan) [17].

In the implementation phase, participants were asked to apply OMP again for four weeks. During the implementation process, the facilitator acted as an observer and provided feedback. As a result of the evaluation, clinical teachers were interviewed about their experience of implementing the OMP in daily clinical teaching and answered the questions related to the OMP training design.

3 Results

3.1 Champion Selection Process

Considerations on the selection of the champions in each department were different. The Champion from the Obstetrics and Gynecology Department was chosen with consideration as the head of the department, who was assessed both by students in the clinical teaching process and actively participating in faculty activities both teaching, meetings, and training, and enthusiastic about medical education, while the Champion from Surgery Department was chosen with consideration as the head of the department as well as the head of the program study and actively participating in faculty activities both teaching, meetings, training, and informal activities, and supporting the development of medical education. The Champion of Internal Medicine Department was chosen with the consideration of always guiding students in the hospital, being assertive and dynamic, and actively participating in the faculty activities teaching, meeting, and training. The Champion of Pediatrics Department was chosen because they were considered the best choice among two clinical teachers in the department. According to students, compared to other clinical teachers in the department, he was younger and more open-minded and often guides students in hospitals, is energetic and persistent. Three of the four champions had previously participated in clinical teaching workshops where one of the topics was OMP.

3.2 Observations

OMP was most often applied in the wards and outpatient settings after bedside teaching or after visitation. Clinical teachers from the Pediatric and Surgical Department did not apply OMP in outpatient settings due to time constraints so they preferred the ward or operating room settings. When a patient was examined, the clinical teacher provided guidance on bedside teaching and after the patient was discharged, the clinical teacher provided guidance with the OMP method. At the visitations, clinical teachers conducted bedside teaching more than after being in a nurse station, and the clinical teachers implemented the OMP while completing the patient's medical records. In general, the clinical teachers conducted clinical teaching with the OMP method which consisted of getting a commitment, probes for supporting evidence, reinforcing what was done right, correcting mistakes, and teaching general rules.

- Get a commitment. The commitment that was built comes from clinical teachers and most of it was about physical examination, diagnosis, and therapy according to the cases found in the outpatient or ward.
- Probe for supporting evidence. If students had not mastered it, then clinical teachers would provide more triggers to guide students' answers.
- Was done right. Clinical teachers gave a positive comment by responding "yes" then repeating the correct answer of the student. Positive feedback given to students was still very general and less specific.
- Correcting mistake. Clinical teachers asked other contradictory aspects to make students think critically, then clinical teachers would give their correction. The focus of correction was to convey what was wrong and provide additional information to justify the student's answer. Corrections also took the form of physical examinations that had been conducted by the students during bedside teaching.
- Teaching general rules. Clinical teachers did not always apply the step if the learning was clear. If the clinical teachers felt that students had to study again, they usually provided homework to discuss at the next meeting.

Three of the four clinical teachers could apply OMP in the daily clinical teaching–learning process, outside the formal schedule such as through clinical tutorials, case referrals, or case reflections. A clinical teacher experienced difficulties in implementing OMP due to time constraints. He considered that by reducing the duration of teaching and increasing its frequency, the material discussed was lacking in depth. When observations were made on this clinical teacher, he tended to ask about all theories about the cases encountered so that the teaching duration was longer than it should be.

All clinical teachers guided students to think critically and were not just providing the right answers directly and in the process, they encouraged students to actively learn. The learning atmosphere presented was very challenging because students must be prepared with the cases without making the atmosphere threatening for students. It makes students stay comfortable and able to study more diligently. Two

clinical teachers provided material about diseases according to the competence of general practitioners at the beginning of the week to increase student readiness.

3.3 Interviews

Experience implementing OMP in clinical teaching

Although OMP is designed to be used for a limited time, it turned out that the biggest obstacle in implementing OMP was the availability of time when serving patients. OMP could be implemented if there were not many patients.

> The OMP method is applied for clinical teaching depending on the time, the situation... whether the patient is overloaded or not. It all depends on the time, limited or not. (RI)
>
> There are no difficulties, it's just a matter of time constraints. If there are a lot of patients, yes, we really feel more burdened, (RII)

When OMP could be conducted, the clinical teachers felt that this method was more efficient because they could provide guidance in a short time. With OMP, clinical teachers could also find out the readiness of students in clinical setting.

> I can teach clearly, I don't lose much time to teach, and I am more suited to this kind of method than if I have to set aside special time for them [students], for example talking about dengue cases. If we are looking for a certain time it is wasting time and in my opinion, it is less effective. (RIII)

In addition to providing benefits for clinical teachers, in their opinion, OMP also provides benefits for students, including encouraging students to study, students can be exposed to many cases, and instructors could provide more focused and efficient learning.

> [OMP] should be useful because [students] are encouraged to learn. Apart from that [students] get a lot of cases, so what is learned is not only one or two but during the clerkship but can be around 10 to 15. (RII)
>
> The perceived benefit is that learning is more focused on one topic and the time is not too long. (RIV)

The opinion of the champions on training design

Participants had a good impression of the training design. Regarding the influence of the training design on the participants' business, some participants did not feel busier because of this training because its phase was integrated into daily clinical teaching–learning activities that were routinely conducted by participants as clinical teachers. They did not feel disturbed by the training schedule because they adjusted to the participants' time.

> For me [the design] is suitable because the facilitator adjusts my time for student guidance so that I don't feel disturbed. This was not annoying because the facilitator adjusted my time guiding students on a regular basis so that no extra time was required for me. (RII)

However, there was one participant who felt increasingly busy because the brief guidance made him have to guide students more often. He preferred to teach in lectures at one time with a long duration.

> The thing that bothers me is the timing. I end up having to often guide students in brief. It interferes with my time. It can't just be one long time like a lecture. (RIV)

Benefits that could be gained from the training design include that participants do not need to leave their daily work, participants got teaching guidelines that make clinical teaching more directed, and they are reminded about the OMP.

> The teaching can be more focused because there are guidelines that we can use from this training. (RII)

Regarding the sustainability of training results in daily clinical teaching activities, participants who had a habit of teaching the students outside the referral schedule or clinical tutorials still routinely implemented the OMP method. OMP made the guidance process now more directed and systematic. However, participants who did not have this habit rarely applied OMP.

> From the beginning, I have often given cases directly to students, in front of patients, so going forward, I will continue to apply it. (RI)
>
> [applied continuously] Yes depending on whether I bother or not. If not busy, I can guide. (RIV)

4 Discussions

Before the training phase was conducted, we approached prospective participants to convey their objectives, inform the design of the training and ask for their willingness to participate. This was done because the clinical teachers are busy and had unpredictable schedules. Therefore, the training schedule must be in accordance with the participant's schedule. Faculty development was certain to be more effective if based on the real or perceived needs of the faculty [18]. During this time, the need assessment was related to the training topic needed by the faculty, but actually, the needs assessment related to the schedule of prospective participants also needed to be done. The flexible training format could accommodate all participants attending all of the training phases. Three of the four champions could provide clinical teaching in a short time.

The training domain contained knowledge, skills, and attitude packed through three training phases. Participants understood the concept of OMP through the initiation phase and then practiced the teaching methods through the development and implementation phases. The application of teaching methods in daily clinical teaching activities was accompanied by reflection and feedback in the development phase and the implementation forms an attitude to integrate OMP among the busy activity of clinical teachers.

Participants get priority in the faculty development program when they can participate without having to perform additional tasks that can interfere with their routine tasks, especially if the training can have an impact on their clinical practice [19]. The OMP training was delivered in a flexible format so that the champions can still take part in the training while doing daily tasks without making them leave the workplace. The training material also makes them able to teach during a busy schedule.

Through OMP, students interacted directly with clinical teachers and got feedback from them. These two aspects fall into effective supervision criteria [20]. For feedback to be effective, clinical teachers must observe students through direct interaction with patients [1]. OMP facilitates the occurrence of these interactions while facilitating the provision of feedback for students.

The feedback given by clinical teachers was more likely about corrections, not the good efforts that have been done by students. Students also perceived feedback from clinical teachers as an affirmation of ideas that are right or wrong and a means to get true information from experts directly. The positive feedback given by clinical teachers was not specific, for example, "You're good," which was not beneficial for students [1]. Therefore, students tended to benefit only from error correction.

Two of the four departments had difficulty implementing OMP in outpatient settings due to time constraints with patients. This is similar to the challenges mentioned by Ramani et al. [1] that busy clinical settings, teaching time that is often short and no time for elaborate teaching are some of the challenges of outpatient teaching. Even though it has been taught to use the OMP framework that should be done in a short time, it remains an obstacle for clinical teachers.

The success of this training was that clinical teachers who were selected as champions could take part in all stages of the training without having to give up their busy lives in maintaining their clinical work. Even so, it turned out that the essence of clinical teaching in a short time that is packaged in OMP has not been fully understood by clinical teachers. There were still clinical teachers who take longer to explain learning material to students and feel OMP is not enough. What should be understood is that OMP focuses on increasing the frequency of teaching, not the duration of teaching. From the results of observations and interviews, clinical teachers felt that all materials must be taught directly to students because clinical teachers are the main source of information. This is presumably due to the cultural context of large power distance which is still strong [22].

In addition, in providing feedback through OMP, clinical teachers were still focused on error correction. The step to reinforce what was done well was usually just a short change of "right" or "already good" statements, which tend to be not specific and sometimes even skipped. The culture of large power distance is also reflected in these results, where clinical teachers as experts tend to see mistakes so that the focus of feedback is on error correction [22–24].

The findings above are different from a study conducted by Pribadi [25] which found a change in the model for providing feedback after training was conducted for field supervisors by implementing intensive supervision. Field supervisors can apply reflective feedback in facilitating community-based learning, not just providing corrections. According to the field supervisor, this change can occur due to intensive

supervision modules, training, and real experience in facilitating students. This OMP training is also based on the actual experience of clinical teachers in guiding students, but the possibility of clarity on the modules and design of the training still needs to be evaluated further.

5 Conclusion

A flexible training strategy using a champion approach is needed to initiate teaching innovation among busy clinical teachers and gives evidence that lecturers can provide quality teaching even in a limited time. Faculty development, whose target is clinical teachers, can consider a training design that schedules according to the participants' time so that all participants can attend the training. Although the OMP training provided many benefits, the training design needs to be reviewed because it has yet to change the behavior of clinical teachers, especially in understanding the essence of OMP and providing feedback in an appropriate method.

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Ova Emilia—developing research proposal and collecting data.

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