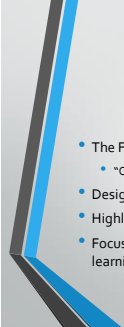




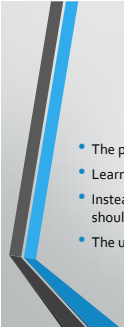
The Five Microskills

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The Five-Step Microskills

- The Five-Step Microskills
 - "One-Minute Preceptor"
- Designed for outpatient setting
- Highlights the role of feedback
- Focuses on guiding learners to reflection in learning and self-directed learning skills



The Five-Step Microskills

- The preceptor is a facilitator instead of a purveyor of information
- Learner Centered
- Instead of asking what should I be teaching, the question becomes "What should the learner be learning"
- The ultimate goal is to guide the learner to be a reflective practitioner

The Five-Step Microskills

1+2

3+4

5

- Get a Commitment from the learner
- Probe the Learner for Supporting Evidence

- Teach General Rules
- Provide positive Feedback

- Correct Learner Mistakes

The Five-Step Microskills

- 1. Get a Commitment
 - Ask Open Ended Questions to encourage the learner to commit to as assessment or management of a patient
 - "What do you think is going on with this patient?"
 - "What other types of information do you feel are needed?"
 - "What would you like to accomplish with this visit?"
 - "Why do you think the patient has been non-compliant?"
 - This is obviously a case of.....
 - Anything else?

The Five-Step Microskills

- 2. Probe for Supporting Evidence
 - More direct questioning to bring out and evaluate the learner's knowledgebase and clinical reasoning
 - "What were the major findings that led to your conclusion?"
 - "What else did you consider? What kept you from that choice?"
 - "What are the key features of this case?"
 - "What questions are arising in your mind?"
 - What are the possible causes of _____
 - This seems like a classic case of _____
 - I don't think this is.....

The Five-Step Microskills

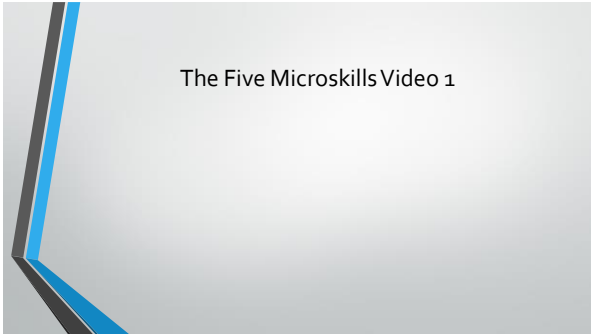
- 3. Teach General Rules
 - Generate and communicate a general teaching point
 - "If the patient has a lumbar disc herniation, centralization and peripheralization can aid diagnosis and treatment"
 - "In young athletes with LBP, spondylolysis must be considered as a primary diagnosis."
 - "Patients with plantar fasciitis often lack ankle DF and experience pain around the medial calcaneal tuberosity"
 - In this case it is a good idea to.....
 - I'm convinced the best treatment for this diagnosis is.....

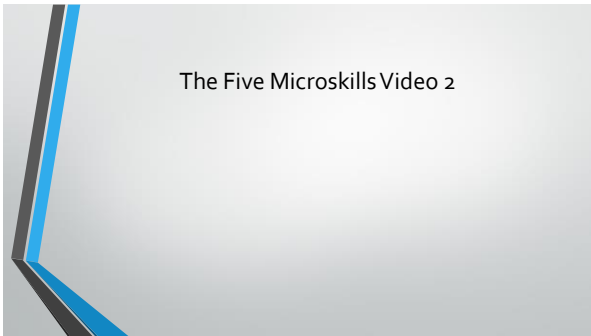
The Five-Step Microskills

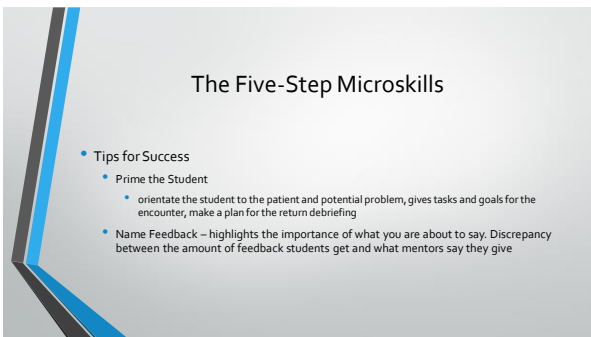
- 4. Reinforce what was done Right
 - Deliver positive feedback
 - "You didn't jump into solving her presenting problem but kept open until the patient revealed her real agenda. You saved yourself in the long run by going to the heart of their concerns."
 - "Addressing potential red flags before performing the physical examination re-assured that the patient was appropriate for physical therapy and did not require a medical referral."
 - You are absolutely right. That was a wise decision.
 - You did the special tests very well

The Five-Step Microskills

- 5. Correct Mistakes
 - Deliver Constructive Feedback
 - "You may be right that this patient has a lumbar strain, But you can't be sure until you have examined other potential causes such as a lumbar disc herniation."
 - "You may be right that this patient has a cervical radiculopathy, But you sensory and myotomal testing should be performed to help confirm or refute the diagnosis."
 - You did what??







Bibliography

- 1. Allevi AM, Lane JL. Microskills in office teaching. *Pediatr Ann.* 2010;39(2):72-77.
- 2. Eckstrom E, Homes L, Bowen JL. Measuring outcomes of a one-minute preceptor faculty development workshop. *J Gen Intern Med.* 2005;21(5):439-444.
- 3. Huang WY, Dains JE, Monteiro FM, Rogers JC. Observations on the teaching and learning occurring in offices of community-based family and community medicine clerkship preceptors. *Fam Med.* 2004;36(2):131-136.
- 4. Molodtsovsky E. Clinical teacher training—maximising the ‘ad hoc’ teaching encounter. *Aust Fam Physician.* 2007;35(13):1044-1046.
- 5. Parrott S, Dobbie A, Chumley H, Tysinger J. Evidence-based Office Teaching-The Five-step Microskills Model of Clinical Teaching. *Family Medicine.* 2005;38(3):164-167.
- 6. Schön D. *The Reflective Practitioner: How Professionals Think in Action.* New York, NY: Basic Books; 1983.
- 7. Sostok MA, Coberly L, Rouan G. Feedback process between faculty and students. *Acad Med.* 2002;77(3):167.
