FIVE-STEP
ONE MINUTE PRECEPTOR
TEACHING TOOL


The five steps of the OMP (One Minute Preceptor) are defined as follows:

1. **Get a commitment**—means that the preceptor will first encourage the orientee to present his or her interpretation of the risk/problem or plan for nursing care. In making this commitment, the orientee is processing information and beginning the problem-solving process. The preceptor elicits a commitment by asking a few questions such as the following:

   * What is going on with this patient? What is your plan of care?
   * When do you believe we should notify the physician?
   * What further assessments or nursing actions would you do? The preceptor accepts the orientee’s response in a nonthreatening manner, using an incorrect response as a teaching opportunity.

2. **Probe for supporting evidence**—occurs after the orientee has made a commitment. The preceptor explores the orientee’s thought processes as to what evidence or rationale led to the decision by asking questions such as the following:

   * Why did you choose that nursing action?
   * Have you considered any alternative nursing measures?
   * Why would you take that action first? These questions encourage the orientee to "think out loud" so the preceptor can assess the orientee’s knowledge and decision-making skills.
3. **Teach general rules** - if the orientee is missing the connection or is incorrect in his or her assessment, then correct information is provided or the orientee is informed what resources are available to locate the information. The preceptor can skip this step if the orientee presented all needed information and there is nothing additional to present. Examples of teaching general rules are as follows:

* "The hypoglycemic protocol is in the green book, and it lists the steps to take when the chem strip is 60. You need to review it prior to caring for this patient."

* "This is a medication that patients should be informed to take with food to avoid GI upset."

* "Use the 010 scale to reassess the patient's perception of pain 30 minutes after administering a narcotic."

4. **Reinforce what was done right** - by providing positive feedback to build self-esteem and encourage the right actions to be repeated. Praise specific actions; general praise, however, should be avoided. For example, do not just say "you did a good job" but rather, be specific: "Your assessment was accurate and you included the abnormal laboratory results in your report. That will encourage others to continue to assess the laboratory results."

5. **Correct mistakes** - by providing specific recommendations for improvement. It is possible to accomplish this by having the orientee critique his or her actions first, often acknowledging the problem and asking for suggestions for improvement. Another approach may be to arrange a private setting for both positive and negative feedback to be given as soon as possible after the event. The focus of correcting mistakes should be on ways to prevent or avoid the same circumstances in the future. Examples of statements for correcting mistakes are as follows:

* "Your assessment that an emergency situation was occurring was correct, but leaving the patient to get help was not the best action; next time, stay with the patient and use the call system to obtain help."

* "You were able to recognize the need to take vital signs more frequently, but the physician was not notified immediately. Prompt notification is important to obtain orders for the needed antibiotic therapy."