

Teaching Skills

Five Steps to Teaching Clinical Skills

One of the problems facing today's office-based preceptor is how to teach psychomotor skills in a way that will optimize the use of time but produce a satisfactory learning experience for the student. One technique that has been used successfully in the ACS ATLS course is the five-step method for teaching psychomotor skills.

Components:

- (1) **Conceptualization**— the learner must understand the cognitive elements of the skill, that is, why it's done, when it's done, when it's not done, and the precautions involved. The learner must know the instruments and tools involved in the skill's performance.
- (2) **Visualization**—the learner must see the skill demonstrated in its entirety from beginning to end so as to have a model of the performance expected.
- (3) **Verbalization**— the learner must hear a narration of the steps of the skill along with a second demonstration. If the learner is able to narrate correctly the steps of the skill before demonstrating there is a greater likelihood that the learner will correctly perform the skill.
- (4) **Practice**— the learner having seen the skill, heard a narration, and repeated the narration, now performs the skill. The skill may be broken down into discreet units for practice:
subcomponent
Practice - practicing a small portion of the skill, linkage practice - practicing small portions linked together, contiguous practice— practicing the entire skill repetitively.
- (5) **Correction and reinforcement**— skill errors need immediate correction. Positive reinforcement should be used to cement correct performance.
- (6) **Skill mastery**— the ability to routinely perform a sequence of skills in a practice situation without error.
- (7) **Skill autonomy**— the ability to regularly perform the skill as a routine in real-life situations without error.

How To:

Step 1

Overview: **Tell the learner why** the skill is needed and how it is used in the delivery of care.

Step 2

Demonstrate the skill exactly as it should be done without talking through the procedure. This gives students a mental picture of what the skill looks like when it is being done correctly. This image is important since students will use this picture to self-evaluate their own performance when practicing the skill.

Step 3

Repeat the procedure but take time to describe in detail each step in the process. This will help students see how each step fits into the optimal sequence and will allow time for students to ask questions or seek clarification of a step or a procedure.

Step 4

Have the students talk through the skill.

By asking students to describe step by step how to do the skill, the preceptor will ensure that the students understand and remember each step in the sequence of performing the skill. This will also help the students commit the process to memory so they can recall steps as they move to the next procedure.

Step 5

The students perform the skill.

Now students are ready to do their first attempt at the skill with the preceptor carefully observing and providing feedback or coaching as needed. Following a successful attempt, students should continue to practice until they reach the desired level of proficiency.