



The One-Minute Preceptor

Get a Commitment

What do you think is going on?

Probe for Reasoning

What led you to that conclusion?

Give Positive Feedback

Specifically, you did a good job of ...

Teach a General Rule

When this happens, remember this ...

Correct Errors

Neglecting to do X results in ...

Mission of the NEOMED College of Medicine

The mission of the NEOMED College of Medicine is to graduate exemplary physicians oriented to primary care practice and other needed specialties. We strive to improve the quality of health care in Northeast Ohio through:

- education of medical students
- support for residency programs in our affiliated hospitals
- continuing professional development of our staff, faculty and regional health professionals
- scholarship, including original research
- community service programs
- stewardship for the health of Northeast Ohio

Thanks for teaching our students!

Clinical Teaching Contact Information:

Susan Labuda-Schrop, Ph.D.

Assistant Dean of Curriculum

Associate Professor of Family and Community Medicine

330.325.6769 | sschrop@neomed.edu

Eugene Mowad, M.D.

Associate Dean of Clinical Affairs

Clinical Professor of Pediatrics

330.325.6350 | emowad@neomed.edu



ONE-MINUTE PRECEPTOR

5 Microskills for One-on-One Teaching



COLLEGE OF MEDICINE



The One-Minute Preceptor* Overview

Faculty and residents who teach medical students in the clinical setting need to do so highly efficiently as they are often balancing teaching with their own patient care responsibilities and other demands on their time and attention.

Being an effective preceptor is a consciously developed skill that is continually refined. It can be challenging to integrate teaching into one's day-to-day clinical routine. Teaching in the clinical setting often takes the form of a student interviewing and examining a patient, presenting the patient to the preceptor, and the preceptor providing direction. In a very limited time, preceptors are challenged to help students provide a focused, meaningful case presentation in a time-efficient manner; provide feedback to the student; and provide clinical guidance.

The One-Minute Preceptor is a practical framework that will allow you to make the most of your teaching time by providing direction for discussion and focus teaching appropriately to the student's needs. It fosters student ownership of the clinical problem, allows you both to identify gaps in the student's knowledge and cognitive processes, and affords the opportunity for you to provide immediate, specific balanced feedback.



*Adapted from, Neher JO, Gordon KC, Meyer B, Stevens N. A Five-step "microskills" model of clinical teaching. JABFP 1992;5(4):419-424.

Five Microskills for the One-Minute Preceptor

1. Get a Commitment

Based on the student's case presentation, getting a commitment from the student means that you provide the opportunity for him/her to commit to an aspect of the case. It pushes the student to think actively about the case and to move beyond his/her level of comfort. It assists the student to process information he/she gathered and provides the preceptor with the opportunity to learn important information about the student's clinical reasoning ability. It also provides the student with a heightened sense of involvement in and responsibility for care of the patient. Not all students will be at the same point in their presentation when you may stop them to probe, but you can still get a commitment.

*Examples: What do you think is going on with the patient?
What other diagnoses would you consider for this patient?
What led you to choose that test?*

2. Probe for Reasoning

Once you have a commitment from the student, the next step is to explore the student's basis for that opinion. It is important to distinguish a lucky guess from a well-reasoned, logical answer. Resist the urge to pass immediate judgement on the student's response. Rather, ask a question that seeks to understand the student's rationale for the decision and ask for appropriate supporting evidence.

*Examples: What led you to that conclusion?
What factors in the history and physical support your diagnosis?
What evidence to you have that the patient should be hospitalized?*

3. Give Positive Feedback

In order for students to improve, it is essential that they know what they did well. It is important to point out specifically for the learner what he/she has done that is valued by you as the preceptor. This feedback needs to go beyond "you did a good job." This provides the basis for what behavior, knowledge, attitudes and skills should continue based on specific information.

Examples: Specifically, you did a good job of ... supporting the diagnosis of X by the history and physical.

It was clear that you considered all aspects in making the assessment, particularly ... organizing your case presentation.

You stated the chief complaint in the patient's own words, followed by a detailed history of the present illness ...

4. Teach a General Rule

It can be challenging for students to glean information and data gathered from one clinical situation and accurately generalize it to other situations. There may be a tendency to overgeneralize, i.e., all patients in a similar clinical situation should be treated in the same way. Or, the student may be unable to identify an important principle that can be applied effectively in the future. This is your opportunity, as a preceptor, to teach briefly, focused on the encounter.

*Examples: When this happens, remember this ...
Deciding whether or not someone needs to be treated in the hospital for pneumonia can be challenging. There are some evidence-based criteria that can help you with that decision ...*

5. Correct Errors

Just as it is important for students to hear what they have done well, it is equally important for you to tell them about areas in which they need to improve. Identifying areas of weakness also must include what needs to be improved as well as how it needs to be improved. Get your point across without conveying a negative value judgement. Use words such as "not your best" or "it is preferred that" while avoiding extreme terms, such as "bad" or "poor." Keeping your comments specific to a situation allows the student to identify what needs to be improved. Positive and constructive criticism should be balanced – be sure to include both.

*Examples: Neglecting to do X results in ...
When you gave your case presentation, the history of the present illness included all essential information but it was presented in a disorganized fashion, making it hard for me to follow.*

At the end of the precepting session:

Debrief the Learner:

- What did you learn?
- What did I do that was helpful?
- What else could I do to help?

Reflect on Your Teaching:

- Did I assess learner knowledge?
- Did I assess clinical reasoning?
- What will I do differently next time?