

The One Minute Preceptor: Five Microskills for Clinical Teaching¹

Most clinical teaching takes place in the context of busy clinical practice where time is at a premium. Microskills enable teachers to effectively assess, instruct, and give feedback more efficiently.

1. Get a Commitment – *What do you think is going on?*
2. Probe for supporting Evidence – *What lead you to that conclusion*
3. Teach general rules – *When this happens, do this...*
4. Reinforce what was right – *Specifically, you did an excellent job of...*
5. Correct mistakes – *Next time this happens, try this.....*

Microskill 1: Get a Commitment

Cue: After presenting the facts of a case to you, the learner either stops to wait for your response or asks your guidance on how to proceed.

Preceptor: Instead, you ask the learner to state **what he/she thinks about the case**.

Rationale: Asking learners how they interpret the data is the first step in diagnosing their learning needs. Without adequate information on the learner's knowledge, teaching might be misdirected and unhelpful.

Hint: Some learners may not be able to put the data together and form an opinion about what they think is going on. When this happens, you can abandon the One Minute Preceptor and use other teaching techniques. However, you should always teach general rules and direct the learner to reading sources that will help him/her to build on what he/she has learned in this case.

Microskill 2: Probe for Supporting Evidence

Cue: When discussing a case, the learner has committed him/herself on the problem presented and looks to you to either confirm the opinion or suggest an alternative.

Preceptor: Before offering your opinion, **ask the learner for the evidence** that he/she feels supports his/her opinion. A corollary approach is to ask what other choices were considered and what evidence supported or refuted those alternatives.

Rationale: Asking them to reveal their thought processes allows you both to find out what they know and to identify where there are gaps in knowledge and/or reasoning.

¹ Kay Gordon, MA; Barbara Meyer, MD, MPH; and David Irby, PhD, developed this teaching tool at the University of Washington, Seattle.

Hint: Some learners may not be able to tell you how they put the case together. When this happens, you can suggest other things that the data makes you think about in this case, modeling your reasoning processes. This approach may engage the learner in a discussion where they are able to discover what they do know and where they need help.

Microskill 3: Teach General Rules

Cue: You have ascertained that you know something about the case which the learner needs or wants to know.

Preceptor: Provide general rules, concepts or considerations, and target them to the learner's level of understanding. This should be a generalizable teaching point.

Rationale: Instruction is both more memorable and more transferable if it is offered as a general rule, guiding principle, or a metaphor.

Hint: Learners may be more receptive to your teaching if you acknowledge and address their specific learning agenda. You can do this by asking "How can I help you with this case?"

Microskill 4: Tell Them What They Did Right

Cue: The learner has handled a situation in a very effective manner.

Preceptor: Take the first chance you find to comment on the specific good work and the effect it had. ("You didn't jump into working up her complaint of abdominal pain, but kept open until the patient had revealed her real agenda. In the long run, you saved yourself and the patient a lot of time and unnecessary expense by getting to the heart of her concerns first.")

Rationale: Skills in learners that are not well established need to be reinforced.

Hint: Reinforcing what was done well can often provide an easy segue into the teaching of general rules.

Microskill 5: Correct Mistakes

Cue: The learner's work has demonstrated mistakes—omissions, distortions, or misunderstandings.

Preceptor: As soon after the mistake as possible, find an appropriate time and place to discuss what was wrong and how to avoid or correct the error in the future. Allow the learner a chance to critique his/her performance first.

Rationale: Mistakes left unattended have a good chance of being repeated. We learn best from our mistakes.

Hint: Teaching general rules, reinforcing what was done correctly, and correcting mistakes can be done in any order as long as the correcting of mistakes is done without embarrassing the learner (e.g. in front of the patient). Asking the learner to self-critique may decrease the tension in correcting mistakes as well as promote self-assessment and self-monitoring.

References for Teaching and Precepting

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