



## Teaching Techniques: The One-Minute Preceptor

Instructor  
Diagnoses  
Learner

**Step #1: Get a commitment.** Early into an encounter, the learner should be encouraged to make a commitment to a diagnosis, work-up, or therapeutic plan. This step is necessary for you to learn what he/she is thinking about the case. This step is also beneficial to the learner—in addition to beginning the problem-solving process, this approach will also enable the learner to feel responsible for patient care and enjoy a more collaborative role in problem solving. As the teacher you should be aware that establishing a supportive learning environment is critical to this step of the instructional method.

Examples: What do you think is going on with this patient? What laboratory tests do you feel are indicated? What would you like to accomplish on this visit? For what reasons do you think this patient has been noncompliant?

Don't use: Sounds like pneumonia, don't you think? Anything else? Did you find out which symptoms came first?



### *Helpful Tip*

The learner will look to the teacher for confirmation and visual feedback. Suppress the desire to pass judgment! Use your poker face.

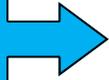
Instructor  
Diagnoses  
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**Step #2: Probe for Supporting Evidence.** At this time, you will ask the learner to supply you with the rationale as to why he/she made the commitment previously identified. This approach fosters critical thinking and clinical reasoning skills. In addition, it will assist you, the teacher, with understanding what the learner does and does not know. Remember—this is not a grilling session. “Thinking out loud” must be a low-risk exercise.

Examples: What were the major findings that led you to that diagnosis? For what reason did you choose that medication? What factors did you take into account when you suggested that test? What else did you consider?

Don't use: I disagree. Do you have any other ideas? This seems like a classic case of... What were her vital signs?

Instructor  
Teaches



**Step #3: Teach General Rules.** This is your opportunity to pull out the key message from the patient encounter. During this step, keep information to general concepts or principles, avoiding lengthy discussions or anecdotes. For example, if you have just seen a patient with hypertension disease you may choose to limit your discussion to the diagnostic work-up. Teach around knowledge gaps.

Examples: In general, I find that several elevated BP levels are necessary for a diagnosis of hypertension.

If the patient has cellulitis, incision and drainage are usually not possible. However, an abscess, which can be drained, is typically heralded by the development of fluctuance.

Don't use: This patient has heart failure and needs diuresis. Don't start the beta blocker now.

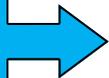
I'm convinced that to diagnose cellulitis you need an aspiration for culture.



*Helpful Tip*

Limit this step to 1-3 general rules. You can skip this step if appropriate—it is not imperative that you teach something every time.

Instructor  
Teaches



**Step #4: Reinforce what was done right.** Your learner may or may not know what aspect of his/her reasoning/management plan/diagnostic strategy/presentation style was effective. Make sure to let the learner know what was correct and effective. Focus on specific skills or behaviors, not just general praise.

Examples: You did a very thorough job evaluating the patient's abdominal complaints. Identifying the combination of anemia and blood in the stool was critical in making the diagnosis of colon cancer.

You considered the patient's finances in your selection of drugs. Your sensitivity to cost will likely contribute to his compliance.

Don't use: You are right. That was a good decision.

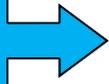
Nice presentation.



*Helpful Tip*

Competencies should be rewarded and reinforced to build upon the learner's professional self-esteem.

Instructor  
Teaches



**Step #5: Correct mistakes and identify next learning steps.** If the learner has made a mistake or needs improvement, it is crucial to his/her learning that you address it. You might want to let the learner critique him/herself first then offer your specific observations and ideas for improvement. Be sure to focus on how to correct the problem or avoid it in the future. It is helpful to offer specific resources for future self-directed learning.

Examples: I agree that the patient is probably drug seeking, but we still need to do a careful history and physical exam before we make any recommendations.

You could be right that this child's symptoms are due to a viral URI, but without checking the ears, you could easily overlook an otitis media. Try to include an ear exam on every patient with URI symptoms.

Don't use: You did what? What were you thinking?



*Helpful Tip*

Make sure you correct mistakes in an appropriate location. Don't embarrass your learner—you will damage the safe learning environment you've been creating.

**References:**

Irby, D. (1997, February). The One-Minute Preceptor. Presented at the annual Society of Teachers of Family Medicine Predoctoral meeting, Orlando, FL.

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Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. *Journal of the American Board of Family Practice*, 5, 419-424.

STFM. (1993, February). The One-Minute Preceptor. Presented at the annual Society for the Teachers of Family Medicine Predoctoral meeting, New Orleans, LA.