


The One Minute Preceptor: Five Microskills for Clinical Teaching

McGaw Medical Center of Northwestern University

Residents and Teachers and Leaders (RATL)

The McGaw Medical Center of Northwestern University and The Feinberg School of Medicine are committed to a safe and healthy environment for all learners. Please review the policy and also the learning objectives for students rotating to your department. These steps set the foundation for productive student learning.



Based on module produced for *Residents as Teachers Task Force* of the Alliance of Academic Internal Medicine (AAIM)

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[http://www.im.org/toolbox/FacultyDev/GIMFDP/Documents/Strategies Denver San Diego Bowen Eckstrom Patel.doc](http://www.im.org/toolbox/FacultyDev/GIMFDP/Documents/Strategies%20Denver%20San%20Diego%20Bowen%20Eckstrom%20Patel.doc) – Sue Noseworthy – 9/23/2008

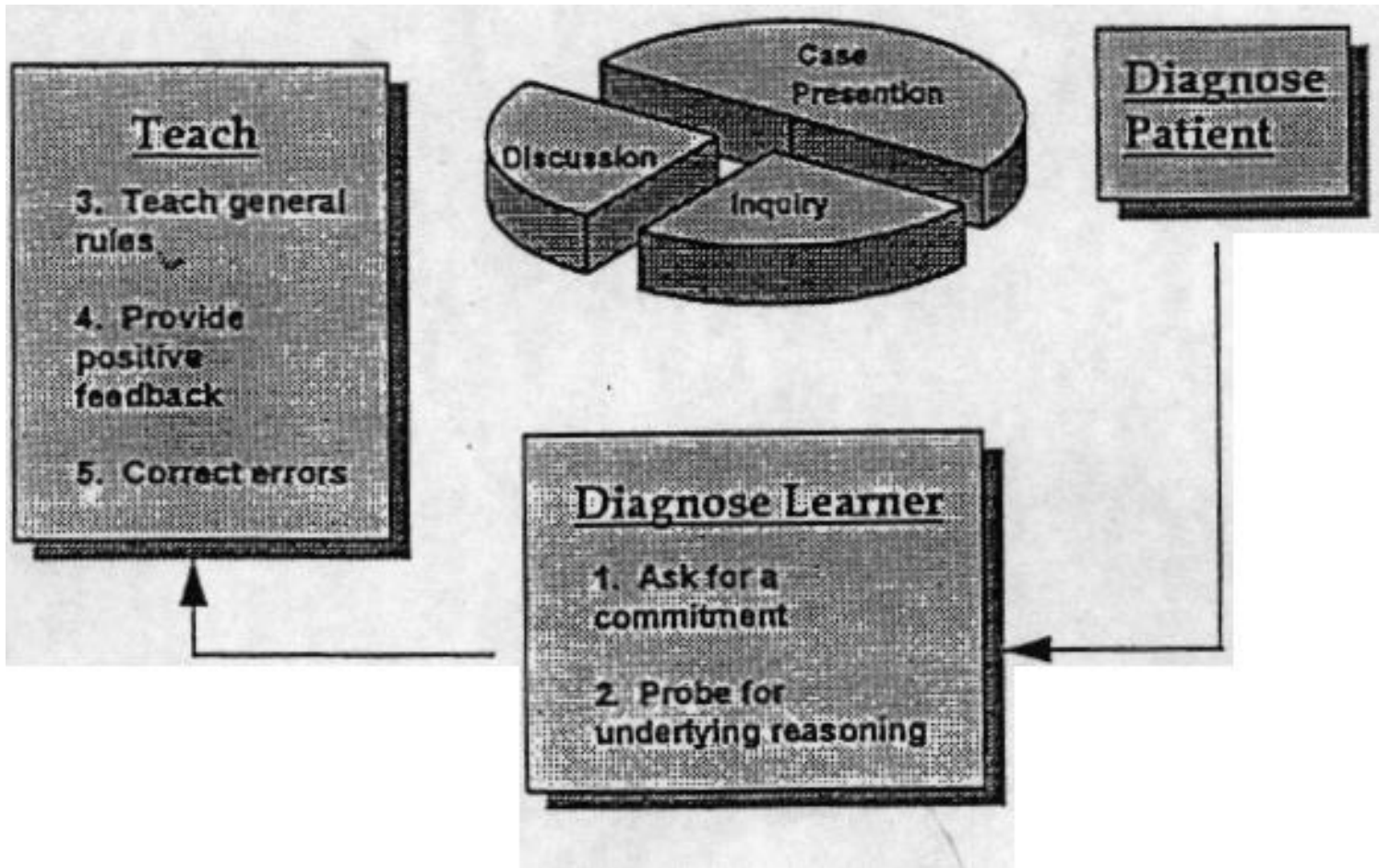


Most clinical teaching takes place in the context of busy clinical practice where time is at a premium. Microskills enable teachers to effectively assess, instruct, and give feedback more efficiently. This workshop defines and provides opportunities to practice these skills:

1. **Get a commitment** – What do you think is going on?
2. **Probe for supporting evidence** – What led 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...

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Microskill 1: Get a Commitment

- Cue: After presenting the facts of the 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 must 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

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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
- 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

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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?"

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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

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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

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Case 1

Setting: Your office during the first week of the rotation

- Student: I just interviewed and examined your patient, Mrs. G. She's 72 years old and here because of left shoulder pain. She and her husband were at the coast this past weekend. She first noticed the shoulder pain when she was walking back to their van from the beach. They'd been collecting shells. She doesn't recall falling or other injury. She does have a history of bursitis in the right shoulder which responded nicely to a cortisone injection, and she's hoping you will do the same thing for her left shoulder.
- Attending: (What do you think is causing her shoulder pain?)
- Student: I'm not sure. When I examine her shoulder, it doesn't hurt, really. In fact, she's not currently in any pain at all. She just has some decreased range of motion. I thought bursitis caused tenderness with movement. I think she might have degenerative arthritis.
- Attending: (What led you to that conclusion?)
- Student: On exam, she has degenerative changes in her knees that are quite pronounced. She tells me she had a total hip replacement 10 years ago for degenerative arthritis.
- Attending: (Did you consider other possibilities?)

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Case 1

Continued...

- Student: Well, it could be tendonitis. She's diabetic, so I wonder about an unusual referred pain or neuropathy. I didn't see a rash, so I don't think it's herpes zoster. In shingles I would expect to see a dermatomal distribution of symptoms.
- Attending: (Let's think about referred pain to the left shoulder. What should we consider in our differential from that perspective?)
- Student: Angina.
- Attending: (What made you decide against angina in this case?)
- Student: I'm not sure. I just didn't think of it. We should probably think about it more seriously since she's diabetic and menopausal, but not on estrogens.
- Attending: (What else would you like to ask this patient to be sure her complaint is not angina?)
- Student: I'd like to ask her about exertional shoulder pain, associated dyspnea, associated diaphoresis, the duration of her symptoms, and any other discomfort she notices when the shoulder pain comes on.
- Attending: Good. Let's go back and ask her just those things together.

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