

# The One Minute Preceptor: 5 Microskills for One-On-One Teaching

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# Objectives

- At the end of this presentation you will be able to:
  1. List the Steps of the One-Minute Preceptor model of clinical teaching.
  2. Explain how each step fosters effective and efficient teaching.
  3. Demonstrate understanding of the One-Minute Preceptor on a sample student presentation.
  4. Integrate the One-Minute Preceptor model into your clinical teaching.

# One Minute Preceptor

- Method of integrating teaching into daily clinical practice
- Developed by the Mountain Area Health Education Center Office of Regional Primary Care Education, Asheville, North Carolina
- Support from a HRSA Family Medicine Training Grant

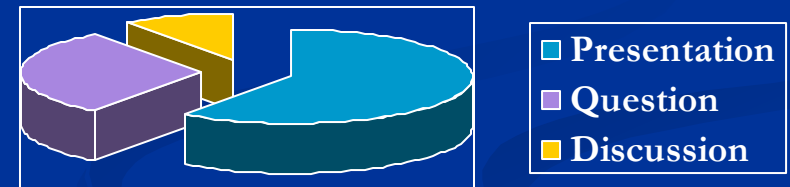
# One Minute Preceptor

- Initially introduced as the “Five-Step Microskills Model of Clinical Teaching”<sup>1</sup>
- Taught and tested across the nation<sup>2</sup>

1. Neher, Gordon, Meyer, & Stevens, 1992
2. Irby 1997a, 1997b; STFM, 1993

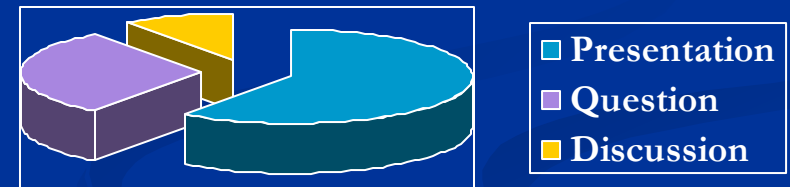
# Time Spent in Teaching Encounter

- The patient interview
- On average, these interactions take ~10 minutes
- Presentation 6 minutes
- Questioning 3 minutes
- Discussion 1 minute



# Time Spent in Teaching Encounter

- Consists of a number of skills employed in a stepwise fashion
- At the end of the learner's presentation
- Combines questioning and discussion





# One Minute Preceptor

- Six steps to focus learner on key aspect of a clinical case:
  1. Get a **C**ommitment
  2. Probe for **S**upporting Evidence
  3. Reinforce What Was Done **W**ell
  4. Give Guidance About **E**rrors & Omissions
  5. Teach a **C**ore Principle
  6. **G**enerate a Conclusion

**Cartoon Superhero: Wil E Coyote, Genius**



# 1. Get a Commitment

- Encourages learner to process further and problem solve
- What do you think is going on?
- What do you want to do for this patient?
- What do you think needs to be accomplished on this visit?
- What investigations do you feel are indicated?

Cartoon Superhero: Wile E Coyote, Genius





# 1. Get a Commitment

- What do you think is going on with this patient's mood?

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## 2. Probe for Supporting Evidence

- Helps you to assess the learner's knowledge and thought process
- What lead you to your conclusion?
- What else did you consider?
- What made you choose that particular treatment?

Cartoon **S**uperhero: Wile E Coyote, Genius



## 2. Probe for Supporting Evidence

- What lead you to your conclusion that the patient is suffering from Major Depressive Disorder?
- What else did you consider in your differential diagnosis?

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### 3. Reinforce What Was Done Well

- Be specific
- You did an excellent job of...
- “Your diagnosis of X was well-supported by history, etc.”
- “Your presentation was clear and concise...”

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### 3. Reinforce What Was Done Well

- Be specific
- You did an excellent job of attending to her recent loss
- Your diagnosis of MDD was well-supported by the history of insomnia and weight loss

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## 4. Give Guidance About **E**rrors

- Start with learner self-evaluation
- Stay specific to the situation
- Avoid terms like “bad” or “poor”
- Consider appropriate time and place
- Next time this happens, try this...

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## 4. Give Guidance About **E**rrors

- Start with learner self-evaluation
- The next time a patient gets angry or annoyed taking an alcohol history, try reflecting his emotions
- “I see that talking about this makes you upset”

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## 5. Teach a Core Principle

- Allows learning to be more easily transferred to other situations
- Identify, integrate, and sequence general principles
- Keep it brief and focused on identified issues
- Avoid anecdotes and idiosyncratic preferences
- The key features of this disease are...

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## 5. Teach a Core Principle

- Allows learning to be more easily transferred to other situations
- The key features of this disease can be remembered by the acronym SIG E CAPS
- Mental status exam findings consistent with the dx of MDD include poor concentration and constricted affect
- R/O GMC (e.g. hypothyroidism)

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## 6. **G**enerate a Conclusion

- Explain to the learner what the next steps will be
- The teaching encounter is smoothly concluded
- Roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care

Cartoon Superhero: Wile E Coyote, **G**enius



## 6. **G**enerate a Conclusion

- Roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care
- Let's go back in the room and I'll model performing a MSE with focus on affect and cognitive function
- Afterwards, please order a sensitive TSH

Cartoon Superhero: Wile E Coyote, **G**enius

# Summary

- Method of integrating teaching into daily clinical practice
- Compresses questions and discussion into a 1-minute encounter
- Five steps to focus learner on key aspect of a clinical case
- Concludes with roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care

# Hollywood Forever Cemetery





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