ONE MINUTE PRECEPTOR // what, why, and how to do it well…

What is it?

A time-efficient 5-step teaching approach that leverages adult learning principles and targets clinical reasoning.

Why use it?

- Demonstrated benefits include improved learner and teacher confidence, enhanced self-directed post-encounter learning, improved feedback quality, and higher rates of accurate diagnosis (Parrot)
- Fosters ownership of clinical problems and allows both learners and teachers to identify and target learning gaps (Neher)
- Preceptors rate the OMP as more effective and more efficient than the traditional model (Aagaard)

How to do it?

Step	Examples
1. **Get a commitment**	*"What do you think is going on with this patient?"* *"What would be your treatment plan?"*
2. **Probe for understanding**	*"What factors make this diagnosis likely?"* *"Were there any other alternatives you considered?"* *"What made you rule out condition X?"*
3. **Reinforce what was done well.**	*"Your diagnosis of "probably pneumonia" was well supported by your history and physical. You clearly integrated the patient's history and your physical findings in making that assessment "*
4. **Correct mistakes.**	*"When you ask the patient about the presence of symptoms and then provide a list of examples, you risk directing the patient in their response."*
5. **Teach a general rule.**	*"If you leave the question open, without suggestions, you avoid limiting the patient's response and may end up with a broader differential to work from."*

References:

- Aagaard, E. Effectiveness of the one-minute preceptor model for diagnosing the patient and the learner: proof of concept. *Aced Med* 2004;79(1):42-9.
- Neher, J. et al. A five-step "microskills" model of clinical teaching. *J Am Board Fam Pract*. 1992;5(4):419–24.
- Parrot, S. et al. Evidence-based Office Teaching – The Five-step Microskills Model of Clinical Teaching *Fam Med* 2006;38(3):164-7.