

Microskills of the One-Minute Preceptor **W. Fred Miser, M.D.**

In this article, we will address the necessary skills for the teaching encounter.

This article presents the concept of the "one-minute" preceptor and five microskills used for teaching students efficiently and effectively after they have seen a patient and are presenting the case to you.

During the case presentation, you need to accomplish three tasks:

- 1) diagnose the patient,
- 2) diagnose the student (strengths and needs), and
- 3) teach the student based on the identified needs.

To make this teaching encounter more effective, a group of family physicians and educators from the University of Washington have identified five microskills for ambulatory teaching (Neber JO, et al: A five-step "microskills" model of clinical teaching. *J Am Board of Fam Pract* 1992; 5:419-24). If done in order, they provide a logical framework that encourages the students to become active learners and that allows you to identify the learning needs of the students and to teach them based on those needs.

1. **Get a Commitment** - After the student has presented the patient to you, your first task is to get him/her to commit to a decision and/or a plan of action. This step encourages the student to take responsibility, demonstrates that you value the student and his/her help, and promotes satisfaction in the student. Useful questions that you may ask during this step are, "What do you think is going on?" or "What would you like to do next?" Their answers to these questions allow you to determine how the student views the case. Be careful not to ask for more data about the patient, and do not provide the answer to the problem yet.
2. **Probe for Supporting Evidence** - After the student has made a commitment, ask him/her to provide evidence to support their impression. As the student provides this evidence, you can determine whether they made a lucky guess, or truly do have a handle on the case. This is not the time for asking them for textbook knowledge. The purpose of this microskill is to help you identify the strengths and needs of the student, which then allows you to tailor what you need to teach about the case. Useful questions at this time include, "What led you to that conclusion?" and "What else did you consider and rule out?" Answers to these questions will provide you insight and allow for good dialogue with the student.
3. **Tell Them What They Did Right** - This microskill reminds us to provide positive feedback to the student, something he/she wants but often does not get. Comment specifically on what they did right, and describe the positive effect of the action. Good actions need reinforcement. An example for this microskill is, "You did a good job of ... and this is why it is important...." State specifically what was done well and why it is important. This is not general praise; instead, it focuses on specific behaviors that are reproducible.

4. Teach a General Rule - Based on what you have learned about the student's needs, you will now want to teach based on their level of understanding, which greatly increases retention. "The key features of this illness are..." or "When this happens, do this..." The teaching point should help the student generalize from this case to others. It should be brief (given within a few minutes) and should not include everything you know about the subject. It addresses the patient's concerns and the student's needs. Minimize anecdotes or zebras. As you prepare for this microskill, ask yourself, "What one teaching point do I want the student to leave this patient's encounter with?" It is helpful to have "teaching scripts" for the common conditions that you encounter in your practice. For example, you could have several things prepared for teaching about otitis media (e.g., helpful tips on making the diagnosis, commonly prescribed antibiotics and what to do with treatment failures); when the student sees a patient with otitis media, pick one of these scripts and talk to the student about that area. When the student sees another patient with otitis media, reinforce the first point, and then focus on the next point, and so on.

5. Correct Errors - If during the presentation the student makes an error, correct the mistake. Mistakes unnoted will be repeated. Describe what was wrong, and identify how to avoid and correct the error. "Next time this happens, try this..." These recommendations should focus on improvement and be future oriented; avoid belittling the student. Focus on the problem, not the student.

In summary, the five simple steps of the one-minute preceptor are

- 1) "What do you think is going on?" (get a commitment),
- 2) "Why do you think so?" (probe for supporting evidence),
- 3) Provide warm fuzzies (tell them what they did right),
- 4) "When this happens, do this..." (teach a general rule), and
- 5) "Whoops!" (correct errors).

These microskills have been shown to enhance the teaching encounter, and I would encourage you to incorporate them into your clinical teaching.