

# The One Minute Preceptor

Teaching of Tomorrow  
November 2025



# Objectives

- List steps in the OMP method
- Identify advantages to using OMP as a precepting method
- Apply questioning styles while getting commitment and probing for evidence.
- Briefly compare OMP to SNAPPS as teaching methods

# The One Minute Preceptor (OMP)

## A Five-Step “Microskills” Model of Clinical Teaching. *JABFP* 1992, 5:419-24

- Adapted from 1976 article outlining 18 microskills
- Formulated for FM residents in busy outpatient practices.
- A way to streamline and standardize brief clinical teaching encounters

### Special Communication

#### A Five-Step “Microskills” Model Of Clinical Teaching

*Jon O. Neber, M.D., Katherine C. Gordon, M.A., Barbara Meyer, M.D., M.P.H., and Nancy Stevens, M.D.*

**Abstract:** Teaching family practice residents in a clinical setting is a complex and challenging endeavor, especially for community family physicians teaching part-time and junior faculty members beginning their academic careers. We present a five-step model of clinical teaching that utilizes simple, discrete teaching behaviors or “microskills.” The five microskills that make up the model are (1) get a commitment, (2) probe for supporting evidence, (3) teach general rules, (4) reinforce what was done right, and (5) correct mistakes. The microskills are easy to learn and can be readily used as a framework for most clinical teaching encounters. The model has been well received by both community family physicians interested in teaching and newer residency faculty members. (*J Am Board Fam Pract* 1992; 5:419-24.)



### Assumptions:

- Learner has already accurately taken/performed H&P
- Graduate-level learners are competent to do this
- ?Undergraduate-level learners?

# The One Minute Preceptor

## 5 Clinical “microskills”

1. Get a commitment	Learner will articulate their own diagnosis.
2. Probe for supporting evidence	Preceptor evaluates learner’s knowledge/reasoning
3. Teach general rules	Preceptor emphasizes common “take-home” points
4. Reinforce what was done well	Preceptor provides feedback
5. Correct mistakes/misperceptions	Preceptor provides feedback

} 40%



# Comparison

OMP	Conventional Precepting
Learner centered	Problem/patient centered
Promotes skill development <u>and</u> knowledge	Medical knowledge focused
Promotes feedback throughout	Feedback typically given at end (if there is time)
Learner displays knowledge, preceptor fills in gaps	Often preceptor delivers mini lecture
Empowers educational opportunity not limited by brief encounters	Education components often left behind when time is short



# OMP Steps



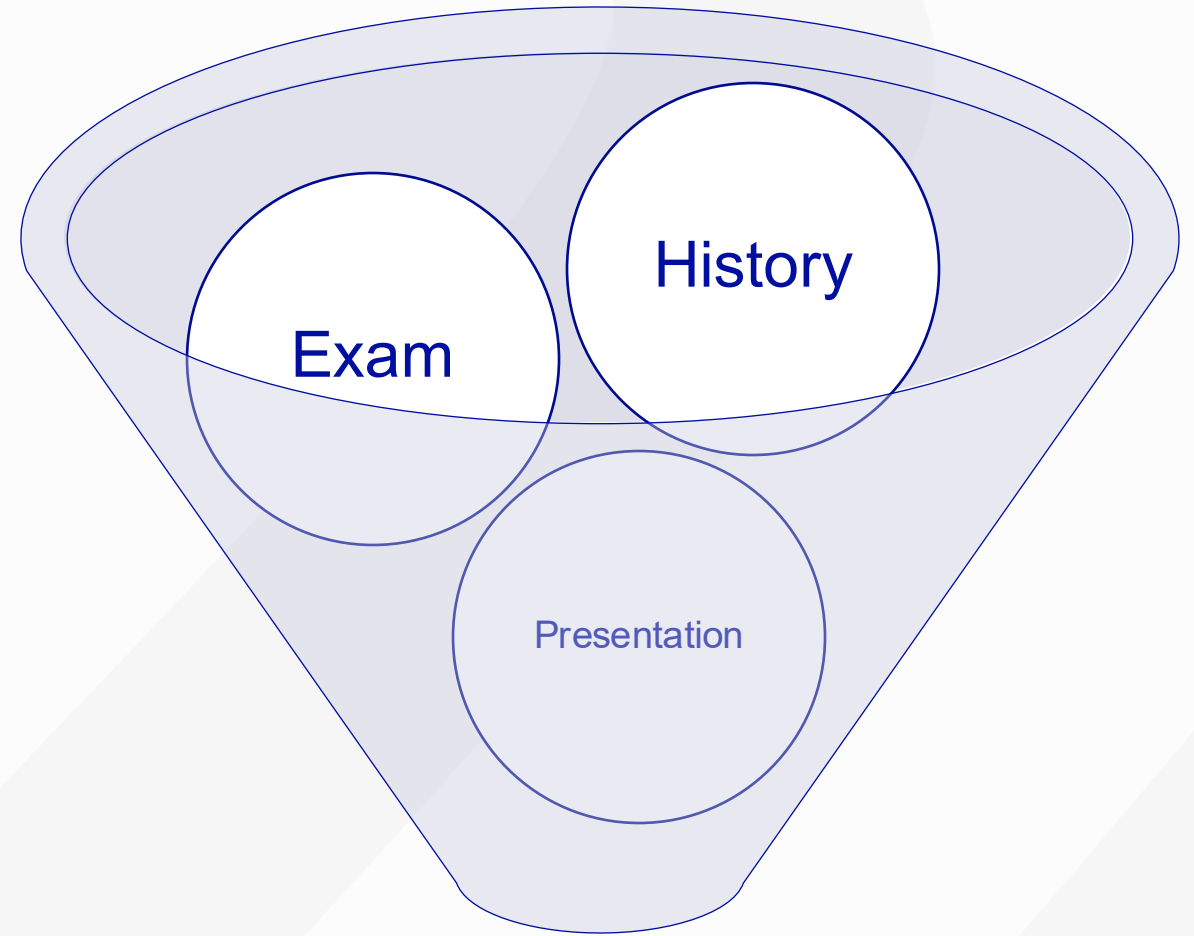
Genoa Spain October 2024



Wittgenstein's Hut, Skjolden, Norway  
2023

# 1. Get a Commitment

- There is no wrong answer!
- Thought process > correct diagnosis.
- Gives preceptor a baseline to teach from.



“What do you think?”

## 2. Probe for Supporting Evidence

- What lead you to that conclusion?
- Were there any other considerations on your D/Dx?
- Be supportive!
  - You asked them to stick their neck out...don't chop it off.







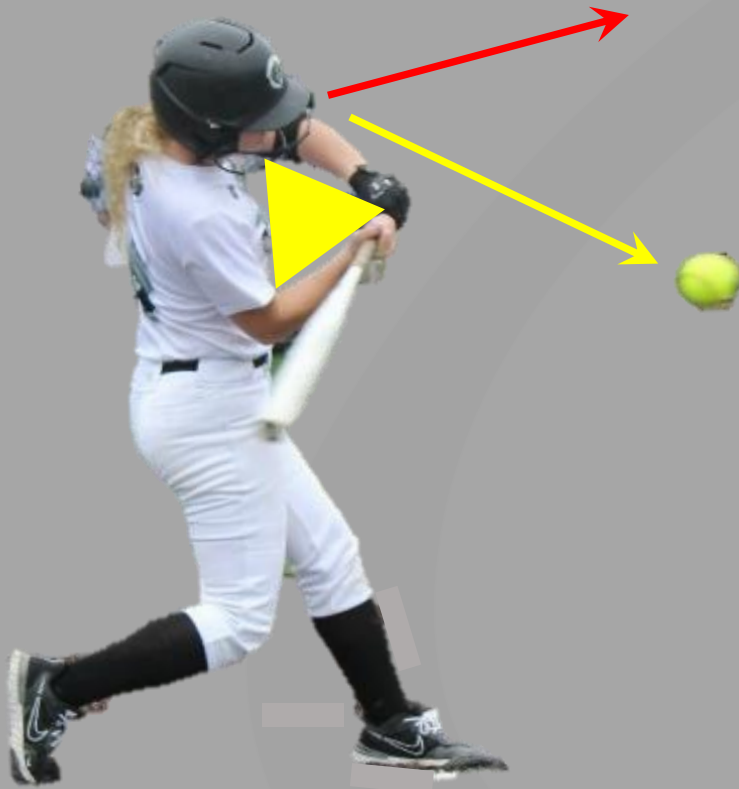
You never know what  
hoofbeats mean at this ranch

### 3. Teach General Rules

- Junior learners
  - focus on the typical presentations of common things
- Senior/advanced learner
  - can add in the atypical presentations or uncommon diagnoses



UMass Chan  
MEDICAL SCHOOL



**“Nice hit”**

## **4. Reinforce what was done right.**

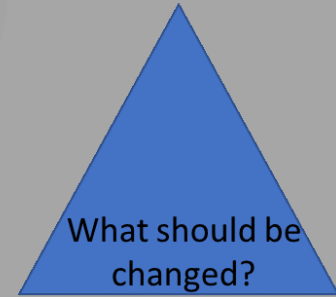
- Learners get used to hearing what they are doing wrong, so be sure to highlight what they are doing well.
- They respond well to positive feedback...

**Avoid general praise**

# 5. Correct Mistakes

- ...but also learn immensely from what they do wrong.
- When done correctly, learners often learn more from what they get wrong from what they get right.

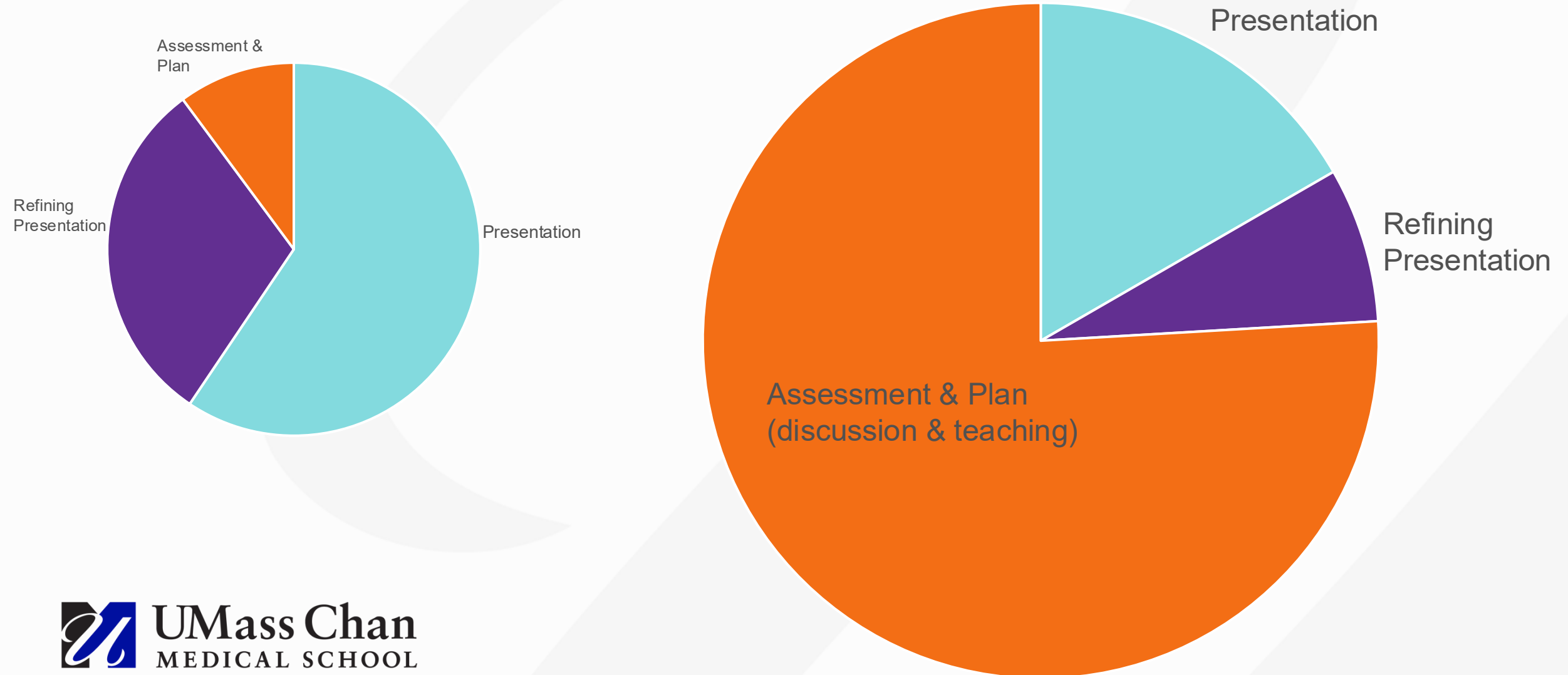
**Be specific!**



Action steps (with assignments):



# How was this experience?



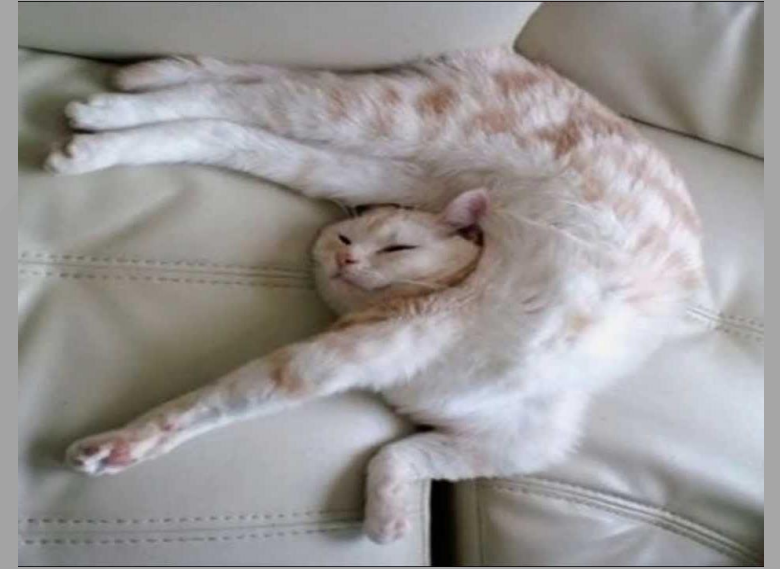


# What was different?

- Better needs assessment
- More focused & effective teaching
- Encourages learner to be more involved in management.

# Be Flexible

- If learner doesn't know...
  - Is this correct tool in this situation?
    - Switch to presentation (knowledge)
    - Switch to modeling (skill)
- If you have an advanced learner, consider...



# Oh SNAPPS!



The learner will:

- Summarize history and findings
- Narrow the differential
- Analyze the differential
- Probe the Preceptor about uncertainties
- Plan management
- Select case-related issues for self-study

Must be taught beforehand



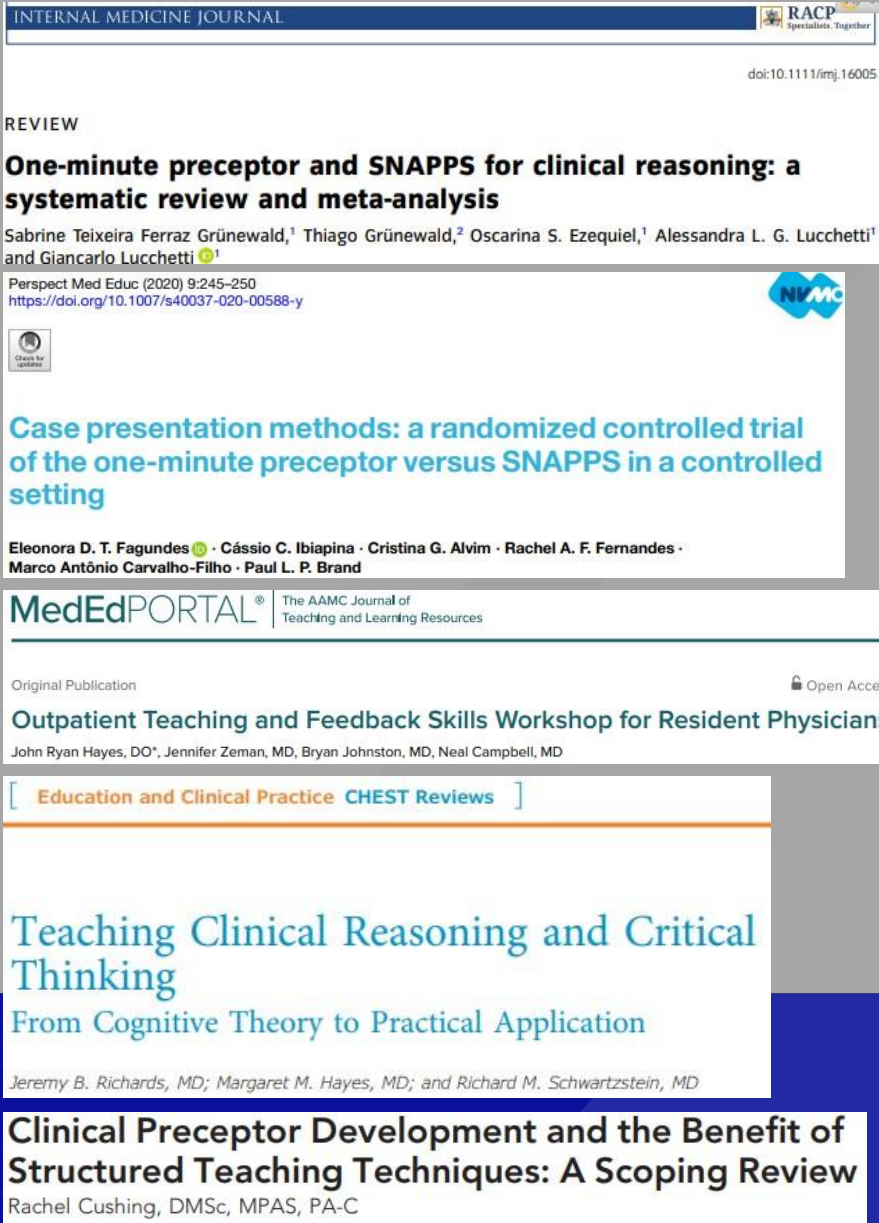
# OMP vs SNAPP

## OMP

- Preceptor driven
- Preceptor:
  - Identifies gaps/needs
  - Feedback given to learner
  - Suggests areas for further study

## SNAPPS

- Learner driven
- Learner:
  - Identifies own gaps/needs
  - Elicits feedback from preceptor
  - Select issues for self-study



# Evidence-Based



<https://padlet.com/pjsell/one-minute-preceptor-dlr1vt7kdscg2jpn>



# Summary: OMP

1. Get a commitment	Encourages clinical problem solving
2. Probe for supporting evidence	A needs assessment
3. Teach a general rule	You found a gap...address it (briefly)!
4. Reinforce what went well	Just in time teaching—be specific and provide examples
5. Discuss what may need to change	Just in time teaching—be specific and provide examples

# Thank you!

Sunset on the Norwegian Sea  
(Sognefjorden)

