

# **Effective and Efficient Teaching Methods: The One Minute Preceptor**

Teaching of Tomorrow  
November 2017



# Objectives

- › By the end of the session, participants will be able to:
  - List the steps in the one-minute precepting method
  - Identify three advantages to using the one-minute precepting method
  - Apply questioning styles while getting a commitment and probing for evidence

# Consider the Goals of MS3 Clerkships....

How do they differ from clinical experiences  
with MS1 and MS2 students?



# The One Minute Preceptor



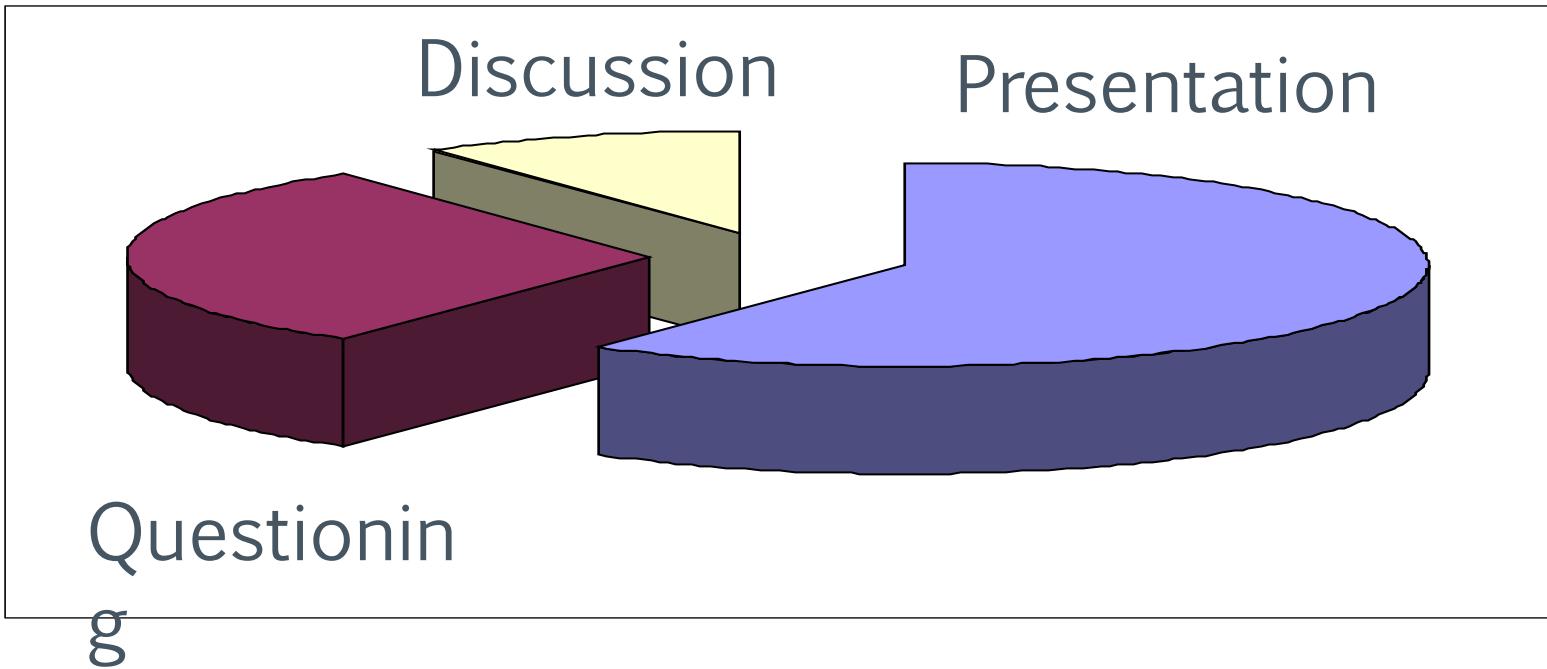
- › An efficient method
- › Learner & teacher engaged
- › Begins the clinical reasoning process
- › Direct relevance
- › Immediate feedback

# Consider Video of Standard Precepting

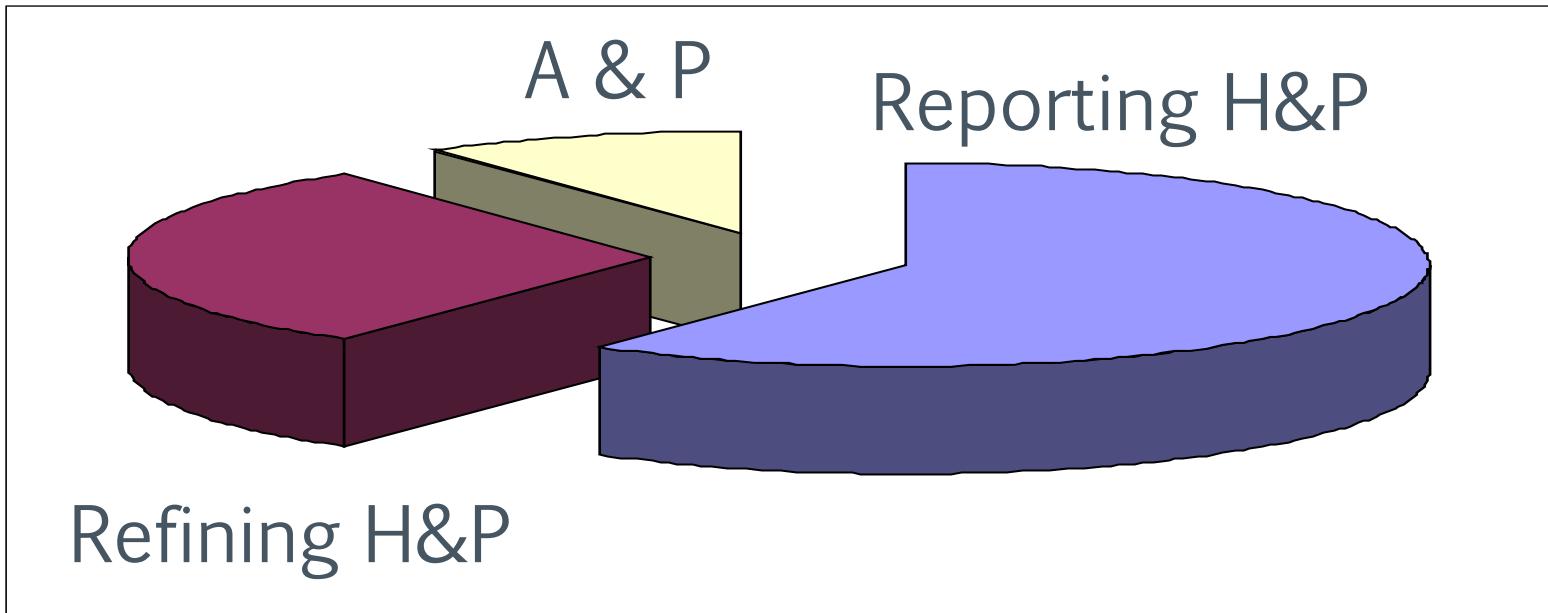
[Video](#)



# Typical teaching encounter



# What was covered in the video?



# The One Minute Preceptor

Step	Objective
Get a commitment	The learner will articulate his/her own diagnosis
Probe for supporting evidence	The preceptor will evaluate the learner's knowledge or reasoning
Teach general rules	Preceptor emphasizes common "take-home" points
Reinforce what was right	Preceptor provides reinforcing (positive) feedback
Correct mistakes	Preceptor provides constructive feedback with specific recommendations for improvement

# Teacher Reasoning and Action

- › Diagnose the patient
  - Listen to presentation
  - Ask questions
- › Diagnose the learner
  - Get a commitment
  - Probe for supporting evidence
- › Teach
  - General rules
  - Provide feedback

Consider same encounter  
with OMP model

[Video](#)



# OK, 5 minute preceptor

Encounter is just as long BUT:

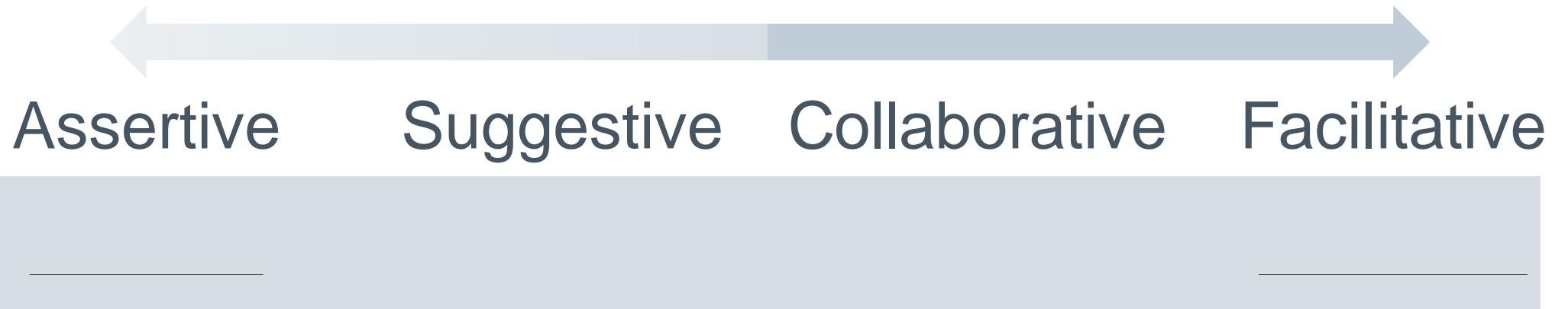
- › Better needs assessment
- › More focused/efficient/effective teaching
- › Encourages student/resident to be more active in higher order thinking (analysis, planning, etc)

# Step #1: Get a commitment

- › Encourages learner to process further and problem solve
  - Critical to understanding needs
- › Ask what they think
  - What do you think is going on?
  - What other information do you need?
  - What would you like to do next?
- › May need to proactively employ more assertive questioning styles if the learner is stumped

NOTE: Asking Learner to end presentation with a summary statement can give you their commitment from the outset.

# Addressing Needs Using Different Teaching Styles



## Step #2: Probe for supporting evidence

- › Helps you to assess the learner's knowledge and thinking process
- › Examples
  - “Why do you think that this is the diagnosis?”
  - “What history and physical findings that support this conclusion?”
  - “What else did you consider?”
- › Avoid grilling/pimping
  - “What are the possible causes of the heart failure?”

# Step #3: Teach general rules

- › Teaching emphasizes common take home point
  - “If the patient is waking up with pain, consider that it may be something serious.”
- › Keep it to standardized approach or key feature of diagnosis
  - “If the patient has otitis, the landmarks should not be visible.”
- › Avoid idiosyncratic approach
  - “I’ve had a lot of luck treating this with Infectogon.”

# Steps 4 & 5 are about Feedback



# Step #4: Tell them what was right

- › Behaviors are reinforced and will be more firmly established
- › Tailored feedback
  - “Obviously you considered the patient’s finances in selecting the therapy. This will improve adherence. Well done.”
  - “When emotion came up, you explored it. This usually ends up saving time. Very nice”
- › Avoid general praise
  - “Great job!”

# Step #5: Correct mistakes

- › Forms a foundation for improvement
- › Ask for self assessment first
  - “Anything you want to do differently next time?”
- › Discuss what was incorrect and how to avoid in future.
- › Be specific
  - “You may be right that this is cholecystitis but you really haven’t considered other possibilities such as GERD. It’s important to avoid premature closure.
- › Avoid vague judgments
  - “I wouldn’t have put it together that way.”

# Varying use of this method (when the learner doesn't know)

- › So what do you think is going on?
- › So what are the possible causes of cough?
  - What causes beyond the lung should you think of?  
Beyond the respiratory tract?
- › If learner still doesn't know, consider
  - Is one minute preceptor still worth pursuing?
  - Do you switch to a brief presentation (for knowledge)?
  - Do you switch to modeling (for a skill)

# Summary: One Minute Preceptor

- › Efficient technique for teaching on the fly
- › Stimulates problem solving and decision-making
- › Facilitates needs assessment
- › Leads to teaching targeted to needs
- › Reinforced by providing balanced feedback

# Demonstration Role Play

