

# The One-Minute Preceptor:



- A student-oriented, patient-centered method that helps make the student's learning needs visible
- Increases preceptors confidence in their ability to rate students' knowledge and clinical reasoning skills

Microskill	Situation	Preceptor	Examples
<b>Microskill 1: Get a Commitment</b>	After presenting a case to you, the student stops to wait for your response or asks you what to do.	Ask the student what he or she thinks about the issue. Their response will allow you to assess student's knowledge and focus more precisely on learning needs.	"What do you think is going on with this patient?" "What would you like to accomplish in this visit?" "Why do you think the patient has been non-adherent to previous recommendations?"
<b>Microskill 2: Probe for Supporting Evidence</b>	The student has committed to a position on the issue presented and looks to you to confirm or correct.	Before giving an opinion, ask the student what evidence supports his or her opinion. Alternatively, ask what other alternatives were considered and how they were rejected in favor of the student's choice.	"What were the major findings that led to your conclusion?" "What else did you consider?" "How did you rule out a specific diagnosis?" "What are the key features of the case?"
<b>Microskill 3: Teach General Rules</b>	You have ascertained that there is something about the case which the student needs or wants to know.	Provide general rules at the level of the student's understanding. A generalizable teaching point can be phrased as, "When this happens, do this...." General rules are more memorable and transferrable than specific facts.	"If the patient only has cellulitis, incision and drainage is not possible. You have to wait until the area becomes fluctuant to drain it." "Patients with UTs usually experience pain with urination, increased frequency and urgency, and they may have hematuria. The urinalysis should show bacteria and WBCs, and may also have some RBCs."
<b>Microskill 4: Tell Them What They Did Right</b>	The student has handled a situation effectively.	At the <i>first opportunity</i> , comment on the <u>specific</u> good work AND the effect that it had. As Belasco (1989) wrote, "What gets measured gets produced; what gets rewarded gets produced again."	"You didn't jump into working up her complaint of abdominal pain, but kept open until the patient revealed her real agenda. In the long run, you saved yourself and the patient a lot of time and unnecessary expense by getting to the heart of her concerns first." "Obviously, you considered the patient's finances in your selection of a drug. Your sensitivity to this will certainly contribute to improving adherence."
<b>Microskill 5: Correct Mistakes</b>	The student has made mistakes, omissions, or demonstrated distortions or misunderstandings.	As soon as possible after the mistake, find an appropriate time and place to discuss what was wrong and how to correct the error or avoid it in the future. Let the student critique his or her performance first. The student is likely to repeat mistakes that go uncorrected.	"You may be right that this patient's symptoms are probably due to a viral upper respiratory Infection. But you can't be sure it isn't otitis media unless you've examined the ears." "I agree that the patient may be drug-seeking, but we still need to do a careful history and physical examination."

### Standard Student/Preceptor Case Interaction

**Context:** A bright, eager Nurse Practitioner student presents this case to her preceptor in the Ambulatory clinic.

**Student:** "I just saw a 4 year old boy in the clinic with a complaint of ear pain and fever for the past 24 hours. He has a history of prior episodes of otitis media, usually occurring whenever he has an upper respiratory tract infection. For the past 2 days, he has had a runny nose and mild cough. Yesterday he began to have a low grade fever and complained that his right ear was hurting. His mother gave him Tylenol last night and again this morning when he got up. He has no allergies to medication."

"On physical exam, he appeared in no acute distress and was alert and cooperative. His temperature was 38.5 C. His HEENT exam was remarkable for a snotty nose and I think his right tympanic membrane was red, but I'm not sure. It looked different from the left one. His throat was not infected. His neck was supple without adenopathy. His lungs were clear and his heart had no murmur. I didn't see any rashes or skin lesions.

**Preceptor:** "This is obviously a case of otitis media. Give the child amoxicillin and send him home."

### Applying the One-Minute Preceptor Microskills

**Preceptor:** What do you think is going on?

**Student:** I think he has upper respiratory infection, probably otitis media.

**Preceptor:** What led you to that conclusion?

**Student:** He has a history of repeated otitis media and currently has a fever, a painful right ear and a runny nose.

**Preceptor:** What would you like to do for him?

**Student:** First, I would like you to confirm my findings on the right ear. If you concur about otitis media, then we should give him some antibiotics. Since he doesn't have any allergies to medication, I think amoxicillin is a reasonable choice.

**Preceptor:** You did a good job of putting the history and physical exam findings together into a coherent whole. It does sound as if otitis media is the most likely problem. There is great variability in ear problems. The key features of otitis media that I look for in the physical exam are the appearance and mobility of the ear drum, landmarks, opacity of the drum, and mucus discharge, and in the history prior upper respiratory infections and past problems with the ears. This child would seem to fit these criteria. Amoxicillin is a logical choice for an antibiotic if the patient does not have an allergy. I'll be glad to confirm your ear exam findings. Let's go and see the patient.

**Watch a video demonstrating the one-minute preceptor:**

[http://www.practicalprof.ab.ca/video.html?VT=OneMinutePreceptor&VFL=one\\_minute\\_pre.flv](http://www.practicalprof.ab.ca/video.html?VT=OneMinutePreceptor&VFL=one_minute_pre.flv)

As you read this alternative response, were you thinking, "But my student doesn't respond like the student in this ideal situation"? The preceptor-student relationship is indeed a relationship--you can't conduct it effectively all by yourself. One of the things the student needs to learn is how to learn successfully in a preceptorship. Give the student some examples of the kind of responses you expect.