

One Minute Preceptor

Six steps in the One Minute Preceptor:

1. Get a commitment
 - The act of stating a commitment pushes the learner to move beyond their level of comfort and makes the teaching encounter more active and more personal. This can show respect for the learner and fosters an adult learning style.
 - The goal is to gain insight into the learner's reasoning.
2. Probe for supporting evidence
 - Ask a question that seeks to understand the rationale for their answer.
 - You are able to gauge the strength of the evidence upon which the commitment was made. Faulty inferences or conclusions are apparent and can be corrected later. This step allows the preceptor to closely observe the vital skill of clinical reasoning and to assist the learner in improving and perfecting that skill.
3. Reinforce what was done well
 - Comments should include *specific behaviors* that demonstrated knowledge skills or attitudes valued by the preceptor.
 - In order for the learner to improve they must be made aware of what they did well. The simple statement "That was a good presentation" is not sufficient. With a few sentences you can reinforce positive behaviors and skills and increased the likelihood that they will be incorporated into further clinical encounters.
4. Give guidance about errors and omissions
 - Identify areas that need improvement in order to foster continuing growth and improved performance. Comments should be as specific as possible to the situation identifying specific behaviors that could be improved upon in the future.
 - In a few sentences an opportunity for behavior change has been identified and an alternative strategy given. Maintain a balance between positive and constructive criticism.
5. Teach a general principle
 - One of the key but challenging tasks for the learner is to take information and data gained from an individual learning situation and to accurately and correctly **generalise** it to other situations. Brief teaching specifically focused to the encounter can be very effective in identifying important general principles without overgeneralising.
 - Even if you do not have a specific medical fact to share, information on strategies for searching for additional information or best practice guidelines can be very useful to the learner.

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6. Concluding the teaching session

- This final step serves the very important function of ending the teaching interaction and defining what the role of the learner will be in the next events. The roles of the learner and preceptor after the teaching encounter may need definition. Explain to the learner what the next steps will be and what their role is will facilitate the care of the patient and the functioning of the learner.
- The teaching encounter is smoothly concluded and the roles and expectations for each person are made clear in a way that will facilitate further learning and optimal patient care.

Resources

- Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. *Journal of the American Board of Family Practice*, 5, 419-424
- Knoll, G. "The one minute preceptor" The University of British Columbia, Faculty of Medicine, Department of Family Practice, Post Graduate Program. Presented by Dr Garry Knoll
- http://www.practicalprof.ab.ca/teaching_nuts_bolts/one_minute_preceptor.html
- <http://www.oucom.ohiou.edu/fd/monographs/microskills.htm>
- http://m.hopkinsmedicine.org/fac_development/educational/effectiveambulatoryteachingDec2006.ppt
- http://www.familymed.ubc.ca/residency/_shared/assets/the_one_minute_preceptor7398.ppt
- You Tube video *Without one minute preceptor*
<http://www.youtube.com/watch?v=937G0m5SUsl>
- You Tube video *With one minute preceptor* <http://www.youtube.com/watch?v=lCeyzpU7PMw>
- Animated version <http://www.youtube.com/watch?v=t9ytKlq8wL0>

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