

A Preceptor Development Program “THUMBNAIL”

The One-Minute Preceptor

This is a step-wise strategy which efficiently incorporates a series of proven educational techniques. The process begins after the learner has seen a patient and has presented the case to the preceptor. In the examples, a patient with a sore throat has been presented to you.

STEP ONE: Get a Commitment

Why: Learner becomes more active in teaching encounter.

Allows you to assess how learner has processed information presented.

Examples: “What is your working diagnosis for this patient?”

“What other diagnoses would you consider in this setting?”

“What laboratory tests do you think we should get?”

“How do you think we should treat this patient?”

STEP TWO: Probe for Supporting Evidence

Why: Uncovers learners reasoning process for arriving at conclusion.

Examples: “What factors in the history and physical support your diagnosis?”

“Why would you choose that particular medication?”

“How will that test help us in this situation?”

STEP THREE: Reinforce What Was Done Well

Why: Behavior specific positive feedback will promote and encourage desirable clinical behaviors.

Examples: “Your physical exam was complete: you covered all the relevant areas including lymph nodes and an abdominal exam for hepatosplenomegaly.”

“I liked your differential – You took into account the patients age, recent exposures and symptoms in deciding which diagnosis was most likely.”

STEP FOUR: Give Guidance About Errors or Omissions

Why: Behavior specific constructive feedback discourages incorrect behaviors and correct misconceptions.

Examples: “Your ear exam appeared to be uncomfortable for the patient. We can review some useful tricks at the end of the day that give you better control of the otoscope.”

“Although trimethoprim/sulfa will kill strep in the lab and in some places in the body, it does not cover strep throat.

STEP FIVE: Teach a General Principle

Why: Helps learner to effectively generalize knowledge gained from this specific case to other clinical situations.

Examples: “Remember that there are about 10-15 % of people who are carriers of strep and could lead to false positive strep tests.”

“ Although sulfa antibiotics can kill strep in the test tube and in other parts of the body, they do not effectively treat strep throat.”

STEP SIX: Conclusion

Why: Helps control time and sets clear agenda and roles for remainder of encounter.

Example: “OK, now we’ll go back in the room I’ll show you how to get a good throat swab. When we have the results let me know and I’ll watch you go over the treatment plan with the family.”

Source: 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.