



## One-Minute Preceptor

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### The One-Minute Preceptor

#### Clinical Teaching Method

#### Diagnosis of the Learner

- 1. Get a commitment**  
Ask learner to articulate own hypotheses or plan: "What do you think is going on with the patient?" "What other investigations should be ordered?"
- 2. Probe for supporting evidence**  
Evaluate learner's knowledge or reasoning: "What on the physical exam makes you think this is CHF?"

#### Teaching

- 3. Reinforce what was well done**  
Positive feedback: "You did a good job of considering multiple diagnoses and prioritizing them."
- 4. Correct errors**  
Constructive feedback with instructions for improvement: "Remember to use the bell of your stethoscope when listening for bruits."
- 5. Teach general rules (take-home points)**  
Particularly directed at areas of weakness for learner: "Remember to consider empyema in a patient with non-resolving pleural effusion and fever."

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1. Gallagher P et al. Clin Teach 2012;9(6):358-62.  
2. Neher JO et al. J Am Board Fam Pract 1992;5(4):419-24.

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### The One-Minute Preceptor

#### Diagnosis of the Learner

- 1. Get a commitment**  
Ask learner to articulate own hypotheses or plan
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Evaluate learner's knowledge or reasoning

#### Teaching

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Positive feedback
- 4. Correct errors**  
Constructive feedback with instructions for improvement
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**What would you like to try?**

## Feedback

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### Providing Effective Feedback Setting the Stage

❖ **Expected**

I will be giving you feedback following this encounter.  
Shall we spend a few minutes discussing how the clinic went after your last patient?

❖ **Supportive learning climate**

It's my job to help you improve.

❖ **Label as feedback**

How would you like me to focus my feedback?

❖ **Self-assessment**

What were you trying to accomplish during this encounter? Did it go as planned?

## STOP

**S: SPECIFIC**

Your social history of the patient showed understanding of the pathophysiology and allowed us to focus more on biliary tract disease and less on alcoholism.

**T: TIMELY**

I'll give you feedback after each patient today. Let's plan to sit down at the end of the week.

**O: OBJECTIVE, based on observed behaviors**

I noticed you interrupted the patient a few seconds after asking what brought her to the hospital. You lost eye contact with the patient when you were discussing the lab results.

**P: PLAN for improvement**

If we were going to do it again, what would you do the same and do differently? What actions do you want to take to improve in this area? How would you feel doing it again?

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Gigante J, Dell M, Sharkey A. Getting beyond "good job": how to give effective feedback. Pediatrics 2011;127:205-7.

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### Feedback Action Plan


List 1-2 skills related to feedback that you would like to improve upon and try when working with learners before the next teaching session.

1.

2.

## Interactive Lecturing

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<b>Interactive Lecturing</b>	
<b>Attract Attention</b>	<ul style="list-style-type: none"><li>• Stories, anecdotes, cases</li><li>• Problem</li><li>• Test question</li><li>• Humor</li><li>• Startling fact</li><li>• Surveying student knowledge<ul style="list-style-type: none"><li>• Relevant to topic</li><li>• Relevant to audience</li></ul></li></ul>
<b>Maintain Attention</b>	<ul style="list-style-type: none"><li>• Make organization clear</li><li>• Orientation</li><li>• Guidance</li><li>• Summarization</li><li>• Change the stimulus<ul style="list-style-type: none"><li>• Video</li><li>• Demonstration</li><li>• Role-play</li></ul></li></ul>
<b>Promote Learning</b>	<ul style="list-style-type: none"><li>• Limit content to 50% new information</li><li>• Limit content to 2-3 main points</li><li>• Select content based on what you want them to remember</li></ul>

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<b>Interactive Lecturing Action Plan</b>	
List 1-2 skills related to interactive lecturing that you would like to improve upon and try when working with learners before the next teaching session.	
1.	
2.	

## Art of the Presentation

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### The Art of the Presentation Checklist

#### Planning

- Select topic of interest
- Identify mentor
- Confirm logistics: date, location, facility, resources, time allotted for presentation
- Determine level of learners to gauge depth and breadth of content

#### Preparing

- Introduction: tell them what you are going to tell them
  - Capture audience
  - Share main points
- Body: tell them
  - Explain main points
  - Vary teaching methods
- Conclusion: tell them what you just told them
  - Summarize main points
  - Allow time for questions

#### Practicing

- Be familiar with environment and technical equipment
- Know material at level deeper than audience
- Practice slide transition and timing of presentation
- Deliver talk to mentor and/or colleague for feedback
- Anticipate questions from audience

#### Presenting

- Maintain eye contact
- Be enthusiastic
- Acknowledge questions

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### The Art of the Presentation Timeline

- Select topic of interest
- Identify a mentor
- Establish purpose of talk
- Consider logistics
- Know the group's level of expertise
- Prepare presentation
- Practice
- Deliver talk



## Clinical Reasoning

### Clinical Reasoning Priming

**Rationale:** Priming provides a deliberate means of helping students to think about focused data gathering and differential diagnosis/clinical reasoning even before seeing the patient.

**How to do:** Initiate a teaching session prior to the patient encounter. “Prime” the student by helping them think about what the initial differential diagnosis is and the key aspects of the history and physical exam

#### Examples

1. Based on the limited information available, **outline an initial differential diagnosis.**
2. List the top 5 details you want to elicit from the **HPI** to help narrow your differential diagnosis.
3. List 3-5 **physical findings** that will be essential to narrowing the differential diagnosis.
4. List 3-5 findings from the history or physical exam that will be essential in determining **the severity/urgency of the illness.**

### Clinical Reasoning Reverse Presentation

**Rationale:** By reversing the order of the standard presentation and placing the assessment first, there is an immediate commitment to diagnosis and treatment plan. This allows the preceptor to pay attention to the key features that support or refute the learner’s decision. It also forces the student to select key details to support their assessment.

**How to do:** Ask learners to present in “ASOAP” format where they briefly give their assessment first and then present the supporting data.

#### Example

**A:** This is a 65-yo woman with cough, myalgias and fevers. I think she has influenza. I think we should do a nasal swab for influenza.

**S/O:** Preceptor listens closely to presentation with the end diagnosis in mind and learner presents information that they think is relevant to the diagnosis.

**A/P:** Assessment and plan presented in more depth but with description of how the decision was made.

