The One-minute Preceptor Model*
*A practical five-step clinical teaching model that quickly assesses a learner’s baseline knowledge and decision-making processes, guides teaching, and incorporates specific feedback.¹

1. **Get a Commitment**
   Ask the learner to make a decision regarding a diagnosis or treatment plan. Resist the temptation to give the answer. This allows the preceptor to develop insight into the learner’s problem-solving process and more efficiently assess the learner’s needs.¹
   **Example:** “What is your plan for the induction of anesthesia? Why?”

2. **Probe for Supporting Evidence**
   Evaluate the learner’s knowledge and/or reasoning.² Help the learner reflect upon the cognitive processes used to arrive at his/her decision. This micro skill assists the preceptor in identifying gaps in learner knowledge. Ask the learner what evidence supports his/her decision. Probe for alternatives considered and evidence that supports or refutes the alternatives.¹
   **Example:** “Is there an alternative anesthetic option? What is the most concerning issue with this patient? How does that influence your plan?”

3. **Teach General Rules**
   Teach common “take-home” points, preferably aimed at an area of weakness identified.² Avoid focusing on the outlier and instead provide evidence-based pearls about a specific diagnosis or treatment.¹ If the learner performed well, this can be skipped. If the preceptor and learner both need additional information, the micro skill may be teaching how to find and utilize expert resources.¹
   **Example:** “PFTs would be helpful in the chronic asthmatic patient, but that will take time, and we can gain important information from the patient’s recent history.”

4. **Positive Reinforcement**
   Provide positive feedback.² This helps build a learner’s professional self-esteem. Focus on specific behaviors and the impact of those behaviors. This is not general praise.¹
   **Example:** “You considered this patient’s diagnosis of autism and learned about his needs. This will foster cooperation with our anesthetic plan.”

5. **Correct Mistakes/Formative Feedback**
   Provide constructive feedback with recommendations for improvement.² Feedback should be based on first-hand data and deal with specific decisions and actions, not assumed intentions or interpretations.³ It should be phrased in descriptive, non-evaluative language and focus on how to correct the problem or avoid it in the future.¹ Open-ended questions allow the learner to critique their own performance first and may identify an agenda.¹,³ Having the learner paraphrase the feedback can be helpful.³
   **Example:** “Deciding when it is appropriate to bring a patient for a pyloromyotomy can be difficult. Here are a few rules of thumb that you should consider in the future.”

**References:**