



## How to Use the One-Minute Preceptor Model

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### The One-minute Preceptor Model\*

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\*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.<sup>1</sup>

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- 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.<sup>1</sup>  
**Example: "What is your plan for the induction of anesthesia? Why?"**
  - 2. Probe for Supporting Evidence** Evaluate the learner's knowledge and/or reasoning.<sup>2</sup> 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.<sup>1</sup>  
**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.<sup>2</sup> Avoid focusing on the outlier and instead provide evidence-based pearls about a specific diagnosis or treatment.<sup>1</sup> 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.<sup>1</sup>  
**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.<sup>2</sup> This helps build a learner's professional self-esteem. Focus on specific behaviors and the impact of those behaviors. This is not general praise.<sup>1</sup>  
**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.<sup>2</sup> Feedback should be based on first-hand data and deal with specific decisions and actions, not assumed intentions or interpretations.<sup>3</sup> It should be phrased in descriptive, non-evaluative language and focus on how to correct the problem or avoid it in the future.<sup>1,3</sup> Open-ended questions allow the learner to critique their own performance first and may identify an agenda.<sup>1,3</sup> Having the learner paraphrase the feedback can be helpful.<sup>3</sup>  
**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."**
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#### References:

1. Neher JO, Gordon KC, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. Clin Teach. 1992; 5:419-24.
2. Furney S, Orsini A, et al. Teaching the one-minute preceptor A randomized control trial. J Gen Intern Med. 2001; 16:620-24.
3. Ende J. Feedback in clinical medical education. JAMA. 1983; 250:777-81.