The One Minute Preceptor and the Five Microskills of Teaching

• Describe the components of the teaching encounter
• Identify five microskills that can be used to “diagnose” and “teach” clinical learners
• Organize a plan for teaching using the five microskills model
Neher JO, Stevens NG: The one-minute preceptor: shaping the teaching conversation. Fam Med 2003; 35:391–393
Microskills for Clinical Teaching

1. Get a commitment
2. Probe for supporting evidence
3. Teach general rules and think out loud
4. Tell your learner what he or she did right
5. Correct the learner’s mistakes

Using Microskills for Clinical Teaching

1. Get a commitment
2. Probe for supporting evidence and reasoning
3. Teach General Rules
4. Reinforce what was right
5. Correct Mistakes
5 Microskills of Teaching

1. Get a commitment
   – Ask learner to articulate his/her own diagnosis or plan
   – Get him/her to commit to an answer (even if wrong)
5 Microskills of Teaching

2. Probe for supporting evidence
   – Evaluate the learner’s knowledge/reasoning
   – Ask probing questions
     • Ask why he/she thinks so
     • Ask “what if ...” scenarios
     • Broader / deeper than learner’s answer
5 Microskills of Teaching

3. Teach general rules

• Generalize from the case at hand
• Give the learner a pearl /take home point
• Point out how this case is same or different from the general rules
5 Microskills of Teaching

4. Reinforce what was done well
   • Provide positive feedback
   • Encourage them to keep doing the right things
   • Builds confidence
5 Microskills of Teaching

5. Correct errors
   • Provide constructive corrections and feedback
   • Assure that mistakes in knowledge or skills don’t continue
     • Specific
     • Targeted
     • Recommendations for improvement
Choose a *single teachable point* per encounter

- Most generalizable (most useful)
- Most important (don’t miss the life threatening diagnosis)
- Targeted at learner’s area of weakness
- Building on previous teachable point
- Can be diagnosis, management, skills, etc.
Effective Feedback

• Descriptive rather than evaluative
• Specific rather than general
• Directed toward behavior that receiver can do something about
• Well-timed
• Amount of information receiver can use
• Sharing of information rather than giving advice
• Solicited rather than imposed

Effective Feedback

• Takes into account the needs of both the receiver and giver
• Concerns what is said and done, does not ask “why?”
• Checked to insure clarity
• Checked to determine degree of agreement
• Followed by attention to consequences
• Step toward authenticity (trust, honesty, concern)