

The One Minute Preceptor

Five Microskills for Clinical Teaching

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<http://clerkship.fammed.washington.edu/teaching/appendices/5Microskills.htm?FCItemID=S000A5C5E>

Microskill # 1 – Get a commitment from the presenter

So often learners finish their presentations just short of offering an opinion on the data presented. Should this occur, this is your chance to ask them their assessment (without telling them your opinion yet).

+ Example: “What do you think is going on with the patient?”

- Example: “This is obviously a case of pneumonia!”

Microskill # 2 – Probe for supporting evidence

This gives you a window into the learner’s thought processes and reasoning without being judgmental.

+ Examples: “Why do you think this?”

“What led you to this conclusion?”

“What else could this be?”

- Example: “Oh, no, this couldn’t be infectious mono.... What else could it be?”

Microskill # 3 – Teach General Principles

With a better understanding of the learner's knowledge base and reasoning skills (from # 1 and # 2 above), you can target your instruction (i.e, you won't insult them with material that's too basic, nor will you go over their heads).

+ Examples: "The most common organisms for this kind of infection would be...."

"If the patient only has cellulitis, I & D is not possible now. You have to wait until the area becomes fluctuant to drain it."

- Examples: "Just go ahead and soak the wound now."

(don't tell the learner now how to solve the problem immediately, but help them to work through an approach to solving clinical problems."

"I'm convinced that the best treatment for diarrhea with salmonella enteritis is a liquid or soft diet." (don't share an unsupported, anecdotal or idiosyncratic approach)

Microskill # 4 – Reinforce what was Right!

The learner may not appreciate the effectiveness of their evaluation, or the extent to which it had a positive impact on the patient's care.

Learners may also feel insecure and vulnerable.

Try to comment on specific good work, and/or the effect it had on the patient's care (not just a general phrase).

+ Examples: "Your approach to the work-up was very well-organized and logical."

"The sequence of diagnostic studies ordered was right on!"

- Example: "Great job!" (not specific enough)

Microskill # 5 - Help to correct mistakes!

Tell them how to improve for the next time.

As soon as possible after a mistake, find an appropriate time and place to discuss what was wrong and how to correct the error in the future.

The rationale here is that mistakes left unattended have a good chance of being repeated.

+ Example: “Your work-up was a good one, but I would probably also have drawn a blood culture before starting your antibiotics in this baby admitted with presumed pyelonephritis.”

- Example: “You did what?!?!” (Avoid vague and judgmental statements)

Microskills # 1 and # 2 - These tell the preceptor about the learner’s knowledge and reasoning

Microskills # 3, #4 and # 5 – These offer tailored instruction, once you have an understanding of the learner’s knowledge base and reasoning skills.

The Case of a Painful Ear

A new first year resident presents a case to you while you are attending in the ambulatory clinic. The resident appears to be bright and eager to learn. He says:

Resident:

"I just saw a four year-old boy in the clinic with a complaint of ear pain and fever for the past 24 hours. He has a history of prior episodes of otitis media, usually occurring whenever he has an upper respiratory tract infection. For the past two days, he has had a runny nose and mild cough and yesterday, he began to have a low grade fever and complained that his right ear was hurting. His mother gave him Tylenol last night and again when he got up this morning. He has no allergies to medication."

"On physical exam, he appeared in no acute distress and was alert and cooperative. His temperature was 38.5 C. His HEENT exam was remarkable for a snotty nose and I think his right tympanic membrane was red, but I'm not sure. It looked different from the left one. His throat was not infected. His neck was supple without adenopathy. His lungs were clear and he had no murmurs. I didn't see any rashes or skin lesions."

Busy Racing Preceptor might say:

"This is obviously a case of otitis media. Give the child amoxicillin and get him on his way home."

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The One Minute Preceptor might say:

Preceptor: "What do you think is going on?"

Resident: "I think he has an upper respiratory infection, and probably also otitis media."

Preceptor: "What led you to this conclusion?"

Resident: "Well, he has a history of recurrent otitis media and he currently has a fever, a painful right ear, and a runny nose."

Preceptor: "What would you like to do for him?"

Resident: "First, I would like you to confirm my findings on the right ear. If you concur about otitis media, then we should give him some antibiotics. Since he doesn't have any allergies to medications, I think amoxicillin is a reasonable choice."

Preceptor: "You did a good job of putting the history and physical exam findings together into a coherent whole. It sure sounds possible that this could be otitis media but we need to discuss the diagnostic criteria as well as the differential diagnosis. The key feature of otitis media that I look for on physical exam is immobility of the tympanic membrane upon insufflation, along with.... The differential diagnosis here would also include.... "

"If this is otitis media, given the lack of allergies, amoxicillin would be a logical choice for an antibiotic. I'll be glad to confirm your ear exam findings. Let's go and see the patient together."

The Case of an Adolescent Girl

In an ambulatory clinic, a third year medical student presents the following case to a preceptor. The student appears to be conscientious but somewhat insecure about her knowledge and skills in pediatrics. The student reports:

Student: "I just finished examining a 16 year-old girl. She has been complaining of pain when she urinates for the past few days. She has never had a urinary tract infection. She denies burning on urination, abdominal pain, fever or seeing blood in her urine. She says she thinks her last menstrual period was a couple of weeks ago. I don't know if she is sexually active. I wasn't sure if I was supposed to ask those kinds of questions. She is here with her mother.

"On physical exam, she looked well to me. She was afebrile and the rest of her vital signs were O.K. Her HEENT exam was normal. Her lungs were clear and her heart was regular without any murmurs. Her abdomen was soft and not tender and I didn't think her spleen or liver were enlarged. That's all I examined."

Busy racing preceptor might say:

"Get a urine and make sure she doesn't have a vaginal or meatal discharge."

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The One Minute Preceptor might say:

Preceptor: "What do you think is her problem?"

Student: "I am concerned that she might have a urinary tract infection."

Preceptor: "What do you see here that might indicate a urinary tract infection?"

Student: "Well, she does has pain on urination, although she doesn't have much of a problem with frequency or urgency."

Preceptor: "A UTI is a logical possibility but we don't have adequate information to confirm the diagnosis. We need a more complete physical examination -- particularly of the lower abdomen, back and external genitalia. We also need a complete sexual history."

"You identified the most probable concern in this case but you need to complete the physical exam and get a sexual history. Without more information, we can't be sure of what we have."

"Do you want me to model how to take a sexual history and do a pelvic examination or would you like me to observe you do them?"

Student: "I would really appreciate your demonstrating how to do them."

Preceptor: "O.K. Let's go and see the patient."

The Case of the URI

Student:

A 6 month old child presents with a 3 day history of runny nose, cough, and tactile fever. Mom reports a decrease in po solid intake, although the patient seems to still be drinking some.

Physical exam is notable for a temperature of 100.8 and a resp rate of 46. On HEENT exam the patient has nasal congestion. The mucous membranes are moist. The TM's were not examined because of wax. The chest has rhonchi with some occasional wheezing I think. The cardiac, abdominal and skin exams are normal.

Lab studies are notable for a WBC of 13.1 with a pending differential. The CXR shows bilateral hyperexpansion and perhaps some perihilar streakiness.

A Preceptor with the “One Minute Preceptor” Approach might say.....: