



# THE ONE-MINUTE PRECEPTOR MODEL FOR ONE ON ONE TEACHING

Dr Surekha Rathod

Professor

Department of Periodontia, VSPM's Dental College & Research Center

**T**he method is used in medical training settings, where a learner initially assesses a patient and then seeks help from a preceptor. Most clinical teaching takes place in the context of busy clinical practice where time is at a premium. The One minute Preceptor is a framework around which teacher-student conversations can be built and is particularly helpful for newer teaching clinicians. It is quite brief, easy to learn, and has been shown to improve key teaching behaviors. The five-step "micro-skills" model of clinical teaching - commonly known as the One-minute-preceptor, was originally developed by Kay Gordon, M.A., and Barbara Meyer, M.D., M.P.H., Department of Family Medicine. It has been widely adopted in fellowship and teaching programs. This article reviews the method and includes some tips on its application.

The five micro-skills of the One Minute Preceptor teaching model enable teachers to effectively assess, instruct and provide feedback more efficiently. This model is used when the teacher knows something about a case that is being presented that the learner either needs or wants to know.

## 1 Get a commitment

Scenario One: A Case of toothache

A fourth -year student presents a case to you while you are attending in the clinic. The student appears to be bright and eager to learn.

Student: "I just saw a 48-year-old male in the clinic with a chief complaint of toothache. This patient has been in his normal state of good health recently. However, for the past few days, he is having toothache. The toothache seems to begin while taking cold and hot drink and progressively worsens by evening, he usually has to take either aspirin or brufen, to relieve the pain. After an hour or so, the pain is better, although the toothache is not completely gone. This toothache is now occurring about three times per week. Toothache is not associated with swelling. On physical examination, he appears well-developed, well nourished. On oral examination Occlusal caries is present and there is no swelling.

Preceptor: "This sounds like a case of occlusal caries. I'll check his oral cavity, but I doubt I'll find anything. Sounds like he needs to do an x ray.

## 2 Look for supporting evidence

Scenario Two: A Case of toothache Revisited (Same case presentation by the student as in Scenario One)

Preceptor (getting a commitment): "What do you think is going on?"



Student: “Well, I’m concerned he might have occlusal caries with pulpitis.”

Preceptor (probing for supporting evidence): “Why do you think this?”

Student: “Well, the toothache occurs while taking hot and cold drink and not relieved with pain killers. It might be pulpitis.

Preceptor: “Are there any other causes of the toothache that you might consider?”

Student: “May be periapical infection, but I’m really not sure.”

Preceptor (teaching general rules): “I think the most important aspect of this case is that common things occur commonly. Of all the causes of toothache is caries but it may be pulpitis. Periapical infection may be a possibility, but not likely as pulpitis, in this case I agree we should make sure his radio-graphical features of tooth but this does not sound like classic story of periapical infection.

Student: “Could you show me how to do percussion of tooth ?”

Preceptor (telling what was done well and what needs to improve): “Sure. By the way, you did a good job of collecting and organizing the history and physical exam. Your presentations are improving. I particularly liked that you were able to tell me you couldn’t get a good look at this patient’s tooth. It’s very important to be truthful about what you can and can’t do. Your knowledge about pulpitis is a bit of concern to me and it needs to improve. I would suggest you do a bit of reading about toothache as well as the classic presentation of a periapical infection, and that we discuss toothache at your next clinic at session. Let’s go to see your patient.

Student: “OK.”

### 3 Teach general rules

You know something about the case which the learner needs or wants to know.

Teach general rules, concepts or considerations, and target them to the learner’s level of understanding. A generalizable teaching point can be phrased as:

“When this happens, do this...”

Instruction should be both more memorable and more transferable if it is offered as a general rule or a guiding metaphor. Learners value instruction that is stated as a standardized approach for a certain problem or as a key feature of a particular diagnosis.

By targeting your instruction, the risk of misjudging the learner’s level of sophistication is minimized. The learner is neither insulted nor lost and valuable time is not wasted.

Examples

“If the patient only has cellulitis, incision and drainage is not possible. You have to wait until the area becomes fluctuant to drain it.”

“Patients with periapical infection usually experience pain and swelling

### 4 Tell them what they did right

In this micro skills reinforce what was right and wrong, sometimes student may make guess work for diagnosis.

Example

“You didn’t jump into solving her presenting problem but kept open until the patient revealed her real agenda for coming in today. Obviously you considered the patient’s finances in your selection of a drug. Your sensitivity to this will certainly contribute to improving his compliance. Well done.”



### 5 Correct mistakes

This is a very important micro-skill in the process. As soon as possible after a mistake has been made, find an appropriate time and place to discuss what was wrong and how to avoid or correct the error in the future. When learner makes mistake, instead of humiliating learner, it is good to first let the learner think about what mistake he made. Allow the learners to critically evaluate their performances first. All learners need feedback. Mistakes left unattended have a good chance of being repeated. Discussing what was done wrong and what could be done differently is essential

### Summary

The One-minute Preceptor model continues to provide a reliable framework on which good teaching conversations can be built. The model is most helpful when it is not viewed as static and rigid but as a pliable and flexible model. You can acquire these micro-skills yourself with practice and reflection on your own teaching encounters.