

## The One-Minute Preceptor

After the student presents the patient presentation in a brief/concise manner:

**Get Commitment:** “What do you think is going on?” This encourages “ownership” of the case and allows preceptor to assess student’s level of understanding. “What is your working diagnosis?”  
“What are your next steps?”

**Probe for Supporting Evidence:** “What leads you to this conclusion/diagnosis?” Ask the student to think of any other possibilities. This encourages critical thinking and allows preceptors to assess the student’s knowledge base and clinical reasoning to tailor teaching.

**Teach General Rules:** Short/generalizable teaching points. “Patients with asthma waking up three times per month with exacerbations should be on a controller.” The Preceptor can identify missing information and gaps in knowledge.

**Reinforce What is Right:** “Your thorough history helped identify the underlying issue.” Be specific with comments on what was done well and describe how it affected the visit.

**Correct Mistakes:** “What did you think about the visit?” Allow students to critique the visit first. The preceptor can then identify any omissions or misunderstandings. “I agree with.....next time I would...” Allows preceptor to identify knowledge gap and suggest “homework” as needed.

**Adapted from: Neher, J., & Stevens, N. (2003). The one-minute preceptor: Shaping the teaching conversation. Family Medicine, 35(6), 391-393**