

## THE ONE-MINUTE PRECEPTOR

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

**After student presents patient presentation in brief/concise manner:**

**Get Commitment:** “What do you think is going on?” This encourages “ownership” of 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 student to think of any other possibilities. This encourages critical thinking and allows preceptor to assess student’s knowledge base, clinical reasoning, and 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 regarding what was done well and describe how it affected the visit.

**Correct Mistakes:** “What did you think about the visit?” Allow student to critique 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.