One Minute Preceptor

This is a clinical teaching model with five imperatives designed to keep an encounter to 5 minutes or less. Encounters will vary with variations in topic and complexity of cases. The skills are sequenced in a particular order to increase the benefit of the encounter, even if it ends abruptly or unexpectedly.

<table>
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<th>Skill</th>
<th>Examples</th>
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| 1. Get a commitment | • “What do you think is going on with this patient?”
• “What laboratory tests are indicated?”
• “What would you like to accomplish on this visit?”
• “Why do you think this patient has been noncompliant?” |
| 2. Probe for supporting evidence | • “What are the major findings that led to your diagnosis?”
• “Why did you choose that particular medication given the availability of many others?”
• “What factors did you take into account when making your exercise prescription for this patient?”
• “What else did you consider? Why didn’t you choose it?” |
| 3. Teach general rules | • Refer to solid medical references.
• “I haven’t encountered this condition before either. The best dermatology references are _____ and _____. In this clinic, the best resource is (name). Our specialist consultant is (name).” |
| 4. Reinforce what was done right | • “I noticed that you kept an open mind until the patient revealed her true agenda for the appointment. It was important to get to the heart of her concerns.”
• “When prescribing medication, you appropriately considered the age of the patient and the prolonged half-life of its active metabolites in the elderly. This will decrease the risk for falls for this patient due to oversedation.” |
| 5. Correct mistakes | • “When you suspicion an upper respiratory infection, it is important to always assess the ears. Overlooking an otitis media may result in a needless visit to the emergency room or more extensive involvement such as infection of the mastoid bone or meningitis.”
• “In spite of a normal pap smear two months ago, it is important to biopsy any lesion of the cervix. Pap smears are not 100% sensitive and can sometimes be normal in cases of high grade malignancy.” |

REFERENCES:

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