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# Department of Family & Social Medicine Faculty Development E-Newsletter



# Five-Step "Microskills" for Clinical Teaching

The Five-Step "Microskills" Model, commonly referred to as the One-Minute Preceptor, was developed to help teachers of family medicine precept efficiently and effectively in busy community practices. Recognizing that learners spend the majority of a precepting session presenting the patient, this model focuses on how to make the most of limited teaching time.

Studies of the utility of this model have found that preceptors who use microskills are better able to evaluate a learner's presentation, clinical reasoning and fund of knowledge, and give more specific feedback. As you review the following steps remember that the model is flexible and should be used to best meet the learner's needs.

## Step 1: Get a commitment

**WHY:** Making a commitment to a diagnosis or treatment plan encourages the learner to process the information they collected from the patient during the history and physical. Committing to an aspect of the case can help the learner move past the fear of being wrong, and facilitates the development of a collaborative teaching relationship.

**HOW:** Ask questions such as "What do you think is going on?" or "What do you want to do? Ask clarifying questions when necessary, but not so many that you take control of the case.

#### Step 2: Probe for supportive evidence

**WHY:** Figuring out what led the learner to make the commitment allows you to gain insight into their clinical reasoning and the strength of the supporting evidence. This makes it possible to tailor instruction based on the learners level of understanding.

**HOW:** Instead of immediately confirming or denying the learner's commitment, ask "What findings support your diagnosis" and "What other options did you consider?"

## Step 3: Teach general rules

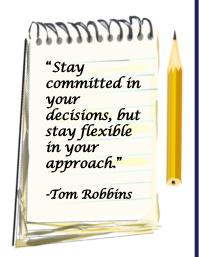
**WHY:** Teaching general rules that relate to the case being presented, and can be generalized to other similar cases, makes the information more memorable. Trying to teach too much on one case can overwhelm the learner; focus on just a few general rules and suggest resources where additional information can be found after the session.

**HOW:** Have the learner list the key features of the problem.

#### Steps 4 & 5: Reinforce what was done well and correct mistakes

**WHY:** Identifying specific behaviors that worked well or need correction helps the learner determine what to continue doing and how they can improve. Value judgments ("good job" or "the case was handled poorly") do not help learners progress.

**HOW:** Feedback should be specific. Statements such as "You clearly integrated the H & P findings in making your assessment" lets the student know exactly what they did well. Similarly, "Let's look up a better treatment option for this patient" is a constructive way to approach any mistakes made.



# References / Resources:

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Parrot, S, Dobbie, A., Chumley, H. Tysinger, J.. Evidencebased office teaching—the fivestep microskills model of clinical teaching. Family Medicine, 2006; 38(3), 164-7.



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