

Effective Feedback for Clinical Preceptors

Mastering the One -Minute Preceptor
Model for Clinical Education

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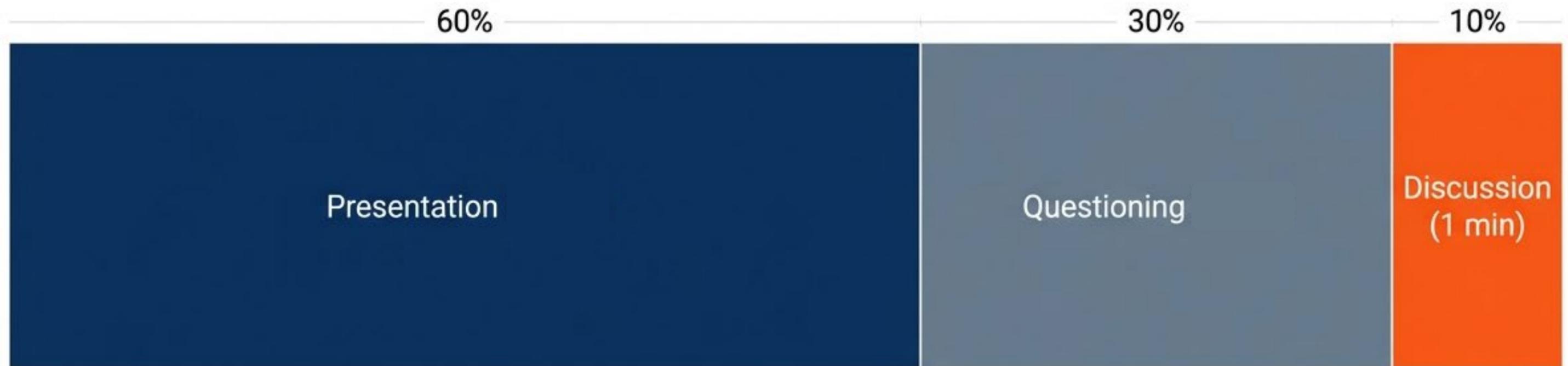


Learning objectives

1. Apply the 1-Minute Preceptor (OMP) model's five microskills in clinical teaching.
2. Recognize common feedback scenarios and select appropriate teaching strategies.
3. Overcome barriers to providing effective feedback in time-constrained settings.

No conflicts of interest to disclose.

The Ambulatory Reality: Brief, Episodic, and Chaotic



In a traditional model, we spend 90% of the encounter gathering data, leaving only ~1 minute for actual educational impact.

The Traditional Trap: Teaching by Grilling



The Spotlight: Diagnosing the Patient

- Focus on Data Gathering
- Student acts as Reporter
- Preceptor does the thinking



The Flashlight: Diagnosing the Learner

- Focus on Reasoning
- Student acts as Interpreter
- Preceptor assesses synthesis

Shift from questioning for data to questioning for thinking.

RIME Clinical Competency Framework

- **R.I.M.E Model**
 - Describes performance goals for trainees.
 - Apply to single encounter or to overall performance .



The 5 Microskills of the One-Minute Preceptor



Call on Sunday
Generates Rounds
on Monday

[1-Minute Preceptor Video](#)

[1-Minute Preceptor Video](#)

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Microskill 1: Get a Commitment

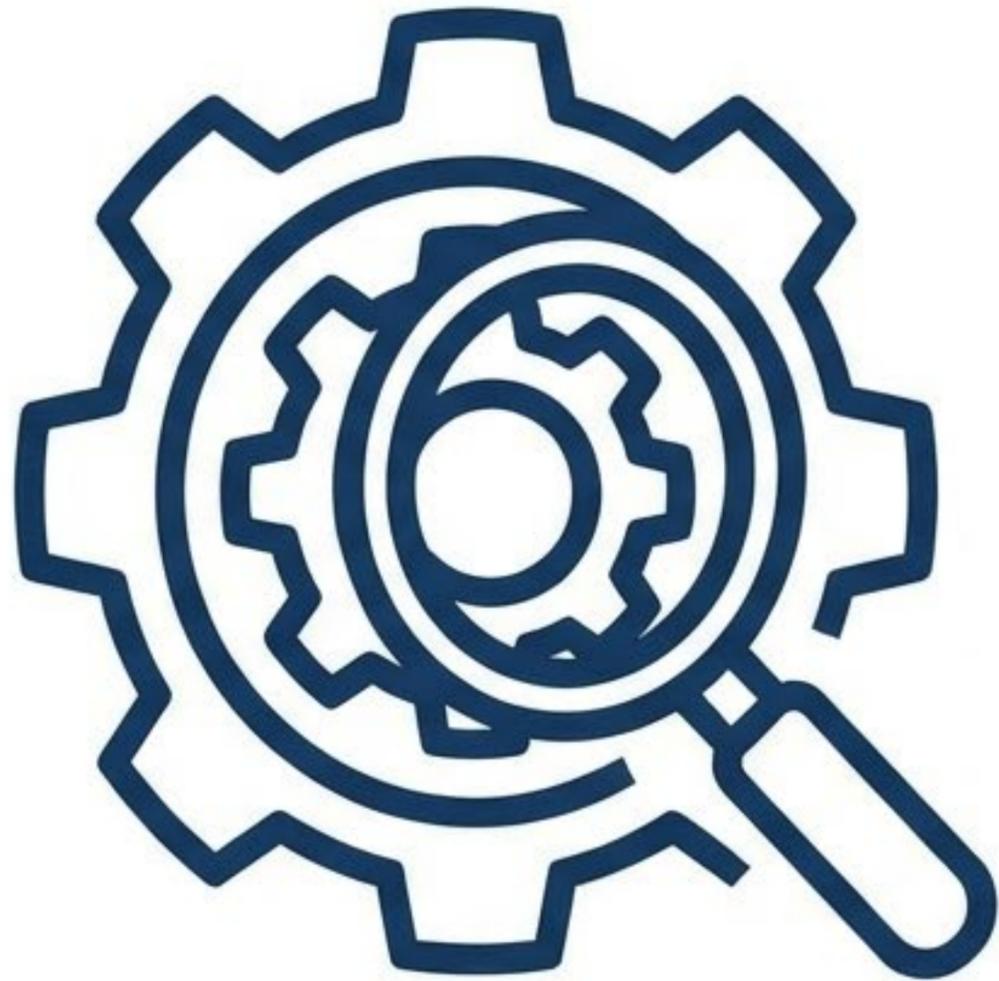


The Goal: Move the learner from Reporter to Interpreter.

“
What do YOU think is going on?
”

Resist the urge to give the answer or ask for more data immediately. Force a stance.

Microskill 2: Probe for Supporting Evidence



The Goal: Distinguish a lucky guess from sound reasoning.

“

What led you to that conclusion?

”

Identify the gap: Is it a lack of knowledge or a failure of logic?

Microskill 3: Teach General Rules

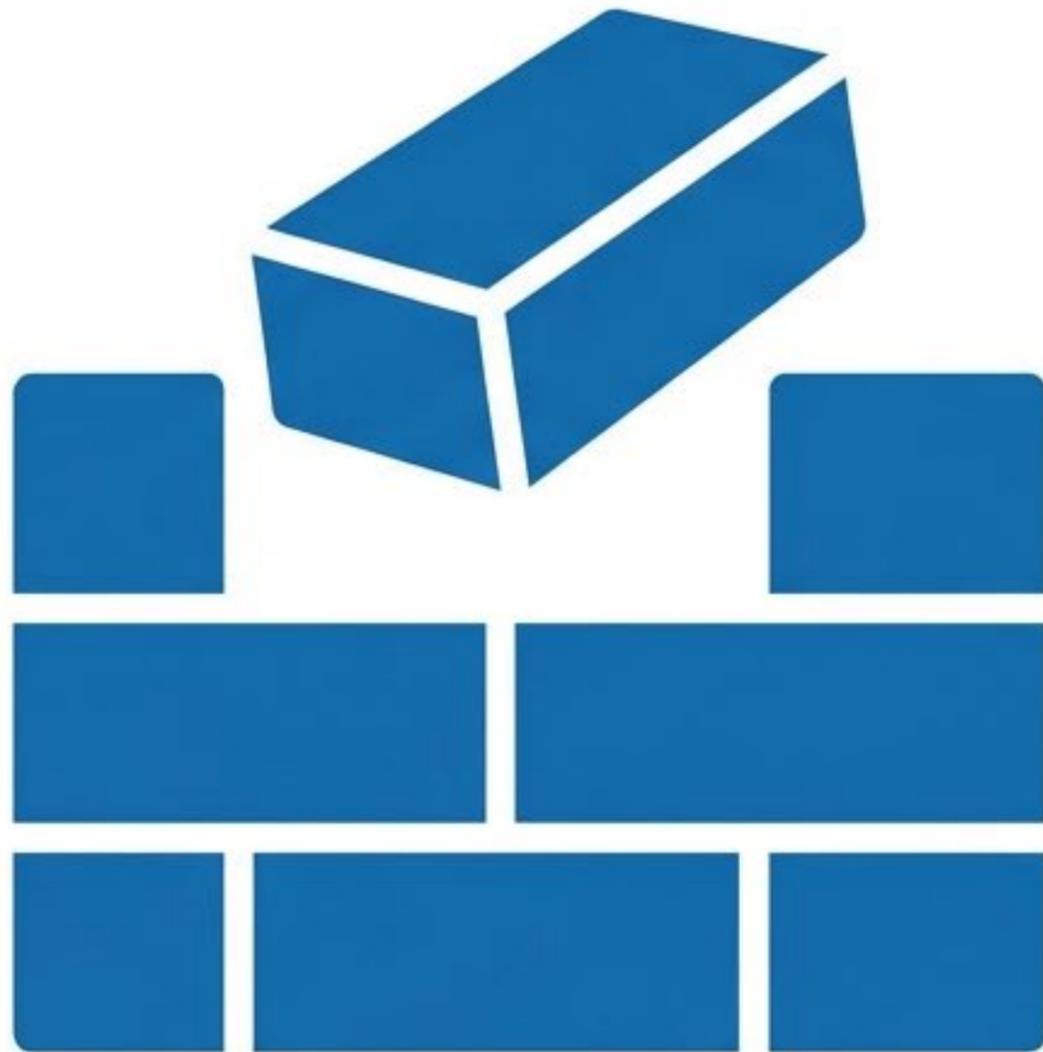


The Goal: Provide transferable knowledge.

When [Condition A] happens, generally look for [Condition B].

In patients with acute pulmonary emboli, assess for right heart strain to choose between anticoagulation and thrombolysis.

Microskill 4: Reinforce What Was Done Well



The Goal: Validate specific behaviors to ensure they are repeated.

Avoid Generic Praise:	→	Good job.
Use Specific Reinforcement:	→	You considered the patient's finances when choosing this med; that ensures compliance.

Microskill 5: Correct Mistakes



The Goal: Timely, specific, and constructive correction.

Errors left uncorrected are repeated. Learners desire negative feedback for growth—if it is specific.

Example: I agree the colonoscopy was normal, and we cannot ignore the new unexplained anemia.

The 5-Second Challenge



Next time a learner stops presenting...

- ...**wait 5 seconds.**
- ...**Resist the urge** to ask for data.
- ...Ask: “What do YOU think is going on?”

Clinical Lab: Case 1 - The Nervous Student



Scenario: A 2-year-old child with a bad cough.

Learner: 4th-year Medical Student. Excellent knowledge, but nervous and disorganized.

The Moment: Student stops presenting, looks panicked, and waits for you.

Clinical Lab: Case 1 - The Nervous Student



Scenario: A 2-year-old child with a bad cough.

Learner: 4th-year Medical Student. Excellent knowledge, but nervous and disorganized.

The Moment: Student stops presenting, looks panicked, and waits for you.

Challenge: Apply Step 1 (Get a Commitment).

Applying the Model: Case 1 Debrief

Traditional Response

“Well, does the child have a fever? How is the hydration?”
(Rescue mode)

OMP Response

“I see the data you've collected. Based on this, what do you think is going on?”

Force the commitment to help organize their thinking.

Clinical Lab: Case-3 The Dismissive Student



Scenario: Post-op patient with fever. Nurse is concerned.

Learner: Student, tired from night shift. **Dismisses** nurse's concern.

Clinical Lab: Case-3 The Dismissive Student



Scenario: Post-op patient with fever. Nurse is concerned.

Learner: Student, tired from night shift. **Dismisses** nurse's concern.

Challenge: Apply **Step 5** (Correct Mistakes).

The Impact on Feedback Quality



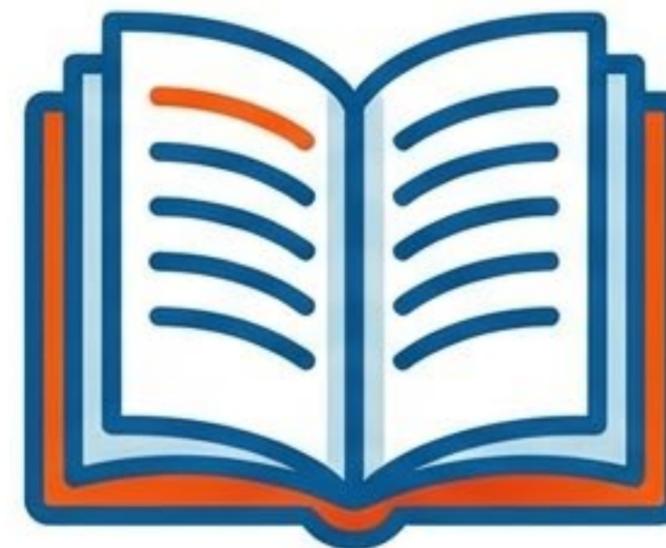
Specific Feedback

Doubles the amount of specific feedback provided.



Corrective Feedback

Significantly increases constructive negative feedback (which learners desire).



Motivation

Learners report increased motivation for outside reading.

Overcoming Barriers



Barrier: “No Time”

Reframing: OMP prevents the data dump, saving minutes.



Barrier: “I Don’t Know”

Reframing: Role model how to find answers together.



Barrier: “Student too Junior”

Reframing: Adjust the commitment question (e.g., ask about anatomy).

Barriers to Feedback

“The learners already know how they are doing.”

“I don’t have time.”

“That must have been an anomaly.”

“I’m not used to this. I feel awkward.”

“Learners get defensive.”

“Learner not ready to receive.”

“Who/what are you comparing them to?”

Direct Observation - What is it?

- Carefully and purposefully watching and listening to a learner as they work through a patient encounter

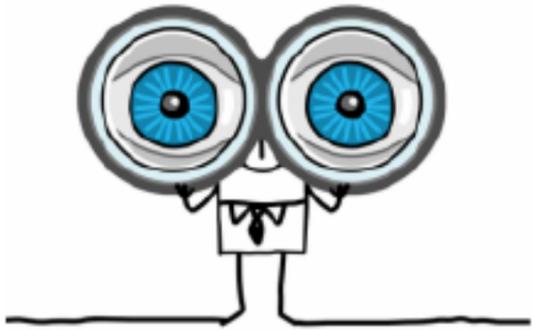


Direct Observation - What if we don't do it?



Direct Observation - Tips for a busy practice

- Consider purposefully observing certain aspects of the patient-learner interaction during a given clinic
 - If working with a student:
 - **First patient** of the morning or afternoon session, go in with the student and observe them **gathering the HPI** for the main concern (or a concern)
 - Have the student **actively observe** the way you ask a focused ROS (to discuss later) and have them tell you what sort of **physical exams** should be performed



Direct Observation - Tips for a busy practice

- If working with a **student** (continued)
 - If having them participate in a **health maintenance visit** (annual exam) seems overwhelming, observe them asking the patient about their immunization status, cancer screenings, risk factors, or preventive medications
 - Ask if the student is comfortable giving **anticipatory guidance** re: when to follow-up if an infection isn't improving or if a treatment isn't helping



Direct Observation - Tips

- Remember to observe *not* interpret
 - Clinician's are used to making **rapid interpretations** given the various facets of a patient encounter they are observing
 - Need to slow down your thinking process and see the learner in action
 - Need to see and hear what and how they have done something and then **describe the behaviors** you've observed (avoid judgements!)





Summary Checklist

The One-Minute Preceptor

- 1. Get a Commitment**
- 2. Probe** for Supporting Evidence
- 3. Teach** General Rules
- 4. Reinforce** What Was Done Well
- 5. Correct** Mistakes

Call on Sunday Generates Rounds on Monday

Q & A

Discussion and Experiences



References & Resources

1. Neher JO, et al. A five-step 'microskills' model of clinical teaching. J Am Board Fam Pract.
2. Aagaard E, et al. Effectiveness of the one-minute preceptor model. Acad Med.
3. Furney SL, et al. Teaching the One-Minute Preceptor. J Gen Intern Med.
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