

**Table 1. One-Minute Preceptor User’s Guide**

<p><b>Step 1. Getting a commitment</b></p> <ul style="list-style-type: none"><li>• <b>Goal:</b> The resident should internally process the information they gathered to create an assessment of the situation.<sup>3</sup> Learners can be asked to commit to primary or alternative diagnoses, next diagnostic step or potential therapies.<sup>18</sup></li><li>• <b>Approaches to initiate step:</b> This step is usually initiated following the learner presentation. This questioning can evolve through longitudinal experiences with the same learner.<ul style="list-style-type: none"><li>• “What do you think is the most likely diagnosis for this patient?<sup>2</sup>”</li><li>• “What do you think is going on with this patient?<sup>3</sup>”</li><li>• “I like you’re thinking that this might be pneumonia, what other diagnoses are you considering?<sup>2</sup>”</li><li>• “What laboratory tests do you feel are indicated?<sup>3</sup>”</li><li>• “What would you do for this patient if I weren’t here?”<ul style="list-style-type: none"><li>▪ (to decrease pressure of “the ideal” answer)<sup>18</sup></li></ul></li></ul></li><li>• <b>Learner deficit identified:</b> Failing to commit could indicate difficulty processing the information, fear of exposing a weakness or dependance on the opinions of others.<sup>3</sup> Alternatively, the learner might not have integrated some relevant information they had gathered, which could suggest lack of content knowledge.<sup>2,17</sup></li><li>• <b>Possible remedy for identified learner deficit:</b> Assuming a safe environment, this identified mistake in processing is a teaching opportunity.<sup>3</sup> The next step will help elucidate if that teaching point should focus on the learner’s processing, a knowledge deficit, or the need for hypothesis-driven data gathering.</li><li>• <b>Facilitators for success:</b><ul style="list-style-type: none"><li>• Create a safe and supportive environment to allow the learner to feel comfortable being vulnerable to make a commitment instead of more safely staying quiet.<sup>3</sup></li><li>• If necessary for patient care, preceptors can ask a few brief clarifying questions. This should be limited at this stage, as too much questioning highlights the preceptor’s thought process rather than the learner’s.<sup>3</sup> These questions are more appropriate later in the process.</li><li>• Learners should be gently pushed to make a commitment just beyond their level of comfort.<sup>18</sup></li></ul></li></ul>
<p><b>Step 2. Probing for supporting evidence</b></p> <ul style="list-style-type: none"><li>• <b>Goal:</b> Help learners reflect on their reasoning to identify process or knowledge gaps.<sup>17</sup></li><li>• <b>Approaches to initiate step:</b> Open-ended questions aimed at having the learner identify information used to arrive at their commitment:<ul style="list-style-type: none"><li>• “Why do you think that is the most likely diagnosis?<sup>2</sup>”</li><li>• “What were the major findings that led to your diagnosis?<sup>3</sup>”</li><li>• “Did you consider any other diagnoses based on the patient’s presentation and exam?<sup>2</sup>”</li><li>• “How did you rule those things out?<sup>17</sup>”</li><li>• “Why did you choose that particular medication?<sup>17</sup>”</li></ul></li></ul>

- **Learner deficit identified:** Probing allows clear evaluation of learner's knowledge and clinical reasoning and identification of gaps and deficits.
- **Possible remedy for identified learner deficit:** Any deficits (either knowledge or reasoning) identified in this step can serve as content for the next step, "teaching a general rule".<sup>17</sup>
- **Facilitators for success:**
  - Preceptors should avoid passing judgement or talking and teaching immediately.<sup>3</sup> By listening and learning which facts support the learner's commitment, the teaching point can be tailored to the learner. This decreases the likelihood of general teaching that might repeat areas the learner already knows.<sup>3</sup>
  - Maintain a supportive environment.

### Step 3. Teaching a general rule

- **Goal:** Preceptor shares expertise with a relevant and succinct learning point based on what the preceptor learned about the learner's knowledge and deficits.<sup>3</sup>
- **Approaches to initiate step:** Direct statements work well:
  - "There was a recent journal article indicating that children with otitis media do not necessarily require antibiotics, unless they meet certain criteria..."
  - "In elderly people with confusion, it is important to ask about recent medication changes."
  - "Following an uncomplicated vaginal delivery, our standard of care is a follow-up contact within 3-weeks."
- **Facilitators for success:**
  - This step can be skipped if the resident has performed well, and no gaps are obvious, or if more information is needed for a decision.<sup>3</sup> The saved time can be spent gathering additional information with the patient.
  - Generalizable and succinct "take-home" teaching points relevant to the patient are preferred to complete lectures or descriptions of preceptor preferences.<sup>3,17</sup> Topics can include disease-specific features, patient-specific management decisions, or areas for follow-up.<sup>18</sup>
  - If during the probing step, you identify larger knowledge gaps it might be more appropriate to assign more comprehensive reading or plan a slightly longer discussion for a later time.<sup>18</sup>

### Step 4. Reinforcing what the learner did well

- **Goal:** Recognize, validate and encourage certain behaviors. Appropriately build learner confidence.<sup>3</sup>
- **Approaches to initiate step:** A timely, direct, specific statement that is based on the behavior directly observed by the preceptor is ideal.<sup>4,17</sup> Asking the learner what they felt they did well is an effective place to start.<sup>18</sup>
  - "I was impressed with how you obtained a thorough social history on our patient and noted that smoke exposure at home may be exacerbating her asthma."
- **Facilitators for success:**

- Aim for specific statements which are more helpful than general praise.<sup>3</sup> Brief positive statements can be integrated into the questions from the preceding steps as well.<sup>17</sup> (During “probing for evidence”: “Asking about travel history was a great thought, what was your motivation?”)

### Step 5. Correcting mistakes

- **Goal:** Tactfully improve learner performance.<sup>3</sup>
- **Approaches to initiate step:** A timely, direct, specific statement is helpful.<sup>4</sup> Asking the learner where they feel they could improve can help the preceptor start the conversation starting from where the learner feels they are.<sup>3,4,18</sup>
  - “A thorough skin exam is important in every patient. Noting his Janeway lesions may have brought endocarditis to the list of his potential diagnoses.”
- **Facilitators for success:**
  - Maintain a collaborative and psychologically safe environment.<sup>4</sup> “Focus on the decision, not the decision-maker<sup>4</sup>.” Finding the right moment and setting for this part is helpful for success.<sup>3,4</sup> The most effective feedback occurs in quiet, relaxed areas soon after the observed performance.<sup>3,4</sup> This can be challenging as the clinical environment is unpredictable and often fairly public.
  - Asking students ahead of time how and when they want to receive feedback can be very helpful.<sup>18</sup>
  - Very specific feedback for areas of improvement is more actionable and measurable than general criticism.<sup>4</sup> Concrete improvement suggestions can move this delicate conversation in a positive direction; general criticism can impair the supportive and trusting environment.
  - Faculty development efforts can be helpful for successful implementation.