

5 steps to the “One Minute Preceptor”

Don't overdo it...it's only supposed to take a minute!

Get a commitment: **What** do you think is going on? **What** do you want to do?

Probe for supporting evidence: **Why** did you choose that diagnosis or plan?

Teach a general rule: **In general**, when you see ____, you should do ____.

Reinforce the good: **You were right to** _____.

Correct mistakes: **Next time**, try _____.

The key is NOT asking too many questions...This is a teaching tool to quickly assess reasoning, teach a pearl, and give on the spot feedback.

In your small group, pick one learner and one attending.

Prep the case as a group—think about some potential general rules you could teach about this case. Think of something the learner did well and what to do next time.

Then get in character and practice the steps.

Dyspepsia—It isn't always GERD (Learner: 3rd year student-intern)

Learner: *delivers presentation to attending*

So, this is a 68-year-old man who has had 6 mos of epigastric pain—comes and goes but occurs almost daily. Has tried Tums and sporadic OTC ranitidine but still there. The pain is vague—non-radiating, lasts an hour, sometimes after eating, but hasn't identified triggering foods. Says he's lost about 10 pounds. He has also has nausea but no vomiting. His wife thinks it's H. Pylori--apparently she was just treated for that and is better.

PMH: Osteoarthritis

Social Hx: Doesn't smoke or drink.

Physical exam: Vitals normal, well appearing. Abdominal exam: tender in the epigastric area, otherwise normal. No jaundice, negative murphy's sign.

So my A/P-- Maybe he does have H. Pylori... I guess we should test him for that and switch him to a PPI.

Get a commitment:

Probe for supporting evidence:

Learner responds: I read that you should treat H. Pylori in people with dyspepsia.

Teach a general rule:

Reinforce the good:

Correct mistakes:

Case 2: The case of the vanishing platelets Learner: Intern—resident

Set up: A 25-year old woman has a CBC performed for fatigue and easy bruising. Her platelet count is 25,000.

Learner: *Reporting to attending*

This is an otherwise healthy woman who came in with fatigue and easy bruising. No excess bleeding. No significant past medical history. White blood count is normal, her hemoglobin is 12. Looked up old labs and her platelet count was normal 6 months ago at a post-partum visit. I'm worried this could be something bad..

Get a commitment:

Learner responds: **This could be ITP.**

Probe for supporting evidence:

Learner responds: **Well, her platelet count is low, and she doesn't have anemia or anything to make me think of leukemia.**

Teach a general rule:

Reinforce the good:

Correct mistakes:

Case 3: Skin boil

Learner: I just saw a 16-year old girl with a sore, red area on her left thigh. It has been there for about 10 days, no known preceding trauma or bug bite. She has had boils before but this one doesn't seem to be going away. It's also spreading—getting red all the way down to her knee. No fever, no past medical history, on no meds.

On exam, she is afebrile, vitals normal. There is a 2 cm area that is raised, and a patch of redness/induration about 5 cm. I think I feel a little fluctuance in the center. Not sure if this is cellulitis or needs drained, or maybe she just needs admitted...it looks kinda bad. Ooh, I could ultrasound it!

Get a commitment:

Learner: I think this an abscess. I want to admit her for IV abx and do an I&D.

Probe for supporting evidence:

Learner: I just thought that we always admit people with cellulitis and give them vanc until cultures are back.

Teach a general rule:

Reinforce the good:

Correct mistakes: