## "One Minute Preceptor" Model for Clinical Teaching

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Neher JO et al. J Am Board Fam Pract. 1992, PMID 1496899; Pascoe JM, et al. J Hosp Med. 2015, PMID 25627348.

Background: A teaching model that focuses on 5 "micro-skills" (discrete teaching behaviors) that are used sequentially in precepting encounters. Although it was originally developed for the outpatient setting, this model can be used in a variety of clinical situations that include case presentations, management decisions, and procedures.

Step	Objective	Approach	Practical Examples
Nickel down	Get a commitment from the learner	Have learner commit to an aspect of the case that is beyond his/her comfort level.	"What do you think is going on?" "What labs/testing should we get?" "Which type of suture should we use for this laceration?"
Evidence	Probe for supporting evidence	Explore the basis of the opinion by probing for evidence. Ask questions to understand the learner's rationale.	"Which parts of the exam pointed you towards CHF?" "What are you looking for on an EKG in those with syncope?" "On what other parts of the body would we use this size suture?"
Rules	Teach general rules	Teach a brief and focused, <i>general rule</i> related to the encounter.	"A S3 on clinical exam is very specific for CHF." "Prolonged QT, delta waves, and nodal blockade are important EKG findings in syncope."
Do	Reinforce what was done right	Reinforce positive behavior that exhibited knowledge, skills, or attitudes that were valuable in this case.	"Your use of excellent pertinent negatives clearly showed me that PE and ACS were less likely." "The closer spacing you used with the 5-0 suture was spot on."
Stop	Correct mistakes	Give one specific, constructive criticism/tip that can identify an area of improvement.	"It is important to consider medications when thinking about prolonged QT on EKG." "Remember to ask about tetanus status in all patients who present with lacerations."

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## NERDS mnemonic: 5 easy-to-remember steps

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