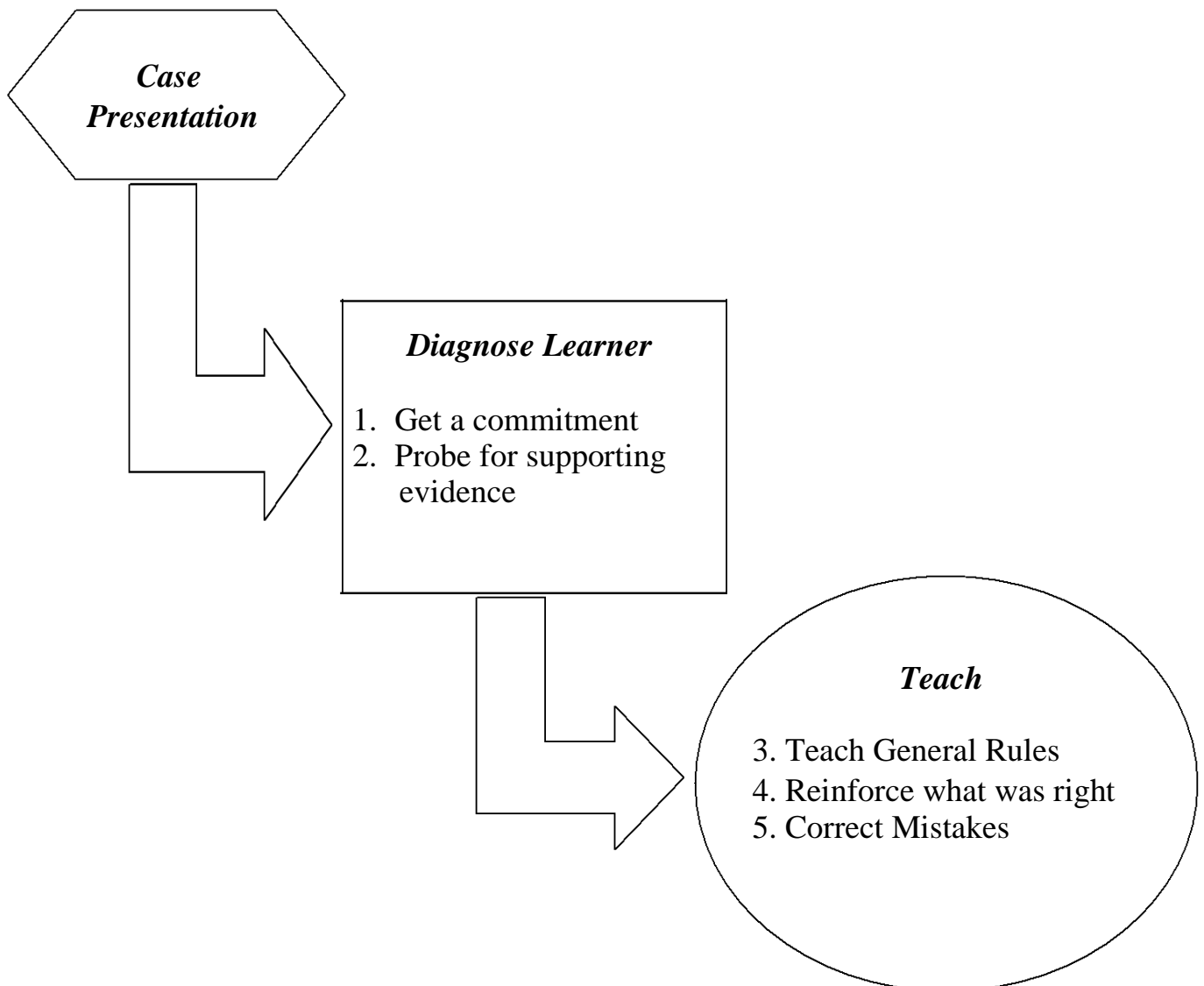


# The Five Microskills for Clinical Teaching

## AKA: One Minute Preceptor

This practical teaching technique, composed of 5 consecutive “microskills” or steps, is based on many of the principles of adult learning. It is a great technique to use when you’re teaching 1 on 1 and when time is limited.

1. Get a commitment – *What do you think is going on?*
2. Probe for supporting evidence – *What led you to that conclusion?*
3. Teach general rules – *when this happens, do this...*
4. Reinforce what was right – *Specifically, you did an excellent job of...*
5. Correct Mistakes – *Next time this happens, try this...*



## **Microskill 1: Get A Commitment**

### **Cue:**

After presenting the facts of the case to you, your learner either waits for your response or asks for your guidance. He/she does not offer a thought about how to proceed.

### **Response:**

You want to learn what the learner is thinking about the case. Don't tell the learner what to do! Instead, ask the learner to state what s/he thinks about the issue presented.

#### **Examples of questions likely to get a commitment:**

- What do you think is going on with this patient?*
- Why do you think the patient has been non-adherent with medications?*
- What do you want to do next in the work-up?*
- What do you want to accomplish during this hospitalization?*

#### **Examples of questions not likely to get a commitment:**

- Sounds like pneumonia, don't you think?*
- Anything else?*
- Did you find out which symptoms came first?*

### **Rationale:**

Asking learners how they interpret the data is the first step in diagnosing their learning needs. Without adequate information regarding the learner's knowledge, teaching might be misdirected and unhelpful. When encouraged to offer their suggestions, learners not only feel more of the responsibility for patient care but enjoy a more collaborative role in the resolution of the problem.

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## **Microskill 2: Probe for Supporting Evidence**

### **Cue:**

The learner has stated his/her opinion and looks to you to either confirm the opinion or to suggest an alternative.

### **Response:**

You may or may not agree with the opinion and your instinct is to tell them outright what you think about the case. Avoid your instinct to tell them whether or not you agree. Instead, ask questions to better understand their reasoning. Their knowledge may not be evident before this step. You are taking the opportunity to evaluate them while allowing them to think through the case.

#### **Helpful Approaches**

- What are the major findings that led to your conclusions?*
- What else did you consider?*
- Why did you rule out that choice?*

#### **Non-helpful Approaches**

- I disagree. Do you have any other ideas?*
- This seems like a classic case of....*
- What were her vital signs?*

### **Rationale:**

Learners proceed with problem solving logically from their knowledge and data base. Asking them to reveal their thought processes allows you both to find out what they know and to identify where there are gaps. Without this information, you may assume they know more or less than they do, and risk targeting your instruction inefficiently.

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## **Microskill 3: Teach General Rules**

**Cue:**

You have evaluated what this learner knows and what he/she needs to learn about.

**Response:**

Use this opportunity to provide the learner with some general concepts or principles related to the case. The learner can then apply these concepts to other patients in the future. I.e: When this happens, do this...

**Helpful Approaches**

*-If the patient only has cellulites, incision and drainage are not possible. You have to wait until the area becomes fluctuant to drain it.*

*-Patients with UTI usually experience pain with urination, increased frequency and urgency.*

**Non-helpful Approaches**

*-This patient has heart failure and needs diuresis. Don't start the beta blocker now.*

*-I'm convinced that we need aspiration for culture.*

**Rationale:**

Instruction is both more memorable and more transferable if it is offered as a general rule or a guiding metaphor. Learners value approaches that are stated as more standardized approaches for a class of problems or as key features of a particular diagnosis. Targeting your instruction minimizes the risk of misjudging the learner's sophistication on the topic - resulting in either insulting or losing him/her, and wasting both of your time.

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## **Microskill 4: Reinforce What They Did Right**

**Cue:**

Your learner may or may not know what aspect of his/her reasoning/management plan/diagnostic strategy/presentation style was effective. Make sure to let the learner know, specifically, what was correct and effective.

**Response:**

Take the first chance you find to comment on: 1) the specific good work and 2) the effect it had.

**Helpful Approaches**

*-You did a very thorough job evaluating the patient's abdominal complaints. Identifying the combination of anemia and blood in the stool was critical in making the diagnosis of colon cancer.*

*-You considered the patient's finances in your selection of drugs. Your sensitivity to cost will likely contribute to his adherence.*

**Non-helpful Approaches**

*-You are right. That was a good decision.*

*-Nice presentation.*

**Rationale:**

Some good actions are pure luck, others are more deliberate. In either case, skills in learners are not well established and are, therefore, "vulnerable." Unless reinforced, competencies may never be firmly established.

## **Microskill 5: Correct Mistakes**

**Cue:**

The learner's work has demonstrated mistakes (omissions, distortions, or misunderstandings) that have or will have an impact on the patient's care, the team's functioning, or the learner's own effectiveness.

**Response:**

As soon after the mistake as possible, find an appropriate time and place to discuss what was wrong and how to avoid or correct the error in the future. Allow the learner a chance to critique his/her performance first.

**Helpful Approaches**

*-I agree that the patient has an alcohol use disorder, though we still need to do a careful history and physical exam before we make any recommendations.*

**Non-helpful Approaches**

*-You did what? What were you thinking?*

**Rationale:**

Mistakes left unattended have a good chance of being repeated. By allowing the person the first chance to discuss what was wrong and what could be done differently in the future, you are in a better position to assess both their knowledge and standards.

-Learners who are aware of their mistakes and know what to do differently in the future need only to be reinforced.

-Learners who are aware of their mistakes but unsure of how to avoid the situation in the future are very likely to be in a "teachable moment" (they are eager for and appreciate tips that will help them get out of or avoid the uncomfortable situation in the future).

-Learners who are unaware that they made a mistake or are unwilling to admit the error are more troublesome. They have not seen that their action has an undesirable consequence. In order to maximize learning for them, detailing the negative effect as well as the correction are both essential for effective feedback.

Adapted by A.Nafisi on 9/2019 from: University of Alabama at Birmingham, School of Medicine, Five Clinical Microskills

**Microskills Simulation #1**

*You are an intern presenting to your resident this patient being admitted from the ED*

Mr. S is a 52-year-old woman with a history of HTN who was brought to the ED by EMS because she was having chest tightness for 3 hours. The chest tightness started while she was watching TV. It didn't radiate and she didn't have diaphoresis or nausea with it. She did have a little shortness of breath. She rated the discomfort a 4/10 and it resolved with oxygen in the ambulance. She hasn't had any recent shortness of breath and has pretty good exercise tolerance. She says that she has been under a lot of stress at work recently. She has a FH of CAD: her father had bypass surgery at age 60 and her brother had an MI at age 46. She was admitted for similar symptoms 1 year ago. Her stress test was normal then but it was submaximal because she stopped from fatigue. Her exam, EKG, and troponin were all normal. She is being admitted to telemetry. I don't think that her pain is cardiac, it's probably stress. What do you think?

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### **Microskills Simulation #2**

*You are an intern presenting a patient in clinic to your preceptor.*

I just saw a 55-year-old man with HTN and DM who is here for 3 months follow up of his diabetes. He reports feeling well, though forgot to bring in his medications and glucose log. He's not sure how many units of insulin he is injecting, though he reports injecting it daily. He is supposed to be taking Glargine 65units daily. His vital signs are normal and exam is unremarkable. His last A1c is 12.4 from last week, roughly stable from 3 months ago. His A1c has been above 11 for at least the last 3 years. Should I increase his Glargine to 68 units today?

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### **Microskills Simulation #3**

*You are a resident presenting this patient to your attending in clinic.*

43-year-old woman with HTN who is here for RLQ abdominal pain. She reports pain started 1 day ago, 10/10 pain, x 1 day, OTC pain meds have not helped. She is eating normally, has no fevers, chills or vomiting. She has a NL BM this AM. She has never had surgery and has never been pregnant. She is not sure when her LMP was, though reports some menstrual bleeding today. She has a new boyfriend and they use condoms most of the time. Never had anything like this before. I was going to send this patient to the ED for more testing.