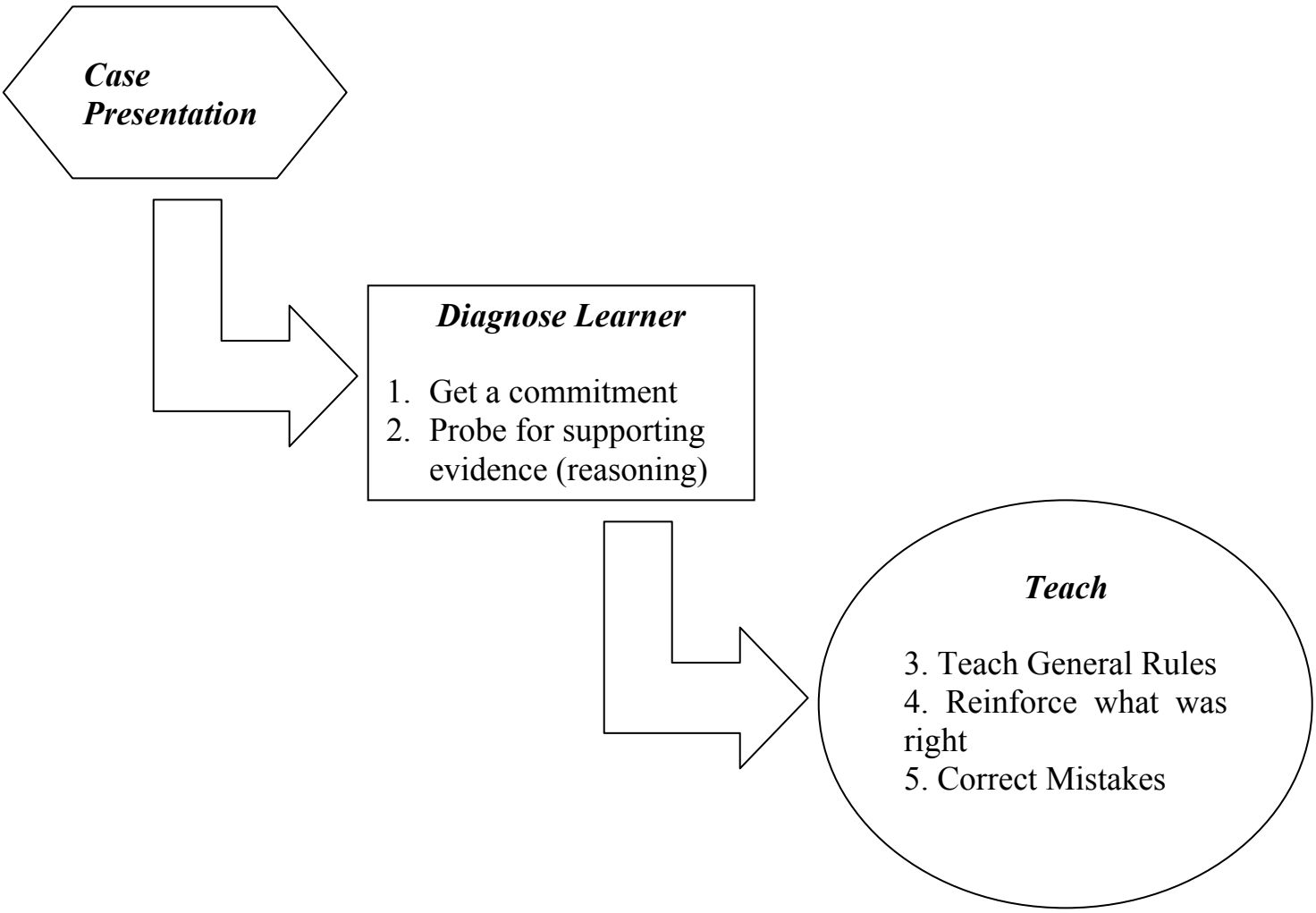
The Five Microskills for Clinical Teaching

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 (it is also called the one minute preceptor).

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

This step is necessary when your leaner either waits for your response or asks for your guidance. You want learn what they are thinking about the case.

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-compliant?
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?

Microskill 2: Probe for Supporting Evidence

Once the learner has stated his/her opinion, you want to avoid your instinct to tell them whether you agree or not. Instead, ask questions to find out their reasoning behind their opinion. 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?

Microskill 3: Teach General Rules

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

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, and they may have hematuria. The urinalysis should show bacteria and wbcs and may also have some rbcs.

Non-helpful Approaches

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

I'm convinced that to diagnose cellulites you need an aspiration for culture.

Microskill 4: Reinforce What They Did Right

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.

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 compliance.

Non-helpful Approaches

You are right. That was a good decision.

Nice presentation.

Microskill 5: Correct Mistakes

If the learner has made a mistake or needs improvement, it is crucial to his/her learning that you address it. You might want to let the learner critique him/herself first then offer your specific observations and ideas for improvement.

Helpful Approaches

I agree that the patient is probably drug seeking, but 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?

Materials in this section were mainly adapted from Neher JO, Gordon CC, Meyer B, Stevens N. A Five-Step "Microskills" Model of Clinical Teaching. Journal of the American Board of Family Practice. 1992 and from the Instructor's Guide for Teaching Residents to Teach. Gary Dunnington, MD and Debra DaRosa, PhD. Association for Surgical Education.