TCU | BURNETT SCHOOL *of* MEDICINE

Physician Faculty Resource Guide for Student Rotations

2025

One-Minute Preceptor

Authored by: PAEA's Committee on Clinical Education

The One-Minute Preceptor teaching method guides the preceptor–student encounter via five microskills. This approach is a quick teaching technique that promotes timely feedback and knowledge assessment of students. Among this instructional method's advantages are: increased engagement with patients, an improvement in the students' clinical reasoning, and the student receiving succinct, excellent feedback from the preceptor.

When to use this: During the "pregnant pause" (i.e., when you find yourself wanting to rush things along and give the students the answer, rather than asking for their thoughts)

What not to do: Ask the student for more information about the case or fill in all of the gaps that you noted in the student's knowledge base and presentation skills at once

Microskills

1 Get a Commitment

Focus on one learning point. Encourage students to develop their critical thinking and clinical reasoning skills. Actively engage the student, establishing their readiness and level of competence. Push the student just beyond their comfort zone and encourage them to make a decision about something, be it a diagnosis or a plan. Ex: "So, tell me what you think is going on with this patient."

2 Probe for Supporting Evidence

Uncover the basis for the student's decision — was it a guess or was it based on a reasonable foundation of knowledge? Establish the student's readiness and level of competency. Ex: "What other factors in the HPI support your diagnosis?"

3 Reinforce What Was Done Well

The student might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes. Ex: "You kept in mind the patient's finances when you chose a medication, which will foster compliance, thereby decreasing the risk of antibiotic resistance."

4 Give Guidance About Errors or Omissions

Approach the student respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, students may never discover that they are making these errors and hence repeat them. Ex: "I agree, at some point PFTs will be helpful, but when the patient is acutely ill, the results likely won't reflect his baseline. We could gain some important information with a peak flow and pulse ox instead."

5 Teach a General Principle

Sharing a pearl of wisdom is your opportunity to shine, so embrace the moment! Students will apply what is shared to future experiences. Students tend to recall guiding principles, and often the individual patient may serve as a cue to recall a general rule that was taught. Ex: "Deciding whether or not someone with a sore throat should be started on empiric antibiotics prior to culture results can be challenging. Fortunately, there are some tested criteria that can help..."

Summarize: Consider summarizing or concluding, ending with next steps (e.g., plan for the patient, reading assignment for the student, schedule for follow-up with the student, etc.).

Reference: Neher J, Gordon K, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. Journal of American Board of Family Practice, 1992; 5: 419–424.

RIME Framework

Adapted from: UNC School of Medicine

The RIME Framework is used by faculty as a preceptor to monitor student progress and provide proper feedback. As students learn and grow in knowledge, skills, and attitudes they pass through four stages: Reporter, Interpreter, Manager, Educator. Each stages requires different integration of their knowledge, skills and attitudes .

Reporter

Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters are able to distinguish important information from unimportant information and are able to focus data collection and presentation on central issues. It is expected that all students will function as master Reporters (and be transitioning into beginning Interpreters) by the end of the clerkship.

Interpreter

Interpreters are able to identify problems independently and to prioritize problems, including new problems, as they arise. Interpreters are able to develop a differential diagnosis independently and to make a case for and against each of the important diagnoses under consideration for a patient's central problem(s). Helping students make the transition from Reporter to Interpreter is one of the focal efforts of the clerkship. All students are expected to show significant progress in this area; students should continue making progress in this stage during the rest of their 3rd year clerkships.

Manager

Managers are able to develop and defend a diagnostic and a therapeutic plan for each of their patients' central problem(s). Managers are able to utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient's circumstances. While some students will acquire sufficient knowledge, skills, and confidence to function as Managers for some of their patients in the latter part of the clerkship, not all will make this transition. The transition from Interpreter to Manager is one of the goals of the fourth year Acting Internship.

Educator

Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality of this evidence. Educators take a share in educating the rest of the team. The transition from Manager to Educator is usually completed during Internship and Residency.

Summary

The RIME model provides a framework and terminology for describing the professional growth of medical students. Students should use it to monitor their own progress and residents and faculty should use it to monitor student progress and to provide appropriate feedback.

12 Tips To Deliver Meaningful Feedback

Adapted from: <u>Twelve Tips for Clinical Preceptors to Deliver Meaningful Feedback</u>

1 Closing the Gap

Feedback is intended to help the learner close the gap between current and expected performance.

2 Adhering to the Learning Cycle

Without adequate feedback, students are deprived of a crucial part of the learning cycle, thus preventing the change in attitude, knowledge, or behavior that signifies learning.

3 4 Aspects of Feedback

Feedback is comprised of four different aspects: task, process, self-regulation, and the person.

4 The Right Conditions for Feedback

Feedback is most effective for a student when it comes from an assessor they trust. The student also needs to be in a frame of mind that is conducive to learning and self-improvement in order for feedback to have the best impact.

5 The Demonstration and Feedback Process

An assessor should first know the student's current level of knowledge. First, for a novice attempt, the instructor should demonstrate the task while the learner observes, followed by imitation by the learner. After the imitation, the instructor should critique the learner's performance. If the learner performs successfully, this should lead to reflection and review; if not, the learner would repeat the task again.

6 Establishing Self-Efficacy

Self-efficacy is the belief in your own ability to achieve learning or performance standards. Learners improve their self-efficacy through goal processing, self-evaluation, and/or adequately performing a procedure rather than through product goals or mimicking a polished demonstration. The learning the process is more impactful than rushing through the details to get to the final product.

7   The Effect of Grades

Grades had a mixed effect on a student's self-efficacy: they served as a motivational tool for some but actually caused a reduction of effort for others. Students with low self-esteem may struggle to handle their emotions related to grades and may need to develop a system for stress management.

8   Utilizing Video Examples

Showing students an exemplary video of how a task or procedure is to be completed is also an effective way to teach. Exemplifying your standards for students is more effective than simply writing them out to be read and expecting them to be followed.

9   The Importance of Self-Regulation

Self-regulation is comprised of three aspects that an individual monitors: self-judgment, and self-reaction, and self-observation: the deliberate attention a learner uses to regulate their behaviors, internal standards, and goals. A learner cannot manage their own motivation or actions if they are not cognizant of their actions.

10   When to Perform Self-Regulation

Instead of having learners perform self-regulated steps during a task, preceptors should instruct learners to perform self-regulated steps both before and after the task. The learner will benefit from this by emerging with a deeper cognitive understanding of their own abilities and progress, which establishes a foundation for future learning comprehension..

11   Student-Driven Goal Setting

Goal setting is a powerful tool in self-regulated learning that allows students to develop their own ability to accept and utilize feedback. A student must determine their own goals that match the progress they wish to achieve, which leads to motivation and finding meaningful purpose in their learning. However, goal setting is not found to be as effective on its own: the student is more likely to succeed by setting goals that are specific, measurable, and clearly defined.

12   Five Conditions for Student Learning

There are five conditions that contribute to an improvement in student learning: receiving active feedback, possessing an active role in learning, recognizing the effect of assessment on students, determining if students are capable of self-assessment, and adjusting teaching to reflect what students have already learned. Students who received feedback in a one-on-one setting with a tutor who provided a personalized learning experience or were immersed in a curriculum that included some type of corrective feedback performed significantly better on tests than those who were not taught using these techniques.

Adapted from: Twelve Tips for Clinical Preceptors to Deliver Meaningful Feedback