

# One-Minute Preceptor with Structural Competency

The One-Minute Preceptor teaching method guides the preceptor-learner encounter via five microskills. This method is a brief teaching tool that fosters assessment of trainee knowledge as well as provision of timely feedback. The strengths of this teaching method include: increased involvement with patients, increased clinical reasoning by the learner, and the learner receiving concise, high-quality feedback from the preceptor.

<b>Microskills</b>	
<p><b>1. Get a Commitment</b> Focus on one learning point. Encourage learners to develop their critical thinking and clinical reasoning skills. Actively engage the learners and push them to make a decision about something, regarding a structural differential for a chief complaint or a plan.</p> <p>Ex: “What structural contributors to health disparities are potentially affecting this patient, and how does that change the problem list?”</p>	<p><b>2. Probe for Supporting Evidence</b> Uncover the basis for the student’s decision - was it a guess or was it based on a reasonable foundation of knowledge? Be sure to discuss structural humility in decision making and check for potential harmful effects from implicit bias.</p> <p>Ex: “I see you chose the lower cost medication to prescribe. How did you come to this decision? What might you want to discuss with your patient when counseling on what medication to start?”</p>
<p><b>3. Reinforce what was done well</b> The learner might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes.</p> <p>Ex: “Good job on incorporating the patient’s housing quality and exposure to environmental pollutants in your differential for cough. This will center potential interventions to mitigate recurrence or progression of the underlying disease.”</p>	<p><b>4. Give Guidance about Errors/Omissions</b> Approach the learner respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, learners may never discover that they are making these errors and hence repeat them.</p> <p>Ex: “I see you mentioned ‘medication non-adherence’ as a reason for your patient’s uncontrolled asthma. Did you probe further? Why is it important to assess for structural factors contributing to your patients’ uncontrolled asthma?”</p>
<p><b>5. Teach Core Structural Competencies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Recognizing the structures that shape clinical interactions</li> <li><input type="checkbox"/> Developing an extra-clinical language of structure</li> <li><input type="checkbox"/> Rearticulating “cultural” presentations in structural terms             <ul style="list-style-type: none"> <li><input type="checkbox"/> Observing and imagining structural interventions</li> <li><input type="checkbox"/> Developing structural humility</li> </ul> </li> </ul>	
<p>Summarize: <b>Consider concluding the learning encounter with reflections and steps. Next steps might include researching interventions at the individual level, clinic level, community level, research or policy level or a reading assignment on health disparities and structural contributors.</b></p>	

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Sources: (1) 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. (2) Metz J, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. *Soc Sci Med*. 2014;103:126-133. doi:10.1016/j.socscimed.2013.06.032