

Teaching on the clock

MITE Monthly Tips
March 2026
Michael Burla, DO

Introduction

Teaching while on shift or in clinic can be challenging when patient care comes first. There are several methods to help streamline both bedside teaching and teaching with limited time in general. In the emergency department, we have a variety of learners including emergency medicine residents, medical students, physician assistant (PA) students, paramedic students, and off service rotators. It is important to acknowledge what level the learner is at prior to patient encounters and where the focus of teaching should be. When a learner's specific needs are understood, a goal for teaching can then be defined. Having a goal for teaching with patient encounters can be applied to all aspects of medicine, whether in an outpatient clinic or during in-patient rounding.

This real time learning is an important tool for teaching, that can demonstrate clinical application to knowledge and further strengthen retention. As already mentioned, there are a variety of methods that have been well described to address teaching with time constraints[1]. I have found that the most important part about being successful is having a method and sticking to it. There are many resources available to us to choose an approach, and in the past I have referred to an article provided by the American Academy of Emergency Medicine (AAEM), authored by Dr. Michael Gottlieb. Illustrated below is some of the aspects I use when teaching on shift.

Approach to teaching with restricted time

- **Assess learner needs beforehand**

Assessing a learner's goals and level of training before working together can help guide teaching while on shift. Typically, I arrive at my shifts a few minutes early, which gives me the opportunity to meet any learners I might be working with. Sometimes it is a new student, or perhaps one I have worked with before. Sometimes it is a resident I have had several shifts within the past. I usually try to gauge what would be of benefit to the learner before the shift starts. For example, sometimes we have rotating students that are interested in a different specialty. In those situations, I often ask what encounters and subjects the student would like to focus on. If the learner does not have specific subjects they would like to learn about, I will often tailor their experience based on what specialty they are interested in from an emergency department perspective.

- **Keep topics or themes selective**

Once I have established what level the learner is at, I try to keep the teaching on shift in a focused manner. It is important to be selective on a topic that can be covered while being interrupted. For instance, if the student was hoping to learn more about neurology, I would focus the topic on one aspect of neurology. An example would be keeping the conversation and learning points on stroke management. This would include how we approach strokes in the emergency department, how to calculate an NIH Stroke Scale, what determines a thrombolytic candidate, what is the window for thrombolytics, and what is the window for thrombectomy for large vessel occlusion. Targeted topics are easier to stay focused on if an interruption occurs while on shift.

- **Use existing teaching frameworks**

There are multiple well-described teaching models that are effective in a short period of time. Some of these include the One-Minute Preceptor Model, ED STAT, and SNAPPS[1]. Each method has a process, and I have found that SNAPPS can be very effective when teaching with patient encounters. Illustrated below is the SNAPPS model.

SNAPPS

The SNAPPS (**Summarize, Narrow Down, Analyze, Probe, Plan, Select**) model can be applied to many encounters in medicine[2-4]. The model is learner-centered focused, with great applicability for medical students and residents.

Learner steps:

1. Summarize a history and physical exam
2. Narrow down the differential to two or three possibilities
3. Analyze the differential by comparing and contrasting
4. Probe teacher uncertainties or alternate approaches
5. Plan the management for the patient
6. Select a case-related problem for further self-directed learning

- **Use existing resources for the student later**

Most of these models include a final step to either apply what was learned for future encounters, or direction on how to continue learning about a particular subject. Self-directed learning can help with spaced repetition and motivation. The ability for students to be successful with self-directed learning has never been more streamlined with the increased access to Free Open Access Medical Education (FOAMed). From an emergency medicine perspective, there are multiple websites that provide this (www.wikiem.org, www.lifeinthefastlane.com, www.aliem.com, etc). Some of these resources have applicability to other specialties, however consulting your respective

professional society could likely point you in the right direction to relevant FOAMed material.

Conclusion

Most physicians, regardless of specialty, will find themselves needing to teach in a short period of time. There are several methods on how to approach teaching with limited time. It is important to find one that works for you and stick with it. For me, the SNAPPS model has made teaching with patient encounters very effective and efficient.

1. Natesan, S., et al., *Clinical Teaching: An Evidence-based Guide to Best Practices from the Council of Emergency Medicine Residency Directors*. West J Emerg Med, 2020. **21**(4): p. 985-998.
2. Wolpaw, T., et al., *Student uncertainties drive teaching during case presentations: more so with SNAPPS*. Acad Med, 2012. **87**(9): p. 1210-7.
3. Wolpaw, T., K.K. Papp, and G. Bordage, *Using SNAPPS to facilitate the expression of clinical reasoning and uncertainties: a randomized comparison group trial*. Acad Med, 2009. **84**(4): p. 517-24.
4. Wolpaw, T.M., D.R. Wolpaw, and K.K. Papp, *SNAPPS: a learner-centered model for outpatient education*. Acad Med, 2003. **78**(9): p. 893-8.