

Letting the Learner Lead: Utilizing the SNAPPS method for outpatient teaching

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Much of patient care takes place in the outpatient setting, making it an important venue for medical education. However this setting also presents unique challenges. The pace of teaching in the clinic is dictated by our tightly scheduled visits. How do we deliver high quality education to students and residents without running an hour behind?

The 6 step SNAPPS method is a framework for patient presentations specifically designed to promote high quality, active learning under the time constraints of clinic. It also flips the script, empowering the learner to direct the educational encounter, while faculty take on a facilitator role. It condenses the reporting of facts and focuses learning on clinical reasoning. This method has been used successfully in all levels of learners. It can be easily taught to faculty and students, and once mastered, can take less time than traditional presentations.

Briefly, the steps are as follows:

1. Summarize briefly the history and findings
2. Narrow the differential to 2-3 relevant possibilities
3. Analyze the differential by comparing and contrasting the possibilities
4. Probe the preceptor by asking questions about uncertainties, difficulties or alternative approaches
5. Plan management for the patient's medical issues
6. Select a case related issue for self-directed learning

Let's go through an example to further illustrate. Our learner is a 4th year medical student who sees a new patient coming for headache. The student gathers a history and completes a relevant exam.

Step 1: She will **summarize** the pertinent findings, spending no more than 3 minutes. The challenge for the student in this step is to avoid recounting the entire patient encounter, but to demonstrate an ability to identify pertinent details.

Step 2: In this step the student is prompted to make a commitment by **narrowing** to the most likely differential. She states that the most likely etiology of the headaches is migraine, however tension headaches and idiopathic intracranial hypertension (IIH) are also possibilities.

Step 3: The student **analyzes** the differential. The throbbing character of the headache, as well as associated nausea and photophobia and positive family history support a diagnosis of migraine. However, the bimodal location makes the student think about tension headache and the patient did endorse stress and muscle tension as headache triggers. The student also considered IIH

because sometimes the headaches are worse upon waking and the patient endorses recent weight gain.

Step 4: Now the student will **probe** the preceptor with the goal of filling in any self-identified gaps in knowledge or skills. She may ask if there are any other “do not miss” diagnoses that should be added, which prompts a brief discussion of venous sinus thrombosis. The student also shares that she was unable to visualize the fundus on ophthalmologic exam and she would like help with that skill. The value of this step is that it focuses the teaching on the highest yield issues for the individual learner.

Step 5: At this point the student shares her **plan** for patient management. Along with the preceptor, they will rule out increased intracranial pressure by making sure there is no papilledema. They will counsel on lifestyle factors to reduce headache triggers. The patient has failed first line migraine treatments so she is a candidate for the newer migraine medications.

Step 6: The student **selects** the topic of anti-CGRP treatments in migraine for self-directed reading. The key is to keep the topic narrow, rather than reading about headache in general. Reading should also be done as soon as possible after the patient encounter. Students should be in a habit of targeted reading every evening after clinic.

The SNAPPS presentation method is an effective tool to achieve high quality medical education under time constraints. It is very useful in the clinic but can make inpatient rounds more efficient as well. It requires some practice on the part of learners and preceptors to maximize efficiency but the initial training on the method takes only minutes.

References

Wolpaw, Terry M MD; Wolpaw, Daniel R MD; Papp, Klara K PhD. SNAPPS: A Learner-centered Model for Outpatient Education. *Academic Medicine* 78(9):p 893-898, September 2003.

Jain, V., Rao, S. & Jinadani, M. Effectiveness of SNAPPS for improving clinical reasoning in postgraduates: randomized controlled trial. *BMC Med Educ* 19, 224 (2019).

[3 Minute video demonstrating how to instruct a learner in this method](#)

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