

SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education

Authored by: PAEA's Committee on Clinical Education

PUBLISHED FEBRUARY 2017

1-PAGERS
for
PRECEPTORS

SNAPPS is a learner-centered teaching approach to clinical education consisting of six steps. In learner-centered education, the learner takes an active role in their educational encounter by discussing the patient encounter beyond the facts, verbalizing their clinical reasoning, asking questions, and engaging in follow-up learning pertinent to the educational encounter. The preceptor takes on the role of a facilitator by promoting critical thinking, empowering the learner to have an active role in their education, and serving as a knowledge "presenter" rather than a knowledge "source."

S Summarize briefly the history and findings	Obtains a history, performs a physical examination, and presents a summary of their findings to the preceptor. The summary should be brief and concise and should not utilize more than 50% of the learning encounter (~3 minutes maximum to present)	<i>"Eric is a 7-year-old male with a 3-month history of right knee pain and swelling that occurs daily. No other joints are affected. He reports difficulty playing soccer. He denies current or previous illnesses, recent travel, or injury. Daily ibuprofen provides little benefit."</i>
N Narrow the differential to two or three relevant possibilities	- Provides two to three possibilities of what the diagnosis could be - Presents their list prior to the preceptor revising the list	<i>"Given the length of the symptoms, my differential diagnosis includes: juvenile idiopathic arthritis, reactive arthritis, and injury."</i>
A Analyze the differential comparing and contrasting the possibilities	- Discusses the possibilities and analyzes why the patient presentation supports or refutes the differential diagnoses - Thinks out loud in front of the preceptor	<i>"I think juvenile idiopathic arthritis is highest on my differential diagnosis given the age of the patient and the length of the symptoms. Reactive arthritis is lower due to the length of symptoms and no history of previous illness. Injury is low on the differential due to no history of injury."</i>
P Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches	- Discusses areas of confusion and asks questions of the preceptor - Allows the preceptor to learn about their thinking and knowledge base - Prompts discussion from the preceptor on clinical pearls or areas of importance	<i>"Is there anything else that you would include on your differential?"</i> <i>The preceptor may discuss the importance of considering septic arthritis in the differential diagnosis.</i>
P Plan management for the patient's medical issues	- Discusses a management plan for the patient or outlines next steps - Commits to their plan and utilizes the preceptor as a source of knowledge	<i>"I would begin a prescription-strength anti-inflammatory medication and order an ANA."</i>
S Select a case-related issue for self-directed learning	- Identifies a learning issue related to the patient encounter - Discusses the findings from the learning issue with the preceptor	<i>"I would like to understand the relationship of the ANA and the need for ophthalmology monitoring in juvenile idiopathic arthritis."</i>

REFERENCE

Wolpaw T, Wolpaw D, Papp K. SNAPPS: A learner-centered model for outpatient education. *Academic Medicine*. 2003; 78(9): 893-898. "Teaching Skills for the Preceptor: Learner-Centered Model." The Association of Gynecology and Obstetrics. www.pnwu.edu/files/4414/2551/7541/Teaching_Skills_for_the_Preceptor_Learner-Centered_Model.pdf. Accessed August 2016.

