

CME Credit Requirements and Announcements

In order to receive CME credit for this webinar event, the WVSOM Office of Assessment and Educational Development needs the following documentation:

- **Attendance**
 - An attendance document will be sent in an email attachment after the session. Please print one per attendee, complete, sign, scan and email to OAED@osteo.wvsom.edu
- **Post-test**
- **Course evaluation**
 - A Survey Monkey link will be sent to the post-test and course evaluation after the session. Please complete both and submit.
- **Mute**
 - Please mute your microphones during the presentation. There will be points in the presentation for discussion at which time you can unmute.

SNAPPS – Expressing Clinical Reasoning and Uncertainties During Case Presentations

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Case presentations

To assess the learner's **clinical reasoning** & **learning issues...**



What are you looking for?

Courtesy of Dr. Georges Bordage

Learner's clinical reasoning & learning issues...


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-
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- ...

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Learner's clinical reasoning & learning issues...

- Overall sense of the problem, big picture
- A differential Dx (*2 hypotheses*)
- Sorting out the differential:
compare & contrast discriminating findings
- Uncertainties, difficulties, struggles...
- Case-based learning issues

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A video... 

What do you see
?

Take notes...

6


What did you see ?

7


Did you see?

- Overall sense of the problem, big picture
- A differential Dx (*2 hypotheses*)
- Sorting out the differential:
compare & contrast discriminating findings
- Uncertainties, difficulties, struggles...
- Case-based learning issues

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Fast-Paced Clinical Teaching Environment 

- Learner
 - Focus on providing factual information
 - Depend on preceptors to lead learning encounter.
- Learner-driven educational encounter – learner and teacher in a collaborative learning conversation
- Case presentation as a cognitive dance
 - One partner leads but both know the steps
 - In the office, the learner should lead
 - Preceptor may need to coach until the steps are automatic



Implementing a Learner-driven Approach

Faculty development &
learner development

as companion pieces



SNAPPS

1. **S**UMMARIZE the history & findings
2. **N**ARROW the differential to 2-3 relevant possibilities
3. **A**NALYZE the differential by comparing & contrasting the possibilities
4. **P**ROBE the preceptor by asking about uncertainties or difficulties
5. **P**LAN management for the patient
6. **S**ELECT a case-related issue for self-directed learning

A video...



What do you see
?

Take notes...

Discussion...

What did you see ?

SNAPPS
from the student's viewpoint

SNAPPS Training for
Teacher and Learners

<https://drive.google.com/file/d/0B-Nak3041-H2NTI2cm5ZWGVDRIE/view>

How Would You Use SNAPPS for Your Teaching?

SNAPPS Collaborative Learning Conversation and Compelling Story

- The expression of clinical diagnostic reasoning and uncertainties can be increased using SNAPPS.
- Learners can drive their learning encounters to focus on expression of clinical diagnostic reasoning.
- Brief intervention can make a difference.
- Learner development is equally important as faculty development.



Key Thoughts from Students

- “I found myself spending less time describing the history and more time on the later parts, weighing decisions, trying to figure out what to do next and formulating the plan in discussion with the preceptor.”
- “It made me take 40 seconds or so – which I wasn’t doing – just to be sure my own thoughts were straight before I started talking about the patient with the preceptor.”

SNAPPS in the Inpatient or Consult Setting

*Courtesy of James Nixon, MD
University of Minnesota*

Why SNAPPS?

<ul style="list-style-type: none">□ What's in it for teachers?<ul style="list-style-type: none">▪ Improved presentations▪ Improved demonstration of clinical diagnostic reasoning▪ Problem-based learning and improvement	<ul style="list-style-type: none">□ What's in it for learners: better evaluations<ul style="list-style-type: none">▪ Orderly coherent presentation suggest understanding▪ Disordered/incoherent suggests confusion about dx/significance of findings
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Probe Teacher by Asking about Uncertainties, Difficulties, or Alternative Approaches

How you deal with your uncertainties now will lay the foundation for the rest of your career

- "What else should I include in the differential?"
- "I'm not sure how to examine for a knee effusion, would you be able to show me?"
- "Do you think he had crackles?"

Select a Case-Related Issue for Self-directed Learning

- “What could I know more about that would allow me to take better care of this patient?”
- **Educational Prescriptions** Document:
 - A well formed question
 - How answered the question
 - Critical appraisal of resources and
 - How this affected ability to care for this patient.
- This information may go into a *Portfolio*

Educational Prescription

Patient – “In a 2 yr. old with herpetic gingivostomatitis

Intervention – does oral acyclovir

Comparison Intervention – vs. placebo

Outcome – decrease risk of eating and drinking difficulties and dehydration?”



Benefits of the Educational Rx

- Allows tracking questions (avoids “lost to f/u”)
- Used in any practice setting
- Complement to SNAPPS
- More objective assessment of PBLI skills
- Feedback on specific skills
- Keep in learner’s portfolio to demonstrate competence



General Strategies For SNAPPS in the Inpatient and Consult Settings

- Set expectation to follow SNAPPS and reinforce with attendings
- Encourage probing questions to attending
- Reinforce self-directed learning
 - Educational prescriptions
 - Portfolio
 - Medical reasoning and decision making rounds

Lessons Learned

Lessons learned...

SNAPPS: S- Summarize P- Probe preceptor
 N- Narrow Diff. (2-3) P- Plan management
 A- Analyze Diff. Dx S- Select learning

- One tool, not the tool
- Articulate why it is important for learners to express diagnostic reasoning and case-related uncertainties
- Faculty development and learner development are both important in the successful implementation of the SNAPPS technique

Osteopathic Considerations

- ❑ Do you see this working with case presentations that incorporate osteopathic principles and practices?

- ❑ Do you see any issues with incorporating this into osteopathic clinical practice?

SNAPPS

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2. **N** ARROW the differential to 2-3 relevant possibilities
3. **A** NALYZE the differential by comparing & contrasting the possibilities
4. **P** ROBE the preceptor by asking about uncertainties or difficulties
5. **P** LAN management for the patient
6. **S** ELECT a case-related issue for self-directed learning
