

## T5. ORAL CASE PRESENTATION VIA SNAPPS<sup>a</sup>



*See Medical Expert Role teacher tips appendix for this teaching tool*

### Instructions for Learner:

- Refer to the SNAPPS reference sheet provided with this tool.
- Observe and take (non-identifying) notes on your case.
- Remember to be cautious about privacy when taking notes.
- Review with faculty as arranged or initiate a review of your ward round presentation to get feedback.

S – summarize the case

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N – narrow the differential

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A – analyze the differential

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P – probe the preceptor

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P – plan management

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S – select an issue for self-directed learning

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<sup>a</sup> Wolpaw DR, Papp KK. SNAPPS: a learner-centered model for outpatient education. *Acad Med.* 2003. 78(9):893-8.



## T5. ORAL CASE PRESENTATION VIA SNAPPS (continued)

### LEARNER INFORMATION

Ward rounds or verbal case presentation via **SNAPPS**<sup>a</sup>

**S** – summarize the case

**N** – narrow the differential

**A** – analyze the differential

**P** – probe the preceptor

**P** – plan management

**S** – select an issue for self-directed learning

#### Summarize the case

- The learner obtains a history, performs an appropriate examination of a patient, and presents a concise summary to the preceptor.
- Though the length may vary, depending on the complexity of the case, the summary should not occupy more than 50% of the learning encounter and, generally, should be no longer than three minutes.
- The summary should be condensed to relevant information because the preceptor can readily elicit further details from the learner.
- In this step, the learner should be encouraged to present the case at a higher level of abstraction (e.g. to use semantic qualifiers: yesterday becomes acute, third time becomes recurrent) because successful diagnosticians use these qualifiers early in their presentations.

#### Narrow the Differential

- Limit your differential to two to three relevant possibilities.
- The learner verbalizes what he or she thinks is going on in the case, focusing on the most likely possibilities rather than on “zebras.”
- For a new patient encounter, the learner may present two or three reasonable diagnostic possibilities.
- For follow-up or sick visits, the differential may focus on why the patient’s disease is active, what therapeutic interventions might be considered, or relevant preventive health strategies.
- This step requires a commitment on the part of the learner by presenting an initial differential to the preceptor before engaging the preceptor to expand or revise the differential.

#### Analyze the Differential

- Compare and contrast the relevant diagnostic possibilities and discriminating findings.
- A learner’s discussion of the cause of a patient’s chest pain might proceed as follows: “I think that angina is a concern because the pain is in his anterior chest. At the same time I think that a pulmonary cause is more likely because the pain is worse with inspiration, and I heard crackles when I examined the lungs.”
- Often the learner may combine this step with the previous step of identifying the diagnostic possibilities, comparing and contrasting each in turn.
- This discussion allows the learner to verbalize his or her thinking process and can stimulate an interactive discussion with the preceptor.
- Learners will vary in their fund of knowledge and level of diagnostic sophistication, but all are expected to utilize the strategy of comparing and contrasting to discuss the differential.

#### Probe the Preceptor

- Ask questions about uncertainties, difficulties, or alternative approaches.
- During this step, the learner is expected to reveal areas of confusion and knowledge deficits and is rewarded for doing so.
- This step is the most unique aspect of the learner-driven model because the learner initiates an educational discussion by probing the preceptor with questions rather than waiting for the preceptor to initiate the probing of the learner.
- The learner is taught to utilize the preceptor as a knowledge resource that can readily be accessed. The learner may access the preceptor’s knowledge base with questions or statements ranging from general to specific. Examples include, “What else should I include in the differential?” or “I’m not sure.”
- How to examine for a knee effusion,” or “We could taper his corticosteroids since his Crohn’s flare is nearly resolved, but what protocols can be used to avoid problems with steroid withdrawal?”
- The preceptor can learn a great deal about the learner’s thought process and knowledge base by such interactions.



## T5. ORAL CASE PRESENTATION VIA SNAPPS (continued)

### Plan Management

- The learner initiates a discussion of patient management with the preceptor and must attempt either a brief management plan or suggest specific interventions.
- This step asks for a commitment from the learner, but encourages him or her to access the preceptor readily as a rich resource of knowledge and experience.

### Select a Case-related Issue for Self-directed Learning

- Self-directed learning can occur at any point in the SNAPPS process and does not have to wait till the end.
- This final step encourages the learner to read about focused, patient-based questions.
- The learner may identify a learning issue at the end of the patient presentation or after seeing the patient with the preceptor.
- The learner should check with the preceptor to focus the reading and frame relevant questions.
- The learner should devote time to reading as soon after the office encounter as possible.
- For example, a learner would be encouraged to read to answer a question such as, “What is the rationale for the use of ace inhibitors in congestive heart failure?” rather than reading an entire chapter in a review text on heart failure.
- Learners should be expected to have an index card or personal digital assistant with them in the office to note learning issues.
- At the next meeting with the preceptor, the learner can utilize the preceptor as a resource as he or she refers to the list and further probes the preceptor with questions based on the readings.