

T5. ORAL CASE PRESENTATION VIA SNAPPS^a



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

N – narrow the differential

A – analyze the differential

P – probe the preceptor

P – plan management

S – select an issue for self-directed learning

^a 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**^a

S – summarize the case

N – narrow the differential

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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.