

Appendix

Instructions Given to Medical Students at Case Western Reserve University School of Medicine to Orient Them to the Use of the Learner-Centered SNAPPS Case Presentation Technique for Giving Case Presentations to Clinical Preceptors, 2004 to Present*

SNAPPS—A Technique for Case Presentations

A SNAPPS case presentation has two key parts—data and reasoning. The data portion should take about half the presentation time—about 3 minutes. The remaining time, 2–3 minutes, is for clinical reasoning. Clinical preceptors can't help you to develop your clinical reasoning skills unless they hear what you are thinking. In the clinical reasoning portion of a case presentation, you provide your differential diagnosis and why you thought about each possibility, ask questions of the preceptor, attempt a plan for the patient's care, and consider something to read about.

Here's how it goes:

Step 1

During your clinical rotations, you will take a history and perform an examination on a patient in the hospital or in an office setting. You will need to be **thorough** in obtaining the history and do all the parts of the physical examination that are appropriate for the patient's health concern.

You do not, however, have to tell your preceptor all the details you obtained. Preceptors prefer to hear the pertinent but sufficiently detailed history and exam findings—they are trying to figure out what is going on and whether they need to be worried about the patient. You need to tell enough to communicate information clearly but not every detail. If you were thorough in your own work up of the patient, you will be able to fill in any details the preceptor later asks you. Making sure that you do Step 2 will be the most important way you can figure out what is "pertinent" or "relevant."

Step 2

Take a minute or so to get your thoughts in order before doing a SNAPPS case presentation. What are the 2–3 most likely things that might be going on with the patient? What supports them? What question can you ask the preceptor to help guide him/her in giving you some teaching points? What management might you consider for the patient's concern? What could you read about later on so you could learn more?

Step 3

Do a SNAPPS case presentation for your preceptor. Keep it to about 5–6 minutes. The case presentation has 6 parts:

1. **SUMMARIZE** briefly the history and findings (about 3 minutes)

This is when you give the pertinent but sufficiently detailed history, physical examination, lab and imaging findings—a chief complaint, pertinent history of present illness, pertinent past medical history, medications, allergies, pertinent social history, family history, focused exam findings, focused lab and imaging results if available.

When you are done with this part, don't stop. Give a single summary sentence ("So in summary, this is a ...") and go right into part 2—the differential diagnosis ("and what I think might be going on is ...")

2. **NARROW** the differential to 2 or 3 relevant possibilities (these next 5 parts are about your reasoning and should take about 2–3 minutes)

Think of the 2 or 3 MOST likely things that might explain the patient's health problems ("and what I think might be going on is ____ or ____")

3. **ANALYZE** the differential by comparing and contrasting the possibilities

"The reason I was thinking of ____ is because _____. But ____ is also possible because the patient _____."

4. **PROBE** the preceptor by asking questions about uncertainties, difficulties, or alternative approaches

Think about something related to the case you are unsure about. Ask the preceptor. Preceptors enjoy teaching and appreciate some guidance from you about what you want them to focus on ("One of the questions I have is...")

5. **PLAN** management for the patient's medical issues

"The plan I was thinking about is ..."

6. **SELECT** a case-related issue to read about

Think about some case-related issue you could read about later in the day—something you could focus on for about 10 minutes of reading. Then check with your preceptor for some added suggestions. ("What I'd like to read about is. . . Do you have any suggestions?"). The next time you are with that attending, bring up something you learned from your reading. ("After seeing Mrs. ____, I had a chance to read about _____. I found that _____.")

You will not have time to do a SNAPPS case presentation for every patient you see. But if you can do a SNAPPS presentation at least a couple of times when working with a preceptor, s/he will have had a good look at your clinical reasoning and thinking.

There are some times when a SNAPPS presentation doesn't work well—a straightforward visit for a blood pressure check or a routine patient follow-up on rounds. In those cases, do a short presentation with just the pertinent details.

*This appendix has been edited for formatting only.