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."

<table>
<thead>
<tr>
<th>S</th>
<th>Summarize briefly the history and findings</th>
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<tbody>
<tr>
<td>N</td>
<td>Narrow the differential to two or three relevant possibilities</td>
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<td>A</td>
<td>Analyze the differential comparing and contrasting the possibilities</td>
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<tr>
<td>P</td>
<td>Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches</td>
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<tr>
<td>P</td>
<td>Plan management for the patient’s medical issues</td>
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<td>S</td>
<td>Select a case-related issue for self-directed learning</td>
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</table>

**SNAPPS**

- 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)

  - "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."

- Provides two to three possibilities of what the diagnosis could be

  - "Given the length of the symptoms, my differential diagnosis includes: juvenile idiopathic arthritis, reactive arthritis, and injury."

- Discusses the possibilities and analyzes why the patient presentation supports or refutes the differential diagnoses

  - "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."

- Discusses areas of confusion and asks questions of the preceptor

  - "Is there anything else that you would include on your differential?"

  - The preceptor may discuss the importance of considering septic arthritis in the differential diagnosis.

- Discusses a management plan for the patient or outlines next steps

  - "I would begin a prescription-strength anti-inflammatory medication and order an ANA."

- Identifies a learning issue related to the patient encounter

  - "I would like to understand the relationship of the ANA and the need for ophthalmology monitoring in juvenile idiopathic arthritis."

**REFERENCE**