SNAPPS

A Learner-Centred Model to Facilitate an Active Learning Conversation

Lorie Shimmell
Director of Clinical Education, OT

Adapted from:
Studies have demonstrated that the learner’s approach to learning is the crucial factor in determining the quality of educational outcomes (Pangaro, 1999)
SNAPPS

- A model developed in medicine for busy outpatient settings where there is often little time to spend “teaching” between patient appointments
- Process takes 6-10 minutes
- Can be modified for other learning situations
- Used when the experience + learning are integrated (i.e., clinical settings)
- Both Learner and Preceptor share responsibility for the learning process
- Both should be aware of the model being used
- Described as a cognitive “dance” where one partner may lead but each must know the steps
- Learner initiates
Learner-driven

Other models rely on preceptor asking student questions in a more directive process (with student as a more passive learner)

Enables the learner to articulate questions and uncertainties in the process of client care
Focuses on “learnable moments”

Student probes preceptor for information relevant to the client’s care
- **S** ummarize the client history & current status

- **N** arrow the hypotheses to 2-3 relevant possibilities

- **A** nalyze the issues by comparing and contrasting the possible hypotheses

- **P** robe preceptor by asking questions about uncertainties, difficulties or alternative approaches

- **P** lan intervention approach

- **S** elect a case-related issue for self-directed learning
Summarize the client history & current status

- Learner provides **brief** and concise summary of relevant client information
- Be brief since preceptor can always elicit further details if necessary
- Does not occupy more than 50% of the learning encounter (i.e., 3 minutes maximum)
Narrow the hypotheses to 2-3 relevant possibilities

- Learner identifies hypotheses before engaging the preceptor
- Learner verbalizes what s/he hypothesizes is going on with the client, and provides rationale for each hypothesis
- Involves a ‘commitment’ – shared hunches or best evidence-based guess about what is happening with the client even when this feels “risky” to do so
- Necessitates clinical educator to foster a “risk”* friendly learning environment
- * risk never includes jeopardy of safety
Analyze the issues by comparing and contrasting the possible hypotheses

- Allows learner to verbalize thinking and reasoning process to support hunches (evidence, rationale, reasoning)

  (sometimes combined with the previous stage)

- Can stimulate interactive discussion with preceptor
Probe preceptor by asking questions about uncertainties, difficulties or alternative approaches

- Learner identifies areas of confusion or knowledge gaps
- Learner interacts with preceptor as a knowledge resource (see caveat)
- Preceptor is (clinical reasoning and use of evidence in thought)
Plan intervention approach

- Learner creates an intervention plan or suggests alternatives
- Specific suggestions can be made
Select a case-related issue for self-directed learning

- Learner identifies a specific learning issue in conjunction with the preceptor
- Student follows up with learning
- Shares new learning with preceptor the next day or at agreed upon time as follow-up
APPLICATION

Let’s try one!
Summarize the client history & current status

- You have just met Mrs. Smith, an 80 year old woman who has had surgery for a fractured right hip.
- She is 3 days post op, has started walking with a walker with supervision from the physio.
- She is able to walk to the bathroom and back to bed.
- You have met with her do an ADL assessment focusing on morning care.
In the middle of your session with Mrs. Smith, she bursts into tears and says she knows she will not be able to return home again.

She relates that she overheard the other staff saying that she would have to go to a LTC facility.

She lives alone but was managing independently before her fracture.

She currently has pain at the surgical site and is unable to reach her right foot to wash or dress.
Narrow the hypotheses to 2-3 relevant possibilities

What do you think is happening with Mrs. Smith?
Analyze the issues by comparing and contrasting the possible hypotheses

- What information supports or refutes your hunches (evidence, rationale, reasoning)?

- Share your reasoning with your preceptor

- “Think out loud”
Probe preceptor by asking questions about uncertainties, difficulties or alternative approaches

- What are you confused or unsure about?
- What information can the preceptor provide to help clarify?
Plan intervention approach

What do you think you need to do next with Mrs. Smith?
Select a case-related issue for self-directed learning

- What specific learning do you still need to do to continue to work with Mrs. Smith?

- What specific resources will you use?

- When and how will you share your learning with your preceptor to “close the loop” for this discussion?
Debrief & Questions