<table>
<thead>
<tr>
<th>Clinical Teaching TIPS - The One Minute Preceptor</th>
<th>SNAPPS</th>
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</table>
| **Get a commitment:**  
“What do you think is going on?”  
“What do you want to do next?”  
- sets the learning environment; engages the learner | Students at CU SOM are asked to use the SNAPP Model for learning and presenting clinical information. Please help them by using it whenever possible. Students are expected to: |
| **Probe for supporting evidence:**  
“What else did you consider?”  
“How did you rule those things out?”  
- assesses the learner’s level of knowledge and thinking process | **Summarize** the history and physical examination including laboratory and diagnostic tests |
| **Teach a general principle:**  
Can be about symptoms, physical findings, differential diagnosis, evaluation, treatment, resources, etc.  
- organizes knowledge and generalizes to future situations | **Narrow** the differential diagnosis to 2-3 possibilities |
| **Reinforce what was done well:**  
“Your presentation was well organized and concise”  
- reinforces good behaviors | **Analyze** the differential diagnosis by comparing & contrasting possibilities |
| **Give guidance about errors or omissions:**  
“It is important to include cardiac risk factors in your presentation when you are presenting a case of chest pain”  
- corrects mistakes; forms foundation for improvement | **Probe** the preceptor/resident/intern by asking questions about uncertainties, difficulties, etc |
| **Plan** management for patient care | **Select** one or more issues for self-directed learning |
| **REMEMBER:**  
- Set clear goals and expectations upfront  
- Revisit goals and expectations intermittently throughout your time with the learner | |
| Aagaard 2013 | |
**TIPS for Providing Feedback**

- Set clear expectations up front
- Make an appointment
- Choose the Setting:
  - Private
  - Without interruptions
- Choose the Timing:
  - Change must be possible in time left
  - Learner is not distraught or distracted
- Label it FEEDBACK

**DO**

- ASK for self-reflection
- Provide positive and constructive feedback
- Comment on observable, changeable behaviors
- NOT personalities
- Be specific
- Limit constructive feedback to 2-4 items
- Provide suggestions for improvement

**Evaluating Medical Students**

- Your job is to document what you saw the student doing
- **DO NOT** compare students relative to their peers or your preset expectations
- If you did not observe a behavior select: “Insufficient Contact to Judge”
- You are NOT responsible for grading
- Be specific and provide examples where you can
- Go to chief residents, attendings, course directors or program directors when you have concerns!

Online modules on learner feedback and assessment can be found in your CU GME onboarding [modules](#).

Or attend one of the Academy of Medical Educators Workshops [here](#).

Responsibilities of & resources for teaching can be found [here](#).

Including:

- Graduation competencies
- Goals and objectives for the clerkships you are teaching in
- Policies & rules about teaching, supervision and duty hours
Prepare to ADAPT Method

**Learner Initiates**
- Reflect on learning goals.
- Communicate your goals.

**Coach Initiates**
- Reflect on program & learner goals.
- Orient learner to expectations.

**Prepare for the observation**
- Try to be neutral.

**Perform the observation**
- Reflect on the observation.
- ASK for feedback.

**Ask**
- Reflect on learner’s readiness.
- ASK for his/her thoughts about the observation.

**Discuss**
- Have a conversation about the observation.
- Coach observed, modifiable, specific behaviors related to the task(s).

**Ask**
- ASK learner to clarify points, as necessary.

**Plan Together**
- Plan next steps with your coach.
- Plan next steps with your learner.
Debriefing in Medical Education

“Three things I did well...”

“Three things I can work on...”

Follow up with a plan of action