

SNAPPS-PLUS

Considering the evidence

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Introduction



Introduction



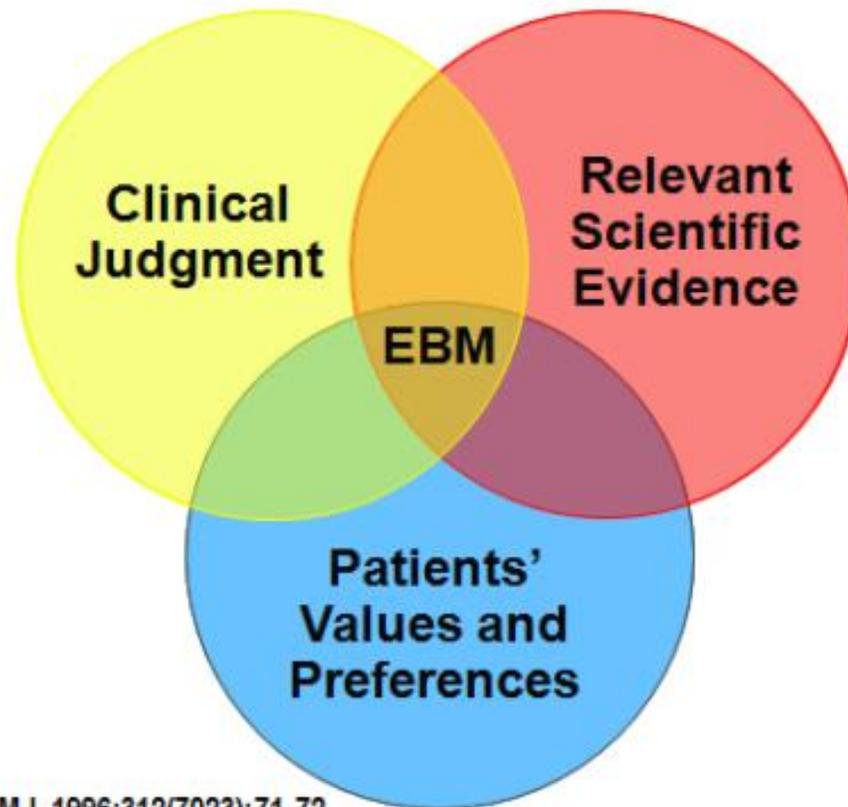
- Limited control over patient mix
- Different levels of student competence
- Supervision of multiple students at one time
- Limited time with each student

Improving the experience

- Creating a positive learning environment is key in clinical education
- Establish a learner-centred environment
- Use processes to improve efficiency
- Use objective measures for feedback

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What Is Evidence-Based Medicine?



Sackett DL, et al. *BMJ*. 1996;312(7023):71-72.

Models of clinical supervision

Example: One minute preceptor

Advantages

- Quick and easy for educator/student
- Provides feedback at each step

Disadvantages

- May only be good for advanced learners
- Provides feedback on reasoning process only

SNAPPS (Wolpaw et al., 2003)

Advantages

- Easy for educator/student
- Learner-centred
- Useful for all levels of learner
- Develop lifelong learning skills (Nixon et al., 2014; Pascoe et al., 2015)
- High student satisfaction

Disadvantages

- Relies on educator taking on a 'facilitator' role
- Limited opportunity for feedback
- Student may perceive educator is doing 'nothing'

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P	Patient, problem or population
I	Intervention or management
C	Another management strategy or no treatment
O	Anticipated outcome

SNAPPS

SUMMARISE	the patient history and current status
NARROW	the hypotheses to 2-3 relevant differentials
ANALYSE	comparing and contrasting the possible differentials
PROBE	the clinical educator by asking questions about uncertainties, difficulties or alternative approaches
PLAN	the intervention approach
SELECT	a case-related issue for self-directed learning

TABLE 4

Formulating a Clinical Question Using the PICO Format

Clinical Question: Does Estrogen Replacement Decrease the Incidence of Cancer in Postmenopausal Women?

Patient, population, or problem

- Describe important characteristics as accurately as possible
- May include the primary problem, disease, and comorbidities
- May Include gender, age, or ethnicity
- Which groups do you need information about (e.g., postmenopausal women)?

Intervention, prognostic factor, exposure

- What is the intervention you are considering?
- What do you want to do for the patient?
- Is it a medication, a test, a procedure, or therapy?
- What factor might influence the prognosis of the patient, such as age, risk factors, exposure (e.g., estrogen replacement therapy)?

Comparison of intervention, if appropriate

- Is there a means for comparison, such as more than one drug, a placebo, or two different diagnostic tests?
- Is it an intervention compared with no intervention or an absence of a risk factor (e.g., no estrogen replacement)?

Outcome you would like to measure or achieve

- What can you accomplish, measure, improve, or affect?
- What are you trying to do for or with your patient?
- Reduce adverse affects, reduce or eliminate symptoms, improve function (e.g., impact on incidence of breast cancer)

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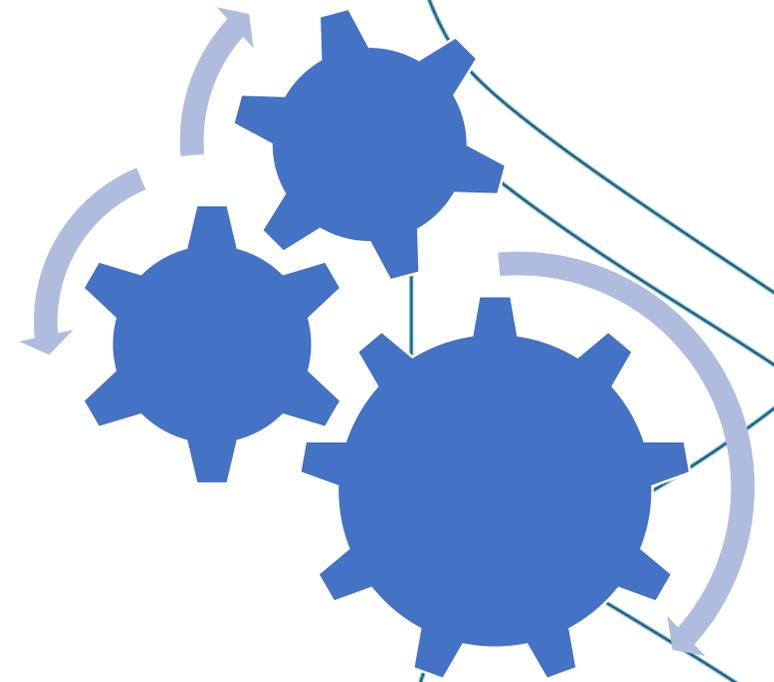
Is OMT alone or OMT with exercise more efficacious for the management of acute low back pain?

P	Adult male with acute low back pain
I	OMT alone
C	OMT and exercise
O	Reduced pain, improved ADLs

The SNAPPS-Plus supervision model in the SCU osteopathy program: A pilot study

AIM:

To implement and evaluate the SNAPPS-Plus clinical supervision model in the Master of Osteopathic Medicine program at SCU



Method

Phase 1

- **Baseline data**
- Clinical educators and students EB PQ surveys

Phase 2

- **Pilot study**
- Training workshops (students and clinical educators)
- 52 students, 5 cases each using PICO searches

Phase 3

- **Evaluation**
- PICO coding, clinical educators and student EB PQ surveys, and focus groups

Table 1: Results of the Student Evidence-Based Practice Questionnaire

Subscale	Time 1		Time 2	
	Mean (SD)	Range	Mean (SD)	Range
Practice [^]	26.6 (8.2)	12-41	31.2 (6.1)	23-42
Attitude [*]	17.8 (2.6)	11-21	17.0 (4.5)	6-21
Retrieving & reviewing evidence [#]	30.9 (7.5)	18-39	33.4 (4.8)	26-41
Sharing & applying EBP [%]	22.9 (5.5)	11-29	25.6 (2.7)	22-32

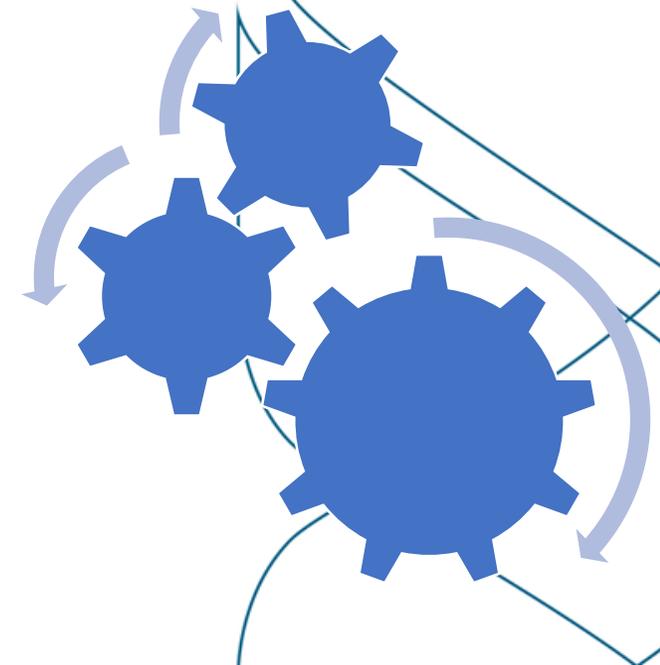
[^]min. score=6, max. score=42; ^{*}min. score=3, max. score=21; [#]min. score=7, max. score=49; [%]min. score=5, max. score=35

Focus groups

- **Building a culture of EBM**

It gave me the ability to give exercises confidently in some discussions with patients, like when that occurs for low back pain. It was really beneficial for me to give specific exercise for a specific condition. (Student 4)

I found information from different practices which is nice to get different points of view ... I have a patient with shoulder pain and I wasn't aware until I found research that doing spinal manipulation of T2-T3 can decrease the shoulder pain, then I ... implemented it in my practice. (Student 9)



Focus groups

- **Helping students develop research skills**

For me, the big education came in understanding the hierarchy of research, not just what makes it a gold standard article and what is relevant but how to access a journal on the psychosocial aspects about a patient's osteoarthritic knee. (Student 2)

- **Weighing up the value of clinical experience and research evidence in clinical decision making**

I feel there are two group - you have osteopaths who are evidence-based and others who are not - some supervisors did put a stand on years of research but ... they're like, 'Oh I've been doing this and it works'. (Student 9)

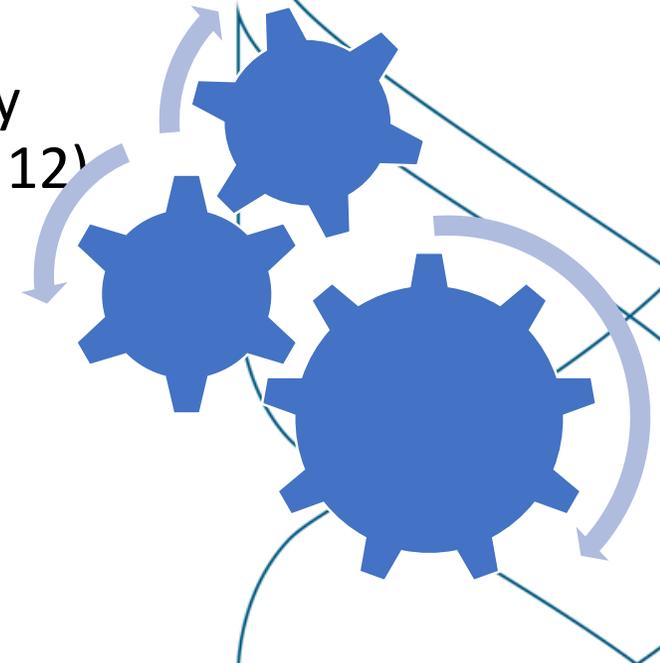


Focus groups

- **Co-learning environment for students and supervisors**

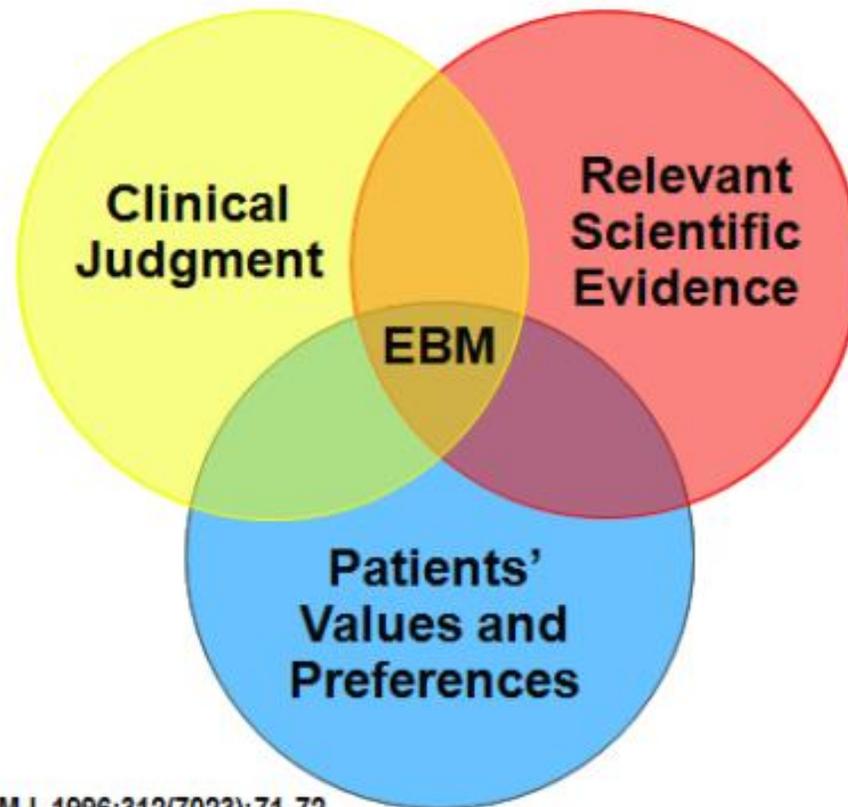
But when I searched manual therapy versus surgery, [the supervisor] got very surprised to learn about surgery. (Student 9)

One thing with this PICO search is I think that we're definitely teaching our supervisors what the evidence says. It has definitely been a bit of a learning experience for the supervisors. (Student 12)



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