

Community-Based Faculty Teaching Tips & Quick References

Efficient Teaching, Learning, and Evaluation in Busy Clinical Settings

1. Teaching While Keeping Clinic Moving

SNAPPS (Learner-Driven Case Presentation)

Use when: Outpatient visits, doorway discussions, limited time

How it works: The student does the thinking and stays concise.

- Summarize briefly
- Narrow the differential
- Analyze options
- Probe uncertainties
- Plan management
- Select a learning question

Tip: Takes 1–2 minutes and keeps visits on time.

One-Minute Preceptor (Five Microskills)

Use when: Any case, any learner, any specialty

- Get a commitment
- Probe reasoning
- Teach one general rule
- Reinforce what was done well
- Correct one thing

Tip: You don't need all five—use one or two per patient.

2. Teaching Multiple Learners at Different Levels

Layered (Near-Peer) Teaching

Use when: Medical students + residents or senior students together

- Senior learner reviews plan first
- Junior learner presents key data
- Attending confirms one teaching point

Tip: Delegate teaching—don't duplicate it.

Micro-Teaching Scripts

Use when: Common problems (HTN, diabetes, URI, back pain)

- Prepare a 30-second explanation you reuse
- Focus on why, not everything

Tip: Same script, many patients.

3. Efficient Evaluation & Feedback (That Actually Helps Students)

Focused Direct Observation

Use when: You can't watch everything

- Observe one skill only (history, exam, counseling)
- Takes 5–10 minutes

Tip: Frequent short observations beat long end-of-rotation memories.

Feedback That Works (2-Minute Rule)

- One strength
- One specific improvement
- One next step

Example: "Your patient rapport was strong. Next time, try organizing the ROS more clearly. I'll watch you do that tomorrow."

Entrustment Language (Simple & Powerful)

Use when: Completing evaluations

"I would trust this student to do ___ with indirect supervision."

Tip: This improves clarity and fairness in grading.

If You Remember Nothing Else...

- Teach one thing per patient
- Observe one skill at a time
- Give specific, brief feedback
- Let learners do the work
- Continuity makes teaching easier—not harder

Key References (Peer-Reviewed)

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4. Norcini J, Burch V. Workplace-based assessment as an educational tool. *Med Educ*. 2007;41(9):855–871.

5. Ende J. Feedback in clinical medical education. *JAMA*. 1983;250(6):777-781.