**Clinics: Easing Access for Trainees and Trainers – Top Tips**

**Prepare in advance –** the earlier you arrange the clinic, the more likely you will be able to attend;

**Prepare your team** – speak to colleagues in your team early that day so that they know you will be in clinic (try to help each other);

**Prepare for the clinic** – speak to the consultant’s secretary if possible and check that you are expected and what type of patients you will be meeting, etc;

You do not need to see lots of patients – high **quality** interactions with 2 or 3 patients is worth 3 hours of sitting and observing;

Taking a focussed **history, performing a well structured physical examination, and creating a good list of differentials** will reap dividends (see SNAPPS below);

**Clinics are a teaching opportunity – Encourage your supervisor to ask questions! These should challenge your** knowledge and clinical reasoning;

Trainers are **role models** and should demonstrate good physician-patient interactions;

Trainers should provide **specific and timely feedback** to trainees;

Try and identify **one** specific learning point from each case to take away and review later that day;

If **access to clinic rooms** is a problem – discuss this with your clinical supervisor and your ES know. On the day of clinic think about how the spca e can be used effectively – for example swap seats with your Consultant: you can lead the consultation and they get on with other things like writing the notes and providing feedback!

Don’t forget about the **problem solving** aspects of the cases that you see; it is not just about reiterating the history;

Have some time at the end for **reflection and discussion** of what went well, and what can be improved in the future;

Dictate the letters in good time and ask for **feedback;**

Clinics should stimulate **self-directed learning – what future learning needs have the trainee and trainer identified and how will they be met?** (eg. reading resources or a website for consolidation of learning);

Here is the SNAPPS model: however short, clinic time can be structured so that both trainees and trainers can gain the most from this experience:

***SNAPPS model for learner centred outpatient teaching***

**S:** summarise brief history and examination findings

**N:** narrow the differential diagnosis (two or three), verbalise!

**A:** analyse the differential diagnosis

**P:** probe the trainer by asking about uncertainties, difficulties or alternative approaches

**P:** plan management of patient’s medical issues

**S:** select a case for self-directed learning