## **Critical Thinking Frameworks**

| Framework                             | Focuses On:                                    | Best For  | Pitfalls  | Steps   |
|---------------------------------------|--|---|---|---|
| SNAPPS                                | Data<br>processing                             | Experienced learners<br>with intrinsic<br>motivation<br>Longitudinal  | Leaner needs to drive<br>the process<br>Most focus on<br>diagnosis (but can be  | <ol> <li>Summarize briefly the history and findings</li> <li>Narrow the differential to two or three relevant possibilities</li> <li>Analyze the differential by comparing and contrasting the possibilities</li> <li>Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches</li> </ol>   |
|                                       |  | relationship  | used for planning)  | <ul><li>(5) Plan management for the patient's medical issues; and</li><li>(6) Select a case-related issue for self-directed learning.</li></ul>   |
| Diagnostic<br>Timeout                 | Metacognition                                  | Diagnosis seems<br>wrong<br>High risk of bias<br>Case isn't making<br>sense<br>Seems to have been<br>jump to conclusion | Need to identify that<br>there may be<br>error/inaccuracy<br>Diagnosis specific | <ol> <li>Purposefully step back and ask: what is our working diagnosis?<br/>(emphasis on working, not defined)</li> <li>Using this as a hypothesis, go back and review data to find what does<br/>and does not fit</li> <li>Refine working diagnosis</li> <li>Can ask learners to directly compare/contrast diagnoses</li> </ol>  |
| Problem<br>Representation             | Data<br>processing                             | Early learners (later<br>stage learners may do<br>this naturally)   | Can force into buckets<br>that may not fit<br>perfectly                         | <ul> <li>(1) Have the learner to summarize the case using semantic qualifiers <ul> <li>(Last night → "acute onset"; Has happened before → "Recurrent"; Same knee → monoarticular)</li> <li>(2) Can ask learners to <ul> <li>a. Compare and contrast diagnoses</li> <li>b. Identify the "typical" presentation and similar/different</li> <li>c. Name supporting and contradictory evidence</li> </ul> </li> </ul></li></ul>             |
| Murtagh's<br>Diagnostic<br>Strategies | Diagnostic<br>Reasoning/<br>Data<br>processing | Any stage   | Diagnosis specific  | <ol> <li>Most likely diagnosis</li> <li>Serious disorders not to be missed (Can't miss)</li> <li>Pitfalls (often missed)</li> <li>Masquerades- what else can present like this?</li> <li>Is this patient trying to tell me something else? (History or findings that are inconsistent)</li> </ol>   |
| ACTFAST                               | Data<br>processing                             | Early learners,<br>although can be used<br>at any stage   | May be challenging<br>for cases with many<br>problems/issues to<br>discuss      | <ol> <li>Ask a clinical question</li> <li>Categorize the question into one of 4 categories (diagnosis, level of risk, trajectory, management decision)</li> <li>Tell your most likely answer</li> <li>For - provide evidence for</li> <li>Against - identify information that is contradictory or supports another hypothesis</li> <li>Synthesis - put together prior steps into an assessment</li> <li>Test - create a plan</li> </ol> |

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