The Teaching of Clinical Reasoning by Senior Clinicians

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Aim
To better understand how experienced teachers described their definitions of clinical reasoning, their own history learning about clinical reasoning, and their methods of teaching clinical reasoning.

Methods
Interview data from 14 senior clinicians were investigated thematically using a general inductive approach. Findings were interpreted using script theory.

Results
• Definitions of clinical reasoning were consistent with the literature (eg, Eva 2005, Norman 2005, Schmidt & Mamede 2015).
• Few senior clinicians recalled being explicitly taught clinical reasoning.
• Teaching was a way to further develop their own clinical reasoning.
• Senior clinicians expressed interest in improving their teaching of clinical reasoning.
• Teaching techniques were consonant with suggestions underpinned by script theory where “scripts are networks of knowledge adapted to goals of clinical tasks” (Charlin et al 2000, p. 182).

Learning points emphasised by senior clinicians when teaching clinical reasoning to their students.
1. Questioning with possibilities in mind
2. Recognising the pitfalls of fast thinking
3. Analysing while collecting information
4. Reviewing possible diagnoses iteratively
5. Starting broadly then narrowing down
6. Prioritising based on prevalence
7. Managing uncertainty
8. Encouraging case-based discussions
9. Modelling metacognitive awareness

Conclusions
Senior clinicians viewed clinical reasoning as central to their practice, however, they developed their teaching of it was idiosyncratic, informal, and predominantly tacit.

Next steps will be to help senior clinicians formalise their teaching of clinical reasoning by introducing the concept of script consciousness and establishing shared language to discuss clinical presentations and problems with students.

Take Home Messages
• An apprenticeship model is to teach clinical reasoning.
• Teaching methods were developed through experience and peer-review in the workplace.
• Teaching emphasises practice under supervision with feedback using cue-based techniques that closely mimic clinical practice.

References