Developing clinical reasoning

Additional strategies for developing clinical reasoning

To develop the student's clinical reasoning skills, it is necessary to develop his ability to use his previous experiences as a framework. The supervisor must teach him to see the situation globally by identifying what is relevant.

Before deciding on the strategies for guiding a student, it is important to first evaluate his theoretical knowledge by asking specific questions. From that evaluation you can clarify expectations as to the level of knowledge required. Sometimes, expectations of a student are too high. It is important to remember that, to develop clinical reasoning, the final answer is less important than the process leading to clarifying the problem. The student may well find a good answer but have incorrect reasoning. Here are 14 strategies to stimulate clinical reasoning:

1. Encourage the student to verbalize his thoughts at the time or immediately after the clinical experience.

2. Recreate the complete experience by asking the student to justify (or explain the logic behind) each of his actions, preferably shortly after the experience.

3. Encourage use of a decision tree: “If the patient reacts this way to my intervention, I will do this” or other types of conceptual maps.

4. Ask the student to record his thought processes in a journal, along with the characteristics of the clinical schemes encountered. This will start the process of scheme recognition and metacognition.

5. Review the files (progressive case notes) with the student and ask him to explain the logic behind his thought process.

6. Use simulated cases. Evaluate the student’s intervention with him.

7. Ask the student to describe or present a clinical case to his peers taking into consideration all of the relevant elements and their consequences. This will help the student develop narrative reasoning. Remember that this type of reasoning is demanding.
8. Ask open ended questions, for example: “On what type of data did you rely in reaching those conclusions?” Avoid closed questions (requiring a yes or no answer).

9. Teach the student to use protocols appropriately and critically. Ask him questions about how he would use the protocol with a fictitious patient who presents with specific characteristics. Ask him to explain certain components of the protocol from both a practical (pragmatic) and theoretical (procedural) point of view.

10. Present a variety of simple cases. Gradually increase the level of difficulty of the clinical experiences. For example, if the patient’s condition is very complex, ask the student to treat only one element at a time.

11. Anticipate all of the possible outcomes of an intervention. Force the student to identify and explain a prognosis.

12. Encourage the student to answer his own questions. Help him by offering avenues to investigate.

13. Use paraphrasing techniques and ask the student to do the same. For example, in instances where the student observed the supervisor, ask him to explain the client’s subjective assessment in his own words. This provides a means of comparing the priorities identified by the student and those of the clinical supervisor.

14. Encourage the student to make the connection between a specific clinical situation and his previous clinical experiences. Ask the student to identify the similarities between these clinical situations.