

Assessing Clinical Reasoning Clinical Summary

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Background

Clinical reasoning in the clinical setting is generally defined as the cognitive process that a physician uses to observe, collect, and analyze information that is then used to make a decision regarding the patient (e.g., diagnosis, treatment, management). Knowledge is a prerequisite to clinical reasoning, but simply having knowledge does not ensure that a physician will be able to integrate all the information and make the best decision. As such, it is a critical skill at all levels of training and a common focus for assessment. This session considered whether the ABP should invest effort and resources into further exploration of how to better assess clinical reasoning.

Key Points from Presentation

Dr. Larry Gruppen began by noting that clinical reasoning is a term that requires a carefully considered operational definition to avoid the ambiguity that typically surrounds it. It is important to be clear on the construct being measured and the purpose of the assessment. Assessing clinical reasoning also requires different methodologies and taps different parts of the cognitive structure.

Dr. Gruppen pointed out that there is a fundamental contrast between diagnostic and therapeutic reasoning, but that there are numerous flavors of clinical reasoning within each: information gathering, integrating new information with existing knowledge, reasoning from first principles in basic science, decision-making about changing therapy, deciding when to seek consultation, gathering and weighting patient preferences, etc. Numerous measurement methods can assess various aspects of clinical reasoning. Item types include standard multiple-choice questions, extended matching, oral exams, expert observations, chart stimulated recall and audits, simulation, key features questions (i.e., steps to take, and actions to be performed to solve a problem), and script concordance tests (i.e., how new information is used to change current course of action).

Key Points from Breakout Session

Clinical reasoning is likely already embedded in many existing items used in ABP examinations. It would be useful to review and tag existing ABP questions to verify the extent to which clinical reasoning is already being assessed and what aspects of reasoning are being measured (e.g., knowledge, diagnosis, information gathering, therapy). There are a variety of innovative and proven assessment formats that can be explored, including audio/video, case vignettes, and simulations. Electing not to assess clinical reasoning is not an option. The group noted that there may be too much focus currently on knowledge, which is necessary, but insufficient for clinical reasoning. The group expressed interest in using testing to promote development of clinical reasoning. It was also noted that the ABP has to determine what it wants to measure, recognizing that it cannot assess everything. Some felt that the earlier discussion on use of resources during testing may strengthen the Board's ability to assess clinical reasoning by virtue of the types of questions that that would be used in such an exam.

Conclusions

There was strong support for the ABP making the necessary investment of effort and resources to better assess clinical reasoning for both initial certification and the MOC examination. However, it was also noted that clinical reasoning is already being assessed. As such, the recommendation is for the ABP to continue its efforts in this area so that it can better understand what types of clinical reasoning are already being assessed and identify possible gaps.