

CLINICAL REASONING

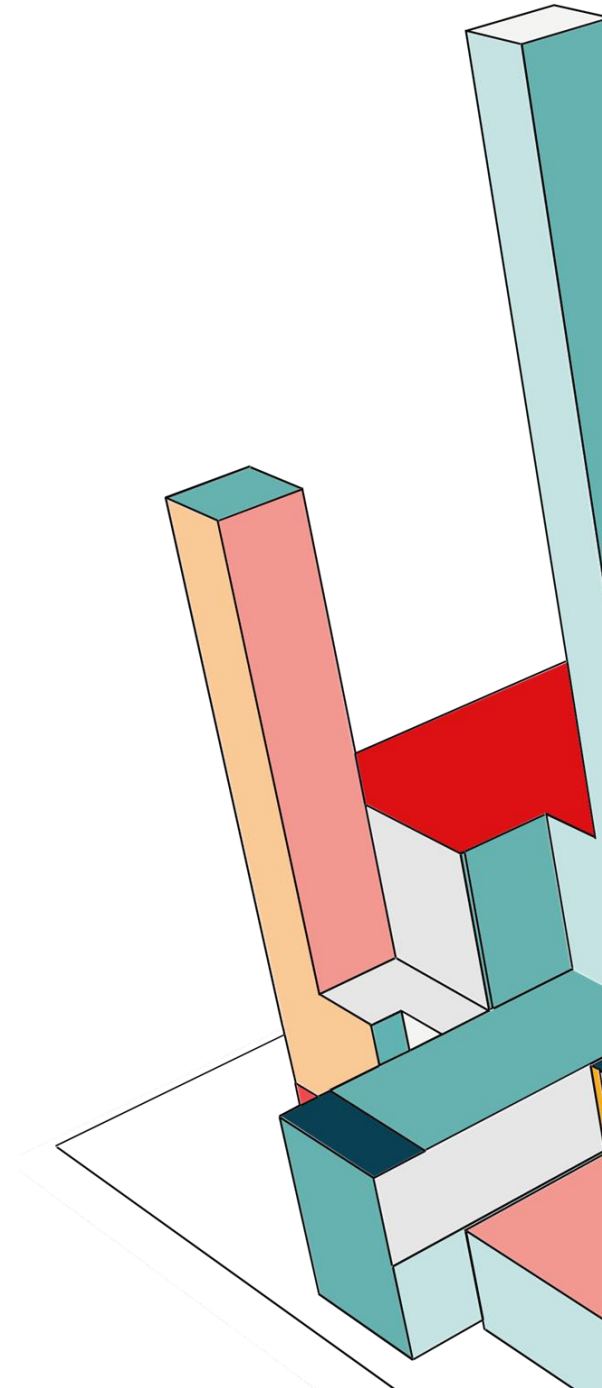
Educational Strategies

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**“CLINICAL REASONING SHOULD NOT
BE LEFT TO DEVELOP **HAPHAZARDLY**
OR BY CHANCE”**

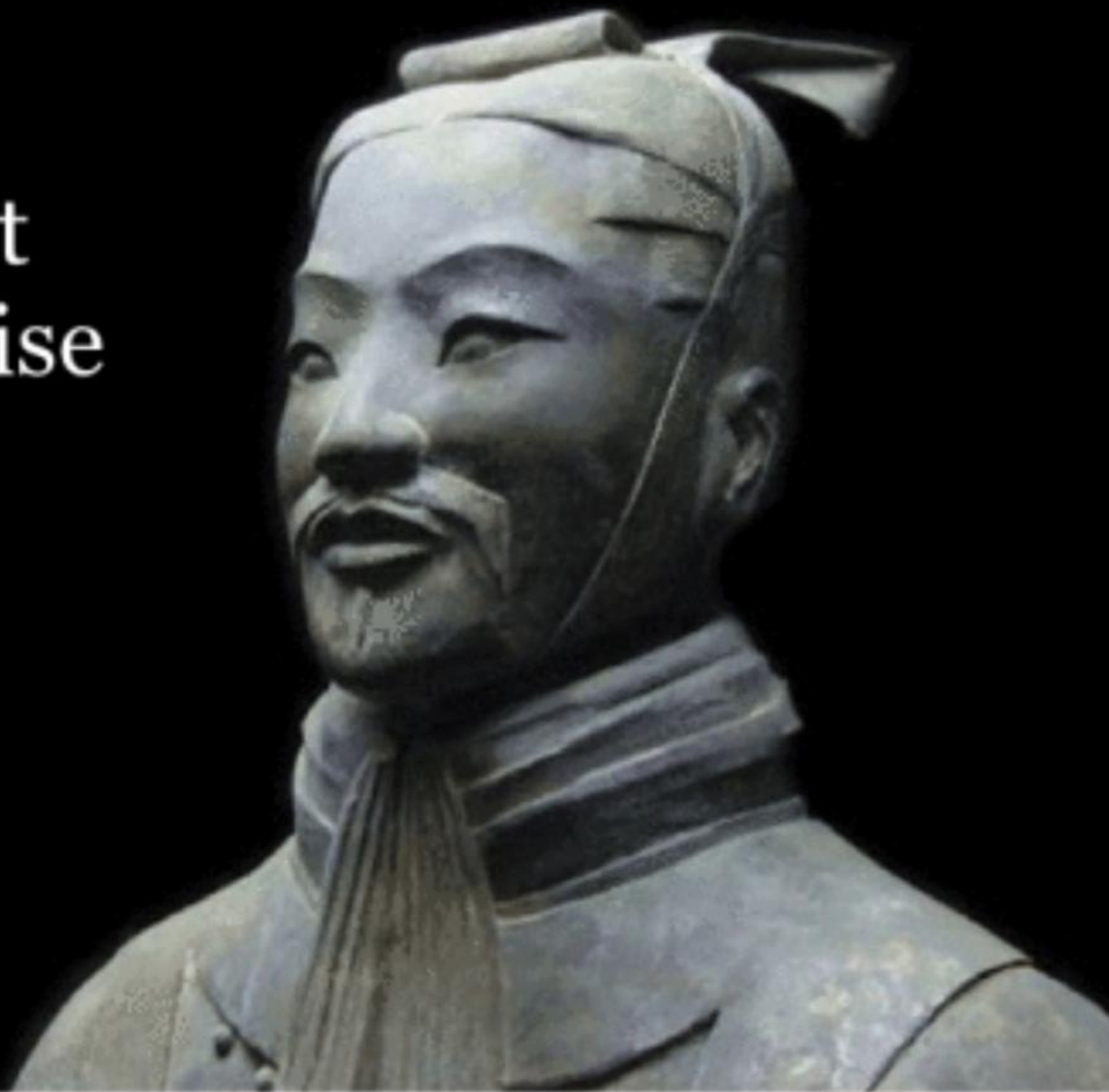
Jerome P.Kassirer

Editor-in-chief of NEJM 1991-1999



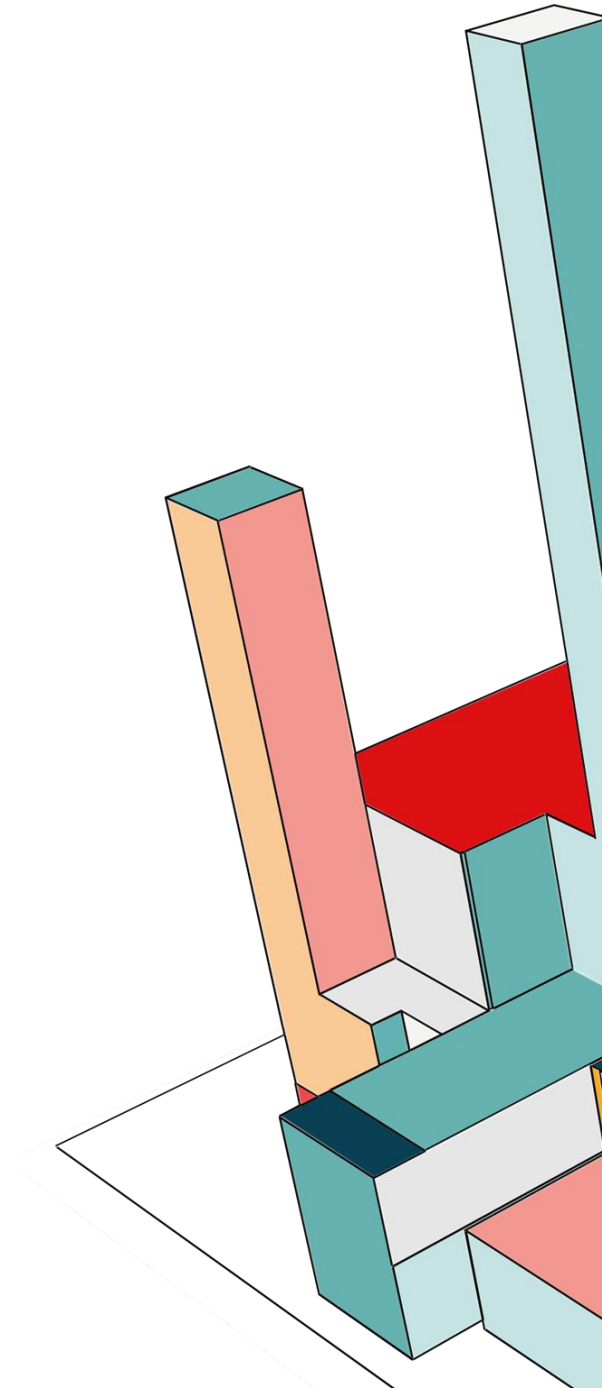
“Tactics without
strategy is the noise
before defeat.”

Sun-Tzu

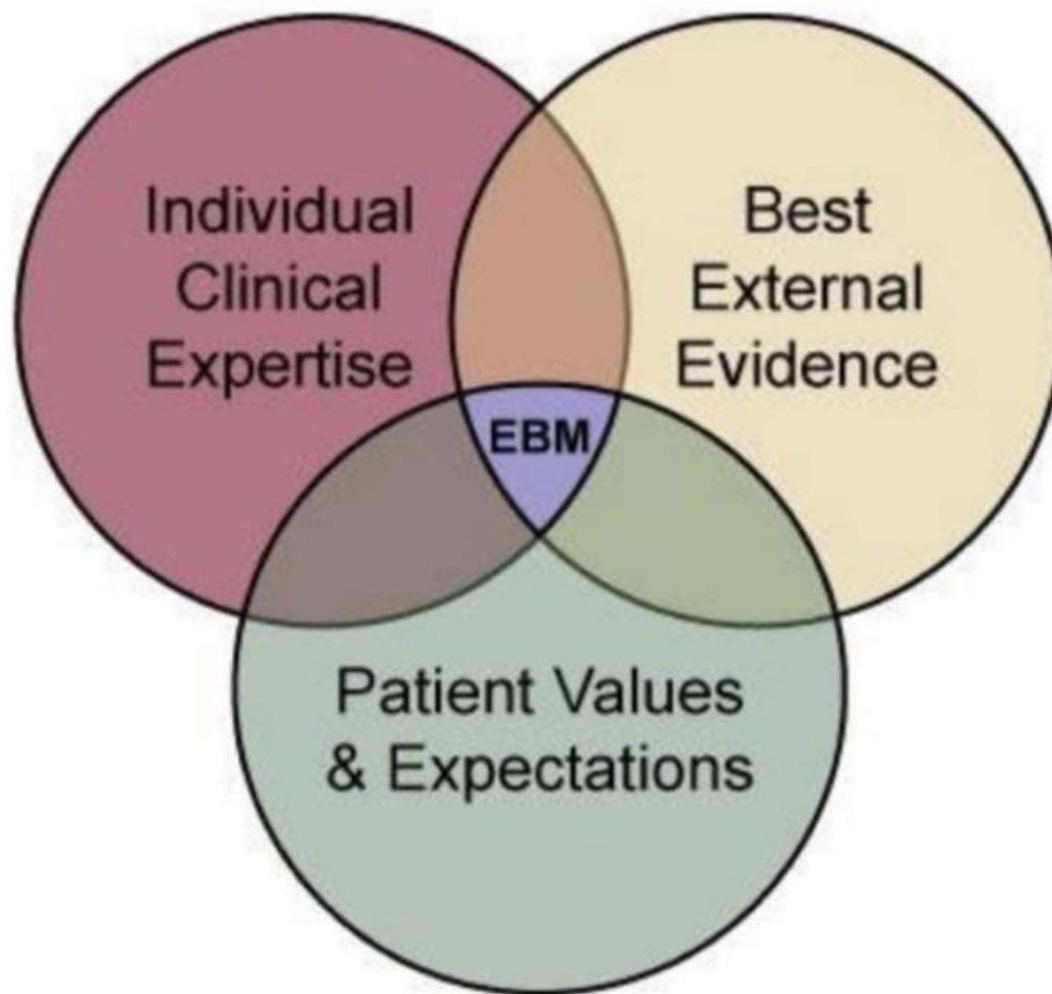


Strategy 1

EMBEDDING CLINICAL REASONING IN EVIDENCE BASED MEDICINE



What is Evidence Based Medicine?



WHAT IS EVIDENCE BASED MEDICINE?



Dr. David Sackett, 1996

The conscientious, explicit, judicious use of current best evidence in making decisions about the care of individual patient.

It means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

”

Evidence does not make
decision, people do ”

Hayes,2002

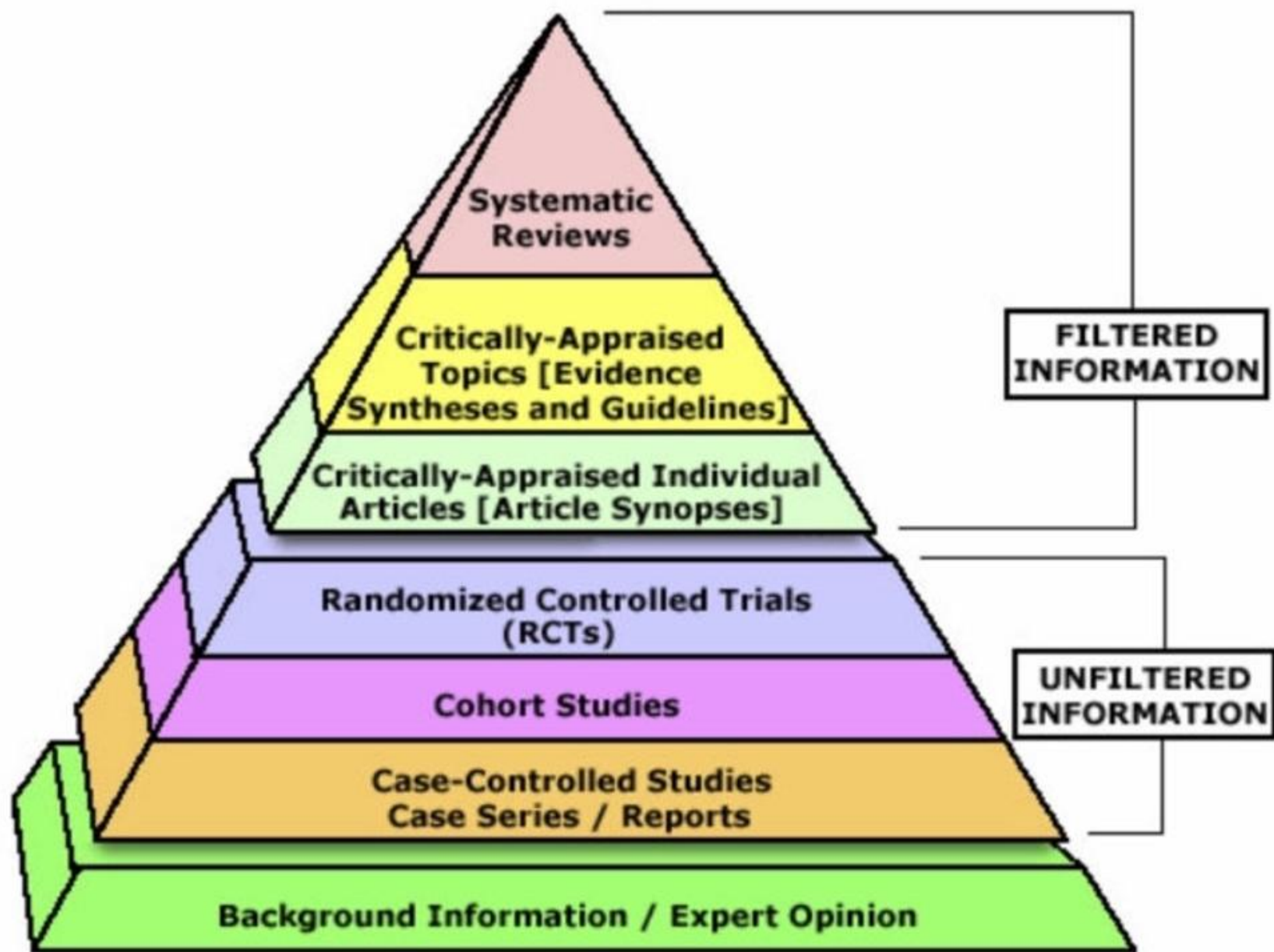


TABLE 3. Major Themes Related to Defining Clinical Excellence, From Interviews With 24 Clinically Excellent Faculty Physicians at 8 Academic Institutions^a

Theme	No. of times theme mentioned in all interviews		No. (%) of respondents referring to theme
Communication and interpersonal skills	47	★★★★	22 (92)
Professionalism and humanism	46	★★★★	21 (88)
Diagnostic acumen	46	★★★★	14 (58)
Skillful negotiation of the health care system	21	★★★	8 (33)
Knowledge	16	★★★	10 (42)
Scholarly approach to clinical practice	10	★★	7 (29)
Passion for clinical medicine	6	★	5 (21)

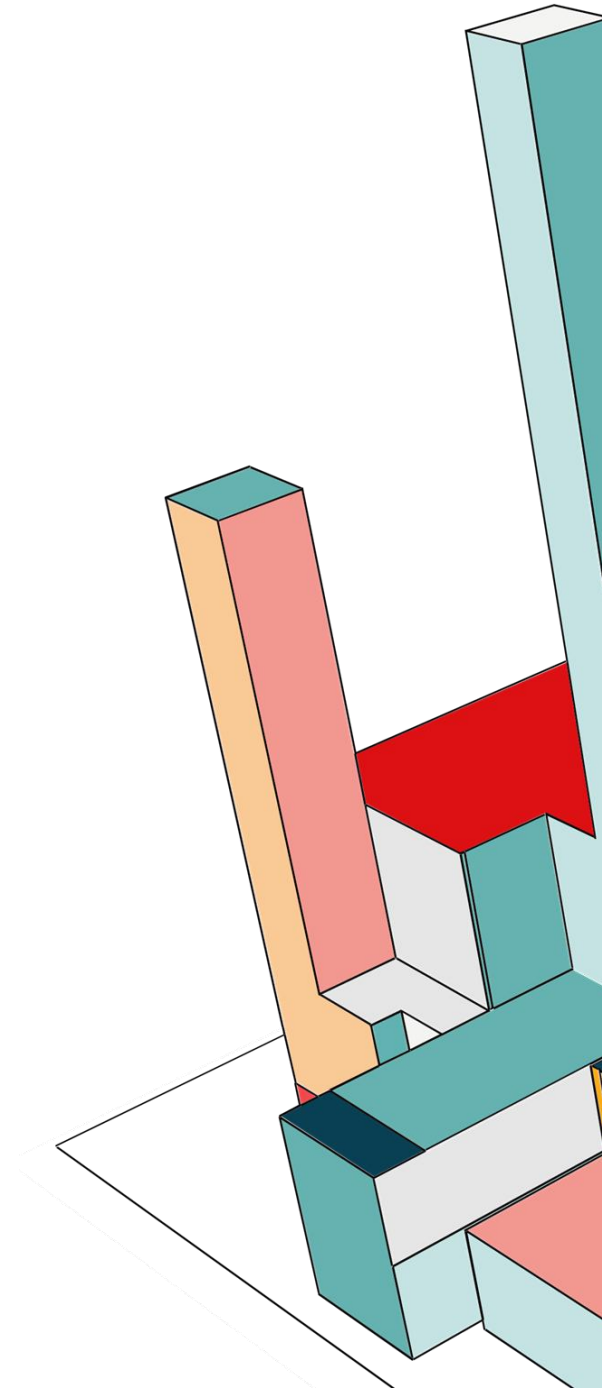
^a Respondents were not queried specifically about these themes, and these counts represent spontaneous and unsolicited responses in each subcategory.

Non-Technical Skills (NTS)
Clinical Reasoning (CR)
Tacit Knowledge



Strategy 2

Osler-Dewy Learning methods





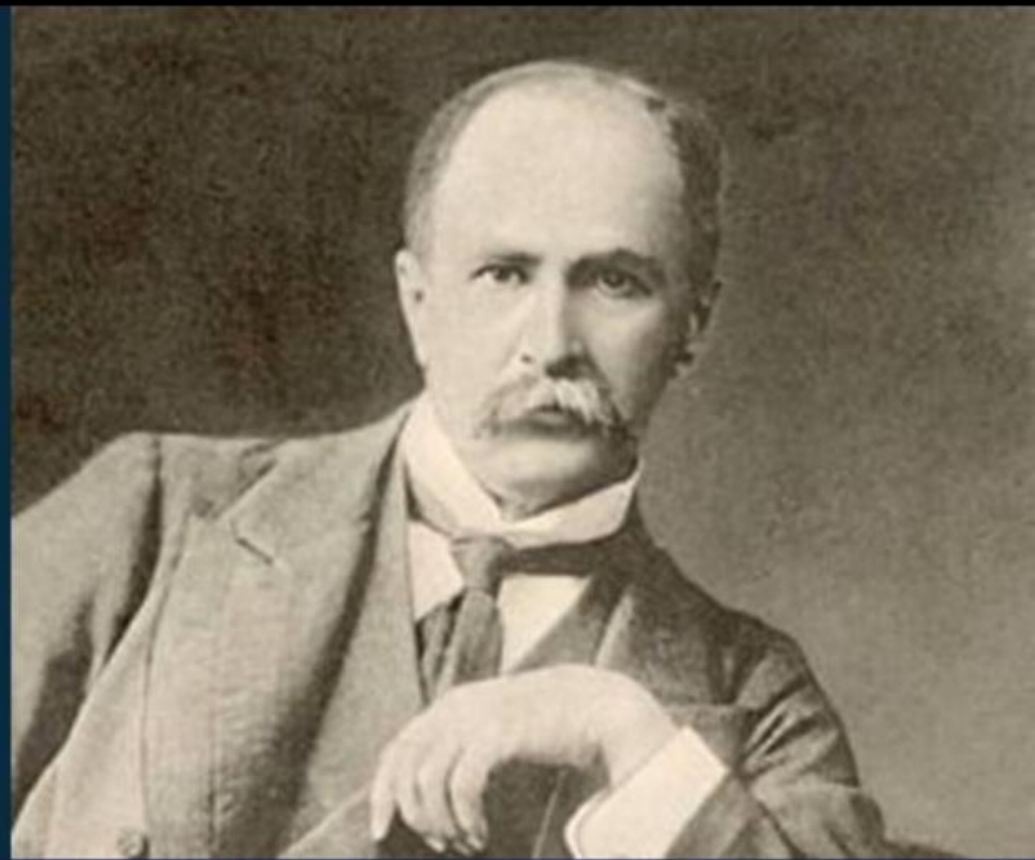
Teaching Less: **Focusing on Methods Instead of Details**

“The problem with medical students is that they try to learn too much: the problem with medical educators is that they try to teach too much. Teach them methods and the art of observation, and then give them patients to practice their skills”

Sir William Osler, the father of modern medicine

*“The value of experience is not in
seeing much, but in seeing
wisely.”*

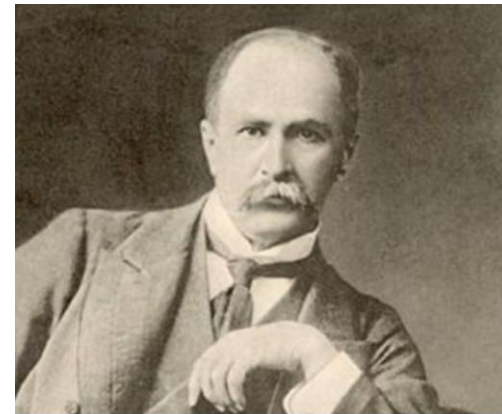
– William Osler



Case Categorization (Osler's Learning Approach)

1. **Clear Cases** - Learn from diagnostic excellence
2. **Doubtful Cases** - Learn from diagnostic uncertainty
3. **Mistake Cases** - Learn from diagnostic errors

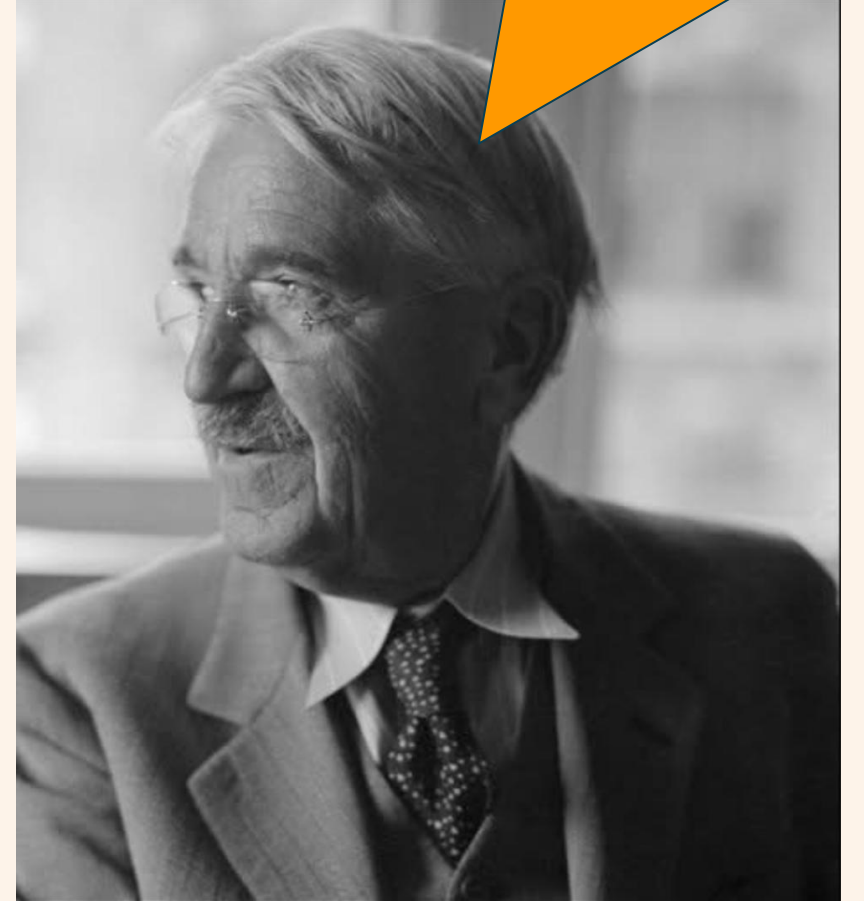
*"The value of experience is not
in seeing much, but in seeing
wisely."*



Dx Excellence
Dx Uncertainty
Dx Errors

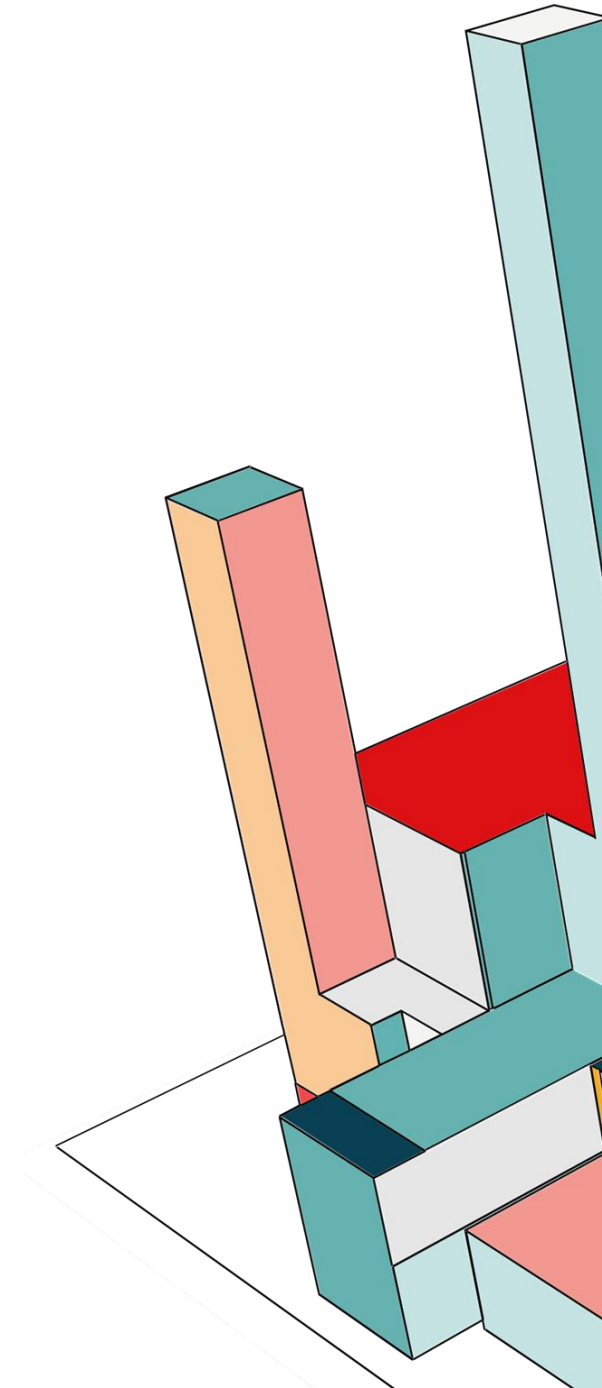
*“We do not learn from
experience. We learn from
reflecting on experience.”*

John Dewey, Educator and Philosopher



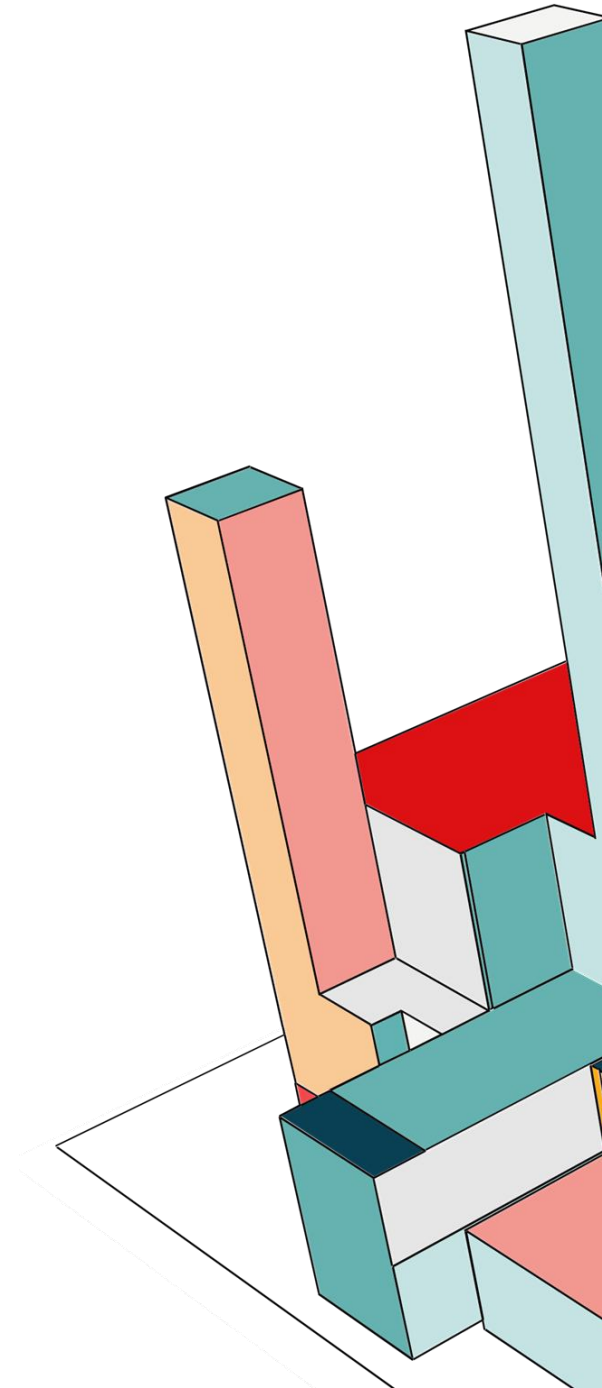
Strategy 3

SPIRAL CURRICULUM

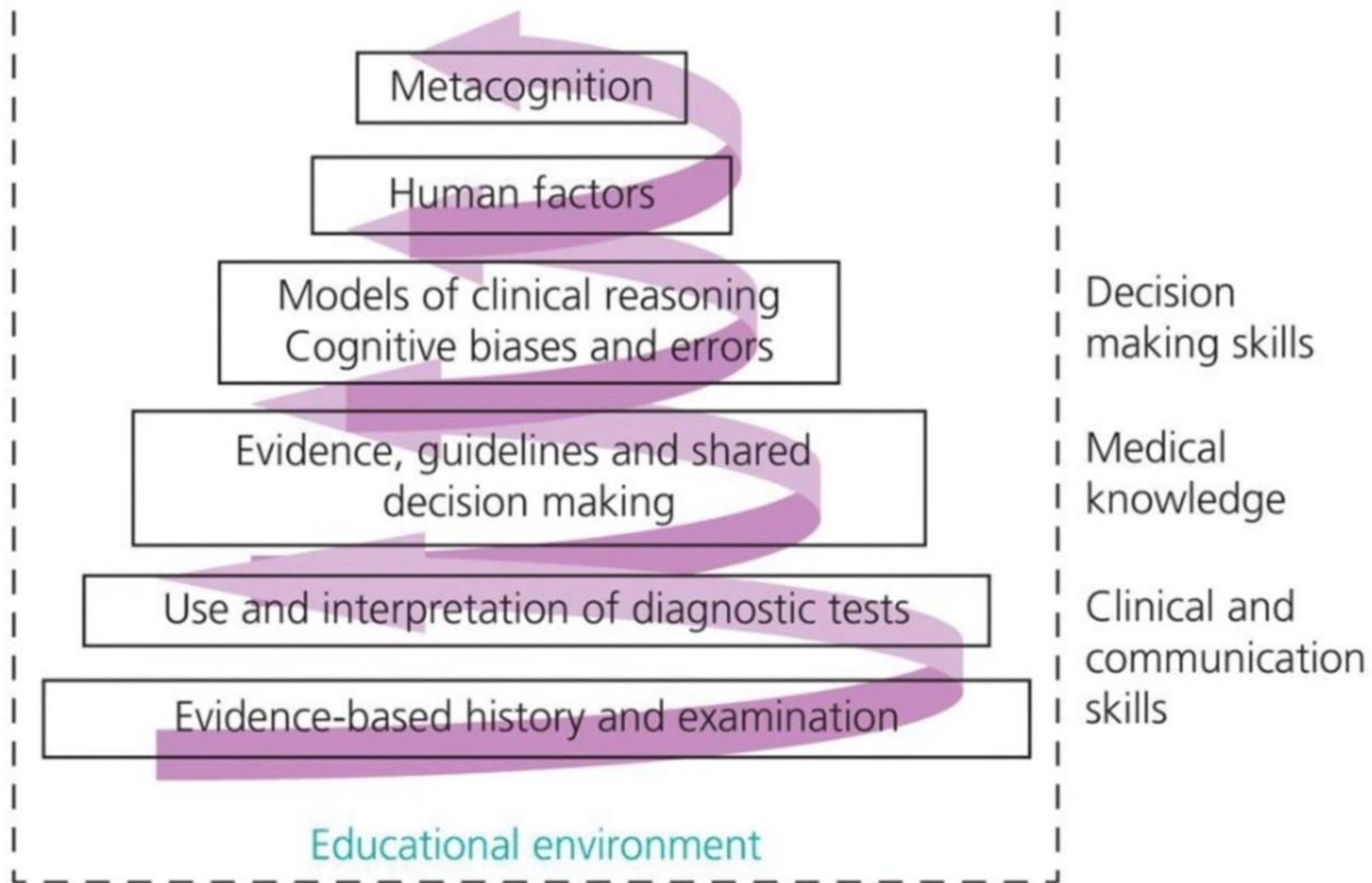


Teaching Complex Skills Effectively

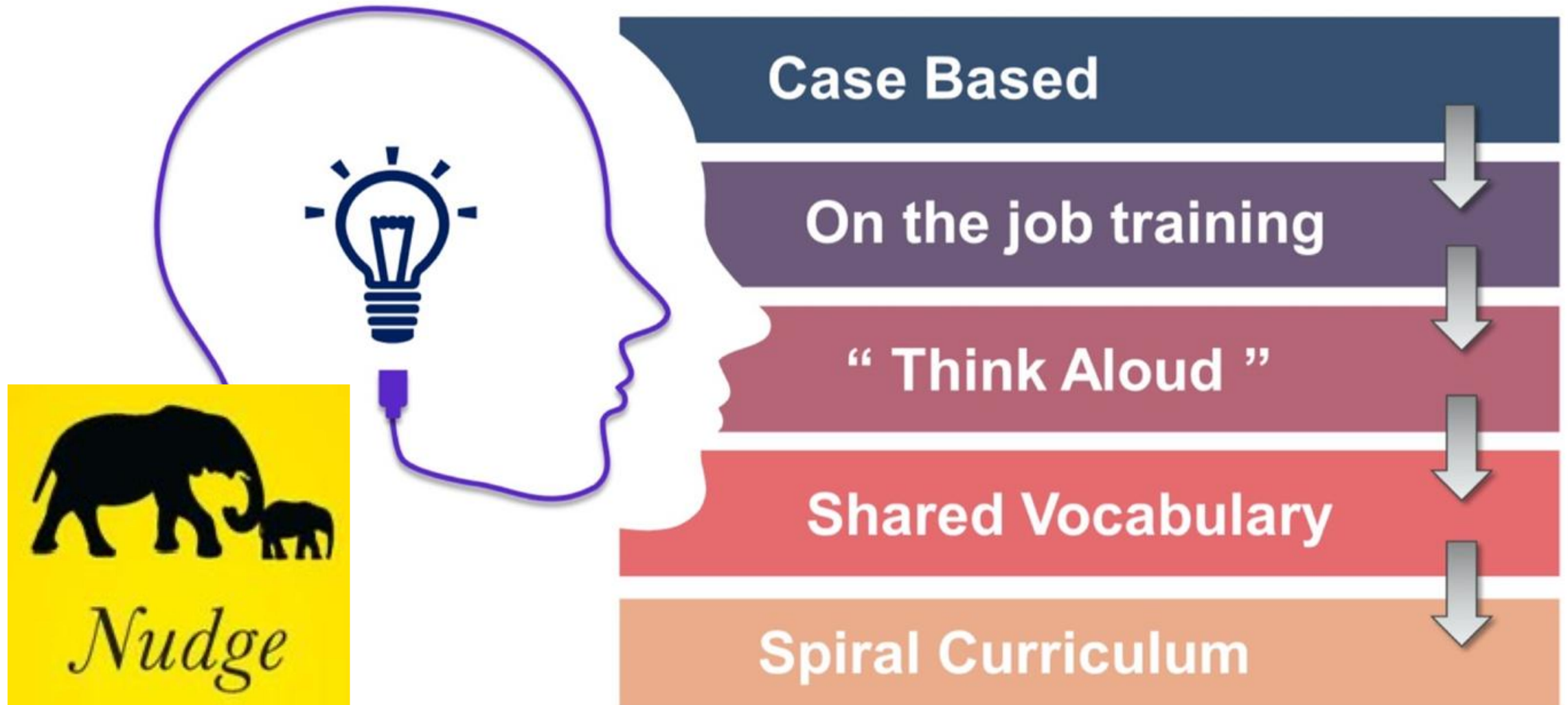
1. **Scaffolding**: Structuring Learning for Success
2. Breaking Down Skills into **Micro Skills**
3. Designing a **Well-Structured Curriculum**
4. The Role of a **Skilled Coach**

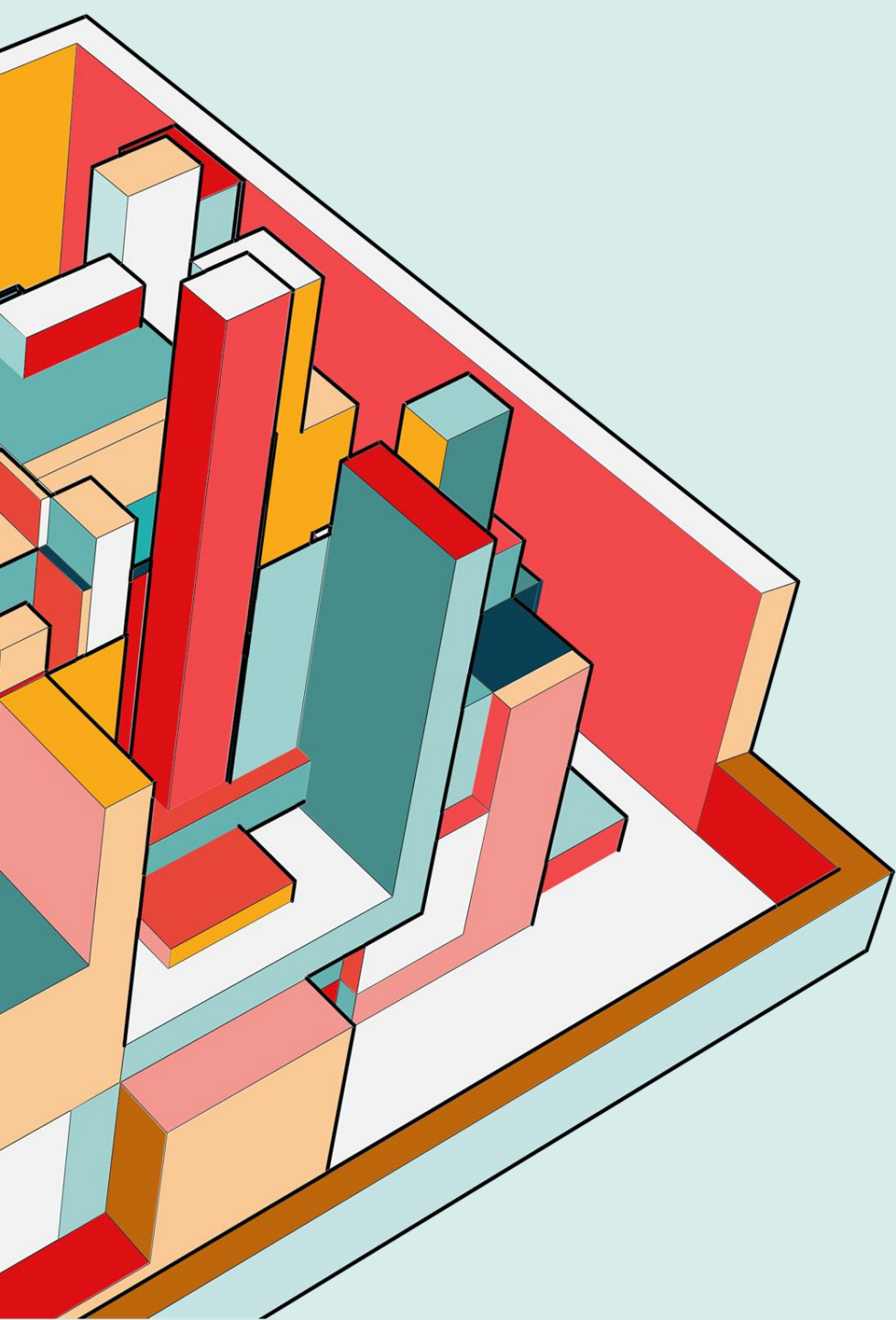


Undergrad



Clinical Reasoning: Teaching Strategies

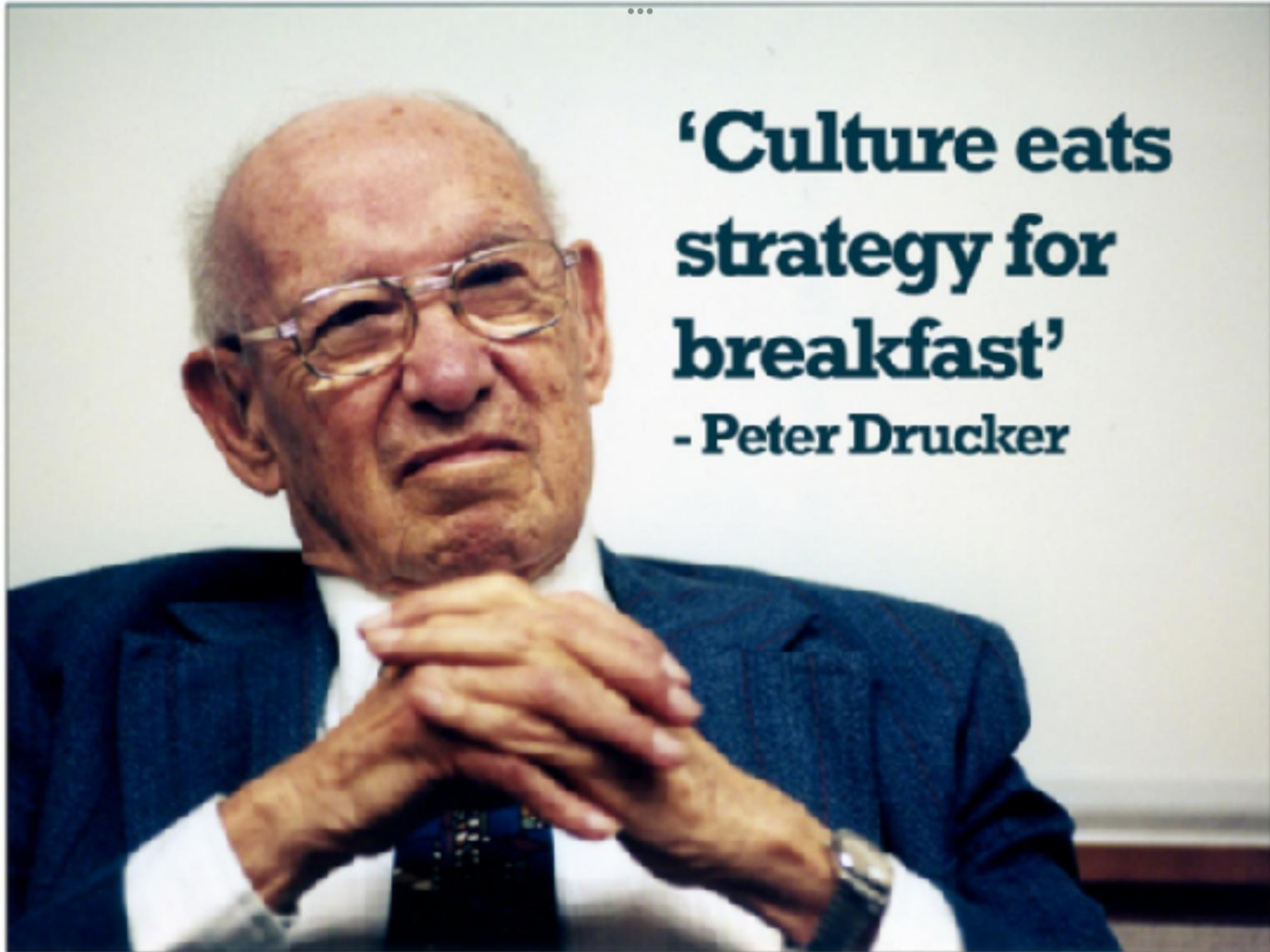




CLINICAL REASONING

**“IT IS HOUSED
NOWHERE BUT SHOULD
BE TAUGHT
EVERYWHERE”**

Rencic J et al 2015



**'Culture eats
strategy for
breakfast'
- Peter Drucker**

THANK

YOU