

## Effective Skills for Clinical Reasoning Assessment

### Modified One-minute Preceptor

#### Get a commitment

- Allow for candidate to make a commitment
- Avoid prompting or suggesting a diagnosis or treatment plan at this point
  - *“What do you think is happening here?”*

#### Probe for supporting evidence

- Was this a “lucky guess” or a well thought-out evaluation?
- Explore thought processes
  - *“Were there any other alternatives you considered?”*
  - *“What made you rule out condition X?”*
- Questions that rely on rote memory DO NOT aid clinical reasoning (e.g. “What is the differential diagnosis for retrosternal chest pain?”)

#### Explore further understanding

- Try to find a common principle that can be applied to other situations
- Explore candidate’s ability to apply knowledge in different situation
  - *“What if this person with a chronic cough was 60 years-old instead of 30?”*
- Does not necessary apply to medical knowledge only
  - *“What if this patient was not in agreement with your treatment plan?”*
  - *“What happens if this patient lives alone?”*

#### Reinforce what was done right

- Positive feedback will encourage desirable behaviours

#### Correct mistakes

- Point out any errors

Adapted from Neher J et al. A five “micro-skills” model of clinical teaching. Journal of American Board of Family Practice. 1992; 5(4): 419-24.