

Supporting and assessing progression in clinical decision making

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Abstract

The material presented in this workshop draws on the findings of research carried out in one department, at one major University Teaching Hospital in Victoria, Australia.

The participants were: 26:42 third-year medical students in the surgical unit, and 17:21 unaccredited registrars and accredited trainees in the surgical unit. These were medical students and doctors at early to relatively senior levels of practice.

Key findings of this research are that for every diagnosis there is an identifiable progression in each individual's clinical decision making (CDM) from novice to competent/proficient level of expertise, and this can be supported, monitored, mapped, assessed and mentored to ensure more effective development.

This topic is important because, whilst clinical practice is considered essential for the development of CDM(1), in general it remains under-researched(2), and progressive assessment of CDM needs further refinement(3). The principles, whilst refined in a surgical context, are applicable to all fields of medicine.

The workshop will occur in three parts:

1. Introduction to the whole group of the researched model illustrating progression in CDM from novice to competent/proficient expertise and the kinds of experiences required including the kinds of behaviour at each level;
2. Small group discussion augmented by both of the tools identified in the introduction with participants to relate the model and tools to their own experiences;
3. Large group discussion and debate about group findings especially whether they think that the tools will be useful to them in their own practices.

Attendees should be involved in assessing clinical decision making or wanting to benefit from better understanding the sequence of development of CDM. How to support and better inform assessment of CDM are key outcomes.

Participants with any level of experience can attend from novices to competent/proficient doctors. Mastery for most doctors will take many years of experience – the model supports same.

After participating in this workshop participants will be equipped with tools that they can apply to develop CDM and assess how CDM affects diagnosis and management in their own practices.

References (maximum three)

1. Nordquist J. Hall J. Caverzagie K. Snell L. Chan M. Thoma B. Razack S & Philibert I. The clinical learning environment. *Med Teach* 2019; 41(4): 366-372.
2. Hennrikus F. Skolka P & and Hennrikus N. Applying metacognition through patient encounters and illness scripts to create a conceptual framework for basic science integration, storage, and retrieval. *J Med Ed & Curric Devt* 2018; 5: 1–9.
3. Audétat M-C. Dory V. Nendaz M. Vanpe D. Pestiaux D. Perron N & Bernard Charlin B. What is so difficult about managing clinical reasoning difficulties? *Med Ed* 2012; 46: 216–227.