

# Fact Sheet 2: Clinical reasoning- Experienced clinicians sharing knowledge

Students and novice occupational therapists have the opportunity to learn from more experienced clinicians in the workplace. Due to their experience and the familiarity with their practice, expert therapists often use tacit knowledge developed over years of experience which is difficult to communicate or observe. This factsheet aims to support experienced clinicians to develop an understanding of their own clinical reasoning practices so that they are equipped to share these with others.

## How to use this factsheet

This fact sheet is the second in a series of three designed to support individuals and teams to develop their understanding of clinical reasoning. The first factsheet provides an overview of clinical reasoning and the third gives suggestions about how it can be facilitated. Each factsheet aims to refresh and extend learning by summarising literature and evidence in relation to this key topic and guiding reflection. The factsheets can be used to stimulate discussion and exploration of the topic with peers and within teams. The other factsheets in this series are available from [OTCEP@health.qld.gov.au](mailto:OTCEP@health.qld.gov.au).

## Experienced clinicians as experts in clinical reasoning

The literature refers to the progression from novice to expert clinicians. In terms of clinical reasoning, experts could be characterised as being capable and able to integrate and apply *'thinking and learning skills to make sense of, learn collaboratively from and generate knowledge within familiar and unfamiliar clinical experiences'* (Christensen et al., 2010, p102). Expert thinking

has been characterised as typically complex, abstract and tacit (Ritchhart & Perkins, 2008). It has also been described as being, non-linear and multi-dimensional (Christensen et al., 2010). In order for novice occupational therapists to be able to learn from experienced occupational therapists it is important for the reasoning of experts to be explicit and visible (Ritchhart & Perkins, 2008).

*'The better our understanding of expert practice and how experts reason, the greater our capacity to provide this complex and often tacit knowledge to novices to hasten and progress their journey to expertise'* (Unsworth & Baker, 2015, p10).

## Developing self awareness

Being able to describe your clinical reasoning to others relies on an awareness of the clinical reasoning processes you use and the information that informs these. Self-awareness of how you make decisions in practice enables you to reflect, evaluate and communicate your thinking about the process and outcomes of client centred care.

Metacognition is a term used to describe an awareness of one's own cognitive processes and the cognitive skills necessary to manage knowledge (Biggs, 1988). Reflective practice helps with the development of metacognition, self awareness, the ability to be self critical and the development of effective decision making (Higgs & Titchen, 1995).

## Being a reflective practitioner

Reflective practice has been considered an integral part of the reasoning processes of occupational therapists. It underpins the process

practitioners use to plan, direct and perform clinical care (Boyt Schell, 2003). Reflective practice enables occupational therapists to develop their clinical reasoning by learning from experience. The Occupational Therapy Practice Process diagram (<http://otcouncil.com.au/forms/>) and the Model of Professional Thinking (Bannigan & Moores, 2009), both include reflective practice as central to how occupational therapists guide their clinical reasoning and their practice. For further information a *Clinical Education Guide to Reflective Practice* can be requested from [OTCEP@health.qld.gov.au](mailto:OTCEP@health.qld.gov.au).

## How do you reason in practice?

It is important that experienced therapists develop a language to enable their clinical reasoning to be revealed and understood (Unsworth & Baker, 2015). The following questions are designed to prompt reflection on personal clinical reasoning practices to increase awareness and preparation for sharing reasoning practices with others.

- *How do you sieve out relevant from irrelevant information?*
- *How and when do you hypothesise about possibilities during your interaction with a client?*
- *When you are working with clients do you often feel you have seen a client before whose needs were similar? How does this make a difference to your clinical reasoning?*
- *How do you know when you need to deliberate and alternatively when you 'just know' what to do?*
- *What information does your clinical reasoning draw on? Client stories, chart history, occupational therapy specific theory, knowledge of medical conditions, your own beliefs or principles, evidence which might inform practice, reflective practice?*

## Would you like to explore this topic further?

Within a video Dr Jodie Copley (University of Queensland) offers advice on how clinical educators and students can share and develop their clinical reasoning together (see: <https://otpecq.group.uq.edu.au/education-placements/essential-supervision-skills-techniques-and-suggestions/professionalclinical-reasoning>). The Occupational Therapy Practice Education Collaborative- Queensland (OTPEC-Q) website houses a range of high quality video resources to support quality placement education: <https://otpecq.group.uq.edu.au/>

## References

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