Clinical reasoning describes the way occupational therapists think and make decisions in practice. Novice occupational therapists (students and new graduates) will rely on the experience of those in the work place with well-developed clinical reasoning skills. However, occupational therapists participating in a recent Australian study (Towns & Ashby, 2014) found communicating their clinical reasoning to be challenging. This factsheet offers some strategies to support occupational therapists to articulate their clinical reasoning and assist others to develop their clinical reasoning skills. Some suggestions involve actions for the occupational therapist, some the learner.

## How to use this factsheet

This fact sheet is the third 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, the second presents the challenges of experts communicating their reasoning to novices. 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.

## 10 ways to support the development of clinical reasoning

1. **Enquire about the learners understanding of clinical reasoning**

Tell me what you think clinical reasoning is? How have you been taught in your University program to reason/ think about client care in practice? What approaches to decision making in client care have you heard about?

2. **Notice signs that indicate a learner is reasoning capably. To demonstrate this they may:**

- Gather information to make informed judgements.
- Demonstrate an ability to see how thinking changes from situation to situation, client to client.
- Express understanding of what is possible in a situation rather than being idealistic.
- Look at the impact they are having on the encounter with the client.
- Prioritise their approach and grade interventions appropriately.
- Reflect on their practice.

3. **Role model and provide safe reflective practice opportunities**

Now I'm going to talk you through my reflections on my assessment with Mrs B this morning, What happened was….What went well was….what didn't go so well was….What sense I made from this situation is….What I would do next time is…(Adapted from Gibbs 1998)

4. **Articulate own clinical reasoning**

Think out loud ("I wonder if this.. has an impact on… that"); Chunk information ("first I considered … this, and then I thought about …that"); Tell stories about previous clients (past/present, successful/ unsuccessful) as this encourages students to learn vicariously from your past clinical experiences.

5. **Promote reasoning out loud for the student**

This could be encouraged while in the room with the client if the client is agreeable and it is appropriate. Alternatively, after the event:

When you were working with Mr H this morning, What professional knowledge was guiding your practice? Why did you decide to do that? When did

> you realise that? How did you come to that decision? What alternatives did you consider?

6. **Use an occupational therapy model or framework to organise information**

   This can help the learner to be systematic in their thinking and can inform their decision making

> Which occupational therapy models are you familiar with? Which one would you like to use to organise the information you have gathered/ are about to gather?

7. **Expose student to repeated experiences to build clinical reasoning capability**

While unique and novel experiences are interesting to a student, they don't always offer a student opportunity to practice a skill so it can be refined over time. Plan a balance between novel and repeated experiences which build clinical reasoning capability in novice learners.

8. **Promote lateral thinking**

> What else did you notice? Did you collect any other information? What are the alternative options for a way forward? If that wasn't the case, what else could you have done?

9. **Provide feedback**

Provide feedback straight after an experience and/or at a later time when there has been opportunity for you both to reflect.

> Your skills in the area of XXX have really developed this week. I know this because I saw….

10. **Embed clinical reasoning development strategies into your support, supervision and education practices**

    Any of the above strategies can be used within supervision, daily support, and informal or more structured educational opportunities.

# Reflective Questions

1. In the past have you used any of the strategies in this factsheet or have you used others to assist learners with their clinical reasoning?
2. Which of the strategies would you like to try to develop the clinical reasoning abilities of others?
3. How do you think these particular strategies could assist with the development of a learner's clinical reasoning in your setting?

# Would you like to explore facilitating clinical reasoning development further?

View 'Facilitating student clinical reasoning on placement' delivered as part of the Allied Health Professionals Office - Queensland interprofessional videoconference series on 27th July 2016 by Cate Fitzgerald, Program Manager, OTCEP.https://webcast.gigtv.com.au/Mediasite/Catalog/catalogs/clinicaleducatorsvcseries

# Reference

Towns, E. & Ashby, S. (2014). The influence of practice educators on occupational therapy students' understanding of the practical applications of theoretical knowledge: A phenomenological study into student experiences of practice education, *Australian Occupational Therapy Journal* (60), 344-352.

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