LEARNING TO COMMUNICATE CLINICAL REASONING IN PHYSIOTHERAPY PRACTICE

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PUBLICATIONS ARISING FROM THIS RESEARCH

Peer reviewed journal articles

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ABSTRACT

Effective clinical reasoning and its communication are essential to health professional practice, especially in the current health care climate. Increasing litigation leading to legal requirements for comprehensive, relevant and appropriate information exchange between health professionals and patients (including their caregivers) and the drive for active consumer involvement are two key factors that underline the importance of clear communication and collaborative decision making. Health professionals are accountable for their decisions and service provision to various stakeholders, including patients, health sector managers, policy-makers and colleagues. An important aspect of this accountability is the ability to clearly articulate and justify management decisions.

Considerable research across the health disciplines has investigated the nature of clinical reasoning and its relationship with knowledge and expertise. However, physiotherapy research literature to date has not specifically addressed the interaction between communication and clinical reasoning in practice, neither has it explored modes and patterns of learning that facilitate the acquisition of this complex skill. The purpose of this research was to contribute to the profession's knowledge base a greater understanding of how experienced physiotherapists having learned to reason, then learn to communicate their clinical reasoning with patients and with novice physiotherapists.

Informed by the interpretive paradigm, a hermeneutic phenomenological research study was conducted using multiple methods of data collection including observation, written reflective exercises and repeated semi-structured interviews. Data were analysed using phenomenological and hermeneutic strategies involving in-depth, iterative reading and interpretation to identify themes in the data. Twelve physiotherapists with clinical and supervisory experience were recruited from the areas of cardiopulmonary, musculoskeletal and neurological physiotherapy to participate in this study.

Participants' learning journeys were diverse, although certain factors and episodes of learning were common or similar. Participation with colleagues, peers and students, where the participants felt supported and guided in their learning, was a powerful way to learn to reason and to communicate reasoning. Experiential learning strategies, such as

guidance, observation, discussion and feedback were found to be effective in enhancing learning of clinical reasoning and its communication. The cultural and environmental context created and supported by the practice community (which includes health professionals, patients and caregivers) was found to influence the participants' learning of clinical reasoning and its communication. Participants reported various incidents that raised their awareness of their reasoning and communication abilities, such as teaching students on clinical placements, and informal discussions with peers about patients; these were linked with periods of steep learning of both abilities.

Findings from this research present learning to reason and to communicate reasoning as journeys of professional socialisation that evolve through higher education and in the workplace. A key finding that supports this view is that clinical reasoning and its communication are embedded in the context of professional practice and therefore are best learned in this context of becoming, and developing as, a member of the profession. Communication of clinical reasoning was found to be both an inherent part of reasoning and an essential and complementary skill necessary for sound reasoning, that was embedded in the contextual demands of the task and situation. In this way clinical reasoning and its communication are intertwined and should be learned concurrently. The learning and teaching of clinical reasoning and its communication should be synergistic and integrated; contextual, meaningful and reflexive.