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Teaching clinical reasoning – a European interprofessional approach

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Background: Clinical reasoning (CR) is an essential ability students in the healthcare professions have to acquire during their education. Despite the importance of CR for daily practice and patient safety, explicit teaching of CR is still not widespread in healthcare education across Europe. Therefore, the aims of our EU-funded projects DID-ACT and iCoViP are providing a blended-learning curriculum on CR for students, including a pool of 200 virtual patients (VPs) for deliberate practice and a train-the-trainer course on how to teach CR to students. Overall, in those two consortia more than 70 healthcare professionals, educators, students, and other professions from ten countries and 15 healthcare institutions and companies work together.

Methods: We based our curriculum development process in DID-ACT on the Kern cycle [1]. As a first step we conducted a needs analysis among students and educators on their needs and perceived barriers in teaching CR [2]. Based on this, we developed a framework for the learning units and formulated learning objectives and identified relevant teaching methods. We developed the learning units in small interprofessional teams including a review and revision round. After that, we implemented the learning units in our learning management system Moodle and conducted pilot implementations. In parallel, in the iCoViP project, we developed a multilingual VP collection based on predefined criteria to guarantee a diverse and realistic patient population.

Results: The DID-ACT student curriculum consists of 24 learning units in three different levels of difficulty covering ten different themes of CR, such as theories, errors & biases, or patient perspective. The train-the-trainer course covers the same themes in eight learning units and prepares educators for teaching the corresponding student learning units. All learning units are publicly available and designed to be implemented in a blended learning format, but online resources can also be used in a self-study mode. The VP collection developed in iCoViP is integrated into the curriculum as self-study resources to provide further training in CR.

Discussion: The overall feedback we collected during our pilot studies was positive. However, we also identified some aspects for improvement, which we are currently implementing. For example, we overestimated the familiarity of educators and students with asynchronous and blended learning formats. Therefore, we will provide more instruction as part of the train-the-trainer courses.

Take home message: Our international and interprofessional collaboration enables us to share our experiences and perspectives on CR to provide a curriculum and VP collection that we hope will be adopted by many healthcare institutions across Europe.

References

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