IN SUPPORT OF MEANINGFUL ASSESSMENT AND FEEDBACK:
A STUDY OF REASONING TASKS USED DURING CASE REVIEW IN THE AMBULATORY SETTING

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BACKGROUND

- Teaching clinical reasoning is one of the most important roles of clinical supervisors in Internal Medicine
- Faculty and trainees may be unfamiliar with the metacognitive tasks, **reasoning tasks**, that influence how we perform clinical tasks (history taking, physical exam, decision-making)
- Making reasoning tasks explicit can help faculty and trainees see patterns in how they reason around a case
- To date, little is know about specialty-specific reasoning tasks or developmental trajectories
- **Study Purpose:** Explore patterns of reasoning tasks used in ambulatory geriatrics clinics

METHODS

- 18 audio-recorded case review discussions between 4 geriatricians and 11 trainees (medical students, residents and fellows)
- Qualitative analysis using constant comparison and template analysis methods, using a previously validated list of 3 overarching and 23 supportive reasoning tasks
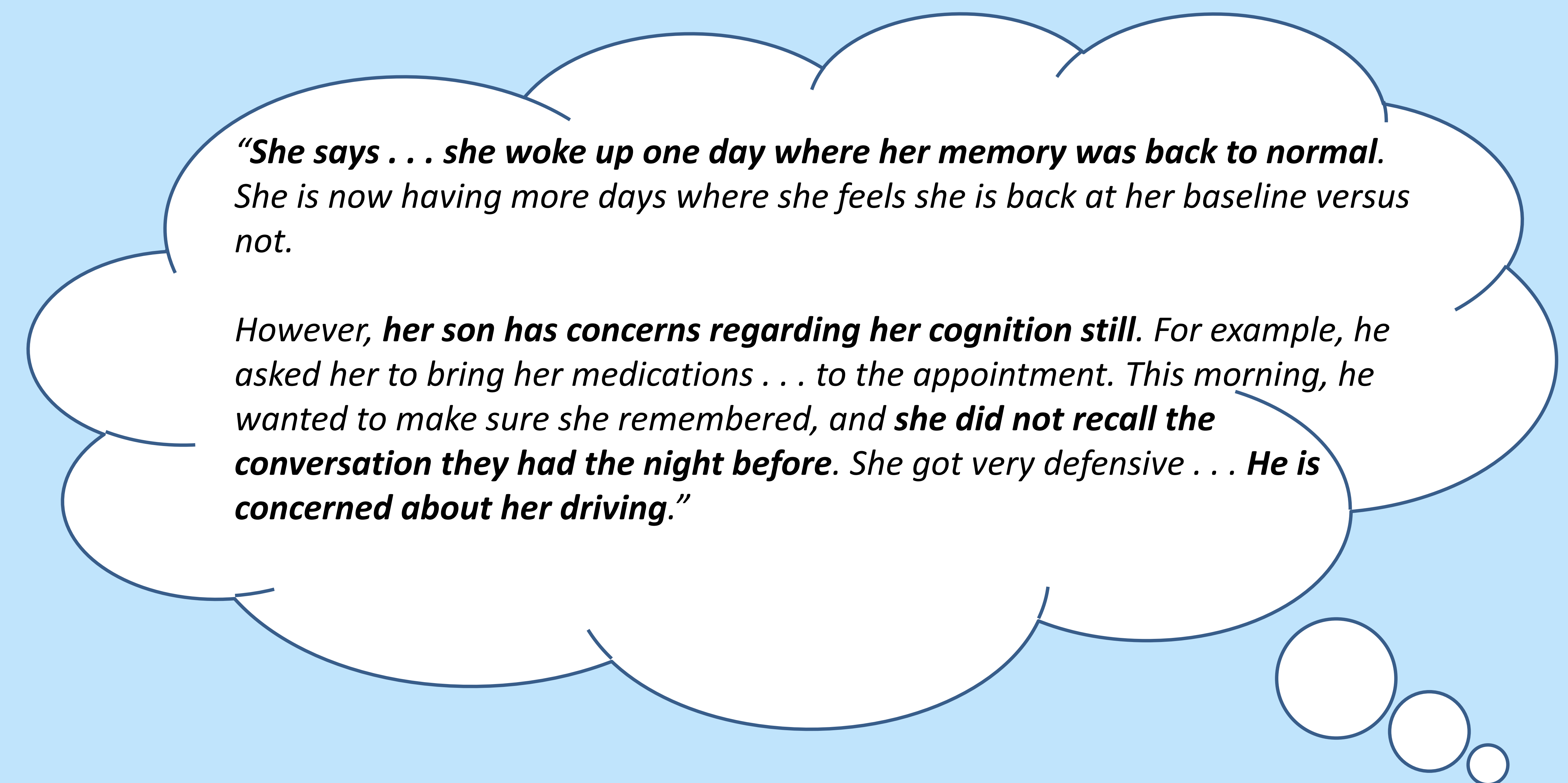
IMPLICATIONS

- Part of a multi-phase study exploring reasoning tasks across internal medicine settings
- Developing a shared language around reasoning tasks shaping clinical encounters will allow for more meaningful and explicit feedback to trainees
- Identifying common patterns of omission will help trainees better prepare for future encounters, and set goals for achieving expert-level assessment and decision-making
- Understanding which reasoning tasks are commonly addressed by trainees versus faculty will help to delineate the competency continuum, and may be used in the design of assessment instruments

RESULTS
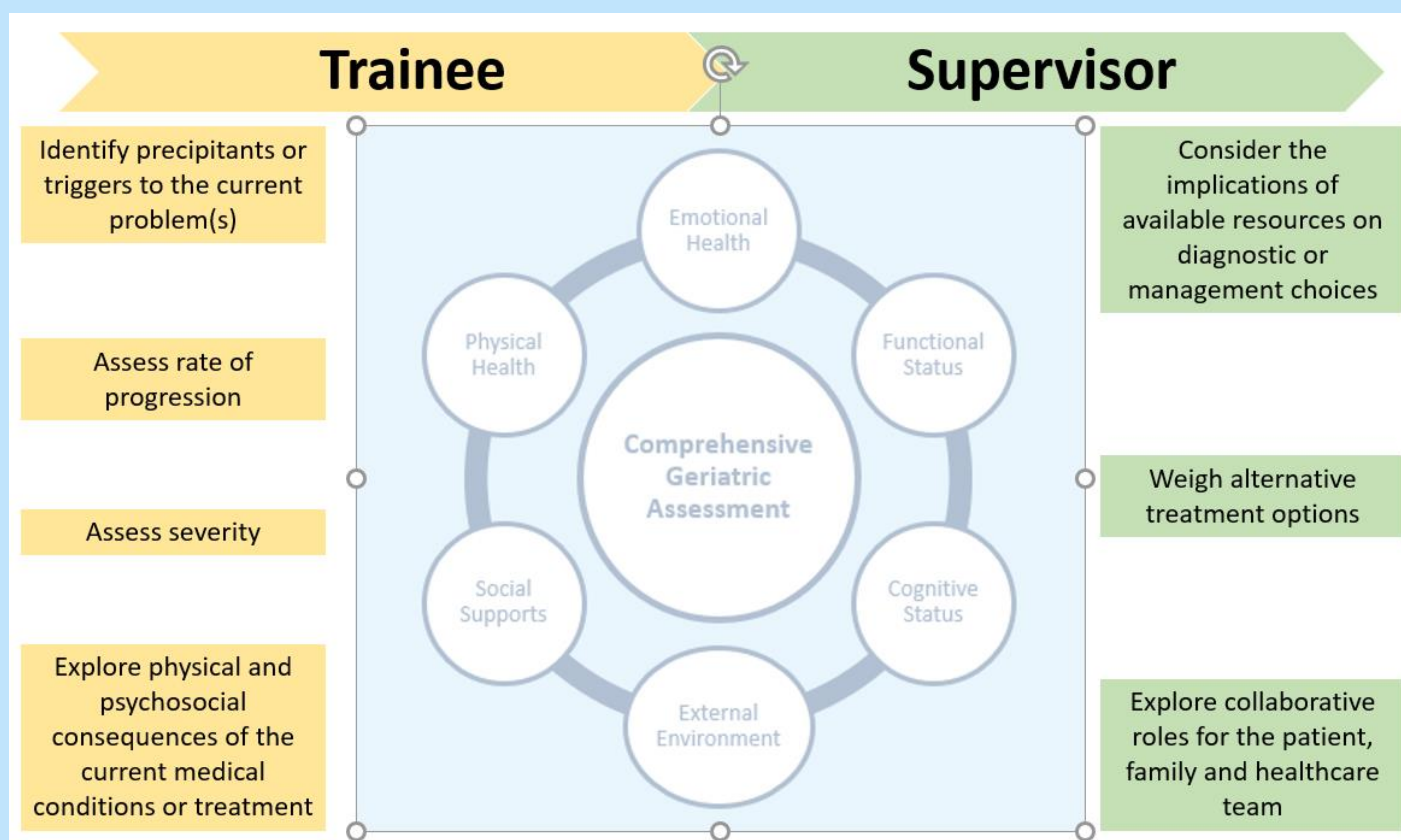
Figure 1. Reasoning tasks commonly associated with ambulatory geriatrics, and apparent expertise effect. Supervisors demonstrated expertise with the healthcare system via collaborative practices and navigation of resource constraints.

"She says . . . she woke up one day where her memory was back to normal. She is now having more days where she feels she is back at her baseline versus not.

However, **her son has concerns regarding her cognition still**. For example, he asked her to bring her medications . . . to the appointment. This morning, he wanted to make sure she remembered, and **she did not recall the conversation they had the night before**. She got very defensive . . . **He is concerned about her driving.**"

Figure 2. Theoretically, two new reasoning tasks were identified: 1) consider the quality of the data source, including credibility, reliability and other barriers to effective data collection; 2) determine the need for further data gathering—for example, the need for collateral history, as in this example.

References
1. Charmaz K. Nurse Res. 2006; 13(4):84.
2. Eva KW. Med Educ. 2005; 39(1):98-106.
3. Goldszmidt M, Minda JP, Bordage G. Acad Med. 2013; 88(3):390-7.
4. Juma S, Goldszmidt M. Adv Health Sci Educ Theory Pract. 2017; 22(3):691-711.
5. Lingard LA, Haber RJ. Acad Med. 1999; 74(5):507-10.
6. Lingard LA, Haber RJ. Acad Med. 1999; 74(10 Suppl):S124-7.

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