

CLINICAL REASONING CURRICULA AND ASSESSMENT RESEARCH CONSORTIUM
EDUCATION LEADERSHIP CONFERENCE
OCTOBER 12, 2017 5:00-6:30
Room: Grand Ballroom 7

Call the meeting to order

1. Introduction of Leadership

We will need to elect a new vice chair and a nominating committee member

2. Reports from Task Forces:

Teaching Compendium Task Force: Wing Fu, Terry Miller, Kara Kobal, Vicki LaFay, Mark Erickson, Jacki Brechter

- Explore a mechanism for hosting a “living” document related to best practices in teaching clinical reasoning
- Create a “living” document on best practices related to teaching clinical reasoning based on what we know from the literature
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One of the objectives of the teaching compendium task force is to create a living document on best practices related to teaching clinical reasoning based on what we know from the literature. To achieve this objective, the task force has decided to conduct a systematic review first. We have finished the review protocol. The review is designed to address the following research question:

What effects do educational interventions have on the development of physical therapy learners' clinical reasoning? (We chose to use the word "learners" instead of "students" because we wanted to cover both entry-level and post graduate learners, like those in residencies and fellowships.)

We have selected a free online tool that supports the conduct of systematic reviews. All the task force members have finished their training on using the tool. Each task force member has worked with librarians of their own institutes to create key words, subject terms and/or Mesh terms for the search. We are about to finalize our key word list and start the search on 6 databases as a group.

Every task force member is committed to the work. Although we have encountered bumps in the road, I am happy to report that we are moving forward and getting closer towards our goal.

Competencies Task Force: Kelly Macauley, Amelia Siles, Tracey Brudvig, Rosa Torres Panahame, Matt Walk, Lisa Black, Wing Fu

- Develop competencies across the educational continuum ie. Year 1 students, year 2 students etc based on what we know from the literature and practice
- Work with other SIGS and Consortium to be inclusive and ensure breadth and depth

The entire task force met at CSM to discuss our charge. We had a great discussion about the scope of our assignment. We were all aware of several groups that were also working on a similar charge as well as literature that related (peripherally). We decided to create a Dropbox as a repository with the articles that we discussed as background reading as well as any other existing sources for clinical reasoning competencies. (There are some items in there and you are a member of it!) Additionally, many people had contacts that they knew were working on this with other groups (clinical, residency, etc). They were going to reach out to the groups so we could work collaboratively. We stalled there. I think moving forward we need to find out who the other groups are working on the same project so we aren't duplicating efforts. The issue we ran into was how to find out who they are.

Education Task Force: Karen Huhn, Jacquelyn Ruen, Matt Walk, Laura Sage, Vicki Lafay, Terry Miller

- Coordinate Educational activities supported by the Consortia including web based, print and live courses
- Work with other SIG's, Consortia and Sections to plan a Gordon like conference

Communication Task Force:

- Manage the website
- Create a newsletter (quarterly)

3. Update on “big research questions”

Attendees: Karen Huhn, Susan Wainwright, Nicole Christensen, Lisa Black (virtually), Chris Sebelski, Kyle Covington, Raine Osborne, Terry Nordstrom, Gail Jensen, Joe Screiber.

Resulting Research Questions:

1. What is clinical reasoning in Physical Therapy?
 - What are the dimensions?
 - What is unique about CR in PT?
 - What are the “drivers” of good CR in PT?
2. What should entry-level CR look like?
 - What is?
 - What ought to be?
 - What isn't it?
3. What is the trajectory of CR development?
 - Is there an intermediate effect?
 - When is it embodied relative to professional formation?
 - Are there levels of CR development?
 - What are the drivers of the trajectory?
4. What are best practices for teaching CR?
5. What are best practices for assessing CR?

Assumptions around research agenda:

- Movement's role in CR is a unique characteristic/aspect
- Incorporates biopsychosocial perspective
- Development of knowledge is tied to development of CR
- Model of CR in PT differs from other professions
- Current work acknowledges prior work (frameworks)
- Good educational research reflects awareness of best practice methods
- Studies should be grounded in the learning sciences

Boundaries around research agenda:

- Research must be grounded in learning theory
- Intent to identify “implicit” and “hidden” drivers of what we see, fuel change work
- Frame purposes/findings in bigger perspective of practice and professional formation/embodiment

- Description to interpretation

4. Concept Analysis description:

Based on the concept analysis and the themes and patterns that emerged, clinical reasoning in physical therapy could be conceptualized as **integrating cognitive, psychomotor and affective skills. It is contextual in nature and involves both therapist and client perspectives. It is adaptive, iterative and collaborative with the intended outcome being a biopsychosocial approach to patient/client management.**