What are the Challenges of Assessing Clinical Reasoning?

Khadeja: Intellectually stimulating.

David: Great teamwork.

Laurie: Brain stretching.

Debra: Frustrating and fabulous.

On-screen: [NBME OSCE for Clinical Reasoning Creative Community.

Tell us about your experience in the creative community and NBME's OSCE for Clinical Reasoning project. Advancing beyond knowledge. Why is clinical reasoning important and challenging to assess?

Lauire Caines, M.D. University of Connecticut School of Medicine.]

Laurie: Clinical reasoning, it seems like it would be a really easy thing to assess. It's not an easy thing to assess. It's really hard to study how somebody is thinking.

On-screen: [Clinical Reasoning: A process by which clinicians collect, process, and interpret patient information to develop an action plan.

David Gordon, M.D. Duke University School of Medicine.]

David: I think every medical school and training program needs to consider the assessment of clinical reasoning as critical. So any national effort to help us do that better or more efficiently is something that I thought was important to support.

On-screen: [Debra Klamen, M.D., M.H.P.E. Southern Illinois University School of Medicine.]

Debra: It has been known to me for a long time to be sort of the issue. This black box that we're trying to crack open, i.e., taking a look into the student's invisible process in their brain of when they're clinically reasoning.

On-screen: [Matthew Kelleher, M.D., M.ED. University of Cincinnati College of Medicine.]

Matthew: A lot of assessment in medical education, we use tools that are quite static, right? You did this in this moment, you didn't do this in this moment. There is no one right way to clinically reason, right? Like many people solve problems in different ways.

On-screen: [Candace Pau, M.D. Kaiser Permanente Bernard J. Tyson School of Medicine.

OSCEs: Objective Structured Clinical Examination. A method of assessing clinical competence in medical education.]

Candace: I still really strongly believe that OSCEs are the most effective and maybe the only way we have to, in a very standardized, controlled manner, be able to assess students' clinical skills and their knowledge, and how they put it together in the context of a patient case to approximate what they're going to be doing for the rest of their careers.

On-screen: [Janet Veesart, M.D. University of New Mexico School of Medicine.]

Janet: The project is really challenging and it's really enjoyable. And it's taking a group approach to trying to find a solution or a set of solutions to a really challenging problem, which is how do we get inside the minds of our students and get a good idea of the thought processes and the skills that we want them to develop?

On-screen: [Sharon Dowell, M.B.B.S., M.S. Howard University College of Medicine.]

Sharon: I think we need to be better at seeing the whole patient and thinking deeply about their problems so that we can solve their problems.

In order to be better diagnosticians, in order to be better doctors, we have to be able to think critically and to be experts in clinical reasoning.

On-screen: [Collaborating for change, working together.]

David: I think what makes this initiative so unique is the ability and scope of which we can collaborate. As physicians, we are very diverse. We differ by the institutions that we come from, we differ by the specialties that we practice, and we differ by our personal backgrounds.

On-screen: [Khadeja Johnson, M.D. Morehouse School of Medicine.]

Khadeja: I really love that there are different people from different fields participating. So we have the OSCE experts in the same room with the psychometric and measurement experts, so we can ask questions to try to figure out how to really create the best type of assessment tool for students.

On-screen: [Kristen Mitchell, D.O. University of New England College of Osteopathic Medicine.]

Kristen: As an osteopathic physician, there has initially been questions about why I'm sort of partnering with the NBME.

And in each of the discussions, it's become clear that clinical reasoning is not an allopathic or an osteopathic skill. It's a skill of medical education, and so I'm really glad to be a part of this community.

Matthew: I genuinely think I've had more fun in those meetings than any other meeting in my workday. They're exciting, they're creative, they're trying to solve complex problems, and I think that's a real testament to the NBME staff. They do this amazing job of just creating kind of a fun collaborative atmosphere.

On-screen: [Reassess the future, for the next generation of physicians.]

Laurie: I think the biggest thing that we're trying to do is to improve formative feedback for the students. That's the big push. We want to assess students, but also give them the tools they need to become good clinicians.

Sharon: One of our goals is to make sure we create lifelong learners, and that means that we have to have students and doctors who participate in self-reflection and also in critical thinking. Part of that is because we serve a community that's very complex. Our patients are at that intersection of geography, environment, socioeconomic status, and, you know, historically there's so many health disparities that our patients experience.

On-screen: [Analia Castiglioni, M.D. University of Central Florida College of Medicine.]

Analia: Our school is undergoing a transformation of its curriculum towards a more competency-based medical education curriculum. So this would represent a great opportunity to be at the national level, to be having conversations with, you know, like-minded faculty, you know, work with the expertise of the NBME, and synergize and collaborate into solutions that not only our school needs, but, you know, all schools in the country need.

Debra: I think the process of bringing together 10 schools who haven't worked together in this way before has been absolutely fantastic because now we have a network of people who are similarly interested in this process to reach out to and to work with, and that's been amazing.

Candace: I think there's so much information that we can get out of seeing what a student does or doesn't do in an OSCE. And it's really about how do we extract that information and make it interpretable and valuable to the students and to the faculty.

And I think that's what this project has the opportunity to achieve, and I think that's really amazing.

On-screen: [Follow us on our journey: reassessthefuture.org.]