Consensus statement on the content of clinical reasoning curricula in undergraduate medical education

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Why now?

- Recognition that diagnostic error is the most common, most costly and dangerous of medical mistakes
- Calls to explicitly address the diagnostic process and related decision making in curricula
- Consensus that clinical reasoning is rarely taught in a way that is explicit, systematic and consistent with current evidence
The consensus statement

Recommends, based on a review of the literature and expert consensus:

• Topics to be taught
• Teaching strategies to be used
• An approach to teaching, not additional teaching
Key components of clinical reasoning

For the purposes of this consensus statement, clinical reasoning can be conceptualised as a process with different components that each require specific knowledge, skills and behaviours:

- History and physical examination
- Choosing and interpreting diagnostic tests
- Problem identification and management
- Shared decision making
Teaching strategies

- Retrieval practice
- Building understanding
- Structuring knowledge around problems
- Practice with lots of cases with feedback
Conclusions

‘While all medical schools teach knowledge, skills and behaviours ... careful attention to what is taught, how it is taught and when it is taught can facilitate clinical reasoning development more effectively through purposeful design.’
Questions?