

Consensus statement on the content of clinical reasoning curricula



There is a growing consensus that medical schools and postgraduate training programmes should teach clinical reasoning in a way that is explicitly integrated into courses throughout each year of the programme, using educational approaches that are aligned with evidence from the learning sciences.



Good teaching requires strong content knowledge and the ability to break a complex skill down into separate components followed by structured practice with feedback until the task becomes automated and learners can move on to more difficult and complex tasks.



Even though clinicians know what clinical reasoning 'is', as teachers we need to be able to break it down into its core components and use a common vocabulary. We need to understand the key theories in teaching clinical reasoning, and know what teaching strategies are most effective.



There should also be constructive alignment between intended learning outcomes, teaching, and assessment in a spiral clinical reasoning curriculum.

Adapted from: Cooper N, Bartlett M, Gay S, Hammond A, Lillicrap M, Matthan J, Singh M. Consensus statement on the content of clinical reasoning curricula in undergraduate medical education. *Medical Teacher* 2021; 43(2): 152–159.