

Clinical Reasoning Tool (CRT)

INSTRUCTIONS FOR MENTORS

1. There are many different models of care and clinical scenarios, consequently, not all sections of the CRT will apply to every registrant or every patient.
2. Before you start, inform the registrant:
 - ✓ You will skip questions if the registrant has already provided sufficient information
 - ✓ You might return to one section on the CRT for elaboration or clarification
3. Document the clinical reasoning processes when the registrant provides evidence in the conversation.
4. Probe for missing processes by asking additional questions.
5. Do not ask additional questions if the registrant has shown clinical reasoning in their response.
6. Substitute language according to the registrant’s clinical context, for example, screening, assessment, spouse, parents, children, teacher, team etc.
7. Remind the registrant, if necessary, what is meant by intervention (screening, assessment, and management).
8. It is NOT expected that all areas of the CRT will be documented in the patient record. CLINICAL

Clinical Reasoning Process	
Has the mentee?	
Collected	Collected sufficient information?
Applied	Applied background/clinical information in the decision-making process?
Linked	Linked information from one phase of intervention to the next?
Patient Context	Took the patient’s context and situation into account in all areas of intervention decision making?
Options	Considered options and provided a reasonable rationale to eliminate other options?
Flexible	Was flexible in their approach regarding the patient, their needs or other intervention options?
Reasonable	Provided a reasonable rationale to explain why they did what they did?

CLINICAL REASONING TOOL

PATIENT OVERVIEW DISCUSSION AREAS	COMMENTS
<p>1) Briefly, give me some background information about this patient</p> <ul style="list-style-type: none"> • Reasons for referral and assessment • Challenges • Interesting factors 	<p style="color: #4f81bd;">C <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/></p>
<p>2) What is/was unique about this patient?</p> <ul style="list-style-type: none"> • Cultural considerations • Psychosocial issues • Behaviour • Medical history 	<p style="color: #4f81bd;">C <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/></p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>

PATIENT OVERVIEW DISCUSSION AREAS	COMMENTS
<p>3) How did the background information direct your assessment?</p> <ul style="list-style-type: none"> • Choice of tests • Formal vs informal • Restrictions collecting information • Inter-professional collaboration • Concurrent intervention 	<p>C <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/></p>
<p>4) Lead me through your assessment process</p> <ul style="list-style-type: none"> • Choice of tests or approaches • Omitting tests or approaches • Change of assessment plans 	<p>A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/></p>
<p>5) How did the assessment results help you develop your recommendations and/or management plans?</p> <ul style="list-style-type: none"> • Patient-centered factors • Relevant additional information • Link between assessment results & management plans • Prioritizing management plans • Frequency of treatment sessions 	<p>C <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/></p>

PATIENT OVERVIEW DISCUSSION AREAS	COMMENTS
<p>6) How did/will you decide to change or move onto another section of the management plan?</p> <ul style="list-style-type: none"> • Criteria • Evaluating progress • Significant factors that led you to make changes • Patient-centered factors 	<p>C <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/></p>
<p>7) Did you involve others in intervention? How did you come to that decision? (Patient’s family, other healthcare professionals, support personnel, teachers, educational assistants, nurses, volunteers etc.)?</p> <ul style="list-style-type: none"> • Knowledge and skill level of the other person • Choice of tasks • Level of involvement • Effect of interprofessional collaboration • Reason for referral • Presenting problems in/out of scope of practice • Concurrent intervention 	<p>C <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/></p>

PATIENT OVERVIEW DISCUSSION AREAS	COMMENTS
<p>8) Lead me through your discharge process. How do/did you decide if your patient needed further audiology/SLP or other professional intervention?</p> <ul style="list-style-type: none"> • Refer for further services • Patient-centered factors • Advice to patient/family • Appropriate follow-up (frequency, schedule etc.) 	<p>C <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/></p>
SELF-REFLECTION DISCUSSION AREAS	
<p>9) Knowing what you know now, is there anything you might do differently?</p>	<p>L <input type="checkbox"/> PC <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> R <input type="checkbox"/></p>

RESULTS

COMPLETE CLINICAL REASONING
<input type="checkbox"/> PATIENT OVERVIEW
<input type="checkbox"/> SCREENING AND ASSESSMENT
<input type="checkbox"/> MANAGEMENT (TREATMENT, CONSULTATION, MONITORING ETC)
<input type="checkbox"/> DISCHARGE PLANNING FOLLOW UP
<input type="checkbox"/> PRACTICE REFLECTION

INCOMPLETE CLINICAL REASONING
<input type="checkbox"/> PATIENT OVERVIEW
Comment:
<input type="checkbox"/> SCREENING AND ASSESSMENT
Comment:
<input type="checkbox"/> MANAGEMENT (TREATMENT, CONSULTATION, MONITORING ETC)
Comment:
<input type="checkbox"/> DISCHARGE PLANNING FOLLOW UP
Comment:
<input type="checkbox"/> PRACTICE REFLECTION
Comment:

MENTORS: If the registrant shows incomplete clinical reasoning, link your decision to the clinical reasoning processes and the phase of intervention (assessment, management, discharge etc.).

EXAMPLES:

- Insufficient background information collected.
- Limited information to support decision making.
- Did not apply background information in the assessment process.
- Did not link information between phases of intervention.
- Not showing a patient centered approach (registrant centered approach).
- Not considering other options.
- Inflexible in approach.
- Limited rationale as to why they did what they did.

Mentor

Mentee

Name (print)		Name (print)	
Signature		Signature	
Date		Date	

NBASLPA acknowledges and thanks the College of Audiologists and Speech-Language Pathologists of Ontario (CASLPO) for allowing NBASLPA to adopt their Clinical Reasoning Tool.