

CLINICAL REASONING WORKBOOK*

Clinical Reasoning

"Clinical reasoning, the thought process occupational therapy practitioners use during evaluation and intervention, is central to practice"

Neistadt, M. (1998). Teaching clinical reasoning as a thinking frame. American Journal of Occupational Therapy, 52, 221-228.

Neistadt, M. (1996). Teaching strategies for the development of clinical reasoning. American Journal of Occupational Therapy, 50, 676-684.

This "workbook" is a tool that may assist you in understanding the clinical reasoning concepts (narrative, procedural, interactive, pragmatic, conditional) in a practical way. It will also help you organize the activities that you will be participating in during your practicum in order to make comprehensive clinical decisions regarding your clients.

As you begin to work with clients:

- ◆ complete each of the segments as appropriate
- ◆ discuss the process with your preceptor
- ◆ use the language in this workbook to discuss your activities
- ◆ use the different reasoning skills to create a whole "picture" or "vision" of your role with the client

*This workbook is based on the framework developed by Neistadt (1996, 1998).

Narrative Reasoning

Narrative reasoning yields the *client's occupational story* (i.e., his or her life history as told through preferred activities, habits, and roles). It also encompasses the client and therapist's shared story (i.e., how the therapist and client will incorporate the client's activity preferences into intervention to build a meaningful future for the client).

- 1) Complete Canadian Occupational Performance Measure (COPM) interview.
- 2) Review chart for social, psychological, and medical history.
- 3) Who is this client?
 - ▶ what activities and roles have been important to this client in the past?
 - ▶ what activities and roles are still important to this client?
 - ▶ what activities and roles does this client want to be able to perform after occupational therapy intervention?
 - ▶ what activities are important to this client and has difficulty doing now?
 - ▶ what valued activities will this client be able to do after occupational therapy intervention?
- 4) Write a brief paragraph about the client's story, including an ending about what his or her life will be like after discharge from your facility. Start with, "*Once upon a time . . .*" You will develop an imagined future.

Procedural Reasoning

Procedural reasoning is the process of defining *clients' diagnostically related occupational performance area, performance component, and performance context problems and selecting appropriate action plans.*

- 1) Summarize the client's diagnoses and social, psychological and medical history.
- 2) List the diagnostically related treatment precautions for this client.
- 3) List the occupational therapy problems and their corresponding targeted outcomes.
 - ▶ as they appear on the chart/record
 - ▶ as you write them
 - ▶ determine similarities and differences
 - ▶ list the occupational therapy evaluations/assessments delivered or planned as listed in the charts (identify types of information, i.e., strength, mobility)
 - ▶ list assessments you would like to do with this client and provide rationale for your decision
- 4) List the occupational therapy action plan along with your theoretical framework.
- 5) For one occupational therapy session, observe the action plans given, frames of reference and rationale for those action plans, and the client's response to the action plans.
- 6) Would you do this session differently? How?
- 7) What were the apparent decision points or changes in the session? Why do you think these changes were made?
- 8) Were this client's targeted outcomes achieved?

Interactive Reasoning

Interactive reasoning yields an understanding of *what the illness or disability means to the client*. It encompasses the interpersonal interactions between therapists and clients.

- 1) Describe the client's perception of his/her illness using the information from the medical record, your COPM interview, and the client's comments during your involvement.
- 2) Describe the client's interpersonal style.
- 3) In one occupational therapy session, describe the way the therapist interacted with the client.

Pragmatic Reasoning

Pragmatic reasoning is used to consider all of the *practical issues that affect occupational therapy services*: the treatment environment, the therapist's values, knowledge, abilities, and experiences; the client's social and financial resources; and the client's potential discharge environments. Therapists use this type of reasoning to decide what is realistically possible to do for a particular client in a particular treatment setting.

- 1) How long will this client be able to stay in the facility for treatment?
- 2) What insurance/financial resources does the client have?
- 3) How many occupational therapists and occupational therapy assistants are available to provide service?
- 4) How much time does an occupational therapist in this facility have to spend, on average, each day doing paperwork, attending meetings, and supervising staff members and students?
- 5) How many clients does each occupational therapist see each day?
- 6) What kind of physical resources are available for occupational therapists in this facility?
- 7) Does this client have a social support network who can help provide care after discharge?
- 8) Will this client be going home to an accessible/supportive environment?

Conditional Reasoning

Conditional reasoning is used to *revise action plans, moment to moment* to meet the client's needs. This revision is done with an eye to the client's current and possible future contexts.

On one half page of paper, summarize the client's medical, social histories, occupational therapy intervention, occupational therapy problems, and current status of those problems, and your recommendations for further treatment or other services. This is meant to simulate a discharge summary/plan to explicitly articulate an image of the client's future.

Teaching Clinical Reasoning as a Thinking Frame

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Key Words: curriculum • education

Objective. Clinical reasoning concepts can be viewed as descriptions of mental operations or as a thinking frame—a structure to organize and support clinical thinking. This study examined an approach for teaching clinical reasoning as a thinking frame to occupational therapy students.

Method. A quasi-experimental, pretest–posttest design was used with a convenience sample of 10 undergraduate occupational therapy seniors. All participants (a) acquired the thinking frame of clinical reasoning concepts through explicit instruction and (b) practiced that thinking frame with an external aid—the Clinical Reasoning Case Study Format. The accuracy of participants' definitions of clinical reasoning concepts before and after this learning experience were examined to assess their acquisition of the thinking frame. The content of clinical reasoning case studies were examined to assess students' application of the thinking frame to clinical situations.

Results. Wilcoxon signed rank tests done on presemester and postsemester definitions ratings indicated that the latter were rated significantly higher than the former for (a) narrative reasoning ($p = .008$), (b) procedural reasoning ($p = .005$), (c) interactive reasoning ($p = .006$), (d) pragmatic reasoning ($p = .008$), and (e) conditional reasoning ($p = .01$). The content of participants' clinical reasoning case studies indicated that they were able to apply clinical reasoning concepts.

Conclusion. The results suggest that using a clinical reasoning thinking frame to organize clinical observations is an effective way to help entry-level occupational therapy students learn and apply clinical reasoning concepts.

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In today's rapidly changing health care environment, occupational therapy practitioners need to be flexible thinkers skilled in clinical reasoning. Clinical reasoning is the thought process practitioners use during evaluation and intervention. Several types of clinical reasoning have been described in the occupational therapy literature, including narrative, procedural, interactive, pragmatic, and conditional reasoning (Mattingly & Fleming, 1994; Schell & Cervero, 1993). These clinical reasoning concepts can be viewed as descriptions of mental processes that become proficient only through clinical experience (Benner, 1984; Dreyfus & Dreyfus, 1986). Alternately, clinical reasoning concepts can be viewed as a thinking frame—a structure to organize and support clinical thinking (Perkins, 1987). Although occupational therapy students may not be able to enter Level II fieldwork proficient at the actual mental operations of clinical reasoning, they can be ready to use clinical reasoning concepts to