

TEXAS CHIROPRACTIC COLLEGE'S: QUALITY ENHANCEMENT PLAN

From Student To Clinician: Enhancing Clinical Reasoning Across The Curriculum

Executive Summary

The goal of Texas Chiropractic College's Quality Enhancement Plan is to improve teaching and student learning outcomes in clinical reasoning. The topic was chosen based on input from students, faculty, the President's Cabinet, the Board of Regents, and college alumni; institutional objectives set forth in the TCC Graduate document; and student performance on both internal and independent external examinations.

After a thorough review of the literature on clinical reasoning, a working definition was developed to guide the QEP process as follows: **"Clinical reasoning is a problem-solving process that enhances the development of clinical thinking and decision making in patient care. It involves the movement from accumulation of knowledge to the incorporation of skill, expertise and evidence leading to sound clinical judgment."**

Programmatic outcomes related to clinical reasoning focus on integration and application of basic science knowledge with the clinical presentation; introduction and application of clinical reasoning strategies in the pre-clinical setting; and application of clinical reasoning skills in the patient care setting. Evaluation methods were identified to monitor the programmatic outcomes. These methods include, but are not limited to, student course evaluations, Diagnostic Thinking Inventory, Clinical Skills Competency Exams I and II, Core Concept Exams, Health Sciences Reasoning Test, National Board Exams part I, II, III and IV, and faculty interviews.

The full curriculum was reviewed and four pilot courses were selected. The pilot courses are Spinal Anatomy, Clinical Case Applications, Clinic I, and Orthopedics III and they were implemented during the Summer 2009 and the Fall 2009 trimesters.

For successful QEP implementation, new courses are being added to the curriculum. The new courses are Clinical Case Applications I, Basic Communication and History-Taking Skills, Clinical Case Applications II, Advanced Communication and History-Taking Skills, and Clinical Case Applications III. Full implementation will be on a two-track basis. The full track for new incoming students began in Spring 2010 and runs from trimesters one through ten. The second track encompasses the clinical experience, Clinic I through Clinic IV, culminating in graduation from the Doctor of Chiropractic degree program.

Teaching strategies to enhance clinical reasoning are being integrated into courses by means of standardized patients, case-based learning, team-based learning, faculty modeling, SNAPPS, reflective practice, and electronic real-time student feedback.

Assessment of clinical reasoning objectives will be conducted through extended matching, key features, and script concordance questions; electronic real-time student feedback; standardized patient encounters; case-based discussions; student self-evaluation; Intern Global Rating; objective structured clinical evaluation; and Diagnostic Thinking Inventory.

For more information regarding the QEP contact:

Dr. Dorrie M. Talmage, Chairperson of the QEP Administrative Committee
dtalmage@txchiro.edu