

INSTRUCTIONS: Begin by reading to the resident the purpose written below. Then, ask the trainee to briefly describe the patient’s presentation so that you have enough information to understand the essential features of the case. (Max 5 minutes) Next, ask the trainee to fully describe the treatment plan that they recommended for the patient. (Max 5 minutes) Then, begin asking the prompts listed in the table below. Beneath each of the eleven sections, please circle the cognitive action(s) that is/are reflected in the trainee’s response. Circle ‘Did Not Incorporate Skill’ if the trainee did not demonstrate any use of the skill in formulating their treatment plan. If the resident’s answer is unclear, please use follow-up questions or ask more targeted questions.

PURPOSE: *The purpose of this exercise is to assess your clinical reasoning skills, defined as the set of cognitive actions used to make clinical decisions. The goal is to evaluate your **reasoning process**, not the appropriateness or accuracy of your treatment recommendations or your knowledgebase.*

**Treatment Planning-Clinical Reasoning Skills and Prompts for Chart-Stimulated Recall**

<b>Skill:</b>	<b>Prompt:</b>
1. <i>Applies evidence</i> from clinical trials, treatment guidelines, textbooks, case reports, clinical experiences with similar patients, psychopharmacologic knowledge, and/or psychological models to create a treatment plan.	<i>What sources of knowledge did you consider as you developed your treatment plan?</i>
<b>Circle:</b> Did Not Incorporate Skill      Applies Evidence      Other:	
2. <i>Prioritizes</i> clinical trials results and/or treatment guidelines, unless evidence is significantly flawed or there are features of the patient’s presentation that indicate these sources of evidence may not be applicable (e.g. comorbidities, illness severity, demographics).	<i>How did you prioritize those pieces of information?</i>
<b>Circle:</b> Did Not Incorporate Skill      Prioritizes      Identifies Flaws/Lack of Applicability      Other:	
3. <i>Anticipates</i> psychosocial barriers (e.g. affordability, access to services, ambivalence) that may undermine treatment success, accounting for those barriers in their plan and/or preparing to modify plan should those barriers arise.	<i>What barriers to the implementation of the treatment plan did you consider and how did that affect your recommendations?</i>
<b>Circle:</b> Did Not Incorporate Skill      Anticipates      Updates Plan      Other:	
4. <i>Weighs</i> the risks and benefits of treatments, taking into account both the magnitude and probability of those risks and benefits occurring.	<i>How did you weigh the risks and benefits of your treatment recommendations?</i>
<b>Circle:</b> Did Not Incorporate Skill      Weighs Factors      Other:	
5. <i>Prioritizes</i> treatment targets, taking into account patient preferences, diagnostic hierarchies, and the relative severity and danger of symptoms/illnesses. <i>Attempts to balance</i> patient autonomy and the therapeutic alliance against illness- and treatment-associated risks.	<i>How did you decide which treatment outcomes to prioritize?</i>
<b>Circle:</b> Did Not Incorporate Skill      Prioritizes      Weighs Factors      Other:	

<p>6. <i>Integrates</i> historical treatment responses in developing treatment plan. <i>Recognizes</i> that these responses may predict future success or may have been a short lived placebo-response; or, recognizes that prior non-response may predict subsequent treatment failure or may have been confounded by other factors present at the time.</p>	<p><i>How did the patient's earlier experience with your proposed intervention(s) or other interventions influence your treatment plan?</i></p>
<p><b>Circle:</b> Did Not Incorporate Skill Integrates Recognizes Different Interpretations Other:</p>	
<p>7. <i>Considers</i> the patient's family history of treatment response, <i>acknowledging the limitations</i> to this strategy (e.g. accuracy of others' reported diagnoses, treatments, and treatment efficacy/tolerability; biological variation).</p>	<p><i>What role did the patient's family history of response to that treatment or others play in your decision making?</i></p>
<p><b>Circle:</b> Did Not Incorporate Skill Considers Acknowledges Limitations Other:</p>	
<p>8. <i>Addresses</i> biological, psychological, and social elements, recognizing that some domains are more relevant than others for a given case.</p>	<p><i>How does your plan address biological, psychological, and social elements?</i></p>
<p><b>Circle:</b> Did Not Incorporate Skill Multi-Domain Planning Prioritizes Other:</p>	
<p>9. <i>Addresses</i> treatment setting and interval prior to next psychiatric encounter, taking into account illness severity, affordability, accessibility, and patient preference.</p>	<p><i>How does your plan address how soon and in what clinical setting this patient should be seen for their next psychiatric encounter?</i></p>
<p><b>Circle:</b> Did Not Incorporate Skill Weighs Factors Other:</p>	
<p>10. <i>Identifies</i> their own biases and explains their influence on the treatment plan. <i>Takes steps</i> to address the bias.</p>	<p><i>How might your personal biases towards the patient have impacted your treatment plan and how did you address them?</i></p>
<p><b>Circle:</b> Did Not Incorporate Skill Self-Reflects Problem-Solves Other:</p>	
<p>11. <i>Identifies</i> potential ethical dilemmas created by the treatment plan, naming the relevant ethical principles that apply. <i>Takes steps</i> to address the dilemma.</p>	<p><i>What ethical dilemmas were considered as you created your treatment plan and how did you address them?</i></p>
<p><b>Circle:</b> Did Not Incorporate Skill Identifies Problem-Solves Other:</p>	

Please discuss with trainee and comment below on: 1) the extent to which the trainee incorporated the above 11 skills into their treatment plan, 2) two areas of notable strength, and 3) two areas in need of improvement with regard to clinical reasoning:

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