



College of Audiologists and
Speech-Language Pathologists of Ontario
Ordre des audiologistes et
des orthophonistes de l'Ontario

THE CLINICAL REASONING TOOL MENTORSHIP VERSION

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Effective: October 1st, 2020

HOW TO USE THE CLINICAL REASONING TOOL IN MENTORSHIP

Mentors will use the Clinical Reasoning Tool (CRT), and discussions that result, in determining a midterm rating for the mentee on MSAT indicator **3.7 I use clinical reasoning at every phase of intervention**. The possible ratings are “meets the standard” or “needs work to meet the standard”. Mentors are also required to comment on the mentee’s demonstrated clinical reasoning in the “*Midterm Mentor Report & CRT*” section of the MSAT.

In the mentorship process, the CRT is intended to be a supportive tool to assist with the evolution and evaluation of clinical reasoning skills in the early stages of professional development. Although you are not expected to teach clinical reasoning as a mentor, it is a skill that typically develops further once one is practicing. The guided conversations over time will support the mentee’s approach to clinical reasoning. Consequently, you may see development in the mentee over time.

Indicator 3.7 for clinical reasoning is a red flag indicator in the MSAT and thus, it is expected that the mentee will meet this standard by the midterm evaluation. The College will contact mentees who receive a midterm rating of “*needs work to meet the standard*” for indicator 3.7. Mentors will be advised to use the Clinical Reasoning Tool to conduct additional clinical reasoning discussions with the mentee before the final evaluation to determine the mentee’s progress with clinical reasoning by the end of the mentorship period.

INSTRUCTIONS FOR MENTORS

1. Mentors are to complete the Clinical Reasoning Tool (CRT) with the mentee at, or by, the midterm evaluation.
2. It is recommended that two patient cases be discussed with the CRT, one case selected by the mentee and a second selected by the mentor.
3. The cases for discussion may be selected from the five records required at midterm for the patient record review. Other clinical cases outside those prepared for the record review may also be selected.
4. There are numerous models of care and clinical scenarios. Not all sections of the Clinical Reasoning Tool (CRT) will apply to every mentee or patient.
5. Before you begin the clinical reasoning discussion, inform the mentee:
 - You will skip questions if the mentee has already provided sufficient information
 - You may return to a particular section of the CRT if needed to ascertain the mentee’s clinical reasoning.
5. It is NOT expected that all areas of the CRT will be documented in the patient record.
6. The mentee’s clinical reasoning should be considered taking into account their career-stage and level of experience. SLPs and audiologists in an early career-stage will express their clinical reasoning differently from more experienced registrants.
7. The content of the mentee’s clinical reasoning explanation should be the focus. Mentors are not being asked to evaluate the mentee on the quality or style of their communication (e.g., eloquence, vocabulary, expressiveness).

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	taken 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	Shown flexibility 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?

DEFINITION OF REASONABLE:

What a hypothetical, typical registrant who exercises average care, skill, and judgment would do in similar circumstances and thereby serve as a comparative standard.

Some examples of why a mentee may not meet the clinical reasoning standard include:

- 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

WHEN TO CONTACT THE COLLEGE

Mentors should contact CASLPO's Manager of Mentorship if there are considerable concerns with a mentee's clinical reasoning and the concern does not seem remediable in the second half of the mentorship period.

CLINICAL REASONING TOOL (CRT) MENTORSHIP VERSION

INSTRUCTIONS

1. Use the prompting questions provided for each discussion area in the left column to guide the clinical reasoning discussion with the mentee
2. Checkmark the box in the “comments” column that corresponds with the clinical reasoning process that you observe the mentee to demonstrate during the discussion of the patient case. Refer to the legend at the bottom of each page. Write down any additional notes or comments, if needed.
3. If the mentee shows adequate clinical reasoning in their response you do not need to ask all the suggested prompting questions.
4. Substitute language according to the mentee’s clinical context, for example, screening instead of assessment, spouse, parents, children, teacher, team etc.

PATIENT OVERVIEW DISCUSSION AREAS Prompting questions for mentors	COMMENTS
1) Briefly, give me some background information about this patient <ul style="list-style-type: none"> • Reasons for referral and assessment • Challenges • Interesting factors 	<p style="text-align: center;">C <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/></p>
2) What is/was unique about this patient? <ul style="list-style-type: none"> • Cultural considerations • Psychosocial factors • Behaviour • Medical history 	<p style="text-align: center;">C <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> PC <input type="checkbox"/></p>

<p style="text-align: center;">SCREENING AND ASSESSMENT DISCUSSION AREAS</p> <p>Prompting questions for Mentors</p>	<p style="text-align: center;">COMMENTS</p>
<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 style="text-align: center;">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 style="text-align: center;">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 style="text-align: center;">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>MANAGEMENT (TREATMENT, CONSULTATION, MONITORING ETC) DISCUSSION AREAS</p> <p>Prompting questions for Mentors</p>	<p>COMMENTS</p>
<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?</p> <p><i>(Patient's family, other healthcare professionals, support personnel, teachers, educational assistants, nurses, volunteers etc.)?</i></p> <ul style="list-style-type: none"> • Knowledge and skill level of the other person • Choice of tasks • Level of involvement • Effect of inter-professional 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>

<p>DISCHARGE PLANNING AND/OR FOLLOW UP</p> <p>Prompting questions for Mentors</p>	<p>COMMENTS</p>
<p>8) Lead me though 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>
<p>SELF-REFLECTION DISCUSSION AREAS</p> <p>Prompting questions for Mentors</p>	<p>COMMENTS</p>
<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>