

SOCIETY to IMPROVE DIAGNOSIS in MEDICINE

Use the Assessment of Reasoning Tool (ART) to assess a learner's patient presentation. The ART will guide your feedback conversation with your learner and serve as formative feedback. The ART can also help programs fulfill LCME and ACGME requirements for assessing diagnostic and clinical reasoning skills.

learner in five areas.

Ratings facilitate - a feedback conversation.

## ASSESSMENT of REASONING TOOL <br> USER'S GUIDE

Errors in clinical reasoning are central factors in many diagnostıc errors.
The Society to Improve Diagnosis in Medicine has developed an evaluation tool to support educators in assessing a learner's clinical reasoning skills during patient presentations. You can view the associated faculty development videos at www.improvediagnosis.org/ART.

| Did the Learner... | Assessment |  |  |
| :---: | :---: | :---: | :---: |
|  | Minimal | Partial | Complete |
| Collect/report history and examination data in a hypothesis-directed manner? | - Non-directed in questioning and exam <br> - Asked questions without clear focus on potential diagnoses | - Questioning and exam generally reflective of potential diagnoses, but some less relevant or tangential questions $\square$ | - Followed clear line of inquiry, directing questioning and exam to specific findings likely to increase or decrease likelihood of specific diagnoses |
| Articulate a complete problem representation using descriptive medical terminology? | - Included extraneous information <br> - Missed key findings <br> - Did not translate findings into medical terminology | - Generally included key clinical findings (both positive and negative) but either missed some key findings or missed important descriptive medical terminology | - Gave clear synopsis of clinical problem <br> - Emphasized important positive and negative findings using descriptive medical teminology |
| Articulate a prioritized differential diagnosis of most likely, less likely, unlikely, and "can't miss" diagnoses based on the problem representation? | - Missed key elements of differential diagnosis, including likely diagnoses or "can't miss" diagnoses | - Gave differential diagnosis that included likely and "can't miss" diagnoses but either missed key diagnoses or ranked them inappropriately | - Gave accurately ranked differential diagnosis including likely and "can't miss" diagnoses |
| Direct evaluation/treatment towards high priority diagnoses? | - Directed evaluation and treatment toward unlikely/unimportant diagnoses <br> - Did not evaluate or treat for most likely/"can't miss" diagnoses | - Major focus of evaluation and treatment was likely and "can't miss" diagnoses but included non-essential testing | - Efficiently directed evaluation and treatment towards most likely and "can't miss" diagnoses <br> - Deferred tests directed towards less likely or less important diagnoses |
| Demonstrate the ability to think about their own thinking (metacognition)? <br> Consider asking: Is there anything about the way you are thinking or feeling about this case that may lead to error? | - Not able to describe the influence of cognitive tendencies or emotional/ situational factors that may have influenced decision-making | - Can name one cognitive tendency or emotional/situational factor that may have influenced decision-making |  |
| OVERALL ASSESSMENT | Needs Improvement | Meets competency $\square$ | Excellence |

