

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.



## ASSESSMENT of REASONING TOOL

## USER'S GUIDE

Errors in clinical reasoning are central factors in many diagnostic 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     Asked questions without clear focus on potential diagnoses	Questioning and exam generally reflective of potential diagnoses, but some less relevant or tangential questions	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     Missed key findings     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     Emphasized important positive and negative findings using descriptive medical terminology
Articulate a <b>prioritized differential diagnosis</b> 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     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     Deferred tests directed towards less likely or less important diagnoses
Demonstrate the ability to think about their own thinking (metacognition)?  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	Excellence