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## Information from the Senior Group

September 2015

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Dear members of the IPNFA,

we would like to share a few considerations that keep our brains busy. In discussing our experiences teaching high-level courses (5, AQC and ICC) it is evident, that we should improve the ability of course-participants to do an effective Clinical Reasoning (CR). Even though the concept of CR is already integrated in our teaching of the philosophy, ICF, assessment, re-assessment, patient cases, pre-test, post-test, and motor learning, we felt some course participants (even in higher levels) might benefit from a renewed focus on CR.

We already have the following evaluation items in our *3-course-evaluation-form*:

- describe the activity limitation of the patient	
- explain the causal impairment hypothesis of the activity limitation	
- set an appropriate treatment goal relative to the assessment	
- use (measurable) tests and re-tests, appropriate to the treatment goal	
- select appropriate techniques, patterns and working positions relative to the activity limitation or causal impairment of the patient	

All instructors (especially those with assistants) have the collective responsibility to be more precise when evaluating these abilities in our course participants. Sometimes a “not up to standard” can be more helpful for the participant than “S/N”.

Some of the initial ideas discussed in our group are:

- to spend more time focusing on the **practical relevance** of CR during our courses
- to give participants a homework assignment between Level 1 and 2 - to read a recent article/paper about **CR** (e.g. see attached link to article)
- we propose to integrate a chapter “clinical reasoning” **into our common script**
- to continue developing and refining CR **during future AGM Instructor Days** and update the **Common Script** with ideas from these discussions
- to determine how much we need to incorporate CR into our **curriculum / common script** and remain open to further discussions
- to add CR to the competency criteria of the assistantships:  
e.g.: **“the ability of the assistant to introduce the participants to the concept of Clinical Reasoning”**

The Education Committee plans to present the topic during the instructor day.

In preparation for the AGM in Vallejo, please review the following article:

<http://www.ncbi.nlm.nih.gov/pubmed/21273627>

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best wishes to all of you, ... hopefully ' see many of you soon in California,  
on behalf of the Senior Group,  
Carsten