

# DID-ACT Project: Specific Needs Analysis

## Interview guide version: Students

### General interview rules:

- The order of the questions can change with the “natural flow” of the interview. However, make sure that you ask all the questions.
- You can ask the questions using your own words, but the meaning should not change.
- Unless it is not necessary (e.g. demographics), ask open questions that cannot be answered with a simple yes or no whenever possible.
- If an answer has been vague or superficial, ask for more details. Our goal is to receive in-depth information and understanding that can be used in the curriculum development process.
- Before starting the interview, let the participants sign the declaration of consent.
- Don't forget to start the audio recording after you received the participants' consent.
- If possible, take notes of the answers (short notes).

### **Note for the interviewer: Describe the content of the text below**

Clinical reasoning encompasses health professionals' thinking and acting in assessment, diagnostic and management processes in clinical situations. Despite the importance of clinical reasoning, there is still a lack of explicit teaching and learning activities of clinical reasoning.

To fill this gap, the EU project DID-ACT (“Developing, implementing, and disseminating an adaptive clinical reasoning curriculum for healthcare students and educators”) is planning to develop a students' and train-the-trainer curriculum on clinical reasoning.

In this interview we will ask you questions about how clinical reasoning is and should be taught and assessed at your institution. Your input is highly valued and will help to design the DID-ACT curricula.

Please answer the questions as accurately as possible. Your answers will be kept confidential.

The findings from this interview are also going to be published in congress contributions and scientific publications. purposes.

**Note for the Interviewer: Let the participant sign the declaration of consent now. Start the audio recording afterwards, before you start with the actual interview.**

## **PART A Demographics**

*Note for the interviewer: If you already know the answers to questions 1-3, you don't need to ask them, just note the information for each participant so it can be included in the analyses.*

**1. In which country do you study?**

**2. In which institution do you study?**

**3. What educational programme do you relate mostly to?**

- Medicine
- Nursing
- Physiotherapy
- Occupational therapy
- Other (please specify)

**4. Your year of study**

## **Part B Students Curriculum**

In the EU project DID-ACT it is planned to develop a modular, adaptable longitudinal students-curriculum on clinical reasoning which is based on a variety of methods including virtual patients and blended learning, as well as assessment.

In the following, we will ask you questions about the student curriculum.

**5. What clinical reasoning aspects ARE taught at your institution?**

**What clinical reasoning aspects should be taught in the envisioned longitudinal curriculum on clinical reasoning?**

**How important is the inclusion of the aspects you have mentioned in the envisioned curriculum on clinical reasoning? Please explain why.**

*Note for the interviewer: Please ask this question open first. After the participant has answered, hand the list out to the participants. Go through the list together and look at the aspects that have not been mentioned already.*

Gathering, interpreting, and synthesizing patient information

Generating differential diagnoses including defining and discriminating features

|   |
|---|
| Developing a diagnostic plan  |
| Developing a treatment/management plan  |
| Developing a problem formulation/hypothesis   |
| Errors in the clinical reasoning process and strategies to avoid them                                   |
| Self-reflection on clinical reasoning performance and strategies for future improvement                 |
| Theories of clinical reasoning (e.g. knowledge encapsulation, illness scripts, narrative reasoning ...) |
| Strategies to learn clinical reasoning (e.g. heuristics, rule out worst case scenario,...)              |
| Collaborative aspects of clinical reasoning   |
| Interprofessional aspects of clinical reasoning   |
| Aspects of patient participation in clinical reasoning (e.g. shared decision making)                    |
| Other (please specify)  |

**6. What teaching formats ARE used for clinical reasoning at your institution?**

**What teaching formats should be implemented in the envisioned longitudinal curriculum on clinical reasoning?**

**How important is the inclusion of the teaching formats you have mentioned in the envisioned curriculum on clinical reasoning? Please explain why.**

*Note for the interviewer: Please ask this question open first. After the participant has answered, hand the list out to the participants. Go through the list together and look at the aspects that have not been mentioned already.*

|   |
|---|
| Lectures                                    |
| Problem Based Learning (PBL)                |
| Case- based Learning                        |
| Team- based Learning                        |
| Virtual Patients (interactive online cases) |
| High fidelity simulation (mannequins)       |
| Human simulated patients                    |
| Other (please specify)                      |

7. Are you aware of any good learning resources for clinical reasoning you could recommend to be used within DID-ACT others to use for learning/teaching of clinical reasoning? If yes, please describe?

8. From which study year on should clinical reasoning be taught in the envisioned longitudinal curriculum on clinical reasoning?

9. How is clinical reasoning assessed at your institution?

Which assessment formats should be implemented in the envisioned longitudinal curriculum on clinical reasoning?

*Note for the interviewer: Please ask this question open first. After the participant has answered, hand the list out to the participants. Go through the list together and look at the aspects that have not been mentioned already.*

|   |
|---|
| Written test (e.g. multiple choice questions, key feature approach, script concordance tests) |
| Oral examination  |
| Assessment using virtual patients   |
| Clinical examinations (e.g. OSCE or other practical examinations)                             |
| Workplace-based assessments (e.g. MiniCEX, summative approach)                                |
| Other (please specify)  |

10. Are you aware of any good assessment resources for clinical reasoning you could recommend to be used within DID-ACT? **If yes, please describe?**

11. Do you have further suggestions for the envisioned longitudinal curriculum on clinical reasoning?

12. Who else should I interview regarding clinical reasoning and why?

13. Do you have any further comments?