

**Kristy Dowers, DVM, DACVIM**

**Colorado State University**

**Title: Introducing Clinical Reasoning into a DVM Curriculum (Years 1-3)**

**Description:**

Clinical Reasoning, i.e., the ability to problem-solve in a clinical setting, is often assumed to develop naturally after years of experience in practice. Seasoned clinicians (experts) can rapidly identify pertinent data and build a robust list of rule-outs (hypotheses) about a case within a few minutes. Early in their careers, students (novices) have limited clinical constructs and therefore a limited ability to make sense of case details. Unfortunately, experts are often unable to explain their leaps of logic because they happen subconsciously. Students are left to guess at how they reached a diagnosis. At CSU, we wanted our students to arrive on the clinic floor in Semesters 7 and 8 ready to build upon an already strong clinical reasoning foundation. We decided to treat clinical reasoning as a specific skill to be learned in much the same way that suturing and IV catheter placement is learned: methodically with multiple opportunities for practice and feedback. We introduced a schematic for students to follow in Semester 1 of the curriculum and built on that schematic in Semesters 2, 4, and 6. For this brief Experiments in Teaching session, I will describe the key features of the activities we designed and the subjective outcomes we are observing on the clinic floor. We are currently trying to develop clinical reasoning outcomes assessments and would appreciate input in this area.