Title

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LETTER TO THE EDITOR

Perspectives on Clinical Reasoning in Psychiatry in a Small Academic and Community-Based Residency Program

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To the Editor:
Despite a growing body of research into the processes of clinical reasoning and decision-making in general medicine, our understanding of these processes in psychiatry is relatively limited [1, 2]. Clinical reasoning is a cognitive process that healthcare professionals use to make clinical decisions and solve problems in patient care. Clinical reasoning in psychiatry is still traditionally developed through the accumulation of clinical experience under the tutelage of mentors. More recently, this process has been studied and formulated as a distinct set of skills that can be taught and learned. The teaching of clinical reasoning has evolved since the late twentieth century, when attention shifted from the accumulation of experience to the critical thinking of learners [3]. Clinical reasoning has been broken down into several key subprocesses, which are co-occurring and iterative, but for teaching purposes are taught separately. These processes include problem representation, the development and selection of illness scripts, and data gathering.

In this letter, we report preliminary findings on the impact of teaching these updated concepts of clinical reasoning in psychiatry. A workshop on clinical reasoning was held for residents and faculty at the University of California San Francisco Fresno in April 2023. The workshop outlined the concepts of problem representation, or the synthesis of key elements of a clinical presentation; schemas, or large mental models that help organize and interpret information; illness scripts, or narratives that each clinician develops idiosyncratically to delineate diseases by their risk factors, pathophysiology, clinical findings, and natural history; prioritized differential diagnoses; and deliberate practice [3]. The presentation described how to apply these concepts in psychiatric teaching and clinical care. After the presentation, residents and faculty were asked to provide anonymous feedback in a survey for the purposes of quality improvement. The survey assessed perceptions of the utility of clinical reasoning concepts in psychiatric practice and teaching.

The survey contained 11 multiple-choice and yes/ no questions, with optional free text. Thirty people (six faculty and 24 residents) attended the workshop. Twenty-one people (two faculty and 19 residents) responded. This study was submitted to the Institutional Review Board after the distribution of our survey and was deemed not to be human subjects research, thus requiring no further oversight by them.

Eighteen of 21 respondents (85.7%) reported that they had previously been exposed to clinical reasoning concepts, most commonly in medical school or internal medicine settings. Most respondents indicated that they think clinical reasoning concepts are useful in psychiatric diagnosis (n = 17; 81.0%) and formulation (n = 18; 85.7%). Most respondents (n = 19; 90.5%) reported that clinical reasoning concepts are useful in teaching. All 21 respondents reported that asking learners how they mentally approach certain signs and symptoms (i.e., schema activation) is useful.

In the narrative feedback, some preliminary themes arose. It appears that clinical reasoning may improve data organization (i.e., through schema) and that there is value in establishing a shared language across the stages of training. A few noted that clinical reasoning in psychiatry may be more difficult than in other fields because the etiology and pathophysiology of mental illnesses are not well-understood, and others argued that rigorous clinical reasoning is thus even more essential. There was also concern expressed that the humanistic element of psychiatric assessment might be minimized.

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In summary, most respondents reported that clinical reasoning concepts are useful in psychiatric diagnosis, formulation, and teaching. Limitations of this survey included a relatively small sample size drawn from a single institution, heterogeneity in terms of years of clinical experience, and the possibility that respondents with interest in clinical reasoning selected themselves into the sample, thus introducing selection bias in favor of the presented concepts.

Data Availability The data that support this letter are not openly available for protection of privacy and are available from the corresponding author upon request.

Declarations

A portion of this material was previously presented at the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) 49th Annual Meeting on June 22, 2023, in San Diego, California, U.S.A.

Disclosures The authors declare no conflicts of interest.

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