

## Attachment 5: Generating schema-based diagrams (S-BD) or “re-creating clinical reasoning process”

### Reading Case Model

1. S-BDs can be generated from reading unresolved real cases or from reviewing a paper case. When generating S-BD's from cases, think-aloud as you reason through the case. Remember to include all your thoughts, not just those referring to the diagnosis. Audiotape your reflections.
2. Review a transcript of the tape and mark points at which you have used language that suggests you have categorized the patient or situation. An example would be the use of the term “unilateral”. By using this term, you have efficiently described the patient as belonging to a dichotomous category. Also, look for embedded capabilities, such as the ability to generate strategies for persuading a “reluctant patient” to follow recommendations.
3. If available, ask a member of the educational staff to view the same transcript and ask questions. This provides an additional educational perspective on the categories and capabilities identified.
4. Next, review the list generated and choose one or two capabilities or categories and create a diagram that elaborates on how to identify and use the categorical language or develop the capability.

### Standardized or Real Patient Model

1. Obtain permission to videotape an encounter with a real patient or videotape an encounter with a standardized patient.
2. After the session, review the videotape stopping every few minutes to record what you were thinking at the time. (audiotape)
3. Ask a member of the educational staff or a colleague to view the videotape with you and ask clarifying questions and take notes. This provides an additional educational perspective on the categories and capabilities identified.
4. At the end of the session review the notes and the list generated and choose one or two capabilities or categories. Create a diagram that elaborates on how to identify and use the categorical language or develop the capability.