

## Introduction:

Over the last eight years, the annual intake of medical schools in Scotland has risen by over 50%, with an expected increased trajectory (1). The resulting rise in student to teacher ratios has put strain on current teaching infrastructure. At the University of Dundee, we have taken a two-phased approach to develop a new method of teaching clinical reasoning to final-year medical students. The result is the design of a new 2-hour session, where one facilitator can teach up to 20 students.

## Problem Identification: Phase 1

**Phase 1 Process:** Cohort of medical students participated in a clinical reasoning session based on Chest Pain, where information was given in a serial-cue manner.

### Phase 1 Findings:

Content analysis from feedback of 114 students revealed 100% had a better understanding of clinical reasoning. Teaching must be highly content and context specific with depth to cases and participatory learning.



## Proposed Solution: Phase 2

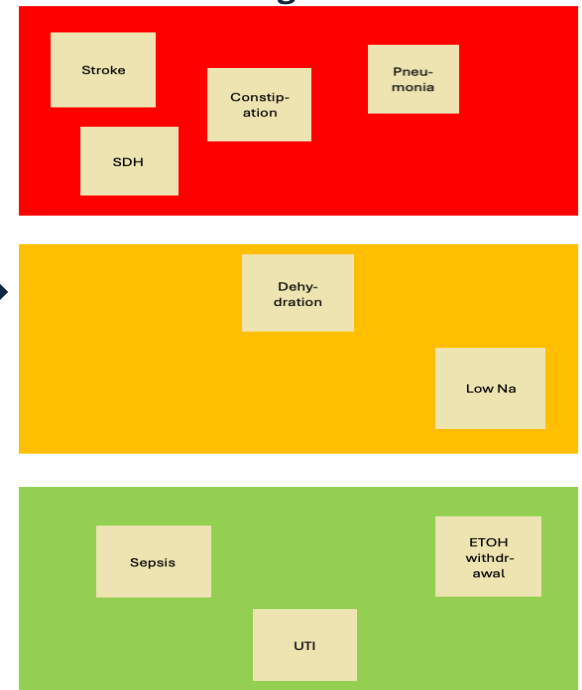
**Aim:** To develop a four-part clinical reasoning teaching programme based on common presentations, that functions with a 20:1 student to teacher ratio.

**Method:** Development of buzz-group style sessions using post-its and 'traffic lights' to visualise prioritisation of differentials (Figure1). Students are encouraged to justify their answers. Session topics included: Confusion, Abdominal Pain, Breathlessness and Leg Swelling. Feedback collected via MS Forms.

### Results (25 responses so far):

- 100% would attend another similar session if it were offered again (5 sessions run so far)
- 88% liked working through one long case per session (rather than multiple smaller cases)

Figure 1



## Conclusion:

Phase 2 results demonstrate student satisfaction with this method, supporting a sustainable way to teach clinical reasoning. The facilitator to student ratio works well, offering a solution to logistical challenges in this evolving medical education environment.