



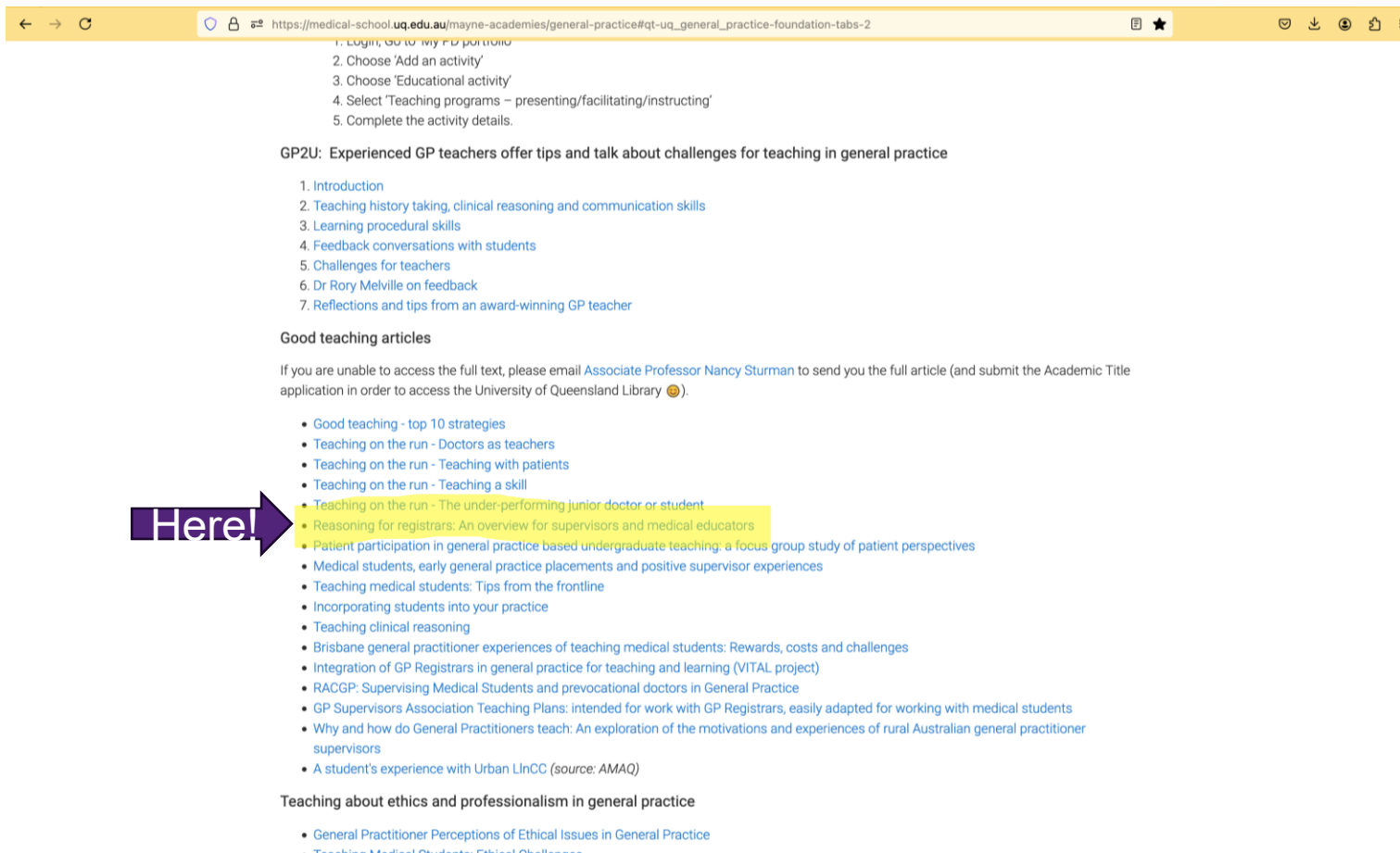
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





CREATE CHANGE

# How can we help our students on GP placement develop clinical reasoning skills?

Drop-In Session for GP Clinical Teachers  
GPCU June 2025

# GPCU website/Teaching & Learning/Resources for GP Clinical Teachers/Good Teaching Articles




← → ↻    https://medical-school.uq.edu.au/mayne-academies/general-practice#qt-uq\_general\_practice-foundation-tabs-2     

1. Login, go to my F&D portfolio
2. Choose 'Add an activity'
3. Choose 'Educational activity'
4. Select 'Teaching programs – presenting/facilitating/instructing'
5. Complete the activity details.

**GP2U: Experienced GP teachers offer tips and talk about challenges for teaching in general practice**

1. Introduction
2. Teaching history taking, clinical reasoning and communication skills
3. Learning procedural skills
4. Feedback conversations with students
5. Challenges for teachers
6. Dr Rory Melville on feedback
7. Reflections and tips from an award-winning GP teacher

**Good teaching articles**

If you are unable to access the full text, please email [Associate Professor Nancy Sturman](#) to send you the full article (and submit the Academic Title application in order to access the University of Queensland Library .

- Good teaching - top 10 strategies
- Teaching on the run - Doctors as teachers
- Teaching on the run - Teaching with patients
- Teaching on the run - Teaching a skill
- Teaching on the run - The under-performing junior doctor or student
- Reasoning for registrars: An overview for supervisors and medical educators
- Patient participation in general practice based undergraduate teaching: a focus group study of patient perspectives
- Medical students, early general practice placements and positive supervisor experiences
- Teaching medical students: Tips from the frontline
- Incorporating students into your practice
- Teaching clinical reasoning
- Brisbane general practitioner experiences of teaching medical students: Rewards, costs and challenges
- Integration of GP Registrars in general practice for teaching and learning (VITAL project)
- RACGP: Supervising Medical Students and prevocational doctors in General Practice
- GP Supervisors Association Teaching Plans: intended for work with GP Registrars, easily adapted for working with medical students
- Why and how do General Practitioners teach: An exploration of the motivations and experiences of rural Australian general practitioner supervisors
- A student's experience with Urban LInCC (source: AMAQ)

**Teaching about ethics and professionalism in general practice**

- General Practitioner Perceptions of Ethical Issues in General Practice
- Teaching Medical Students Ethical Challenges



Stone, Louise. (2008). Reasoning for registrars: An overview for supervisors and medical educators. Australian family physician. 37. 650-3.

Linked [here](#).



# Clinical reasoning requires understanding of:

- Content
- Patterns and probabilities
- Effective retrieval of the content



# Content: data aquisition

- Fill knowledge gaps or get student to identify them and then seek answers and report back.
- Teach by symptom, to embed concepts of primary care probability and improve memory and retrieval in the clinical environment
- e.g. students and ATHs can access the following textbooks via UQ library
  - John Murtagh's General Practice [here](#)
  - Symptom to Diagnosis: an evidence based guide [here](#)

# Patterns and probabilities: Hypothetico-deductive reasoning

The strategy of generating a hypothesis and then seeking out information to prove or disprove it.

- This is one of the strategies practised in Clinical Scenario-Based Learning (CSBL) at UQ in Year 2.
- Ask students about Ddx and what info supports or refutes each Dx.
- What further information would they like to refine their Ddx e.g. Q on Hx, Ex, Ix
- How does this additional information change their Pdx and Ddx?

Introduce prototypes "typical cases/patterns" to your students – typical cases presented in interesting, memorable ways to help lay down illness scripts. For learning it's best to start with typical cases before moving on to atypical or subtle cases.

Pattern recognition (non-analytical) + checking key features of the proposed diagnosis (analytical) both important.



# Retrieving content: problem representation

- Data best retrieved when the stimulus best matches the pattern laid down in memory.
- Help students develop these patterns with semantic qualifiers (abstract descriptors) e.g. acute/chronic, single/multiple, mild/severe, constant/intermittent, unilateral/bilateral.



# Learning clinical reasoning is hard work!

- To an expert, clinical reasoning often feels automatic, but it requires a large cognitive load for novices.
- Try to be explicit about your reasoning when teaching
- Reassure that clinical reasoning becomes easier with time.





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# Thank you

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School of Medicine

<https://medical-school.uq.edu.au/mayne-academies/general-practice>