



NetQues

Network for Tuning Standards and Quality
of Education Programmes
in Speech and Language Therapy/Logopaedics across Europe



Lifelong Learning Programme

Project No. 177075-LLP-1-2010-1-FR-ERASMUSENWA



1. Title of the video/resource (add a link to your example)

[Clinical reasoning in voice](#)

2. Authors / contact (optional)

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3. Language (in which language is the example?)

Dutch

4. Abstract (English)

In this mind map the initial process of clinical reasoning in voice-disordered patients is defined. The map works by reviewing information (e.g. patient history) and gathering new information (e.g. VHI) and how this may lead to process information that informs SLP's about the diagnosis. Students are triggered to use their knowledge regarding anatomy, physiology and pathophysiology in order to recognize gaps in collected clues and to discover relationships (patterns) between common symptoms, complaints and voice behaviors.

Although the diagram by no means intends to be complete, an attempt is made to show how opinions follow logically by interpreting subjective and objective cues. The second (assessment of voice and resonance) and third step (extra information) are still work in progress.

5. Keywords

Clinical Reasoning, voice, diagnosis

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6. Motivation letter: Please, justify why this is a good example of good practice

Although undergraduates may have good content knowledge and procedural skills, clinical reasoning skills are of paramount importance to respond to individual patient care and his/her specific needs. It is best learned at an undergraduate level when students acquire routine patient skills working with (simulation) patients.

At first patient scenarios/ case descriptions are used to explain the steps taken in clinical reasoning until the process is well understood. Subsequently, during clinical placement students are stimulated to use their clinical reasoning skills with their patients while they are mentored/ supervised by experts.

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