Learning outcomes

- Describe clinical judgment and its relevance to contemporary nursing practice
- Describe the state of the science related to clinical judgment and teaching for it
- Identify one idea to promote clinical judgment development to work on after attending the conference
- Identify ways that educators and clinical partners can collaborate to foster clinical judgment development in students and practicing nurses
Take a moment and consider....

Why teach clinical judgment?

Why are we making this clinical judgment journey?

- 50% of healthcare errors involve a new nurse; 65% of errors involve some lapse in clinical judgment (Brenton, 2018 based on data from 2002).
- Only 23% of newly graduated nurses demonstrate entry-level competencies and practice readiness (Kavanagh & Szewda, 2017).
- Nurses in a critical care environment make 1428 decisions in an hour (Bucknall, 2000).
Defining clinical judgment

Critical thinking
- “A cognitive process used to analyze empirics” that involves intellectual standards
- Not discipline specific

Clinical reasoning
- The application of critical thinking in practice
- Involves synthesis of knowledge and experience, as well as the social relationship in a caregiving situation.
- Refers to processes that determine the relevance of evidence and how it applies in practice

Clinical judgment
- “an interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient’s response,” (Tanner, 2006, p. 204)
- The outcome of critical thinking and clinical reasoning

What influences clinical judgment?
- Context of care
- Relationship with the patient
- Background of the nurse
  - Formal professional knowledge
  - Experiential knowledge
    - Personal
    - Clinical experiences
  - Values, ethics, biases
Clinical judgment and expertise: Benner’s Novice to Expert

Stage 5: The Expert
The Expert nurse has an intuitive grasp of each situation and zeroes in on the accurate region of the problem without wasteful consideration of a large range of unfruitful, alternative diagnoses and solutions. The Expert operates from a deep understanding of the total situation. His/her performance becomes fluid and flexible and highly proficient. Highly skilled analytic ability is necessary for those situations with which the nurse has had no previous experience.

Stage 1: Novice
The Novice or beginner has no experience in the situations in which they are expected to perform. The Novice lacks confidence to demonstrate safe practice and requires continual verbal and physical cues. Practice is within a prolonged time period and he/she is unable to use discretionary judgement.


A journey— not a destination

- Students graduate at the advanced beginner level
- See clinical situations as tasks
  - Still a little removed from the situation
- Care for patients tends to be rule based
  - Standards of Care
  - Unit procedures
  - Orders
- Focus on the immediate moment
- Rely on others for help and clinical judgment
Being a novice: Learning to be on the boat

- Terminology
  - *What are they talking about?*
- Theory
  - *Physics- wind, swells, boat design, weather*
- How to stay safe
  - *One hand for the boat*
  - *Tie down your stuff*
- Psychomotor skills
- What is my role?

...and so it is with our students

- Novices
  - *Rely more on theoretical knowledge because they have such limited experience*
  - *Tend to give all pieces of information in a given situation similar weight*
  - *Have difficulty recognizing*
    - what is most important, salience
    - key patterns in assessment findings
  - *Use mostly analytic reasoning. Slow and cumbersome*
- Think about ways all of these things can be developed
Student background: Experiential knowledge

- Personal and previous professional experience
- Students often believe they bring nothing relevant to nursing school
  - Help them recognize what they know
  - Help them recognize what they don’t know
- Background does have influence, but difficult to identify how (Lasater et al, 2019)
  - Get to know your students
- Work on developing professional experiential, practical knowledge of nursing continues through nursing school


Knowledge integration: Theoretical and experiential

- Facilitate use of EBP
  - Help students recognize what they know and what they need to find out.
  - Facilitate independent discovery
- Facilitate integration of theory with practice
  - Bring clinical to theory
  - Bring theory to clinical
- Mentor student thinking
  - Create opportunities for discussion

Joshua & Ingram, 2020; Wyatt et al, 2020; Vacek & Liesveld, 2019; Klenke-Borgmann, Cantrell, & Mariani, 2020; Tyo & McCurry, 2019; Bristol, 2019; Cantrell, & Mariani, 2020; Hensel & Billings, 2020
Values, ethics and biases

- Help students to recognize their biases
- Values exploration
- Provide experiences to support development of ethical comportment

Context: Support in the environment

- Emotional climate
- Supports within the environment:
  - Instructors
  - Preceptors
  - Interprofessional team
- Make support appropriate to student developmental level
Teaching strategies to promote clinical judgment

Using models to teach clinical judgment

- OPT (Outcome-Present State-Test) (Pesut & Herman 1998)
  - Bridge between nursing process and development of thinking about nursing
  - Model associated with clinical reasoning

- Tanner Clinical Judgement Model (Tanner, 2006)
  - Intuitive humanistic model
  - Describes factors (context, background, relationship) that influence decision making
  - Based on research of expert nurses. Distinguishes between reasoning processes of experts and more novice nurses

- Developing Nurses Thinking- (Tesoro, 2019)
  - Includes critical thinking and a variety of other cognitive process
  - Significant focus on safety and recognizing danger

- Caputi Model for Teaching Thinking in Nursing- (Caputi, 2020).
  - Incorporates the Tanner CJ Model, critical thinking skills, Benner’s Novice to Expert
  - Pragmatic ideas about how to teach for thinking.

- Clinical Reasoning Cycle. (Levett-Jones et al, 2010)
  - Focuses on steps in the process
NCSBN- Clinical Judgment Measurement Model

- Based on 3 thinking/cognition frameworks
  - Intuitive-humanistic model
  - Dual processing reasoning theory
  - Information processing model
- Includes developmental elements that measure analytic thinking, appropriate to the developmental level of the graduate nurse
- Model frames the Next Gen NCLEX and is intended to frame measurement

Dickison, Haerling, & Lasater, 2020; Dickison, Haerling, & Lasater, 2019

Clinical judgment and nursing process

<table>
<thead>
<tr>
<th>Definitions</th>
<th>Clinical Judgment</th>
<th>Nursing Process and Care Planning</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;An interpretation or a conclusion about a patient’s needs, concerns, or health problems, and for the decision to take action (or not), use of modify standard approaches, or improve new ones as deemed appropriate by the patient’s response.&quot; (Tanner, 2009)</td>
<td>A problem solving approach that frames thinking about patient care. The nursing process is the essential core of practice for the registered nurse to deliver holistic, patient-focused care. It includes assessment, diagnosis, outcomes/planning, implementation, and evaluation elements and forms the basis for nursing practice (ANA, 2015). It is the basis of formal care planning.</td>
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</table>

Ways to think about the concepts

- Clinical judgment is the process of thinking and decision making in real time. It may be implicit, unspoken.
- Provides a framework for formal planning/nursing care.

Elements

- Grounded in phenomenology, a philosophic approach that concentrates on the study of consciousness and the objects of direct experience (Tanner, 2009).
- Background
- Noticing
- Interpreting/Problem identification
- Responding
- Reflection-in-action
- Reflection-on-action
- Grounded in the Nursing Standards of Practice (ANA, 2015):
- Assessment
- Nursing Diagnosis/Problem identification
- Outcome identification
- Planning
- Implementation
- Coordination of Care
- Health teaching and Health promotion
- Evaluation

Timing

- Circular with on-going iterations.
- Sequential. Includes deliberate evaluation, then re-planning in order to meet patient needs. Framework for Care Planning (Nurse.org, 2019)

Things that distinguish it from the other

- Integrates the influence of background, relationship with the patient and care context directly into patient care. Includes a reflective component (reflection-on-action) that accounts for the learning in each situation that is applied in subsequent experiences. Provides a way to analyze thinking. Use of Lasater (2007) Clinical Judgment Rules: measures development of the elements of clinical judgment.
- The components of the nursing process that frame care planning ARE the Standards of Nursing Professional Practice. Forms the basis for Care Planning. Guides documentation of nursing actions.

Common Synonyms

- Clinical decision-making, critical thinking about nursing practice, critical reasoning
- Care plan, nursing process.

(OHSU course materials, 2018)
Using a model to teach clinical judgment

**Context of care**
- Background
  - Knowledge
    * Theoretical
    * Experiential
- Relationship with patient

**Teaching strategies:**
Relationship with the patient (client and/or family)

- Developing skills to get to know the person
- Build rapport
- Therapeutic communication
- Motivational interviewing
- Make the connection of knowing the patient to clinical judgment visible
Teaching strategies: Theoretical knowledge

- Manage content
  - Teach conceptually
  - Use prevalent conditions as exemplars
  - Identify intended outcomes
- Manage time to maximize student-faculty interaction
  - Flip the classroom so students are getting the content ahead of time and class is focused on application
- Bring clinical experiences to the classroom!
  - Cases- well supported in the literature
  - Simulation- emerging support

(Bristol, 2019; Hensel and Billings, 2020; Foo et al, 2017; Joshua & Ingram, 2020 Klenke-Borgmann, Cantrell, & Mariani, 2020; Tyo & McCurry, 2018; Vacek & Liesveld, 2019; Wyatt et al, 2021)

Teaching with cases

- Design or select cases that
  - Illustrate common conditions
  - are realistic and ambiguous
  - Require students to:
    - Identify what information they need to provide safe care
    - Identify most salient information and recognize patterns
    - Prioritize care
    - Solve real problems
    - Make clinical decisions
    - Compare and contrast between cases

(Bristol, 2019; Hensel and Billings, 2020; Foo et al, 2017; Joshua & Ingram, 2020 Klenke-Borgmann, Cantrell, & Mariani, 2020; Tyo & McCurry, 2018; Vacek & Liesveld, 2019; Wyatt et al, 2021)
Teaching strategies: Experiential knowledge

- Traditional total direct patient care clinical experiences
  - Task focused
  - Many missed opportunities for learning
    - (Ironside, McNelis, & Ebright, 2014; Ironside & McNelis, 2010; McNelis et al., 2014)

- Alternative experiences in clinical
  - Focused experiences for noticing and interpreting and responding
  - Concept based learning (Nielsen, 2016; Lasater & Nielsen, 2009)
  - Concept mapping. (Alfayoumi, 2019)
  - Chunking and scaffolding of clinical learning
    - One concept or focus per week, with synthesis at the end of the term (Gonzalez, 2018)

- Always look for ways to interact with students in pre-conference, during clinical, in post conference.

Teaching conceptually in clinical: Concept-Based Learning Activities

- Alternative to total patient care
- A way to bring theory to clinical
- Focus on one key aspect of patient care, a concept
  - Patient assignment
  - Do focused assessment
  - Look for common patterns
  - Identify related problems and interventions
- Debrief
  - Link relevant theory (pathophysiology, pharmacology, nursing science) with care
  - Examine common patterns
  - Compare and contrast between cases
  - Use to structure clinical curriculum over a term (Gonzalez, 2018)
Simulation and debriefing

- Many modalities
  - High fidelity, low fidelity, standardized patient, virtual, on-line

- Well-researched
  - Development of aspects of clinical judgement
  - Noticing: Salience
  - Interpreting: Pattern recognition, prioritization
  - Confidence

- Learning happens debriefing
  - Debriefing: Use a model
  - Pre-briefing: Emerging evidence for efficacy

- And learning in reflection!

(Klenke-Borgmann, Cantrell, Mariani, 2020; Tyo and McCurry, 2019; Kim, Ryu, and Jang, 2019; Bussard, 2016)

Mentoring student thinking
Mentoring student thinking: Questioning

- **Use a model to frame questions.**
  - **Noticing**
    - Cue recognition - What did you notice in that patient?
    - Of your assessment findings, what was most important?
    - What else do you need to know?
  - **Interpreting**
    - What do the lab values mean?
    - What patterns do you notice? Why are you seeing these signs and symptoms? What are your biggest concerns?
    - Ask them about the priorities of care and why.
    - Ask them about trends in patient well-being - recovery vs. deterioration.
    - Use these terms, and terms like risk reduction.
    - Make decisions about patient safety very visible in your questions and discussion.
  - **Responding**
    - What will you do for this patient? And why?
  - **Support connections of concepts and care**
    - Ask them about relationships and comparing between patients and concepts

- **Make clear links to clinical decision making**

Mentoring student thinking: Role modeling

- Observing an expert nurse providing care in a video
  - *Increase in elements of clinical judgment*
    - Knowing what to expect
    - Prioritization
    - Confidence in nursing care
- Modeling of clinical thinking and decision making
- Thinking out loud


(Lasater, Johnson, Ravert, & Rink, 2014; Kelly et al, 2020; Jessee, 2018)
Mentoring student thinking: Verbal and written reflection

- Structured reflection
  - Guides analysis of care to understand decisions made
  - Promotes student thinking about patient care
  - Helps students to deeply explore clinical situations
- Faculty can provide feedback and mentor thinking
- Can be used for assessment
- Make reflection a habit of the mind

(Lasater & Nielsen, 2009b; Tyo & McCurry, 2018; Bussard, 2015; Bussard, 2016; Razieh, Somayeh, Ariba, 2018)

Formal communication

- SBAR
  - Practice verbal and written
- SOAP notes
  - Practice writing about a more static situation
- Call out the clinical decision making involved
Time management

- Use time with students carefully
- Find time/make time to interact with students about thinking and decision making
  - In clinical to process their clinical experiences
  - In the classroom to help them integrate theory with authentic practice

Assessing Clinical Judgment Development: The Lasater Clinical Judgment Rubric

<table>
<thead>
<tr>
<th>Behavior descriptor</th>
<th>Example</th>
<th>Intermediate</th>
<th>Proficient</th>
<th>Rubric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk analysis</td>
<td>Thorough evaluation of all possible outcomes, including potential complications and outcomes, and their likelihoods.</td>
<td>Comprehensive analysis of risks and benefits, leading to a clear decision.</td>
<td>Risk analysis is performed with a clear understanding of potential outcomes.</td>
<td></td>
</tr>
<tr>
<td>Decision making</td>
<td>Articulates a clear plan of action, including steps and timelines, and evaluates potential outcomes.</td>
<td>Decision making is well thought out, with clear steps and outcomes identified.</td>
<td>Decision making is thorough, with a clear plan of action.</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Clearly and effectively communicates the rationale for the decision, including potential outcomes and implications.</td>
<td>Communication is clear and effective, with a focus on potential outcomes and implications.</td>
<td>Communication is clear and effective, with a focus on potential outcomes and implications.</td>
<td></td>
</tr>
<tr>
<td>Critical thinking</td>
<td>Applies critical thinking to evaluate the decision, considering alternative options and outcomes.</td>
<td>Critical thinking is applied, with a consideration of alternative options and outcomes.</td>
<td>Critical thinking is applied, with a consideration of alternative options and outcomes.</td>
<td></td>
</tr>
<tr>
<td>Professional ethics</td>
<td>Demonstrate adherence to professional ethical standards, including confidentiality, accountability, and respect for patient autonomy.</td>
<td>Professional ethical standards are adhered to, with a focus on confidentiality, accountability, and respect for patient autonomy.</td>
<td>Professional ethical standards are adhered to, with a focus on confidentiality, accountability, and respect for patient autonomy.</td>
<td></td>
</tr>
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(Lasater, 2007)
Research of teaching for clinical judgement

- More strategies described in the literature than formally measured in research studies
- Challenges with interventions
- Challenges with measurement of clinical judgement
  - *Much self-report*
- Need for better understanding of CJ development at graduation for smoother hand-off of CJ education during transition to practice

Taking the plunge:

What ideas do you have for extending clinical judgment teaching and learning?

- *In your own education practice?*
- *At your school?*
Bringing this boat into port....

■ Adopt and use a model to frame this work
  - Message consistently
■ Adapt and design great learning activities focused specifically on clinical judgment development
  - AND TEST them!
■ Take a developmental approach
  - “Level the plan to student development
  - Chunk and scaffold learning
■ Teach habits of thought
  - Build thinking development into every student encounter
■ Mentor student thinking
■ Manage time to get learning desired

Wishing you calm waters and smooth sailing as you extend your clinical judgement teaching journey...

Bon voyage!

Questions ?
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References


References