Teaching Clinical Judgment

A Simulation Faculty Development Session

TAMARA WHITTLE, MSN, RN, CCRN
WITH SUPPORT FROM PATTI WARKENTIN, M.ED., BSN, RN
OHSU SCHOOL OF NURSING, MONMOUTH CAMPUS
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Learning Objectives

Learners will be able to:

- 1. Identify evidence-based best practices for teaching clinical judgment
- 2. Describe gaps in current teaching practice
- 3. Develop 2-3 teaching improvements to foster clinical judgment
- 4. Create an evaluation plan to assess improvements in teaching effectiveness

Relevance

NCSBN - Next Generation NCLEX Project

- Growing evidence
- Clinical judgment is 'critically important'
- NCSBN Clinical Judgment Measurement Model (NCJMM)
- Next Generation NCLEX coming in 2023



(NCSBN, 2020)

Evidence-Based Practice in Teaching

Classroom

Lab

Simulation

Clinical

Holistic Care

Nursing practice vs medical practice

Caring – recognizing the value and worth of patients

Engagement and empathy

What is Clinical Judgment?

Critical Thinking – ability of the nurse to think clearly, precisely

- Memorizing ≠ understanding
- Moving beyond noticing to interpreting

Clinical Reasoning – ability to think in action

Understanding → action



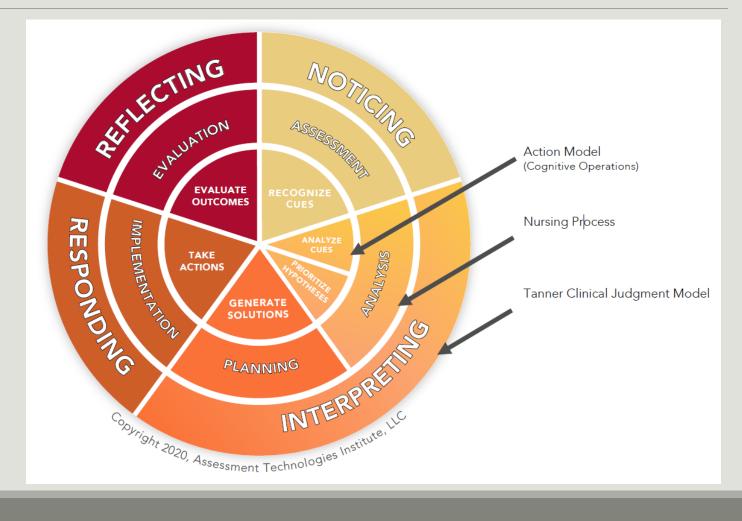
Clinical Judgment – observed outcome of critical thinking and decision-making

Critical Thinking + Clinical Reasoning = the bulk of Clinical Judgment

Caring + Critical Thinking + Clinical Reasoning = Holistic Clinical Judgment

Clinical Judgment Model

- Tanner
- **ONUTSING Process**
- **ONCJMM**



NCJMM – A Framework for Education, Not Practice

- Assessment model for item development
- Measure student learning?
- o "Any evidence-based curriculum that teaches clinical judgment effectively will provide students with preparation necessary for the new components of the exam."

Connecting Theory to Clinical

- Supporting student connections
- Supporting faculty connections
- Bridging theory and clinical



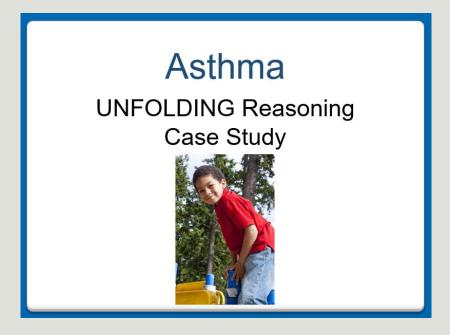
Evidence-Based Teaching Strategies

- Connecting theory to clinical
 - Case studies
 - Detailed
 - Unfolding
 - Virtual simulation
 - O High-fidelity simulation (Luo et al., 2021)
 - Evaluation of students (Ragsdale & Schuessler, 2021)
- Self-assessment of learning
 - Guided reflective writing (Smith, 2020)



Current Process - Classroom

- Decision-making frameworks
- Worksheets
 - Developing Critical Thinking Through Understanding Pathophysiology
- Unfolding case studies
 - Small vs large group
 - Questions to develop clinical reasoning



Current Process – Clinical Learning Lab

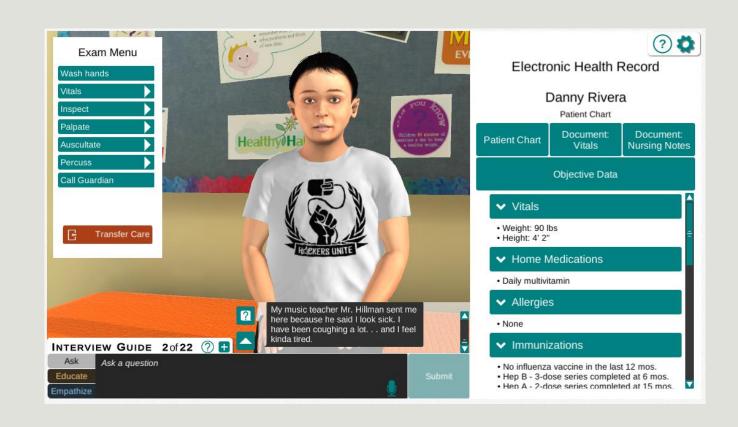
Case-based learning





Current Process – Virtual Simulation

- Virtual simulation
 - Shadow Health
 - Guided reflection



Current Process – Simulation Lab

- High-fidelity simulation
 - Standardized patient actors
 - Prebriefing
 - Facilitated debriefing



Current Process - Clinical

- SBAR
- Clinical Quick Write
- One-Minute Care Plan



Next Steps – Reflective Writing

Guided Reflective Writing Assignment

- 1. Introduction: Briefly describe your clinical experience.
- 2. Noticing: Describe what you noticed about your patient immediately. Describe what you noticed as you spent more time with the patient and possibly their family.
- 3. Interpreting: What did your observations during the clinical experience lead you to believe about your patients? What was the priority of care? What additional information was needed to provide patient care? What resources supported your interpretation?
- 4. Responding: After consideration of your clinical experience, what were the goals for your patient? What interventions did you complete during the clinical experience to support these goals? How did you support therapeutic communication with your patient?
- 5. Reflection: What are other possibilities for supporting this patient? What ways did Noticing, Interpreting, Responding, and Reflecting help improve your patient care?
- 6. Identify 2 questions to further explore regarding this clinical experience to develop clinical judgment.

Guided Reflective Writing Assignment rubric based on the Clinical Judgment Model				
Dimension	Exemplary	Accomplished	Developing	Beginning
Noticing	Explained subtle	Explained most	Explained obvious	Explained normal
	pattern and deviations	obvious pattern and	patterns and	assessment. Missed
	from normal data.	deviations in data.	deviations but missed	deviations from
	Reported gathering of	Reported retrieval of	some important	expectations. Did
	additional relevant	obvious information.	information. Limited	not report seeking
	data.		effort to seek	information.
			additional	Reported on
			information.	objective data only.
Interpreting	Appropriately	Generally prioritized	Effort emerging to	Difficulty
	prioritized data to	data but includes	prioritize data.	organizing and
	explain patient	some less pertinent	Includes less	prioritizing data.
	condition. Made sense	data. Mostly made	important data.	Cannot distinguish
	of complex patient	sense of patient data	Mostly made sense of	important data to
	data with supporting	except for rare or	data in simple or	the diagnosis.
	resources.	complicated	common situations.	Difficulty making
		situations.		sense of data in
				common situations.
Responding	Reported detailed	Reported generalized	Reported	Reported
	communication	communication	communication	communication
	strategies to establish	strategies but could	strategies that display	strategies are
	rapport. Reported	be more effective in	caring but not	confusing and

(Smith, 2020)

Resources

SHADOW HEALTH

- Obligital standardized patients
- Natural language conversation
- Gathering and interpreting objective data
- Therapeutic communication
 - Education and empathy
- Electronic health records
- Immediate, detailed performance feedback



KEITH RN

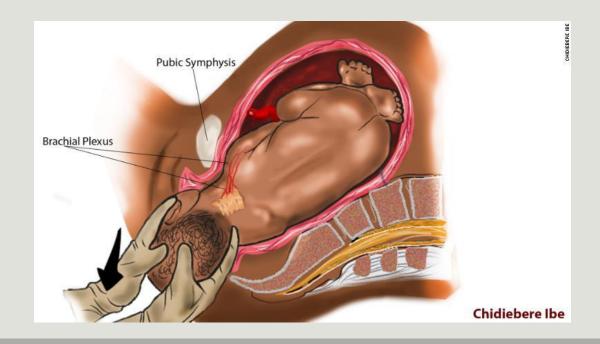
- Case Studies
 - Medical-surgical clinical reasoning
 - Pediatrics
 - OB
 - Mental health
 - Clinical dilemmas
- Classroom and clinical tools
 - Including templates for case development and electronic health records
- Webinars for faculty development

Example – Sim Case Development



Illustration by Chidiebere Ibe (2021)

- OMaternal/Child Health
 - Antepartum
 - Postpartum



Next Steps



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