# Developing Clinical Judgment Skills: Strategies that Make Students Think

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# Objectives

At the conclusion of this session participants will:

- Discuss the role of clinical judgment in the provision of client care.
- Examine the clinical judgment process.
- Explore strategies to promote development of clinical judgment in the classroom, lab, simulation, and clinical.

# How do you define clinical judgment?

Clinical
Judgment

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# NCSBN Defined Clinical Judgment

- "Clinical judgment is defined as the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and access presenting situations, identify a prioritized client concern and generate the best possible evidence-based solutions in order to deliver safe client care" *(NCSBN, 2019).*

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"Today's complex, fast-paced world of hospital nursing, new graduate nurses face significant challenges to providing care and are often unprepared to deal with the realities of practice."

(Nielsen, Lasater, Stock, 2016)

# Clinical Judgment and Nursing Practice

- Nurses gain understanding of problems, issues and concerns of clients to attend to salient information and respond in concerned and involved ways *(Fedko & Dreifuerst, 2017)*.

- Clinical Judgment must be used effectively to ensure client safety, quality nursing care, and strong nurse-patient relationships *(Fedko & Dreifuerst, 2017)*.

- Lack of communication and poor Clinical Judgment result in medical errors causing 250,000 deaths annually.
  - 3rd leading cause of death, following heart disease and cancer *(COLA, 2016)*.

# Importance of Clinical Judgment

- Knowledge and clinical judgment are essential to nursing practice *(Muntean et al., 2016)*.

- Clinical judgment is an essential skill for novice nurse

- Client care and nurse errors can be improved by enhancing clinical judgment skills in nurses

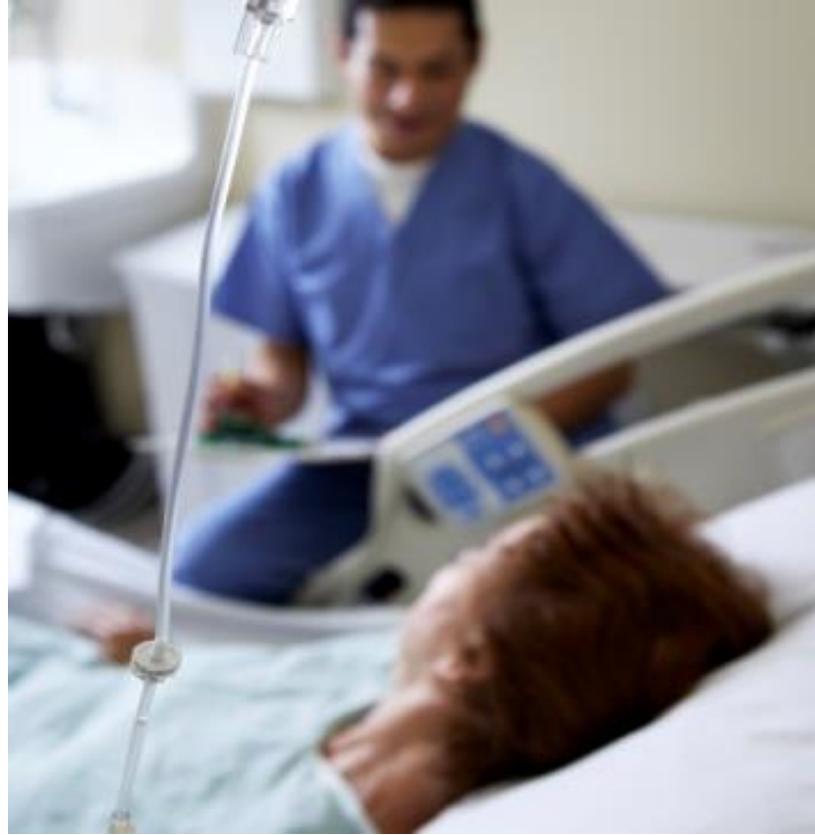- Attainment of content knowledge does not imply the possession of clinical judgment skills.

How might you as an educator have a greater impact on the development of clinical judgment?

# Recommendations to Improve Clinical Judgment

- Incorporate discussion, mentoring, and meaningful feedback

- Emphasize what is most important

- Encourage thinking out loud and reflection

*(Jessee, 2018)*

# Educator Tips

- Use cognitive and experiential strategies that promote higher level thinking

- Make assignments that are appropriate yet realistic for the student's level

- Provide students with meaningful feedback
  - One-on-one interaction and coaching with instructor
  - Interaction with healthcare team member

- Incorporate quality feedback characteristics
  - Timely
  - Specific
  - Identify strengths and deficits
  - Share alternative perspectives
  - Recommend ways to improve

*(Bussard, 2015; Jessee, 2018)*

# Creating Learning activities

- Develop relevant, challenging learning activities aligned with learning goals
  - Select activities involving clinical situations ,to promote deep understanding
  - Use activities at the student's level to increase curiosity and motivation *(Erickson & Lanning, 2014)*

- Provide multiple opportunities to learn and practice Clinical Judgment
  - Classroom, lab, simulation, clinical
  - Engage students in rich learning activities 70% of class time.

- Ask questions that:
  - Require students to give evidence-based rationale for answers
  - Examine data collected, compare and contrast findings
  - Examine interrelationships
  - Involve personal reflection

# Facilitating Development of Clinical Judgment Skills

- Clinical reasoning is best learned **experientially** in class, clinical and in simulated environments *(Herron et al., 2016).*

- Incorporate **variety in instructional strategies** used, produces positive effects on improved outcomes *(Breytenbach, Ham-Baloyi & Jordan, 2017).*

- Personal **dialogue with instructors** is crucial in developing clinical judgment skills *(Herron et al., 2016).*

- Receiving **encouragement, guidance and coaching** from instructors is perceived as helpful *(Herron et al., 2016).*

# Clinical Judgment Strategy:  Coaching

| Guiding | Asking |
|---|---|
| • Role Modeling<br>• Advising<br>• Providing Direction<br>• Prompting<br>• Building on past learning<br>• Providing examples<br>• Encouraging<br>• Giving Feedback | • Thinking out loud<br>• Reflection/co-reflection<br>• Questioning<br>• Observation and assessment<br>• Client care goal identification<br>• Prioritization |

*(Nielsen, Lasater & Stock, 2016)*

- Identify a situation with a student when you used a coaching strategy.

- What coaching strategy did you use?

- How would you modify the strategy in the future to promote clinical judgment?

| Guiding | Asking |
|---|---|
| • Role Modeling<br>• Advising<br>• Providing Direction<br>• Prompting<br>• Building on past learning<br>• Providing examples<br>• Encouraging<br>• Giving Feedback | • Thinking out loud<br>• Reflection/co-reflection<br>• Questioning<br>• Observation & assessment<br>• Client care goal identification<br>• prioritization |

# Strategies to Promote
# Clinical Judgment

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# Aspirations Guiding Norms

Overarching Aspiration: Act in ways that reflect the expert, ethical, professional nurse we aspire to be.

- Engage in respectful interactions

- Listen well while others are speaking

- Assume goodwill; encourage and inspire each other

- Respect differences and be open to other points of view

- Make thoughtful contributions to group work

- Be on time and respect one another's time

- Use electronic and media devices for class purposes only

- Sit near the door in anticipation of phone/text message

# Co-Creation of Norms

*Supporting New Ways of Learning*

- What behaviors do we want to see?

- What behaviors are undesirable?

- How will desired behaviors be reinforced?

- What will happen if the norms are breached?
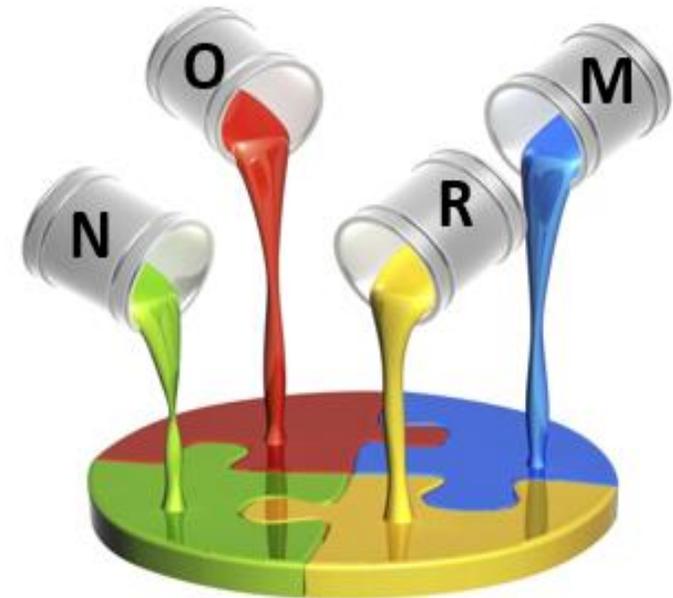
# Norms (Ground Rules)

**Review**

**Revise**

**Reaffirm**
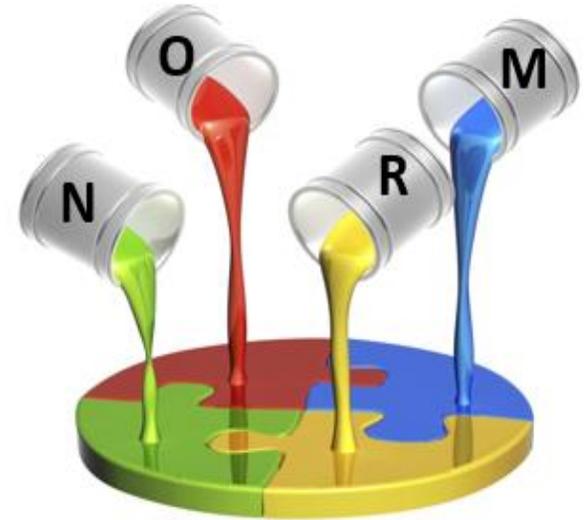
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# Norms

- Respect and Celebrate Differences

- Communicate Respectfully and Listen Attentively

- Come Prepared & On Time
  - Let others know right away if you need to adjust assignments or timelines

- Share Work Equally Among Group Members

- Resolve Conflicts Directly and with Respect

- No Side-bar Conversation

# Socratic Questioning

- Ask **probing** questions in order to elicit deeper thinking about a topic or issue.
- Socratic Questioning is used as follow-up to a lead question designed to elicit discussion.

**Clarification**
- "Tell me what you found during the client assessment.
- "What is the client's priority health problem?"

**Justification**
- "What prompted you to collect that data during your assessment?"
- "What evidence supports this as the client's priority problem?"

**Probing**
- "Describe implications of the assessment findings."
- "Explain your thinking about selecting this as the priority problem."

# Classroom Strategy: **Collecting Cues**

- Present students with a simulation, written or onscreen scenario.

- Ask students to identify the following in a scenario.

  - Objective and subjective data

  - Change in client condition

  - Clinical findings to report to healthcare provider

Example: A 72 year-old client is hospitalized for treatment of pneumonia.  Relate the following clinical findings to their associated nursing action and measurable indicator.

- 4L O2 per nasal canula

- Client displays labored breathing

- Client reports shortness of breath

- Current $O_2$ Sat 80%, reading was 90% 2 hours earlier

# Classroom Strategy: **Collecting Cues**

- Ask students to identify the following in from the video scenario
  - **Objective and subjective data**
  - Change in client condition
  - Clinical findings to report to healthcare provider

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# Classroom Strategy:  **Problem Identification**

*Group Activity*

- Present students with a written or video scenario.

- Give each student a sheet adhesive dots in multiple colors (4-5 colors needed).

- Use a white board to record student responses.

- Instruct  students to identify important data from the scenario.
    - Write information on white board as students share.
    - Identify data as "Supportive" or "Critical" information and underline the Critical information.

- Invite students to go to the white board and use their colored dots to indicate associated information (e.g., shortness of breath; O2 at 4 L per nasal canula; O2 Sat 90%).

- Identify data with multiple dots and discuss the associated client problem.

# Classroom Strategy: **Problem Identification**

74 year-old male

5 ft. 8 in.

249 lbs.

Penicillin allergy

Myocardial Infarction 5 years ago

Crackles bilaterally in lung bases

Last BM 3 days ago

O2 4L per Nasal Canula

O2 Saturation 89%

Reports 6/10 back pain

3+ pedal edema

Ejection Fraction 32%

Decreased appetite

BP 154/88, P 108, R 26, T 98.8

Reports shortness of breath

Lasix 40 mg. daily

Potassium 20mEq daily

Metoprolol 50 mg BID

Albuterol Breathing Treatment q 6hr.

Oxycodone 5mg q 6 hr.

● = Nutrition   ● = Oxygenation   ● = Perfusion   ● = Elimination   ● = Pain

# Classroom Strategy:  **Tree of Impact**

- Organize ideas/actions and subsequent consequences over time.
  - Assign students to identify:
    - Potential consequences (tree roots)
    - Interventions / responses (tree branches)
- Example: What impact does the closing of a healthcare clinic have on a community?
  - Include the following concepts:
    - Healthcare Quality
    - Healthcare Economic
    - Healthcare Policy
    - Health Promotion (Individual, Family, Community/population, Environment)



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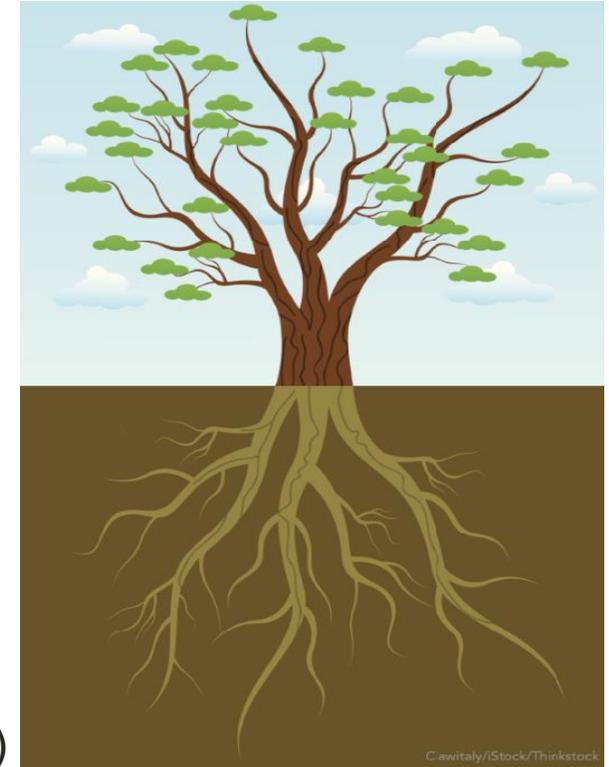
# Lab and Simulation Strategy: **Health Assessment Activity**

▪ Develop a scenario (simulation, written or video-based) with unexpected health assessment findings.

▪ Provide students with client information.

▪ Instruct students to do the following.

- Identify relevant assessment findings.
- Create a list of prioritized client problems.
- Identify appropriate interventions based on findings.
- Document findings in electronic health record.

# Lab and Simulation Strategy:  **Health Assessment Activity**

- Client Information
  - 82 year-old seen in ED with a temperature >101$^{o\,(oral)}$, with abdominal cramps and diarrhea x 4 days
  - Initial vital signs are T: 101$^{o\,(oral)}$,  P:118, R: 16, BP: 114/66
  - Skin warm and dry with tenting
  - Significant other states client has become confused and has not urinated for 8 hours

- Activity
  - Identify relevant assessment findings.
  - What additional information must be collected?
  - Identify the client's priority problem.
  - Identify priority interventions based on client problems.
  - What findings should be documented in the client's health record?

# Clinical Strategy: **Change of Shift Report**

- Create an end of shift report that incorporates information related to steps of the Nursing Process.
  - Summarize important information from the change of shift report (Assessment / Recognize Cues).
  - Identify client problems/needs (Analysis / Generate Hypotheses).
  - Select a priority setting framework and prioritize the client problems/needs (Planning / Judge Hypotheses).
  - Identify priority nursing actions (Implementation / Take Action).
  - Recognize client response to nursing actions (Evaluation / Evaluate Outcomes).

- Repeat the activity using a different priority setting framework and compare:
  - Priority problems/needs
  - Priority nursing actions
  - Client response to nursing actions

**Shift Report Summary: Mr. Jones          Age: 69          Weight 89 kg**

**Admitting Dx**: Hyperglycemia

- Upon admission family reported the client had been sick for 3 days experiencing nausea, vomiting, and fevers of 102 oral, refusing to eat or drink.

- Client was confused AOx2; serum glucose of 835; BNP 32; Na+ 148; K+ 4.7; BP 172/98, P 108; RR 24; Temp 102.1; SPO$_2$ 95% on RA

- Turgor- Tenting was present; started on an insulin drip that was discontinued 4 hours ago and started on Regular and NPH Insulin.

- Takes metformin at home for diabetes

**PMH:** + Nicotine use; DM II; CAD; HTN; Hypercholesterolemia; Neuropathy bilat LE

**Hospital Day 3: Vital Signs:** BP 148/86; P 91 bmp; RR 16; Temp 98.8; SPO$_2$ 94%

**NEURO:** AOx4; PERRL; Grips Equal Bilat

**Skin:** Intact, Warm/Dry; no tenting

**CV:** Sinus Rhythm; Pulse (radial) 2+, (pedal) 1+; S1S2 present

- IV site in R Hand 18 G.

- IV Fluids NS 125mL/hour

**Respiratory:** Clear bilateral

**ABD:** Bowel Sounds Present x4; soft, non-tender

**Mobility:** Stable; stand by assist

**Labs:** Glucose: 258; A1C 12.1 Na$^+$ 137; K$^+$ 3.6; BNP 150

**Medications:**

- Losartan/HCTZ 100mg/12.5mg (daily)

- Fenofibrate 160mg (daily)

- NPH  8 Units (HS) - (New med order)

- Regular Insulin sliding scale with meals and HS (New med order)

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**Discussion Points:**

1. Identify client problem
2. Select a priority setting framework and prioritize the client problems/needs.
3. Identify priority nursing actions.
4. Recognize client response to nursing actions.

# Clinical and Simulation Strategy: **Clinical Judgment Case Study**

The nurse is caring for a client who was admitted with a diagnosis of heart failure. The client reports worsening shortness of breath and increased fatigue over the past 3 days. The client has a persistent, non-productive cough, heart rate of 106, and 3+ lower extremity edema. Other symptoms include bibasilar crackles, a BNP level of 2,460 pg/mL, and pulmonary edema as indicated from the chest x-ray obtained upon admission.

Putting the pieces together

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# Clinical and Simulation Strategy: **Clinical Judgment Case Study**

1. Identify the relevant assessment information and place it in the assessment data box below (include subjective and objective data).
2. Based on assessment data, identify and prioritize the top 3 client problems. Write one client problem in each of the Client Problem boxes.
3. Copy the related assessment data from the Assessment Data box to the appropriate Client Problem box.
4. Identify nursing interventions that should be taken to address each of the client problems.
   a. Add the interventions to the relevant Client Problem box.

| Admitting Diagnosis: |
| --- |
| Assessment Data: |

| Client Problem 1: |
| --- |
| Supporting Assessment Data: |
| Intervention: |

| Client Problem 2: |
| --- |
| Supporting Assessment Data: |
| Intervention: |

| Client Problem 3: |
| --- |
| Supporting Assessment Data: |
| Intervention: |

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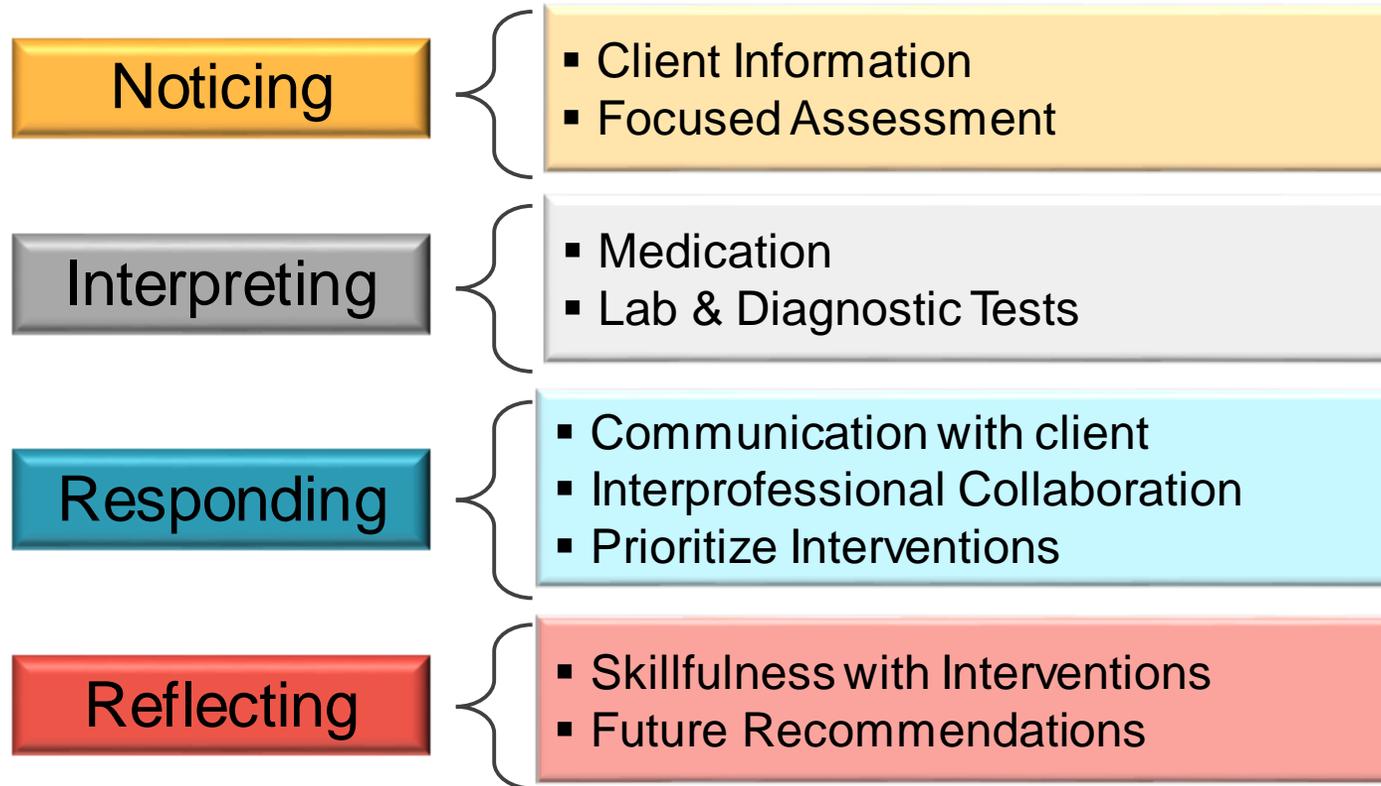# Clinical and Simulation Strategy: **Clinical Judgment Case Study**

*Discussion Questions*

1. Discuss the problems and supporting data that the students have identified.
   a. Have students provide rationales for their choices.
2. Discuss the nursing interventions that the students have identified.
   a. Have students provide rationales for their choices.
3. Discuss the desired client response to each nursing intervention.
   a. Indicate client responses that demonstrate an improvement of the client problem.
   b. Identify client responses that indicate worsening of the client condition.
4. What safety considerations should be included when planning care for this client?
5. What client education needs should be addressed when planning care for this client?
6. Discuss special considerations to be made for clients from diverse backgrounds. (i.e. Elderly client with no family support)

# Clinical and Simulation Strategy: **Journal**

▪ Guidelines for journal assignment after a clinical experience

| Noticing | ▪ Client Information<br>▪ Focused Assessment |

| Interpreting | ▪ Medication<br>▪ Lab & Diagnostic Tests |

| Responding | ▪ Communication with client<br>▪ Interprofessional Collaboration<br>▪ Prioritize Interventions |

| Reflecting | ▪ Skillfulness with Interventions<br>▪ Future Recommendations |

*(Bussard, 2015)*

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