Interpretive Description of Clinical Judgment within Reflective Journals of Nursing Students Participating in High-Fidelity Simulation

Michelle Bussard, PhD, RN, ACNS-BC, CNE
Objectives

- The learner will identify an effective teaching/learning strategy to assist pre-licensure nursing students to develop clinical judgment skills.
- The learner will identify how reflective journals can be used to assist in developing clinical judgment.
- The learner will identify the nature of clinical judgment as revealed in reflective journals.
Problem Statement

Graduating nurses have a lack of clinical judgment

Lack of clinical experiences

Graduates are expected to enter workforce with clinical judgment
Purpose Statement

To identify an effective teaching/learning strategy for pre-licensure nursing students to develop clinical judgment skills prior to graduation.
Significance of Study

Theory practice gap

Clinical judgment

Optimal patient care

Patient outcomes

Patient safety
Research Question

What is the nature of clinical judgment development as revealed in student reflective journals after participating in four progressive HFS scenarios?
Relevant Research
### LASATER CLINICAL JUDGEMENT RUBRIC

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Exemplary</th>
<th>Accomplished</th>
<th>Developing</th>
<th>Beginning</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effective noticing involves:</strong></td>
<td>Focused observation: Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information</td>
<td>Regularly observes and monitors a variety of data, including both subjective and objective; most useful information is noticed; may miss the most subtle signs</td>
<td>Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information</td>
<td>Confused by the clinical situation and the amount and kind of data; observation is not organized and important data are missed, and/or assessment errors are made</td>
</tr>
<tr>
<td>Recognizing deviations from expected patterns</td>
<td>Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment</td>
<td>Recognizes most obvious patterns and deviations in data and uses these to continually assess</td>
<td>Focuses on one thing at a time and misses most patterns and deviations from expectations; misses opportunities to refine the assessment</td>
<td></td>
</tr>
<tr>
<td>Information seeking</td>
<td>Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family</td>
<td>Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads</td>
<td>Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information</td>
<td>Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the patient and family and fails to collect important subjective data</td>
</tr>
<tr>
<td><strong>Effective interpreting involves:</strong></td>
<td>Prioritizing data: Focuses on the most relevant and important data useful for explaining the patient's condition</td>
<td>Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data</td>
<td>Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data</td>
<td>Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data</td>
</tr>
<tr>
<td>Making sense of data</td>
<td>Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success</td>
<td>In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse</td>
<td>In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance</td>
<td>Even in simple common, or familiar situations, has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and developing an intervention</td>
</tr>
<tr>
<td>Effective responding involves:</td>
<td>Calm, confident manner: Assumes responsibility, delegates team assignments; assesses patients and reassures them and their families</td>
<td>Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations</td>
<td>Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily</td>
<td>Except in simple and routine situations, is stressed and disorganized, lacks control, makes patients and families anxious or less able to cooperate</td>
</tr>
<tr>
<td>Clear communication</td>
<td>Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding</td>
<td>Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport</td>
<td>Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence</td>
<td>Has difficulty communicating; explanations are confusing; directions are unclear or contradictory; patients and families are made confused or anxious and are not reassured</td>
</tr>
<tr>
<td>Well-planned intervention/flexibility</td>
<td>Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response</td>
<td>Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments</td>
<td>Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's response</td>
<td>Focuses on developing a single intervention, addressing a likely solution, but it may be vague, confusing and/or incomplete; some monitoring may occur</td>
</tr>
<tr>
<td>Being skillful</td>
<td>Shows mastery of necessary nursing skills</td>
<td>Displays proficiency in the use of nursing skills; could improve speed or accuracy</td>
<td>Is hesitant or ineffective in using nursing skills</td>
<td>Is unable to select and/or perform nursing skills</td>
</tr>
<tr>
<td>Effective reflecting involves:</td>
<td>Evaluation/self-analysis: Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives</td>
<td>Evaluates and analyzes personal clinical performance with minimal prompting primarily about major events or decisions; key decision points are identified, and alternatives are considered</td>
<td>Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices</td>
<td>Even prompted evaluations are brief, cursory, and not used to improve performance; justifies personal decisions and choices without evaluating them</td>
</tr>
<tr>
<td>Commitment to improvement</td>
<td>Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses</td>
<td>Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and weaknesses; could be more systematic in evaluating weaknesses</td>
<td>Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the obvious and needs external evaluation</td>
<td>Appears uninterested in improving performance or is unable to do so; rarely reflects; is uncritical of himself or herself or overly critical (given level of development); is unable to see flaws or need for improvement</td>
</tr>
</tbody>
</table>

Reprinted with permission
Relevant Research Continued

Reflective thinking, reflective journaling, debriefing
Relevant Research Continued

High-Fidelity Simulation

The NLN/Jeffries Simulation Framework

Outcomes
- Learning (Knowledge)
- Skill Performance
- Learner Satisfaction
- Critical Thinking
- Self-Confidence

Simulation Design Characteristics
- Objectives
- Fidelity
- Problem Solving
- Student Support
- Debriefing

Educational Practices
- Active Learning
  - Feedback
  - Student/Faculty Interaction
- Collaboration
  - High Expectations
  - Diverse Learning
  - Time on Task

Facilitator
- Demographics
  - Program
  - Level
  - Age

Participant
Methodology

- Specific to Nursing
- Qualitative Interpretive Description
- Transferable
- Clinical Phenomena
- Credible
- Rigorous
Methodology Continued

- Reflective Journals
- Inductive analysis of clinical judgment

Medical Surgical nursing course
- All eligible students

Clinical Judgment Model
- LCJR

Theoretical Scaffolding

Sample Selection

Analytic Data Analysis

Data Source

Reflective Journals
Population and Data Collection

Diploma
- Junior pre-licensure
- Medical surgical

Inclusion
- 4 Scenarios – simple to complex
- IRB approval
- Criteria

Data collection
- Informed consent
- Unique coding
- Simulation facilitator

Rigor and Confirmability
- Member check group
- Nurse educators
Sample Population for Reflective Journals

Sample size 30

![Bar chart showing sample population for reflective journals]
Sample Population for Member Check Group

Sample size 12

- Gender: 12 total, 2 males, 2 females
- Race: 12 total, 2 Caucasian, 2 Asian
- Experience: 12 total, 4 Yes
Sample of Nurse Educators
Analysis of Reflective Journals

- **Theme 1**
  - Expectations about the patient

- **Theme 2**
  - Recognition of a focused assessment

- **Theme 3**
  - Interpretation of medications, laboratory data, and diagnostics

- **Theme 4**
  - Communication with the patient
### Analysis of Reflective Journals Continued

<table>
<thead>
<tr>
<th>Theme 5</th>
<th>• Collaboration and interprofessionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 6</td>
<td>• Prioritizing interventions</td>
</tr>
<tr>
<td>Theme 7</td>
<td>• Skillfulness with interventions</td>
</tr>
<tr>
<td>Theme 8</td>
<td>• Incorporation of skills and information into real patient situations</td>
</tr>
</tbody>
</table>
Findings

Interpretation through Tanner’s Clinical Judgment Model

**Noticing**
- Expectations about the patient
- Recognition of a focused assessment
- 873 comments in journals

**Interpreting**
- Interpretation of medications, laboratory data, and diagnostics
- 196 comments in journals

**Responding**
- Communicating with the patient
- Collaboration and interprofessionalism
- Prioritizing interventions
- 558 comments in journals

**Reflecting**
- Skillfulness with interventions
- Incorporation of skills and information into real patient situations
- 590 comments in journals
Findings

Interpretation through Lasater Clinical Judgment Rubric
Nature of Clinical Judgment Development

HFS Simple to Complex

Guided Reflective Journal Questions

Beginning/Developing
- Noticing
  - Student notices admitting diagnosis without correlation to PMH
- Interpreting
  - Brief, simple journal entries and inaccurate interpretation of data.
- Responding
  - Errors in skill performance, task oriented, poor communication with patient, and lack of collaboration.
- Reflecting
  - Limited self-reflection and reflection is skill or task focused.

Accomplished/Exemplary
- Noticing
  - Student uses report and medical record to gain expectation about the patient and identifies trajectory of patient illness.
- Interpreting
  - Experiential learning in clinical and HFS. Increase in knowledge and skill.
- Responding
  - In-depth journal entries, interpreting and exploring patient data accurately, and correlates patient data.
- Reflecting
  - Communicates with patient therapeutically, collaboration and interprofessionalism, prioritizes and individualizes interventions, and skillful.

Development of Clinical Judgment

Bussard (2013)
Recommendations for Nurse Educators
Conclusion

Teaching/learning strategy

Journal one to journal four

Nature of Clinical Judgment Development

Findings parallel Tanner and Lasater

Connects literature of HFS, debriefing, and reflective journaling
References


