Engaging and Assessing Nursing Students' Clinical Judgment using Evidenced-Based Tools in the Clinical Practicum

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Acknowledgements

- Dr. Kathleen Rindahl, Dr. Eileen Jimenez, Dr. Janine Spencer, and Dr. Marie Gilbert
- Dennis, Shaley and a special to acknowledgement to my son Dillon
- Friends, Colleagues and Students

Introduction

Nurses have a legal accountability to practice safely.

- Nursing Practice Act
 - defines nursing practice as the ability to observe and determine abnormality and the obligation to act
- NCSBN Licensing (NCLEX) Exam
 - determines a nurse is safe to practice
- Agencies
 - Accrediting agencies recognize educational institutions or programs that meet or exceed standards and criteria for educational quality

The NCSBN defines clinical judgment

"as the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify a prioritized client concern, and generate the best possible evidence-based solutions to deliver safe client care".

(Betts et al., 2019, p. 23; NCSBN, 2019a, p. 1)



Declining New Graduate Clinical Judgment & Safety



New Graduate Attrition Rates < 3 years



Stakeholders advocating for improved practice readiness new graduates



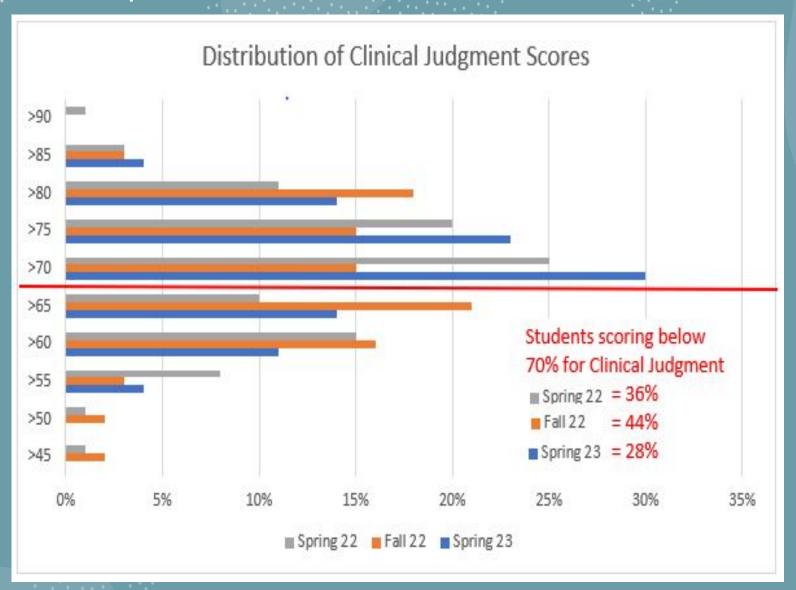
NCSBN updated licensing exam



Opportunity to improve Clinical Judgment in local nursing program

Problem

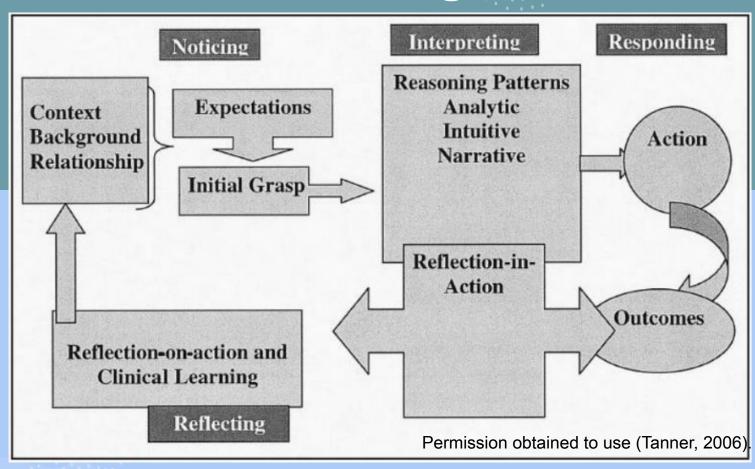
ATI Comprehensive Predictor Exam



Purpose of the project

- 1. Identify if clinical instructors perceive using an evidenced-based tool improves their ability to *ENGAGE* students in clinical judgment.
- 2. Identify if clinical instructors perceive using an evidence-based tool aids to *ASSESS* student's clinical judgment competencies and provide specific feedback.
- 3. Identify innovative, intentional and a standardized approach to *increase opportunities* to *develop* students' clinical judgment competencies.

Theoretical Framework Tanner's Clinical Judgment Model



Review of the literature

Academia called to act

Faculty Considerations

NCSBN Clinical Judgment Measurement Model (NCJMM)

Lasater's Clinical Judgment Rubric (LCJR)

Methods

- Boyer's Scholarship of Application
- Mixed method of Quantitative and Qualitative Survey
- Convenience sampling:
 - Clinical instructors teaching medical-surgical and complex acute care clinical courses
 - Nine of the 15 (60%) clinical instructors consented to participate Participants Education Level. N
- Data Collection
- Setting
- Data Analysis

Variables	Pre-	Survey	Post Survey		
	n	%	п	%	
Education					
DNP	2	22%	2	25%	
MSN	3	33%	3	37.5%	
BSN	4	44%	3	37.5%	
RN Years					
> 20 Years	2	22%	2	25%	
11-20 Years	2	22%	2	25%	
5-10 Years	4	44%	3	37.5%	
< 5 Years	1	11%	1	12.5%	
Academia Years					
> 20 Years	1	11%	1	12.5%	
11-20 Years	2	22%	2	25%	
5-10 Years	0	0%	0	0%	
< 5 Years	6	66%	5	62.5%	

NCJMM Quantitative Data Analysis

Table 3
Rate effectiveness of methods used to engage students in clinical judgement (CJ).

Variables		Survey t Method		Post-S CJMM		Asymp. Sig. (2-tailed)	Z-score	
	M	SD	n	M	SD	n		
NCJMM Tool	3.50	.740	7	4.11	.632	7	.<.001	3.42
Q5 Recognizing Cues	3.00	1.00	7	4.14	.690	7	.066	-1.84
Q6 Analyzing Cues	3.57	.534	7	4.14	.690	7	.157	-1.41
Q7 Prioritizing Hypothesis	3.71	.487	7	4.14	.690	7	.257	-1.13
Q8 Generating Solutions	3.85	.690	7	4.00	.577	7	.564	577
Q9 Taking Action	3.42	.534	7	4.14	.690	7	.059	-1.89
Q10 Evaluating	3.42	.975	7	4.14	.690	7	.197	1.28

Note: Two participants were excluded from the effectiveness of methods quantitative analysis.

LCJR Quantitative Data Analysis

Rate confidence level assessing student clinical judgement competencies.

Variables		urvey Method	S		t-Survey JR Tool	Asymp. Sig. (2-tailed)		
(d)	M	SD	n	M	SD	n	-80	
LCJR tool	3.46	1.16	8	4.12	.491	8	.007	-2.687
Q1 Notice	3.75	1.28	8	4.0	.534	8	.739	333
Q2 Interpret	3.25	1.16	8	4.0	.534	8	.096	-1.667
Q3 Respond	3.22	1.16	8	4.12	.353	8	.084	-1.725
Q4 Reflect	3.62	1.18	8	4.37	.518	8	.131	-1.511

Note: One participant excluded from the confidence level quantitative analysis did not complete the post-survey.

Qualitative Post Survey Comments

NCJMM = 72% positive

ngagement							
Positive	"The standard verbiage helped the student pull the concepts together. It was clear to						
Influence	the students where they were with different aspects."						
	"The tool positively influenced my student to engage their clinical judgement. It						
Positive Influence	aided in identifying information relevant to the patient's condition by using the						
	knowledge, experience, and evidence to assess their patients. I saw an increase						
	ability to critically thinking through their assignments. I can see a great						
	improvement to their assignment compared to last semesters students."						
Positive	"It aided in identifying information relevant to the patient's condition by using the						
Response	knowledge, experience, and evidence to assess their patients."						
	"Yes, I did use the term "cues" when discussing the patient's condition with						
Positive	students. The tool is more focused, though, and I can use it to hone the questioning						
Response	when rounding with the students."						
Positive	"I believe it did have a positive influence. However, I received a lot of feedback						
Response	from students that the questions were very repetitive and tedious to complete."						
	"I already try to ask open ended discussion questions about what we have just done						
Neutral	together, but the CJMM has some better, more specific ones. I think it's important						
Response	to engage the students in this way, but I often find that very few can answer the						
	questions. I think they get so nervous when they feel put on the spot. I'm thinking						
	maybe I'll just make a one-page questionnaire based off this CJMM and use it with						
	the students after we do assessments and then debrief together, or they can write out						
	their thoughts."						
Did not	"It's hard to break my own habits and routines. Especially when they have been						
influence	working for me and my students."						

Note. Question had five positive responses, one neutral, one no influence response and one response excluded because participant evaluated the virtual simulation and not the NCJMM tool.

LCJR = 88% positive

Positive Influence	I appreciate the well-defined standards of each level of the rubric. In the
	beginning it was harder to use as most students did not have any experience to
	base them off this. However, at the end of the semester I can confidentially say
	that the majority of students fell into the developing category".
Positive	"The tool positively influenced my ability to evaluate my student's clinical
Response	judgement. First of all, it helped my students' ability to became more engaged in
	their assignments. During open discussion in post conference, they seemed to be
	more involved in the discussion of the case studies. I did not have to pry out the
	information. They were able to recognize cues to a patient's clinical presentation
	and established their patient's needs, concerns, and problems."
Positive	"I think the tool put into writing, and gave clear definitions of, what I was
Influence	already recognizing in students, especially the part about recognizing
	patterns/deviations, responding to them, and prioritizing and sorting
	through data (what is relevant/not relevant to a given situation). These are
	the areas that it seems most second semester students struggle with."
	"I would say it influenced my description and allowed me to focus on
Positive Influence	different areas of clinical judgment; but when put to the test I felt that I did
inituence	what I would normally do, which aligned with this rubric somewhat."

Note. Question had seven positive responses and one neutral response.

Discussion

- Pilot study demonstrated positive results.
- Intentional use of NCJMM and LCJR tools assisted clinical instructors to engage and assess students' clinical judgment competencies.

Limitations

- Small number of participants.
- Existing practicum evaluation documentation did not align with tools.

Use **ALL** ATI Proctored Clinical Judgment Scores to identify <70 % students.

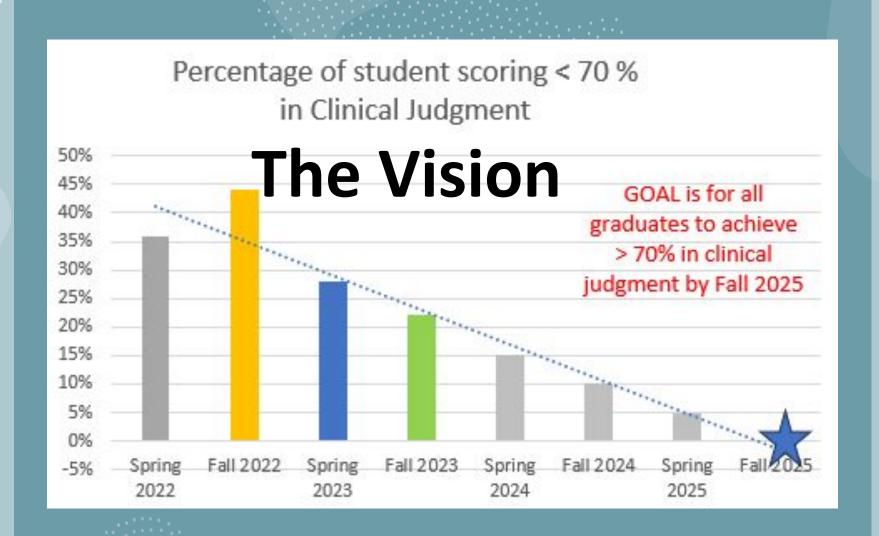
Adopt Clinical Judgment tools to **standardize** engagement and assessment across all semesters.

Develop **performance improvement plan** for student's clinical judgment exams < 70% and communicate plan to next semester.

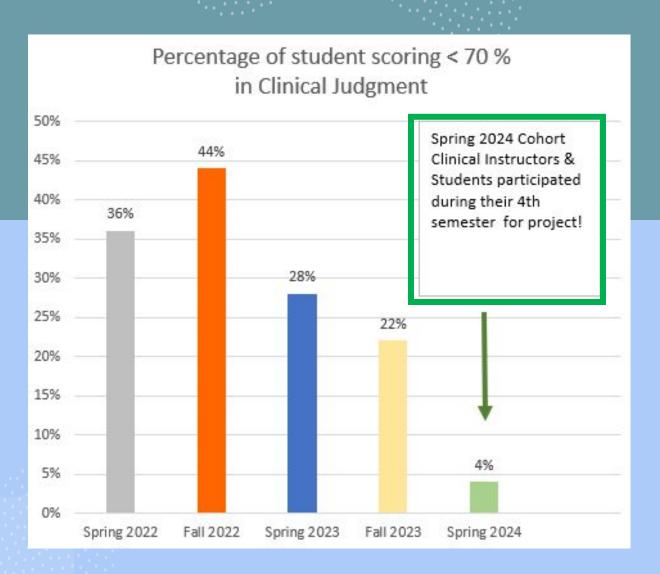
Ensure **formal orientation** for onboarding clinical faculty and ongoing CE.

Continue to **seek innovative opportunities** to increase clinical judgment.

Recommendations

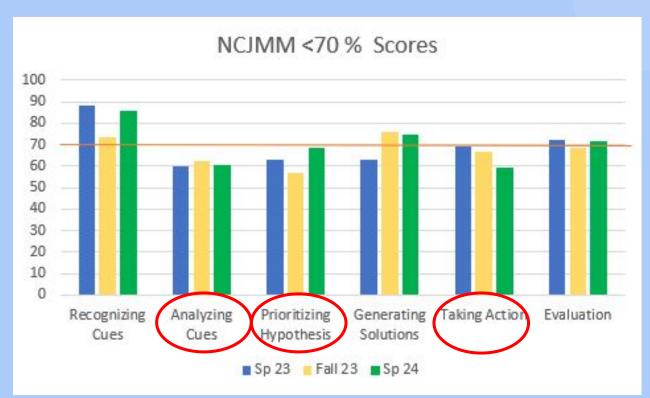


Comparing pre study data to Spring 24 Cohort that participated in project study.



Meaningful data to continue to improve student competencies.

Clinical Judgment Data



Questions?

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