ASSESSING CLINICAL JUDGMENT BEHAVIORS AND SELF-REFLECTION USING THE LASATER CLINICAL JUDGMENT RUBRIC IN BSN STUDENTS

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LEARNING OBJECTIVES

• Identify at least three elements of clinical judgment.

• Review at least four strategies to promote clinical judgment using simulation with human manikins (HSM) with BSN students.

• Discuss impact of research project on student self-reflection and self-awareness re clinical judgement.
THE CHALLENGE

• Educate nurses as critically thinking participants in interdisciplinary teams.

• Demonstrate accountability via valid and reliable assessment tools for quality education.

(Aiken, Clarke, Sloane & Silber, 2002)
BACKGROUND: CLINICAL REASONING

• Nursing students need opportunities to act as detectives to help develop clinical reasoning and judgment:
  
  - set priorities
  
  - learn how to act in given situations
  
  - respond to changes in patient condition
  
  - attend to evidence-based rationales to guide practice

BACKGROUND: CLINICAL REASONING

• Students need to learn specific types of thinking relevant to novice practice, such as problem solving, decision making and diagnostic reasoning in health care situations.

• Synthesize the nursing process to assess, determine, and manage patient problems.

BACKGROUND: PROJECT

• BSN program-traditional students
• Senior laboratory class
• Team taught course
• First HSM course
• Cohort size: 59 students
WHY HUMAN SIMULATION MANIKINS?

• Permits exposure to complicated yet safe patient care situations that permit development and practice of reasoning skills.
• Offers opportunities to practice critical events in a safe and controlled environment.
• Fosters problem based learning.
• Consistent clinical experience for study.

(Chen et al, 2017) (Chee, 2014) (Lin et al., 2010) (Kong, Qin, Zhou, Mou & Gao, 2014)
SELF-AWARENESS

• Self-awareness is defined as the agreement between an individual’s self-perceptions and external perceptions about that individual.

• Individuals with accurate self-perceptions generally have better outcomes and leadership performance.

• Increases forward movement in thinking.

GOALS

• Provide a clear layered scaffold for development of clinical judgment behaviors.

• Provide clear, consistent, formative feedback to students involved in clinical simulation learning with four different faculty.
LASATER CLINICAL JUDGMENT TOOL

- Based on Tanner’s Model of Clinical Judgment
  1. Noticing: observe and develop expectation
  2. Interpreting: perceive and understand
  3. Responding: develop appropriate intervention
  4. Reflecting: evaluation and debriefing

LASATER CLINICAL JUDGMENT TOOL

• Describes behavioral dimensions under the categories of Assessment, Diagnosing, Interventions and Evaluation.

• Each behavioral dimension provides clear examples of salient behaviors under descriptor categories: novice, developing, accomplished and exemplary to guide students in their clinical activities.

NURSING PROCESS ELEMENTS

• Assessment
• Diagnosis
• Planning/Outcomes
• Implementation
• Evaluation
HYPOTHESES:

1. Weekly reflection using the LCJR, students’ awareness of and incorporation of critical thinking behaviors would improve their movement across a continuum toward exemplary behaviors & habits.

2. Weekly reflection would increase self-awareness of critical thinking behaviors and lead to accurate student self-evaluation of simulation lab participation.
METHODS: SAMPLE

• Randomly assigned to 5-person care team
• Traditional BSN students in their senior year.
• 86% Caucasian, and 10% Hispanic, 2% African American.
• 82% female, 18% male
METHODS: PROCEDURES

• Quasi-experimental design, repeat-measures test of student scores at 2 points (mid, end semester)
• Quasi-experimental design, measures test of faculty and student score average at conclusion of semester
• Inter-rater reliability scores-2 points
• Focus group- qualitative measures
LOGISTICS

• Four faculty with four unique areas of clinical expertise
• 60 senior BSN students in synthesis course
• Lab time and space for 3 cohorts of 20 students
• IRB approval
LAB TIME

• Students randomly assigned to 4 or 5 member teams, based on their lab time schedule.
• 2 hour lab divided into 3 rotating activity periods (prep content quiz, learning activity, Simulation).
• Simulation each week: rotated role of primary, secondary nurse, ancillary team member, family member(s).
• LCJR tool was introduced on the first day of the 14 week simulation lab. Reviewed tool and discussed tool purposes: for performance reflection and self-evaluation.

• Numbered rubrics were given to students at the beginning of each lab session, and collected at the conclusion.
METHOD

• Simulations were videotaped and faculty developed a skill/behavior list for each simulation.

• Faculty relied on their observational notes, the behavior list notes, and videos for grading using the LCJR.

• Scores from the five primary or secondary nurse role scenarios over the semester were then averaged for a final simulation grade.

• Grades for weekly quizzes and other learning activities were compiled with the simulation grade for an overall grade for the semester.
• All simulations were filmed. These films were used to evaluate inter-rater reliability of faculty scoring.

• The four faculty evaluated films at two different points in the semester; with Cohen’s Kappa values of 0.70, 0.70, 0.80 and 0.40 respectively.
• Hypothesis 1: Weekly reflection using the LCJR, students’ awareness of and incorporation of critical thinking behaviors would improve their movement across a continuum from novice toward exemplary behaviors & habits.
• The quasi-experimental design compared students’ self-scores of behavioral indicators from two different points during the 14 week semester.

• A means score was achieved by averaging each 5 member team’s individual scores for each dimension.
ANALYSIS

• Statistical analysis entailed use of simple counts, means (M), standard deviations (SD), and two-tailed t-test analysis. A paired T-test was used to compare congregate team scores from week 4-6 with congregate team scores from week 10-12.
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ANALYSIS

• Hypothesis 1: Weekly reflection using the LCJR, students’ awareness of and incorporation of critical thinking behaviors would impact their movement across a continuum toward exemplary behaviors & habits.

• Null hypothesis was NOT proven as 36 of 44 P-values were <0.05.
• Hypothesis 2: Weekly reflection would increase self-awareness of critical thinking behaviors and lead to accurate student self-evaluation of simulation lab participation.
ANALYSIS

• Statistical analysis entailed use of simple counts, means (M), standard deviations (SD), and two-tailed t-test analysis. The between-group (student and faculty) comparisons of scoring of simulation lab participation were evaluated with an unpaired T-test. A 95% confidence interval was utilized using Excel.
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ANALYSIS

• In two-tailed t-test analysis of LCJR scores, student’s self-evaluation scores (M=2.675, SD=0.2491) compared with faculty evaluation scores (M=3.12, SD=0.3175). A P-value of 0.465 demonstrated no significant difference between the means using a 95% confidence interval.
DISCUSSION

• Students reported discomfort with weekly self-evaluation.
• This was a really clear tool for evaluation, but also an exceptional resource for guiding debriefing for a novice faculty member.
• The LCJR tool helped raise students’ awareness of and incorporation of critical thinking behaviors & improved their movement across a continuum of novice towards exemplary behaviors.

(Sabei, Lasater, 2016)
DISCUSSION

• Across all twelve sections, students consistently graded themselves lower than faculty at the interventional dimension.

• Benner, Tanner & Chesla (2009) describe this tendency of novice nurses to focus on mastering skills versus developing a “big picture” perspective.
THANKS!

• Kathy Lasater for giving permission for use of tool for research project.
• Colleagues and students
• Sigma Theta Tau for promoting nursing knowledge research and nursing education.
• Simulation champions everywhere!


