

Using Effective Strategies to Promote Clinical Judgment and Health Equity

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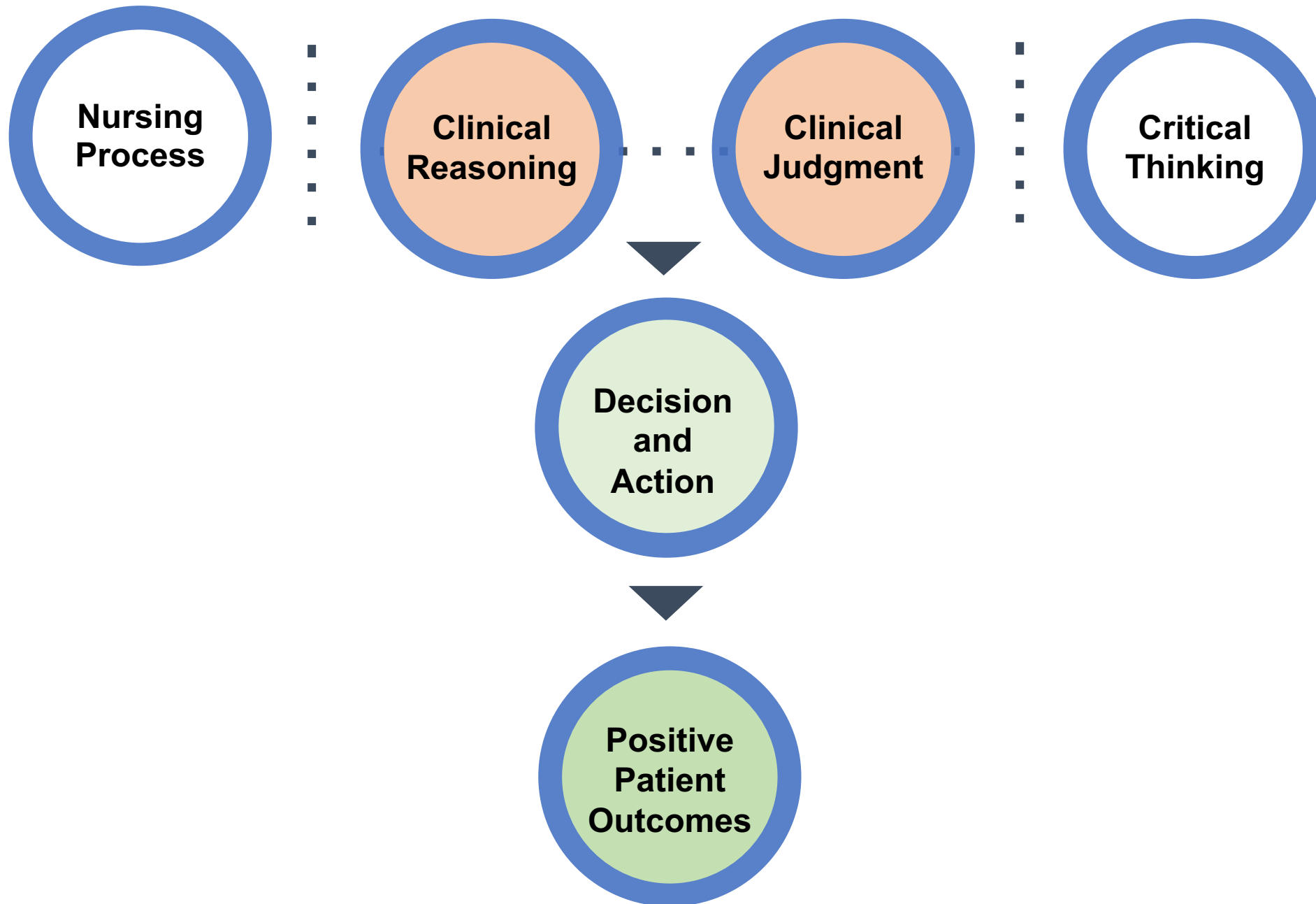
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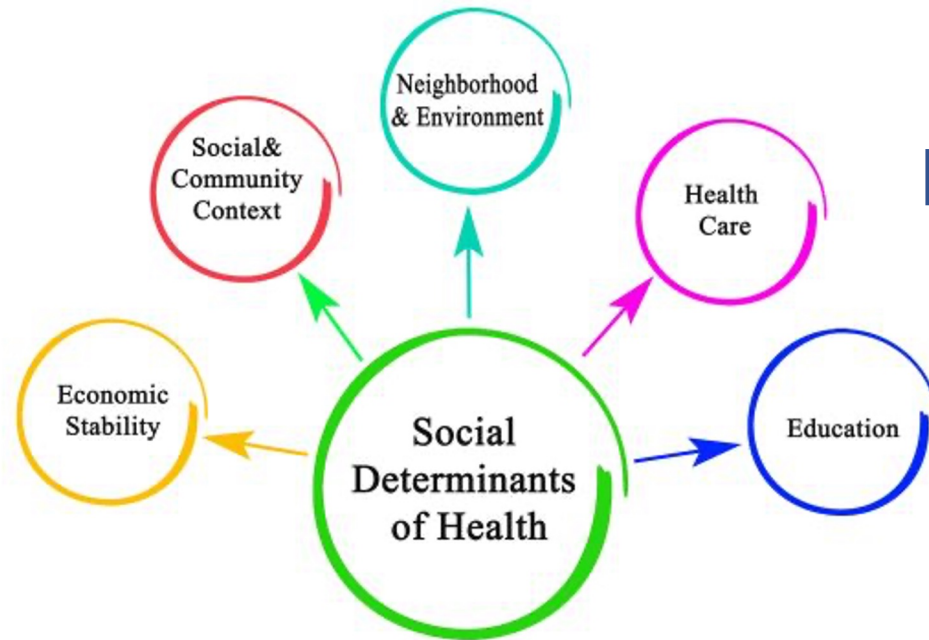
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Session objectives

1. Describe the importance of teaching for clinical judgment and how models and teaching strategies are currently used
 2. Use a model to teach clinical judgment and support learning activity design
 3. Explore extension of the use of the updated Tanner model to incorporate factors related to health equity
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New graduate nurses

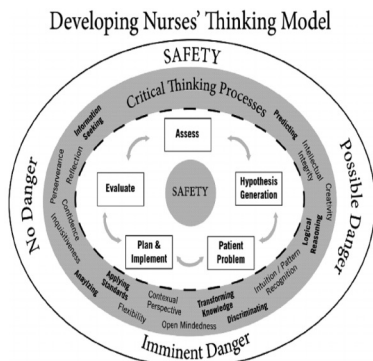
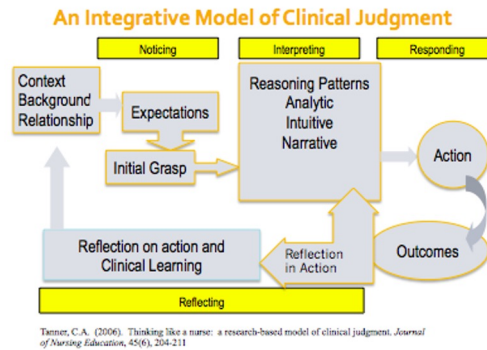
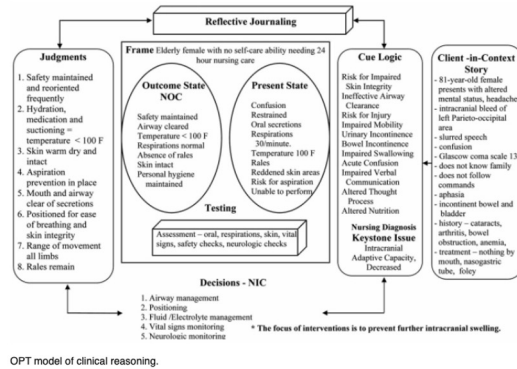


Clinical Judgment Models

- Useful as a framework to guide teaching/learning strategies to promote clinical judgment development (Tyo and McCurry, 2019; Cappelletti et al., 2014)
- Provide a needed structure for curriculum design, assessment strategies and provide a common language for students and faculty (Jessee, 2018)



Using models to teach clinical judgment



Tesoro, M.G. (2019) The Developing Nurses' Thinking (DNT) Model Reprinted by permission

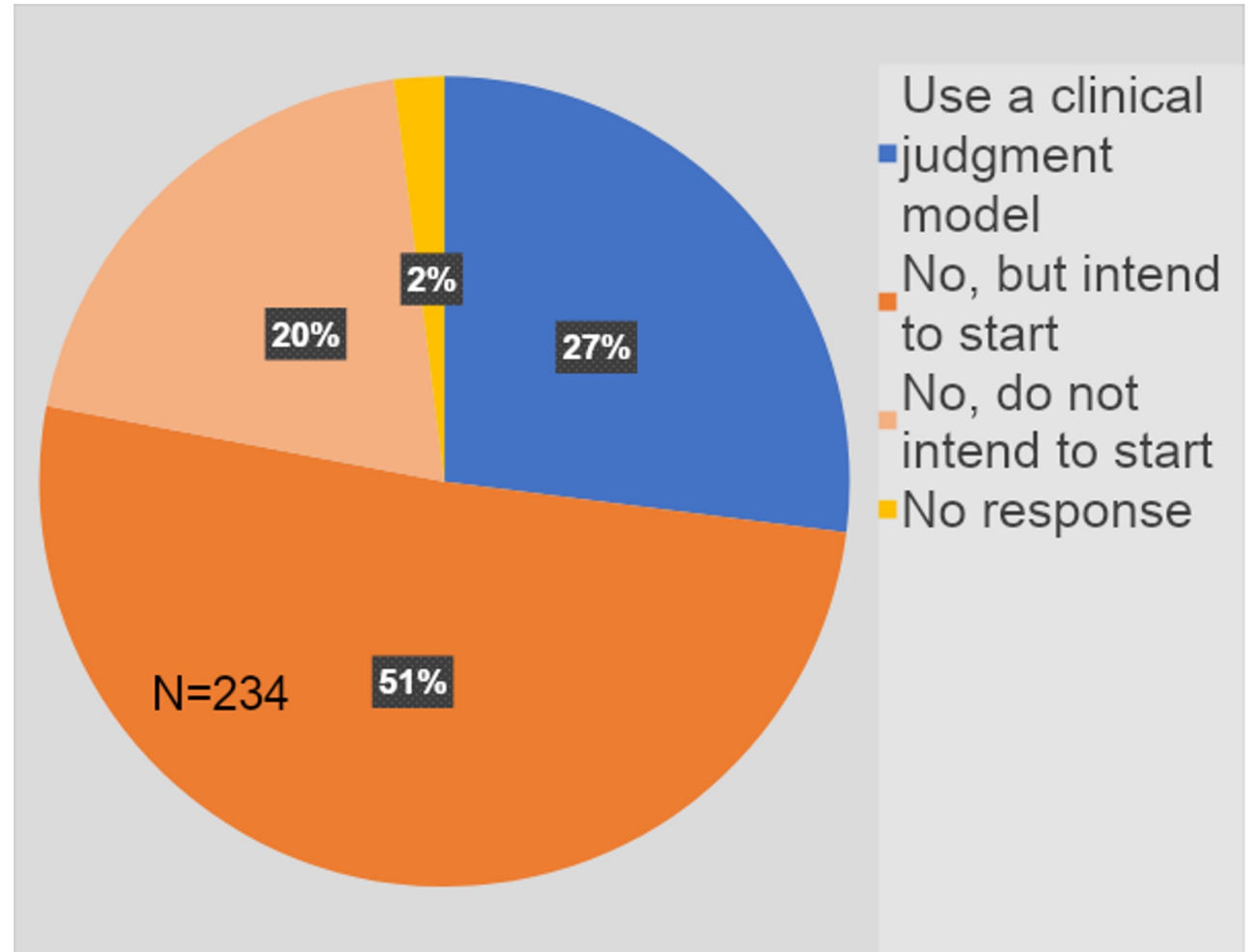


- **OPT (Outcome-Present State-Test)** (Pesut & Herman 1998)
 - Bridge between nursing process and development of thinking about nursing
 - Model associated with clinical reasoning
- **Tanner Clinical Judgment Model** (Tanner, 2006)
 - Intuitive humanistic model
 - Describes factors (context, background, relationship) that influence decision making
 - Based on research of expert nurses. Distinguishes between reasoning processes of experts and more novice nurses
- **Developing Nurses Thinking** (Tesoro, 2019)
 - Includes critical thinking and a variety of other cognitive process
 - Significant focus on safety and recognizing danger
- **Clinical Reasoning Cycle** (Levett-Jones et al, 2010)
 - Focuses on steps in the process
- **Caputi Model for Teaching Thinking in Nursing** (Caputi, 2020)
 - Incorporates the Tanner CJ Model, critical thinking skills. Benner's Novice to Expert
 - Pragmatic ideas about how to teach for thinking.

Value of CJ model use in US nursing programs

(Jessee, M. A., Monagle, J., Nielsen, A., Gonzalez, L., Lasater, K., & Dickison, P., 2023)

1. **informs** design and implementation of teaching strategies
2. **facilitates** clinical teaching and evaluation
3. **improves** clinical reasoning and judgment after implementing a model to inform curriculum



Which strategies do you use to teach students' clinical judgment?

(choose all that apply)

1. Case studies
2. Simulation
3. Virtual technology
4. Questioning (open-ended)
5. Concept mapping
6. Feedback
7. Structured reflection
8. Coaching
9. Concept-based learning



What strategies are U.S. nurse educators using to teach clinical judgment?

- Case studies (98%)
- Simulation (97%)
- Virtual technology (81%)
- Questioning (77%)
- Concept mapping (70%)
- Feedback (68%)
- Structured reflection (55%)
- Coaching (47%)
- Concept-based learning (39%)



Where's the evidence?

- Case studies
- Simulation
- Questioning
- Structured reflection





Teaching for clinical judgment during practicum experiences

(Gonzalez & Nielsen, in review)

- Making time during clinical for supporting students to learn to think
- Mentoring student thinking
 - Coaching
 - Questioning
- Teaching Strategies
 - Reflective activities
 - Concept mapping
 - Concept-based learning
 - Concept-based learning activities
 - One primary focus for selected clinical days
 - Frees faculty to be present for students
 - Student emphasize the importance of the faculty role in mentoring their thinking

TABLE 2

Clinical Reasoning Daily Themes by Week

Theme	Topic
Week 1: Flow of the shift	How to organize a shift and use a report sheet
Week 2: Documentation	Essentials of documentation (e.g., progress notes)
Week 3: The focused assessment	What to pay close attention to and further assess
Week 4: Data to diagnosis	Connection between assessment and nursing diagnosis
Week 5: Priority diagnosis	Developing their nursing instincts and judgment
Week 6: Communication	Practice verbalizing their judgment and making recommendations
Week 7: Interventions	Implement clinical judgment to meet patient's needs
Week 8: Prioritization	Degrees of patient stability; what to do first
Week 9: Putting it all together	Using clinical reasoning in real time competently
Week 10: Reflection	What we have accomplished this semester and moving forward

A strategy to focus learning on clinical reasoning during an acute care clinical

- Weekly theme, daily lessons, clinical day focuses on the theme
- Integration of practical experience and theoretical knowledge
- Broad opportunities to discuss and reflect
 - Pre-conference warm up
 - “7th inning stretch”- mid-shift conference
 - Post conference discussion

• (Gonzalez, 2018)

Tanner Clinical Judgment Model: Foundational “Conclusions” (Tanner, 2006)

- Clinical judgments are more influenced by *what the nurse brings to the situation* than the objective data about the situation at hand.
- Sound judgment rests to some degree on *knowing the patient* and their typical patterns
- Clinical judgments are *influenced by the context* in which the situation occurs
- Nurses use a *variety of reasoning patterns* alone or in combination
- Reflection on practice is often *triggered by breakdown in clinical judgment* and is *critical for development of clinical knowledge* and improvement in clinical reasoning

Revised Model of Clinical Judgment

(Tanner et al, 2022)

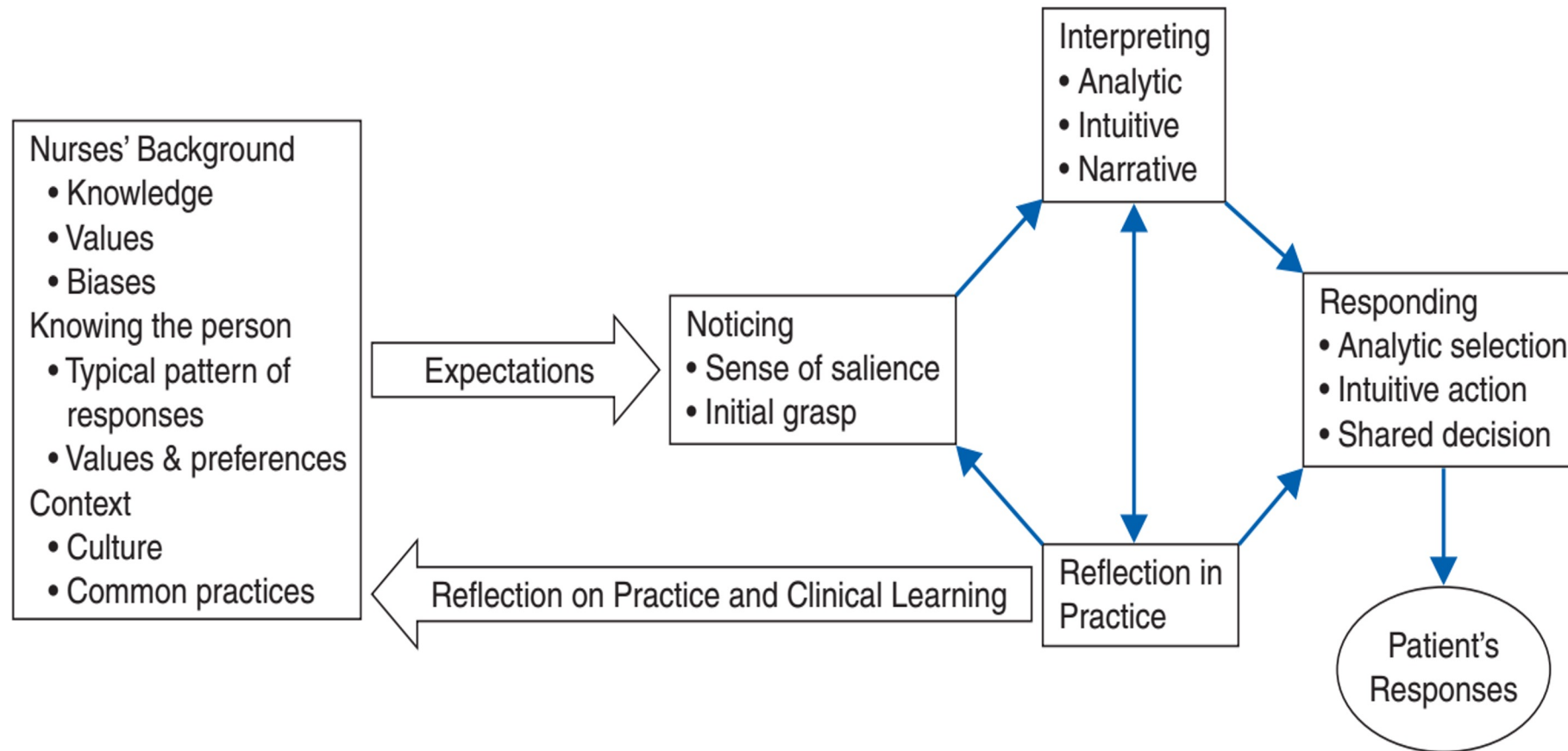


FIGURE 13.1 Model of Clinical Judgment (Adapted from Tanner, C. A. (2006). A research-based model of clinical judgment. *Journal of Nursing Education*, 45(6), 204–211.)

Influences on Clinical Judgment

(Tanner, Messecar, & Delawaska-Elliott, 2022)

Nurses' background

- Knowledge
 - *(Theoretical/classroom learning)*
 - *(Clinical experience)*
- Values
- Biases

Knowing the person

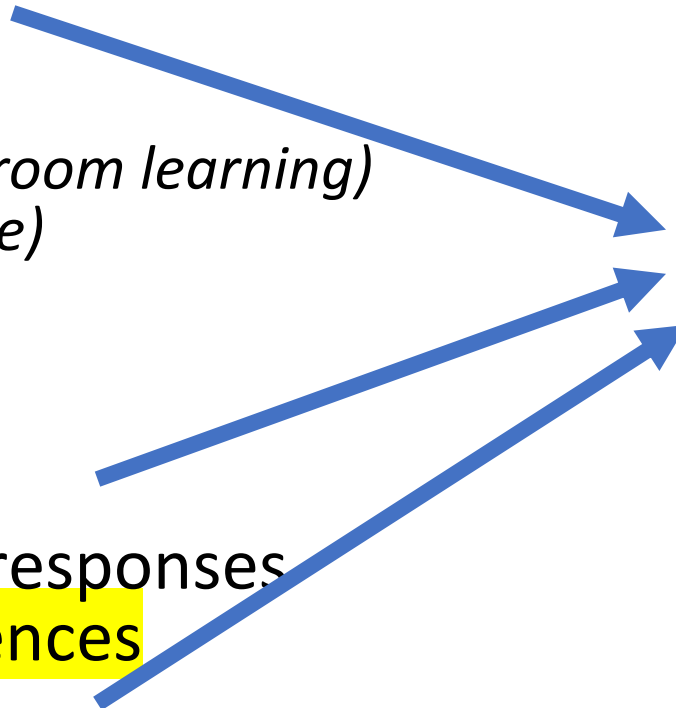
- Typical pattern of responses
- Values and preferences

Context

- Culture
- Common practices

Expectations

...of what will be noticed in a given situation



Use of a model to frame learning

As a framework for

- Case study debriefing in the classroom
- Simulation debriefing
- Post-conference discussion
- To frame questioning
- Design of specific learning activities
 - Structured reflection
 - Concept-based learning activities

Prompts using the Tanner Model

- Questions about nurse's background
 - What do you know about the pathophysiology (and other theory)?
 - What else do you need to know to provide safe care?
 - What clinical experience have you had with situations like this?
- What do you know about this person?
 - Typical responses
 - Values and preferences
- What cultural factors are involved?
 - the patient's
 - the nurse's
 - the unit's
- Then prompts for the stages of the model: noticing, interpreting, responding, and reflecting

Two learning activity examples

- * Health equity and individual patients

- * Health equity for individual, within systems, and in the community



TABLE
Guide for Reflection Using Tanner's (2006) Clinical Judgment Model

Instructions

This Guide for Reflection is intended to help you think about a given clinical situation you have encountered during the past week and your nursing response to that situation. The situation can be a specific physiological patient problem, such as an elevation in temperature, respiratory difficulty, or electrolyte imbalance. You may choose to describe a situation involving a patient's family. The situation can be a description of your role in interdisciplinary problem solving. The reflection situation may describe an ethical issue you encountered in practice. Use the guide for reflection as a way to help you tell the story of the situation you encountered.

The guide provides you with a way of thinking about care that supports the development of your clinical judgment. Although there are many ways of organizing your thinking about patient care and professional nursing practice, Tanner's (2006) Clinical Judgment Model provides the framework for the questions in this study guide. Your professional development is further supported with feedback from faculty. Feedback about your reflections will be provided using the Lasater (2007) Clinical Judgment Rubric.

Introduction

Describe a nursing situation you encountered this week. (See the instructions above.)

Background

- Describe your relationship to the patient at the time you noticed the situation (e.g., previous contact with patient and/or family, the quality of your relationship).
- Consider experiences you have had that helped you provide nursing care in this situation. Describe your formal knowledge (e.g., physiology, psychology, communication skills), previous nursing experience with a similar problem, and/or personal experiences that helped guide you as you worked with the patient.
- Describe your beliefs about your role as the nurse in working on the situation.
- Describe any emotions you had about the situation.

Noticing

- What did you notice about the situation initially?
- Describe what you noticed as you spent more time with the patient and/or family.

Interpreting

- Describe what you thought about the situation (e.g., its cause, potential resolutions, patterns you noticed).
- Describe any similar situations you have encountered in practice before. Describe any similarities and differences you observed when compared with the current situation.
- What other information (e.g., assessment data, evidence) did you decide you needed as you considered the situation? How did you obtain this information? What help with problem solving did you get from your preceptor?

Your conclusion: What did your observations and data interpretation lead you to believe? How did they support your response to the situation? Include pertinent pathophysiology and/or psychopathology.

Responding

- After considering the situation, what was your goal for the patient, family, and/or staff? What was your nursing response, or what interventions did you do? List all actions that you took.
- Describe stresses you experienced as you responded to the patient or others involved in the situation.

Reflection-in-Action

- What happened? How did the patient, family, and/or staff respond? What did you do next?

Reflection-on-Action and Clinical Learning

- Describe three ways your nursing care skills expanded during this experience.
- Name three things you might do differently if you encounter this kind of situation again.
- What additional knowledge, information, and skills do you need when encountering this kind of situation or a similar situation in the future?
- Describe any changes in your values or feelings as a result of this experience.

Guide for Reflection Using the Tanner Clinical Judgment Model (Nielsen, Stragnell & Jester, 2007)

• Background prompts

- Expand section to ask specifically about students' personal *biases* and *values*
- Explore with students about what those biases might be
- Ask students about cultural background
- Ask about patient values and preferences

• Reflection-on- practice prompts

- Include prompts about systemic issues related to equity for this patient
 - Societal
 - In the caregiving context

Concept-based learning activity focused on Health Equity

(Nielsen, 2009; Nielsen, et al, 2023)

- Read about health equity/inequities
- Apply learning in actual clinical encounter- as care provider or observer of care
- Study guide provides focus for data collection and interpretation
- Identify evidence-based health equity interventions ***for this client***
- Identify EB health equity interventions ***for the clinical setting***
- Identify EB interventions ***at the community level*** for health equity

1. Background-

- Based on the reading that you did in preparation for this activity and your previous healthcare experiences, summarize your theoretical and practical (experiential) knowledge about *health equity and health disparities*.
- Describe your previous experience with implementing health equity-oriented interventions in clinical care?
- Describe how your client's life may put them at risk for health inequities?

Attend an appointment that involves a patient at risk for health inequities. This can be in the clinic or in the community. Observe and describe the following factors.

2. Noticing:

- Describe your client's risk factors for health inequities.
- Consider the interactions with your client. Describe the verbal and non-verbal cues related to their comfort in the setting and with your care.
- Describe the strategies used to mitigate health inequity with clients and client populations in your clinic through the promotion of:
 - trauma-informed care
 - culturally safe care
 - contextually tailored care (environmental, relational, etc.) that you observed in the clinical setting. See p. 640-641 in Ford Gilboe et al (2018)
- Describe the facilitators of promote trauma-informed care, culturally safe care, and contextually tailored care that you observed.
- Describe the barriers to trauma-informed care, culturally safe care, and contextually tailored [care](#)

3. Interpreting:

- Summarize the experience from the perspective of health equity risks and manifestations in your client.
- What is your interpretation of the environment of care, client risks and level of comfort related promote trauma-informed care, culturally safe care, and contextually tailored care?
- Identify at least **two strengths** and **two opportunities for improvement** of patient care related to health equities.

4. Responding:

- Identify three evidence-based interventions you will implement in the **care of this client** to address health inequities, disparities, or trauma informed approaches to care:
- Identify 3 interventions that could be implemented in **your clinic setting** to advance health equity- your client (or an identity group to which your client belongs).
- Identify two interventions that could be implemented at the **community level** to advance health equity for your client (or an identity group to which your client belongs).
- Identify one system-level change in the health care-social service setting that would advance health equity for the population to which your client belongs.
- Describe how you will use your learning to advocate for your clients in the clinic, in the community, in the broader political environment. (See Braveman, 2018 article).
- Find an article to share with your colleagues and clinic staff related to the opportunities for improvement.

5. Reflection in action:

- Did you notice changes in your therapeutic relationship with the client after implementing individual level interventions promoting health equity?
- How did the client respond to the individual-level interventions that you implemented?

6. Reflection on action- Submit by the end of the day on which seminar occurs:

- Describe three ways your understanding of *health equity* expanded during this experience.
- Identify three ways that you will change your care based on reading and discussion of equity-oriented health care and trauma-informed [care](#)
- Name three things you still wonder about regarding *patient centered self-management support*.
- What additional knowledge do you need as you develop your practice in primary care settings.
- Describe any changes in your values or feelings [as a result of](#) this experience.

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Another approach: Extending the Tanner Model

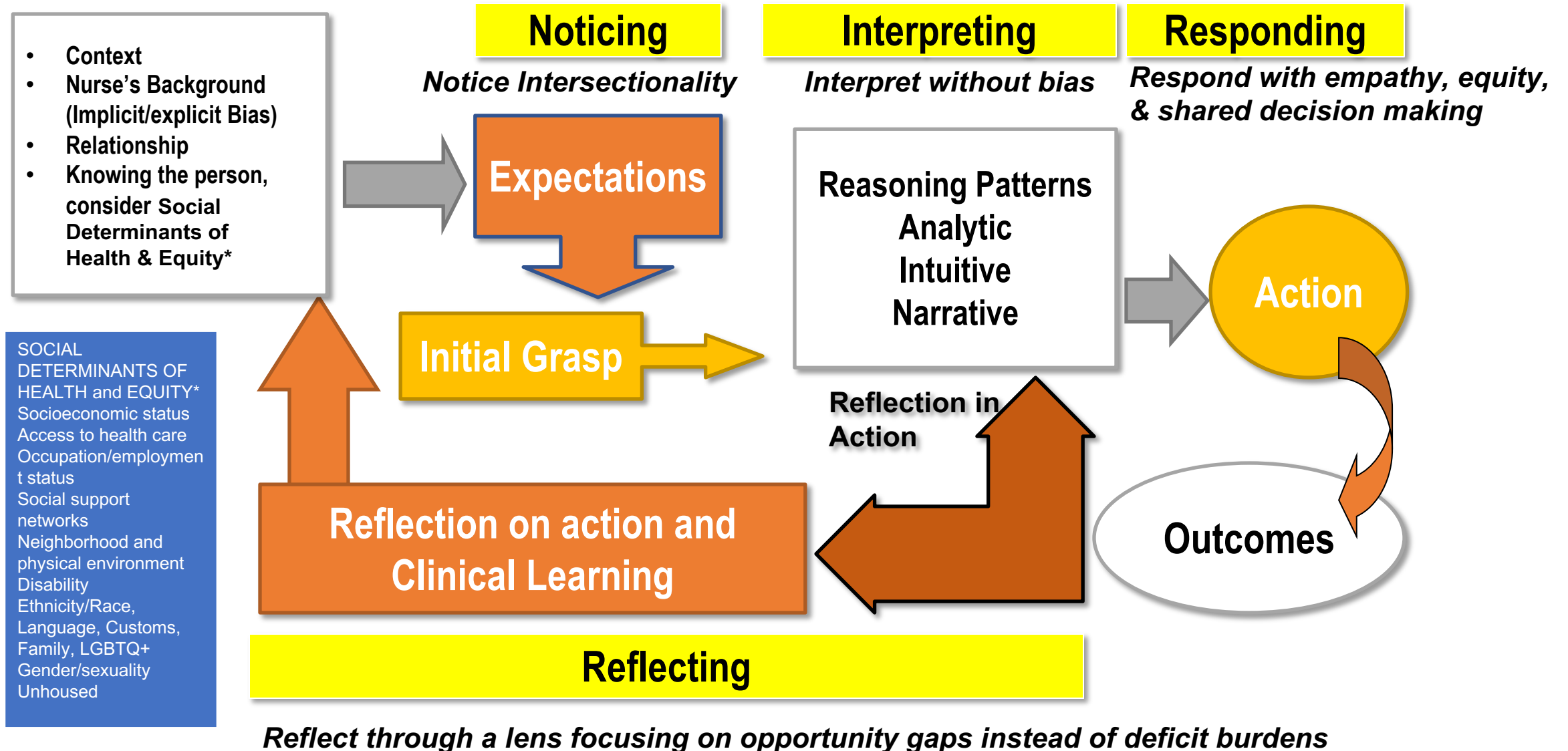
Integrating a Model with Principles of Justice, Equity, Diversity and Inclusion

Objective: Preparing graduates to care for diverse populations.

- First step: Faculty development to address issues of bias, microaggressions, and intersectionality to incorporate JEDI principles into both classroom and clinical learning activities
- Second: Clinical Judgment Model integration with faculty development and workshops



Tanner's Model of Clinical Judgment: Integrating Diversity and Inclusion





Example for Student Reflection

- Describe a clinical judgment you made today in clinical. (i.e.. Get the patient OOB, hold a medication, change the time of a skill, call a provider etc.)
 - Did you consider any social determinants of health?
 - What did you notice about the patient's intersectionality?
 - Did you consider your own bias or notice any bias of others?
 - Can you describe any facilitators or barriers to your decision?



Your ideas??

Comments and questions



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