

YOURS, MINE, OURS:

Sharing ideas for assessing
clinical judgment development

Kathie Lasater, EdD, RN, ANEF, FAAN

Oregon Health & Science University

Professor Emerita

UMD Next Gen NCLEX Series

January 24, 2022



NextGen NCLEX

A Preparatory Series for Maryland Faculty

WELCOME TO THE SESSION!!

Reminders:

- Place questions in the chat for moderated Q&A
- Audio should be muted to reduce background noise and feedback
- You must complete a CE evaluation form following the workshop to receive credit. Instructions will be sent to the email used to register for the event
- PPT and recording will be posted to the MNWC website following the event:

<https://nursing.umaryland.edu/mnwc/events>

Disclosures

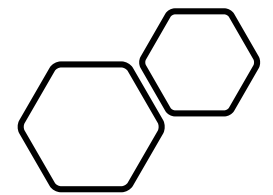
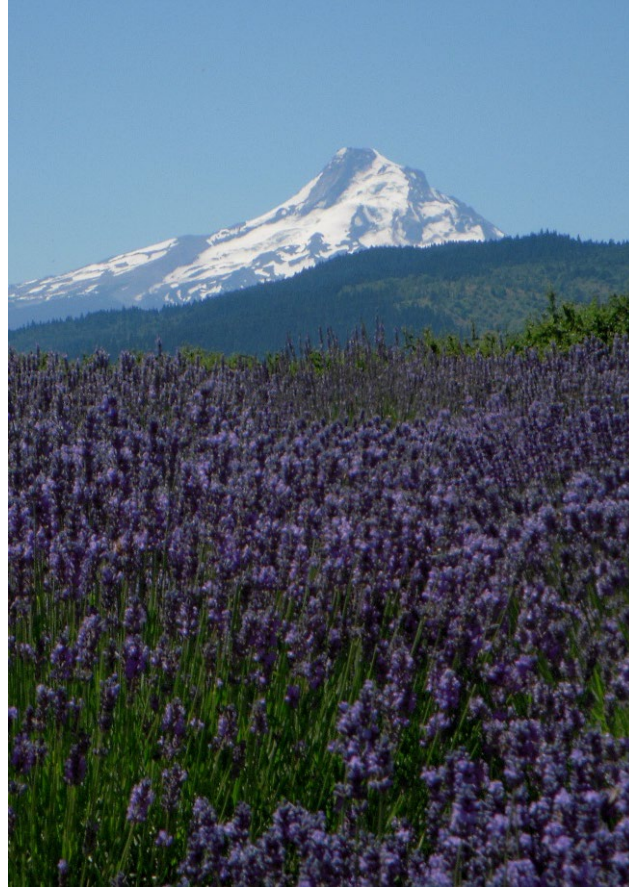
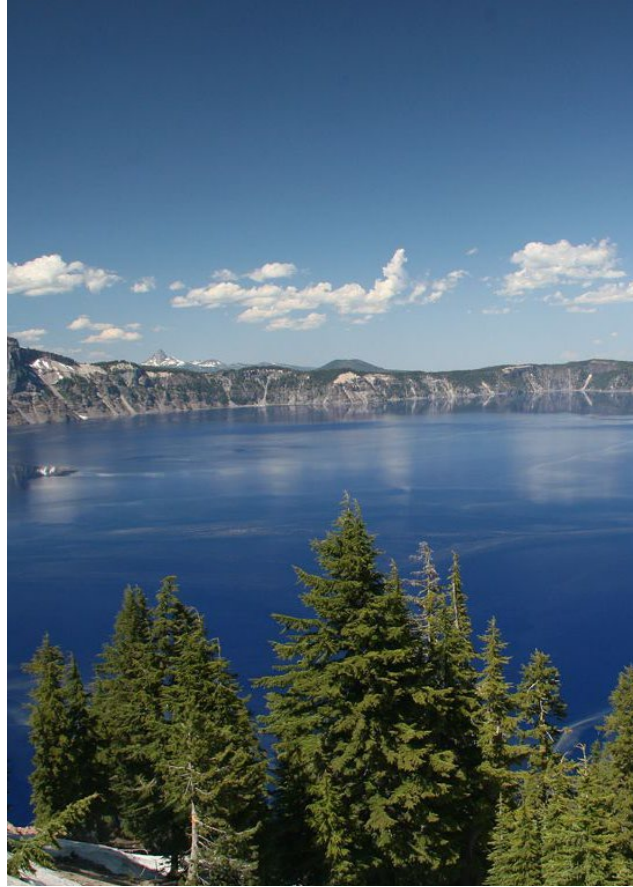
This educational event, has no relevant financial relationship(s) with ineligible companies to disclose. None of the planners or speaker(s) for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, or distributing healthcare products used by or on patients.

The University of Maryland School of Nursing is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.



Continuing Education (CE) for Nurses

- Nurses may receive 1.5 contact hour for attending this activity.
- To receive CE, submit the following:
 - ✓ Completed activity evaluation that will be sent to you via email and complete the acknowledgement section at the top of the evaluation
- Nurses will receive a CE certificate via email from the University of Maryland School of Nursing (UMSON) within two to four weeks after submitting the completed evaluation.





(c)2006 Andrew Hall, PortlandBridges.com

Session Outcomes

Explain two ways to use the Lasater Clinical Judgment Rubric

Propose a new (for you) strategy you can use to assess clinical judgment development

New graduates...

- Are not fully ready for practice
- Find clinical reasoning to make quality clinical judgments a struggle

(Kavanaugh & Sharpnack, 2021; Lasater, et al., 2015; Monagle, et al., 2018)



How do you evaluate students' clinical judgment?



What is clinical judgment?

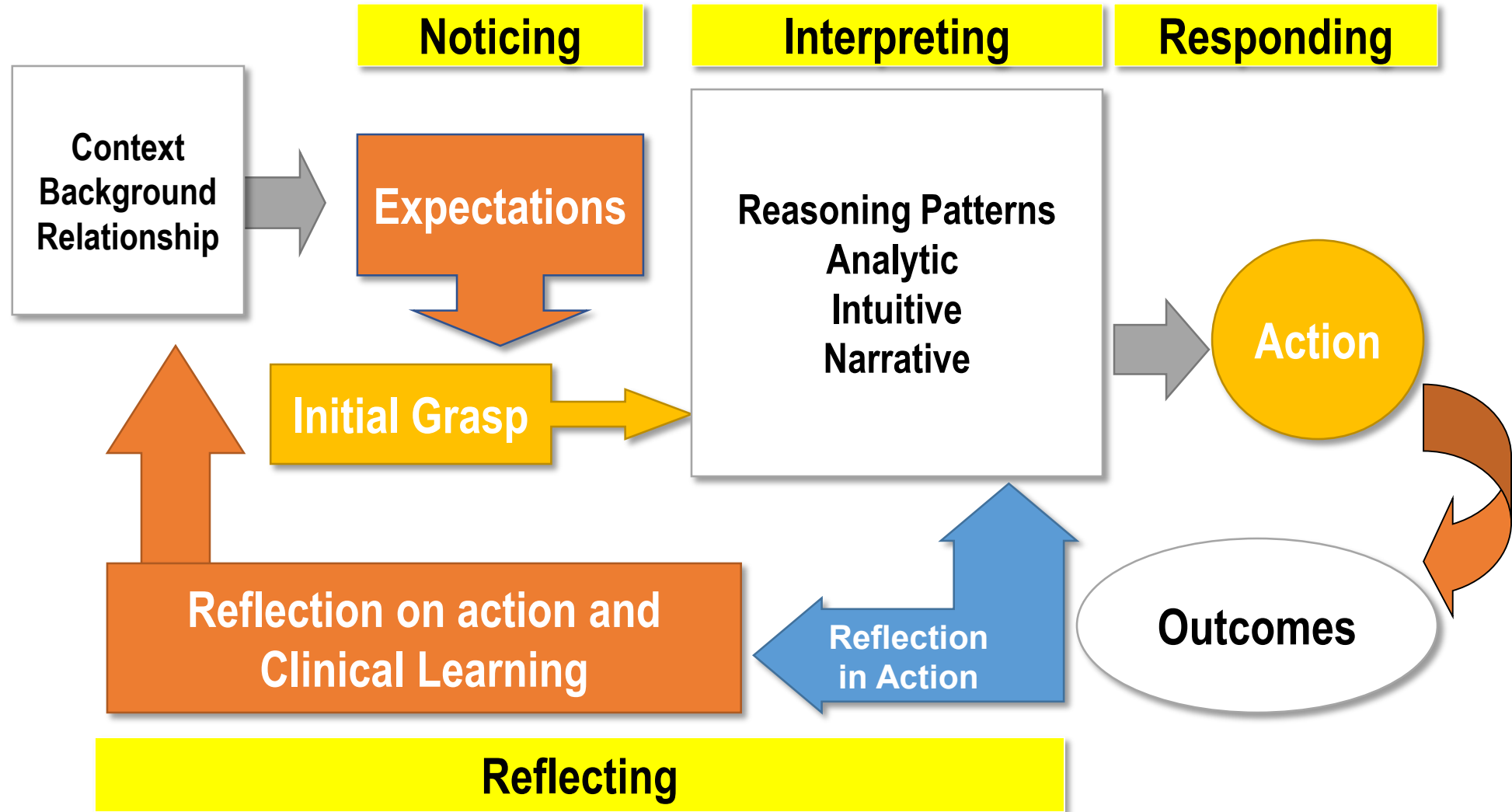
“An interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the judgment to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient’s response.”

(Tanner, 2006, p. 204)



Model of Clinical Judgment

Tanner (2006)





Backgrounds

Students' backgrounds DO influence their clinical judgment development—what does that mean for clinical educators?

(Lasater et al., 2019)

Clinical
judgment can
be taught...

(Capilletti et al., 2014)



Why a rubric?

Rubric: a rating tool that lays out specific expectations (using specific language) and guides assessment

(Stevens & Levi, 2012)





How the rubric was developed

- 47 junior med-surg students, of whom 39 were observed in 53 sims
- 8 observed volunteers in a focus group
- Content validity-weekly with Dr. Tanner
- Final rubric tested
- Others did the psychometrics (Adamson et al., 2012; Victor-Chmil & Larew, 2013)

Evidence-based CJ dimensions

Aspects of CJ (Tanner, 2006)	Dimensions (Lasater, 2007)
Noticing	Focused observation Recognizing deviations from expected patterns Information seeking
Interpreting	Prioritizing data Making sense of data
Responding	Calm, confident manner Clear communication Well-planned intervention/flexibility Being skillful
Reflecting	Evaluation/self-analysis Commitment to improvement

The Lasater Clinical Judgment Rubric

LASATER CLINICAL JUDGMENT RUBRIC
Noticing and Interpreting

Effective NOTICING involves:	Exemplary	Accomplished	Developing	Beginning
Focused Observation	Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information	Regularly observes/monitors a variety of data, including both subjective and objective; most useful information is noticed, may miss the most subtle signs	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	Confused by the clinical situation and the amount/type of data; observation is not organized and important data is missed, and/or assessment errors are made
Recognizing Deviations from Expected Patterns	Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment	Recognizes most obvious patterns and deviations in data and uses these to continually assess	Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment	Focuses on one thing at a time and misses most patterns/deviations from expectations; misses opportunities to refine the assessment
Information Seeking	Assertively seeks information to plan intervention: carefully collects useful subjective data from observing the client and from interacting with the client and family	Actively seeks subjective information about the client's situation from the client and family to support planning interventions; occasionally does not pursue important leads	Makes limited efforts to seek additional information from the client/family; often seems not to know what information to seek and/or pursues unrelated information	Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the client and family and fails to collect important subjective data
Effective INTERPRETING involves:	Exemplary	Accomplished	Developing	Beginning
Prioritizing Data	Focuses on the most relevant and important data useful for explaining the client's condition	Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data	Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data	Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data
Making Sense of Data	Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their likelihood of success	In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more experienced nurse	In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, inappropriately requires advice or assistance	Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing interventions, requiring assistance both in diagnosing the problem and in developing an intervention

LASATER CLINICAL JUDGMENT RUBRIC
Responding and Reflecting

Effective RESPONDING involves:	Exemplary	Accomplished	Developing	Beginning
Calm, Confident Manner	Assumes responsibility; delegates team assignments, assess the client and reassures them and their families	Generally displays leadership and confidence, and is able to control/calm most situations; may show stress in particularly difficult or complex situations	Is tentative in the leader's role; reassures clients/families in routine and relatively simple situations, but becomes stressed and disorganized easily	Except in simple and routine situations, is stressed and disorganized, lacks control, making clients and families anxious/less able to cooperate
Clear Communication	Communicates effectively; explains interventions; calms/reassures clients and families; directs and involves team members, explaining and giving directions; checks for understanding	Generally communicates well; explains carefully to clients, gives clear directions to team; could be more effective in establishing rapport	Shows some communication ability (e.g., giving directions); communication with clients/families/team members is only partly successful; displays caring but not competence	Has difficulty communicating; explanations are confusing, directions are unclear or contradictory, and clients/families are made confused/anxious, not reassured
Well-Planned Intervention/Flexibility	Interventions are tailored for the individual client; monitors client progress closely and is able to adjust treatment as indicated by the client response	Develops interactions based on relevant patient data; monitors progress regularly but does not expect to have to change treatments	Develops interventions based on the most obvious data; monitors progress, but is unable to make adjustments based on the patient response	Focuses on developing a single intervention addressing a likely solution, but it may be vague, confusing, and/or incomplete; some monitoring may occur
Being Skillful	Shows mastery of necessary nursing skills	Displays proficiency in the use of most nursing skills; could improve speed or accuracy	Is hesitant or ineffective in utilizing nursing skills	Is unable to select and/or perform the nursing skills
Effective REFLECTING involves:	Exemplary	Accomplished	Developing	Beginning
Evaluation/Self-Analysis	Independently evaluates/analyzes personal clinical performance, noting decision points, elaborating alternatives and accurately evaluating choices against alternatives	Evaluates/analyzes personal performance with minimal prompting, primarily major events/decisions; key decision points are identified and alternatives are considered	Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices	Even prompted evaluations are brief, cursory, and not used to improve performance; justifies personal decisions/choices without evaluating them
Commitment to Improvement	Demonstrates commitment to ongoing improvement: reflects on and critically evaluates nursing experiences; accurately identifies strengths/weaknesses and develops specific plans to eliminate weaknesses	Demonstrates a desire to improve nursing performance: reflects on and evaluates experiences; identifies strengths/weaknesses; could be more systematic in evaluating weaknesses	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	Appears uninterested in improving performance or unable to do so; rarely reflects; is uncritical of him/herself, or overly critical (given level of development); is unable to see flaws or need for improvement

LCJR Noticing

(Lasater, 2011)

Dimension	Exemplary	Accomplished	Developing	Beginning
Effective Noticing involves:				
Focused observation	<ul style="list-style-type: none"> Focuses observation appropriately Regularly observes & monitor wide variety of objective & subjective data to uncover any useful information 	<ul style="list-style-type: none"> Most useful information is noticed, may miss the most subtle signs Regularly observes/monitor variety of data, including subjective & objective data 	<ul style="list-style-type: none"> Focuses on most obvious data, missing some important information Attempts to monitor variety of subjective & objective data, but overwhelmed by array of data 	<ul style="list-style-type: none"> Confused by clinical situation, and amount/type of data Observation is not organized & important data is missed, assessment errors are made
Recognizing deviations from expected patterns	<ul style="list-style-type: none"> Recognizes subtle patterns and deviations from expected patterns in data Uses these to guide assessment 	<ul style="list-style-type: none"> Recognizes most obvious patterns and deviations in data Uses these to assess continuously 	<ul style="list-style-type: none"> Identifies obvious patterns and deviations, missing some important information Unsure how to continue assessment 	<ul style="list-style-type: none"> Focuses on one thing at a time and misses most patterns/ deviations from expectations Misses opportunities to refine assessment
Information seeking	<ul style="list-style-type: none"> Assertively seeks information to plan intervention Carefully collects useful subjective data from observing the patient and from interacting with patient and family 	<ul style="list-style-type: none"> Occasionally does not pursue important leads Actively seeks subjective information about patient's situation from patient and family to support planning intervention 	<ul style="list-style-type: none"> Often seems not to know what information to seek and/or pursues unrelated information Makes limited efforts to seek additional information from patient and family 	<ul style="list-style-type: none"> Is ineffective in seeking information, relies mostly on objective data Has difficulty interacting with patient and family and fails to collect important subjective data

Summative vs. Formative Assessment

- Summative assessment is evaluation of performance at a specific point
- High-stakes

- “Formative assessment is a planned, ongoing process used by students and teachers during learning and teaching to elicit and use evidence of student learning to improve student understanding of intended learning outcomes and support students to become self-directed learners” (CCSSO, n.d.)
- Low-stakes

Strategies for clinical judgment development & assessment

(Nielsen, Lasater, &
Stock, 2016)

- **Questioning**

Providing direction

Thinking out loud

- **Reflection/co-reflection**

Advising

Being available

Building on past learning

Role modeling

Explicit

observation/assessment

Discussing/open dialogue

Prompting

Offering examples

- **Feedback**

Patient care goal
identification

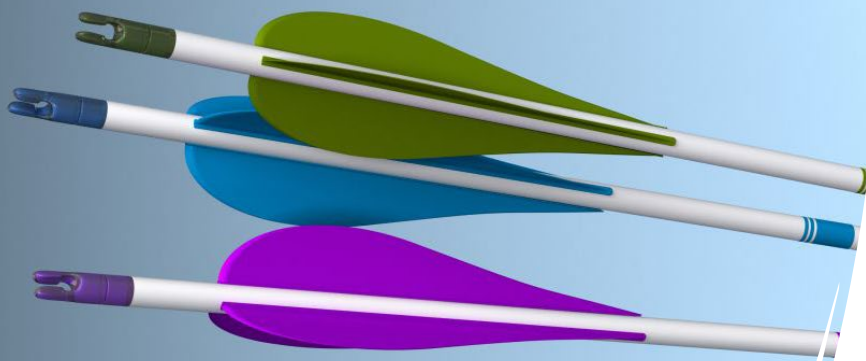
Prioritizing

Giving more independence

Encouraging

Targeted strategies for clinical judgment development and assessment

1. Self-evaluation
2. Reflection
3. Formulating questions
4. Feedback
5. Concept-based learning activities



1. Self-evaluation of Interpreting (Lasater, 2011)

<p>Prioritizing Data</p>	<p>Focuses on the most relevant and important data useful for explaining the client's condition</p>	<p>Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data</p>	<p>Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data</p>	<p>Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data</p>
<p>Making Sense of Data</p>	<p>Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their likelihood of success</p>	<p>In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more experienced nurse</p>	<p>In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, inappropriately requires advice or assistance</p>	<p>Even in simple or familiar/common 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 in developing an intervention</p>



2. Reflection

Self-eval/reflection

Responding, self score: DEVELOPING

“Being in the leader’s role in this scenario, I realized that in a stressful situation I get very tunnel-visioned and start to feel that it is solely my responsibility to manage what is going on. I remember thinking that I needed help. Once I got the phone orders, my thinking became very narrow. I told my team that we needed to her meds, but I became completely stressed and disorganized. Later, I realized that when someone is having an anaphylactic reaction, the calm, confident and effective leader would have opened up the door and yelled for help instead of thinking that it was solely up to me to administer 4 medications.

I know now that part of being calm and confident is knowing that you are not really all all alone - you have lots of help and you make huge mistakes when you don’t use the resources that are available to you.”

(Cato, et al., 2009)



3. Formulating questions

Deeper level questions that 'connect the dots'

LCJR dimensions	Sample questions
Focused observation	What did you first notice about the client?
Recognizing deviations	How was what you noticed different than expected?
Information seeking	What else did you need to know?
Prioritizing data	What was this client's most important need?
Making sense of the data	What evidence did you use to make a decision? (Lasater, 2011)





4. Feedback

Feedback/reflection

“We saw that we did not have a mother who needed to be challenged or ignored, we had a mom that needed some confidence-building and empowerment. **(You have *prioritized* relationship building with this mother, which is *very relevant* and imperative to any other nursing responses. You are *interpreting thoughtfully and basing your response on that interpretation*).** As the day went on, the mom revealed to us more of her fears. **(You have built enough trust for her to begin to tell you how you can best support her).** Because she only had her earlier healthier babies to compare to this situation, she didn’t know what to worry about... so she worried about everything.” **(You are beginning to glean *more important information* about what her other, more concrete needs are- what she needs to know to begin to feel more comfortable caring for her baby. “Worrying about everything” is not an uncommon response for parents).**

(Lasater & Nielsen, 2009; Nielsen, Stragnell, & Jester, 2007)



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

- Simulation
 - Case studies
 - Virtual technology
 - Feedback
 - Questioning
 - Concept mapping
 - Structured reflection
 - Coaching
 - Concept-based learning
- (Nielsen, et al., in process)



5. Concept-Based Learning Activities (CBLAs)

- Clinical setting
- Student pairs assess patients
- Focused on one concept, not total care
- Patient rounds
- Faculty present

(Heims & Boyd, 1990; Nielsen, 2016)



What we know about CBLAs

Fostered deep learning, integrating theory with practice, and development of clinical judgment

- Increased interaction between students and educators
- Discussion and educator questioning was valued
- Connected theory and practice
- Reviewing theory just prior to the clinical experience helped students develop expectations

(Nielsen, 2016)

Clinical reasoning as a concept

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

- Used in clinical postconferences
- Weekly theme, daily lessons, examples, discussion
- Slowing down the clinical reasoning process

(Gonzalez, 2018)

Strategies for clinical judgment development & assessment

(Nielsen, Lasater, & Stock,
2016)

- **Questioning**

Providing direction

Thinking out loud

- **Reflection/co-reflection**

Advising

Being available

Building on past learning

Role modeling

Explicit

observation/assessment

CBLAs

Discussing/open dialogue

Prompting

Offering examples

- **Feedback**

Patient care goal
identification

Prioritizing

Giving more
independence

Encouraging


Case Study



Your senior student, Samantha, is caring for Mrs. Gorsky, an 86-year-old woman who is experiencing post-operative delirium 3 days post-op hip replacement. The patient has also had some challenges maintaining consistent oxygen sats in the post-op period. All goes well in the morning, but by mid-afternoon, the patient is not communicating clearly, is experiencing erratic behavior and is putting her surgical site at risk. Talking to Samantha, you learn that she seems to be overwhelmed. In addition, Mrs. G's granddaughter keeps interrupting Samantha to ask her about her grandma's needs. Samantha is unable to identify what Mrs. Gorsky needs next.

What strategies/LCJR dimensions could help you to evaluate this student (in the moment) and might assist Samantha to learn from this situation and provide quality patient care for Mrs. Gorsky?

How have you been using the
LCJR for clinical judgment
development and assessment?



Questions?
lasaterk@ohsu.edu

References

- Adamson, K., Gubrud-Howe, P., Sideras, S., & Lasater, K. (2012). Assessing the inter-rater reliability of the Lasater Clinical Judgment Rubric: Three strategies. *Journal of Nursing Education, 51*(2), 66-73.
- Cappelletti, A., Engel, J. K., & Prentice, D. (2014). Systematic review of clinical judgment and reasoning in nursing, *Journal of Nursing Education, 53*(8), 453-458.
- Cato, M., Lasater, K., & Peeples, A. I. (2009). Student nurses' self-assessment of their simulation experiences. *Nursing Education Perspectives, 30*(2), 105-108.
- Council of Chief State School Officers. (n.d.). Retrieved from <https://ccsso.org/>.
- Gonzalez, L. (2018). Teaching clinical reasoning piece by piece: A clinical reasoning concept-based learning method. *Journal of Nursing Education, 57*(12), 735.
- Heims, M., & Boyd, S. (1990). Concept-based learning activities in clinical nursing. *Journal of Nursing Education, 29*(6), 249-254.
- Jessee, M. A., Monagle, J., Nielsen, A., Gonzalez, L., Lasater, K., & Dickison, P. (in press). A national report on clinical judgment model use in pre-licensure nursing curricula. *Nursing Education Perspectives*.

References, cont'd

- Kavanaugh, J.M. & Sharpnack, P. (2021). Crisis in competency: A defining moment in nursing. *OJIN: The Online Journal of Issues in Nursing*, 26(1), Manuscript 2.
- Lasater, K. (2007). Clinical judgment development: Using simulation to create an assessment rubric. *Journal of Nursing Education*, 46, 496-503.
- Lasater, K. (2011). Clinical judgment: The last frontier for evaluation. *Nurse Education in Practice*, 11(2), 86-92.
- Lasater, K., Holloway, K., Lapkin, S., Kelly, M., McGrath, B., Nielsen, A., Stoyles, S., Dieckmann, N. F., Campbell, M. (2019). Do preregistration nursing students' backgrounds impact what they notice and interpret about patients? *Nurse Education Today*, 78, 37-43.
- Lasater, K., & Nielsen, A. (2009). Reflective journaling for development of clinical judgment. *Journal of Nursing Education*, 48, 40-44.
- Lasater, K., Nielsen, A., Stock, M., & Ostrogorsky, T. (2015). Evaluating clinical judgment of newly hired staff nurses. *Journal of Continuing Education in Nursing*, 46(12), 563-571.

References, cont'd

- Monagle, J., Lasater, K., Stoyles, S., & Dieckmann, N.F. (2018). New graduate nurse experiences in clinical judgment: What academic and practice educators need to know. *Nursing Education Perspectives, 39*(4), 201-207.
- Nielsen, A. (2016). Concept-based learning in clinical experiences. *Journal of Nursing Education, 55*(7), 365-371.
- Nielsen, A., Lasater, K., & Stock, M. (2016). A framework to support preceptors' evaluation and development of new nurses' clinical judgment. *Nurse Education in Practice, 19*, 84-90.
- Stevens, D., & Levi, A. (2012). *Introduction to rubrics* (2nd ed.). Sterling, VA: Stylus.
- Tanner, C. A. (2006). Thinking like a nurse: A research-based model of nursing. *Journal of Nursing Education, 45*(6), 204-211.
- Victor-Chmil, J., & Larew, C. (2013). Psychometric properties of the Lasater Clinical Judgment Rubric. *International Journal of Nursing Education Scholarship, 10*(1), 1-8.