

TEACHING CLINICAL JUDGMENT: "WHY DO YOU THINK THAT?" and "CLEAR SKIES AHEAD"

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Outcome

- The learner will be able to state at least four practical strategies for teaching clinical judgment in nursing education.
- Your comments, questions, and suggestions are most welcome!



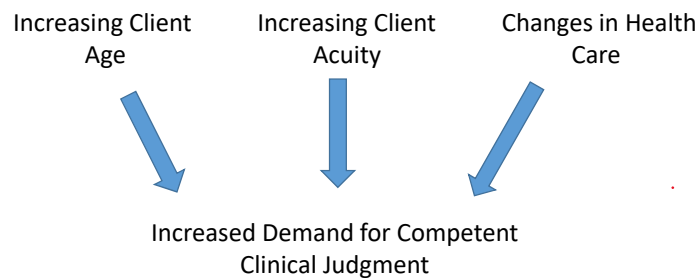
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Across the Health Professions

- The process of decision-making is a fundamental skill for health professionals in clinical practice.
- The complex nature of health care delivery demands that clinicians gather, integrate and act upon constantly changing data.
- Deficits in critical thinking have significant implications for patients, including misdiagnosis, delays in diagnosis, treatment errors, and lack of patient-centered care or recognition of



Nursing and Clinical Judgment (NCSBN)



https://www.coadn.org/public/uploads/images/Next_Generation_NCLEX.pdf



Decision-making in Clinical Practice: Multiple Related Terms

- Clinical decision-making
- Clinical judgment (Tanner & NCSBN)
- Critical thinking
- Thinking like a nurse (Tanner)
- Clinical reasoning
- Creative thinking (Benner)
- Situated decision-making (Benner)
- Guerilla theorizing (Reed and Shearer)



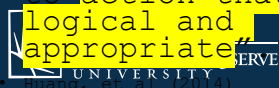
Critical Thinking & Clinical Judgment

Critical Thinking

- "The ability to apply higher cognitive skills (e.g. analysis, synthesis, self-reflection, perspective-taking) and/or the disposition to be deliberate about thinking (being open-minded or intellectually honest) that leads to action that is logical and appropriate"

Clinical Judgment

"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 in order to deliver safe client care".



Dickison, 2015

Our Study Team

- Grace Huang- Carl J. Shapiro Institute for Education and Research, Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, MA and Department of Medicine, Beth Israel Deaconess Medical Center, Boston, MA
- Lynn Jaffe. -- Department of Rehabilitation Sciences, Florida Gulf Coast University, Fort Myers, FL
- Deb Lindell -- Frances Payne Bolton School of Nursing, Case Western Reserve University, Cleveland, OH
- Amy Sullivan . Carl J. Shapiro Institute for Education and Research, Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, MA and Program in Medical Education, Harvard Medical



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Context of Study

- Millennium Conference - 2011
- Focus- Critical Thinking in the Health Professions
- Interprofessional teams selected through applications
- Sponsors:
 - Carl J. Shapiro Institute for Education and Research, Harvard Medical School, Beth Israel Deaconess Medical Center, Boston, MA
 - Josiah Macy Jr. Foundation, New York, NY
- Post-conference- scholarship & publications
 - Definition of critical thinking
 - Levels of critical thinking
 - Strategies for teaching critical thinking



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Background, Purpose, Questions

- Many theoretical frameworks have conceptualized CT and its' related constructs
- Nevertheless, it remained unclear how these topics were actually taught by health professions faculty.
- Purpose: to characterize the instructional strategies of faculty viewed as experts in teaching CT and how they shape the learning environment to advance their learners' development of CT.



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• Question: How do faculty identified as skilled teachers of critical

Methods

- Qualitative Methods -constructivist grounded theory
- Setting & Population
 - 8 sites
 - Population: Interprofessional faculty viewed as experts in teaching CT. Focus: physicians and nurses
- Institutional Review Process (IRB)
 - A representative from each research site coordinated the application to the local IRB (or research ethics board for non-US institutions)
 - The study was approved or found exempt at all 8 sites.
- Sample
 - Purposive sample



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recruitment in two-phases-- Pre-survey

Data Collection & Analysis

- Semi-structured interviews - 30 minutes
- All data collection and analysis by the study team
- Phone interviews conducted via internet
- Recordings uploaded to transcription service
- Data collection, management, and analysis were concurrent
- Strategies to promote trustworthiness & rigor



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• Qualitative study question

• Characterize the learning environment

Framework Method- Stages

Gale, et al. 2013

- Stage 1: Transcription
- Inductive Phase
 - Stage 2: Familiarization with the interview
 - Stage 3: Coding
 - Stage 4: Developing a working analytical framework
- Deductive Phase
 - Stage 5: Applying the analytical framework
 - Stage 6: Charting data into the



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• Work matrix

• Interpreting the data

Results-- Sample

- 291 medical and nursing faculty staff at the 8 institutions began the online screening survey.
- 60 met the inclusion criteria & invited to participate.
- Final Sample - N=44 - 40 MD, 1 RN, 3 PhD (1 RN)
- Overall response rate of 73% (range 29-100% across institutions).



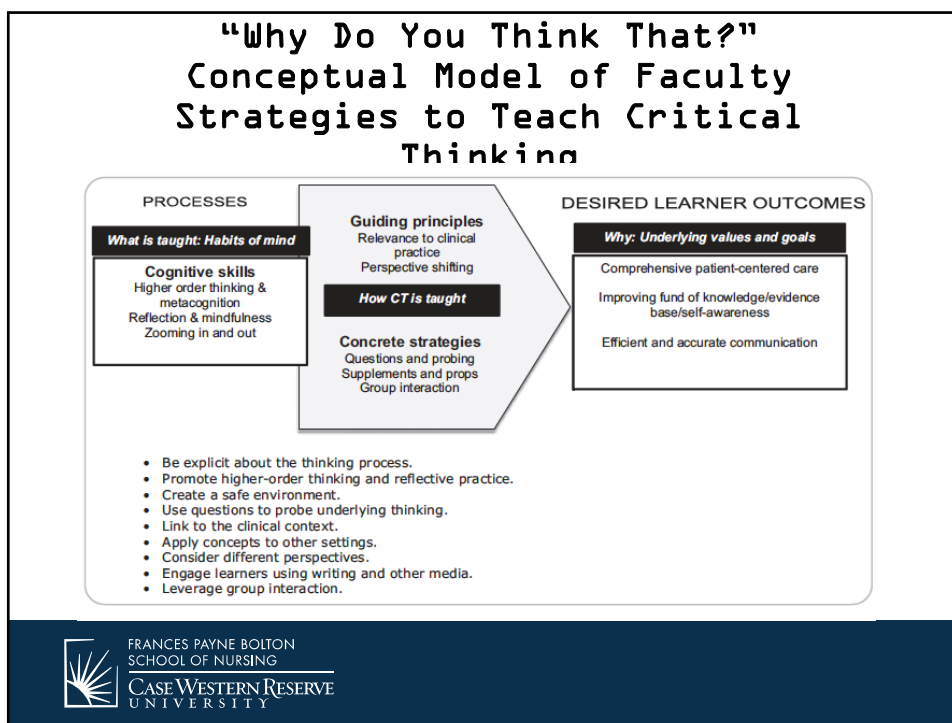
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Results -Two Conceptual Models

- The emergent codes, categories, and themes were organized into two conceptual models"
 - 1) "Why do you think that?" - Faculty strategies to teach CT
 - 2) "Clear skies ahead" - optimizing the learning environment for developing critical thinking



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Exemplar themes and quotes

- Metacognition -
 - *“We think it’s very important to coach people in actually how they think - the various processes involved in making decisions - and then secondly we put a lot of emphasis on affective and cognitive biases that distort the ways that we think”. (S3F40)*
- Reflective practice and mindfulness
 - *“Teaching mindfulness definitely promotes clearer thinking and more awareness of the thinking process. For example, realising that thoughts are not facts; seeing thoughts as thoughts and seeing the difference and seeing one’s own beliefs and starting to question them more open minded, clear thinking awareness of other points of view. Indirect way, but a lot of what I do, what I do teach is mindfulness*

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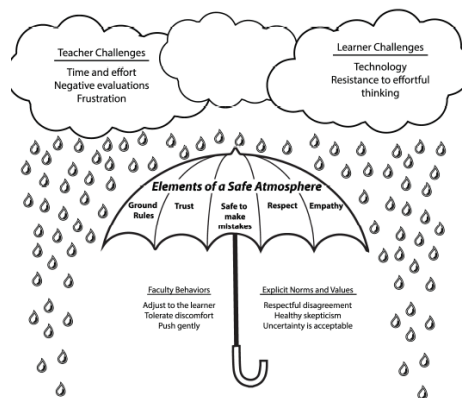
Exemplar themes and quotes

- Zooming in and out
 - *[I teach them to apply] it to another experience or to another situation. 'This is what we understand about this patient. How would that apply to the patient in the case we saw last week?' To me that's part of that slowing down and thinking it's not just about sort of this here and now. There's a connectedness to the thinking. (S2F6)*
- Perspective shifting
 - *Some of it is at the outset...being explicit about the sort of training that I come from and that when you're trained in the philosophy that expressing respect and challenging people is important, and the worst thing you could do to someone is just*



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"Clear Skies Ahead": Optimizing the Learning Environment to Support Critical Thinking



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Themes/Quotes - #1 Setting the Atmosphere

- Some strategies
 - Building trust by establishing ground rules and structure for learners at the outset
 - Providing clear expectations
 - Encouraging teamwork and empathy during problem-solving.
 - Focusing preferentially on the process of deduction and decision-making, rather than purely on answers,
- *'Starting off initially with some groundwork setting the atmosphere so people feel relaxed and safe' (S2F16).*
- *"It's a supportive learning climate with positive role modeling rather than shame-based or criticism-based, overly critical. It's critical in a healthy sense critical without being*



*critical; thinking without
feeling; feeling without
thinking. Those kinds of things are
really important". S3F40*

Theme #2. -Maintaining the Climate

- Strategies
 - 'Push', 'encouraging', 'inviting', or 'nudging'.
 - Active component, where the faculty member learned to inquire deeply
 - Receptive component, where the faculty member tolerated the discomfort of uncertainty and challenge that was a common attribute of the learning environment.
 - The latter required faculty to wait out silences and refrain from spoon-feeding answers.
- *"Part of what I do is encourage and promote that kind of emotional willingness and acceptance of that sort of discomfort as part of the process. I try to give my students permission to be wrong—to try and fail—to take small steps in the direction that they sort of want to go in terms of their learning, even if it's not perfect". S4F27*



*learners develop security in
themselves, develop a sense of a
healthy skepticism, and enhance their*

Theme #3- Weathering the Storm

- Responses to challenges to learning critical thinking, including time and effort, negative evaluations, and resistance to effortful learning.
- *"I have noticed that as time becomes more a factor . . . toward the end of the course one is more inclined to just give a straight answer; but that reinforces the student's wish, whatever the background of students, simply to memorize . . . Now it's very time-consuming to do that . . . but I'd like to see them work through it than to have them simply told that*



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Implications

- For teaching - strategies for teaching CT such as
 - Optimizing the learning environment
 - Clear expectations
 - Tolerating uncertainty (faculty and learner)
 - Promoting higher-level cognition
 - Asking questions that probe the learner's understanding
 - Linking discussions to the clinical context.
- For research
 - Further research with more interprofessional sample
 - Investigating the effect of strategies on retention of CT
 - Develop and test instrument to assess



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Conclusions

- This work has practical recommendations for individual faculty members across the health professions.
- Promoting higher-level cognition, asking questions that probe the learner's understanding and linking discussions to the clinical context are some of the approaches that can be incorporated immediately.
- An optimal environment for CT was actively created by faculty to establish a safe setting for learning and shared understanding of expectations.
- These findings have relevance for educators' activities in development of clinical judgment.



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Thank You!

