A Practical Approach to Teaching Clinical Reasoning

Presented by

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for

Elsevier/Mosby's Faculty Development Institute
Today’s Classroom

- No longer just lecture
- Formally integrate critical thinking into your teaching
- Develop activities that focus on thinking skills: analyzing, applying, discriminating, information seeking, etc.

Important:

- Design instruction so learners will be engaged in similar ways they will as a nurse
- Curriculum comes to life during the teaching/learning process
- Start with the course outcomes and competencies when selecting teaching/learning activities – both in the classroom and the clinical – we’ll revisit this when we talk about clinical.
Building Blocks of a Curriculum
A few guiding principles:
1. Consider the cognitive level of those lesson objectives and engage students in learning activities at that level.
2. When interacting in the classroom, think about the type of thinking your students are using while in your presence. Is it the type of thinking needed to be successful with the lesson objectives?
3. Evaluation strategies will be related the same way as learning strategies.

Some guidelines from “Educating Nurses: A Call for Radical Transformation”:
1. Shift from a focus on covering decontextualized knowledge to an emphasis on teaching for a sense of salience, situated cognition, and action in particular situations. Use classroom time to develop a sense of salience about what is important and unimportant about a clinical (patient) situation. Help students make the connections between acquiring and using knowledge.
2. Shift from a sharp separation of clinical and classroom teaching to integration of classroom and clinical teaching.
3. Make the classroom a setting for rich, experiential learning.

Nursing Pathways for Patient Safety from the NCSBN
- Perceptual awareness is the skill of seeing and noticing; it requires skillful engagement, both with problems and persons. Skills of recognition, visual discrimination, and comparative distinctions are implied.
- Identifying and solving problems is essential to effective and safe nursing practice.
- Effective problem solving depends on perceptual acuity and recognizing when a problem is critical and needs assessment and intervention.

So, how do you do this?
1. Active learning strategies to learn content
2. Active learning strategies to develop thinking abilities and critical thinking

Teach Students to Think Like a Nurse
What is Critical Thinking?
A very complex process
Many students have NEVER had critical thinking explicitly modeled.
They are not even sure what critical thinking is. Are we??

Your Nursing Program’s Definition

- Agree upon one definition.
- Put it in the syllabus.
- Teaching and assignments flow from that definition.

Definitions

Paul: Thinking about your thinking while you are thinking to make your thinking better, more clear, more accurate, and more defensible.

Critical Thinking
Identifying, evaluating, and using evidence to guide decision making by means of logic and reasoning (NLN, 2010, pg. 67).

Transitioning to Clinical Reasoning
Nurses use critical thinking applied to nursing practice to engage in clinical reasoning.

Clinical Judgment
Refers to a process of observing, interpreting, responding, and reflecting situated within and emerging from the nurse’s knowledge and perspective. (Tanner, 2006).

Nursing Judgment
Dr. Chris Tanner’s Model of Clinical Reasoning

**Noticing:** A function of the nurse’s expectations and initial grasp of the situation; based on knowledge of the population of patients and relating the individual patient’s situation.

**Interpreting:** Noticing triggers reasoning patterns that work to interpret the meaning of the data and determine an appropriate course of action. Application of critical thinking skills and strategies.

**Responding:** Applying the thinking strategies to determine the action to take and the expected outcomes.

**Reflecting:** Two kinds of reflection:
- Reflection-in-action: the nurses’ ability to “read” the patient – how the patient is responding to the nursing intervention and making adjustments to the interventions based on that assessment.
- Reflection-on-action: reflecting back on the situation and appreciating the lessons learned from the experience; contributes to ongoing clinical knowledge development and capacity for clinical judgment in future situations. A very important step in the process that requires a sense of responsibility by connecting one’s actions with outcomes. Provides the nurse with insights about what occurred as a result of nursing actions.

You can use this framework as you help students develop critical thinking in the clinical.

**So…. that’s critical thinking…but how do I teach it?**

Turning the abstract into the concrete.

**Why Teach Critical Thinking?**

What we teach students should relate to patient care and patient outcomes.
Connecting Critical Thinking to Patient Outcomes
These critical thinking skills and strategies are needed to:

- ↓ patient mortality and morbidity rates
- ↓ failure to rescue rate

Nurses are the Surveillance System
Nurses use critical thinking skills in their role of surveillance:

- Early detection of problems
- Interventions to prevent adverse occurrences
- Interventions to decrease the mortality rate and failure to rescue rate
- Improving patient outcomes

Critical thinking involves both:

- Cognitive Skills Strategies
- Attitudes

Cognitive Skills and Strategies

- General Skills Used in all Situations
- Basic-Level Thinking Skills
- Gathering Data
- Providing Nursing Care
- Evaluating Data
Cognitive Skills and Strategies

**General skills used in all situations:**
1. Argument Analysis  
2. Problem Solving  
3. Prioritization/Delegation of Care  
4. Analysis of Data  
5. Consideration of Biases and Ethical Dilemmas

**Basic-Level Thinking Skills**
6. Recall of Purpose, Procedure, and Knowledge of Results of Diagnostic Tests  
7. Understanding the Physiology of Body Systems  
8. Identifying Signs and Symptoms  

**Gathering Data**
9. Distinguishing Relevant from Irrelevant Information  
10. Gathering Complete and Accurate Data Then Acting on That Data  
11. Determining the Importance of Information  
12. Collaborating with Coworkers  
13. Assessing Systematically and Comprehensively  
14. Checking Accuracy and Reliability  
15. Judging How Much Ambiguity is Acceptable  
16. Using Diagnostic Reasoning  
17. Clustering Related Information  
18. Recognizing Inconsistencies

**Providing Nursing Care**
19. Determining the Importance of Information  
20. Applying the Nursing Process to Develop a Treatment Plan  
21. Predicting and Managing Potential  
22. Setting Priorities  
23. Teaching Others  
24. Communicating Effectively  
25. Resolving Conflicts  
26. Resolving Ethical Dilemmas

**Evaluating Data**
27. Evaluating And Correcting Thinking  
28. Evaluating Data  
29. Supporting Conclusions with Evidence

Please note that this is not a complete, exhaustive list of all the thinking skills and strategies used in critical thinking, but rather a representative list of 29 of the commonly used thinking skills and strategies.

The critical thinking skills listed below are grouped into four categories:
- Basic Level Thinking Skills  
- Gathering Data  
- Providing Nursing Care  
- Evaluating Responses

These categories are used for teaching purposes and to provide concrete examples. However, all the skills listed may be applied in many different contexts and many of these skills are used concurrently. See end of this document for definitions.
A Few Important Points

Critical thinking:

- Uses both logic and intuition.
- Is contextual – requires a knowledge base.
- Student nurses may have trouble with both.

Three Stages of Developing Critical Thinking Skills

- Right from Wrong
- Alternatives
- Complex

Here’s where we’re going for the rest of the presentation

- Stages of Development
- Faculty’s role in teaching each stage
- Examples of how faculty can teach each stage

Stage 1: Right from Wrong

- Concrete thinking looking at right from wrong; black from white.
- Start by learning the basic skills & strategies of critical thinking applied to concrete examples.

Definition:

Applies standards or rules to a situation, issue, or problem.

How to teach at this level:

Teach the skills and strategies giving concrete examples.

- Here is the thinking skill.
- This is why you need to know it.
- Here is an example.
Critical Thinking Skill:
Judging How Much Ambiguity is Acceptable

Student Assignment:
Two students will take vital signs on all patients (minimum of 6 patients). They will then look at the patient’s history, medications, etc. and explain variations. Discuss what would be acceptable and unacceptable ranges of the vitals signs for each patient and why.
Stage 2: Alternatives

Transfer this concrete knowledge to more complex situations to get desired results in simulated or real situations. Patient Focused Assignment

**Compare/contrast patients with the same condition:**
- Two students find 4 patients with the same medical diagnosis (for example heart failure)
- They collect information on all 4 such as: history, other pre-existing conditions, diet, medications, treatments, limitations in function, etc.
- Visit each patient and perform an assessment.
- Compare and contrast each patient during post-conferences, noting how what they learned in the textbook compares with what they are seeing, and identify what is different and why.
- Discuss all the patient information and note reasons why diet, meds, treatments, etc. vary from patient to patient.
- Discuss the assessment findings and note when specific findings would be out of range, what those would be, and what action to take.
- Note possible complications for each patient and nursing interventions to prevent those complications.

This assignment helps students begin to notice patterns across clinical situations and note variances and what to do about them.
**Stage 3: Complex**  
**Definition:**  
The expert critical thinker knows there are many options for problems, issues, and dilemmas, and then selects one or more.  
The goal in this stage is to foster thinking about various options or “thinking outside of the box.”  
Facilitate learning in the patient-care environment using a variety of tools.

**Faculty’s role:**  
Apply those skills and strategies to clinical situations that are not so well-defined, with lots of possible variables.

**How to teach at this level:**  
- The role of the educator is to foster thinking about various options or “thinking outside of the box.”  
- Facilitate learning in the patient-care context using a variety of questions

**Ask students these questions:**  
- What are you on alert for today with this patient?  
- What are the important assessments to make?  
- What complications may occur?  
- What interventions will prevent complications?  
- What will you do if those complications occur?

**Questioning**  
**Have them discuss:**  
- Why they made a particular decision.  
- The assumptions made about the patient.  
- The data they used to make the decision.  
- Other interventions that might be possible and their consequences.
The Future of Nursing: Leading Change, Advancing Health, 2010

A few recommendations from the report that can be applied to clinical education:
1. Develop and test new approaches to pre-licensure clinical education.
2. Today, nursing education focuses on patient-nurse interactions, but to improve quality of care, nurses also need to think in terms of health care systems.
3. Teach students how to do the work and how to improve the work of nursing – the quality improvement piece.
4. Must provide practice settings that provide students opportunities to demonstrate higher order critical thinking.

This means:
- Health care providers need to be prepared with a different set of competencies than are developed in educational programs today.
- We must mindfully alter the learning experiences that form the basis for professional identity formation so graduates incorporate the 6 competencies.

Systems:
The Larger Healthcare system
The Clinical Microsystem
The Nurse/Patient Relationship

Teaching students about the above 3 levels of the environment in a healthcare system is very important in the current practice arena.

Clinical Microsystems: “The place where patients, families, and clinical teams meet.”
www.clinicalmicrosystem.org

Teaching strategies looking at the larger health care system:
1. Medication administration from a systems viewpoint.
   - Two students work with two different nurses on day one and then two different nurses on day two: four nurses total. “Shadow” the nurse watching and noting every step of system in which medications are administered – from the time the medication prescription is written until the effects of that medication have been evaluated.
   - Half way through the 2nd day of the experience, the two students work together to develop a description of the system used in that healthcare agency. They might develop a chart, a concept map, or any other visualization of the process.
   - Describe and discuss in postconference. Focus on the elements of the larger system and where in the process an error might be made and by whom that can result in a medication error by the nurse.

National Patient Safety Goals

Connects the students with what will be expected in practice on an issue directly related to safety.
Critical Thinking Activity: Addressing the Larger Health Care System
National Patient Safety Goals

Here you can list the National Patient Safety Goals from the Joint Commission’s website appropriate to the care environment.

Two students spend one day assessing the environment and at least 3 patients. Their goal is to look at the environment and these patients from the perspective of the Joint Commission’s Patient Safety Goals. Answer the following questions. Students may use additional paper for each patient. Report in postconference and discuss with fellow students.

1. What precautions should the nurse take relative to each safety goal for each patient?

2. For each patient, is there a safety goal that is the most important for each of these patients?

3. What information about each of these patients is most important to communicate to the nurse on the next shift?

4. Can the SBAR form be used for this environment or should it be revised? If so, how would you revise it?

5. What factors about the environment indicate these safety goals are being met?

6. Gap Analysis: What factors about the environment indicate a need for change so the safety goals can be met?
Practice Using CT for Better Patient Outcomes
Thinking Backward: Early Detection and Intervention

Exercise:
• Go into a patient’s room without any information about the patient.
• Do a quick 2-minute assessment.
• Take one manifestation and develop a concept map.

Now Consider the Patient - Putting the Information into a Context
Look at patient’s admitting diagnosis:
• 56-year-old with emphysema
• 25-year-old in renal failure
• 87-year-old with CHF
Now what additional information to collect?
What to do with your findings?
Other Activities

Delegating and Prioritizing Exercise: Medical/Surgical Patient

Today you have the following team members working with you: an LPN/LVN and a CNA.

Step 1:
Obtain the following information on three patients. You might use information from the shift report, cardex, and medication administration record.
Name:
Medical Diagnosis:
Nursing care for today:
   Activity: Assistance needed with activity:
   Diet: Assistance or special needs related to diet:
   Pain rating:
      Medications ordered for pain:
      Side effects of analgesics:
   Safety issues:
   IV fluids:
   Medications: Fill out the information on the attached sheet for each medication.
   State of fluid balance:
   Labs scheduled for today:
      How the labs relate to nursing care:
   Diagnostics studies scheduled for today:
      How the studies relate to nursing care:
   Dressing changes:
   Suctioning: Enema: Other treatments:

On another sheet of paper, fill in the following information for each medication to be administered while you are caring for this patient.

Name of medication:
1. Classification of the medication.
2. Reason why the medication was ordered.
3. When it will be administered.
4. Teaching that needs to be done relative to the medication.
5. Any special instructions regarding administration of this medication.
Which medication for each patient is most important to give on time?
Which medication can be given toward the end of the window of time and still be given “at the right time” without adverse effects?

Medications administered at other times:
What other medications are prescribed for the patient that were administered on the previous shift or will be administered on the next shift?
How will those medications affect the patient assessments and the care you will be giving this shift?

Step 2:
Visit each patient and perform a quick, two-minute assessment of both the patient and the patient's environment.

Step 3:
1. Prioritize which patient you should care for first, second, and third. Why?
2. What are the primary assessments/data collection that should be completed first for each patient? Why?
3. What nursing interventions need to be carried out for each patient?
4. What interventions will you do first?
5. Which of the above interventions can be delegated and to whom? Why?
6. What information will be given to the person to whom the task is delegated and what information will be collected after the task is finished?
The Plan to Teaching Thinking:

1. Give them a situation, problem.
2. Provide them direction about what they are to do to solve the problem.
3. Focus their perceptual awareness.
4. Give them the experience using a tool to work through a step-by-step process to apply thinking the way the nurse thinks.
5. The tools are their guide – they are their teacher that prompts and directs them while allowing them to do the actual thinking.
6. The tools provide the opportunity of reflecting on their detailed thinking.

Let's look at some more tools.
**Calling the Physician/ Healthcare Provider**

1. What led you to believe you need to call the physician/healthcare provider?

2. Have you formulated a clear picture of the problem? What is it?

3. Have you read the most recent physician/healthcare provider progress notes and notes from the nurse on the previous shift? What information is pertinent to this situation?

4. Should you discuss the issue with the Charge Nurse before calling? Why or why not?

5. What do you expect to happen as a result of this call?

6. What information do you need to collect before you call the physician/healthcare provider?

7. When calling, remember to identify:
   a. Self, unit, patient, room #
   b. Know the admitting diagnosis and date of admission.
   c. Briefly state the problem, what it is, when it happened or started and how severe it is, pertinent labs, current orders, meds. Include info related to your assessment, actions taken, patient’s response, and other info that may facilitate decision making (labs, current orders, PRN meds, etc.)
   d. Write the information from “7c” here:

8. What will you need to document after the call?
## Diversity Tool

<table>
<thead>
<tr>
<th></th>
<th>Column 1</th>
<th>Column 2</th>
<th>What behaviors does your patient display that are the same as those listed in columns 1 and 2?</th>
<th>What behaviors does your patient display that are not consistent with those listed in columns 1 and 2?</th>
<th>Considerations for nursing interventions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: What is your patient’s:</td>
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<td>Culture:</td>
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<td>Religion:</td>
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<td>Developmental Level:</td>
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<td>Rubric for Grading the Diversity Tool</td>
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<td><strong>List behaviors typically associated with this culture, religion, and developmental level.</strong></td>
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<td>3: Lists at least 5 behaviors typically associated with the patient’s culture, religion, and developmental level and documents source of information.</td>
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<td>2: Lists only 3 behaviors typically associated with the patient’s culture, religion, and developmental level and documents source of information.</td>
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<tr>
<td>1: Lists less than 3 behaviors typically associated with the patient’s culture, religion, and developmental level but unable to document source of information.</td>
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<td>0: Unable to list behaviors typically associated with this culture, religion, and developmental level.</td>
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<td><strong>List HEALTH behaviors typically associated with this culture, religion, and developmental level</strong></td>
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<td>3: Lists at least 5 health behaviors typically associated with the patient’s culture, religion, and developmental level and documents source of information.</td>
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<td>0: Unable to list any health behaviors typically associated with this culture, religion, and developmental level.</td>
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<tr>
<td><strong>What behaviors does your patient display that are the same as those listed in columns 1 and 2?</strong></td>
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<tr>
<td>3: Assesses patient and able to identify at least 5 behaviors the patient displays that are either the same or different than the behaviors typically associated with the patient’s culture, religion, and developmental level.</td>
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<td><strong>Considerations for nursing interventions.</strong></td>
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<tr>
<td>3: Able to identify at least 5 factors to consider when planning patient care based on the patient’s culture, religion, and developmental level and alterations in nursing interventions associated with those factors.</td>
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<tr>
<td>2: Able to identify at least 3 factors to consider when planning patient care based on the patient’s culture, religion, and developmental level and alterations in nursing interventions associated with those factors.</td>
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</table>
## Fundamentals of Nursing: Mid-term and Final Clinical Evaluation Tool – Scoring Sheet

**Student: _______________________________**  
**Clinical Faculty: _______________________________

<table>
<thead>
<tr>
<th>Course Outcome</th>
<th>Midterm Grade</th>
<th>Final Grade</th>
<th>Evaluation Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide quality, safe, patient-centered nursing care at the basic level.</td>
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<tr>
<td>• Conducts at a basic level a comprehensive and focused physical, behavioral, psychological, spiritual assessment eliciting patient values, experiences, and expressed needs.</td>
<td></td>
<td></td>
<td>1. Concept Map</td>
</tr>
<tr>
<td>• Plans at a fundamental level holistic, patient-centered care that reflects psychological integrity, physiological integrity, and health promotion and maintenance within a variety of healthcare systems.</td>
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<td></td>
<td>2. Evidence Based Practice Activity</td>
</tr>
<tr>
<td>• Delivers compassionate, patient-centered, evidence-based care that respects patient and family preferences.</td>
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<td>3. Psychomotor Skills Reflection Sheet</td>
</tr>
<tr>
<td>• Demonstrates at a fundamental level the application of psychomotor skills for the efficient, safe, and compassionate delivery of patient care</td>
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<td></td>
<td>4. Signs and Symptoms Critical Thinking Tool</td>
</tr>
<tr>
<td>• Delivers care within expected timeframe.</td>
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<td>5. Seeing through the patient’s eyes</td>
</tr>
<tr>
<td>• Etc…</td>
<td></td>
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<td>6. Patient interaction sheet</td>
</tr>
</tbody>
</table>

2. Identify the nurse’s role in collaborative relationships with members of the interdisciplinary team.

3. Demonstrate critical thinking/clinical reasoning when providing basic nursing care to patients from diverse backgrounds.

Outcomes 4, 5, and 6.

**Signatures:**

<table>
<thead>
<tr>
<th>Midterm Evaluation</th>
<th>Date: _______________</th>
<th>Final Evaluation</th>
<th>Date: _______________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
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<td>Student</td>
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<tr>
<td>Faculty</td>
<td></td>
<td>Faculty</td>
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</tr>
</tbody>
</table>

The following pages contain the Clinical Activity Portfolio Tools for Fundamentals of Nursing, Course Student Learning Outcome #1: Provides quality, safe, patient-centered nursing care at the basic level.
Course Student Learning Outcome #1, Competencies:

- Conducts at a basic level a comprehensive and focused physical, behavioral, psychological, spiritual assessment eliciting patient values, experiences, and expressed needs.
- Plans at a fundamental level holistic, patient-centered care that reflects psychosocial integrity, physiological integrity, and health promotion and maintenance within a variety of healthcare systems.

Concept Map
### Grading Rubric

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>S</th>
<th>NI</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lists collected data in appropriate section of concept map.</td>
<td>Identifies $\geq 5$ objective/subjective data within each appropriate area</td>
<td>Identifies 3-4 objective/subjective data within each appropriate area</td>
<td>Identify less than 2 objective/subjective data within each appropriate basic need</td>
</tr>
<tr>
<td>2. Identified problem appropriate to data collected</td>
<td>Identified problem directly relates to data.</td>
<td>Identified problem somewhat relates to data but not always.</td>
<td>Identified problem does not relate to data collected.</td>
</tr>
<tr>
<td>3. Identifies nursing interventions specific to each area</td>
<td>Writes $\geq 3$ nursing interventions specific to each area</td>
<td>Writes $\geq 1$ nursing intervention specific to each area</td>
<td>Unable to identify nursing interventions for all areas</td>
</tr>
</tbody>
</table>
Course Student Learning Outcome #1 Competency: Delivers compassionate, patient-centered, evidence-based care that respects patient and family preferences.

**Evidence Based Practice Activity – Fundamentals.**
Use own textbook and agency guidelines to compare and contrast care provided versus text and agency recommendations.

**Activity:**
- Access your textbook.
- Access any available agency source for clinical guidelines regarding your patient’s condition.
- Review the patient’s chart to see how closely the care prescribed relates to that in your textbook and in the agency’s clinical guidelines.
- Note if there are variances and find out why there are variances.

<table>
<thead>
<tr>
<th>Key recommendations of guidelines</th>
<th>Comparison to textbook: Adherence or variation?</th>
<th>Adherence to agency guidelines or variation</th>
<th>Reasons for variance (Pt preference, physical or other conditions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Tests/Lab work:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing interventions:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical interventions:</td>
<td></td>
<td></td>
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</tbody>
</table>
Course Student Learning Outcome #1 Competency:
Demonstrates at a fundamental level the application of psychomotor skills for the efficient, safe, and compassionate delivery of patient care

**Psychomotor Skills Reflection Sheet**

<table>
<thead>
<tr>
<th>Date</th>
<th>Skill</th>
<th>How I believe I performed.</th>
<th>Ways I can improve.</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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Rubric for the Psychomotor Skills Tool

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>S</th>
<th>NI</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychomotor Skills Tool: Demonstrates competent and safe</td>
<td>Clearly describes how the psychomotor skill was performed,</td>
<td>Able to describe how the psychomotor skills was performed but</td>
<td>Descriptions of performance of psychomotor skills are scant and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>way to improve performance.</td>
<td></td>
</tr>
</tbody>
</table>
Course Student Learning Outcome #1 Competency:
Monitors at a fundamental level patient outcomes, including interpretation of assessment data and appropriate follow-up, to evaluate the effectiveness of nursing interventions.

**Signs and Symptoms Critical Thinking Tool**

Lists the **signs and symptoms** you noted on your assessment of your patient.

___________________________________________________________________________________________________

___________________________________________________________________________________________________

What **diagnostics tests** were completed relative to these manifestations?

___________________________________________________________________________________________________

___________________________________________________________________________________________________

What **medical treatments/interventions** were implemented to treat these manifestations? (Include medications.)

___________________________________________________________________________________________________

___________________________________________________________________________________________________

What **nursing interventions** were implemented to treat these manifestations?

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Any **manifestations** not being addressed? What will you do about them?

___________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________
# Signs and Symptoms Grading Rubric

<table>
<thead>
<tr>
<th>Performance Level</th>
<th>S</th>
<th>NI</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Identifies resources used for information</strong></td>
<td>Lists up to 3 resources used to provide in depth explanation of the disease process.</td>
<td>Lists up to 2 resources used to provide an explanation of the disease process.</td>
<td>Lists only 1 resource used to provide an explanation of the disease process.</td>
</tr>
<tr>
<td><strong>2. Identifies disease processes including the medical and nursing treatments for the disease.</strong></td>
<td>In depth explanation of specific disease process includes structure/function, signs and symptoms, treatments/drugs/diet therapy and nursing care for acute and long term care/complications and compares research to patient.</td>
<td>In depth explanation of specific disease process includes structure/function, signs and symptoms, treatments/drugs/diet therapy and nursing care.</td>
<td>Brief explanation of specific disease process discussing structure/function, signs and symptoms, treatments/drugs/diet therapy and nursing care; however up to 2 sections are incomplete.</td>
</tr>
<tr>
<td><strong>3. Identify normal values, and deviations from normal, of diagnostic tests and assessment data and their affect on health care.</strong></td>
<td>Provides name of lab/diagnostic tests done within the last 6 months including date obtained, normal range and patient result. Lists the implication of lab value to the patient and the up to 2 nursing implications of the result.</td>
<td>Provides name of lab/diagnostic tests done in the last 6 months including at least 2 of the following: date obtained, normal range, patient result. Lists the implication of lab value to the patient and 1 nursing implication of the result.</td>
<td>Provides name of lab/diagnostic tests done in the last six months and lists only 1 of the following: date obtained, normal range, patient result. Lists the implication of lab value to the patient or the nursing implications of the result.</td>
</tr>
</tbody>
</table>
Course Student Learning Outcome #1 Competency:
Describes factors that create a culture of caring for the patient and the patient’s support network.

**Caring and Maintaining an Environment Conduce to Well-being: Seeing Through the Patient’s Eyes.**

- Introduce yourself and explain your role in the patient’s care for the day
- Call the patient by his or her preferred name
- Sit with the patient for at least five minutes at the beginning of the day to discuss the day’s care and goals for the day
- Use touch, such as a handshake or touch on the arm, or exhibit a caring behavior that is unique to your own personality and approach
- Most important, demonstrate commitment to the care and improvement of the patient’s life and hospital stay.

Use the following sample questions:

Questions for patient (5 minute sit down)
1. What would you like to see happen today?
2. How would you describe your stay in the hospital (rephrase this for other healthcare agencies)? Is there anything that could be done to make it better?
3. What should nursing students know about what it’s like being a patient in the hospital (rephrase this for other healthcare agencies)?

**Complete the following:**

1. Describe how what you learned relates caring.
2. Describe the patient’s reactions that indicate a sense of perception of caring.
3. Describe how this activity adds to an environment of well-being.
# Grading Rubric for Seeing Through the Patient's Eyes Tool

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>S</th>
<th>NI</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Explanation of the patient’s reactions that indicate a sense of perception of caring.</td>
<td>Clearly explains the patient’s reactions that indicate a sense of perception of caring.</td>
<td>Explanation of the patient’s reactions that indicate a sense of perception of caring is superficial.</td>
<td>Unable to provide an explanation of the patient’s reactions that indicate a sense of perception of caring.</td>
</tr>
<tr>
<td>Description of how this activity adds to an environment of well-being.</td>
<td>Clearly describes how this activity adds to an environment of well-being.</td>
<td>Explanation of how this activity adds to an environment of well-being is superficial without insight.</td>
<td>Unable to explain how this activity adds to an environment of well-being.</td>
</tr>
</tbody>
</table>
Course Student Learning Outcome #1 Competency:
Communicates effectively with the patient and the patient’s support network.

**Patient Interaction Sheet**

<table>
<thead>
<tr>
<th>Date</th>
<th>Communication Techniques Used with Patient</th>
<th>How the Communication was Effective</th>
<th>How the Communication was Ineffective</th>
<th>Ways I can improve</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
Grading Rubric for Patient Interactions Sheet

<table>
<thead>
<tr>
<th>Performance Criteria</th>
<th>S</th>
<th>NI</th>
<th>U</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Tool: Identify effective communication skills to use when interacting with patients, significant others, and health care team members.</td>
<td>Clearly describes communication between self and patient Identifies non therapeutic communication used. Offers at two ways to improve future interactions listing specific therapeutic communication techniques.</td>
<td>Describes communication between self and patient Identifies non therapeutic communication used. Offers only one way to improve future interactions listing specific therapeutic communication techniques.</td>
<td>Descriptions of communication between self and patient are scant and unorganized. Does not offer ways to improve future interactions.</td>
</tr>
</tbody>
</table>
Course Student Learning Outcome #1 Competency:
Communicates effectively when reporting care provided and evaluation data including appropriate handoff reports.

**SBAR Patient Report**

All students complete the SBAR form. Have them share this information in postconference and role play reporting off. During postconference have students identify what is the most important data to communicate and why.

After the postconference experience, students should use SBAR when communicating with the clinical faculty.

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>S</strong></td>
<td>Situation: Include basic demographics about your patient; name, ethnicity, age, gender, and pertinent information about the patient’s condition/situation. Include patient preferences.</td>
</tr>
<tr>
<td><strong>B</strong></td>
<td>Background: patient’s admitting diagnosis, hospital day, medical history that might complicate her current admission, any data about what has led up to any problems the patient is currently experiencing.</td>
</tr>
<tr>
<td><strong>A</strong></td>
<td>Assessment: Signs and symptoms that are related to her diagnosis, including vital signs, O2 Sats, and any other pertinent assessment data. Should correlate with the information on the signs and symptoms tools.</td>
</tr>
<tr>
<td><strong>R</strong></td>
<td>Recommendations: Include what you have done and the patient’s response.</td>
</tr>
</tbody>
</table>
Course Student Learning Outcome #1 Competencies:
Provides at a fundamental level appropriate patient teaching that reflects developmental stage, age, culture, spirituality, patient preferences, and level of health literacy.
Evaluates effectiveness of patient teaching.

**Patient Teaching Tool (Fundamentals)**

**Refer to your signs and symptoms critical thinking tool.**

What **teaching** needs to be completed regarding any of the concerns noted on the signs and symptoms tool?

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

What modifications will you need to make related to your **teaching** methods based on the patient’s developmental stage, age, culture, preferences, and level of health literacy?

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________

Was your teaching effective? If so, how do you know? If no, how do you know and what will you do?

____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________________________________________
References


Nursing Executive Center (2008) Bridging the preparation-practice gap: Volume 1 Quantifying new graduate nurse improvement needs. The Advisory Board Company, Washington D.C.

