


Helping Students to **THINK Like a Nurse** in the **Clinical Setting**

Keith Rischer, RN, MA, CEN, CCRN
Email: Keith@KeithRN.com
Website: KeithRN.com

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Why Transform?





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Clarke, S.P. & Aiken, L.H. (2003). Failure to rescue. American Journal of Nursing

Failure to RESCUE

- Nurses' inability to recognize or manage complications that result in a preventable death
 - EARLY signs of distress are not recognized or acted upon
- Successful rescue requires:
 - Surveillance: EARLY recognition
 - ✓ Safe staffing
 - Take action: Bring skilled care providers quickly to bedside

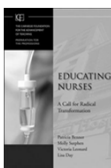


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How do you Define...

RADICAL

- Very different from the usual or traditional: extreme
- Favoring extreme changes in existing views, practices, or institutions



TRANSFORMATION

- Complete or major change in someone's or something's appearance, form
- Synonyms:
 - ✓ changeover, metamorphosis

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Three Paradigm Shifts

1. Teach for salience, situated cognition

- CONTEXTUALIZE CONTENT!
- What clinical data is MOST important
- Need rich knowledge base to make connection

2. Integrate classroom & clinical teaching

- Decreases current fragmentation

3. Emphasize clinical reasoning

- Reason as situation changes
- Situated learning to bedside

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Sacred Cows to Put Out to Pasture...



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The 4 C's of Clinical Education

- **C**aring & **C**ompassion
- **C**ritical Thinking
- **C**linical Reasoning
- **C**orrect Clinical Judgment

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Caring Defined

"The essence of caring as a nurse is that you recognize the value and worth of those you care for and that the patient and their experience matter to you"



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Why Care?

➤ Does caring make you a better nurse?



- Benefits of caring:
 - Increased vigilance
 - Improved disposition to CT
 - Improved patient outcomes
 - Benefits to the nurse

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Pai, H., Eng, C., & Ko, H. (2013). Effect of caring behavior on disposition toward critical thinking of nursing students. *Journal of Professional Nursing*

Caring & Critical Thinking

- Assumption
 - Emotions essential to how data interpreted
 - Caring results in engagement/ fully informed understanding of current scenario
- Findings
 - $P < .001$ between caring & disposition to CT
 - CT can be predicted by caring behaviors
- Recommendations
 - "Nursing education should emphasize a curriculum related to caring behavior to improve the disposition of CT in nursing students."

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Two Questions to Ask Every Clinical...

1. *What is the patient likely experiencing/feeling right now in this situation?*
2. *What can you do to engage yourself with this patient's experience, and show that they matter to you as a person?*



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Professionalism Defined...

- ANA Code of Ethics
 - Compassion
 - Caring
 - Respect



"The nurse maintains compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict"

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Professional Mission Statement

- Vision to be the best
- What is your motivation to serve?
- What do you want to accomplish?
- What is your over-riding goal?
- What values will you embody?
 - ✓ Engage your heart, soul, & passion
 - ✓ Take responsibility to realize it!

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TRANSFORM the Educator

- 7 habits of highly effective educators
- Know thyself
 - Novice to expert
 - Identify clinical weaknesses make strength
 - Identify educator weaknesses make strength
- Know your students
 - Novice to expert

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Nehring (1990). Clinical Teacher Effectiveness.... Journal of Advanced Nursing

Top 7 Qualities of Clinical Faculty

1. Excellent role model
2. Enjoys nursing & teaching
3. Well prepared
4. Clinically excellent
5. Approachable
6. Encourages mutual respect
7. Provides support & encouragement

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Benner: Novice to Expert (1982)

- Novice
 - ❑ Concrete learners
 - ❑ No experience-no prior context
 - ❑ **ALL** clinical data relevant
- Advanced beginner
 - ❑ Sees exceptions to concrete textbook data
 - ❑ Clinical experience allows to see prior patterns of relevant recognition
 - ❑ **Identifies CERTAIN** clinical data as relevant
 - ❑ **Unable to readily recognize priorities**

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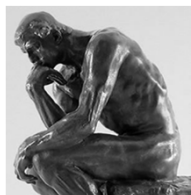
TRANSFORM the Clinical

- Decrease TMI clinical paperwork
 - ❑ Emphasis on written care plans
- DEEP learning of MOST important!
 - ❑ Connect classroom & clinical learning
- Develop/emphasize THINKING over tasks
 - ❑ Clinical reasoning...correct judgment
 - ❑ Facilitate connections/relationships

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Essence of Critical Thinking

- Critical thinking is a commitment to think:
 - ❑ Clearly
 - ❑ Precisely
 - ❑ Accurately
 - ❑ Act on what you know about a situation



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ALWAYS Relevant Labs

➤ Basic Metabolic Panel (BMP)

- Sodium
- Potassium
- Creatinine/GFR
- Magnesium



➤ Complete Blood Count (CBC)

- Hemoglobin
- Glucose
- WBC
- Neutrophil %

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“Lab Planning”

➤ Creatinine: 2.5

- Assess u/o and I&O
- Assess for signs of fluid retention/edema
- Assess daily weight/trend

Lab	Normal Value	Why Monitor?	How Assessed/monitored/when Assessed
Lab	Normal Value	Why Monitor?	How Assessed/monitored/when Assessed
Lab	Normal Value	Why Monitor?	How Assessed/monitored/when Assessed
Lab	Normal Value	Why Monitor?	How Assessed/monitored/when Assessed

➤ BNP: 1255

- Assess for tachypnea/crackles
- Assess HR and SBP
- Assess tolerance to activity
- Assess u/o and I&O
- Assess LE for pitting edema

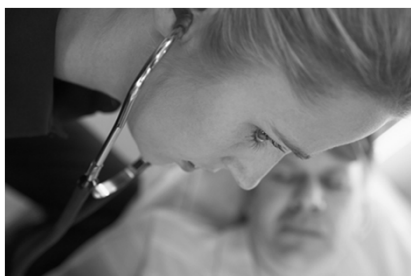
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The Primacy of Pathophysiology

1. RELATIONSHIP between medications ordered and patho of primary problem
 - Mechanism of action
2. RELATIONSHIP between relevant clinical data and patho of primary problem
 - Assessment data
 - RELEVANT labs
3. RELATIONSHIP between patho of primary medical problem and nursing priority

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Practice/Develop the THINKING!



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del Bueno, D. (2005). A crisis in critical thinking. Nursing Education Perspectives

A Crisis in Critical Thinking

- 65% new grads do NOT meet entry levels of clinical judgment
- New grads unable to translate theory & knowledge to practice
 - Why???

- _____
- N_N_ _
- N_ND_ _
- NANDA

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Five Reasons

1. Does not reflect how a nurse thinks in practice
2. Does not identify the nursing priority when rescue is needed
3. Contributes to "failure to rescue" w/change in status
4. Not on the NCLEX
5. Not used in most electronic medical records nursing care plans



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The Solution...NANDA Lite!

- Acknowledge weakness & strengths
- Relevant statements
- Situate at fundamental
- De-emphasize second level



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Clinical Reasoning Defined

- THINK IN ACTION and REASON as a situation CHANGES over time
- Capture and UNDERSTAND significance of clinical TRENDS
- Filter clinical data to recognize what is MOST and least important (RELEVANT)
- Grasp the essence of current clinical situation
- IDENTIFY if actual problem is present

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Components of Clinical Reasoning

- What is my PRIORITY?
- Rationale for EVERYTHING!
- What is RELEVANT?
- TREND to RESCUE

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Clinical Reasoning Template: Pre-Care

1. What is the **primary problem** and what is the underlying cause/pathophysiology of this problem?
2. What clinical **data** from the chart is **RELEVANT** and needs to be **trended** because it is clinically significant?
3. What **nursing priority** captures the "essence" of your patient's current status and will guide your plan of care?
4. What **nursing interventions** will you initiate based on this priority and what are the desired outcomes?
5. What **body system(s)** will you focus on based on your patient's primary problem or nursing care priority?
6. What is the **worst possible/most likely complication(s)** to anticipate based on the primary problem?
7. What nursing assessments will **identify this complication** EARLY if it develops?
8. What nursing interventions will you initiate if this complication develops?

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Clinical Reasoning Questions Providing Care

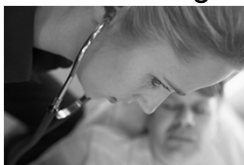
9. What clinical assessment **data** did you just collect that is **RELEVANT** and needs to be **TRENDED** because it is clinically significant to detect a change in status?
10. Does your **nursing priority** or plan of care need to be **modified** in any way after assessing your patient?
11. After reviewing the primary care provider's note, what is the **rationale for any new orders** or changes made?
12. What **educational priorities** have you identified and how will you address them?

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The five rights of clinical reasoning: An educational model to enhance nursing students ability to identify and manage clinically at risk patients (2009)

Five Rights of Clinical Reasoning

- RIGHT cues
- RIGHT patient
- RIGHT time
- RIGHT action
- RIGHT reason




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Thinking like a Nurse-Research Based Model of Clinical Judgment in Nursing, Tanner (2006)

Clinical Judgment


1. NOTICE a potential problem
2. INTERPRET meanings
 - Applied pathophysiology
 - Knowledge of patient/patterns
 - Engagement required by nurse
3. RESPOND correctly
4. REFLECT
 - In action...on action (error/missed sx)

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Fostering Clinical Reasoning in Nursing Students, American Journal of Nursing (2015)

Reflection-IN-Action


- Student reflects on specific situation that required a clinical judgment
- Interpret/evaluate patient response
 - ✓ What did you learn?
 - ✓ What would you do differently?
 - ✓ How could learning be applied next time in clinical?

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Reflection-ON-Action

Reflective writing

- ✓ Description of situation
- ✓ Feelings that were provoked
- ✓ Evaluation situation
 - Describe pos/negs
- ✓ Analysis
 - Have you seen this before
 - What did you base judgment/action on?
- ✓ Conclusion
 - Could you have done anything differently?
- ✓ Action plan
 - What will you do differently?
 - Additional knowledge/training needed?

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Essential Equation to Practice

Critical thinking
&
Clinical reasoning



→

Clinical judgment

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Nurse as Lifeguard

- Does the nurse RECOGNIZE a problem?
- Can the nurse MANAGE the problem?
- Does the nurse have a sense of URGENCY?
- Does nurse take RIGHT action for RIGHT reason?

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Clinical Thinking Contrasted

Novice Nurses	Expert Nurses
<ul style="list-style-type: none"> ➤ Emphasize ACTIONS instead of ASSESSMENT ➤ Anxious-lack of self confidence ➤ Limited clinical knowledge ➤ NOT able to identify RELATIONSHIPS between data 	<ul style="list-style-type: none"> ➤ Assess FIRST and then ACT ➤ Confident, less anxious ➤ Depth of experience can see patterns ➤ ABLE to identify RELATIONSHIPS between clinical data

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Patient Care is a Puzzle

- Multiple “puzzle” pieces of clinical data
- In order to put “puzzle together...
 - ❑ Identify RELEVANT data
 - ❑ Requires DEEP understanding of applied sciences



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Identifying Clinical Relationships

1. *RELATIONSHIP-what current medications are treating past medical problems.*
2. *Is there a RELATIONSHIP between PMH and development of current primary problem?*
3. *RELATIONSHIP between primary problem and current chief complaint?*
4. *RELATIONSHIP between relevant clinical data and primary problem?*
5. *RELATIONSHIP between newly ordered medications and primary problem?*
6. *RELATIONSHIP between primary medical problem and nursing priority?*



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Identifying Clinical Ambiguity

- ❑ Compare/contrast normal VS ranges to patient ranges last 24-48 hours
- ❑ Determinants of ambiguity
 - ✓ Medical history
 - ✓ Current problem
 - ✓ Weight of patient
 - ✓ Medications
 - ✓ Abnormal labs/radiology results
- ❑ Present findings/conclusions post conference

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Post-Conference Questions

- What went well today in clinical and why? (HIGH point)
- What would you do differently today and why? (LOW point)
- What did you learn today that you can apply to future patients you care for?

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Post-Conference Activities

- **Reflection**
 - What went well today in clinical and why?
 - What would you do differently today and why?
 - What did you learn and apply to future clinical?
- **Clinical reasoning activities/case studies**
- **Topics**
 - Incivility
 - Men in nursing
- **Clinical dilemmas**
 - End of life
 - Spiritual care

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Tools & Strategies



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Build a Case Study

History of Present Problem:

What data from the PRESENT PROBLEM are RELAT and most to be incorporated as clinically significant by the THINK Like a Nurse? Clinical Significance:

What data from the PRESENT PROBLEM are RELAT and most to be incorporated as clinically significant by the THINK Like a Nurse? Clinical Significance:

Patient Care Begins:

Admission Vitals:

Admission Assessment:

Admission Orders:

Admission Medications:

Admission Labs:

Admission X-rays:

Admission Other:

What data from the PRESENT PROBLEM are RELAT and most to be incorporated as clinically significant by the THINK Like a Nurse? Clinical Significance:

Lab Results:

What data from the PRESENT PROBLEM are RELAT and most to be incorporated as clinically significant by the THINK Like a Nurse? Clinical Significance:

Signs and Symptoms:

What data from the PRESENT PROBLEM are RELAT and most to be incorporated as clinically significant by the THINK Like a Nurse? Clinical Significance:

Med. Lab:

What data from the PRESENT PROBLEM are RELAT and most to be incorporated as clinically significant by the THINK Like a Nurse? Clinical Significance:

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Build a Case Study

- What is the primary problem that your patient is most likely presenting?
- What nursing priority(ies) will guide your plan of care?
- What interventions will you initiate?
- What is the rationale for medical management?

Put it All Together to THINK Like a Nurse!

1. What is the primary problem that your patient is most likely presenting?

2. What nursing priority(ies) will guide your plan of care? If more than one list in order of PRIORITY.

Nursing Interventions	Rationale	Expected Outcome

3. What data from the present and pertinent systems are the medical management of the patient's problem?

Present	Pertinent	Medical Management

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Identifying Clinical Relationships

- RELATIONSHIP-what current medications are treating past medical problems.
- Is there a RELATIONSHIP between PMH and development of current primary problem?
- RELATIONSHIP between primary problem and current chief complaint?
- RELATIONSHIP between relevant clinical data and primary problem?
- RELATIONSHIP between newly ordered medications and primary problem?
- RELATIONSHIP between primary medical problem and nursing priority?

THINK Like a Nurse by Recognizing Clinical Relationships

History of Present Problem:

1. What is the RELATIONSHIP of the past medical history and current medications?

2. Is there a RELATIONSHIP between any disorder in PMH that may have contributed to the development of the current problem? (What is the relationship between PMH and the current problem?)

3. What is the RELATIONSHIP between the primary problem and the current complaint that requires medical care?

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What if...and Why Questions

- Develops chest pain?
- Develops temp of 101?
- Drops BP to 90/50?
- Develops acute confusion on PCA?
- Develops rapid irreg HR of 120?
- c/o SOB with sats of 85%?

WHY???

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Socratic Questions



- **Clarification Questions**
 - Tell me about your client's condition/problems/needs
 - What are the most important client/family/community problems? Why?
- **Questions to Probe Assumptions**
 - You seem to be assuming that your client's responses are due to _____. Tell me more about your thinking here.
 - On what data have you based your decisions? Why?
- **Questions to Probe Reasons**
 - What are other possible reasons for ____?
 - Tell me why?
 - What would do if ____? Why?

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Socratic Questions



- **Questions on Differing Perspectives**
 - What are other possibilities? Alternatives?
 - How might the client/family view this situation?
 - Tell me about different interventions that might be possible and why each one would be appropriate?
- **Questions on Consequences**
 - If this occurs, what would you expect to happen next? Why?
 - What are the consequences of each of these possible approaches?
 - What would you do in this situation and why?

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Summary

- PREPARE students for PRACTICE
 - ☐ Bring down sacred cows
- DEEP learning MOST important clinical content
- Emphasize THINKING of CLINICAL REASONING
 - ☐ Ask the right questions
 - ☐ Clinical reasoning prep/activities

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Stop & Reflect...

- What is the most important take away
- What is ONE thing will I DO to bring needed change?
 - ☐ Set time frame



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The Choice is Yours...



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Contact Information

➤ Email

Keith@KeithRN.com

➤ Web

KeithRN.com

Weekly blog

✓ Home page on KeithRN.com

YouTube channel: Think like a Nurse

KeithRN.com 

References

- Alfaro-LeFevre, R. (2013). *Critical thinking, clinical reasoning, and clinical judgment: A practical approach*. St. Louis: MO, Elsevier
- Benner, P., Sutphen, M., Leonard, V., & Day, L. (2010). *Educating nurses: A call for radical transformation*. San Francisco, CA: Jossey-Bass.
- Clarke, S.P. & Aiken, L.H. (2003). Failure to rescue. *American Journal of Nursing*, 103, 42-47.
- Del Bueno, D. (2005). A crisis in critical thinking, *Nursing Education Perspectives*, 26(5), 278-282.
- Koharchik, L., Caputi, L., Robb, M., & Culleiton, A.L. (2015). Fostering clinical reasoning in nursing students. *American Journal of Nursing*, 115, 58-61.
- Levett-Jones, T. et al. (2009). The 'five rights' of clinical reasoning: An educational model to enhance nursing students' ability to identify and manage clinically 'at risk' patients. *Nurse Education Today*, 30, 515-520
- Pai, H., Eng, C., & Ko, H. (2013). Effect of caring behavior on disposition toward critical thinking of nursing students. *Journal of Professional Nursing*, 29, 423-429.
- Tanner, C. A. (2004). The meaning of curriculum: Content to be covered or stories to be heard? *Journal of Nursing Education*, 43(1), 3-4.
- Tanner, C. A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45(6), 204-211.

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THINK Like a Nurse by Recognizing Clinical Relationships

History of Present Problem:

1. What is the **RELATIONSHIP** of the past medical history and current medications?

(Which medication treats which condition? Draw lines to connect)

Past Medical History(PMH):	Home Meds:

2. Is there a **RELATIONSHIP** between any disease in PMH that may have contributed to the development of the current problem? *(Which disease likely developed FIRST that then began a “domino effect”?)*

PMH:	What Came FIRST:
	<p>What Then Followed:</p>

3. What is the **RELATIONSHIP** between the current complaint and the primary medical problem?

Current Complaint:	How Does it Relate to Primary Medical Problem?

4. What is the **RELATIONSHIP** between **RELEVANT** clinical data and the primary problem?

RELEVANT VS Data:	How Does it Relate to Primary Problem?
RELEVANT Assessment Data:	How Does it Relate to Primary Problem?
RELEVANT Lab Data:	How Does it Relate to Primary Problem?

5. What is the **RELATIONSHIP** between the primary care provider's orders and primary problem?

Care Provider Orders:	How it Will Resolve Primary Problem/Nursing Priority:

6. What is the **RELATIONSHIP** between the primary medical problem and nursing priority(ies)?

Primary Medical Problem:	How it Influences Nursing Priority:

DEEP Learning of MOST Important in This Clinical Setting

Medications:
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
Labs:
1. 2. 3. 4. 5.
Most Common Illnesses/Surgeries:
1. 2. 3.
Most Common Complications:
1. 2. 3.
Nursing Skills:
1. 2. 3.

History of Present Problem:

What data from the PRESENT PROBLEM are RELEVANT and must be interpreted as clinically significant by the nurse?

RELEVANT Data from Present Problem:	Clinical Significance:

Patient Care Begins:

Current VS:	P-Q-R-S-T Pain Assessment:
T: (oral)	Provoking/Palliative:
P: (regular)	Quality:
R: (regular)	Region/Radiation:
BP:	Severity:
O2 sat:	Timing:

What VS data are RELEVANT and must be interpreted as clinically significant by the nurse?

RELEVANT VS Data:	Clinical Significance:

Current Assessment:	
GENERAL APPEARANCE:	
RESP:	
CARDIAC:	
NEURO:	
GI:	
GU:	
SKIN:	

*What assessment data are **RELEVANT** and must be interpreted as clinically significant by the nurse?*

RELEVANT Assessment Data:	Clinical Significance:

Lab Results:

Basic Metabolic Panel (BMP:)	Current:
Sodium (135–145 mEq/L)	
Potassium (3.5–5.0 mEq/L)	
Glucose (70–110 mg/dL)	
Creatinine (0.6–1.2 mg/dL)	

*What lab results are **RELEVANT** and must be interpreted as clinically significant by the nurse?*

RELEVANT Lab(s):	Clinical Significance:

Complete Blood Count (CBC:)	Current:
WBC (4.5–11.0 mm ³)	
Neutrophil % (42–72)	
Hgb (12–16 g/dL)	
Platelets (150-450 x10 ³ /μl)	

*What lab results are **RELEVANT** and must be interpreted as clinically significant by the nurse?*

RELEVANT Lab(s):	Clinical Significance:

Misc. Labs:	Current:

*What lab results are **RELEVANT** and must be interpreted as clinically significant by the nurse?*

RELEVANT Lab(s):	Clinical Significance:

Put it All Together to THINK Like a Nurse!

1. *What is the primary problem that your patient is most likely presenting?*

2. *What nursing priority(ies) will guide your plan of care? (if more than one-list in order of PRIORITY)*

3. *What interventions will you initiate based on this priority?*

Nursing Interventions:	Rationale:	Expected Outcome:

4. *What is the rationale for treatment and expected outcomes for medical management of the priority problem?*

Care Provider Orders:	Rationale:	Expected Outcome: