Guide for Reflection Using the Clinical Judgment Model

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ABSTRACT
Reflection is widely used in nursing education to facilitate learning. Student writing and thinking, however, is not always of the quality faculty expect or desire. This project originated from concern about the quality of student descriptions of clinical experiences in a senior-level precepted clinical practicum. Providing students with more structure and guidance for consideration of clinical experiences, as well as thoughtful faculty feedback, can potentially enhance thinking and move students toward increased nursing competence. In this learning activity, a structured guide was used to facilitate reflection. The accompanying rubric was used to evaluate and communicate about progress in the development of student thinking and clinical judgment.

Reflection involves thoughtful consideration of an experience (Kuiper & Pesut, 2004). In nursing education, reflection is thought to promote learning from clinical experiences (Johns, 1995; Kuiper & Pesut, 2004; Ruth-Salih, 2003). The idea for this project arose from concern about the quality of student descriptions of learning in a senior-level precepted clinical practicum. Because the faculty was not with the students consistently in the clinical setting, unstructured reflective writing was used to enhance communication. However, faculty noted wide variation between students’ writing in terms of identification of significant aspects of a given situation, critical thinking about the situation, description of emotional aspects of the situation, as well as what was learned by the student. Some students listed events and skills, whereas others described their thoughts and decision making with great eloquence. The Guide for Reflection described in this article was developed to provide students with a structure that would help them make more in-depth descriptions of clinical experiences and their thinking about those situations.

Background and Literature Review

Reflection Reflection helps move thought from an existing situation to emerging situations and connect initial understanding with deeper understanding (Perry, 2000). In a review of the use of reflection in nursing, Pierson (1998) discussed different kinds of thinking. Calculative thinking is deliberate and involves managing a given situation and applying knowledge to problem solving. Contemplative thinking is spontaneous and explores the meaning of the situation. Reflection is the integration of the two.

Various authors have suggested that reflective writing promotes knowledge transfer (i.e., application of previous knowledge to current situations), knowledge transformation (i.e., consideration of how current experiences can be used in future actions), critical thinking about and analysis of a given situation, and metacognition (i.e., understanding of learning) (Di Vito-Thomas, 2005; Kuiper & Pesut, 2004; Schön, 1987). In addition, it allows students to explore emotional aspects of a given situation (Bilinski, 2002; Bransford, Brown, & Cocking, 2000; Fink, 2003; Kuiper, 2004; Pierson, 1998; Wong, Kember, Chung, & Yan, 1995).

Writing can be used to develop understanding and promotes “dialogue with self,” which enhances higher-level thinking (Schmidt, 2004). To become critically reflective, one must challenge the established and habitual patterns of expectations and question the validity of assumed meanings. The reflective process begins when one returns to the experience, recalls what has occurred, and replays the experience. This is accomplished through four key elements: relating new data to that which is already known, seeking relationships among data, determining the authenticity of ideas and feelings, and making knowledge one’s own (Wong et al., 1995).

Reflection is not an intuitive process but rather one that requires development (Perry, 2000). Both structure, in the form of cue questions, and guidance, in the form of faculty challenging and supporting thinking, are
necessary for novices to learn meaningful reflection (Johns, 1995). Other strategies that promote transfer and transformation of knowledge in reflective writing include identifying a clear purpose for the written reflection, making explicit the expectations of the student, and providing probing questions (Bilinski, 2002; Schmidt, 2004). Identifying the nursing interventions used and reviewing why they either worked or did not work enhances student understanding of the learning that has occurred (Schön, 1987). Using the same prompts for each writing experience may promote cognitive reasoning in future clinical situations (Kuiper, 2004).

Reflective writing provides another means of communication between students and faculty. When faculty response is included in the process, a dialogue is created that encourages student exploration of more subtle aspects and the deeper meaning of a given situation (Bilinski, 2002). The enhanced faculty insight into student experiences can be used to guide student support (Landeen, Byrne, & Brown, 1995). Limitations of reflective writing include vague objectives or expectations; use of formal grading, which can increase the power differential between faculty and students; and decreased trust within the teacher-student relationship (Bilinski, 2002; Pierson, 1998).

Clinical Judgment Model
Tanner's (2006) Clinical Judgment Model offers a sensible way to understand the ongoing influences and processes that result in nursing judgments and actions and, ultimately, in providing optimal nursing care. The model depicts constant change, interrelations, and feedback loops, beginning with the understanding that the nurse’s background and the context of the situation will influence everything else. What gets noticed depends on the many factors that comprise the background component of the model (e.g., previous experience, theoretical and practical knowledge, culture of the unit, values, ethics, biases), the expectations of the current situation, and the relationship with the patient and the family. Interpretation follows noticing and is characterized by analytic reasoning, narrative thinking, intuition, and pattern recognition. This leads to responding (action), which may include gathering more data to aid interpretation of the situation or simply taking an appropriate (or inappropriate) action. Evaluation of the outcomes then follows and leads to appraisal of clinical learning and reflection (Tanner, 2006).

This model describes the complexity of thought involved in expert nursing. In our experience, use of the Clinical Judgment Model to guide student reflection and faculty questioning often results in deeper, more meaningful reflections on learning and fostering of movement toward greater competence in nursing care.

The Learning Activity Design
Active learning is recognized as a strategy that promotes understanding of complex subject matter, as well as transfer of learning to new situations (Bransford et al., 2000). Fink (2003) suggested three strategies for implementation of active learning: creating rich experiences that are tied to the real world, finding new ways to introduce students to ideas, and promoting in-depth reflection about learning. The proposed learning activity is based on active learning in the real world—in other words, the students’ own clinical nursing experiences. The Guide for Reflection Using Tanner’s Clinical Judgment Model (Table) is used to structure student thinking about learning experiences in clinical situations. The Lasater (2007) Clinical Judgment Rubric (see pp. 496-503 of this issue) has been adapted for faculty use in evaluation of student thinking and learning and in providing feedback that helps students move to new levels of competence.

The Guide for Reflection directs students to consider what knowledge is brought to the experience, as well as what new knowledge they need to acquire to manage the situation, and to consider how to access that knowledge. Although some of students’ knowledge base has been acquired in traditional lecture format, the guide helps students describe how that knowledge was applied and integrated into the new situation and identify sources of information within the clinical setting needed to enhance their understanding of the current clinical situation. Students are guided to consider how the background knowledge was applied to patient assessment, how all information gathered was interpreted, and how they themselves responded to the clinical situation. Finally, the guide promotes in-depth reflection on the learning experience. When students respond to questions about learning that occurred, metacognition is enhanced. When they respond to prompts about their feelings about the situation, they connect with the human dimension of the situation, as well as the caring involved (Bransford et al., 2000; Fink, 2003).

After students complete the writing, the faculty promptly respond to the students, guided by the evaluation rubric. By asking questions that invite students to think in new ways about the situation, faculty help students move to the next level of performance (Bilinski, 2002). Students have the opportunity to either continue the dialogue about this situation or move on to incorporate the feedback into the next patient encounter. Faculty can encourage continued dialogue if salient points require further exploration. This social interaction provides support for clinical progress (Benner, Tanner, & Chesla, 1996, 1997).

Evaluation: Student Learning and Faculty Feedback
If reflective writing has value as a process of personal transformation—a medium in which students make essential links among theory, research, and clinical practice—then the question of evaluation arises. Fink (2003) delineated four essential elements of effective feedback: it should occur frequently, be given immediately, be discriminative, and be lovingly delivered. Journal writing can place students in a vulnerable position in which they may fear revealing their true thoughts and feelings
Educational innovations to faculty. Faculty cannot engage in mutually reflective relationships with students unless the power differential is removed (Pierson, 1998). Any evaluation of the process of writing to learn should focus on the progress of Table


Instructions

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

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

Introduction

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

Background

• Describe your relationship to the patient at the time you noticed the situation (e.g., previous contact with patient and/or family, the quality of your relationship).

• Consider experiences you have had that helped you provide nursing care in this situation. Describe your formal knowledge (e.g., physiology, psychology, communication skills), previous nursing experience with a similar problem, and/or personal experiences that helped guide you as you worked with the patient.

• Describe your beliefs about your role as the nurse in working on the situation.

• Describe any emotions you had about the situation.

Noticing

• What did you notice about the situation initially?

• Describe what you noticed as you spent more time with the patient and/or family.

Interpreting

• Describe what you thought about the situation (e.g., its cause, potential resolutions, patterns you noticed).

• Describe any similar situations you have encountered in practice before. Describe any similarities and differences you observed when compared with the current situation.

• What other information (e.g., assessment data, evidence) did you decide you needed as you considered the situation? How did you obtain this information? What help with problem solving did you get from your preceptor?

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

Responding

• After considering the situation, what was your goal for the patient, family, and/or staff? What was your nursing response, or what interventions did you do? List all actions that you took.

• Describe stresses you experienced as you responded to the patient or others involved in the situation.

Reflection-in-Action

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

Reflection-on-Action and Clinical Learning

• Describe three ways your nursing care skills expanded during this experience.

• Name three things you might do differently if you encounter this kind of situation again.

• What additional knowledge, information, and skills do you need when encountering this kind of situation or a similar situation in the future?

• Describe any changes in your values or feelings as a result of this experience.
of student growth, not on the product (Bilinski, 2002). The imperative that trust and sharing between faculty and students be maintained in the written dialogue suggests that faculty guidance be provided in the form of feedback and guided questioning to help students find ways to improve but that the writing not be graded (Fink, 2003; Pierson, 1998; Ruth-Sahd, 2003). However, the content can be used as evidence of students’ completion of course objectives and competencies. In review of student writing, faculty will be able to guide students to points of learning within the journal that may be applied to specific course requirements.

In this learning activity, faculty feedback is guided by the Lasater (2007) Clinical Judgment Rubric. The rubric is based on Tanner’s (2006) Clinical Judgment Model and contains the components of effective noticing, interpreting, responding, and evaluating. The rubric describes specific criteria that represent the progression of clinical thinking and judgment from beginning to exemplary. Use of the rubric helps faculty determine the level of student thought and self-described performance. It also guides faculty to ask the higher-level questions that address analysis, synthesis, and evaluation and help students progress in maturation of clinical thinking (Sellappah, Hussey, Blackmore, & McMurray, 1998). In addition, the rubric provides language to communicate about student performance. Over time, faculty can observe progress in the development of student thinking.

Use of the Guide
The guide can be used in a variety of clinical courses and settings with students at different academic levels. It is potentially useful especially in situations when faculty are not observing students directly on a consistent basis. Faculty may select specific kinds of situations or topics that students are to write about during the term, depending on the clinical setting, student level, and course competencies or objectives. For example, students may be asked to or may choose to reflect on a physiological problem, a problem related to health care access, a family support situation, or a communication problem among staff. In preparation for the learning activity, students are given a brief orientation to the Clinical Judgment Model (Tanner, 2006), the guide, and the evaluation rubric (Lasater, 2007). The focus of this assignment—development of thinking, analysis, and reflection—is emphasized. Consistent use of the guide throughout a course provides students with repetitive practice using a specific process to consider patient care and clinical judgments.

Conclusion
The guide for reflection is a structured approach to promotion of student reflective writing using questions based on Tanner’s (2006) Clinical Judgment Model. The questions encourage critical thinking, knowledge transfer, transformation, metacognition, and exploration of the emotional aspects of situations encountered in clinical experiences. Use of the guide gives faculty a window into student experiences and student thinking about nursing care. Lasater’s (2007) Clinical Judgment Rubric guides faculty evaluation of and communication about student progress toward competence. Faculty feedback provides students with formative evaluation on thinking about their experiences and support for future learning.

References