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Featured Article

Expert Role Modeling Effect on Novice Nursing Students' Clinical Judgment

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KEYWORDS

human patient simulation; prebriefing (briefing); role modeling; nursing students; clinical judgment

Abstract

Background: The purpose of this study was to determine the effect of the specific prebriefing strategy of expert role modeling on novice nursing students' clinical judgment scores.

Method: Quantitative experimental design assessed clinical judgment scores with the Lasater Clinical Judgment Rubric (LCJR). Both the control and treatment groups received standard prebriefing. The treatment group received the intervention of viewing an expert role modeling video. Data analysis included comparison of self-assessed, peer rated, and trained external faculty rated clinical judgment scores obtained with the LCJR for each student performing the role of the primary registered nurse. Theoretical foundation was Bandura's social cognitive theory and Tanner's model of clinical judgment.

Results: Student self and peer LCJR scores did not demonstrate statistically significant differences between the control and treatment groups. Expert faculty reviewer ratings demonstrated statistically significant ($p = .000$) differences between the control and treatment groups' LCJR scores.

Conclusions: Study findings supported the concept that incorporating an expert nurse role modeling video before each simulation scenario improved students' scores on the LCJR when rated by expert faculty reviewers.

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Dramatic changes in the health care environment today are changing the role of the registered nurse (RN) from a narrow task-oriented focus to one of much greater responsibility as a manager of patient care (American Nurses Association, 2012; Benner, Sutphen, Leonard, & Day, 2010). The intensity of the working environment, increasing patient acuity, ongoing nursing shortages, and complex technologies create significant challenges for new graduate nurses (AL-Dossary, Kitsantas, & Maddox,

2014; Institute of Medicine Report [IOM], 2010; Tanner, 2010). Simulation prepares students for this complex role by providing a safe environment to practice clinical decision-making and clinical judgment (Alfes, 2011; Benner et al., 2010; Lasater, 2007). Clinical judgment is developmental and experiential in nature; it must be taught in the context of clinical situations that are ever changing and complex (Benner et al., 2010). In a survey by the National Council of State Boards of Nursing, employers ranked clinical judgment (decision-making) as the most important skill for new graduates entering practice (Smith & Crawford, 2004). Employers expect the new graduate

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nurse to possess clinical decision-making and leadership skills to provide safe and effective care to patients (AL-Dossary et al., 2014; IOM, 2010).

Key Points

- Viewing an expert nurse role modeling video prior to participation in each scenario did not demonstrate a statistically significant effect on student self-assessed and peer rated clinical judgment scores.
- Viewing an expert nurse role modeling video prior to participation in each scenario demonstrated a statistically significant ($p = .00$) effect on clinical judgment scores assessed by trained external, blinded faculty reviewers.
- Results supported the concept that incorporating an expert nurse role modeling video prior to each simulation scenario improved students' scores on the LCJR when scored by expert faculty reviewers.

Review of the Literature

Clinical Judgment

Clinical judgment is defined by Tanner (2006) as “an interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the judgment to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient’s response” (p. 206). Tanner’s model of clinical judgment outlines the processes that students must master as they develop clinical reasoning skills which lead to accurate clinical decisions and safe patient care. Tanner’s model proposes that clinical judgment is a complex process involving ongoing reappraisal of rapidly changing situations.

Prebriefing

The Standards of Best Practice (International Nursing Association for Clinical Simulation and Learning [INACSL], 2013) identified three distinct phases of the simulation process. The first phase of the simulation process is termed prebriefing. The purpose of prebriefing was to provide clear information before the simulation, set the stage for the scenario, and assist participants in achieving scenario objectives. The second phase of the simulation process is participation in the clinical scenario. The final phase of the simulation is debriefing and follows each clinical scenario experience. The purpose of debriefing was to move participants toward assimilation and accommodation of the experience to transfer learning to future situations (Meakim et al., 2013). The prebriefing phase of simulation may offer novice students with minimal prior clinical experiences increased opportunities for fully engaging in the learning process (Page-Cuttrara, 2014). “Prebriefing provides an opportunity to further simulate prior experience

through facilitation and prompting and to develop pre-understanding of the patient condition and consolidation of theory-practice knowledge, particularly for novice practitioners” (Page-Cuttrara, 2014, p. 139).

Some activities currently included within the prebriefing phase of simulation are (a) orientation to the simulation laboratory and manikins, (b) orientation to the learning objectives of the scenario, (c) report or background information on the clinical client (the manikin or standardized patient), and (d) specific roles and responsibilities of team members (Husebø, Friberg, Sørødie, & Rystedt, 2012; Jeffries, 2007; Page-Cuttrara, 2014). It is critical for novice nursing students to be provided a “framework of understanding” to assist their performance and learning activities (Husebø et al., 2012, p. 10). Two recent concept analyses provided assistance in defining the features and processes involved in prebriefing (Chamberlain, 2015; Page-Cuttrara, 2015). Only a few studies in the literature have evaluated the effectiveness and use of prebriefing strategies for simulation (Husebø et al., 2012; Page-Cuttrara, 2014; Rhodes & Curran, 2005).

Expert Role Modeling

Role modeling was defined as observation of others modeling correct behaviors allowing learners to absorb information about the performance and then create an image in their mind (Anderson, LeFlore, & Anderson, 2013). Expert role modeling is an understudied strategy of prebriefing. Previous studies found significantly different scores between simulation groups exposed to role modeling and those who were not (Aronson, Glynn, & Squires, 2013; Johnson et al., 2012; Kardong-Edgren et al., 2015; Leflore, Anderson, Michael, Engle, & Anderson, 2007). An integrated review by Baldwin, Mills, Birks, and Budden (2014) discussed role modeling and development of professional identity in nursing education which reinforced the importance of utilizing simulation learning opportunities with expert role models depicting positive behaviors for clinical judgment and caring. Johnson et al. (2012) conducted a quasiexperimental, international, multisite study to determine if expert role modeling had an effect on students’ development of clinical judgment during simulated care of a geriatric client. The intervention group received prebriefing with an expert role model video, whereas the control group received standard prebriefing for the simulation. There were highly significant differences ($p = .001$) between the control and treatment groups in noticing, interpreting, and responding scales of the Lasater Clinical Judgment Rubric [LCJR] (Johnson et al., 2012). A post hoc analysis indicated a large effect size of Cohen’s $d > 1.13$. This led the authors to conclude, “findings provide support for combining expert role modeling with clinical simulation to improve students’ clinical judgment in the care of older adults” (Johnson et al., 2012, p. 179).

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