

The Clock Model: A Tool for Clinical Reasoning in the Emergency Department

Robin H. Schumaker, MN, FNP, and Kim Bergeron, PhD

ABSTRACT

Clinical reasoning is a vital and difficult skill for nurse practitioners to learn and to teach. This article presents a tool, the Clock Model, for teaching this process to nurse practitioner students in the emergency department. The urgency of time and a systematic approach to the process of clinical reasoning are described and discussed with specific application to advanced nursing practice and emergency care.

Keywords: clinical reasoning, decision making, emergency nursing, nurse practitioners, nursing education

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Clinical reasoning is at the core of advanced practice nursing because it is a process that attempts to identify and find solutions for the patient's conditions.¹ Nurses traditionally use the systematic approach known as the nursing process,² whereas nurse practitioners (NPs) also incorporate the information processing methods of the medical model.³ Clinical reasoning involves both the use of the scientific method to analyze information and pattern recognition to deliberately reach a clinical decision.⁴ Clinical reasoning is a vital skill for clinicians to learn and teach.⁴ The Clock Model outlined in this article is one method that preceptors can use to teach the principles of clinical reasoning to NP students. This model was designed to guide students through the process of clinical reasoning, not to teach specific history taking and physical assessment skills, which are well described elsewhere. The intent is to offer a tool that can be used as a framework for operationalizing clinical reasoning and to complement other tools that could be part of the NP preceptor's toolbox (eg, the American Association of Nurse Practitioners' Preceptor Toolkit).⁵

CLOCK MODEL

The Clock Model (Figure) was developed as a clinical tool designed for teaching clinical reasoning to NP students in the emergency department (ED) setting. It draws inspiration from the Fishbone Format tool developed by Bawazir¹ and the

traditional clinical reasoning process described in Bates' classic textbook.⁶ It also incorporates the nursing process² and issues inherent in emergency care to aid in the process of developing advanced nursing practice from nursing practice (Supplementary Table 1, available online at www.npjjournal.org).

The model consists of 12 separate steps (times) designed to guide the student through the process of diagnostic reasoning from presentation through to prevention and advocacy. The circular pattern of the clock face shows that this is a cyclical approach, and the concept of prevention can be seen as either the beginning or the end of the process. Although individual prevention is important, cases that come through the ED can identify community prevention needs, leading to advocacy and action on a wider level by the NP.

The Clock Model has the advantage of being a nursing- and ED-specific tool, although some of the principles are applicable to any practice setting. One disadvantage is that the process of working through the model is time-consuming. However, rather than insistence on a formal progression and presentation of the model for each patient, the principles of the tool (in an abbreviated form) can be used as a framework for approaching the process, and the full model can be used in select cases in which time permits or in simulated patient settings to aid in learning. This model encourages

Figure. The Clock Model for clinical reasoning in the emergency department.



students to think about the urgency in a patient's presentation, together with the need to model clinical reasoning.

Concept of Time

The idea of *time* embedded in the clock represents 2 different themes within this model. First, it signifies the sense of urgency that exists in emergency care. The importance of early care in cardiac arrest and stroke seen in the American Heart Association Chain of Survival⁷ and the concept of the Golden Hour in trauma care⁸ are examples of this urgency. Unlike the scheduled office setting, there is always another incoming patient over whom the provider has no control. The use of times in the model does not mean that the student should spend an hour on each step, but rather should be seen as a logical progression through the steps. Additionally, it is a reminder that the NP needs enough time with the patient for complete and accurate assessment and diagnosis and to ensure that he or she is not too distracted by the concept of urgency. Balancing these two seemingly oppositional concepts of time is an important skill to develop.

1:00: Presenting Complaint or Reason for Assessment

The presenting complaint is the first introduction of the patient to the student. At this stage, it is important

to identify the chief complaint because it provides a clue to what the patient deems important, and it guides further questioning. At this point, the student should also start to develop an overall idea of who the patient is because demographic factors (such as age, sex, and race) will suggest the probability of certain disease processes occurring in this patient. This is the stage in which the context is set for further interaction and is therefore an important step. Although it will be more deeply discussed in a later stage, it is important for the NP student to understand not simply the stated complaint (eg, back pain) but also the motivation for the patient to present for this complaint (eg, "I have been unable to work or accomplish my daily activities."). If the student fails to recognize this, he or she risks expending a great deal of time and effort into solving a problem that has little relevance to the patient. In the nursing process, this is an early part of the assessment stage.²

2:00: Triage—Sick or Not Sick?

Determining whether a patient is sick or not sick (meaning how urgent is this presenting complaint) is an important part of emergency practice. The process of triage, sorting patients by order of priority, helps to ensure that patients whose conditions would deteriorate by waiting are treated promptly. It is important

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