



# A framework to support preceptors' evaluation and development of new nurses' clinical judgment



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## ABSTRACT

In today's complex, fast-paced world of hospital nursing, new graduate nurses do not have well-developed clinical judgment skills. Nurse preceptors are charged with bridging the gap between new graduates' learning in school and their autonomous practice as RNs. In one large, urban medical center in the U.S., a clinical judgment model and rubric were used as a framework for a new evaluation and orientation process. Preceptors of new graduate nurses who had used the former and new processes described their experiences using the framework. The findings indicated that having a structured framework provided objective ways to evaluate and help develop new graduate nurses' clinical judgment. It is hypothesized that academic clinical supervisors may find such a framework useful to prepare students for transition to practice.

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## 1. Introduction

In today's complex, fast-paced world of hospital nursing, new graduate nurses (NGNs) face significant challenges to providing care and are often unprepared to deal with the realities of practice (Berkow et al., 2009; Hickey, 2009; Whitehead et al., 2013). Furthermore, NGNs must integrate knowledge into practice, think critically, and make judgments about how theoretical knowledge applies to direct patient care (Baldwin et al., 2014; Benner et al., 2010; Hartigan et al., 2010; Myrick and Yonge, 2004; Tanner, 2006). Health care organizations have a responsibility to determine that all newly hired nurses, experienced or not, are practicing at levels for safe independent practice by the end of the orientation period (Joint Commission n.d.).

In the U.S., the model for nurse orientation often includes a general hospital orientation, inundating newly hired nurses with policies and procedures as well as information about organizational structure, roles and responsibilities, patient safety mandates, and quality improvement initiatives (Culley et al., 2012). From there, the NGN is assigned a staff nurse preceptor who is the liaison between

hire and launch of the NGN into autonomous practice. This part of the orientation varies in length and may become focused on checking off a myriad of psychomotor skills, designed to ensure a level of competency.

While safe execution of psychomotor tasks is certainly critical, the need for NGNs to develop the ability to clinically reason to make appropriate and safe clinical judgments for best patient outcomes has been identified in the literature (Baldwin et al., 2014; Hartigan et al., 2010; Hooper, 2014; Maneval et al., 2012; Miraglia and Asselin, 2015; Rush et al., 2013; Theisen and Sandau, 2013; Whitehead et al., 2013). A recent study that evaluated a new competency evaluation and orientation process in a large, urban U.S. medical center revealed that an evidence-based model and rubric for orientation may provide a useful framework for developing precepting strategies that support clinical judgment development of NGNs (Lasater et al., 2015). The quantitative study examined orientation for all newly hired nurses; however, in the focus groups that constituted the qualitative part of the study, preceptors' descriptions focused on their experiences with NGNs. The purpose of this paper is to report the data from the preceptor focus groups.

The NGN may be known in other areas of the world as the *graduate nurse* or the *newly qualified nurse*. These designations refer

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to nurses who have completed their academic requirements and are at the point immediately following registration or entering their graduate year. In U.S. practice settings, the nurse assigned to orient and support the NGN is most often called a *preceptor*. In other places, this person may be known as a *tutor* or *mentor*. *New graduate nurse (NGN)* and *preceptor* are the terms that will be used in this paper.

## 2. Background literature

### 2.1. New graduate nurses

Development of clinical judgment skill is central to safe patient care (Hartigan et al., 2010; Hooper, 2014; Maneval et al., 2012; Theisen and Sandau, 2013). Specific NGN learning needs related to clinical judgment have been identified, including development of critical thinking, clinical reasoning, holistic assessment skills, recognition of acute deterioration, communication (Hartigan et al., 2010; Rush et al., 2013; Theisen and Sandau, 2013). Despite identifying concerns about development of these skills, no clear path addressing the needs exists.

NGNs use clinical situations as a way to connect their theoretical learning with practice and to develop and deepen their thinking about patient situations (Benner, 2001). They rely on individual knowledge, standards of care, and unit procedures to guide their decisions; they depend on the clinical judgment of others, especially in ambiguous or unfamiliar situations (Benner et al., 2009). Experienced nurses must support safe clinical decision-making through discussion and feedback. As they gain clinical experience, NGNs incorporate their experiential knowledge into the reasoning process (Benner et al., 2010). But experience is only one aspect of clinical judgment development.

### 2.2. Preceptors

Institutions generally identify preceptors as staff nurses who support the orientation of NGNs and other newly hired nurses. The evidence is clear: skilled and caring preceptors are crucial to successful orientation and effective role transition in NGNs (Baxter, 2010; Billay and Myrick, 2008; Giallonardo et al., 2010; Kaddoura, 2013; Myrick and Yonge, 2004; Schumacher, 2007; Sorensen and Yankech, 2008; Whitehead et al., 2013). Their primary roles include teaching, evaluating, and providing feedback (Omansky, 2010; Whitehead et al., 2013). To develop NGNs' skills in patient care, preceptors must learn to observe performance carefully, then provide effective feedback that supports growth in thinking and performance (Baxter, 2010; Winfield and Myrick, 2009). While ongoing evaluation of and feedback on practice are integral parts of development of clinical competence, preceptors often feel unprepared to provide it (McClure and Black, 2013).

Much of the literature about preceptors focuses on their training (Anderson, 2008; Foy et al., 2013; Kaddoura, 2013; Luhanga et al., 2010; Smedley et al., 2010; McClure and Black, 2013; Sorensen and Yankech, 2008) and general effectiveness of their work with NGNs (Baxter, 2010; Mårtensson et al., 2013; Schumacher, 2007). Preceptors often do not ask deeper level questions that foster clinical judgment (Profetto-McGrath et al., 2004). Prioritizing, critical thinking, and giving feedback were ranked among the top five topics identified by preceptors when asked about their education needs (Foy et al., 2013). Preceptors identified needing support to help NGNs integrate theoretical knowledge and practice application as well as to teach critical thinking and reflection (Kaddoura, 2013; Luhanga et al., 2010; Mårtensson et al., 2013; Sorensen and Yankech, 2008). Improved support for preceptors in facilitation of learning and making sense of clinical experiences is

needed, as is communication about NGN skills and learning needs among those involved in orientation (Henderson and Eaton, 2013).

Effective precepting influences preceptee outcomes. Preceptors support development of thinking about nursing care through discussion of cases, encouragement, bridging the gap between theory and practice (Kaddoura, 2013), and skilled questioning (Myrick and Yonge, 2002; Sorensen and Yankech, 2008). Reflection and critical thinking have been associated with improved confidence in NGNs, an important outcome of preceptorship (Whitehead et al., 2013). In one small study, use of an evidence-based framework, focused on reflection, coaching, and discussion, was shown to support development of NGNs' critical thinking (Forneris and Peden-McAlpine, 2007). One finding of a recent critical review of studies that identified crucial competencies needed for NGNs to be successful concluded that more research that focuses on clinical thinking is needed (Theisen and Sandau, 2013).

### 2.3. Framework for clinical judgment

NGNs benefit from a process model that reflects the evolving, non-linear, patient care situation (McNeish, 2007). Tanner defined clinical judgment as "an interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response" (2006, p. 204). The Tanner Model of Clinical Judgment describes four aspects of how nurses think, Noticing, Interpreting, Responding, and two types of Reflecting (Reflection-in-Action and Reflection-on-Action) that all interact in a non-linear fashion as nurses make decisions about patient care. A key feature of the model is the acknowledgement that all care occurs in and is influenced by the context of care, the nurse's background, and the relationship with the patient (Tanner, 2006). A recent systematic review of the literature further suggested that clinical judgment can be taught (Cappelletti et al., 2014). Using a model for clinical judgment can guide the NGN through situated thinking with consideration for the context of care (Lasater and Nielsen, 2009). The model has been used as a framework to support NGNs in clinical judgment development during orientation (Modic, 2013a, 2013b). A rubric based on the model may be used in clinical agency settings as a tool to enhance and assess learning activities, as a framework for reflection, to enhance communication and feedback, and to evaluate competence (Miraglia and Asselin, 2015).

The Lasater (2007) Clinical Judgment Rubric (LCJR) describes development of the various aspects of clinical judgment in the Tanner (2006) model and has been used to evaluate clinical judgment in simulation (Adamson and Kardong-Edgren, 2012; Cato et al., 2009; Lasater, 2007, 2011), to guide communication about development of clinical judgment with prelicensure students in response to reflective writing (Lasater and Nielsen, 2009), and to develop effective questions focused on clinical judgment (Lasater, 2011). Having a common language about clinical judgment allows preceptors to provide meaningful feedback to NGNs. Together, the Tanner model and the LCJR form a framework for clinical judgment development. The framework became a starting point for a partnership between practice and academic educators in developing the new hire evaluation process.

## 3. Study overview

This paper describes the qualitative findings from a large study that incorporated a modified version of the Lasater Clinical Judgment Rubric (LCJR) for initial evaluation of the clinical judgment of all newly hired nurses at a large medical center hospital. The quantitative sub-study described levels of development of clinical

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