Clinical Judgment and Evidence-Based Practice: Toward Pedagogies of Integration

In this issue of the *Journal of Nursing Education*, you'll find several groundbreaking articles about two topics of central concern to nurse educators: clinical judgment/clinical decision making and evidence-based practice. Baxter and Boblin describe the kind of decisions prelicensure students make and how those decisions evolve over time. The authors remind us that there are many important decisions in any interaction with a client—for example, assessment decisions, what information to gather and how to gather it, intervention decisions, resource decisions, and so on—that provide a potentially useful framework for helping students recognize the many decisions they make throughout the day. Bartlett et al. describe the use of the Outcome-Present State Test (OPT) model to teach students clinical reasoning and the use of taxonomies of diagnoses, interventions, and outcomes. They provide evidence that students can fairly readily learn to use this model.

A second collection of articles addresses ways to teach evidence-based practice, from teaching the first three steps of evidence-based practice in the article by Smith-Strøm and Nortvedt; to formulating an undergraduate research course around evidence-based practice in the article by Meeker, Jones, and Flanagan; to integrating evidence-based practice through a family nurse practitioner graduate program in the article by Singleton and Levin. All of these articles reflect teaching students the basic components in evidence-based practice, the identification of an answerable question, and access to and critical evaluation of evidence related to the question.

On a slightly different note, the provocative treatise on evidence-based education by Emerson and Records explores, in some depth, the meaning of scholarship and the catalysts and impediments to engaging in evidence-based educational practice. The article concludes with an analysis of individual and collective strategies needed to create a culture of evidence-based practice in nursing education. Emerson and Records remind us of the irony implicit in our day-to-day lives as educators—As we preach the gospel of evidence-based nursing practice, are we grounding our educational practices in the best available evidence?

Is a literature search performed to determine whether there is an answer that could be of help when student issues arise? Is the nursing education literature reviewed during course development to help identify effective methods, strategies, and techniques? As colleagues identify difficulties during teaching interactions, is the literature examined for guidance? In most cases, we anticipate the answer is: “Of course not.” (p. 364)

One could argue, as Emerson and Records do, that the nursing education research literature is sparse; likely, if one were to turn to only the nursing education research literature to locate answers to questions related to effective teaching methods, one could not find enough studies of sufficient quality to confidently design new approaches to instruction. Yet there is a substantial and growing body of research literature related to clinical reasoning and clinical judgment, and many publications describing educational innovations related to evidence-based practice.

The articles in this issue, together with many other published studies, show that both graduate and undergraduate nursing students can learn how to ask clinical questions that could be addressed by existing literature and can develop skills in finding and critically appraising evidence. Through studies like that by Baxter and Boblin, as well as my own integrative work (Tanner, 2006), we are achieving a better understanding of how students develop in their clinical reasoning and decision making and what clinical judgment looks like in practicing nurses. As Bartlett et al. have shown us in their article in this issue, we can teach undergraduate students to use processes like that described by the OPT model that may contribute to improvement in clinical judgment skill (although the jury is still out on the actual outcomes, as the authors indicate). We have yet to connect these two important constructs in our teaching innovations and research. Where and how will students learn to connect the evidence they have found and appraised to their clinical reasoning and the many judgments they make in practice? It is a huge leap from general clinical practice guidelines or the results of a meta-analysis to determining the extent to which these results apply to the individual client, given both the client’s individual preferences and the applicability of the findings to this particular client’s specific situation. It seems that given that this is really what evidence-based practice is
about—basing decisions on best available evidence and client preferences—we need to explore ways to help students do just that.

Although the research on clinical judgment is robust, there is limited work in many other areas of nursing education, with little evidence for either classroom or clinical educational approaches. But research in many other fields outside of nursing is collectively providing evidence about how people learn and about best practices in teaching, with emerging principles that can guide innovations in teaching nursing (e.g., see summaries by Bransford, Brown, & Cocking, 2000; Weimer, 2002). For example, few would dispute the theoretical and empirical support for the importance of student’s active engagement in learning, essential for retention of subject matter, and particularly important for developing the deep understanding necessary for skillful clinical judgment.

As soon as we open a discussion on the importance of active learning, nurse educators are quick to point out the barriers to this practice, particularly the huge amount of content they are expected to cover, with the threat of NCLEX-RN® failure looming large (Schaefer & Zygmont, 2003). I think it is clear we must make choices about the content we expect students to learn, focusing on the most relevant, the most commonly used, and the most prevalent. Recent studies of exemplary teaching (Bain, 2004; Carnegie Foundation for the Advancement of Teaching, 2007) show us how carefully chosen content can be taught through engaging students in problem solving that requires a deep understanding of that content. As Bain (2004) described this practice:

Teachers in our study...believe that students must learn facts while learning to use them to make decisions about what they understand or what they should do. To them, “learning” makes little sense unless it has some sustained influence on the way the learner subsequently thinks, acts, or feels. So they teach the “facts” in a rich context of problems, issues and questions. (p. 29)

The integrative teaching described above is in stark contrast to the belief and related practices that “students cannot learn to think, to analyze, to synthesize, and to make judgments until they ‘know’ the basic facts” (Bain, 2004, p. 29).

A wonderful example of how we may purposefully reduce content while strengthening our link to clinical judgment is provided by Giddens (2007) and Secrest, Norwood, and duMont (2005). In separate studies, they each showed that only one fourth to one third of approximately 120 health assessment techniques typically taught in the standard health assessment course are used routinely by nurses in practice across settings. Given what we know about learning and about the lack of content retention that is superficially covered and never used, perhaps we should focus on teaching these techniques really well and use our time to help students link their assessment findings with their clinical reasoning and judgment: focused assessment based on initial observations, interpretation of findings, and decisions about appropriate action.

So our next generation of innovation and research is pedagogies of integration, in which students learn facts through experience with evidence-based practice, as used in the service of clinical reasoning and judgment. I look forward to a future of exciting innovations in integrative teaching and to the possibility of building a body of evidence that will truly guide our practice as teachers.

References


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