Clinical Judgment Development: Using Simulation to Create an Assessment Rubric

Kathie Lasater, EdD, RN

ABSTRACT

Clinical judgment is a skill every nurse needs, but nurse educators sometimes struggle with how to present it to students and assess it. This article describes an exploratory study that originated and pilot tested a rubric in the simulation laboratory to describe the development of clinical judgment, based on Tanner's Clinical Judgment

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ment in their students as "learning to think like a nurse" (Tanner, 2006). Most research on clinical judgment has relied on participants' responses to cases, portrayed either in text or videotaped form, or on participants' recall of particular situations in practice. Their responses have been analyzed, using either verbal protocol analysis (e.g., Simmons, Lanuza, Fonteyn, Hicks, & Holm, 2003) or observation and interviews, with descriptive qualitative or interpretive methods (e.g., Benner, Tanner, & Chesla, 1996). With few exceptions (White, 2003), most descriptive research on processes of clinical judgment has centered on its use in nurses' practice rather than on its development in students.

A review of the literature identified only one instrument that purports to measure or evaluate clinical judgment. That instrument, developed by Jenkins (1985), is a self-report measure in which respondents are asked to identify processes or strategies used in deriving clinical decisions. Because clinical judgment is particularistic (i.e., beyond specific) and dependent on the situation, the validity of a general self-report measure, especially one used for judging the quality and development of clinical judgment, would be questionable.

Recent advances in high-fidelity simulation present an ideal arena for developing skill in clinical judgment. Current technology makes the use of high-fidelity (meaning, as close as possible to real) simulation an excellent facsimile to human patient care, offering extra value to clinical practice learning (Seropian, Brown, Gavilanes, & Driggers, 2004). To date, no studies have demonstrated the effect of simulation on clinical judgment, but evidence in the medical literature suggests that practice with feedback, integrated into the overall curriculum, facilitates clinical learning with understanding (Issenberg, McGaghie, Petrusa, Gordon, & Scalese, 2005).

The purposes of this study were to:

- Describe students' responses to simulated scenarios, within the framework of Tanner's (2006) Clinical Judgment Model.
- Develop a rubric that describes levels of performance in clinical judgment.
- Pilot test the rubric in scoring students' performance.

The development of a rubric, providing a measure of clinical judgment skill, was part of a larger study designed

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to explore the effects of simulation on student aptitude, experience, confidence, and skill in clinical judgment (Lasater, 2005).

LITERATURE REVIEW

Why a Rubric?

A rubric, by its most basic definition, is an assessment tool that delineates the expectations for a task or assignment (Stevens & Levi, 2005). By clearly describing the concept and evidence of its understanding, students and faculty are more likely to recognize it when students perform it. In addition, rubrics facilitate communication among students and provide students, preceptors, and faculty with language to foster both feedback and discussion.

In addition, communication cultivates critical thinking. By having expectations or stages of development described and known by nursing students, preceptors, and faculty, the depth of discussion, based on individual perspectives about clinical judgment, increases. Stevens and Levi (2005) pointed out that with the language provided by rubrics and the improved communication that results, faculty may also have additional evidence with which to enhance their teaching.

Lastly, rubrics can provide a more level playing field for increasingly diverse groups of students. It is no secret that higher education, including nursing, is enjoying and is challenged by greater diversity of students related to characteristics such as ethnicity, gender, and experience (Abrums & Leppa, 1996; Brady & Sherrod, 2003; Domrose, 2003; Kuh, 2001). Although this diversity enriches the education experience of all involved, the possibility of misunderstanding or lack of clarity about expectations may increase. Rubrics can serve as "translation devices in this new environment" (Stevens & Levi, 2005, p. 27).

Clinical Judgment

This study used a definition of clinical judgment described by Benner et al. (1996): "Clinical judgment refers to the ways in which nurses come to understand the problems, issues, or concerns of clients/patients, to attend to salient information and to respond in concerned and involved ways" (p. 2). Tanner (1998, 2006) conducted a comprehensive review of the research literature and developed a Clinical Judgment Model, derived from a synthesis of that literature. The model (Tanner, 2006) was the conceptual framework used to develop a rubric that breaks down and defines stages or levels in the development of clinical judgment. The **Figure** illustrates Tanner's model.

The four phases of the model—Noticing, Interpreting, Responding, and Reflecting—describe the major components of clinical judgment in complex patient care situations that involve changes in status and uncertainty about the appropriate course of action. The overall concepts or actions may be summarized as the thinking-in-action skills of three steps: noticing, interpreting, and responding (during the situation that requires clinical judgment), followed by the fourth step, the thinking-on-action skills of reflection after responding to the situation (Cotton, 2001; Schön, 1987).

In other words, the nurse must be cognizant of the patient's need through data or evidence, prioritize and make sense of the data surrounding the event, and come to some conclusion about the best course of action and respond to the event. The outcomes of the action selected provide the basis for the nurse's reflection afterward on the appropriateness of the response and clinical learning for future practice.

According to Tanner's model, the nurse's perception of any situation is influenced by the context and strongly shaped by the nurse's practical experience; it is also rooted in the nurse's theoretical knowledge, ethical perspectives, and relationship with the patient. This frame allows for

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Scoring

During development of the rubric, 2 weeks at mid term (Weeks 4 and 5), were selected for scoring students' performance (**Table 1**). The mean clinical judgment skill score for those engaged in the primary nurse role (*n* = 26) was 22.98 points (*SD* = 6.07). The observed range was 5 to 33, with a maximum of 44 possible points. Descrip-

doing so, students are able to more accurately track their progress toward its development.

One group of nurse educators created a reflective journaling guide, using the Clinical Judgment Model and LCJR, which gives students cues to focus their clinical journaling (Nielsen, Stragnell, & Jester, 2007). The simulation faculty use the rubric to allow students to honestly reflect and self-assess their performance in the simulation laboratory, using examples to support their evaluation. Others have found it a helpful tool for preceptors to assess students' clinical judgment skill.

CONCLUSION

Although clinical judgment is clearly related to practical experience, which high-fidelity simulation provides for students in addition to their clinical practica, students can better learn when they are clear about expectations and receive direct feedback about their performance. The LCJR offers performance expectations, as well as language for feedback and assessment of students' clinical judgment development. The rubric has relevance for all clinical contexts, including acute care, long-term care, and community health.

It might be assumed that if a rubric, such as the LCJR, is effective in the simulation laboratory, it will have an equally valid place in the clinical practicum setting. Although predictive validity studies formalizing the correlation between the simulation laboratory and clinical setting and studies of interrater reliability are underway, the LCJR offers a means by which the concept of clinical judgment can be described for students, preceptors, and faculty. As such, it provides a much desired student feedback mechanism and serves as a guide for students' development of clinical judgment.

REFERENCES

Abrums, M.E., & Leppa, C. (1996). Beyond cultural competence: Teaching about gederw,