The Clinical Judgment of Senior BSN Students During a Simulation: A Qualitative Study



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Aim

To examine the clinical judgment of senior BSN students during a simulated patient deterioration event

Background

- Clinical judgment is the foundation of nursing practice
- Simulations support student reflection of the clinical decision-making process and understanding of application of clinical judgment
- The NCSBN Clinical Judgment Measurement
 Model offers a standardized tool to evaluate
 clinical judgment of nursing students (NCSBN,
 n.d.)

Sample & Methods

- IRB approval received September 2022
- Sample of 10 RMC senior BSN students, randomized into simulation pairs
- Paired simulation experience with standardized Laerdal scenario, Kenneth Bronson – Complex Case: Adverse Reaction to Antibiotic – Anaphylactic Reaction
- Recorded, structured debriefing of simulation student pairs using the NCSBN Clinical Judgment Measurement Model (NCSBN, n.d.)
- Transcription of debriefings with qualitative analysis of simulation and clinical judgment themes, validated independently by coinvestigators

Themes

CLINICAL JUDGMENT

- Cue integration
- Anticipation of cues to inform nursing action
 - Scaffolded knowledge
- Prioritization
- Intuitive nursing process
- Uncertainty

SIMULATION

External factors that influence clinical judgment in simulation

- Incongruent clinical realism
 - > Experienced nurse resource
- Time pressure

Discussion & Recommendations

- Evidence of 6 steps of the NCSBN clinical judgment model easily identified with debriefing
- Prior related clinical experiences influence level of *Uncertainty* with nursing actions for the simulated patient
- Unconscious use of nursing process actions occur based on prior nurse learning & clinical experience
- *Recommendations for Simulations:
- ➤ Include students at different levels of the program in shared simulation
- > Improve clinical realism of simulations
- > Analyze factors contributing to *Time Pressure* experience

Simulate

Learner Brief

Medical unit Time: 1100

Department two hours ago with chest tightness, difficulty breathing, a productive cough, and fever. Chest x-ray confirms left lower lobe pneumonia. An IV was started of normal saline infusing at 75 mL per hour. He is receiving oxygen at 2 L/min per nasal cannula. SpO₂ on room air was 90%, which increased to 93% with supplemental oxygen. He had a temperature of 102.6°F and was given acetaminophen 1,000 mg PO in the Emergency Department. Lab results have arrived, and the pharmacy just delivered the antibiotics to be given. The patient's partner is in the room with him.

Patient Overview

Kenneth Bronson	
AGE	WEIGHT
27 years	74 kg
GENDER	HEIGHT
Male	180 cm







