Learning Assessment of Core Outcomes
Suggested Focus 2009-2010: Critical Thinking and Problem Solving
SAC Name: Nursing
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1. Please describe your plan of action for 2009-2010 Academic Year:
Clinical Simulated patient care experience (SIM)
The nursing clinical simulation laboratory is an active learning environment where nursing students prepare and provide care for "clinical "patients in case based scenarios. These cases provide reality based patient care activities offering students the opportunity to practice teamwork, nursing skills and clinical judgment in a controlled "clinical" environment. To gain the most from this clinical simulation experience, students will need to complete the advanced preparation for clinical simulation. The clinical simulation experience includes a pre-simulation learning activity, discussion of patient cases, participation in one of the patient cases, and debriefing of each case. Student preparation will be checked for completeness at the beginning of the case, each student individually completes their advanced preparation for simulation. Students are required to dress for clinical including wearing scrubs, lab coat, PCC ID badge, and stethoscope. This is a required clinical activity in the nursing program. There is a SIM activity every term of the nursing program (except N104, the first 2 credit hour entry course). The nursing department has been using SIM for four years and revises and updates the experience after each term from lessons learned. As we transition to the Oregon Consortium of Nursing Education (OCNE) curriculum, we have been introduced to Kathie Lasater's Clinical Judgment rubric for use as an evaluative tool. The components of the clinical judgment model have been used for the last two years as a format for the Debriefing Guide for Simulation. Spring 2010 term will be the first formally integrated use of the clinical judgment rubric to evaluate student clinical judgment. We will be assessing first year students at the 4th term of the nursing program. This cohort of students has had two prior terms of similar SIM activities. Each term, SIM has outlined expectations that the students function within their scope of practice, which includes the ability to demonstrate performance of skills and techniques from all previous terms.

SIM is active learning which requires the faculty to observe their clinical group (usually 2-3 at a time, 10 total for the 3-7 hour experience). All faculty will be assessing 3 students, 1 from each of the scenario groups, utilizing Lasater's Clinical Judgment rubric. The faculty will use the rubric to assess students who are randomly assigned to the role of bedside assessment nurse in the scenario. Although this will provide only a small number of students from the total cohort we plan to use the data to continue developing the experience and the use of the rubric.
By the end of the experience, each student in the group will have completed an informed consent form and a clinical self reflection, based on Lasater's Clinical Judgment rubric. The clinical faculty will submit their rubrics and all the student documents to the SAC Chair who will review and prepare the findings.

See other attachment for rubric.

2. When your project is completed, please describe the methods you used:
The plan was presented to the SAC and approved for use with first year, 4th term nursing program students. Kathie Lasater, EdD., developer of Lasater's Clinical Judgment rubric presented the tool and ways to use it to the SAC. The SAC Chair met with the participating instructors, explained the rubric, and participated in discussion of how to use the rubric in the SIM experience. As described in the plan, Lasater's Clinical Judgment rubric was used by 9 instructors, 3 students each.

3. What did you learn?
The SIM Coordinator provided feedback from her experience:
Faculty use of the tool varied and relied on the SIM Coordinator for how to use the tool.
The tool worked well for "on the fly" formative assessment.
The tool did provide a snapshot of the student's development at the 4th term.
The use of the rubric tool and the student's self evaluation provided information about the level of critical thinking- the students were where they were expected to be.

Review of the faculty rubric and the student's self evaluation showed:
The faculty were evaluating different criteria than the students were of themselves so these 2 forms do not correlate well.
Faculty had some difficulty using the tool and there were inconsistent ways of writing or identifying what ways the student met the criteria of a certain level on the rubric tool.

Comments from faculty:
Faculty were not clear how to capture a single students ability to think critically when time constraints requires scenarios to include 2-3 different students working to accomplish the work of 1 nurse, and much of what goes on in the scenarios related to clinical decisions and critical thinking happens in the students head. A consistent tool for faculty assessment and student self eval is needed.

4. What changes, if any, are you making or recommending as a result?
The faculty will need a guide on how to use the tool.
An assessment rubric for SIM is being developed and will need to be used to compare to Lasater's rubric.

5. Follow-up in 2010-11, based on any changes you have made:
We plan to continue the use of an assessment rubric taking into consideration the issues related to the SIM experience and the concerns of faculty and students.
Developing interrater reliability in the use of a tool will be explored, once a specific tool is decided on.
Adjunct faculty will need training in the use of the tool, all faculty will need updating yearly on the use of a tool for SIM assessment.

LASATER CLINICAL JUDGMENT RUBRIC

Noticing and Interpreting

Effective NOTICING involves:	Exemplary	Accomplished	Developing	Beginning
Focused Observation	Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information	Regularly observes/monitors a variety of data, including both subjective and objective; most useful information is noticed, may miss the most subtle signs	Attempts to monitor a variety of subjective and objective data, but is overwhelmed by the array of data; focuses on the most obvious data, missing some important information	Confused by the clinical situation and the amount/type of data; observation is not organized and important data is missed, and/or assessment errors are made
Recognizing Deviations from Expected Patterns	Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment	Recognizes most obvious patterns and deviations in data and uses these to continually assess	Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment	Focuses on one thing at a time and misses most patterns/deviations from expectations; misses opportunities to refine the assessment
Information Seeking	Assertively seeks information to plan intervention: carefully collects useful subjective data from observing the client and from interacting with the client and family	Actively seeks subjective information about the client's situation from the client and family to support planning interventions; occasionally does not pursue important leads	Makes limited efforts to seek additional information from the client/family; often seems not to know what information to seek and/or pursues unrelated information	Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the client and family and fails to collect important subjective data
Effective INTERPRETING involves:	**Exemplary**	**Accomplished**	**Developing**	**Beginning**
Prioritizing Data	Focuses on the most relevant and important data useful for explaining the client's condition	Generally focuses on the most important data and seeks further relevant information, but also may try to attend to less pertinent data	Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data	Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data
Making Sense of Data	Even when facing complex, conflicting or confusing data, is able to (1) note and make sense of patterns in the client's data, (2) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (3) develop plans for interventions that can be justified in terms of their likelihood of success	In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or complicated cases where it is appropriate to seek the guidance of a specialist or more experienced nurse	In simple or common/familiar situations, is able to compare the client's data patterns with those known and to develop/explain intervention plans; has difficulty, however, with even moderately difficult data/situations that are within the expectations for students, inappropriately requires advice or assistance	Even in simple of familiar/common situations has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and in developing an intervention

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LASATER CLINICAL JUDGMENT RUBRIC
Responding and Reflecting

Effective RESPONDING involves:	Exemplary	Accomplished	Developing	Beginning
Calm, Confident Manner	Assumes responsibility: delegates team assignments, assess the client and reassures them and their families	Generally displays leadership and confidence, and is able to control/calm most situations; may show stress in particularly difficult or complex situations	Is tentative in the leader's role; reassures clients/families in routine and relatively simple situations, but becomes stressed and disorganized easily	Except in simple and routine situations, is stressed and disorganized, lacks control, making clients and families anxious/less able to cooperate
Clear Communication	Communicates effectively; explains interventions; calms/reassures clients and families; directs and involves team members, explaining and giving directions; checks for understanding	Generally communicates well; explains carefully to clients, gives clear directions to team; could be more effective in establishing rapport	Shows some communication ability (e.g., giving directions); communication with clients/families/team members is only partly successful; displays caring but not competence	Has difficulty communicating; explanations are confusing, directions are unclear or contradictory, and clients/families are made confused/anxious, not reassured
Well-Planned Intervention/Flexibility	Interventions are tailored for the individual client; monitors client progress closely and is able to adjust treatment as indicated by the client response	Develops interventions based on relevant patient data; monitors progress regularly but does not expect to have to change treatments	Develops interventions based on the most obvious data; monitors progress, but is unable to make adjustments based on the patient response	Focuses on developing a single intervention addressing a likely solution, but it may be vague, confusing, and/or incomplete; some monitoring may occur
Being Skillful	Shows mastery of necessary nursing skills	Displays proficiency in the use of most nursing skills; could improve speed or accuracy	Is hesitant or ineffective in utilizing nursing skills	Is unable to select and/or perform the nursing skills
Effective REFLECTING involves:	**Exemplary**	**Accomplished**	**Developing**	**Beginning**
Evaluation/Self-Analysis	Independently evaluates/ analyzes personal clinical performance, noting decision points, elaborating alternatives and accurately evaluating choices against alternatives	Evaluates/analyzes personal clinical performance with minimal prompting, primarily major events/decisions; key decision points are identified and alternatives are considered	Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining alternative choices; is self-protective in evaluating personal choices	Even prompted evaluations are brief, cursory, and not used to improve performance; justifies personal decisions/choices without evaluating them
Commitment to Improvement	Demonstrates commitment to ongoing improvement: reflects on and critically evaluates nursing experiences; accurately identifies strengths/weaknesses and develops specific plans to eliminate weaknesses	Demonstrates a desire to improve nursing performance: reflects on and evaluates experiences; identifies strengths/weaknesses; could be more systematic in evaluating weaknesses	Demonstrates awareness of the need for ongoing improvement and makes some effort to learn from experience and improve performance but tends to state the obvious, and needs external evaluation	Appears uninterested in improving performance or unable to do so; rarely reflects; is uncritical of him/herself, or overly critical (given level of development); is unable to see flaws or need for improvement

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