

SECOND EDITION

CLINICAL REASONING

Learning to think like a nurse



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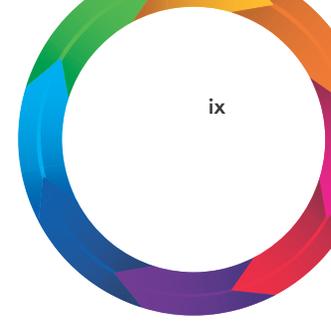
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PREFACE

FOR STUDENTS

Having sufficient 'cue sensitivity' to detect potential errors only applies to the interested, engaged nurse. The indifferent detached nurse . . . would not be alert to subtle patient changes that may occur with deterioration in their health or medical errors . . .

(Benner, 2001, p. 136)

Competent nursing practice requires not only knowledge and skills but also sophisticated thinking abilities. Safe and effective nurses use disciplined, systematic and logical thought processes to guide their practice and inform their decision making. Their clinical reasoning ability is a key factor in the provision of quality care and the prevention of adverse patient outcomes.

In order to become a competent nurse, it is essential to learn the process and steps of clinical reasoning. Students need to understand the rules that determine how cues influence clinical decisions and the connections between cues, decisions and outcomes (Benner, 2001). Becoming skilled in clinical reasoning does not happen serendipitously. It requires practice, determination and active engagement in deliberate learning activities; it also requires reflection on activities designed to improve performance.

This second edition of *Clinical Reasoning* includes 17 authentic, engaging and meaningful chapters that will guide you through the clinical reasoning process while challenging you to think critically and creatively about the nursing care you provide. Three new chapters have been added to the collection: Chapters 10, 13 and 15. Like the others, these new chapters each promote deep learning and provide opportunities for you to rehearse how you will respond to emergent clinical situations in ways that are both person-centred and clinically astute.

The scenarios included in each chapter have been adapted from real clinical situations that occurred in healthcare and community settings. The clinical conditions that feature in this book are framed by Australia's National Health Priorities, and the patients/clients profiled are of different ages and from different cultural backgrounds. Each chapter emphasises patient safety and quality care; and there are references to the National Safety and Quality Health Service (NSQHS) Standards (2017) as well as the Nursing and Midwifery Board of Australia (NMBA) *Registered Nurse Standards for Practice* (2016).

We hope you enjoy learning about clinical reasoning and that this book helps you on your journey to becoming a safe, person-centred and competent nurse.

HOW TO USE THIS BOOK

While there is no one way to read this book, here are some suggested approaches. Start with Chapter 1; it will help you to understand the importance of clinical reasoning and introduce you to the process. Chapter 2 then takes you through the clinical reasoning process by juxtaposing two scenarios: the first demonstrates what can happen when clinical reasoning is not used and the second 'rewinds' and illustrates how effective clinical reasoning skills can make a significant difference to patient outcomes. With the foundation skills from Chapter 1 and the application skills from Chapter 2, you will be prepared for the other chapters. Scan the list of contents and select the topics that interest you the most, that you are currently studying or that you have encountered in your clinical practice. Your lecturers may also prescribe certain chapters as part of your required course work. While many of the chapters illustrate how effective clinical reasoning skills can help you recognise and manage patient deterioration

early and, in effect, ‘rescue’ the patient, Chapter 17 considers the ethical implications of withholding potentially life-saving treatments when an attempt to ‘rescue’ may not be in the person’s best interests or in accord with their wishes. These are some of the most difficult clinical decisions that can be made, and require effective clinical and moral reasoning skills.



Learning outcomes are listed at the beginning of the chapter, and a sequential, step-through approach is used to tell an ‘unfolding story’.

Key concepts integrated throughout the book include person-centred care, holistic practice, empathy, therapeutic communication, intra- and interprofessional communication, cultural competence, pathophysiology and safe medication practices.

Advanced organisers are provided to enhance understanding and recall of the clinical reasoning cycle.

Questions (multiple-choice, true or false, rank and sort, and short-answer) provide multiple opportunities to test your knowledge, make mistakes and learn from the process.

Answers to the questions are provided on the *Clinical Reasoning* website (www.pearson.com.au/9781488616396).

Something to think about boxes highlight important points within each chapter.

Reflective thinking is the final stage of the clinical reasoning cycle and, in order for you to maximise your learning, guided reflection questions are provided at the end of each scenario. Answers to these questions are not provided, as their purpose is to help you think critically and creatively about what you have learned and, most importantly, how your learning will inform and translate to your future practice.

Margin notes provide helpful hints, advice and links to relevant resources.

Suggested readings are provided at the beginning of each chapter to enable preparation for the learning activities.

Further reading lists are provided at the end of each chapter to build on and extend your knowledge about topics of interest.

A **glossary** of terms is provided on page 330.



It appears on face value that Giuseppe is in a positive balance. Do you think this is an accurate reflection of his fluid status? Why?

FOR EDUCATORS

Nursing or Midwifery programs must enable the development of clinical reasoning, problem solving and critical thinking.

(World Health Organization, 2008)

This book is premised on the understanding that a requisite level of clinical reasoning skills is imperative for safe and effective nursing practice. This requires educators to model, teach and assess students' developing clinical reasoning skills, in both academic and clinical settings. The scenarios in this book have been developed to encourage the acquisition of both content knowledge (domain-specific) and process knowledge (clinical reasoning ability). The constructivist approach adopted will allow both undergraduate and postgraduate students to construct knowledge by being actively engaged in learning that is situated, experiential and authentic. The unfolding stories provide meaningful opportunities for reiterative learning which leads to deeper levels of processing, thus improving retention and recall of information. The consistent structure of the scenarios allows for cognitive rehearsal of the clinical reasoning process to enable students to integrate these cognitive skills into their repertoire of clinical behaviours.

The scenarios can be used in multiple ways: as stimulus materials prior to or during tutorial activities or online learning; for self-directed learning, assignments and exam preparation; or for continuing professional development. Additionally, the scenarios can be used as a framework for the development of simulation scenarios using manikins, standardised patients/actors or a range of other modalities.

The reflective thinking activities can be used to design assignment and exam questions, for tutorial discussion or to structure debriefing following simulation sessions. They can also be extended and contextualised by adding specific questions that align with your course objectives.

Feedback from students about the first edition of this book has been consistently positive. For example:

- *Each chapter made me feel like an investigator trying to put all the clues together to solve the patient problem.*
- *The scenarios showed me how I jump to conclusions before considering the information given; I learnt that some things aren't always what they seem.*
- *The scenarios involved constant thinking and decision making and I found them to be a great tool for learning what could go wrong when a patient's nursing diagnosis is incorrect.*
- *Going step by step through the clinical reasoning cycle was a good way to learn. I found it made me research a lot of things I didn't know and look into conditions I was unfamiliar with.*

In writing this book for nursing students, our aim has been to have a positive impact on patient safety and quality care. We hope that you find the scenarios engaging, meaningful and beneficial in your teaching of clinical reasoning.

The most important practical lesson that can be given to nurses is to teach them what to observe – how to observe – what symptoms indicate improvement – what the reverse – which are of importance – which are none – which are the evidence of neglect – and of what kind of neglect.

(Florence Nightingale, 1860, p. 105)

Tracy Levett-Jones and the 'Thinking like a nurse' writing team