

Guided Reflective Journaling: Exploring an Innovative Educational Tool as an Alternative to Traditional

Care Plans

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### Abstract

The increasing complexity of patient care needs coupled with shortages of nurses and nursing faculty necessitate nursing education to develop innovative teaching strategies to better prepare nursing students to utilize critically thinking skills. It is imperative for nursing students to be better prepared to “think like a real nurse”. The identification of a written clinical assignment in nursing education that can more effectively enhance critical thinking skills is vital to effective delivery of patient care. The purpose of this study is to explore guided reflective journals as an alternative to traditional nursing care plans in developing nursing students clinical judgment abilities. Using the Lasater Clinical Judgment Rubric, the development of clinical judgment will be evaluated in Associate Degree Nursing students by comparing guided reflective journals and nursing care plans in order to determine a more effective teaching approach.

## Guided Reflective Journaling: Exploring an Innovative Educational Tool as an Alternative to Traditional Care Plans

As the acuity of hospital patients and the prevalence of chronic illnesses increase, so does the need for nurses who are able to make sound clinical judgments that support the complex needs of patients and contribute to optimal patient outcomes (Lasater, 2011). Educators at both colleges of nursing and practice agencies have recognized that new graduates often lack these needed critical thinking skills to meet the challenges of nursing practice (Del Bueno, 2005; Gillespie & Patterson, 2009). Nurse educators must explore alternative teaching methods to better foster clinical judgment in nursing students.

### **Background**

Clinical judgment is immensely complex. It is required in clinical situations that are undetermined, ambiguous, and often filled with value conflicts among individuals with competing interests; good clinical judgment requires a flexible ability to recognize salient aspects of an undefined clinical situation, interpret their meanings, and respond appropriately (Tanner, 2006). According to Chabeli (2007), the nursing profession cannot afford nurses who are acting on inferences made from incomplete information, who are displaying unorganized thoughts, applying unreasonable criteria, and using illogical reasoning for making clinical judgments. Nursing practice and patient outcomes depend on prepared nurses who can critically think and make quality clinical judgments; without these thinking skills nursing care at best may be suboptimal and greatly affect patient outcomes (Daly, 1998; Forneris & Peden-McAlpine, 2007). The development of student nurses' critical thinking skills is a necessity since nursing is a challenging, complex, and culturally diverse hands-on profession that requires astute use of clinical judgment, decision-making and problem-solving skills in nursing practice (Chabeli, 2007).

Critical thinking skills in nursing education have long been valued as an important characteristic for nurses (Lasater, 2011). Nursing students must develop sophisticated problem solving and decision-

making skills so that care delivered to patients causes no harm, and promotes wellness (Adams, 1999). Nielson (2009) states thinking like a nurse, developing consistent thinking patterns that underlie clinical judgment is an ideal at the heart of the nursing discipline. However, there continues to be a struggle by nurse educators to improve critical thinking, problem solving, and decision-making abilities in students. This struggle signifies a need for innovative teaching interventions that aid in the development of critical thinking to better prepare student nurses as they enter into practice (Forneris & Peden-McAlpine, 2007). As the complexity of health care increases, there is a need for nursing education to move away from rote memorization, toward meaningful learning that promotes connections between new information and past learning (All & Haven, 1997). Nurse educators must alter their teaching strategies to better meet the educational shift from learning to thinking (Abel & Freeze, 2006). The improvement of critical thinking skills while in nursing school is essential to the development of professional nurses.

Nurse educators recognize the need to improve critical thinking skills in nursing students. Traditional nursing care plans (NCP) have a long history in nursing education as a tool to assess and evaluate critical thinking and clinical judgment skills in nursing students. Using the nursing process, NCPs reflect a problem-solving process that includes assessing patients to identify their health problems, making plans to resolve them, implementing planned nursing interventions and evaluating the results (Fonteyn & Cooper, 1994). However, NCPs may limit nursing students thinking process; nursing education literature states the need for clinical education tools to evolve to better develop and evaluate critical thinking skills. According to Tanner (2006), there are many factors that influence critical thinking and clinical judgment; skepticism in the use of NCPs arises from the thought that NCPs fail to account for the complexity of these thinking skills. In order to enhance higher-levels of thinking skills in students, literature supports the use and development of other assignments to more effectively enhance clinical judgment (Gaberson & Oermann, 2010). There are several strategies to enhance critical thinking skills. Billings and Halstead (2009) support the use of reflective journaling as alternative clinical

educational assignment; the authors state reflective journaling is an effective method to enhance and evaluate clinical judgment through critical thinking. Reflective writing encourages students to explore more subtle aspects and deeper meanings of a given situation (Bilinski, 2002). Guided reflective journaling provides students with structure that helps them make more in-depth descriptions of clinical experiences and their thinking about those situations (Nielson, Stragnell, & Jester, 2007).

### **Problem Statement**

Although reflective guided journaling can be linked to the academic success of nursing students in the clinical area (Taylor-Haslip, 2012) there is limited research on the use of guided reflective journaling as an alternative to traditional care plans in nursing education. Furthermore, there is limited knowledge on which teaching method would be a better instrument to enhance and evaluate thinking skills in nursing students.

The identification of a clinical written assignment that can more effectively enhance critical thinking would benefit the nursing profession and ultimately patient care by better preparing nursing students to be cognitively efficient, professional nurses.

### **Purpose of Research**

The purpose of this study is to explore clinical written assignments: traditional nursing care plans and guided reflective journaling to determine if there is a difference in enhancing nursing students' clinical judgment abilities.

### **Review of Literature**

#### **Critical Thinking in Nursing and Nursing Education**

The literature suggests that nursing practice and patient outcomes are improved by nurses' ability to make good clinical judgments through critical thinking. Implementing learning activities that promote critical thinking is an essential element of nursing education (Abel & Freeze, 2006). In order to develop and evaluate nursing educational strategies there must be an understanding of the meaning of

critical thinking. The American Philosophical Association (1990) describes critical thinking as the process of purposeful, self-regulatory judgment that gives logical consideration of evidence, contexts, conceptualizations, methods and criteria. The National League for Nursing Accrediting Commission (2000) defines critical thinking as the deliberate, process of collecting interpreting, analyzing, and drawing conclusions about presenting and evaluating that is both factual and belief based. Forneris and Peden-McAlpine (2007) report critical thinking as a process of reflective thinking that goes beyond logical reasoning to evaluate the rationality and justification for actions within context; stating it is a thinking process focused not on achievement of the answers, but on achievement of a coherent understanding within the context of a situation.

Research shows that critical thinking in practice is more than articulating content knowledge; it is a deliberate thinking process of understanding within context (Forneris & Peden-McAlpine, 2007). In order to improve critical thinking in nursing students, nursing education should focus on facilitating dialogue such as encouraging students to challenge perceptions and ask questions beyond expository or declarative knowledge in order to broaden perspectives and reframe thoughts and insights. Abel and Freeze (2006) found that the selection and implementation of learning activities that promote critical thinking and the use of the nursing process are essential elements of nursing education. In associate degree nursing students, one study reported that focusing clinical education on enhancing critical thinking abilities in participants helped to contribute to academic success as well as success on the licensure exam (Gignac-Caille & Oermann, 2001).

Professional nursing education prepares students to use critical thinking and reasoning skills to analyze situations and make sound clinical judgment decisions pertinent to patient care (Marchigiano, Eduljee, & Harvey, 2010). Skilled nursing practice requires thinking skills for clinical reasoning and decision making, therefore the development of thinking skills is essential in nursing education (Marchigiano et al., 2011). The complexity of the practice environments demands new competencies of

nurses. Clinical nursing education needs to evolve to meet these increasing demands. Research states clinical nursing education should focus on critical thinking, clinical judgment, and the development of thoughtful nurses who can practice independently as well as interdependently and who can “think like a nurse” (National League for Nursing [NLN], 2008). Critical thinking and clinical reasoning skills are necessary for all graduate nurses because these skills are necessary for practice in the ever-changing and complex health care environment (Lasater & Nielson, 2009).

Literature indicates a need for a radical transformation in nursing education. Del Bueno (2005) found that only 35% of graduate nurses, regardless of educational preparedness, meet entry level expectations for clinical judgment. Nurse education needs to emphasize critical thinking, clinical reasoning, and clinical judgment; Benner et al. (2010) states educators need to prepare student nurses to be better prepared to practice safely, accurately, and compassionately in a multitude of settings. More effective methods to teach and evaluate critical thinking skills in nursing students needs to be explored and further developed by nursing educators (Abel & Freeze, 2006; Chabeli, 2007; Kern, Bush, McCleish, 2006).

### **Traditional Nursing Care Plans**

Based on the nursing process, traditional nursing care plans have been implemented in nursing education programs as a method to develop and evaluate student’s ability to make good clinical judgments based on the use of critical thinking skills. However, some literature no longer supports the use of traditional nursing care plans as an effective method to enhance the higher-level thinking skills of nursing students (DeYoung, 2009; Gaberson & Oermann, 2010; O’Connor, 2006). Traditional NCPs are useful in teaching beginning nursing students one type of systematic problem solving. Nevertheless, studies have shown NCPs inadequately describe the process of nursing judgment used by either a graduate nurse or an experienced nurse (Fonteyn, 1991; Tanner, 1998). In conducting an integrative review of research, Tanner (2006) concluded that NCPs fail to account for the complexity of clinical

judgment and the many factors that influence it. Tanner (2006) determined that complete reliance on NCPs to guide instruction may do a disservice to nursing students. Other research supports the use of NCPs as an instructional method to introduce nursing students to the nursing process. Students need basic knowledge of the nursing process and must know how to write and implement NCPs prior to the introduction of alternative teaching methods such as concept mapping or reflective journaling (Abel & Freeze, 2006). NCPs were found to promote linear thinking, a process involving a hierarchy of concepts that move from general to specific; this hierarchy is used to build relationships and reflect the nursing process (Abel & Freeze, 2006). Research indicates that linear thinking encouraged by the NCP no longer accurately depicts the thinking required for the complex needs of nursing and patient care (Kern et al., 2006). Mueller, Johnston, and Bligh (2002) identified three central issues that inhibit critical thinking when using a linear NCP format: (a) the linear nature of the tool itself, (b) students copying from care plan books when writing NCPs, and (c) the inhibition of a holistic view of the patient. This study indicates NCPs do not challenge students thinking abilities or contribute to clinical judgment development. In another study, faculty recognized and reported that nursing students had a difficult time seeing relationships within the data collected in using NCPs (Maneval et al., 2011). NCPs were reported to be time consuming, focus only on a limited number of problems, and inhibit the holistic view of the patient (Kern et al., 2006). Teaching students to critically think and use clinical judgment is vital to professional success. According to Kern et al.'s research, faculty struggled with determining the benefits of the traditional NCP; they did agree that there is a need for innovative and alternative teaching methods but were unable to identify a better substitute.

### **Guided Reflective Journaling**

Dewey (1933) first introduced the idea of reflection and its importance to critical thinking, stating reflection is "the turning over of a subject in the mind and giving it serious consecutive consideration" (p. 3). Though there is limited nursing research linking reflection and clinical judgment,



the past two decades have produced a large body of literature on reflection in practice. A critical analysis of data-based studies, found that reflection in and on practice increased learning, enhanced self-esteem, improved critical thinking and judgment, and promoted a greater self-awareness thereby improving clinical practice (Ruth-Sahd, 2003). Studies have shown that engaging in reflection helps to enhance learning from experience (Atkins & Murphy, 1993; Murphy, 2004), assists students to expand and develop their clinical knowledge (Brown & Gillis, 1999), and improves judgment in complicated situations (Smith, 1998). In another study, Bartlett et al. (2008) explored the use of the Outcome-Present State Test (OPT) Model of Clinical Reasoning, a model of reflection that promotes the management of clinical situations by examining present states or problems and outcomes simultaneously. In using the OPT model, the researchers found that the reflective tool overtime assisted in improving but not developing creative, critical thinking skills in nursing students (Bartlett et al., 2008). On the other hand, another analysis of studies concluded that although nurse educators and students linked reflection to quality practice, they questioned the meaningfulness of the activity as an effective learning tool (Epp, 2008). The use of structured, reflective journals may be a better method to enhance the effectiveness of reflective journaling in nursing education. According to Ruth-Sahd (2003) students are more successful in developing reflection and improving their critical thinking skills when educators provide guidance in the reflective process. Nielson, Stragnell, and Jester (2007) developed the *Guide for Reflection Using Tanner's (2006) Clinical Judgment Model* to provide students with a reflective structure that would help them make more in-depth descriptions of clinical experiences and their thinking about those situations. Nielson et al. (2007) implemented the use of the *Guide for Reflection Using Tanner's (2006) Clinical Judgment Model* in a baccalaureate nursing program; the authors found the use of guided reflective journaling was: (a) easier for students to understand, (b) helped students to more accurately track clinical judgment progress; (c) helped students to honestly reflect and self-assess performance during clinical; (d) assisted students' in developing rationale for interventions; (e) helped

faculty more easily observe development of clinical judgment; (f) increased faculty's ability to uncover misunderstandings or missed connections; (g) assisted faculty in identifying and providing support to student's who were struggling with clinical judgment. Incorporating reflective practice into nursing education is considered an appropriate method for analysis of nursing practice, fostering not only an understanding of nurses' work, but also the development of critical thinking that is essential for providing care in complex environments (Pierson, 1998). Nurse educators need to encourage students to become thoughtful individuals, capable of critical and innovative thinking. Reflective journaling is a tool that can be used to uncover meaning embedded in action and facilitate the incorporation of ideas and responses related to clients and nursing care (Davis, 1995).

### **Theoretical Background**

In completing an integrative review of clinical judgment research, coupled with her own extensive research, Tanner (2006) developed a Clinical Judgment Model. This model provides the framework for this study. Tanner (2006) defined clinical judgment as an "interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the judgment to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response" (p. 204). Though the model describes the clinical judgment of experienced nurses, it also offers guidance for nursing faculty to help students diagnose clinical situations, identify areas for needed growth, and consider learning experiences that focus attention on those areas (Tanner, 2006). The model consists of four aspects:

- Noticing- a perceptual grasp of the situation. This phase utilizes the nurse's previous experience, theoretical and practical knowledge, values, ethics, and biases;
- Interpreting –developing a sufficient understanding of the situation in order to respond. This phase is characterized by analytic reasoning, narrative thinking, intuition, and pattern recognition;

- Responding-deciding on a course of action. This phase is incorporates gathering additional needed information and implementing (or not) interventions to resolve the situation;
- Reflecting-reflection-in-action, attending to patients' responses to the nursing action while in the process of acting; and reflecting-on-action, reviewing the outcomes of the action, focusing on the appropriateness of all proceeding aspects.

The model depicts the complexity involved in clinical judgments of an expert nurse. The use of the model in nursing education has assisted in guiding student reflection and faculty questioning resulting in deeper, more meaningful reflections on learning and fostering the growth of competence in nursing care (Nielson et al., 2007).

### Research Questions

The following research will guide this study:

- In Associate Degree Nursing (ADN) students, is the use of guided reflective journaling an effective alternative to the traditional nursing care plan?
- Is there a difference in demonstrating clinical judgment when ADN students use the guided reflective journaling versus the traditional nursing care plan?

### Definition of Concepts

#### Traditional Nursing Care Plan

**Conceptual definition.** Based on the nursing process, NCPs are a linear, systematic problem solving approach involving nursing assessment and diagnosis, planning desired outcomes and nursing interventions, implementing the interventions, and evaluating the nursing care (Ackley & Ladwig, 2004)

**Operational definition.** NCPs are a written clinical assignment in which nursing students incorporate the use of the nursing process in order to identify and resolve patient problems.

**Guided Reflective Journal**

**Conceptual definition.** Guided reflective journaling is a non-linear, structured reflective tool that guides nurses to examine and explore a clinical situation using the nursing process to assist in the development of problem solving skills and clinical thinking (Lasater & Nielson, 2009).

**Operational definition.** Guided reflective journaling is a written reflective clinical assignment based on Tanner's Clinical Judgment Model in which students are provided with a structured tool to guide them in making more in-depth reflective descriptions of a clinical situation.

**Clinical Judgment**

**Conceptual definition.** Clinical judgment is a nurse's ability to interpret a patient's needs, concerns, or health problems, the decision to take action (or not), use standard approaches, or improvise new approaches as deemed appropriate by the patient's response (Tanner, 2006).

**Operational definition.** Clinical judgment is the nursing student's ability to use critical thinking skills to identify a patient's needs, concerns, or health problems and to implement sound decisions as deemed appropriate by the patient's response as evident by their score on the Lasater Clinical Judgment Rubric.

**Associate Degree Nursing Students**

**Conceptual definition.** Associate degree nursing students are nursing students currently enrolled in a two year college academic program.

**Operational definition.** Associate degree nursing students are nursing students currently enrolled in the second semester nursing course at a college of nursing.

**Effective Educational Strategy**

**Conceptual definition.** An effective educational strategy is an instructional method that successfully increases a student's knowledge, skills, and professionalism.

**Operational definition.** An effective educational strategy is a written clinical assignment that successfully enhances a nursing student's clinical judgment ability as evident by their score on the Lasater Clinical Judgment Rubric.

## **Methods and Procedures**

### **Research Design**

This study's design is a comparative descriptive design. The comparative descriptive design is used in nursing research to examine and describe differences in variables within the sample group that occur naturally in the setting (Burns & Grove, 2009). For this research, the comparative descriptive design will be used to explore and describe the differences in clinical judgment development in ADN students related to different clinical assignments: guided reflective journaling and traditional nursing care plans. The dependent variables are the clinical judgment grades of the ADN students. The independent variables include the clinical assignment formats: traditional nursing care plan and guided reflective journal. Age, gender, grade point average (a measure of a student's cumulative grades while in the college which is calculated on 4.00 point scale), prior clinical experience, employment (hours worked), clinical patient assignment, clinical unit (medical or surgical unit) are extraneous variables.

### **Setting**

The study will be conducted at a National League of Nurses Accrediting Commission (NLNAC) accredited, Associate Degree College of Nursing. The college has an approximate total enrollment of 400 students, located in the northeastern United States. The college is affiliated with a private metropolitan hospital where all nursing students complete clinical hours. The College of Nursing including all classrooms, the nursing lab, library, and faculty offices are located on the third and fourth floor of the hospital's educational center.

There are five potential programs of study at the college; these include: the Associate Program, the Pre-planned Extended Program (PEP), the Evening Program, the RN Transfer Program, and Advanced

Placement for LPN Program. The Associate Program is the traditional route in which students are enrolled in both nursing and liberal arts classes; students are projected to complete this program in two years. PEP is the same as the associate program but extended over three years. The idea behind this program is to ease student adjustment into the demanding program. The Evening Program is a concentrated program with only nursing classes, students must have completed five of the nine liberal arts classes prior to admission in the evening program; this program of study is ten weeks longer than the Associate Program. The RN Transfer Program is a program in which transfer students from other RN programs may apply for advanced placement status into the college's second semester nursing class. RN Advanced Placement for LPNs is a program in which licensed practical nurses (LPN) may apply for advanced placement status into the college's second semester nursing class.

### **Sampling Procedures**

The target population is ADN students who meet the sample criteria and consent to participate in the study. The sample criteria is nonexclusive to gender, ethnic background, or previous degrees of study earned. The sample inclusion criteria consists of: (a) successful completion of the first semester nursing course, Nursing Process for Medical/Surgical I, with a GPA of 2.5, (b) current enrollment in the second semester nursing course, Nursing Process for Medical/Surgical II, (c) enrollment in the Associate Degree Program, Evening Program, RN Transfer Program or PEP program, (d) being an adult over the age of 18 years of age, and (e) having an overall GPA of 2.5. Sample exclusion criteria includes: (a) students enrolled in the Advanced Placement LPN Program, and (b) students enrolled in the first, third, and fourth semester nursing courses.

For this study, a nonprobability convenience sample will be recruited from the college of nursing's second semester nursing course; the desired sample size for this research is 40 subjects.

There are approximately 85 students enrolled in the second semester nursing course, Nursing Process for Medical/Surgical II. The students enrolled in this course level will be asked to participate

because these students have already received a fundamental understanding of the nursing process. In addition, students in this semester have only had one semester of utilizing traditional care plans; whereas third and fourth semester students have been completing this type of clinical assignment for the majority of their student nurse education and may have developed a bias towards the clinical assignment. In addition, only one semester of nursing students will be used in order to enhance control as well as to keep the data to be analyzed to a manageable quantity. Students enrolled in the Advanced Placement LPN Program will be excluded in order to avoid systematic bias; unlike the other nursing students, these students are advanced to the second semester nursing course with no previous teaching/learning of the nursing process. Subjects will submit all written clinical assignments in a locked drop box within the faculty offices. The researcher will be the only individual with access to the locked box.

### **Ethical Considerations**

Permission to conduct this study will be obtained from the affiliated hospital's Institutional Review Board. In addition, verbal approval will be obtained from the college of nursing's director and faculty. Participants will be provided with essential information for informed consent and will sign a consent form (see Appendix-A).

According to Burns and Grove (2009) when using human subjects for research, researchers have a responsibility to recognize and protect human rights. Human rights that require protection include: (a) the right to self-determination, (b) right to privacy, (c) right to anonymity, (d) the right to fair treatment, and (e) the right to protection from harm (American Nurses Association [ANA], 2001).

There is a potential for subjects' rights to be violated because the researcher is an instructor at the institution where the study will be conducted. In order to avoid this potential risk, another individual (a neutral "third-party") will be used to explain the study to students, provide letters of information, provide and collect informed consent forms. The identity of the students will remain confidential, code

numbers will be used for all participants in order to ensure privacy. All confidential information will be kept in a locked cabinet within the researcher's office. Students who participate in the study will not receive any academic penalty or reward for participation in the study.

### **Instrument**

The instrument that will be used in this study, with permission, is the Lasater Clinical Judgment Rubric. Lasater (2007) created the rubric based on Tanner's (2006) Clinical Judgment Model to evaluate the clinical judgment progress and performance of nursing students. The rubric offers faculty and students clear performance expectations as well as a guide for progression and development (Lasater & Nielson, 2009). The Lasater Clinical Judgment Rubric defines what is meant by noticing, interpreting, responding, and reflecting with 11 dimensions. There are several dimensions in each phase of the Tanner Model; for example the Noticing phase includes three dimensions: Focused Observation, Recognizing Deviations from Expected Patterns, and Information Seeking. In addition, the rubric describes four developmental levels for each dimension: Beginning, Developing, Accomplished, and Exemplary (see Appendix B).

As a rating tool, the rubric has been used for research purposes in evaluating nursing students' clinical judgment in simulation experiences (Gubrud-Howe, 2008; Lasater, 2007; Sideras, 2007) as well as in the use of guided reflective journals (Lasater and Nielson, 2009). Three separate studies assessed reliability and validity of data produced by the Lasater Clinical Judgment Rubric. Adamson (2011) calculated the interrater reliability of data produced using the Lasater Clinical Judgment Rubric to be 0.889 using intraclass correlation (2, 1); the rubric demonstrated validity by raters accurately identifying known levels of the scenarios. The second study, by Gubrud-Howe (2008), used the percent agreement strategy for assessing interrater reliability, results ranged from 92% to 96%; validity was established by the raters' ability to accurately identify the knowledge of students in using the rubric. The third study, by Sideras (2007), used level of agreement for reliability analyses, results ranged from 57% to 100%;



validity was established by the raters' ability to identify students' progress in using the rubric. Findings from each of these studies provide evidence supporting the validity and reliability of the Lasater Clinical Judgment Rubric for assessing clinical judgment.

### **Data Collection**

All students enrolled in the second semester nursing course at the college of nursing are required to complete 12 weeks of clinical on a medical or surgical hospital unit. During the clinical rotation, students are required to complete three traditional NCPs: two are completed in the first six weeks of clinical, one in the second six weeks of clinical.

For this study, once consent is signed, participants will complete a demographic questionnaire including: age, gender, previous clinical experience, employment (hours worked), current GPA, and assigned clinical unit for first and second rotation. This data will be examined at the completion of the study to determine if these variables contribute to the completion of written assignments and differences in clinical judgment as evident by grading results.

With permission, this study will use the Nielson et al. (2007) Guided Reflective Journal (see Appendix C) as the guided reflective journal assignment. All participants will be instructed by a third, neutral-party individual (this individual will have received explicit, detailed instructions from the researcher regarding the Tanner Model, Guided Reflective Journal, and the Lasater Clinical Judgment Rubric) on the Tanner Model, Guided Reflective Journal, and the Lasater Clinical Judgment Rubric.

For one semester (12 weeks of clinical), in addition to the course requirements, participants in this study will complete three Guided Reflective Journals: two during the first six weeks, and one during the second six weeks. Participants will be asked to complete the clinical assignments in the following sequence: NCP, reflective journal, NCP, reflective journal, NCP, and reflective journal. Participants will be required to start the written clinical assignments after the first week of clinical; at the completion of

each clinical week they will have five days to submit the written assignment. For the purposes of this research no revisions will be accepted.

Each clinical assignment will be graded using the Lasater Clinical Judgment Rubric by the researcher or the research assistant. Explicit instructions on the use of the rubric will be given to the research assistant prior to initiating grading. In order to evaluate grading consistency, a sample traditional NCP and a guided reflective journal will be graded by both the researcher and the research assistant. If inconsistencies in grading exist, further instruction will be initiated. A copy of all submitted written clinical assignments and the graded rubric will be sealed in an envelope and returned to the participants via a third-party individual. The researcher will keep the original copy of all submitted work and graded rubric in a locked cabinet in their faculty office for 10 years.

### **Data Analysis**

The data analysis technique that will be used for this research is dependent group t-test. Dependent t-test is used to examine the difference between two sets of data that are taken from the same subjects under different conditions (Burns & Grove, 2009).

In order to calculate a numerical grade, a four point-scale will be assigned to the developmental levels of the Lasater Clinical Judgment Rubric. Therefore students who score in the exemplary area would receive a four, accomplished a three, developing a two, and beginning a one. With the 11 dimensions, the highest score participants would be eligible for would be 44. For each individual participant, using the rubric a mean grade would be calculated for both NCPs and reflective journals. These means would then be compared to determine which clinical assignment demonstrates an enhanced level of clinical judgment.

## Limitations

### Methodological Limitations

Methodological limitations of this study include: (a) extraneous variables of clinical patient assignment, clinical unit, prior clinical experience, and employment (hours worked) will not be controlled, (b) nonrandom sample will limit generalizability, (c) the interpretive nature of clinical judgment may limit objectivity in evaluating students thinking, and (d) the number of participants may be limited due to written assignment requirements of the study.

### Theoretical Limitations

A theoretical limitation of this study is that the Tanner Clinical Judgment Model is a representation of the clinical judgment process of an expert nurse, although it has been found to provide guidance to faculty and students in identifying areas needed for growth (Tanner, 2006); the use of the model in ADN students learning is not clearly linked.

## Dissemination of Findings

The target audience for this study is nursing educators, college of nursing administrators, and hospital administrators. Initially, research findings will be presented to the hospital research committee, hospital administrators, and the college of nursing faculty and director of nursing. A PowerPoint presentation will be presented to this audience during a planned meeting at the college of nursing. In order to reach a larger audience, a manuscript of the study will be submitted electronically for publication in the *Journal of Nurse Education*. This Journal is a forum for original, peer reviewed articles and new ideas for nursing educators; the goal of the journal is to enhance the teaching-learning process, promote curriculum development, and stimulate innovative ideas and research in nursing education. In

addition, to spread research findings, an abstract of the study will be submitted for possible verbal presentation at a national nursing education conference.

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## Appendix A

**Consent Form**

**Study Title:** Guided Reflective Journaling: Exploring an Innovative Educational Tool as an Alternative to Tradition Nursing Care Plans

**Investigator:** Bridget Sunkes, B.S., R.N.

**Subject ID Number:** \_\_\_\_\_

You are invited to be in a research study to compare the how different written clinical assignment used by student nurses affect the development of clinical judgment. Over the semester, 12 weeks, about 40 participants will be chosen in this study without regard to race, gender, or socioeconomic status. Since you are already a student in the college of nursing, and currently enrolled in Nursing Process for Medical/Surgical II, the second semester nursing course, you have been selected as a possible participant. As a benefit, your written clinical assignments will be intensively evaluated and will provide feedback to you that might assist you to better critically think and make sound clinical judgments as a student nurse; this information may assist future nursing students and educators in reliable written clinical assignments that better develop critical thinking skills.

The study and its procedures have been approved by the appropriate people and Institutional Review Board of the affiliated hospital. If you were to participate in the study the third neutral-party individual would: (a) explain the study to you, (b) instruct you on the use of the guided reflective journal, (c) provide detailed description of the grading rubric used for both the guided reflective journal and nursing care plan: The Lasater Clinical Judgment Rubric, (d) provide and collect informed consent forms, and (e) assign confidentiality code numbers. All clinical assignments would be submitted to the researcher via a locked drop box. The researcher would evaluate all submitted written assignments using The Lasater Clinical Judgment Rubric. You will receive a copy of the researcher's feedback on all assignments. There will be no penalty or reward for grades received on the written clinical assignments. Each clinical assignment will take approximately one hour to complete. You will be excluded from the study if your grade point average for the course falls below 2.0 to avoid academic failure due to extra demand of work from study. You are free to ask any questions about the study or about being a subject and you may call the investigator if you have any further questions.

Your participation in this study is completely voluntary: you are under no obligation to participate. You have the right to withdraw at any time without penalty. Neither you or the college of nursing will be charged or incur any expense or compensation for your participation. Neither your academic advisor, theory instructors, or clinical instructor will be notified of your participation in this study.

For data collection, you will receive a code number that is linked to your name; you are to use this on all written assignments. Throughout the study your identity will remain unknown except to the third-neutral party individual, who assigns you the code. All study data will be collected by the researcher, stored in a secured place (locked cabinet and office), and will not be shared without your permission. A copy of the consent form will be given to you.

I have read this consent form and voluntarily consent to participate in this study. I understand that I am to rely on the researcher for information regarding the nature and purpose of the research study and the risks involved in the research study; I have been given an opportunity to discuss these with the researcher.

---

Subject's Signature

Date

I have explained this study to the above subject and have sought his/her understanding for informed consent.

---

Third-Neutral Party/Investigator's Signature

Date

Appendix B

**TABLE 2**  
**Lasater Clinical Judgment Rubric**

Dimension	Exemplary	Accomplished	Developing	Beginning
<b>Effective noticing involves:</b>				
Focused observation	Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information	Regularly observes and 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 and kind of data; observation is not organized and important data are 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 and deviations from expectations; misses opportunities to refine the assessment
Information seeking	Assertively seeks information to plan intervention: carefully collects useful subjective data from observing and interacting with the patient and family	Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads	Makes limited efforts to seek additional information from the patient and 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 patient and family and fails to collect important subjective data
<b>Effective interpreting involves:</b>				
Prioritizing data	Focuses on the most relevant and important data useful for explaining the patient'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 or 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 (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success	In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse	In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance	Even in simple, common, or familiar 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 developing an intervention
<b>Effective responding involves:</b>				
Calm, confident manner	Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families	Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations	Is tentative in the leader role; reassures patients and 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, makes patients and families anxious or less able to cooperate

**TABLE 2 (Continued)**  
**Lasater Clinical Judgment Rubric**

Dimension	Exemplary	Accomplished	Developing	Beginning
Clear communication	Communicates effectively; explains interventions; calms and reassures patients and families; directs and involves team members, explaining and giving directions; checks for understanding	Generally communicates well; explains carefully to patients; gives clear directions to team; could be more effective in establishing rapport	Shows some communication ability (e.g., giving directions); communication with patients, families, and team members is only partly successful; displays caring but not competence	Has difficulty communicating; explanations are confusing; directions are unclear or contradictory; patients and families are made confused or anxious and are not reassured
Well-planned intervention/flexibility	Interventions are tailored for the individual patient; monitors patient progress closely and is able to adjust treatment as indicated by patient response	Develops interventions on the basis of relevant patient data; monitors progress regularly but does not expect to have to change treatments	Develops interventions on the basis of the most obvious data; monitors progress but is unable to make adjustments as indicated by the patient's 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 using nursing skills	Is unable to select and/or perform nursing skills
<b>Effective reflecting involves:</b>				
Evaluation/self-analysis	Independently evaluates and analyzes personal clinical performance, noting decision points, elaborating alternatives, and accurately evaluating choices against alternatives	Evaluates and analyzes personal clinical performance with minimal prompting, primarily about major events or 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 and choices without evaluating them
Commitment to improvement	Demonstrates commitment to ongoing improvement; reflects on and critically evaluates nursing experiences; accurately identifies strengths and weaknesses and develops specific plans to eliminate weaknesses	Demonstrates a desire to improve nursing performance; reflects on and evaluates experiences; identifies strengths and 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 is unable to do so; rarely reflects; is uncritical of himself or herself or overly critical (given level of development); is unable to see flaws or need for improvement

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## Appendix C

**Guide for Reflection Using Tanner's (2006) Clinical Judgment Model****Instructions**

This Guide for Reflection is intended to help you think about a given clinical situation you have encountered during the past week and your nursing response to that situation. The situation can be a specific physiological patient problem, such as an elevation in temperature, respiratory difficulty, or electrolyte imbalance. You may choose to describe a situation involving a patient's family. The situation can be a description of your role in interdisciplinary problem solving. The reflection situation may describe an ethical issue you encountered in practice. Use the guide for reflection as a way to help you tell the story of the situation you encountered.

The guide provides you with a way of thinking about care that supports the development of your clinical judgment. Although there are many ways of organizing your thinking about patient care and professional nursing practice, Tanner's (2006) Clinical Judgment Model provides the framework for the questions in this study guide. Your professional development is further supported with feedback from faculty. Feedback about your reflections will be provided using the Lasater (2007) Clinical Judgment Rubric.

**Introduction**

Describe a nursing situation you encountered this week. (See the instructions above.)

**Background**

- Describe your relationship to the patient at the time you noticed the situation (e.g., previous contact with patient and/or family, the quality of your relationship).
- Consider experiences you have had that helped you provide nursing care in this situation. Describe your formal knowledge (e.g., physiology, psychology, communication skills), previous nursing experience with a similar problem, and/or personal experiences that helped guide you as you worked with the patient.
- Describe your beliefs about your role as the nurse in working on the situation.
- Describe any emotions you had about the situation.

**Noticing**

- What did you notice about the situation initially?
- Describe what you noticed as you spent more time with the patient and/or family.

**Interpreting**

- Describe what you thought about the situation (e.g., its cause, potential resolutions, patterns you noticed).
- Describe any similar situations you have encountered in practice before. Describe any similarities and differences you observed when compared with the current situation.
- What other information (e.g., assessment data, evidence) did you decide you needed as you considered the situation? How did you obtain this information? What help with problem solving did you get from your preceptor?

*Your conclusion:* What did your observations and data interpretation lead you to believe? How did they support your response to the situation? Include pertinent pathophysiology and/or psychopathology.

**Responding**

- After considering the situation, what was your goal for the patient, family, and/or staff? What was your nursing response, or what interventions did you do? List all actions that you took.
- Describe stresses you experienced as you responded to the patient or others involved in the situation.

**Reflection-in-Action**

- What happened? How did the patient, family, and/or staff respond? What did you do next?

**Reflection-on-Action and Clinical Learning**

- Describe three ways your nursing care skills expanded during this experience.
- Name three things you might do differently if you encounter this kind of situation again.
- What additional knowledge, information, and skills do you need when encountering this kind of situation or a similar situation in the future?
- Describe any changes in your values or feelings as a result of this experience.

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