The Application of Reflection Beyond Action in Nursing Education a Modified Version of Tanner's Clinical Judgment Model

Dr. Eva Peisachovich
Assistant Professor, York University
Ontario, Canada
Focus and purpose of my research

• The purpose of my research study emerged from the need to explore IENs’ experience and understanding of clinical judgment

• To provide further implications for teaching and learning of IENs
• Why is this area of research significant?
  • The application of clinical judgment is essential for nurses to provide safe and effective care
  • Performance is based on judgment
  • Clinical judgment is a skill every nurse requires, however teaching it has been a challenge
  • Both educational and public policy implications
My research question

• What is the understanding and experience of clinical judgment of IENs when they are employed in high fidelity simulation and engaged in reflection and stimulated recall?
Theoretical Framework

Noticing
- Context Background Relationship
  - Expectations
  - Initial Grasp

Reflecting
- Reflection-on-action and Clinical Learning

Interpreting
- Reasoning Patterns
  - Analytic
  - Intuitive
  - Narrative

Responding
- Action
  - Reflection-in-Action
  - Outcomes
Methodology

• Qualitative descriptive, open-ended exploratory and interpretive methods informed by constructivism and transformative learning theories
Methodology

• Sample

• A purposive sample of IENs within in a university bridging program (fifth term)

• All participants practiced outside of Canada (3-15 years) and had no Canadian experience

• Not used HFPS
Methodology

• Data collection
  • A preliminary interview to collect data regarding demographics
  • Three, group, interactive clinical-simulation activities using HFPS
  • During each activity, participants first provided care to a simulated patient
    • Videotaped while engaged in HFPS
  • A group stimulated-recall session and focus group followed each activity and were audiotaped

Revolved around a 58-year-old male patient who underwent a thoracic surgery and transferred to the ward for monitoring.
Methodology

• Data analysis
  • The data was organized and analyzed, case-by-case, for each group-simulation video recording, group-stimulated recall, and focus group
  • Data was analyzed by scenario rather than by data source
  • The data analysis of the videotapes was based on observations of the participants’ responses when providing care to the HFPS and field notes for each HFPS activity
  • The audiotapes were coded and transcribed for thematic analysis
Findings

• IENs’ *Understanding of Clinical Judgment*
  • The Need to Rethink Cultural Competence and Culturally Competent Care in Understanding Clinical Judgment
  • Acknowledging That Culture and Diversity Are Integral to Understanding Clinical Judgment
  • The Role of Communication in Clinical Judgment
  • Recognizing the Need to Unlearn as a Way to Understanding Clinical Judgment
  • The Phenomenon of Unknowing as a Dimension to Understanding Clinical Judgment
Implications for teaching and learning of IENs

- The concept that emerged: Reflection - Beyond - Action
Implications for teaching and learning of IENs

Tanner’s Clinical Judgment Model.
Modified Version of “Reflecting” of Tanner’s Model

Reflection-on –action and Clinical Learning

Reflection –in-action

Reflecting

Unlearning

Unknowing

Reflection-beyond-action
Reflection –Beyond-Action

- This process of reflection elicited the participants’ interpretations by gaining access to their thoughts, feelings, values, and actions.

- Participants gained a broader more inclusive understanding of the influence of cultural differences and its overall impact on professional competence and clinical judgment.

- This stems from their reflection-in–action and reflection-on-action which ultimately led to self-awareness and critical consciousness of the meaning of patient care and overall nursing practice.

- I refer to this awareness as reflection-beyond–action.
  - An approach that provides one with the ability to interpret and view practice as a holistic approach to care.
Reflection – Beyond Action

- This led participants to recognize the challenges they face as they transition to practice, as illustrated by the notion of unlearning and unknowing.
Unlearning

- Unlearning, for the purposes of this study, is described as a way to build on previous learning; it recognizes that experience and previous learning add to and complement the way individuals learn.

- A process of building expertise and that old knowledge is foundational to the creation of new knowledge.

- Through reflection, participants were able to recognize the need for self-observation in order to be self-informed and to unlearn.

- Unlearning brings one closer to developing as a professional and to gaining professional competence, as it provides a broader perception of both the world and the individual’s role in it.

- The participants’ ability to watch themselves, on video, led them to realize how their behaviour could be changed or improved when providing care.
Unknowing

• Unknowing emerged through participants’ experience of being underexposed or unexposed to circumstances presented in the study

• Determined to be a prerequisite to knowing

• A fifth dimension to the multiple ways of knowing
Unlearning and unknowing

- Both unlearning and unknowing are integral to the education of novice practitioners, as they call upon the learner to examine prior beliefs and assumptions and to consider their implications for practice.

- Both unlearning and unknowing are rooted in values that shape experiences and understanding of the world and impact practice, as values reflect on who we are and how we perceive reality.

- This, in turn, impacts practice, as who we are is who we bring to practice (Sherwood & Horton-Deutsch, 2012).
What does this mean in the context of nursing education?

Ultimately, RBA is a way to be able to offer alternative solutions, considerations and or observations of issues at hand.

How can we apply the notion of RBA meaningfully to guide practice?
Difference Between Levels of Reflection

- **RIA**
  - How is this patient responding to my intervention?
  - Do I need to change what I am doing?

- **ROA**
  - What was the final outcome?
  - Did my actions influence the outcome? How?
  - What might I have done differently if I had the opportunity? How did my skill compare to nursing standards of care?
  - In what parts of the clinical judgment process could my thinking have been clearer?
Difference Between Levels of Reflection

• **RBA**
  - Awareness of your own feelings and assumptions
  - Lack of knowledge should also be recognized and challenged
    - What did I bring to the situation that had an impact?
    - What did I not bring (knowledge, openness) to the situation that may have made the situation different?
Making sense of all of these factors allows one to recognize what has been learnt and what changes can be made for future situations.

At this stage of reflection one is to acknowledge change in the context of their reality:

- How do you see yourself in the context of the situation, how do you see others?
- Have your beliefs, values, views or opinions changed given the context of the situation or your position in it?
Questions