

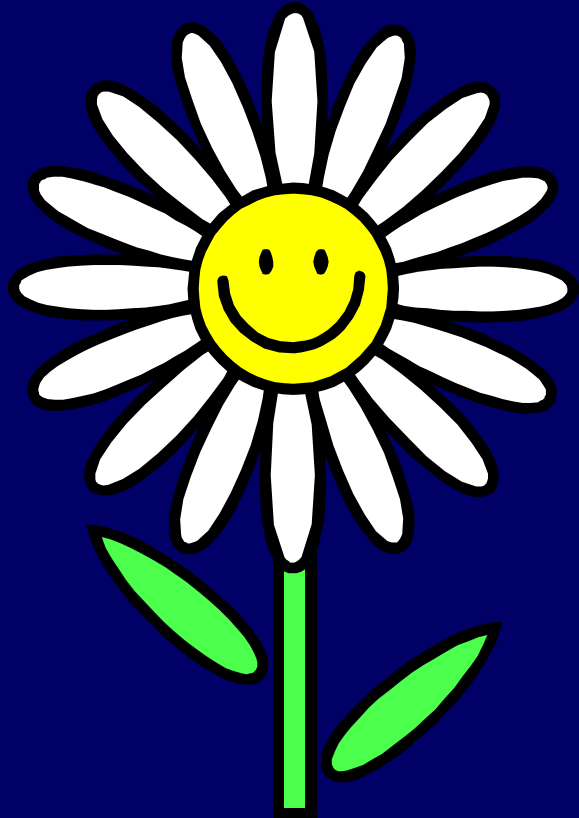
Teaching Nursing Process in Context of Evidence-Based Practice

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Thanks!

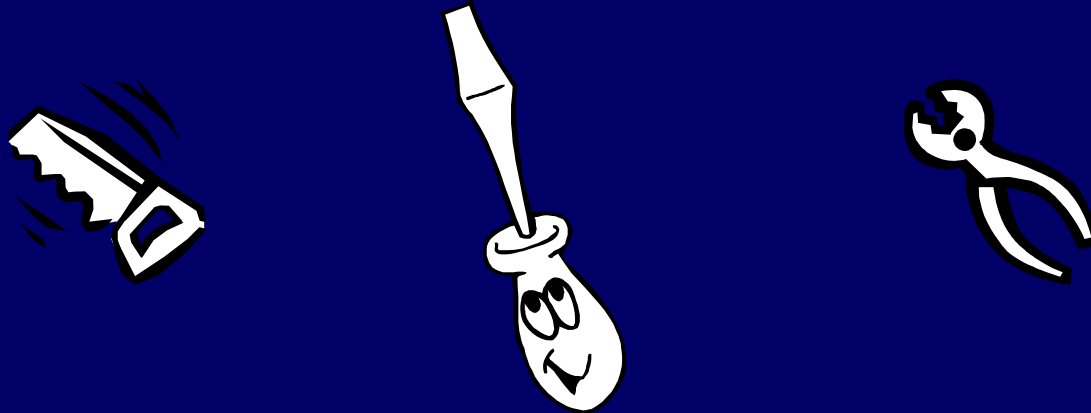


The illiterate of the twenty-first century will not be those who cannot read and write, but those who cannot learn, unlearn, and relearn.

—Alvin Toffler, author of *Future Shock*

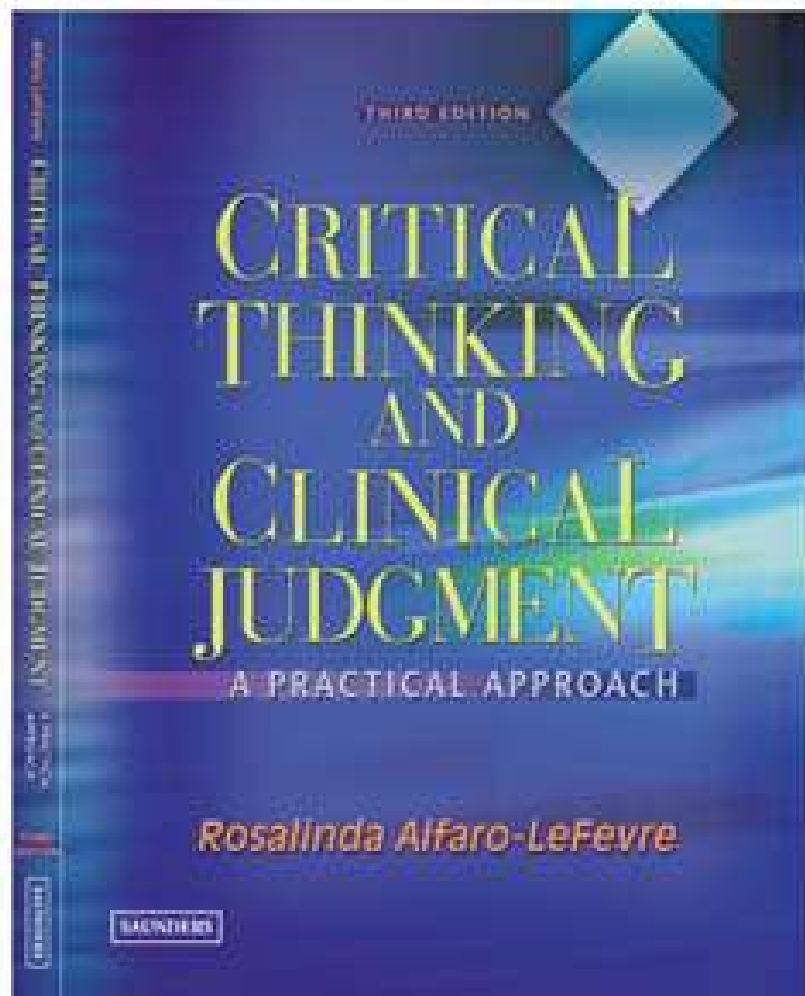
**You can download handouts, tools
and this powerpoint (for the next
two weeks) from:**

www.AlfaroTeachSmart.com



Another Great Resource for Tools

SUBSCRIBE: Send blank email to
<mailto:join-staffednet@lyris.med.utah.edu>



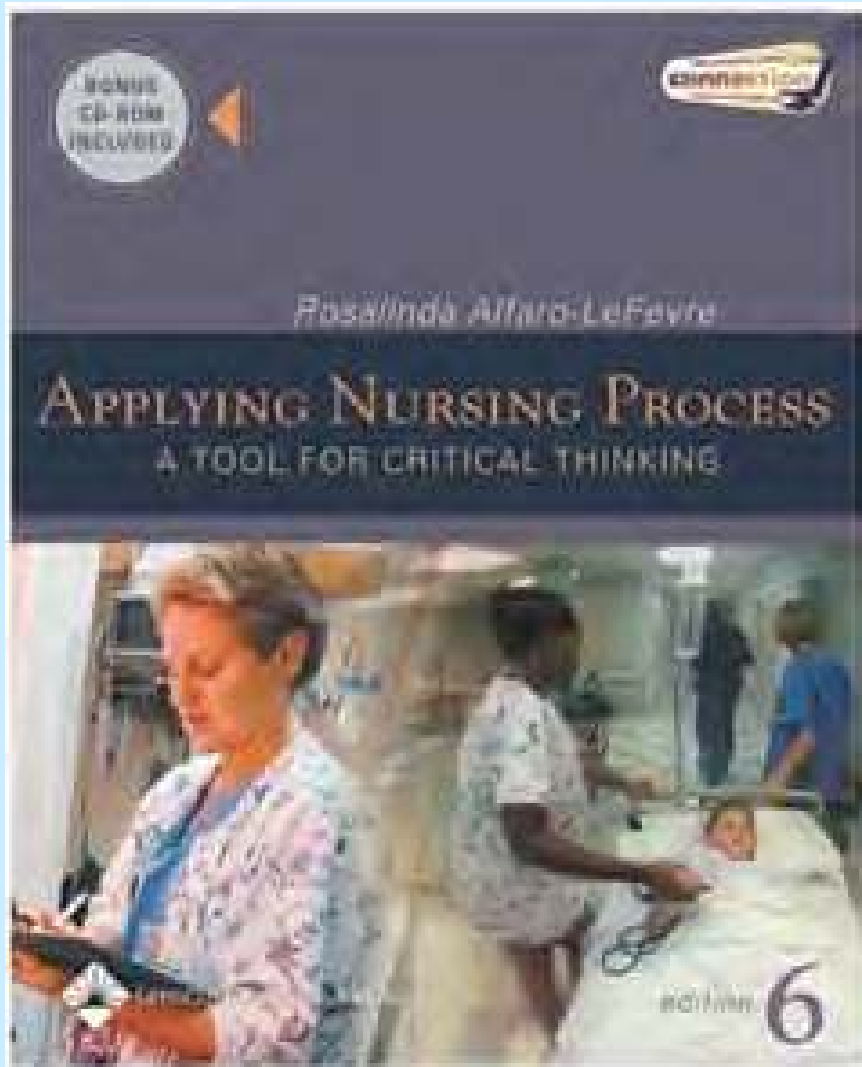
CT Book (2004) Saunders/Elsevier

USA: 800-325-4177

www.us.elsevierhealth.com

CANADA: 866-896-3331

www.elsevier.ca



NP Book (2006)

Lippincott

www.lww.com

USA: 800-638-3030

CANADA: 800-223-2300

Ground Rules

Feel free

Tell us about problems.

OK to Parallel Process

Have fun! (Keep it down.)

Stay on Task

We're all experts / We're Both Responsible

Check cell phones & egos at the door.

Ego Buster

Who's Here?

Devil's Advocate



Survivor



Get Focused

What's In Your Handouts
Expected Outcomes

Progress Worksheet

80/20 Rule

Expected Outcomes

1. Explain why there must be agreement among faculty on how the terms *evidence-based approaches*, *critical thinking*, and *nursing process* are defined.
2. Describe how to use evidence-based critical thinking indicators (CTIs) to promote and evaluate critical thinking (CT).

Expected Outcomes

3. Identify ways to prioritize what you teach, rather than trying to “teach it all”.
4. Use evidence-based strategies to promote critical thinking in students.



Brain-based Learning

- **Your brain can think faster than I can talk**
- **You can read faster than I can talk**
- **Looking at the same thing from various perspectives = increased learning & insight**



Brain-based Learning*

- **Active participation = retention**
- **Humor reduces stress and helps you learn.**

***Hart, L. (2002) Human Brain, Human Learning, 3rd Ed.
Covington, WA: Books for Educators, Inc.**

**On Purpose Associates. Brain-based Learning. Retrieved May
8, 2006: http://www.funderstanding.com/brain_based_learning.cfm**

Think, Pair, Share*

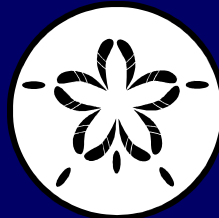


* Developed by Professor Frank Lyman at the University of Maryland in 1981. Read more at:

http://www.eazhull.org.uk/nlc/think,_pair,_share.htm

Code of Conduct

**People think better when they
like & trust one another.**



Pre-program Assessment

What's The Big Deal?

- **Bush Goals 2000 (number of people who can think critically will increase). (Scans, 1992)**
- **Break the mold schools (students aren't prepared to function in the real world).**
- **To survive, we must learn very specific skills and strategies to get the results we need.**

- **MOST of brain research & CT research has happened in the past 5-10 years**
- **Few teachers are familiar with the research & continue to teach in old ways.**
- **Learning and using new strategies takes time, but eventually your lives (and your students' lives) will be easier --- you'll be amazed at your results.**

Gap Between Education & Practice Growing Rapidly

- **I am dragging my faculty along.... I feel like we need to BLAST some faculty into the future**
- **“Practice is going ahead in a speed boat, and we’re coming along in a canoe” (D. Iggy)**
- **We need tools to help them assess, diagnose, and predict those at risk efficiently.**

PRACTICING NURSES' QUOTES

- We have “chain of command” problems
- Nursing models are important, but not enough...our approaches are multidisciplinary.
- Most of us know nothing of NANDA, NIC, NOC.”
- We tell new grads to leave nursing diagnosis at the door.

EDUCATOR QUOTES

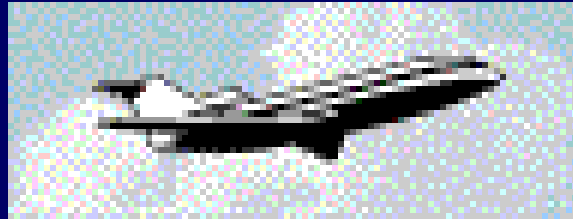
“ We’re at war over what goes on the left & side of the statement”

“ Medical diagnoses can’t be listed after the *related to* part of the statement. It has to be only what the nurse can do independently”

“We’re at war over replacing assessment tools and care plans with maps.

“We’re required to map in every course....but we don’t know why”

Bus is Leaving the Station & Now it's an Airplane



Will you & your students be on it?

Expected Outcomes

1. Explain why there must be agreement among faculty on how the terms *evidence-based approaches*, *critical thinking*, and *nursing process* are defined.

Getting on the Same Page

- Is CT the same as NP?
- Does NP mean NANDA, NIC, NOC?
- Too much time wasted arguing over meaning
- Student - faculty thinking is blocked by “no”
- Makes the difference between frustration & meaningful learning

What Does “Evidence-Based” Mean?

An approach to health care (or teaching) practices in which the nurse, student or or teacher is aware of:

1. The evidence that bears on her clinical or educational practices
2. The strength of that evidence.

What Does “Evidence-Based” Mean?

- Many reliable valid studies?
- Expert consensus?
- Expert opinion?
- Support from publications?
- Real time studies?
- Systematic reviews?
- All of the above?

What Does “Evidence-Based” Mean?

Evidence-based health care is a combination of the best research evidence, clinical experience and the client's desires*

* Pape, T. M. (2003). Evidence-based nursing practice: To infinity and beyond. *The Journal of Continuing Education in Nursing*, 34, 154-161.

Evidence-Based Practice

- **Recognize that no one knows it all**
- **Students and faculty must be comfortable answering questions like, “based on what evidence?” ...How do you know?...Is there enough evidence for this**
- **EBP is still in its infancy. See star model in appendix. As of today, there’s no official org that’s focused on identifying teaching and evaluation strategies that are EBP**
- **NLN is now doing more EBP related to education**

Evidence-Based Practice

*“To the best of our knowledge....”**

*Academic Center for Evidence-Based Nursing (ACE) Web site. Available at: <http://www.acestar.uthscsa.edu>.



Hartman's *Color Code*®

Red = Power

Blue = Intimacy

White = Peace

Yellow = Fun

Describing CT



Common CT Descriptions

- **A composite of knowledge, skills, & attitudes (Watson and Glaser, 1980).**
- **Knowing how to learn, reason, think creatively, generate and evaluate ideas, see things in the mind's eye, make decisions and solve problems (SCANS, 1992).**

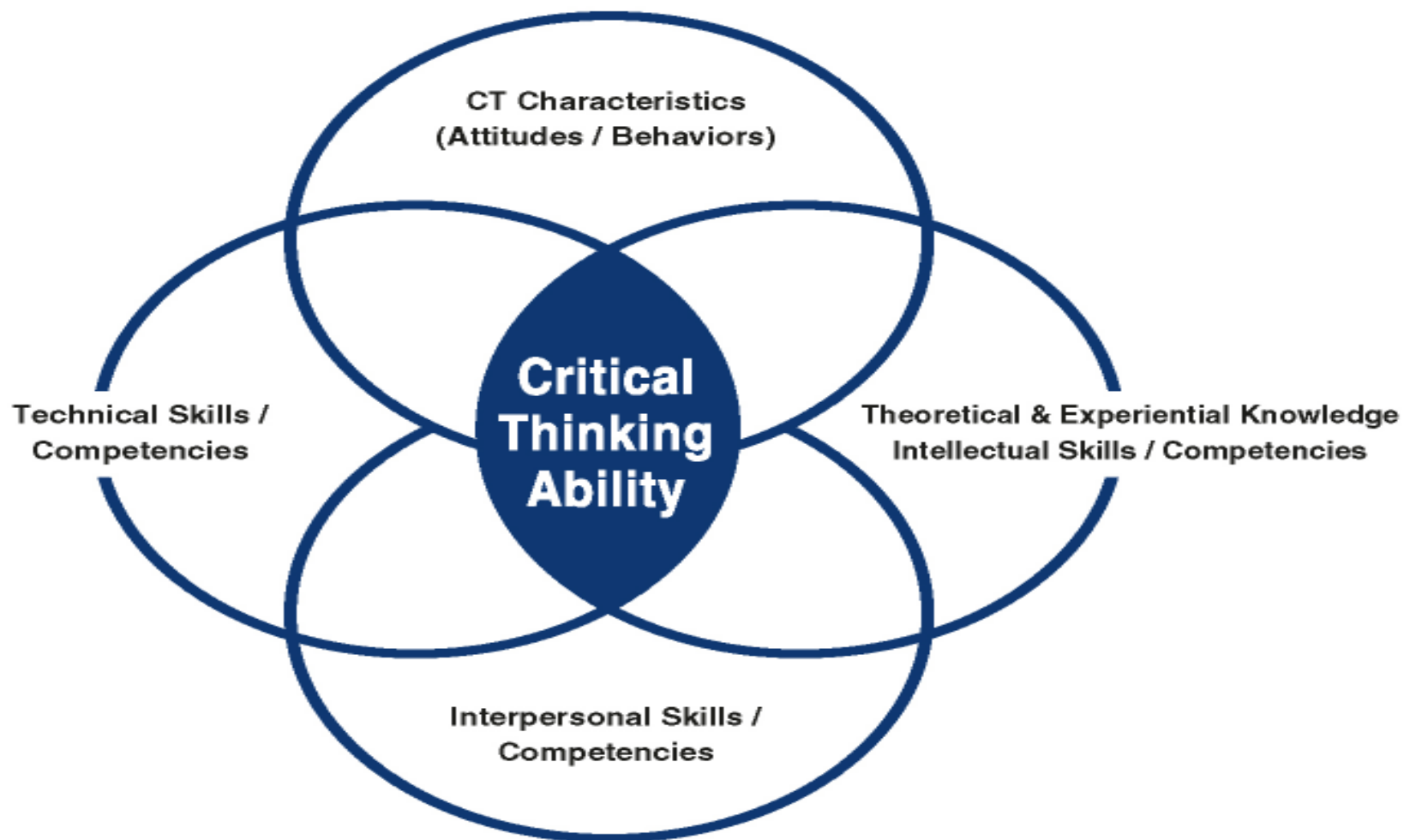
- **Reasonable, reflective thinking that focuses on what to believe or do. (Ennis, 1987)**
- **The ability to solve problems by making sense of information using creative, intuitive, logical and analytical mental processes...and the process is continual (Snyder, 1993).**

- **The art of thinking about your thinking, while you're thinking, to make it better, more clear, accurate, & defensible.** (Paul, 1995)
- **The process of purposeful, self-regulatory judgment... the cognitive engine that drives problem solving & decision-making.**
(Facione & Facione, 1994)
- **Knowing how to focus your thinking to get the results you need (includes intuitive, logical, and creative thinking).** (Alfaro-LeFevre, 2004)

Critical Thinking Indicators (CTIs)*

- Definition: Behaviors that evidence suggests promote critical thinking in clinical practice.
- Give concrete descriptions and examples.
- Listed in context of what's likely to be observed when a nurse is thinking critically in the clinical setting.

*Alfaro-LeFevre, 2004, 2006



4-Circle CT Model

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CTI USE

- **Self improvement / Evaluation**
- **Curriculum/Course Evaluation**
- **Organizational impact**
- **Risk management**
- **Clinical preparation/reflection**



Example

... When I see you skipping assessments and making assumptions I know you're not thinking critically because a first priority in CT is identifying assumptions and verifying the facts....

Example



... When you are able to explain reasons behind procedures I know you are more likely to be thinking critically because critical thinking requires you to understand underlying reasons and principles so that you can adapt as needed.

Nursing Process

What Does “Evidence-Based” Mean?

In context of nursing process:

- Facts supporting judgments
- Patient assessment data
- Logic applied to intuition
- References/Research/ Expert opinion supporting interventions

ANA (2004) Standard Related to Diagnosis

Standard II: Diagnosis. The registered nurse analyzes the assessment data to determine the diagnoses or issues (ANA, 2004)

ANA (2004) Standard Related to Language

“Must use standard or recognized terms..”

- This means most common language, not only NANDA, NIC, NOC
- JCAHO “Do Not Use Lists” growing
- Use the language of the facilities you use and NCLEX---don’t “rename”.

Check the Evidence

Examples:

- What's the evidence that shows that Fluid Volume Deficit is different from Dehydration?
- How often do problems fall neatly into a two part statement?

Old vs New Thinking

Old Thinking

- We must use NNN
- Right & Left Side of Statement
- Tools are crutches
- We must be creative

New Thinking

- Discriminate, prioritize, use the most common terms.
- Mapping frees the brain
- We ALL need tools
- We need more evidence

We MUST Start Thinking in New Ways

80/20 RULE:

- Match reality more closely
- Match state boards
- What knowledge, experiences, & practice will help them achieve in the above contexts?

80/20: Top Nursing Diagnoses

- Impaired Communication
- Ineffective Breathing Pattern
- Risk for infection
- Risk for falls/injury
- Risk for Impaired Skin Integrity
- Altered comfort/pain
- Knowledge Deficit
- Anxiety/fear/coping
- Risk for dehydration
- Altered nutrition
- Constipation
- Impaired urinary elimination
- Self Care Deficit
- Impaired Mobility

Prioritizing Diagnoses

- How do you assess for it?
- What do you do about it?
- Is it a priority?
- Is it a concept, rather than a diagnosis?
- Does it simplify communication?
(Is there already a term for it that most healthcare professionals know?)

Can't Throw Out Nsg Dx

- 40 State Practice Acts include the Term *Diagnosis**
- Prioritize & take a broader look at what you're dealing with (behavior, side effect, complication, outcome, etc.)

*Lavin, M.A., Meyer, G., & Carlson, J.H. (1999). A review of the use of nursing diagnosis in U.S. nurse practice acts. *Nursing Diagnosis*, 10, 57-64.

Use Tools for Consistency

1. Promotes systematicity
2. Avoids omissions—develops habits
3. Adopt and adapt as much as possible
4. Remember the FAA

CLINICAL WORKSHEET

Name George S. Room 232
Age 82 Religion Cath Culture Hisp

Diet Lo Na Activity: Bedrest

Neuro:

Resp: Oxygen: 2 L

Cardiac:

Circ: all pulses strong

Skin:

GI:

GU: Foley draining clear yellow

Medical Dx CHF

Dr. O'Hara

Allergies Lidocaine

Medications/IV's: HL right hand

Potential Complications: Pulm Edema

Nursing DX/problems:

Diagnosis Mapping Worksheet

In-depth problem solving/ prevention through systematic, analysis of both the problem and the contributing factors.

The problem may be listed as a diagnosis, a behavior, a side effect, or a potential problem or complication.

Nursing Process Summary

Nursing Process: Tool for Critical Thinking

Diagnosis Mapping Worksheet

In-depth problem solving/ prevention through systematic, analysis of both the problem and the contributing factors.

The problem may be listed as a diagnosis, a behavior, a side effect, or a potential problem or complication.

CLINICAL DECISION-MAKING

4 Elements For Learner Success*

1. **Clear outcomes & competencies up front**
2. **Continual feedback as to positives & negatives**
3. **Consistent application of the same criteria**
4. **Ability to give reasons behind the judgments you make about performance (to avoid the idea of being arbitrary or capricious, etc).**

*** Christianson, L (2005)**

Requirements For Meaningful Learning

- **Teacher must give clear instructions, find out prior knowledge, & explain relevancy**
- **Learner must choose to learn it in a meaningful way**

Meaningful Learning (continued)

- **Learner must be involved in following progress & keeping a “paper trail” (portfolio)**
- **Start with self-assessment (pre-course assessment tool)**

Crucial to Success

Lots of FORMATIVE evaluation and STUDENT INVOLVEMENT in monitoring their own progress toward competencies/outcomes through specific tools and strategies.

Precourse Assessment

- **Helps learner get focused and identify learning needs.**
- **Helps you do the same and also identify “stars” in the group**
- **Saves time**
- **Promotes meaningful learning**

Prioritizing What You Teach

```
graph TD; A[Prioritizing What You Teach] --> B[Preparing for Clinical Practice]; A --> C[Preparing for NCLEX®]
```

**Preparing for
Clinical Practice**

**Preparing
for NCLEX®**

**Let's Start With Strategies
That are a MUST for BOTH
Practice & NCLEX®**

Remember TPE

T= Teach

P= Practice

E= Evaluate

Focus on Safe Effective Care

Stress:

- Active, not passive, communication
- Communication (Report/Record)
- Advocating for patients (chain of command)

Be sure they know what MUST be charted:

- Assessments & re-assessments,
- Changes in status
- Importance of following policies/procedures

Be Sure They Know Management

CHF

COPD

Wounds

Diabetes

Asthma

Head Injury

Arthritis

Depression

Kidney Disease

Shock

Dehydration

Blood transfusion

Preparing for Both

Stress:

- **Setting priorities: What will you do first?**
- **Planning ahead: What will you do if....?**
- **Managing risks: What will you monitor?**

Preparing for Clinical Practice

- **Stress safety & infection control**
- **Plan collaborative experiences.**
- **Discuss eval tool on day one**
- **Be explicit about what you expect / clarify that clinical is a LEARNING experience**
- **Give tools to guide their day**

Prioritizing For NCLEX®

Focus on setting priorities and delegation/teamwork from early courses and in the skills lab.

Be sure they learn pharmacology and IV drugs (focus on nursing implications---do a summary class).

Stress assessment & monitoring (safe effective care)

- Pre-intra-post procedure assessment
- Pre-intra-post drug administration assessment
- WHO can you delegate WHAT to WHOM, WHEN?
- Evaluating, prioritizing

NCLEX ® Test Plan

1. Terminology*

“Allude to NANDA”

“Don’t use NIC and NOC”

2. Math: Must use drop-down calculator

3. Physiological integrity ~ 50%!

*Personal phone call to NCSBN July, 2005

More NCLEX® Strategies

Encourage them to get Review Books day 1

Assign several faculty to be experts

Match your course and against test plan

Get test banks

Questions should be analysis/application

Don't write from scratch yourself

Get students to write questions

NCLEX® Test Plan

See Appendix

**Make the Link  between
behavior
& critical thinking explicit**

Evidence-based Strategies

- Mapping
- Simulation
- NCLEX practice
- Be able to explain reasoning behind methods
- No one knows it all
- GET STUDENTS INVOLVED
- EBT is still in its infancy

Summary

Progress Worksheet

80/20 Rule

4 Elements For Learner Success*

1. **Clear outcomes & competencies up front**
2. **Continual feedback as to positives & negatives**
3. **Consistent application of the same criteria**
4. **Ability to give reasons behind the judgments you make about performance (to avoid the idea of being arbitrary or capricious, etc).**

*** Christianson, L (2005)**

Rewards

Improved Confidence

Good Habits

Ability to change based on context & evidence

Results

There is light at end of tunnel!!!



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WilliamJosephGallery.com

Survivor



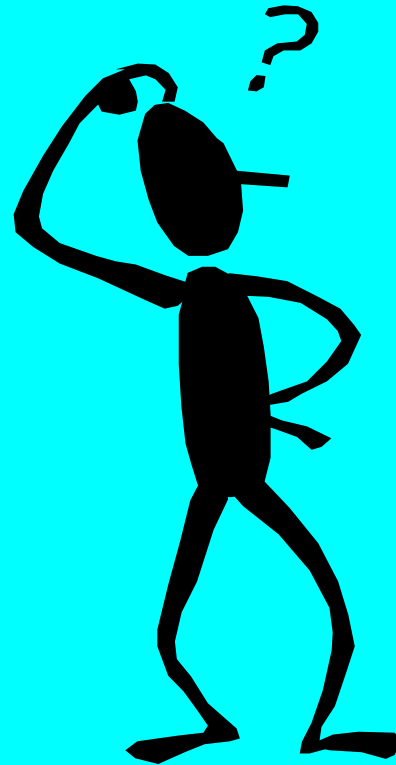
Expected Outcomes

1. Address how to develop empowered partnerships with students and patients to reduce errors and improve outcomes.
2. Use structured tools and specific strategies designed to simplify learning, and improve results.

Expected Outcomes

- 3. Prioritize what experiences/learning students MUST have to pass NCLEX® and succeed in the clinical setting.**
- 4. Decide whether your teaching methods include the 4 major elements required for independent learning.**

Comments?





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