Prioritizing Nursing Assessments and Care

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We particularly like this chapter because of the evolving client scenario and the invitation to students to think in groups about what new patient assessment data they require and why. Professor Sandstrom’s description of how she teaches this lesson suggests that she is an inspirational teacher who has a bit of a gift for theatre as well. Her focus on teaching pedagogy is also shared in a paper she wrote on the use of case studies to teach health science content cited at the end of this chapter.

An overview of the class exercise and my goal for the session

The exercise has two parts, the first involving a determination of needed interventions for a client described in a scenario, and the second involving a discussion of their chosen interventions. In the first part of the exercise students are asked to discuss symptomatology and interventions that could affect the client’s condition. The critical thinking skills emphasized in the first part of this exercise are: 1) inference, 2) interpretation, 3) analysis, and 4) evaluation. In the final discussion of the results of their actions in the scenario, the critical thinking skills of explanation and self-regulation are also utilized.

I ask students to discuss their thinking process with their peers for two reasons. First, the work of health science practitioners is a collaborative effort and this peer conversation sets the expectation that as clinicians they will serve clients better through collaborative analysis of client problems and plans of intervention. Second, discussing their thinking process with a peer forces students to do a more careful analysis and interpretation of the client’s situation. They realize that they may be asked by a peer to explain their client assessment.
My goal for student learning in this experience is for students to use their clinical reasoning and critical thinking skills while applying their knowledge of assessment to determine priority actions to best help the client.

Learning objectives:
After each learning objective I have listed one or more critical thinking skills that are emphasized when students work to meet the objective (see parentheses)

Students who participate in this experience will be able to:

1. Identify the priority needs of the client from the information given. (analysis).
2. Seek out additional information from the client and family members needed for your assessment. (inference).
3. Clarify the meaning of and identify the significance of the assessments in this situation. (interpretation, inference and explanation).
4. Examine the ideas peers present to help this client. (evaluation)
5. Infer (plan) the best course of action for this client (inference).
6. Justify the planned course of action with rationale. (inference, explanation and evaluation).
7. Self-examine the decisions made related to the results of those decisions for this client (evaluation).

Class session and students:
I teach this class session during a clinical day in the beginning of the final course in an Associate degree nursing program. In many ways it is a capstone course where students need to demonstrate competence in patient assessment and outline a plan of care. The course, and particularly this class exercise, requires students to apply assessment skills and previous learning of health science content knowledge to develop the best course of action for the patient. Before entering this class, students have had coursework in assessment, cardiac dysfunction and material on teaching and learning concepts.

The actual material used for class session:
This lesson requires me to prepare in advance a hypothetical client case. The case begins as a scenario describing the first encounter between the nurse and the client. This type of scenario works well because it fits with the goal of the exercise which is to call forth the student’s client assessment skills. This example lesson is from a class of nursing students but the exercise would work just as well in a staff development workshop. The scenario is necessarily brief and offers the details about the client that a nurse might readily observe from report and from initial visual encounter of the patient. Figure one below is an example of a scenario I might use for this exercise.

You have been assigned a newly admitted client with a diagnosis of Trigeminal Neuralgia. Mr. Mannelli is a 66 year old insurance salesman who was admitted at 10:00 p.m. the previous evening. His vital signs on admission were: T 98°; P 100; R 20; BP 110/60 sitting. He is 6 ft tall and weighs 270 lbs. You are making your initial rounds at 8:30 a.m. as report lasted longer than usual. When you walk into Mr. Mannelli’s room to make your initial assessment, Mr. Mannelli’s wife and daughter are also in the room. You sense that something isn’t quite right with Mr. Mannelli. What would you do in order of priority? Your instructor will supply you with any additional data you request. (Assessments and Data follow on faculty data sheet.)
I also prepare in advance a data sheet that corresponds with the client scenario that I have planned for the session. On the data sheet I record more information about the client in the scenario so that I am readily able to provide this information to the students in response to their comments and questions about the client in the scenario. Figure 2 below is an example data sheet that corresponds with the Scenario in Figure 1. The case must be at the level of difficulty appropriate for the class. In the example case below the students are relative novices in a nursing education program.

While I might easily provide a hypothetical case without pre-planning the details, having them in hand assures consistency with an authentic clinical case. And more importantly it frees me to attend to the kinds of questions and clinical interpretations being made by the students participating in the session. I can put my attention to analyzing their responses and asking them to explain their requests for client assessment data. “What assumption is behind your request for data about this client’s respiratory status?”

<table>
<thead>
<tr>
<th><strong>Assessment</strong></th>
<th><strong>Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Status</td>
<td>Dyspnea, increased resp. rate 32/min shallow</td>
</tr>
<tr>
<td>Lung sounds</td>
<td>Rales and rhonchi heard without a stethoscope</td>
</tr>
<tr>
<td>Color</td>
<td>Cyanotic, diaphoretic</td>
</tr>
<tr>
<td>Tissue perfusion</td>
<td>Poor return from extremities, cold and cyanotic extremities, pitting edema</td>
</tr>
<tr>
<td>Mental status</td>
<td>Short attention span, irritable, appears anxious</td>
</tr>
<tr>
<td>Vital signs</td>
<td>P 140; R 32; BP 90/50</td>
</tr>
<tr>
<td>Intake/Output</td>
<td>Increase in weight last month of 15 lbs (may ask family for this information) Urine output – unknown, not catheterized; family doesn’t think he’s voided since admission</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Noticeable ascities</td>
</tr>
<tr>
<td>Hepatic status</td>
<td>Enlarged liver – tender to palpation</td>
</tr>
<tr>
<td>Venous status</td>
<td>Distended jugular veins at 45 degree angle</td>
</tr>
<tr>
<td>Vital signs</td>
<td>P 150; R 30; BP 80/30</td>
</tr>
<tr>
<td>Current orders</td>
<td>Demerol 50 mg prn pain; up and about as tolerated; low Na+, low fat diet; home meds</td>
</tr>
<tr>
<td>History (from family)</td>
<td>Long history of congestive heart failure. Daughter is a nurse and an excellent resource. Home meds: Capoten (ace inhibitor), Lasix (diuretic), Lanoxin (inotrope), Coreg (Beta blocker)</td>
</tr>
</tbody>
</table>

*Figure 1: The scenario of Mr. Mannelli’s case*

*Figure 2: Data sheet for Mr. Mannelli’s case*
Teaching the lesson
The students can either receive a written client scenario or it can be read to them, as if they were receiving report on this new client. In either case they are expected to seek all relevant assessment data then decide what to do. No client assessment information is provided to the students unless they ask for it. If the students decide to call the physician, talk to the family or to the client, I play the part of these people and give their responses. The actual material on my data sheet (Figure 2) only shows how the client declines if nothing is done and can even progress to death. If the students continue to falter in developing a complete assessment of the client, I heat up the symptoms and add to the pressure to achieve a complete client assessment and plan of action. But as the students make appropriate decisions, I allow the client to improve. The scenario should unfold as closely as possible to an actual practice situation.

This exercise is not meant for students to focus on making new diagnoses, but rather to focus on interpreting what is happening with their client and to act on that assessment even when these events are not related to the admitting medical diagnosis. It is meant to help them work together, use their assessment skills, prioritize their assessments, and to plan care that the client actually needs, not based only on the admitting diagnosis. The students are able to utilize textbooks or other resources to look up questions they have about the client’s condition, but the scenario progresses rapidly (within 10 minutes) and the client deteriorates if the students do not rapidly act on the information they have.

What I expect from class participants
This exercise could easily be done in a large class or conference environment if the professor sets the expectation with the group that each person will work independently first to think through the task of the assessment before the new assessment data is revealed. But it is also easily run with a small group of students (8-10). When I use it in small groups, I expect every student to participate in this exercise, and in the small group there is more likely participation even when they are unsure if they are correct or not. This allows learning from their peers to occur. Small group exercises do require some classroom management to be sure that the session is not dominated by only one or two students.

If there is a student in the group who usually takes over discussions, use a strategy of requiring the students to go around the group listening to each student offer an analysis and interpretation of the case before any student offers a decision about what assessment data should be requested; what information should be reported to the physician; or what specific orders should be requested from the physician. This not only assures that each student participates, but also practices the expectation of providing clear descriptions of their assumptions about the client (the critical thinking skills of interpretation and inference). They will also more fully develop rationale for the client assessment data they will soon request from me.

In this scenario, I have intentionally set up the situation where this client’s admitting medical diagnosis has nothing to do with his current condition. I want students to discover this through their analysis of the early information provided as a response to their requests for information about Mr. Manelli. In addition, this strategy provides me more than ample opportunity to anecdotally assess my student’s critical thinking disposition as a clinical team. The willingness to engage new problems is essential to the skilled critical thinker. Needing to know what is happening when things are different than expected is a demonstration of the critical thinking disposition of inquisitiveness and analyticity.

Pursuing the novel problem even when it does not fit a current problem frame engages the critical thinking dispositions of truth seeking, analyticity, and the cognitive maturity in prioritizing the data. Thinking through the client assessment until a complete picture of the case is achieved demonstrates systematicity. This terminology about critical thinking dispositions comes from the American Philosophical Association study on critical thinking referenced at the end of this chapter.
Also in the interest of client safely, I expect students to do priority assessments for all clients where they “sense that something isn’t quite right.” These assessments should begin with airway, breathing and circulation. In my experience using this exercise, students often flounder a little and then successfully focus in on the respiratory and cardiac systems as a guide to their assessments. Knowledge of the congestive heart failure disease process is part of their knowledge base from a previous course, so they should be familiar with the signs and symptoms of this disease process and be able to recognize this pattern in their assessment. As with every effective classroom or staff development exercise, the thinking task must be well chosen to be within the knowledge base of the student or staff person. Otherwise the assessment of inability to think well about a patient assessment might be inaccurate and really only attributable to a lack of knowledge of the disease process involved.

The student work product

I use this exercise early in the course and it is not attached to a specific written course assignment. My assessment of the student’s ability to use critical thinking skills in this clinical situation is done during their discussion. Those faculty who are less practiced at listening for evidence of critical thinking skills should prepare a short rubric that reminds the listener of the observable evidence of displayed critical thinking skill as this might appear in the assignment, or you might consider using the Holistic Critical Thinking Scoring Rubric (HCTSR), a free download on the website: http://www.insightassessment.com/Resources/Holistic-Critical-Thinking-Scoring-Rubric-HCTSR when the purpose of use is educational assessment.

For those who would like to link this exercise to a written assignment, it can be connected to a resultant nursing process plan that the students turn in for the client. That written work is based on the same process that they used in finding out more about the situation: gathering available data, seeking out further information, analyzing the information to determine the client’s priority need, planning client care, justifying the plan with the rationale for nursing actions planned, and evaluating the outcome or the client’s response to care. To evaluate the critical thinking that was used in the development of the process plan, you might add a column that requests the student or clinician to document the assumption that they made when seeking the assessment data. If done well this request will provide some evidence of the critical thinking skills of analysis, inference and explanation.

Feedback from the students

Students of all levels typically like this class exercise. It reminds them that they need to be aware of not only what their client’s medical diagnosis is but also the current physical assessment of what is happening now with their client and the client’s history. It also reminds them of the benefits of using more than one source of data to provide the best care for their client. Their eager participation in the peer thinking exercise also demonstrates that they enjoy the opportunity to practice thinking skills in this type of context.

References


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