

Session 6.1
Education Track

Abstract Title:

Clinical Decision-Making: Fostering Critical Thinking in the Nursing Diagnostic Process Using a Case Study Method

Presenter:

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Intended Audiences:

Educators, Clinicians, Administrators

Areas of Focus:

Critical Thinking, Research, Use In Practice, Use In Education, Educational Methods

Research Format:

For Research Reports

PURPOSE: The daily routine requires complex thinking processes of nurses, but clinical decision making and critical thinking are underestimated in nursing education. Research results reveal nurses' educational needs to enhance clinical decision making related with the diagnostic process. This paper describes the method, process and evaluation of a case study method applied in continuous education sessions.

METHODS: Case study sessions were provided to five groups of nurses (n = 13-15) leading to a total sample of 72 nurses. The duration of each session lasted one day (7 hours). Sessions were provided ten times over a duration of 1.5 years for each group. Case study sessions were led by two nursing educators, both holding advanced degrees nursing and counseling. The case study method used (CSM) bases on Balints' theory of case supervision. It was further developed and combined with the nursing diagnostic process by the authors. CSM is an interactive method, using iterative hypothesis testing on actual patients' situations. It provides a means of clinical decision making to foster critical thinking in nurses. Critical thinking is described as an intellectual, disciplined process of active conceptualization, application and synthesis of information. It is gained through observation, experience, reflection and communication, and leads thinking and action. Case study sessions contain different phases: Pre-phase, selection phase, case delineation, case work and case evaluation. The case provider narrative tells the situation of a patient, then the group analyzes and clusters signs /symptoms, states nursing diagnoses and derives nursing interventions. Each case study session was validated by applying NANDA, NIC and NOC along with critical appraisals of the case provider. To evaluate the learning effects of CSM, nurses answered semi-structured, qualitative questionnaires that were analyzed using Mayring's qualitative analysis method.

FINDINGS: Findings revealed nurses' learning effects including changes in their clinical practice. Findings were thematically categorized: a) Accurate nursing diagnoses were stated in care plans and effective nursing interventions implemented. b) Patients' problems were perceived in a more patient centered way. c) Professional nursing tasks were perceived more purposefully and formulated more precisely. c) Nurses improved their professional nursing relationships with patients, and enhanced their communication skills and caring behavior.

DISCUSSION: CSM led to higher accuracy in stating nursing diagnoses and in implementing effective nursing interventions. The second aim of CSM – enhancing nurses professional relationship with patients – was also met. The findings of this study are supported in the literature, reporting enhanced clinical decision making, clinical knowledge and higher diagnostic accuracy by applying interactive teaching methods.

CONCLUSIONS: CSM provides an interactive method that can foster diagnostic accuracy. CSM showed to be an innovative teaching method, putting high demands on educators by taking an active role in the learning process, and by stimulating nurses' active participation. CSM is suggested for implementation into curricula of nursing education. Further studies to evaluate the effects of CSM are recommended.

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