

DOWNLOAD PDF TEACHING CLINICAL DECISION MAKING AND JUDGEMENT CARL THOMPSON DAWN DOWDING.

Chapter 1 : Clinical Decision-Making and Judgement in Nursing

This book provides the skills and knowledge to use information effectively when exercising professional judgement and clinical decisions. By integrating theory with practical examples, it provides an overview of the key issues facing nurses in decision making today.

Evidence Received in revised form 30 April from healthcare systems throughout the world suggests that judgements and decisions Accepted 4 May made by clinicians could be improved: For nursing to contribute to raising quality though improved Keywords: There is a rich heritage of research into decision making and Patient safety judgement, both from within the discipline of nursing and from other perspectives, but which focus on nurses. Much of this evidence plays only a minor role in the development of educational and technological efforts at decision improvement. This paper presents nine unanswered questions that researchers and educators might like to consider as a potential agenda for the future of research into this important area of nursing practice, training and development. What is already known about the topic? Of the healthcare system. In absolute terms, this represents , Table 1b. These patients Vincent et al. In Canada a similar picture exists, trust nurses to make decisions that do more good than with 7. The judgement and populations; rising healthcare costs; promoting popula- decision making of health care professionals “ including tion health through preventative healthcare; reducing nurses “ is an important component in the aetiology health inequalities; and employing evidence based prac- behind these statistics Reason, Health systems mation available to nurses is often incomplete or unclear, require nurses whose clinical judgements and decisions and the information that informs decisions and the contribute to, not detract from, the quality of health outcomes that result are often related in non-linear ways. The outcomes of nurse judgement and decision making making by nurses. In uncertain environments improve the quality of health systems. Some varia- will offer a research based assessment of the potential for tion in healthcare is to be expected and is not always bad. Why worry about the judgements and decisions of Thompson et al. Anders Ericsson et al. If sources of variation are not addressed, then as the volume of potential interventions Estimates vary but nurses make lots of decisions: United Kingdom making up to 10 judgements for each contact they have with new mothers McCaughan et al. The importance of understanding judgements and With 19 million nurses worldwide, the potential for decisions introducing unnecessary harms into health systems through less than optimal judgements and decisions is If we understand why these variations occur and clear. Around 1 in a patient on patient care then developing the kinds of complex encounters result in some kind of fatality “ as dangerous as interventions Anderson, required to improve bungee jumping or mountain climbing Leape, Adverse events, errors and iatrogenic harms harms caused A number of studies have described how nurses make by healthcare delivery in healthcare are the result of judgements and decisions in practice. These studies generally complex factors and forces in a system Reason, If we want to avoid nurses thinking intuitively Whilst useful in terms of identifying how nurses make sense of without the requisite expertise we need to support nurses the information surrounding decisions, such studies rarely tell to use, more appropriate, rational and deliberative clinical us why differences occur. Without some idea of the basis for reasoning. One measure of the quality of a decision is 4. Without access to the logic behind a decision it is hard to unpack the quality of a choice. Forty years ago one of the architects of modern decision Other studies suggest that nurses sometimes fail to theory, Kenneth Hammond, used nursing as an exemplar identify the critical information they need in order to make for judgements made under conditions of uncertainty clinical judgements Lewis, Clinical environments Hammond et al. In controlled simulations of explored the quality of those judgements. Since then a such environments Yang et al. Indeed, less information present, and be more or less well some of the most powerful studies of judgement and structured. Since rant different types of reasoning Hammond et al. Better structured judgements, rich with relevant informa- a plethora of qualitative techniques have been tion, where time is not constrained and where expertise is employed: For those situations where time is limited, grounded theory

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Lutzen and Nordin, , and information is perceptual or sensory and the nurse has mixed methods Dowding et al. However, such adaptive reasoning by prescriptive and normative theoretical and empirical nurses is sometimes absent Thompson et al. Techniques employed include decision analysis Crucially, mismatching of reasoning to judgement tasks Shamian, ; Panniers and Walker, ; signal results in performance that is worse than would be detection theory Thompson et al. Reviews of improvement interventions such as educa- This mix of reasoning styles is not mere semantics. System and there is considerable room for improvement in the one stems either from instinctual cognitive processes or quality of the design and execution of intervention studies from highly practiced, over-learned behaviour Brehaut et in the area of nurse judgement and decision making. The second system two is a slower, rational, studies exploit the power of randomisation to combat deliberative form of reasoning. There is now considerable that organising our knowledge in ways that allow for fast, guidance on the requirements for the design of studies intuitive reasoning is a central component in the aimed at evaluating the sorts of complex interventions development of medical expertise. For novices, every Campbell et al. Support for judgement and decision making in further note that for all its advantages, intuitive reasoning practice is also subject to a well-known range of biases and contextual errors Tversky and Kahneman, Exper- Despite the relative paucity of good quality research tise is a function of repeated exposure to many similar evidence, practice developers and educationalists have tasks Benner, Whilst some critiques of C. Some have begun to question the decisions in practice. Developing such support can be philosophical basis of such rhetoric Paley and Lilford, challenging however. Each kind of judgement and Since the s nursing has been moving or B? A good decision support system should tailor its as rounded, multi-skilled, professionals. Moreover, simply providing judgements and decisions include recognising that: Our experience of teaching nurses to think 3. Whilst guidelines can be 5. Judgement and decision based expertise needs requisite provided electronically most are not accessed in real-time knowledge and experience. Just as importantly, it also during the delivery of care. Nurses, like all individuals, make use of 5. The role of education heuristics, or cognitive shortcuts, to manage complexity and seemingly relevant information. However, such short- It is tempting to assume that teaching student nurses cuts generate predictable and well known biases: Historically, many appropriateness of the information; people reconstruct nursing and medical schools add such skills training information in response to stimuli in the environment; to already crowded curricula. Of the 24 controlled been developed in order to help provide support to comparisons in the review, 7 showed positive effects. Perhaps we should not be surprised by this; promote more rational and deliberative reasoning. Ways more training does not always lead to better perfor- in which CDSS could help include Larrick, The quality of the studies included in education and training. In developing with the introduction of CDSS to support interventions this knowledge however we should remain critically such as fall prevention Dykes et al. Professionals draw power and prestige from ulcer prevention Dowding et al. Portable laying claims on knowledge, and monopolising the technologies along with electronic access to information judgements and decisions that deploy that knowledge resources have also been shown to reduce barriers to Abbott, ; nursing is no exception. With this in mind, we propose nine evidence at the point of care Doran et al. Cognitive and social issues in emergency medicine knowledge trans- might use to frame future efforts. Academic Emergency Medicine 14, â€” Journal of Clinical Nursing 9 1 25â€” Framework for design and evaluation 1 What is the scope for improving nurse decisions given of complex interventions to improve health. British Medical Journal the uncertainty that surrounds them? And what would , â€” What are Guthrie, B. Designing and the outcomes that we should be trying to achieve evaluating complex interventions to improve health care. British through improvement activity? Medical Journal â€” Benner and expertise in nursing: International 2 What are the characteristics of developmental pro- Journal of Nursing Studies 32 6 â€” Heuristics, servants to intuition, in clinical decision-improved decisions? Journal of Advanced Nursing 26, â€” Nursing and Health Sciences 1 1 49â€” What would such reasoning look like, Cullum, N. Evidence-Based how acceptable is it to patients, healthcare team Nursing: Can we measure it and how? Relationship between 4 What decision support mechanisms work, when and nursing interventions and outcome achievement in acute care set- how? Supporting evidence-based

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practice 6 How do we use research, education and practice through information technologies. Worldviews on Evidence-Based development to unite the psychology of decision Nursing 7 1 4â€” The decision making of heart failure specialist nurses in 7 How can we measure and report evaluations of clinical practice. Journal of Clinical Nursing 18 9 â€” Measuring the quality of judgement and decision-making in nursing. Journal of Advanced Nursing 44 1 49â€” The impact of an electronic 8 Where is variability in judgements and decisions health record on nurse sensitive patient outcomes: What is the time series analysis. Journal of the American Medical Informatics Association 19, â€” Fall prevention in acute improve the judgements and decisions of nurses care hospitals: The Journal of the American Medical Association 17 â€” The role of deliberate practice in the acquisition of expert performance.

Chapter 2 : - NLM Catalog Result

DECISION MAKING AND CLINICAL JUDGEMENT FOR Using information in decision making 39 Dawn Dowding and Carl Thompson Dawn Dowding and Carl Thompson Teaching.

Chapter 3 : Clinical Decision Making and Judgement in Nursing - Google Books

The book will give a critical overview of the current research literature regarding the topic of clinical decision making and judgement in nursing. This is in contrast to other texts which either rely on anecdotal evidence to justify their approach, or focus on medical (rather than nurse) decision making.