Using Specific Questions to Elicit Substantive Student Responses In The Clinical Setting

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Using Specific Questions to Elicit

Substantive Student Responses

In The Clinical Setting

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Abstract

The purpose of this article is to highlight the information that was gained during a pilot project of using specific questions to elicit substantive responses from students in the post conference setting. It is our hope that it will serve as consistency for clinical competency and a spring board for future research.

Introduction

My colleague and I believe that the clinical component of nursing education is essential to ensure competence in the skills and knowledge that are required for employment as an entry level nurse. We believe the evaluation of clinical competence can be difficult due to vague evaluation tools, demanding clinical units, variable student effort, variable faculty engagement, and the large size of clinical groups. Evaluation tools should reflect the goals of the nursing program, determine clinical competence, and allow the students the opportunity to reflect on their own learning.

The purpose of this pilot project was to assess the effectiveness of using specific questions designed to elicit substantive responses from students in the post conference setting. The questions aligned with the tool used for clinical evaluation throughout the program.

Literature Review

The literature review revealed several strategies to use for encouraging critical thinking, clinical reasoning and methods of evaluation for nursing students. Tanner (2006) concluded that we as educators need to guide students’ learning by modeling behaviors of self-reflection. This
will encourage them to do the same as they journey down the path to thinking like a nurse (Tanner, 2006). According to Murphy, (2004) focused reflection and articulation improved clinical reasoning. According to Cato, Lasater, and Peeples, (2009) when students conduct self-evaluation of their simulation experience using the Lasater rubric; it resulted in the use of standardized language in their reflection and clinical thinking and linking. The main constructs of this tool allows for the evaluation of a students’ ability to Notice, Interpret, Respond, and Reflect on their learning in the clinical setting. The use of specific questions and a rubric was developed to assess clinical judgment in a simulation setting. According to Lasater (2007), students learn better when the expectations are clear and receive feedback related to their performance. Standardizing the questions to align with the clinical evaluation tool will provide the student feedback and serve as a guide for the student’s development of clinical judgment (Lasater, 2007).

Pilot

In the fall of 2014 two clinical faculty members with four clinical groups with supervisor approval decided to pilot a project using questions derived from the Lasater Clinical Evaluation Tool (Lasater, 2007). Per the representative for our department on the Institutional Review Board, approval for this pilot was not needed. The same questions were posed by the faculty to the students each week during clinical post conference for the students to identify and discuss concepts of their patient care activities with their clinical peers. The clinical groups consisted of twenty nine students in their 14 week, medical/surgical clinical rotation. This sample of convenience were students enrolled in their third semester, of a five clinical semester program, who had chosen their clinical based on their needs (day of the week and, or location of clinical
site). There were no added benefits discussed with the students about using specific questions in post conference. The students could observe that the faculty was making notations about their responses, but they were not informed that their response might be used in an article.

My colleague and I, teach in an Associate Degree Nursing program, for a nonprofit private institution. We have taught in this level for over four years in this program.

The following questions from the clinical evaluation tool were posed by the faculty during post conference each week (Lasater, 2007):

1. Noticing: What were two-three of the most important things you noticed about your patient’s condition and situation in the past few hours? Discuss why you believe these are the most important.

2. Interpreting: Talk about the patient’s vital signs and laboratory values in the past few hours: what was normal and abnormal. What do you believe these findings mean in terms of patient care outcomes?

3. Responding: Tell us about a disorienting or challenging situation that you encountered today. Discuss your feelings of anxiety, confidence, and organization as you approached the situation. What would you like to improve upon?

4. Reflecting: Provide us with a self-analysis of your clinical performance today, telling us two areas in which you were effective (and why) and one -two areas you should improve in (and why).

Findings
The students were engaged in the post conference discussions of their own patients as well as their peers’ patients. By mid semester the students began to anticipate the questions that were being asked. The students began anticipating the question for themselves and from their peers. A few of the responses that were given by the students during the post conference discussions:

“The hemoglobin and hematocrit were 8 and 24. That is why the patient had signs of activity intolerance (increased respiratory rate, increased heart rate and shortness of breath with activities of daily living). Two units of blood were ordered which was the medical intervention that addressed the low levels” (Interpreting).

“My patient was a 27 year old female who was addicted to heroin. She was found unconscious and unresponsive by family members on the floor of her home where she had been for over 20 hours. She was admitted to the hospital with a diagnosis of Rhabdomyolysis. Her creatinine kinase level was 1478. This is about ten times the normal level and indicates muscle damage” (Interpreting).

“My patient is status post lap-cholecystectomy and I noticed that she was reluctant to move around. I assessed that her lung sounds were decreased. I gave her an incentive spirometer and encouraged her to walk in the hall” (Reflecting).

“I was asked to obtain a set of vital signs on a patient who was receiving blood. When I entered the room I observed the patient to be unconscious and unresponsive. I immediately notified the nurse and my instructor. The blood was discontinued and a rapid response was initiated. It was
determined that the patient, who had a history of anxiety, complicated by her low hemoglobin which was 7, had fainted” (Noticing, Responding).

“Today I was assigned a 68 year old man who had fallen and sustained a cranial hemorrhage. This patient was visiting from out of state and his family was due in to discuss the possibility of putting the patient on comfort measures only because he had yet to respond. It had been 4 days. While I was caring for him I noticed that he was responding to me and would squeeze my hand and make eye contact appropriately. Although I was a novice I was sure of my findings and reported them to the nurse and my instructor. They too noticed his response. I felt that I was effective in this situation” (Reflecting, Interpreting and Responding).

“I thought I did very well today, although I was derailed by the patient refusing one of her medications. I have never had a patient refuse a medication. I explained what the medication was for and why it was being ordered but the patient was adamant about not taking it. I think I was most scared of getting yelled at by my clinical instructor for not convincing her to take it, but as you explained, the patient has the right to refuse a medication” (Reflecting).

Conclusions

In conclusion, twenty nine students were effectively using the questions identified to elicit substantive responses during post conference. These examples are reflective of the types of responses that were given to the questions. The faculty noticed that the post conference discussions changed from a basic level of report of the patients, to a more advanced level of synthesis of information. The discussions were rich and meaningful, and all of the students were engaged throughout the post conference discussions. This activity encouraged the students to
apply the concepts that they learned in the classroom setting to their patient care experience. The students were able to self-reflect immediately following the clinical experience. This project is easily employed by all clinical faculty across a curriculum. It provides a vehicle to ensure maximum learning and increase overall program outcomes. It also allows for individuality among clinical faculty while providing a consistent template for use in the post conference setting. The Lasater tool questions were provided to all nursing clinical faculty for inclusion in their clinical post conferences. The results of this pilot were shared at a faculty meeting.
References


