Doctor of Nursing Practice Project
Developing Clinical Judgment of Newly Graduated Nurses

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Background

- Nurses need to make clinical judgments in their role in providing safe and quality care
- There are increasing patient safety incident reports in Indonesia due to care management problems/service delivery problems (Daud, 2020)
- Quality and standards of nurses' clinical learning vary in Indonesia
- Newly graduated nurses are not practice-ready and lack clinical judgment skills

Purpose

- Develop clinical judgment in newly graduated nurses by implementing Tanner's clinical judgment model
- Tanner's clinical judgment model helps preceptors address dimensions of four clinical judgment skills (noticing, interpreting, responding, and reflecting)

Method

- Population: 32 newly graduated nurses
- Setting: 3 hospitals in Indonesia
- An experimental design with a pre-test/post-test
- Intervention group: scheduled post-conferences each shift with guided high-level, open-ended questions for two consecutive weeks (n = 16)
- Control group: previous practice of post-conferences in weekly meetings (n = 16)
- Clinical judgment levels were measured before and after two weeks using case studies and the Lasater Clinical Judgment Rubric (LCJR)

Results

- Total number of respondents was 32 (12 respondents from Hospital A, 10 respondents from Hospital B, and 10 respondents from Hospital C)
- Most of the respondents was female (84.37%)
- Average age: 22 years old (min 21; max 24)

Average Scores of Pre- and Post-tests on Lasater Clinical Judgment Rubric of Control and Intervention Groups (N = 32)

Dimension (Scale: 1 – 4)	Control Group				Intervention Group			
	Pre-test		Post-test		Pre-test		Post-test	
	Median	Min-Max	Mean	SD	Mean	SD	Mean	SD
Focused observation	2.0	1.0 – 2.0	2.31	.47	1.75	.68	2.68	.60
Recognizing deviations from expected patterns	2.0	1.0 – 2.0	2.31	.47	1.87	.61	2.68	.47
Information seeking	2.0	1.0 – 3.0	2.18	.40	2.12	.50	2.87	.50
Prioritizing data	2.0	1.0 – 3.0	2.06	.44	1.81	.54	2.81	.65
Making sense of the data	2.0	1.0 – 2.0	2.06	.44	1.68	.47	2.50	.51
Calm, confident manner	2.0	1.0 – 3.0	2.25	.57	2.06	.25	2.68	.47
Clear communication	2.0	1.0 – 3.0	2.18	.65	2.18	.40	2.81	.75
Well-planned intervention/ flexibility	2.0	1.0 – 2.0	1.87	.34	1.93	.44	2.68	.60
Being skillful	2.0	1.0 – 3.0	2.06	.57	2.18	.54	2.68	.60
Evaluation/ self-analysis	2.0	1.0 – 3.0	2.18	.54	2.37	.50	2.93	.44
Commitment to improvement	2.0	1.0 – 3.0	2.31	.60	2.25	.44	3.18	.54

- Paired sample *t*-test (Intervention group): Significant difference in the mean of clinical judgment score from before and after intervention (*p*-value <.001)
- Wilcoxon signed ranks test (Control group): Significant difference in the mean of clinical judgment score from pre-test and post-test (*p*-value <.001)
- Independent sample *t*-test: No significant difference between the pre-test results of the intervention or control group (*p*-value .0647)
- Independent sample *t*-test: Significant difference in the mean post-test clinical judgment scores: intervention group > control group by 6.75 points; CI 95% (4.18-9.31) (*p*-value <.001)

Discussion

- Intervention and control groups both increased clinical judgment scores from pre- to post-test
- The increase in the intervention group's score was much more significant.
- Preceptors posed more in-depth questions frequently and spontaneously in the intervention group
- High-level questions encouraged newly graduated nurses to think critically in a learning environment.

Conclusion

- Preceptor guidelines following Tanner's clinical judgment model can assist newly graduated nurses in developing clinical judgment skills
- LCJR, a tool to assess and evaluate the development of clinical judgment, can be utilized to provide feedback to preceptors and preceptees, detailing targeted areas in need of improvement.

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References available upon request