A CASE REFLECTION USING TANNER'S CLINICAL JUDGEMENT MODEL

Name

Unit

Professor's name

University

Date

Introduction

Clinical judgement is an essential skill that enables health care professionals in problem-solving and achievement of best outcomes out of situations requiring critical thinking and informed decision making (Ashcraft & Opton, 2009). Good clinical judgement dictates for an ability to recognize all aspects of an undefined clinical situation that requires interpretation and response. A professional with sound clinical judgement must have an understanding of a patient's disease presentation, history of the illness and all patient aspects including physical, emotional and social aspects concerning the illness. It requires both abstract and generalized knowledge to make informed clinical decisions regarding patient care (Bekken, 2017). According to Bennett et al. (2006), clinical judgement is critical in the provision of safe and effective patient care as it defines the patient needs and priorities in patient care. Nursing practice requires all nursing practitioners to demonstrate competent clinical judgement and decision making as a component for nursing practice. This is because it is the role of nurses to recognize and respond to any clinical signs of patient deterioration and be able to respond promptly to enhance positive outcomes (Flaherty, 2006). Nursing clinical judgement has always been directed at evidence-based care to result in pivotal outcomes. This paper provides an evaluation of clinical judgement and decision making using a reflective case of Mr. X who undergoes laparoscopic cholecystectomy but develops post-surgery complications as a result of the breakdown in clinical judgement by the health team responsible for his care pre and post-surgery. The paper also uses Tanner's clinical judgement model in discussing the issues regarding Mr. X's care and provides an analysis of clinical judgement as presented by the model.

Consent and confidentiality

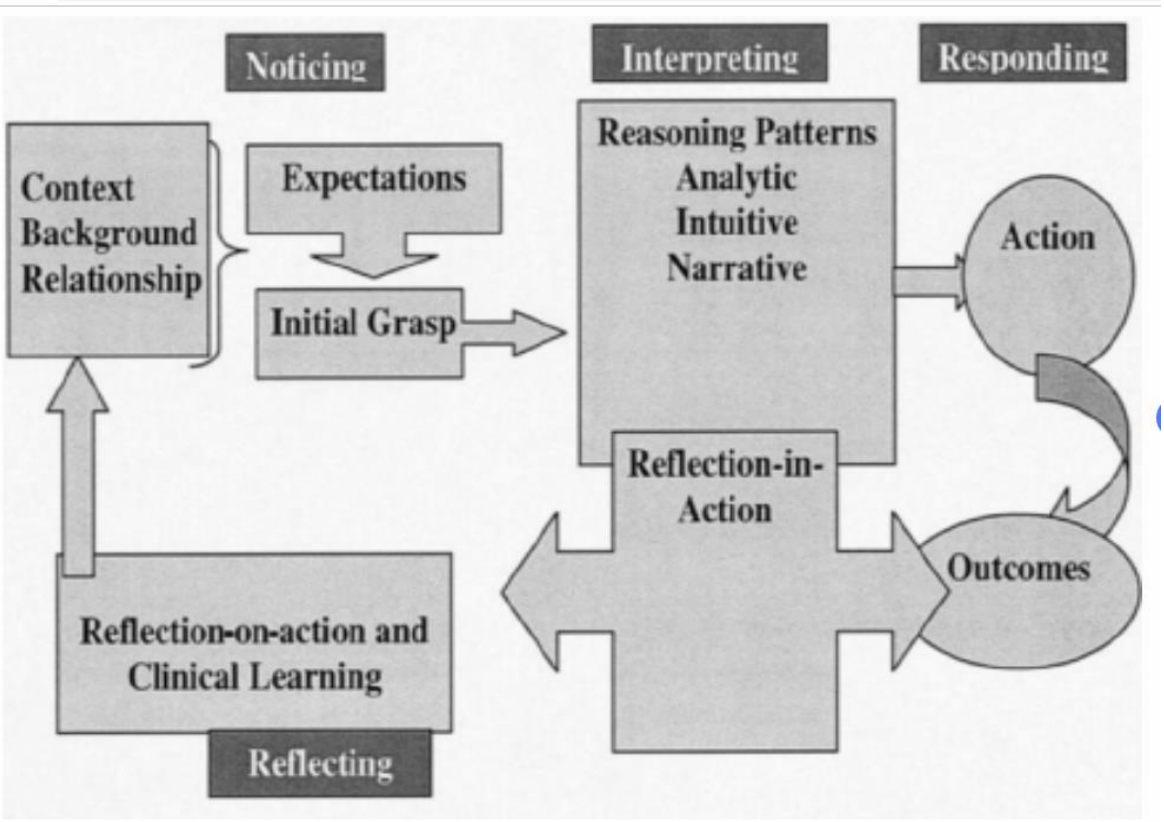
Medical laws and ethics dictate that all the interactions between the patient and the client should remain confidential and only be disclosed when the patient wants it to be disclosed or when it

is required by law (Dunne & Rawlins). As a result, the contents, in this case, have been edited to protect the anonymity of the patient, the hospital and the health care team in the case.

Case Rationale

Usually, health care providers find it hard, putting the concept of clinical judgement into practice because of various reasons (Gabrielse, & Kirstensen, 2016). One major obstacle in this is the lack of value granted to clinical judgement during the training of health care personnel. As a result, the intellectual capability of health care providers is superseded by the technical profession requirements, which lead to the inability to make appropriate judgement during care (Jarrett-Williams, 2012). Medical judgement leads to early identification of disease, development of a proper plan of care, prevention of complications, prevention of relapses, and limiting of complications and side-effects of disease. Similarly, Gorton & Hayes (2014) established that clinical judgement in nursing helps in early identification of disease symptoms helps in planning for care and helps in preparing in advance for recurrence or complications.

I have chosen this case which lacks clinical judgement from the medical team post-surgery which ked to post surgery complications that were not diagnosed early. It is observed that there is a lack of coordination between the medical team which leads to communication breakdown.



Critical case reflection

Clinical judgement involves four processes. These are noticing, interpreting, responding, and reflecting (Kloppenburg, 2016). Noticing consists of the perception of essential aspects of a situation. Interpreting in clinical judgement refers to the action of making sense of the situation identified and planning on the action to take. Responding refers to taking action on the identified situation. Reflecting refers to thinking on the action of action chosen and the results it generates. These steps were not employed during the care of Mr. X.

The case has demonstrated that the junior A&E doctors have adequately assess the patient on the first visit post-surgery. This shows success in clinical judgement by the doctor. The first step in clinical judgement requires one to combine contextual knowledge, ground knowledge, and patient familiarization (Kienle & Kiene, 2010). This allows the health provider to anticipate what is likely to be encountered during patient assessment. If what the doctor expected may match the results of the assessment, then that means that some aspects of the patient situation might need further investigation. In this case, the doctors prescribed analgesics

and discharged the patient instead of doing a background check on the patient and obtain more pathologic information. The patient's contextual information might have helped in early recognition of complications and hence enhance better management.

In this case, there is a breakdown in communication between the A&E team and the surgical team after the patient was transferred to the surgical ward. Interpretation in clinical judgement is not supposed to occur in isolation (Kim, 2014). The two teams should have worked together in contextualizing the patient's condition after transfer from the emergency room. The surgical team was not informed about the examination tests that had been conducted on the patient; hence, the surgical team was not aware of the patient's condition or tests. This shows communication failure between the two teams. If the surgical team could have obtained these results, they could have refined the interpretation and planned for the care of the patient early before deterioration. The communication issues which resulted in omitted data may involve lacking of communication of doctors and nurses which resulted poor performance of their clinical judgement.

Despite the communication breakdown between the A&E team and the surgical ward team, the surgical team should have recognised the patient's deteriorating condition. The third step in clinical judgement calls for nurses and other health care staff to interpret findings as a situation unfolds (Kim, 2015). Considering this patient was from the emergency room, the surgical ward team should have been vigilant of the patient's condition so that they can detect early signs of deterioration so that they can plan appropriately. The team should have monitored the patient and made a note of any changes so that they can plan for care. The national early warning score may involve.

Respiratory Rate
≤8
+3
9-11
+1
12-20

0
21-24
+2
≥25
+3

Oxygen Saturations

≤91%
+3
92-93%
+2
94-95%
+1
≥96%

Any Supplemental Oxygen

No
0
Yes
+2

Temperature

≤35°C / 95°F
+3
35.1-36°C / 95.1-96.8°F
+1
36.1-38°C / 96.9-100.4°F
0
38.1-39°C / 100.5-102.2°F
+1
≥39.1 °C / 102.3°F
+2

Systolic Blood Pressure

<90
+3
91-100
+2
101-110
+1
111-219

Critical Reasoning

Tanner's clinical judgement model

The clinical judgement model by Tanner provides a way of understanding various processes and influences resulting in nursing judgements and actions during care provision (&NA, 2013). According to Flaherty (2006), the model demonstrates the change, interrelations,

and feedback regarding the fact that all nursing actions are influenced by the nurse's background and the context in individual situations. The ability of the nurse to evaluate a situation depends on factors such as previous experience, practical knowledge, values, theoretical knowledge, biases, and ethics which form the basis of the model (&NA, 2013). Other factors include the expectations from the situation, the relationship between the nurse and the patient and family at large. The model then proposes that the nurses interpret situation findings through analytic reasoning, pattern recognition, and intuition.

After interpretation, the theory proposes a response stage where the nurse responds with action. This may involve collecting more information on the situation or implementing the best course of action for the situation before evaluating the outcome of the action and reflecting. This model presents the complex nursing thought and judgement involved in nursing provision (&NA, 2013). The use of this model in guiding the teams in this case study would help in identifying the gaps in clinical judgement that led to the deterioration of the patient. It provides a platform for making improvements in clinical judgement so as to improve competence in patient care. Reflection using the model provides a learning experience form this case concerning other clinical situations that one may encounter during nursing practice (Flaherty, 2006). This is because reflection which is the last process of the model is often used in nursing as it provides nurses with guidance during clinical experiences. The model is therefore crucial in the internalization and reflection based on this case.

1. **Failed clinical assessment and judgement**

Assessment is the first stem of patient care and helps in the planning band provision of care to the patient. Assessment is hence supposed to be conducted systematically and comprehensively by the health care team (Yearwood, Guirguis, & Mahmoud, 2019). Assessment is an integral aspect in nursing as it helps nurses to provide safe and competent care to patients. It is used in the collection of individualized patient information and involves

sorting, organizing, and analysing the information to plan for care. The information collected during assessment includes the patient's psychological, physiological and sociological needs (Yearwood, Guirguis, & Mahmoud, 2019). This process involves the collection of objective and subjective data which helps in the identification of the patient's needs before planning is done (Laperrière, 2017). It also helps in the prioritization of interventions during care so that the most urgent needs are met first. In this case, there was failed initial assessment as the junior A&E doctor only requested for blood test. In this case, the doctor has not missed the crucial steps of initial assessment. For instance, the doctor have recorded the chief complaint of the patient, conduct a physical examination, and collect the patient history which have indicated that the patient was on his third day post-surgery. This information could have been crucial in his management because it could have determined the appropriate level of care needed by the patient instead of prescribing analgesics and discharging the patient.

The first process in Tanner's model is noticing (Flaherty, 2006). Noticing is similar to assessment as they are both the first phases in respective aspects. This therefore dictates that the doctor should have combined his previous experience of care, the ground knowledge that he has on assessment and patient history. Patient assessment should have guided him in making a good clinical judgement regarding the care of the patient. The case does not state whether the doctor had the knowledge that the patient had undergone a surgery procedure on the site that he was complaining of pain. Collecting background knowledge as proposed in the model regarding noticing would have helped the doctor in understanding the pathological, physiological and psychological relationship with the patient's presenting signs.

The assessment should have helped the doctor in establishing the pattern of the presenting symptoms and would improve the doctor's ability to notice that the pain was a complication from the earlier surgery. The model proposes that having in-depth knowledge about a situation helps nurses and other health care providers to identify complications as early

as possible (Kienle & Kiene, 2010). For instance, if a nurse has in-depth knowledge in chemotherapy, he or she will be able to tell instances of complications during treatment. The doctor also failed to discuss the case with his seniors, which skewed care only to his knowledge.

According to Flaherty (2006), the model proposes that nurses are having contextual information to enable early recognition of situations. In this case, the doctor lacked contextual information as a result of his action. Bing an A&E doctor he should have had contextual information about the cases that are brought to the emergency room. With this information, he should have been familiar with the kind of patients that are brought the emergency room and be able to anticipate the diagnosis of the patient. Similarly, the model proposes that knowing the patient in this initial phase is crucial as it will guide the clinician towards knowing the patient's pattern of behaviour that will help in establishing changing events in patient recovery (Kienle & Kiene, 2010).

The only way that the doctor would have been familiar with the patient is through the collection of patient information by conducting history taking. However, the doctor failed to conduct a patient history, which might have led to poor clinical judgement during prescription. The doctor, therefore, missed critical assessment steps which made the assessment process a total failure. Nurses must think using the nursing process whose first step is assessment and avoid situations of missing crucial information that can help in patient care. It is imperative that the right steps of assessment are followed so that all the patient information relating to illness is collected. The doctor failed assessment did not provide the necessary that was the first point of contact between the patient and care failed in conducting a proper assessment which affected the other levels of care as it led to poor clinical judgement hence poor planning and implementation of care. Once there was a failure at the first step of care, the execution of the other steps becomes significantly affected.

2. Failed Communication

According to Duman (2015), effective communication between health care teams promotes patient outcomes enhances recovery. No matter how knowledgeable a member of the health care team is, without effective communication, the person may not be able to pass information from one team to another (Bhatti & Ahsan, 2017). With effective communication, nurses and health care teams prevent unforeseen emergencies as the correct information is passed from one team to another. Poor communication between teams has been associated with medical errors, misdiagnosis and poor patient outcomes (Kreps, 2016). Previous studies have established that there are numerous cases of miscommunication among health care teams which usually lead to malpractice and weaken the communication chain between nurses and doctors. In this case, there is communication failure. Firstly, the communication failure is between the junior doctor and senior doctors. Considering senior doctors tend to provide guidance to junior doctors due to the experience they have, the junior doctor, in this case, failed to ask for the senior doctor's opinion on the case before prescribing analgesics and discharging the patient.

Previous studies have established that patients tend to suffer the most out of communication breakdown (Thomas, 2014). This is true because in this case for instance, the patient suffered post-surgical complications as a result of poor assessment and treatment by the junior doctor. Similarly, there was communication breakdown between the A&E team and the surgical ward team. Effective communication is important during the team management of a patient. This is because it allows for the teams to discuss the procedures already conducted on the patient and all information regarding care. In instances where information fails to be relayed effectively, the risk of patient injury and complications occur just like in the case for Mr. X. The A&E team failed to inform the surgical ward team that there were tests that had been conducted on the patient and needed following up so that the results can be interpreted and care planned.

From the second process in Tanner's clinical judgement model, nurses are supposed to interpret patient information to plan for care (&NA, 2013). The interpretation involves critical thinking, analysing results, and narrative reasoning which will help the nurse in drawing a conclusion on a situation. In this case, there is no conclusion drawn in the surgical ward because the surgical team did not have any results from the tests conducted by the emergency team. Therefore, the surgical team did not have any results to interpret and initiate care because of the breakdown in communication. The model suggests that the interpretation of medical information is not discrete and never occurs in isolation (Kienle & Kiene, 2010). The system of information exchange is usually not organized and can lead to communication breakdown (Nacinovich, 2012). As a result, important details are left out, for instance, in this case.

Previous studies have established that an organized system of communication in hospitals ensures that communication is effectively executed and that information is passed reliably (Vaismoradi, Salsali, & Marck, 2011).

3. **Inability to recognize early deterioration signs by the surgical ward team.**

Early recognition of deterioration in the hospital allows for quick intervention and reduces the risk of transferring patients to high dependency units (Mok, Wang, & Liaw, 2015). It also reduces the length of hospital stay for the patients and improves the survival rates of patients (Chua & Liaw, 2015). Sommers (2018) established that each hour delay during admission usually results in a 1.5% increase in death risk in ICU patients and increases hospital mortality by 1%. To improve the detection capability of nurses, nurses have to monitor the patients in the hospital so that they can detect changes in the vital signs and any other signs that may depict deterioration. The role of nurses in early detection of deterioration has been linked to the improved patient outcomes (Neiterman & Bourgeault, 2013). In this case, Mr. X. deteriorated and went into septic shock without the nurses detecting any change in the patient

condition. The model states that interpretation of patient state confirms the effectiveness of nursing actions. In some instances, it will show that the interventions are effective, and in others, it will show that the intervention is working. For instance, in this case, nursing interventions would include pain management and fever management by the administration of analgesics and antipyretics. In case the nurses evaluated the interventions and reported no change in the pain threshold that would mean the patient's condition was not improving but deteriorating.

Nurses are supposed to monitor all the patients in the wards (Oh, 2016). However, in this case, the patient was left unmonitored because the patient condition was at septic shock by the time the emergency call was being made. According to Peden-McAlpine & Clark (2002), the ability of nurses to quickly detect any clinical deterioration in patients is crucial in enhancing quality care. This is because delayed recognition of the changes in a patient's condition leads to delay in care and promotes poor patient outcomes. This delay in recognition can be caused by lack of sufficient nursing knowledge, challenges in communication and lack of assessment skills in nurses (Wood, Chaboyer, & Carr, 2019). In this case, the nurses failed to effectively monitor the patient only to realize that when he was already going into shock.

According to the third process of the clinical judgement model by Tanner, nurses should respond effectively to situations (Kienle & Kiene, 2010). This response is based on the fact that a nurse can interpret all patient information after assessment. During patient monitoring, nurses are supposed to collect vital signs and other necessary information that would predict the patient's condition. It is during monitoring that nurses should employ the warning score protocol. The patient in this case was admitted with complains of abdominal pain and fever. Fever is a symptom of possible infection. Therefore this patient should have been triaged as a critical case because of his assessment score. As a result, the nurses should have monitored the

patient half hourly by taking the necessary vital signs to monitor his progress. The nurses failed to note the change in the condition of the patient, which is critical in the model.

The model states that nurses should watch for patient responses and re-evaluate the course of action during care (Flaherty, 2006).). The nurses failed to assess the pain threshold of the patient, which could have helped them in understanding the intensity of pain during transfer and after being admitted into the ward. The nurses are supposed to reflect on their interventions during monitoring as directed in the model (Mann, Gordon, & MacLeod, 2007). They are supposed to re-evaluate the cause of actions that they undertake modification in the action (Mamede & Schmidt, 2017). Similarly, the reflection would help them in noticing that the patient was only deteriorating instead of waiting until he was in shock to call the doctors. The inability of the nurses and the entire surgical team to detect the patient's escalating condition led to him being taken to theatre and also prolonged his hospital care. Appropriate patient monitoring has been linked to better patient management and prevents the occurrence of escalating situations where the patient needs to be put on life support or be rushed to high dependency units for specialized care (Manetti, 2017). The nurses in the surgical ward, therefore, failed to detect the escalating patient condition early hence leading to his readmission and prolonged hospital stay.

Learning outcome

Considering the many challenges that nurses face due to the growing demand for the profession amidst the ever-increasing health care needs of patients with different illnesses, different religions, and races (Aiken, Shang, Xue, & Sloane, 2012). Nurses must, therefore, learn to become professionally accountable as the clinical skill set for nurses keeps increasing. Nurses have to maintain their skills needed for the provision of exceptional nursing care to the public (Quinn Griffin & Landers, 2015). Similarly, considering the fast-paced environment for nurses, nurses must learn how to make quick decisions and be able to communicate with other

health care teams by maintaining honesty effectively. Nurses should respect the patients and always adhere to the ethical nursing standards and hence, create an environment of respect with other health care teams and always use clinical judgement (Miraglia & Asselin, 2015).

Nurses should be aware of the fact that socioeconomic status usually influences the quality of care and patient outcomes. Nurses should, therefore, attend to all patients irrespective of the socioeconomic class. They should consider the socioeconomic factors that affect patient health status and bear that in mind during care to provide the best care for all patients (Sciarra, 2012). Nurses should evaluate the socioeconomic factors affecting healthcare and enhance service provision that is culturally sensitive to all patients (Adam, 2008). Legal and financial aspects are crucial in healthcare (Rush, Adamack, Gordon, Lilly, & Janke, 2013). Nurses should be aware that they are responsible for their actions and will be legally accountable for that in instances of neglect or malpractice. They should, therefore, work according to the code of ethics and always adhere to the principles of nursing. They should consider the financial aspects that affect health care and ensure that nursing services are provided with equity irrespective of the financial status of a person. That way, they will enhance nursing practice and improve patient outcomes.

Although the professional accountability permits us to celebrate the success, it also demands that we can be honest and forthcoming when the error or near it happens. When professional accountability of nurses is taken place, they should embrace a root cause analysis approach to identify system failures rather than utilizing a punitive approach. Using internal safeguarding permits us ti deliver the right intervention to the right patient at the right time every time (Aiken, Shang, Xue, & Sloane, 2012).

Implications for practice and conclusion

The Tanner's model is based on the concept of nurses having the ability to detect particular situations during care as a result of their background knowledge, prior knowledge regarding the patient, having contextual knowledge which when combined with nursing experience, will help the nurse in understanding a situation at hand, interpreting the situation, developing a plan of action and implementing it before reflecting whether the action was successful in managing the situation (Edwards & Davis, 2006). Nurses should use these three sources of knowledge in evaluating particular situations at work and be able to handle them effectively. From the case above, three things stood out. Firstly, the inadequate patient assessment provides inadequate results that cannot generate enough evidence for patient care. Nurses should, therefore, conduct a comprehensive nursing history when admitting patients as it will help in the diagnosis and treatment of the patient (Fitzpatrick, 2017). They should use the knowledge they have regarding the nursing process and effectively execute their nursing roles, especially in the assessment.

Secondly, communication is critical in health care settings. The inability to relay information effectively between management teams can lead to mismanagement of patients, especially in significant cases where it could be late to prevent death (Lönnqvist, 2017). Nurses, therefore, have to learn the best communication skills and ensure they maintain assertiveness during communication. Lastly, early recognition of patient condition deterioration helps in improving patient outcomes. According to Peisachovich (2015), the delay in the detection of patient deterioration leads to a high risk of patient dependency and high mortality rates. Nurses, therefore, have to be vigilant during patient monitoring to be able to detect the changes in vital signs, which are the best parameters for measuring patient outcomes.

From the case, the escalation of Mr. X's condition could have been avoided if the practical care mechanisms had been followed. Breakdown in care began with poor assessment

and ended with the poor management in the ward that deteriorated his condition. Nursing clinical judgement should be anchored in the model so that nurses can employ their observational skills, identification skills, and interpretive skills during patient care to enhance their clinical judgement and decision making. It is therefore imperative for nurses to accumulate more knowledge, experience, and expertise and use it in the provision of nursing services reliably and engage in long-life learning and strengthening nursing practice.

References

&NA;. (2013). Tanner's Model of Clinical Judgment Applied to Preceptorship. *Journal for Nurses in Professional Development*, *29*(5), 274-275. doi:10.1097/01.nnd.0000433907.85137.2e

Adam, J. E. (2008). Transcultural Nursing Courses Online: Implications for Culturally Competent Care. *Nursing Clinics of North America*, *43*(4), 567-574. doi:10.1016/j.cnur.2008.06.006

Aiken, L. H., Shang, J., Xue, Y., & Sloane, D. M. (2012). Hospital Use of Agency-Employed Supplemental Nurses and Patient Mortality and Failure to Rescue. *Health Services Research*, *48*(3), 931-948. doi:10.1111/1475-6773.12018

Ashcraft, A., & Opton, L. (2009). Evaluation of the Lasater Clinical Judgment Rubric. *Clinical Simulation in Nursing*, *5*(3), e130. doi:10.1016/j.ecns.2009.04.006

Bekken, W. (2017). Decision-Making in Paediatric Rehabilitation: Exploring Professionals' and Children's Views on Decision-Making Involvement. *Children & Society*, *31*(6), 486-496. doi:10.1111/chso.12218

Bennett, N. L., Casebeer, L. L., Zheng, S., & Kristofco, R. (2006). Information-seeking behaviors and reflective practice. *Journal of Continuing Education in the Health Professions*, *26*(2), 120-127. doi:10.1002/chp.60

Bhatti, M. W., & Ahsan, A. (2017). Effective Communication among Globally Distributed Software Development Teams. *Journal of Global Information Management*, *25*(3), 40-62. doi:10.4018/jgim.2017070103

Chua, W. L., & Liaw, S. Y. (2015). Assessing beyond vital signs to detect early patient deterioration. *Evidence Based Nursing*, *19*(2), 53-53. doi:10.1136/eb-2015-102092

Duman, M. (2015). Better measures needed on the impact of health communication. *Journal of Communication in Healthcare*, *8*(1), 3-4. doi:10.1179/1753806815z.000000000103

Dunne, J., & Rawlins, J. (2015). Patient confidentiality and new technologies in burn care. *Burns*, *41*(3), 638-639. doi:10.1016/j.burns.2014.12.019

Edwards, P. A., & Davis, C. R. (2006). Internationally Educated Nurses' Perceptions of Their Clinical Competence. *The Journal of Continuing Education in Nursing*, *37*(6), 265-269. doi:10.3928/00220124-20061101-06

Fitzpatrick, J. J. (2017). Thinking Like a Nurse, Revisited. *Nursing Education Perspectives*, *38*(4), 170. doi:10.1097/01.nep.0000000000000192

Flaherty, M. J. (2006). Conversations in Critical Thinking and Clinical Judgment. *Clinical Nurse Specialist*, *20*(5), 257. doi:10.1097/00002800-200609000-00018

Gabrielse, G., & Kirstensen, T. (2016). Doing qualitative studies, using statistical reasoning. *DRS2016: Future-Focused Thinking*. doi:10.21606/drs.2016.462

Gorton, K. L., & Hayes, J. (2014). Challenges of Assessing Critical Thinking and Clinical Judgment in Nurse Practitioner Students. *Journal of Nursing Education*. doi:10.3928/01484834-20140217-02

Jarrett-Williams, T. (2012). Clinical Judgement and Decision Making for Nursing StudentsClinical Judgement and Decision Making for Nursing Students. *Nursing Standard*, *26*(23), 30-30. doi:10.7748/ns2012.02.26.23.30.b1314

Kienle, G. S., & Kiene, H. (2010). Clinical judgement and the medical profession. *Journal of Evaluation in Clinical Practice*, *17*(4), 621-627. doi:10.1111/j.1365-2753.2010.01560.x

Kim, E. J. (2014). Nursing Students' Clinical Judgment Skills in Simulation: Using Tanner's Clinical Judgment Model. *The Journal of Korean Academic Society of Nursing Education*, *20*(2), 212-222. doi:10.5977/jkasne.2014.20.2.212

Kim, E. J. (2014). Nursing Students' Clinical Judgment Skills in Simulation: Using Tanner's Clinical Judgment Model. *The Journal of Korean Academic Society of Nursing Education*, *20*(2), 212-222. doi:10.5977/jkasne.2014.20.2.212

Kloppenburg, M. (2016). Clinical assessment: signs, symptoms, and patient perceptions in osteoarthritis. *Oxford Medicine Online*. doi:10.1093/med/9780199668847.003.0015

Kreps, G. L. (2016). Communication and Effective Interprofessional Health Care Teams. *International Archives of Nursing and Health Care*, *2*(3). doi:10.23937/2469-5823/1510051

Laperrière, H. (2017). Self-reflection on emancipatory education practices with the 'oppressed' in community health. *Reflective Practice*, *19*(1), 14-25. doi:10.1080/14623943.2017.1299003

Lönnqvist, A. (2017). Embedded knowledge management: towards improved managerial relevance. *Knowledge Management Research & Practice*, *15*(2), 184-191. doi:10.1057/s41275-017-0053-y

Mamede, S., & Schmidt, H. G. (2017). Reflection in Medical Diagnosis: A Literature Review. *Health Professions Education*, *3*(1), 15-25. doi:10.1016/j.hpe.2017.01.003

Manetti, W. (2017). Evaluating the Clinical Judgment of Prelicensure Nursing Students in the Clinical Setting. *Nurse Educator*, 1. doi:10.1097/nne.0000000000000489

Mann, K., Gordon, J., & MacLeod, A. (2007). Reflection and reflective practice in health professions education: a systematic review. *Advances in Health Sciences Education*, *14*(4), 595-621. doi:10.1007/s10459-007-9090-2

Miraglia, R., & Asselin, M. E. (2015). The Lasater Clinical Judgment Rubric as a Framework to Enhance Clinical Judgment in Novice and Experienced Nurses. *Journal for Nurses in Professional Development*, *31*(5), 284-291. doi:10.1097/nnd.0000000000000209

Mok, W. Q., Wang, W., & Liaw, S. Y. (2015). Vital signs monitoring to detect patient deterioration: An integrative literature review. *International Journal of Nursing Practice*, *21*, 91-98. doi:10.1111/ijn.12329

Nacinovich, M. R. (2012). Upholding Effective (and Accurate) Communication in Healthcare. *Journal of Communication in Healthcare*, *5*(2), 73-73. doi:10.1179/1753806812z.00000000020

Neiterman, E., & Bourgeault, I. L. (2013). Cultural Competence of Internationally Educated Nurses: Assessing Problems and Finding Solutions. *Canadian Journal of Nursing Research*, *45*(4), 88-107. doi:10.1177/084456211304500408

Oh, H. K. (2016). Effects on Nursing Students' Clinical Judgment, Communication, and Skill Performance Following Debriefing using a Clinical Judgment Rubric. *International Journal of Bio-Science and Bio-Technology*, *8*(1), 303-312. doi:10.14257/ijbsbt.2016.8.1.27

Peden-McAlpine, C., & Clark, N. (2002). Early Recognition of Client Status Changes. *Dimensions of Critical Care Nursing*, *21*(4), 144-150. doi:10.1097/00003465-200207000-00006

Peisachovich, E. H. (2015). The experience and understanding of clinical judgment of internationally educated nurses. *Journal of Nursing Education and Practice*, *5*(8). doi:10.5430/jnep.v5n8p33

Quinn Griffin, M. T., & Landers, M. G. (2015). Extant Nursing Models and Theories: Grand and Middle Range Theories in Nursing. *Theories Guiding Nursing Research and Practice*. doi:10.1891/9780826164056.0002

Rush, K. L., Adamack, M., Gordon, J., Lilly, M., & Janke, R. (2013). Best practices of formal new graduate nurse transition programs: An integrative review. *International Journal of Nursing Studies*, *50*(3), 345-356. doi:10.1016/j.ijnurstu.2012.06.009

Sciarra, E. (2012). The Importance of Practice Guidelines in Clinical Care. *Dimensions of Critical Care Nursing*, *31*(2), 84-85. doi:10.1097/dcc.0b013e3182445f62

Sommers, C. L. (2018). Measurement of critical thinking, clinical reasoning, and clinical judgment in culturally diverse nursing students – A literature review. *Nurse Education in Practice*, *30*, 91-100. doi:10.1016/j.nepr.2018.04.002

Thomas, A. (2014). Chapter-14 Effective Communication for Quality Healthcare. *Handbook of Healthcare Quality and Patient Safety*, 174-188. doi:10.5005/jp/books/12287_14

Vaismoradi, M., Salsali, M., & Marck, P. (2011). Patient safety: nursing students' perspectives and the role of nursing education to provide safe care. *International Nursing Review*, *58*(4), 434-442. doi:10.1111/j.1466-7657.2011.00882.x

Wood, C., Chaboyer, W., & Carr, P. (2019). How do nurses use early warning scoring systems to detect and act on patient deterioration to ensure patient safety? A scoping review. *International Journal of Nursing Studies*, *94*, 166-178. doi:10.1016/j.ijnurstu.2019.03.012

Yearwood, C., Guirguis, L. M., & Mahmoud, S. H. (2019). Principles of Patient Assessment. *Patient Assessment in Clinical Pharmacy*, 13-29. doi:10.1007/978-3-030-11775-7_2