

Study Guide

Unit 1

Discuss the nursing process and its role in planning individualized nursing care. (CSLO 2, 4)

Determine how to use the nursing process in order to provide safe competent patient centered care. (CSLO 1, 2, 3, 4)

Develop critical thinking and clinical judgement to provide safe competent patient focused care using evidence-based practice. (CSLO 4)

Chapter 4 Clinical Judgment

Each term has its definition.

- a. A complex concept that involves the ability to observe, think, prioritize, plan, act, and evaluate.
- b. Application of knowledge and experience to identify patient problems.
- c. Ability to focus and filter clinical data in to recognize what is most and least important.
- d. Foundation of professional nursing practice
- e. Organized and ongoing appraisal of a patient's well-being.
- f. Information obtained directly from patient
- g. Information collected from family members
- h. Symptoms or data that is spoken
- i. Consists of observable information that nurses gather

- clinical judgement
- critical thinking
- clinical reasoning
- nursing process
- assessment
- primary data
- secondary data
- subjective data
- objective data

Attributes required for decision making and successful clinical judgment.

- If a nurse is checking a patient to see for any abnormalities what attribute does this contribute too? **Early Problem Recognition**

6 Steps in Clinical judgment/Decision

- Recognize cues
- Analyze cues
- Prioritize hypothesis
- Generate Solutions
- Take Actions
- Evaluate Outcomes

1. *Reflection in action refers to... nurses' ability to read the patient, how he or she is responding*
2. *Reflection on action refers to... reflecting following the clinical experience and nurses gain knowledge from these situations*
3. *The nurse is unable to recognize or analyze cues without having assessed a patient. What part of the nursing process did the nurse fail to complete? Assessment*

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**Frances Walsh, Royal College of
Nursing (Great Britain)**

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