

Faculty Guide for Using the CLINICAL JUDGMENT RUBRIC (KRN-CJR)

This faculty guide provides an overview of the KeithRN Clinical Judgment Rubric and how it can be used. A rubric is a scoring tool that explicitly represents the performance expectations for an assignment or work. The rubric divides the assigned work into component parts and provides clear descriptions of the work's characteristics associated with each component, at varying levels of mastery.

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Lasater's Clinical Judgment Rubric (LCJR) is a practice-informed model based on Tanner's Clinical Judgment Model (CJM) that assesses the cognitive, affective, and psychomotor aspects of clinical reasoning (Kardong-Edgren et al., 2010; Miraglia & Asselin, 2015).

Research has shown that the LCJR is a valid and reliable educational tool (Adamson et al., 2012; Ashcraft et al., 2013; Jensen, 2013; Lasater, 2007) when using a high-fidelity simulation to quantitatively assess and measure a nurse's ability to identify specific clinical reasoning skills needed to make clinical judgments.

Permission was obtained from Dr. Kathie Lasater, the creator of the LCJR, who worked with Keith Rischer to adapt the LCJR framework for KeithRN Clinical Reasoning Case Studies (CRCS).

The rubric aligns with the four clinical reasoning processes in Tanner's CJM of noticing, interpreting, responding, and reflecting, which are integrated in KeithRN Clinical Reasoning Case Studies with open-ended questions to assess students' thinking.

Note: Case studies from other vendors typically use a variety of multiple-choice questions that do not align with Tanner's CJM, so the KRN-CJR can only be used with KeithRN Case Studies.

This rubric makes clinical reasoning skills visible. Using this rubric provides students with both quantitative and qualitative feedback regarding their clinical judgment performance using an unfolding case study. This feedback can further strengthen their development of clinical judgment.

Making Clinical Reasoning Visible

The four sequential reasoning steps a nurse uses to make a correct clinical judgment in Tanner's CJM and integrated into the KRN-CJR include:

Step 1 — Noticing

Does the student notice or recognize the most important or concerning clinical data in the case study, and why is it significant? Effective noticing involves the following KRN-CJR subscales:

- Focused observation
- Recognizes deviations from expected patterns

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Step 2 — Interpreting

Once relevant clinical data is noticed and identified, it must be interpreted to determine its meaning. Is a problem present or not? Interpreting clinical cues accurately is a clinical reasoning skill most students struggle with but can be strengthened with practice. Effective interpreting involves the following KRN-CJR subscales:

- Prioritizing data
- Making sense of data

Step 3 — Responding

Responding requires the nurse to make a decision (Tanner, 2006). Based on the correct interpretation of clinical data, does the nurse need to act, respond, or continue to monitor? Effective responding involves the following KRN-CJR subscales:

- Well-planned intervention/flexibility
- Being skillful
- Clear communication (*not able to be assessed with NextGen or SKINNY Reasoning*)
- Recognizing patient problems (*not able to be assessed with NextGen or SKINNY Reasoning*)

Step 4 — Reflecting

Reflecting has two components. Reflection-IN-action is the ability of the nurse to respond to the patient in the present moment and evaluate the nursing priority and plan of care based on the patient's response. Reflection- ON-action is done after care is given and is the nurse's reflection upon the entire clinical judgment process from start to finish (Tanner, 2006). Effective reflecting involves the following KRN-CJR subscales:

- Evaluating plan of care
- Evaluation/self-analysis
- Commitment to improvement

SKINNY & UNFOLDING Case Study Reasoning

KeithRN provides educators with case studies that use open-ended clinical reasoning questions leveled from simple to complex. The three most common levels are:

NextGen Reasoning

- Eight questions that address all six steps of the NGN model, plus additional reflection questions to further develop clinical judgment

SKINNY Reasoning

- Twenty questions that address all aspects of the nursing process and Tanner's CJM
- Best suited for all levels of students in classroom or discussion in post-conference

UNFOLDING Reasoning

- Fourty questions, best suited for second year students
- Increased complexity that includes dosage calculation, unfolding change of status and SBAR communication

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The KRN-CJR assesses a student's written clinical reasoning performance when a KeithRN NextGen, SKINNY, or UNFOLDING Clinical Reasoning Case Study is completed.

The entire KRN-CJR can be used with an UNFOLDING Reasoning Case Study because it addresses all eleven subcategories of clinical reasoning.

However, if the more concise NextGen or SKINNY Reasoning level is used, the "Clear Communication" and "Recognizing Patient Problems" subcategories under the RESPONDING category cannot be assessed since these questions that align with this subcategory are not asked in the case study.

Note: These subcategories are highlighted in light orange on the rubric as a reminder. As a result, the scoring will be slightly different (see scoring worksheet doc.). When documenting the summative numerical score, the level of the case study must always be noted.

Additional Uses of the KRN-CJR Rubric

Case-based examination

To ensure an accurate assessment of clinical judgment using the KRN-CJR, educators can use a KeithRN Clinical Reasoning Case Study, like an examination that students complete with no additional study guides or textbook resources, preferably while students are on campus, so it can be monitored. Faculty can then score the case study using the rubric and get a quantitative assessment of clinical judgment.

Coaching

The KRN-CJR can also be used to coach students' development of clinical judgment. By asking open-ended clinical reasoning questions in the case study using the scoring worksheet, faculty can provide timely and specific feedback on thinking processes identified in their responses to strengthen students' clinical judgment.

Reflective journaling

Since the clinical reasoning questions in a KeithRN Clinical Reasoning Case Study are open-ended, Students can be encouraged to honestly reflect on specific questions that are assigned by faculty or where they struggle to make a current weakness a future strength.

Scoring Worksheets

Use the simplified scoring worksheets for NextGen, SKINNY, or UNFOLDING Reasoning Case Studies to score each rubric section depending on the case study level used and provide notes and feedback to the student of clinical judgment.

Levels of Clinical Judgment-Scoring

Like the LCJR, four levels of clinical judgment are assessed with a numerical score:

- Exemplary (4 points)
- Accomplished (3 points)
- Developing (2 points)
- Beginning (1 point)

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With eleven dimensions derived from the four processes of clinical reasoning, based on the performance metrics for each category, the total score for any student would range from 11 to 44 using an UNFOLDING Reasoning case study and from 9-36 if using a NextGen or SKINNY Reasoning Case Study.

Goals for Beginning Students

Beginning students at the halfway point in the program should be at the Developing level with the goal total on an UNFOLDING Reasoning Case Study of 22 points, calculated by demonstrating performance on the case study at the Developing level (2 points) for all eleven subcategories (2x11 categories=22).

If a NextGen or SKINNY Reasoning Case Study were used, the goal would be 18 since there are two fewer categories to assess (9x2=18).

Goals for Advanced Students

For an advanced student in the final semester:

- The goal total on an UNFOLDING Reasoning Case Study would be 33 points, calculated by demonstrating performance on the case study at the Accomplished level (three points) for all eleven subcategories (3x11 categories=33).
- If a NextGen or SKINNY Reasoning Case Study were used, the goal would be 27 since there are two fewer categories to assess (9x3=27).

To strengthen graduate nurses' transition to practice, assessment of entry-level clinical judgment is crucial and not consistently done in nursing education. The KRN-CJR may provide educators with another instrument to quantitatively assess clinical judgment to ensure safe entry into practice, resulting in improved patient outcomes.

References

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