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Learning to See and Think Like a Nurse : Clinical Reasoning and Caring Practices

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Nursing understood as a practice discipline presents a set of challenges for both teaching and learning. To become an expert practitioner the student must understand many specific clinical situations with patients. The challenge to nursing educators is how to equip students with the necessary cognitive skills and to teach them to act on their judgments about patient's needs in situations that are under-determined, contingent, and changing over time. To do this successfully, teachers and students must integrate what we call the "three apprenticeships" involving 1) learning to think like a nurse, 2) learning to perceive, judge and perform like a nurse and finally, the most integrative apprenticeship, 3) learning to behave ethically and compassionately on behalf of the patient.The third apprenticeship is integrative because it requires excellence in the first two apprenticeships before the third apprenticeship can be effectively practiced.

The transformation from an outsider's lay perspective of nursing to that of acting and thinking like a nurse, being a nurse, requires actual experiences that change capacities to act in complex situations, but also character formation to respond and relate to people who are vulnerable and in need. How does the masterful teacher set up the conditions of possibility for the student's experiential learning, moving from novice to expert? How does the expert practitioner teacher in nursing invite the student into the practice in a way that fosters an appreciation for the integration of the knowledge, practical know-how, ethical comportment, and artistry of that practice?

While we have a growing body of educational research literature on what kinds of teaching strategies and learner experiences improve test scores, we have much less of an understanding of how transformative learning is prompted by excellent teaching. How does the masterful teacher give the novice student access to excellent or exemplary nursing practice? How does the expert practitioner teacher in nursing, medicine, law, engineering, or clergy invite the student in to see and practice the knowledge, practical know-how, ethical comportment, and artistry of a practice?

This paper will present a paradigm case of an expert teacher who embodies teaching practices that invite students to appreciate and take part in the knowledge, practical know-how, ethical comportment, and artistry of nursing as a practice, as well as from students' narratives of learning from the expert teacher.

Pedagogical strategies for teaching and learning a practice will also be described. They include:

1) Learning to recognize and characterize the nature of the clinical situation, complete with needed actions "for the sake of", and "in order to" accomplish specific ends;
2) Reasoning across transitions in the patient's condition/ and/or in the clinician's understanding; recognizing trends and trajectories;
3) Articulation (making intelligible and accessible) experiential learning;
4) Teaching-learning practice specific skills of involvement and engagement with patients/clients;
5) Teaching and learning perceptual grasp and moral perception in specific clinical situations.
6) Integration of knowledge, skilled know-how and ethical comportment.

Most clinical nursing practice requires a flexible and nuanced ability to interpret a not-yet-defined practice situation as an instance of something salient that should call forth an appropriate practitioner response. Once a clinical situation is understood or grasped by the student, how can the teacher then guide the student further toward recognizing the relevant research, possible interventions, and other inherent possibilities available in the particular situation? How does the student nurse come to recognize possible good and less than optimal ends in actual clinical situations? The teacher must help the student nurse see both the medical and nursing implications of a situation, since the nursing implications always require an understanding of the patho-physiological and diagnostic aspects of the patient's

clinical presentation and disease, and also an understanding of how best to strengthen the patient's own physical, social and spiritual recovery resources. For nurses, assessing and soliciting the patient's physiological, social and spiritual resources available for weathering the demands of recovering from an illness or injury and/or coming to terms with loss are all central to the ends of good nursing practice. Thus, good clinical judgment can never be reduced to the technical aspects of the situation, but must consider the patient/family human concerns as well.

Dr. Lisa Day, one of the masterful teachers we studied in The Carnegie National Education Study demonstrates that teaching that integrates all three apprenticeships and that attends to the human and clinical concerns of the patient is possible. We describe Dr. Day's teaching from our observations of her teaching, interviews with Dr. Day on her teaching, and finally interviews with students who have experienced Dr. Day's teaching. Dr. Day uses the metaphor of "bird watching" to characterize how she teaches for nuance and understanding of the patient's particular situation. She is a mid-career clinician who has been teaching for about seven years, and she continues to try to make time to volunteer for clinical shifts in the ICU to keep up her clinical skills. She sees parallels in the practice of nursing where the goal is to understand the patient as a person but also the physiological characteristics and evolution of common diseases that particular patients experience.

Professor Lisa Day, Her Students, and Their School

Students identify Professor Day as an outstanding teacher:

> And I don't know what other people think but I think that most of our other professors aren't in the same universe as her. As far as teaching skill, the capacity to teach, how well versed she is with her subject matter, someone who comes from the teaching profession before this, I'm very impressed by her capacity to summarize and get her point across. Student of Lisa Day

Other students appraise Dr. Day's teaching and the centrality of her role in the program similarly. One student stated, "Her lectures are amazing. She hardly ever has a dud." Dr. Day teaches at the University of California, San Francisco where her students have entered school with a Baccalaureate in another field. They embark on a twelve month course of study before they take the examinations for licensing. They may then start a Master's degree in nursing or take a leave from school to practice.

Dr. Lisa Day connects with the students and their backgrounds. She is eager to share with them her past expertise and to show how it bears on their current clinical experience. She also intentionally draws bridges from clinical learning to the classroom lectures as illustrated in the following interview excerpt from an interview with her:

> I bring in a patient into the discussion so that I try to make everything that we do in class related to this particular patient. And in making it related to that particular patient, it opens the discussion for other particular patients that they've seen and taken care of. If that doesn't happen naturally...like oftentimes students will...I'll mention something about our case study patient and this is how she responded to that intervention and a student will say : "Well, the patient I had who had this didn't respond in that way." And then we can open a discussion of, well, how did that patient differ from this one and what sort of differences you might see. So it adds a richness or variety to the discussion.

Developing a Pedagogy of Formation

Dr. Day sees character development in her students as the growing edge of her teaching. She understands the need to integrate the ethical and clinical demands of a clinical situation in order to solicit from students the appropriate responses to that situation:

> Int.: And how does this class assist the students in their professional role and character development?
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> Lisa Day: Character development, wow. That's another thing that I'm shifting my focus toward. I think that for me, learning a practice is all about values and I've said this from when I first started teaching. We can teach content but what I prefer to teach, is to teach appropriate approach to a person, to a patient. And the way I differentiate that is that we can talk about the specific technical skills that we need and what we need to look for and watch out for but I'm trying to show the students is what's at stake and then ask them : What do you think we should be paying attention to? And I think that gets at the character development. These are the questions that you should be asking and these are the concerns that you should have, and this is the response those concerns should generate. I am trying to develop a habit of thinking in them that' s patient focused and focused on what's at stake. I'm still trying to figure this out myself : How do I speak to character development? I'm trying to achieve another stage in my own development. How can I better promote character development and the type of nurse that I would want to be, and for my students to be.

Dr. Day makes it clear that she understands that clinical judgments and human responses to patients are developed through habits of thought and practice, rather than through the mastery of information or technical skills alone. Appropriate responses are learned in clinical situations with, and classroom discussions of, particular patients. This is why she chooses "particular patients" rather than abstracted or composite cases as the structural spine of her lectures. Each patient has a story that

is about both the patient's clinical course and the patient's and family's personal experience of the clinical story in the context of their lifeworld. Dr. Day's very style of describing clinical situations and encounters illustrates for her students the values and character attributes she wants them to adopt as nurses. For example, when asked how she would describe her course, she responds:

> Lisa Day: How do I describe the course to students? Well, I tell them that it's a really heavy and difficult course and not because of the academic, not because of the setting and the procedures that they're going to do but because of what they're confronted with in the clinical setting and because of what's at stake in terms of taking care of patients and doing the right thing for patients. And I think that's where they find the most challenges, not in the academics, although they are focusing on this group of patients.... I think the way I describe the class is that you're going to evolve from being a sort of tentative practitioner of some skills that are very unfamiliar into someone who looks at what the patient is confronted with and makes a plan and can carry that through for the shifts that we're with the patient. They find it hard to believe that they're going to accomplish that but they have, for the past years that I've taught this course. I really think that the students have accomplished that.
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> So I don't focus a lot on practicing skills or getting a lot of experience with a lot of different patients.

Dr. Day's goal to have her students respond appropriately to a patient's specific needs and concerns is illustrated in the following story in which the student learns to focus on the patient instead of "the procedure" of the day. In the following account, Dr. Day's concern is not the student's concern about learning the technical skill of nasogastric (NG) tube placement but, rather it is about the formation of the student's appropriate responses to the patient. Dr. Day initially told this student's story in an interview with us, which spurred her thinking about teaching for character development. She then worked with the student to use it as an example in her ethics column "Current Controversies" for the *American Journal of Critical Care.* The excerpted story was written in collaboration with the student and includes commentary from Lisa Day. It illustrates the shift in formation or character development that Lisa seeks for all her students. Lisa writes in her column:

> The move from focus on the technical skills to responding to the patient's needs was demonstrated for me recently by a beginning nursing student, Minnie Wood, who was in a clinical rotation associated with her advanced acute care class. She was responsible for the care of patients on a general surgical unit and tells the following story about placing a NG tube.
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> Student Minnie Wood's Story in her own words:
> I was assigned to Mrs. R. She was diagnosed with a small bowel obstruction secondary to pancreatic cancer. During report they said that Mrs. R had been overwhelmed by nausea throughout the previous night and that she needed to have an NG tube placed but that she was refusing it. My first thought was, "Thank God she's refusing it," because I knew that it would be my responsibility to insert it.
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> Since I started nursing school, I've been completely terrified of NG tubes and the whole idea of inserting them. I remember looking through our nursing skills book my first quarter and thinking that having such a big tube put through your nose down to your stomach seemed like one of the most terrible things I could possibly imagine, never mind actually doing it to another human being.
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> I sat in report that morning hoping that I was off the hook because Mrs. R didn't want an NG tube anyway. As soon as report was over, I checked in with the staff nurse I was working with that day. I said, "So it sounds like Mrs. R is pretty nauseous and miserable but she's refusing the NG tube." "That's right," my nurse said, "So you better get in there and convince her that she really needs it." I knew she was right but I was completely dreading the whole experience.
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> I was already pretty familiar with Mrs. R's history and condition because I did lots of research the night before. When I walked in the room, Mrs. R could barely open her eyes. She was completely overcome with nausea and was hesitant to even move. Her abdomen was really distended. Suddenly, here was this woman that I was taking care of who really needed some relief from this tremendous discomfort. I sat down and talked to Mrs. R about the NG tube and why she didn't want it. She was scared, of course, and wondered if it was necessary. I explained how the procedure would work, that I would do it myself with the supervision of the staff nurse and that once we began to suction out all the fluid that was building up in her stomach that she would start to feel some relief from the nausea. She agreed to go ahead with the procedure.
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> Putting the NG tube in wasn't even that remarkable. It happened just like in the nursing skills books. We connected the NG tube to suction and in the first hour drained 700 ml. from Mrs. R's stomach. About 1450 ml. total after 8 hours.
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> That whole day was a real turning point for me. Before that, I was completely focused on myself - my own fears, anxieties, incompetence, and disgust. But when I met Mrs. R and really understood her suffering, the NG tube was transformed from this thing I was terrified of to this thing that could alleviate Mrs. R's misery. A couple of hours later, after a lot of suction, Mrs. R wasn't feeling nauseated anymore. When I went into her room to check on her she said, "Thank you so much for convincing me to get this tube put in. I feel so much better."
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> [Lisa Day continues her commentary in her column.] This student's story illustrates the transition from a focus on technical skills – what Minnie Wood describes as focusing on herself – to responding to what the patient needs. When she met the patient, who was suffering the pain of a distended abdomen, continuous nausea and frequent episodes of vomiting, the student realized the patient needed the NG tube. She then participated with the nurse in convincing the patient of the tube's necessity and went on to place the NG tube, a procedure

that, despite her fears, was not "...even that remarkable."

I do not mean this example to suggest that mastery of technical skill is not important, only that it is not sufficient. The reason completing the procedure itself was not remarkable to Minnie Wood was because she had practiced and achieved facility with the technical skills involved in placing NG tubes. The story points to the power of knowing and taking seriously what is at stake in any patient care situation. Had the student taken up the opportunity to place the NG tube as simply a chance to practice and perfect her own skills, given her aversion to the idea of placing the tube, she might have continued to avoid the procedure by deferring to a thin notion of patient autonomy. Instead, the student's confrontation with the patient's suffering, and realization of the patient's need for the tube went beyond her technical knowledge of the tube's purpose, beyond her technical knowledge of the procedure, and beyond familiarity with the patient's condition gained from the medical record. The student's response to what she experienced first hand and rightly perceived as the patient's need helped to avert the clinical emergency of a perforated bowel or trauma associated with vomiting. The response also averted the ethical dilemma that arises when a patient refuses a simple, ultimately comforting and potentially life-prolonging intervention. (Day, L., AJCC 2005;14(5):434-7)

Integrating the Three Apprenticeships and Teaching for a Sense of Salience

Integration of the three apprenticeships was evident in the best teaching we observed clinically and in the classroom. For Dr. Day, teaching critical care and medical surgical nursing in the hospital setting cannot be broken down into technical mastery plus clinical judgment and ethical comportment; rather the three are intertwined. Technical mastery and knowledge are necessary, but not sufficient for becoming a good nurse. The nurse's therapeutic responses must be generated by the patient's concerns and by what kinds of responses are called for by the patient's clinical situation, as well as by the demands of the patient's clinical condition and its treatment. Separating means and ends can be dangerous when timing, clinical judgment, and clinical know-how are not oriented. In Dr. Day's class the student nurse is not taught to develop a detached, objective gaze, which must be "unlearned" in order to create a good and appropriate ethical response. Students are coached on relational and communication skills: it is about the patient, not the nurse, and skills of engagement with the patient's concerns and clinical care needs are essential. It is learning to take the patient's needs and concerns into account that helps the student to learn the most appropriate knowledge and skills to bear in particular situations. Engagement as an integrated part of a practice community promotes experiential learning by giving the student a sense of identification with good practice. In these situations, student practitioners necessarily feel remorse and regret when they perceive that they fall short of good practice. This leads to a focus on improvement in the next clinical situation.

For Lisa, clinical learning is fluid, flowing from the hospital clinical situations to the classroom, and she has a detailed knowledge of the patients that at least 16 of the students have cared for. She makes use of critical comparisons between particular patients and makes the clinical experience come alive in the classroom. Lisa Day views her classroom as a source of learning and knowledge, and not just a place where theory and science are "applied." The classroom learning serves the clinical learning, and the students' clinical experiences are brought into her lectures. Her style of clinical instruction is dialogical. She extends the students' reach through her questioning: "I think critical thinking skills need to be there, being able to evaluate your patient and how they present physically and anticipating the next step in their care. I think that's very important."

Students credit Dr. Day with stretching their thinking:

Int.: What is it about what she [Dr. Day] does that helps you with your critical thinking?

First student: She presents us - the nice thing is, she presents us with a case study, she kind of mimics what you would see in an acute care setting and then she'll question you. You know, what do you see here, what's concerning, what steps would you do, how would you address, you know, those things that are critical to you at the moment?

Second student: And we have to draw upon what we learned in the first quarter in order to answer those questions, in addition to what we're learning now, so...and our own clinical experiences as well, so...

Third student Lisa is also my clinical instructor and I find it very useful that she comes to the floor and asks those questions. I find it that it engages me in a way that, okay, I'm going to think about...because she kind of leads...not tells you but gives you like enough of a guide and say, okay, are you thinking about this? And then she gives you a little bit and then that will get your mind going. At least it gets my mind going in that sense and I find that very helpful.

Dr. Day uses coaching in her clinical instruction as do most of the nursing faculty we studied. In clinical nursing, coaching is a means of literally training the student to see the most salient aspects of a clinical situation that for the novice may be quite undefined and inchoate. Dr. Day's expert clinical coaching enlarges the students' clinical vision and experiential learning.

Dr. Day manages to do this in a supportive way that is appreciated by the students. She empowers students rather than making them dependent effect rather creating dependency. In the end she is teaching them to both see and think like a nurse.

In this regard, we are confident in calling coaching a signature pedagogy for nurse educators.

In our study we are encouraged to find that student nurses place the needs and concerns of the patient as their first and central ethical concerns. They talked about these concerns in different ways, including the following:

Meeting the patient as a person: Students described learning to meet the patient as a person rather than a disease, or someone with specific problems. We wonder if part of this discovery comes when the student gains confidence and improved communication skills so that they meet the patient not just as a patient, but as a person. Nurse educators noted that they encourage this humanizing move on the part of students.

Preserving the dignity and personhood of patients: Students described their efforts to preserve their patients' identity and dignity, often under circumstances that deny both.

Responding to sub-standard practice: One of the major problems that students have is confronting poor nursing or medical practice in their clinical learning situations. Some students had the courage to confront sub-standard nursing practice for the sake of the patient, but this is extremely difficult for the students. Teachers need to be able to help students continue to do good practice, but also sometimes, must act in the clinical setting to improve practice.

Patient advocacy: We have many examples where students advocated for patients. In one dramatic example, a student nurse returned to her clinical placement to find that her patient had been placed on a ventilator, when the patient had clearly written and requested that she not be placed back on the ventilator. The student called for an ethics consult with the family and health care team, and the patient was granted her wish to be removed from the respirator. This is a strong ethic of good nursing practice that is alive and well in the student nurses we studied.

Learning how to be present with patient and family suffering: Many students described learning experiences where they learned how to be *with* patients, how to attend, how to stay with the patient and family during difficult times. This does not just come naturally, much coping, and growth in understanding on the part of the student must be learned before "being present" and available to patients and families during times of loss and suffering.

Students and faculty are seriously engaged in learning and teaching "good" nursing practice. As researchers and nurses we were inspired by the dedication of student nurses and nursing educators to do good nursing practice. We found little cynicism or disengagement. Instead we found highly committed and motivated nursing students.

Worlds, practices and traditions need to continue to evolve and improve, or else they become fragments and vestiges of earlier practices. They can deteriorate and fall into past traditions, no longer actively being practiced and improved upon. We are grateful for what these excellent nursing professors teach us about the discipline as well as the specific demands of teaching nursing (Shulman, 2004), and for the insights they provide into effective teaching for any professional.

References:

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