

# Interview with Lisa Gonzalez

[VIDEO TRANSCRIPT – August 4, 2022]

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*Lisa Bonsall:* Hello. I'm Lisa Bonsall, Senior Clinical Editor for Lippincott NursingCenter. I'm at the 2022 Lippincott Nursing Education Innovation Summit. And right now, I have the privilege of speaking with Lisa Gonzalez. Lisa Gonzalez is a professor at College of Southern Maryland, teaching students in both adult medical, surgical theory and clinical courses. She is particularly interested in developing students' clinical reasoning skills in the clinical environment and developed a concept based approach grounded in clinical reasoning for such a purpose.

Thank you for joining me today.

*Lisa Gonzalez:* I'm glad to be here.

*Lisa Bonsall:* In matters of clinical judgment, where do students struggle the most?

*Lisa Gonzalez:* I feel like, in matters of clinical judgment, students struggle with putting the pieces together of clinical reasoning. Clinical judgment...when nurses are doing it in practice, it happens really fast. They can unfold situations as situations are occurring and they can think pretty much as fast as a situation is happening. But for students, it's really important that we slow down that process because they might, a lot of students aren't aware that there's different components of clinical judgment, such as noticing and what is important to notice about the situation and then interpreting. So making sense of all the information.

That can take...I feel like sometimes that can take the most time for students because there's a lot of pieces to consider about that patient care situation and then responding, being able to choose and prioritize the most appropriate intervention and then how to, you know, what are those features in the patient care situation that maybe you would choose one intervention over another? So what are those decision points? Where you would choose A intervention versus B intervention and then of course, being able to reflect on the situation. So I feel like that's where students struggle most is just being able to do it as fast as the situation is happening. And I feel like sometimes because of that they lose a lot of opportunities for learning because it just goes over their head and then we never revisit that moment again.

*Lisa Bonsall:* How can faculty integrate clinical reasoning and clinical judgment within nursing curriculum using practical and evidence based approaches?

*Lisa Gonzalez:* I feel like there's a few things that are coming out right now as far as strategies. One is that integrating a clinical judgment model is key right now to providing a structure to nursing curriculum, providing that intentionality into nursing curriculum, providing those starting points for conversations with students about clinical reasoning and clinical judgment.

A clinical judgment model really helps provide that framework for curriculum and to have

conversations with students. So that's one thing. Yeah, there was an integrative review by Tyo and McCurry that showed that, you know, our teaching strategies using a clinical judgment model are really elevated and produce better results than, as far as clinical judgment is concerned, than using teaching strategies, just kind of how we've always done it, not necessarily with clinical judgment or that model integrated. So being able to do that, you know, for example, there's lots of ways you can, you know, include a clinical judgment model in a journaling assignment. So instead of just asking students, "Hey, how did your day go? Write about it." You can ask them, "All right, let's think of a patient situation that happened. What did you notice about the situation? How did you interpret the findings? How did you respond and why did you choose to respond the way that you did?" And then finally, "What have you learned from that situation that you can maybe carry forward for the next patient?" So that's just one example of how you can use a clinical judgment model to really elevate the teaching strategies that you're already doing.

*Lisa Bonsall:* Fantastic. Wow, you can really see their thought processes then when using that approach.

*Lisa Gonzalez:* Oh, absolutely. When you're learning clinical judgment or teaching clinical judgment, it can be kind of tricky sometimes because it's not like a psychomotor skill where you can see them doing the skill correctly or missing a step or, you know, maybe, you know, missing a lot of steps. And you can check them off each step of the way as you're seeing them do that psychomotor skill. So somehow, some way, we really need to bring their thinking out in a visible format. So that way we can evaluate the processes that they are going through and not just bring out just a bunch of random thoughts, but also to consider it in the light of, you know, those steps as cognitive components of clinical judgment, because how can we help our student or find out where maybe there's a breakdown in clinical reasoning unless we can kind of see them walk through it and then be able to identify which piece or component they might be struggling with the most.

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