TEACH Students to *THINK* Like a Nurse

TRANSFORMATIONAL Strategies that will PREPARE Students for PRACTICE

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how do you know if your students are well prepared for professional practice?

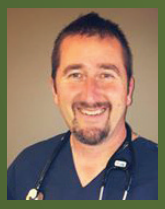
The traditional ways of teaching nursing do not prepare students for the inherent challenges of clinical practice.

- **Nursing education is not only broken, it is in need of radical transformation.**
- **The traditional ways of doing things no longer work to prepare students for the demands of today's nursing practice.**
- **The current quality of nursing education needs to be improved.**

This troubling assessment was contained in the Carnegie Foundation's research findings of nursing education in the United States led by Patricia Benner and published in *Educating Nurses: A Call for Radical Transformation*.

This trajectory can be changed. But in order to prepare students for practice, a transformational vision for nursing and nursing education must be embraced and implemented. Take textbook content and contextualize it to the bedside, integrate clinical and classroom learning, and emphasize clinical reasoning to ensure that students are able to THINK like a nurse.

***TEACH Students to THINK Like a Nurse* provides practical guidance to successfully strengthen student learning by emphasizing and integrating clinical reasoning in the curriculum. The authors draw on their real-world nursing experience to present numerous tools and strategies to empower educators to transform the classroom and clinical settings. Teach students to think like a nurse so they are well prepared for professional practice!**



Keith Rischer, MA, RN, CEN, CCRN is an author, blogger, nurse educator, and staff nurse who has practiced for thirty-five years in a wide variety of clinical settings. Keith is a recognized authority on clinical reasoning and its relevance to nursing practice. His innovative work on clinical reasoning has been published in three nursing textbooks and is the author of the student textbook THINK Like a Nurse. He has presented his insights to nursing students and nurse educators at conferences and workshops across the country. His blog and creative tools to develop nurse thinking are available on his website, www.KeithRN.com.

Patricia Pence, EdD, MSN, RN has been a nursing professor for sixteen years. Her clinical nursing practice spans more than 28 years as a staff nurse and director of nursing in long-term care facilities. Dr. Pence was awarded the *Innovations in Teaching Award* in 2004, *Illinois Board of Higher Education Nurse Educator Fellowship Award* in 2010 and the *Faculty Excellence Award* in 2016 at Illinois Valley Community College. She is a reviewer for *Nurse Educator* and *Teaching and Learning in Nursing*.

"*TEACH Students to THINK Like a Nurse* provides nursing faculty with a much-needed "how-to" formula for contextualizing classroom content so that it is situated in clinical practice."

Carol Huston, MSN, MPA, DPA, FAAN

President, Sigma Theta Tau, the International Honor Society of Nursing, 2007–2009

"*TEACH Students to THINK Like a Nurse* packages the transformation to active learning and connects learning in the classroom and clinical from the perspective of an expert clinician."

Barb Hill, RN, MSN, CNE, CMSRN

Associate Professor

The Community College of Baltimore County, Baltimore, Maryland

"The approach to teaching students outlined in *TEACH Students to THINK Like a Nurse* is reasonable, rationale, and REAL! This is a book I will turn to again and again for insight and support."

Lin Rauch, MSN, RN, BSEd

Nursing Instructor

Western Technical College, La Crosse, Wisconsin

"*TEACH Students to THINK Like a Nurse* contextualizes theory with the practical aspects of nursing and is easy to follow with practical steps to implement a transformational paradigm in curriculum design."

Becky Craig, RNC, MN, EdS, PhD

Nursing Instructor

Nursing Tutorial Lab, Perimeter College, Clarkston, Georgia

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Foreword

I attended a conference session on active learning five years ago that showed how nursing could be taught in ways other than the traditional lecture. I then spent several months changing my next lecture into an active learning course. I knew there would be hurdles to cross and kept an open mind to adapt each week based on what worked well and what did not. After only the second week, I realized my attempts at active learning were not going as I had hoped. Students resisted the needed change to engage in active learning.

I had heard of Keith and his innovative strategies to bring active learning that emphasized clinical reasoning. I called him to learn more about his clinical reasoning case studies and other resources available on his website. After implementing his clinical reasoning case studies in my classroom, I had the results I had hoped for! My students were willing participants, and engaged. My class was transformed from passive lecturing to meaningful active learning that involved solving clinical puzzles in a patient-based scenario. This was the genesis that would transform my nursing classroom into a clinical setting and I have not looked back since.

I then read *Educating Nurses: A Call for Radical Transformation*. Keith had stressed that the educational research presented in *Educating Nurses* provided the foundational framework for his clinical reasoning case studies. A new transformational vision is needed in nursing education. Continuing with the status quo was no longer acceptable. The exemplar teaching methods described in *Educating Nurses* was the stimulus I needed to develop other active learning strategies to complement Keith's clinical reasoning case studies.

My active learning strategies were later published in the 2016 *Teaching and Learning in Nursing* journal in an article titled, "'Flipping' a first-year medical-surgical associate degree registered nursing course: A 2-year pilot study." I also presented my work at the 2016 Organization of Associate Degree Nursing (OADN) convention. I met Keith at this convention and found him to be energetic and enthusiastic. His passion to empower nurse educators was palpable. I was asked to collaborate on *Transforming Nursing Education* and contribute to this project.

TEACH Students to THINK Like a Nurse is a practical guide and resource written for graduate students, novices, and seasoned nurse educators. It contains a new paradigm and vision to support the transformation of nursing education based on the best practice recommendations outlined in *Educating Nurses.*

TEACH Students to THINK Like a Nurse complements the student text, *Think Like a Nurse,* which Keith wrote to strengthen learning of students and new nurses. In *TEACH Students to THINK Like a Nurse,* you will find step-by-step explanations and guidance on HOW to implement a transformational vision for nursing education that includes an emphasis on clinical reasoning to bridge the current gap between theory and clinical practice. I highly recommend *TEACH Students to THINK Like a Nurse* if you are

entering nursing education or seeking evidenced-based change in your teaching practice to engage and strengthen the learning of students.

-Dr. Patricia Pence, EdD, MSN, RN

Preface

My stomach was churning and I was so nervous I thought I was going to pass out! I was standing on the podium in 2012 before a packed room filled with over 200 educators at Elsevier Faculty Development Conference in Las Vegas, a national nurse educator conference. Even though I just completed my second year of teaching, I was invited to present how I had successfully transformed my classroom by incorporating the paradigm shifts in *Educating Nurses: A Call for Radical Transformation* by using clinical reasoning case studies I developed.

I made it through my 75-minute presentation and was humbled by the enthusiastic standing ovation I received afterwards. Little did I know it, but my life was about to change in ways I never expected. I received invitations to present my clinical reasoning strategies at colleges and conferences across the country. I quickly realized I could only be in one place at one time and needed to put in writing what I present so any educator could have access to the transformational strategies I developed to help students think more like a nurse.

Some would question if I am even qualified to write a book for nurse educators because of my academic inexperience. I believe I am uniquely qualified to write this book and that my lack of academic experience is an advantage. Let me explain. I am not beholden to the traditions of the past that hold many educators back by doing it the way it has always been done. This is what needs to change. Nursing education is broken and in need of radical transformation (Benner, Sutphen, Leonard, & Day, 2010). I view everything that is done in academia filtered through my lens of current clinical practice to facilitate needed change and transformation.

I have been a nurse for 35 years in a wide variety of acute care settings. I currently work at a large metropolitan hospital where I care for patients in critical care and the emergency department (ED). I am certified in these two specialty areas (CCRN & CEN). As a nurse educator, I have a unique bifocal lens because I never left the bedside of direct patient care and continued to work in clinical practice every weekend. I infused this clinical salience into all that I taught including the clinical reasoning case studies and scenarios I developed. As a practicing nurse, I know what it takes to prepare students for real-world practice.

As educators, we must never lose sight of the fact that nursing is a practice-based profession. It is not academic tenure, terminal degree, years or even decades of academic experience that ensure your effectiveness as an educator. In order to effectively prepare students for real-world practice, current clinical realities need to be authentically integrated in nursing education, especially the classroom (Benner, et al., 2010). We must never lose sight that the endpoint of everything that is done in nursing education is to teach students to THINK like a nurse (Tanner, 2006).

TEACH Students to THINK Like a Nurse was written to champion a new paradigm and transformational vision for nursing education. By embracing new ways of thinking; transformation can be realized. No curriculum change is required! This book will help educators incorporate best practices from the nursing literature. If you are a new educator, it will help you transition successfully to the academic setting.

TEACH Students to THINK Like a Nurse is unique when compared to other books written for nurse educators:

- **Personal.** As a newer nurse educator who has remained current in practice, I share my journey and personal observations how the current academic-practice gap can be bridged to better prepare students for real-world clinical practice. Dr. Pence also shares her journey as an experienced educator who also successfully transformed her classroom.
- **Practical.** In addition to sharing WHY nursing education needs to change, this book reveals HOW it can be realized with numerous tools and strategies that have been successfully used by myself and educators across the country.
- **Contributions from every-day educators.** I solicited and received feedback from educators across the world who contributed practical, creative approaches to strengthen student learning in the class and clinical settings as well as pearls of wisdom to encourage new nurse educators.

Some may wonder if transformational change is attainable and if my experiences can be replicated. That is one reason I invited Dr. Patricia Pence to collaborate and contribute to this manuscript. As an educator with 16 years of experience, she was at one time stuck in the traditional ways nursing has been taught, but became "unstuck" by successfully implementing the best practice paradigm changes advocated in *Educating Nurses* and using the practical strategies advocated in this book.

Are you ready to embrace a transformational vision for nursing education and begin your own journey to step out and do things differently to strengthen student learning? Keep reading and let's take that first step of your journey together!

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Introduction

Keith Rischer, RN, MA, CEN, CCRN

Nursing education needs to dramatically change. Nurse educators struggle to let go of the traditional model that may have worked in the past, but is no longer able to adequately prepare students for the complexities experienced in today's practice settings. I am not alone in these observations. Patricia Benner, a FAAN "living legend" who led the Carnegie Foundation's educational research detailed in *Educating Nurses* also came to the same conclusion. These are her observations (Benner et al., 2010):

- Nursing education is in need of radical transformation.
- The traditional ways of doing things are no longer working to prepare students for the demands of today's nursing practice.
- The current quality of nursing education needs to be improved to reflect current nursing practice.

In other words, business as usual is no longer an option. It is time to embrace a new vision and transformational paradigm of nursing education to better prepare students for professional practice by being able to think like a nurse.

Educating Nurses: A Call for Radical Transformation (2010) summarized the Carnegie Foundation's research findings of nursing education in the United States. This book was a wake-up call to challenge the status quo in nursing education. The Carnegie Foundation educational research findings contained in *Educating Nurses* identified that nursing education needs to be RADICALLY TRANSFORMED by implementing the following essential shifts of integration:

- Shift from covering decontextualized knowledge and content (textbook) to CONTEXTUALIZING classroom content so it is situated in clinical practice (at the bedside) so students can see why the content is relevant.
- Shift from sharp separation of classroom and clinical teaching to greater INTEGRATION of classroom theory and clinical content. They should not be kept in largely separate orbits in nursing education as it is typically taught.
- Shift from an emphasis on critical thinking to an emphasis on CLINICAL REASONING. Clinical reasoning is the ability of the nurse to think in action and reason as a situation changes over time by capturing and understanding the significance of clinical trajectories and grasping the essence of the current clinical situation (Benner, et al., 2010). Clinical reasoning is the essence of how a nurse thinks in real-world clinical practice.

Since *Educating Nurses* was published, progress has been made. Several states have implemented initiatives to transform nursing education. Other programs have implemented curriculum revisions and innovations in clinical education are taking place. But in order to see these changes last, it will depend on educators, nurses, and students to respond to the changes advocated in both education and practice settings (Benner, 2012).

I have worked with programs to implement needed change and have been encouraged by the passion and enthusiasm of educators that are committed to strengthen student learning. But some continue to resist change and ongoing work is still needed to close the practice–education gap once and for all.

Transformational Paradigm Shift

In order to better prepare students for practice and realize transformational change in your program, begin by changing the way you teach your current content (Benner, et al., 2010). Integrate clinical reasoning throughout the curriculum so students have opportunities to repeatedly practice clinical reasoning and think more like a nurse. The essence of this transformational paradigm shift is a "clinical reasoning curriculum" that integrates this emphasis in all aspects of classroom and clinical content beginning with the first semester.

So where and how do you begin to integrate clinical reasoning in your program? This is an ongoing struggle. To see where you are in your journey, use the following reflection questions that capture the essence of what a clinical reasoning curriculum practically looks like and assess your progress.

1. Emphasizes relevance, NOT content. TMI (too much information!) is an ongoing problem in nursing education.

- Reflect: *Do you filter the content taught so it represents content relevant to bedside practice?*

2. Emphasizes DEEP learning of what is MOST important

- **A&P.** Pathophysiology must be DEEPLY understood in order for students to make connections to the relationships of essential clinical data in practice.
    - Reflect: *Do you emphasize and contextualize A&P in each presentation?*
- **F&E.** What labs are most important and why? Applied understanding of F&E is more important than memorizing the "hypo" and "hyper" of the most common electrolytes!
    - Reflect: *Do you contextualize F&E content to the most common scenarios that nurses may encounter?*
- **Pharmacology.** To safely pass the most common medications, students must not memorize, but UNDERSTAND the mechanism of action.
    - Reflect: *Do you integrate the most common medications in your presentations and briefly review the mechanism of action of these drugs?*

3. Content is contextualized to the bedside. Nursing is a practice-based profession. Content or concepts that are taught must have a "hook" that contextualizes content to the bedside. Content-heavy lectures that highlight textbook content hinder student mastery of content that must be able to be applied, NOT memorized! If your program emphasizes concepts, then be sure to contextualize your concepts!

- Reflect: *In the classroom, do you contextualize content to the bedside using case studies or other active learning strategies?*

4. Emphasizes clinical reasoning as "nurse thinking." Clinical reasoning is the ability of the nurse to think in action, reason as a situation changes, recognize relevant clinical data, and grasp the essence of the current clinical situation (Benner, et al., 2010).

- Reflect: *Do you teach clinical reasoning and other ways of nurse thinking besides nursing process and written care plans?*
- Reflect: *Do you use strategies during clinical practicum that bridge classroom learning with patient care?*

Why Change?

Why should nursing education change by implementing these paradigm shifts and emphasize clinical reasoning? What is the consequence if students are unable to think like a nurse by being able to clinically reason? They are NOT fundamentally prepared to provide safe and competent patient care (Romyn, et. al. (2009). To prepare students for the current challenges and complexities of patient care will require an "all hands on deck" approach to embrace a transformational paradigm shift in nursing education. This paradigm shift includes a renewed emphasis on preparing students for clinical practice and a transformational vision of nursing education and of nursing itself; how nurses see themselves, and their role in health care.

Because clinical reasoning mirrors the way a nurse thinks and sets priorities in clinical practice, it is imperative that every nurse educator reflect and ask the following question,

"What will be the ultimate consequence if a student in my program who graduates to be a nurse in practice fails to clinically reason and think like a nurse by identifying a change in a patient's status until it is too late?"

A patient will likely have an adverse outcome and may even die as a result. This is why nurse educators must not see clinical reasoning as just another trendy pedagogy, or active learning strategy. The inability of a new nurse to think like a nurse and clinically reason can potentially be a matter of life and death!

I See Dead Patients

"I see dead people" was a famous quote by Cole Sears from the hit horror movie *The Sixth Sense* in 1999. Fortunately, it was only a movie. Unfortunately, I have seen clinical situations as a rapid response nurse that foreshadowed a patient death as the result of the primary nurse's "failure to rescue" and clinically reason when there was a change of status that went unrecognized until it was too late.

Here is one of those scenarios. Jenny was a newer nurse who graduated a year ago. She had an elderly male patient named Ken. He had a perforated appendix, but it had been removed successfully two days prior and he was clinically stable. Around midnight, he became restless. His BP was slightly elevated at 158/90 and his HR was in the 100s. He had a history of mild dementia

and was not able to readily communicate his needs, so Jenny gave him 1 tablet of oxycodone, assuming he was in pain. Two hours later, he continued to be restless and Jenny thought that she heard some faint wheezing. She noted that he was now more tachypneic with a respiratory rate of 28/minute. He did have a history of COPD and had an albuterol nebulizer PRN ordered, so that was given.

Two hours later, Jenny called me, as the rapid response nurse, to come and take a look at her patient. She was concerned but was unable to recognize the problem and wanted a second opinion. After Jenny explained the course of events that transpired to this point, I took one look at Ken and realized that he was in trouble. He was pale, diaphoretic, and his respirations had increased to 40/minute despite the nebulizer two hours ago. He was not responsive to loud verbal commands. The last BP was still on the monitor and read 158/90. I asked, *"When was the last BP checked?"* Jenny stated it was four hours prior. While obtaining another BP, I touched Ken's forehead. It was notably cold, as were his hands. The BP now read 68/30.

Recognizing that Ken was in septic shock, and that IV fluids and vasopressors would be needed to save his life, I looked for an IV and found only one, a 24-gauge catheter in the left hand. This is the smallest size IV catheter and is typically used with infants and small children.

Ken needed a central line and there was little that could be done to initiate even the most basic life-saving treatments to rescue Ken on the floor. He was emergently transferred to ICU. Within 30 minutes Ken was intubated, a central line was placed, and three vasopressors—norepinephrine [Levophed], phenylephrine [Neosynephrine] and Vasopressin—were required to get his systolic blood pressure greater than 90 mmHg.

After this transfer was completed, I asked Jenny a simple clinical reasoning question: *"What was the most likely complication that Ken could experience based on his reason for being hospitalized?"* Jenny admitted that she hadn't thought about it because she was so focused on getting all of the tasks done with her four other patients.

Had Jenny asked herself this question while caring for Ken, but more importantly answered it, she would have been thinking like a nurse. She would have vigilantly looked and assessed for EARLY signs of the most likely complication Ken could experience because of his perforated appendix…SEPSIS. Although early signs of sepsis were present at midnight, it was not recognized until it was too late for Ken. He died the next day.

This story illustrates the tragic consequences of failure to rescue that is documented in the nursing literature (Clarke & Aiken, 2003). This is WHY students must be practically prepared for real-world practice by UNDERSTANDING and APPLYING clinical reasoning to the bedside. To think, or not to think like a nurse, is a matter of life and death. Nursing education does not need to remain broken. All it takes is nurse educators who are willing to resist the "status quo" and do things differently to bring needed change. When content is contextualized, clinical realities are brought to class, and clinical

reasoning is the foundation of your program, you can be confident that you are not only preparing your students for the NCLEX, but more importantly real-world clinical practice!

Transformation Is Possible

Transformation of nursing education is possible and within your reach. I liken this objective to the exodus of the Israelites from Egypt over four thousand years ago. A lack of faith and the reality of "giants" kept them from entering into the Promised Land, and, as a result, they wandered in the wilderness for 40 years. In the same way, your journey out of the current "wilderness" of nursing education is not going to be easy. You are going to face obstacles and giants that will challenge and test you. But numerous educators have successfully overcome the giants that include opposition from students and colleagues to do things differently.

Patricia Benner and the co-authors of *Educating Nurses* represent the leadership and direction that nursing education needs to follow in such a time as this. Like Moses, if nurse educators are willing to follow the educational best-practice recommendations of *Educating Nurses*, this is the path to transformation. Resist and go back to Egypt and the secure ways of the past will have disastrous consequences.

This book is uniquely structured to help any motivated educator successfully implement transformational change that will help students think like a nurse. Though tools and strategies are essential, transforming the educator and changing the way you currently think about nursing education is needed and is the focus of Part 1. Part 2 addresses the importance of transforming the content and what needs to be emphasized to strengthen student learning of what is most important. Part 3 addresses principles and strategies to transform classroom teaching, and Part 4 does the same with clinical instruction. I close with Part 5, transforming the entirety of nursing education by emphasizing civility and addressing barriers that men in nursing education have encountered for over 150 years. But before I go any further, whether you are a graduate student, new nurse educator transitioning to academia, or experienced nursing faculty, I will start with the key to successful change in nursing education—strengthening and transforming you, the nurse educator!

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