

Guided Reflective Writing and Student Clinical Judgment Development:

A Descriptive Study of Nursing Student and Faculty Perspectives

By
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Tanya Smith
MSN, Fort Hays State University, 2006
BSN, Fort Hays State University, 1996

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Committee Chair: Dr. Wanda Bonnel

Dr. Kristi Williams

Dr. Kesa Herlihy

Dr. Kathy Fletcher

Dr. Carla Sabus

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The dissertation committee for Tanya Smith certifies that this is the
approved version of the following dissertation:

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Chair: Dr. Wanda Bonnel

Graduate Director: Dr. Karen Wambach

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Abstract

Literature supports guided reflection and clinical judgment development as key components to enhancing students' knowledge and preparation for complex nursing care. Faculty are challenged to prepare new nurses to enter the complex health care arena and often note problems in helping students transition classroom learning to clinical application. The National Council of State Boards of Nursing (NCSBN) recognizes and supports teaching clinical judgment in nursing curricula to better prepare nursing students for professional practice (2018). Guided reflective writing provides opportunities for nursing students to synthesize and evaluate evidence related to clinical experiences and may support clinical judgment development.

The purpose of this qualitative descriptive study was to examine student and faculty perspectives of the benefits and challenges of guided reflective writing for clinical judgment development following clinical experiences. A convenience sample of Junior (n=28) and Senior (n=19) nursing students and faculty (n=4) were recruited from a baccalaureate degree nursing program at a small Midwestern university. These students used the Guided Reflective Writing Assignment organized by Tanner's Clinical Judgment Model (2006).

Student participants were asked to participate in an open-ended survey regarding their experience of the Guided Reflective Writing Assignment post-clinical. A focus group gained faculty perspectives of the assignment. Methods to assure trustworthiness included follow-up participant interviews and artifact analysis. Qualitative data was analyzed using content analysis to identify themes from the responses. An organizing frame relevant to reflective writing and clinical judgment for patient care emerged from the group descriptors. Since different student levels provided different perspectives of the assignment, a final theme for each student group was developed: 1) Organizes basic nursing care (Junior One students) and 2) Sense of wholeness

(Senior Two students). Progression in clinical judgment from Junior One to Senior Two students was supported with participant comments. Faculty concurred with students' perspectives with their final theme, Encourages deep thinking. Study findings reflect support and value of the Guided Reflective Writing Assignment for assisting students gain clinical judgment skills. The study helps advance the science of learning and leads to further research opportunities and implications for nursing students, faculty, graduates, and patient care.

Keywords: clinical judgment development, guided reflective writing, and nursing

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Chapter One: Background

Chapter one provides an overview of the significance of clinical judgment development in nursing and the purpose of this study. Reflective writing as an active learning strategy in nursing education is reviewed in the context of clinical judgment development. The theoretical frameworks supporting this study are reviewed. Research questions, limitations, assumptions, and terms used in the study proposal are defined.

Problem and Significance

Health care reform has resulted in a fast-paced environment that requires new nurses to be self-directed learners that can process information quickly. Nursing students are expected to have high academic and professional performance upon graduation needed to pass the state board examination and assume new nurse roles in complex health care environments. As nurse educators are limited in available clinical experiences and individualized student time, active learning strategies in the classroom, lab, and after clinical experiences play an important role in the students' nursing education preparation. Guided reflective writing is an active learning strategy that can increase learning and promote clinical judgment in patient care. It is recommended that key strategies to promote critical thinking and clinical judgment are included in the classroom, simulation, and diverse clinical settings (Bussard, 2018).

To better prepare nurse graduates for a workforce that is complex, uncertain, and constantly evolving, undergraduate nursing programs are challenged to change not only what they teach but how they teach. It is no longer acceptable for nursing curricula to focus on memorization of facts. The American Association of Colleges of Nursing (AACN) (2008) endorses the importance of graduating nurses who can apply critical thinking and clinical judgment in practice situations to improve patient outcomes. In 2000, AACN identified support for nurses who can function with independence in clinical decision making. Learning to think

critically expands nursing students' thought processes to explore alternatives. Providing learning opportunities for students to enhance their nursing knowledge base and develop critical thinking and clinical judgment is a change in teaching practice advocated by the National League for Nursing (NLN). The NLN encourages nurse educators to create opportunities for learners to develop their critical thinking skills and implement innovative curricula (National League for Nursing, 2003).

The NLN identifies nursing judgment as the process of critical thinking, clinical judgment, and evidence-based practice (National League for Nursing, 2010). Critical thinking is a foundational skill that leads to clinical reasoning. The process of using critical thinking, leads to clinical judgment as a summary of a patient's needs and approaches to care. Clinical judgment differs from critical thinking in that it includes a reflective component and considers the nurse's own values, biases, and experiences in the clinical setting and how these will affect the patient situation and outcomes. The reflection step or self-analysis piece is critical to nurses and students to identify their own strengths and weakness with plans for further development. New educational pedagogies should engage students to facilitate learning (Forbes & Hickey, 2009). Pedagogies that offer active engagement help students learn how to think rather than just memorization of content.

Importance of Reflective Writing in Nursing Education

Guided reflective writing is an active learning strategy that can improve academic and clinical performance for undergraduate nursing students. Increased nursing knowledge and development of strong clinical judgment skills is essential for quality patient care and survival of nurses in fast-paced, ever changing health care environments. Patients in acute care settings are increasingly complex with multiple health conditions and complicated care plans. Nurses today

need to be able to think through complex situations, solve problems for multiple patients at a time, and communicate effectively with team members. Learning to write effectively promotes communication skills for professional patient care documentation. Development of clinical judgment in nursing education requires multiple opportunities for reflective writing practice and close evaluation of critical thinking skills.

Reflection can be an active learning strategy for nursing students. Craft (2005) summarized reflective writing in nursing education as a useful strategy to increase critical thinking skills after clinical experiences. Reflection is considered a conscious exploration of one's own experiences (Silver, 2013). Reflective writing exercises provide opportunities for students to synthesize data and evaluate evidence related to their experiences. It also prompts students to develop questions for further reflection and investigation. Reflective writing as an assessment provides faculty with an inside look at students' thought processes and clinical judgment development. With frequent reflective writing submission and review, faculty can provide feedback regarding the student's thought process to guide their experience interpretation. Close guidance, review, and detailed feedback of reflective writing exercises provides faculty a realistic view of the student's clinical judgment development. Reflective writing in nursing education has potential to foster self-understanding and facilitate coping with critical incidents (Harrison, & Fopma-Loy, 2010).

Published nursing research supports reflection as an active learning strategy that contributes to experiential learning. Research by Fowler (2007) and Boctor (2013), provide general information about students' positive responses regarding reflection. Work by Lasater (2011), supported that reflective thinking has a direct impact on clinical judgment development in nursing students and needs more attention.

Clinical Judgment & Significant Learning Frameworks

The frameworks of clinical judgment and significant learning were chosen to guide this study because of the significance of clinical judgment development in nursing. The significant learning framework emphasizes learning activities that develop critical thinking and clinical judgment.

Clinical Judgment Model in nursing. Tanner (2006) designed an evidence-based model of clinical judgment in nursing emphasizing the role of the nurses' background, the context of the situation, and the nurses' relationship with their patients. These factors are central to what nurses notice and how they interpret findings, respond, and reflect on their response. The clinical judgment model was based on the observations of experienced nurses and how they respond to their patients. Clinical judgment is an "interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response" (Tanner, 2006, p. 204).

The Clinical Judgment Model is composed of four phases: noticing, interpreting, responding, and reflecting. Noticing is a function of the nurses' knowledge or their assessment of the situation. Interpreting is making sense of the assessment and determining an appropriate course of action. Responding is taking action and observing the outcomes. Reflecting is the reflection on the action and the clinical learning. Engaging in reflection requires a higher level of critical thinking to connect one's actions with the outcomes.

Although the Clinical Judgment Model was designed based on the actions of experienced nurses, there is evidence that nurse educators can use the model to guide the development of clinical judgment in nursing students. The Clinical Judgment Model emphasizes engagement

with patients and development of concern and caring for the patients' well-being. Using the Clinical Judgment Model, nurse educators can help students advance their clinical knowledge and become habitual in reflection on their practice.

Significant Learning Framework. Fink (2013) created an integrated approach to designing college courses for significant learning. The Significant Learning Framework is not specific to nursing but identifies best practices for course design in higher education. Fink has developed a taxonomy of significant learning that provides interactive learning goals. With these learning goals, Fink encourages educators to provide opportunities for students to become self-directed learners; understand and remember information; practice critical thinking; connect ideas and life experiences; learn about oneself and others; and develop caring behaviors. As the goals are integrated into higher education courses the more valuable students' learning becomes.

Fink (2013), in his text, *Creating Significant Learning Experiences*, challenged educators to shift from a content-centered approach to a learning-centered approach. This shift was the basis of his Significant Learning Framework. The framework empowers educators to design courses for significant learning in a variety of situations.

Active learning in the Significant Learning Framework encompasses information, experience, and reflection. Information and ideas are not only received directly from the educator but can come from outside sources too. Using multiple sources of information encourages the student to challenge the status quo and utilize their self-directed learning abilities. The active learning experience involves direct, indirect, and online activities. In the classroom, students can be actively involved in debates, role-playing, or case scenarios. Outside of classroom experiences include service learning and observation activities.

Fink (2013) described the final piece of holistic active learning as reflection. Reflective dialogue can include self-reflection through thinking or journaling. It can also include reflection with others through class discussions and debriefing. Regardless of the reflection type, it involves students addressing what they are learning, the value of the learning, and what needs further exploration. Providing formative feedback to students is essential to developing their learning and encouraging their engagement in the process. Fink recommended using feedback that is Frequent, Immediate, Discriminating, and delivered Lovingly (FIDeLity). Using this model for feedback delivery helps students understand the concept and encourages them to evaluate their own learning in their process of becoming self-directed learners.

Specifically, reflective writing as an active learning strategy best fits in the learning how to learn and foundational knowledge goals. Fink (2013) encouraged educators to engage students in self-assessment so that later in life they are able to assess their own performance and identify areas for improvement. Fink differentiated passive learning from active learning in that passive learning is receiving information only; whereas active learning involves a reflective experience. Reflection of the experience or subject enhances the learning process. Examples of guided written reflective dialogue include minute papers, learning portfolios, and journaling.

Purpose

The purpose of this study was to examine nursing student and faculty perspectives of the benefits and challenges of guided reflective writing for clinical judgment development following clinical experiences. Students and faculty were asked their perceptions of Guided Reflective Writing Assignments and clinical judgment development.

Research Questions

Research questions, addressed from student and faculty perspectives, included:

- 1) What are the benefits of Guided Reflective Writing Assignments for nursing students after clinical experiences?
- 2) What are the challenges of Guided Reflective Writing Assignments for nursing students after clinical experiences?
- 3) What are participants' perspectives on the value of Guided Reflective Writing Assignments in development of clinical judgment?

Assumptions of this Study

- 1) Students had clinical experiences that provided patient engagement.
- 2) Students participated in multiple clinical experiences and practiced reflective writing multiple times.
- 3) Students received orientation to the Clinical Judgment Model and the guided reflective writing assignment prior to their clinical experiences.
- 4) Students were required to participate in the reflective writing assignments as part of their coursework.

Limitations of this Study

- 1) This study used participants from one baccalaureate degree nursing program.
- 2) Convenience sampling can lead to bias in the sample by not being truly representative of the study population.
- 3) No attempt was made to control the type of clinical experience the students were exposed to.

Terms

For this study, the following terms were considered with the following definitions.

Junior One students. Nursing students who are in their first semester of the nursing program are classified and referred to as Junior One students.

Senior Two students. Nursing students who are in their final or fourth semester of the nursing program are classified and referred to as Senior Two students.

Reflection. For this study, reflection was considered a thoughtful analysis of an activity. The earliest definition of reflection was first posited by John Dewey (1933) as an “active, persistent and careful consideration of any belief or supposed form of knowledge in the light of the grounds that support it and the further conclusions to which it tends” (p. 84).

Journaling. Journal writing is an instruction learning tool that encourages self-assessment. A journal is a means for recording thoughts, reflections, feelings, personal opinions, and even hopes or fears during an educational experience (Hiemstra, 2001). Journals are written multiple times to encourage frequent writing. Journals vary in format and may be simply random reflections obtained during a learning experience. Depending on the engagement of the writer, journal writing has the potential to enhance personal growth and development, intuition and self-expression, and problem solving. Journaling in adult learners can increase their ability to reflect critically on experiences.

Guided reflective writing. For this study it was important to note the difference of guided reflective writing and journaling. Guided reflective writing is more than journaling. Where journaling is a free-write to provide a description of events and feelings; guided reflective writing is more structured, has prompts, and requires teaching and feedback. Guided reflective writing is more for personal and intellectual growth. Levels of reflection range from descriptive account to intensive reflection. Academic reflection involves a conscious and stated purpose to show evidence of learning (Ryan, 2013). This purposeful reflection requires a critical level of

reflection for active learning to occur. The purpose of reflective writing is to transform professional practice in some way.

Clinical judgment. As a major concept in this study, clinical judgment was defined as “an interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improve new ones as deemed appropriate by the patient’s response” (Tanner, 2006, p. 14). The Tanner Model of Clinical Judgment describes four aspects of how nurses think, Noticing, Interpreting, Responding, and Reflecting (in-action and on-action); these interact in a non-linear fashion as nurses make decisions about patient care.

Meta-cognition. Meta-cognition is another form of reflection that emphasizes the thought process. Meta-cognition, or thinking about thinking, is the “act of thinking about one’s own thought process” (Silver, 2013, p. 1). Meta-cognitive skills such as self-monitoring, reflection, and learning to learn, have been identified as vital skills in solving complex problems (Billing, 2007). Learning to use meta-cognitive skills is important for transfer of skills and information from one situation to another.

Reflective writing assignment. For this study a reflective writing assignment was defined as one that has been completed by students following a clinical experience using guided reflective prompts based on the Clinical Judgment Model. This Guided Reflective Writing Assignment was accompanied by a rubric developed from the Clinical Judgment Model.

Summary

As described in Chapter One, reflective writing is an important strategy to promote learning in higher education. It can be a component in designing courses for significant learning and activities to engage learners in nursing program curricula and higher education. Achieving a

deeper understanding of content to be learned and its application through reflective writing encourages engagement and development of self-directed learning and critical thinking. Self-directed learning is key in nursing as healthcare is ever changing and the profession of nursing's research expands. Guided reflective writing is also an exemplar of an active learning strategy with the potential to promote the development of clinical judgment. While Chapter Two describes the current evidence base for reflective writing and clinical judgment, it is clear there is a lack of research connecting the concepts, indicating that further study as proposed here is needed.

Chapter Two: Literature Review

Chapter One provided an overview of the problem to be studied and its significance. Literature on clinical judgment, reflection, reflective writing, and rubrics for writing assignment feedback helped inform this study. The following review will provide background on the concept of reflective writing and clinical judgment development. To identify appropriate literature, key word searches of the words/phrases: clinical judgment, critical thinking, reflection, reflective writing, journaling in nursing, and feedback with rubrics were used with the electronic search engines of Google Scholar, CINAHL, ERIC, and PUBMED. As reflective writing is a classic learning strategy, older literature was included. Journal articles from 2000-2018 were utilized in the review.

As clinical judgment and reflective writing are the key concepts for this study, each section provides a summary of the concept's theoretical background, relevant research, and support for future research. In addition, Chapter Two provides an overview of the best practices for guided reflective writing and support for guided reflective writing using the Clinical Judgment Model.

Purpose of Clinical Judgment Development in Nursing

Clinical judgment development in undergraduate nursing programs is key for safe, competent nursing practice. To prepare nurses for clinical practice, students must demonstrate competence in critical thinking, communication, assessment, evidence-based practice, and technical skills (Alexander, McDaniel, Baldwin, & Money, 2002). The nurse of today is faced with technology expansion, limited resources, and increased patient acuity. These demands call for nurses who can deal effectively with complex change and can reason at higher levels. Clinical judgment in nursing is essential for professional accountability and quality nursing care

(Brunt, 2005). Learning to think critically expands the students' thought process to explore alternatives.

Critical thinking transition to clinical judgment. Critical thinking is the process of purposeful thinking and reflective reasoning. Thinking critically requires active thinking, viewing situations from different perspectives, and organizing a discussion of ideas (Brunt, 2005). Critical thinking involves both cognitive skills and affective dispositions (Simpson & Courtney, 2002). Cognitive skills include interpreting problems, analyzing data and ideas, reaching appropriate conclusions, defending the reasoning, evaluating relevance, and monitoring one's own thinking. These skills help nurses make thoughtful judgment in nursing situations. Affective traits of a critical thinking include having an open mind, being curious, seeking the truth, valuing organization, and trusting one's own reasoning (Simpson & Courtney, 2002). Critical thinking is a process that promotes continuous exploration, refinement, and understanding.

In summary, critical thinking promotes questioning and critiquing of solutions. Critical thinking is a foundational skill that leads to clinical reasoning. The process of using critical thinking, then in turn leads to clinical judgment as a summary of a patient's needs and approaches to care. Clinical judgment differs from critical thinking in that clinical judgment includes a reflective component that also considers the nurse's own values, biases, and experiences in the clinical setting and how these will affect the patient situation and outcomes.

Clinical judgment in nursing theoretical background. As the end product, clinical judgment is the ability to gather patient data, make sense of the data, provide appropriate care based on the data, and then evaluate both the patient's and one's own actions (Bussard, 2018). Tanner (2006) first developed the Clinical Judgment Model to help guide nursing students to

“think like a nurse”. The Lasater Clinical Judgment Rubric was later developed to evaluate student’s overall progress in developing clinical judgment (Lasater, 2007). The rubric assesses the student’s ability to notice, interpret, respond, and reflect during the clinical or simulation experience. Another way to think of the components of the clinical judgment model is to ask the questions: “What did I notice? What does it mean? What will I do? and What was the effect of what I did and of my thinking?” (Caputi, 2018, p. 12). Their reflection step or self-analysis piece is critical to students to identify their own strengths and weakness with plans for further development.

There are four major stages to clinical judgment development. The noticing step involves collecting data about the patient or healthcare situation (Caputi, 2018). Personal characteristics of the nurse influence what is noticed. Noticing as part of the clinical judgment process not only addresses the problem but works to improve nursing. Interpretation involves making sense of the information or data analysis. Responding is the conclusions made based on interpretation of the data or how one will respond to the situation. Finally, reflecting on one’s own thinking helps the student grow and learn as a nurse encouraging self-evaluation and growth of critical thinking and clinical judgment.

In the reflecting stage, two types of reflection are noted. Reflection-in-action occurs while the student is caring for the patient or addressing the healthcare environment issue. This reflection happens in real-time and plan revision occurs during the moment. Whereas, reflection-on-action occurs upon completion of the action. Reflection-on-action allows a more thoughtful mental review of the activities to learn and improve thinking (Caputi, 2018).

Student participation and self-directed learning in clinical judgment development.

Clinical judgment development not only requires a new way of delivering instruction but also

engages the learner. Students need to be self-directed learners to participate in critical thinking and clinical judgment development. Self-directed learning is a process in which nursing students are responsible and accountable for their own learning (El-Gilany & Abusaad, 2013). Students take initiative to diagnose their learning needs, formulate goals, identify resources for learning, and implement appropriate learning strategies. With self-directed learning, as a process of developing critical thinking skills, faculty become facilitators of learning rather than teachers of content. Self-directed learning increases nursing students' confidence in their own ability and also improves their capacity to learn to contribute to life-long learning development. Self-directed learners who engage in critical thinking development are not only more confident but have better relationships with others and a better understanding of the clinical picture as a whole (Brunt, 2005).

Active learning strategies for clinical judgment. Active learning strategies to develop students' clinical judgment go beyond traditional lecture based instruction. Student centered instructional strategies are more effective in improving students' understanding and knowledge retention than traditional lecture-based methods that do not include student participation. Students learn best when they are engaged with real objects, are working in groups, or are solving complex problems (Kober, 2015). Simulation, case studies, videos, games, concept mapping, problem-based learning, role play, team-based learning, and reflective writing are but a few key instructional strategies available to contribute to clinical judgment development (Walker, 2003). Strategies that involve patient scenarios, such as problem-based learning or case studies, help students connect the relationship between disease process knowledge and application during nursing care (Alexander, McDaniel, Baldwin, & Money, 2002). The current

generation of students prefers kinesthetic learning opportunities to increase their motivation to learn.

Clinical judgment in nursing research. After Tanner's Model of Clinical Judgment (Tanner, 2006) was published, Lasater then generated a clinical judgment development assessment rubric to be utilized post-simulation (Lasater, 2007). The Lasater Clinical Judgment Rubric (LCJR) has been used many times post-simulation. Victor-Chmil & Larew (2013) gathered six studies using the LCJR to determine its reliability and validity. Content validity and inter-rater reliability had good support across the studies, indicating the LCJR to be a valuable assessment tool post-simulation in undergraduate nursing. Other studies supported this basic validity and reliability of the LCJR (Adamson, Gubrud, Sideras, & Lasater, 2011; Ashcraft, et al., 2013).

The clinical judgment model has been used as a framework to guide not only post-simulation activities, but also graduate and novice nurse experiences (Nielsen, Lasater, & Stock, 2016; Monagle, Lasater, Stoyles, & Dieckmann, 2018). After studying new graduates, both of these noted studies recommended the use of the LCJR as a structured framework for reflection rather than a measurement scale. Miraglia and Asselin (2015), also recommended the use of the LCJR as a framework to enhance clinical judgment in novice and experienced nurses. Their use of the clinical judgment model emphasized reflection after clinical experiences leading to development of practice change. This lends further support of the clinical judgment model as a framework for post-clinical activity reflection.

The Clinical Judgment Model as a framework for post-clinical activity reflection is supported as a foundation for clinical learning. Reflection uses a nonlinear approach to understand nursing care in a holistic model to support the learning process of metacognition and

development of clinical judgment. Using the Clinical Judgment Model as a guide for reflection, Neilsen, Stragnell, and Jester (2007) developed thoughtful questions to be utilized post-clinical for guided reflective writing.

Only one publication was found describing evaluative results with application of the Clinical Judgment Model. Lasater and Neilsen (2009), in their case report describing a reflective journaling and clinical judgment development assignment, highlighted the evaluative outcomes from faculty and student perspectives of implementation of the clinical judgment guide for reflection. Qualitatively, students reported the model helped them explore situations and guide plans for improvement in the future. It was also reported the guide was considered user friendly and allowed for integration of real-life situations. A lack of published studies regarding the clinical judgment model and guided reflective writing leads to a need for further research in this area.

Reflective Writing

Reflective writing, a main concept in this study, first begins with the concept of reflection. Reflection, as an active learning strategy, has been promoted for decades. Reflection is linked to the cognitive behavioral skill of self-monitoring and purposefully involves paying attention to thoughts, feelings, and judgments (Horton-Deutsch & Sherwood, 2017).

Reflection theoretical background. Schon (1983) described reflections in professional education, as a tool for addressing how the complex epistemology of practice may be uncovered. Schon identified two main aspects of reflective practice including reflection-on-action and reflection-in-action. Reflection-in-action is thinking on one's feet and requires those to be conscious of what they are doing and how they are doing in that moment of practice. Reflection-on-action is a retrospective process of thinking that occurs after an experience and encourages

analysis and interpretation of the event. Reflection is an internal process that helps the individual refine their understanding of an experience. Mezirow (1990) described reflection as a higher order, conscious thought process that allows critical questioning of the experience.

Effective instruction in higher education begins with reaching students through engagement. Kober (2015) addressed key research points regarding undergraduate teaching for science. Delivering information in lecture format teaches memorization. Learning actually occurs when the student becomes an intentional learner. Developing metacognition or thinking about their own thinking and learning, prompts students to monitor their own understanding and progress. “Meaningful learning occurs when students select, organize, and integrate information, and take control of their own learning” (Kober, 2015, p. 59). As students become intentional learners they ask questions to help them solve problems and reflect on what they are learning.

The National Academies of Sciences, Engineering, and Medicine (2018), in a synthesis of research, emphasized the importance of repetition and spacing of practice to enhance learning. When learners practice retrieval, as in reflection, they increase their ability to use the knowledge again in the future. Learning effectiveness increases by helping students to summarize and explain information they are learning. This reflection practice increases problem solving ability.

Reflective writing theoretical background. Zinsser (1988) explained the benefit of writing in learning. Writing about a subject allows students to reason about what it means. Zinsser correlated writing with thinking. Writing requires a physical activity (writing or typing) to get thoughts on paper. Writing forces the student to organize thoughts and present them clearly for understanding. Reflective writing in higher education is a well-known active learning strategy to increase meta-cognition in college students. The activity, based on adult learning theory and experiential learning theory, engages the learner in active learning (Hubbs & Brand,

2005). Reflective writing is a specific strategy of learning that requires a higher level of abstraction.

As an active learning strategy across multiple disciplines, reflective writing contributes to clinical education and practice to enhance self-awareness and professional growth (Walling, Shapiro, & Ast, 2013). Students report reflective writing as providing insight, stimulating reflection, and challenging. With deep reflection, students should have an awareness of the reflection process, document learning points, and pose new questions (Reidsema & Mort, 2009). Professors who successfully integrate reflective writing into their courses report a satisfying increase in their teaching pleasure. Professors also report students are better prepared for class and student performance improves (Bean, 2011).

Reflective writing in clinical nursing. Written communication skills are essential for nursing practice. Nurses document patient care, communicate through writing with colleagues, and create educational materials for patients and staff (Troxler, Vann, & Oermann, 2011). Reflective writing is more than just writing about an experience, it involves deep thinking to clarify the meaning of the experience and to learn from it. It prompts students to think critically about their experiences and facilitate self-directed learning as students develop skills as professional (Dickieson, Carter, & Walsh, 2008). Reflective writers examine their interactions among patients and others, identify gaps in knowledge, acknowledge mistakes, and process difficult situations (Kennison, 2006).

Reflective writing in nursing education. Reflective writing, sometimes referred to as journaling, can serve many purposes in nursing education such as prompting student confidence (Marchigiano, Eduljee, & Harvey, 2011) and developing emotional intelligence (Harrison & Fopma-Loy, 2010). In student evaluation, developing critical thinking has been the most frequent

use of reflective writing in nursing education (Borglin & Fagerstrom, 2012; Cise, Wilson, & Thie, 2004; Forneris & Peden-McAlpine, 2007; Kennison, 2006; Naber, Hall, & Schadler, 2014; Naber & Waytt, 2014; Niedringhaus, 2001).

Most early evaluation of reflective writing in education has related to critical thinking rather than clinical judgment. Evaluation of critical thinking after reflective writing activities, has most frequently been assessed quantitatively by using the California Critical Thinking Skills Test (CCTST) and the California Critical Thinking Dispositions Inventory (CCTDI) (Cise, Wilson, & Thie, 2004; Kennison, 2006; Naber, Hall, & Schadler, 2014; Naber & Wyatt, 2014; Niedringhaus, 2001). These quantitative studies have had mixed results supporting that these instruments do not consistently assess the benefits of reflective writing on critical thinking skill development.

Other studies in nursing education used qualitative approaches to assess the students' perception of reflective writing on critical thinking (Borglin & Fagerstrom, 2012; Bulman, Lathlean, & Gobbi, 2012; Forneris & Peden-McAlpine, 2007). For example, Naber, Hall, and Schadler, (2014) used thematic analysis of the student reflective writing submissions to determine that students are 'transferring knowledge, collaborating, examine self, and conceptualizing the whole' during their reflective writing activity post clinical. Forneris and Peden-McAlpine's (2006) review of students' journaling revealed themes of students' reflection on critical thinking; questioning critical thinking; and emergence of the intentional critical thinker. A small qualitative study (n=8) by Borglin and Fagerstrom (2012) found that students' perception of a reflective writing activity indicated students were lacking in their understanding of critical thinking and needed further clinical guidance and practice for development of critical thinking.

Authors of qualitative studies noted that the CCTST in quantitative studies was not capturing all of the student's perceptions of critical thinking. Due to frustration with standardized assessments in early studies, several nurse educators have developed their own tools for critical thinking development assessment (Cise, Wilson, & Thie, 2004; Niedringhaus, 2001). However, these tools have limited reliability and validity limiting their repetitive use as an effective assessment of reflective writing. Although few studies relate critical thinking and reflective writing, one case report was found that related reflective writing to clinical judgment (Lasater & Nielson, 2009). The study of written reflection is currently limited by issues of validity and reliability of quantitative tools and is most appropriately conducted with qualitative research (Freshwater, Taylor, & Sherwood, 2008).

Reflective Writing Assignment & Clinical Judgment Model Support

The following theory based articles support further discussion of reflective writing and clinical judgment. Reflective writing after clinical can help develop students' thought process and extend their thinking. The situation frames the students' understanding of the experience and their action with others (Adler-Kassner & Wardle, 2016). Students learn to think about their experience and develop their identities with reflective writing. Repeated practice of the same mental task, such as reflective writing, can teach transfer which in turn leads to transformation of learning. With transfer, the student takes their knowledge and repurposes it for use in another similar setting. New learning involves transfer based on previous learning. Reflective writing is considered a way to teach students to transfer what they have learned for use in multiple contexts (Blake-Yancey, Robertson, & Taczak, 2014). Reflection allows students to recall, reframe, and relocate knowledge for future situational use. With reflection, the learner engages in self-monitoring of the learning experience. Reflective writing in a nursing curriculum operationalizes

the principles of caring and empowerment, encouraging students to develop as life-long learners (Freshwater, Taylor, & Sherwood, 2008).

Guidance with the Clinical Judgment Model encourages students to develop deep, more meaningful reflections on learning and greater competence in nursing care (Nielsen, Stragnell, & Jester, 2007). Clinical judgment differs from critical thinking in that clinical judgment also considers the nurse's own values, biases, and experiences and how these will affect the patient situation and outcomes. Utilization of the Clinical Judgment Model as a guide for reflective writing is in its infancy. Nielsen, Stragnell, and Jester (2007) have developed a guide for reflection based on the Clinical Judgment Model. The reflective writing guide incorporates an introduction, background, noticing, interpreting, responding, reflection-in-action, and reflection-on-action and clinical learning. Multiple question prompts are provided to guide nursing students in their reflective writing based on their clinical experience.

Lasater and Nielsen (2009), as previously noted, used the Clinical Judgment Model as a guide for development of student reflective prompts in use during Senior nursing student immersion experiences. Analysis of the student responses indicated that the Clinical Judgment Model offered a framework to foster students' clinical judgment development, faculty-student communication about clinical judgment, and evaluation of students' clinical thinking. As described by the authors, using the Clinical Judgment Model as a framework helped students tell their clinical story and develop deeper insight of the experience. Using the framework consistently with reflective writing can provide students with a repetitive practice using a specific process to consider patient care and clinical judgments.

Supplemental information regarding best practices for reflective writing and rubrics are included in Appendix A. Guided reflective writing focuses the students' writing with prompts or

questions to guide the reflection. Faculty feedback on guided reflective writing using well developed rubrics provides additional opportunity for students to develop their transfer of knowledge abilities.

Need for Future Research with Reflective Writing & Clinical Judgment Development

Many nursing student assignments do not cultivate writing skills to enhance critical thinking or clinical judgment. As previously noted, early nursing education studies focus on critical thinking assessment. Nurse educators continue to struggle to find innovative teaching strategies to improve critical thinking, now clinical judgment, in nursing students. Educational strategies that involve reflection have the potential to enhance clinical judgment ability.

Reflective writing provides an opportunity for students to analyze their care and expand their abilities to reason. Reflective writing provides a means for students to assess learning problems on the spot (Bean, 2011). Reflective writing in nursing education is useful in developing thinking skills, fostering self-understanding, and facilitating coping with critical incidents (Craft, 2005).

In theoretical discussion, Freshwater, Taylor, and Sherwood (2008) linked the practice of reflection to developing self-awareness in nursing. Reflection is a problem-solving, intuitive process using interaction and a developmental process to see new views of oneself as well as those they influence. Reflection allows those involved to attain higher levels of awareness and change strategies in relation to the experience. Increased awareness can lead to practice improvement. Bulman, Lathlean, and Gobbi (2012) identified potential outcomes of reflection in nursing as developing a new perspective; changed behavior; achieved readiness for practice; and commitment to action. The focus of reflection is on personal growth. Reflection as a cyclical process, increases learning and enhanced professional effectiveness (Rogers, 2001).

Utilization of reflective writing in undergraduate nursing courses has potential to enhance the students' development of clinical judgment. Clinical judgment, as the ability to gather patient data, make sense of the data, provide appropriate care based on the data, and then evaluate both the patient's and one's own actions, is a critical component of today's professional nurse. As clinical judgment requires higher level thinking, it is essential for nurses' to continue their reflective processes in their professional practice. "Reflective practice is an active and deliberate process of critically examining practice where an individual is challenged and enabled to undertake the process of self-inquiry to empower the practitioner to realize desirable and effective practice within a reflexive spiral of personal transformation" (Duffy, 2007, p. 1405). Reflective practice in nursing provides nurses the benefit of improving patient care, developing their own higher-level thinking, and contributing to their own sense of professional satisfaction.

Most nursing education research to support reflective writing as an appropriate learning strategy to enhance thinking is based on the students' perception of their development. Epp (2008) conducted a literature review of reflective journaling in undergraduate nursing education. The author noted while limited evidence to support reflective journaling as an appropriate tool to promote reflection on learning in undergraduate nursing education, no research gained undergraduate nursing students' perspectives and experiences of reflective writing for practice.

Research has also noted that most student reflective writing is at a beginning or lower level of reflection (Richardson & Maltby, 1995; Silvia, Valerio, & Lorenza, 2013). Providing students with a model to promote higher level thinking is needed. Nursing students need guidance in learning how to reason and reflect at higher levels starting in nursing programs. The lack of evidence regarding reflective writing research for the purpose of clinical judgment development in undergraduate nursing education drives the purpose of the proposed study.

Summary

This chapter provided an extensive review of the literature about theories and research about reflective writing and clinical judgment. This included support for the Clinical Judgment Model as a framework for nursing education reflective writing assignments. Reflective writing has support as an active learning strategy in higher education to develop students' meta-cognition. Clinical judgment in nursing is essential to think like a nurse and provide complex patient care in fast-paced environments. Nursing education has been challenged to develop clinical judgment in undergraduate nursing students.

Guided reflective writing as an activity to develop clinical judgment has not been well researched. Reflective writing has been researched in higher education including teacher education, psychology, and the sciences. Although some research on reflective writing has been completed in nursing, most studies relate reflective writing to critical thinking, not clinical judgment. As clinical judgment emphasizes the nurses' reflection and own potential bias in clinical situations, clinical judgment is the focus of the study. Only one case-study publication connects reflective writing and clinical judgment. Further research is needed to explore the perceptions of students and faculty regarding guided reflective writing for clinical judgment development.

Chapter Three: Methods

Chapters One and Two have addressed the literature and implications of guided reflective writing in undergraduate nursing students post-clinical. The methodology presented in this chapter includes the data collection procedure, analysis, and human subject protection to meet the study purpose.

Purpose and Research Questions

The purpose of this study was to examine nursing student and faculty perspectives of the benefits and challenges of guided reflective writing for clinical judgment development following clinical experiences. This study assessed the student and faculty perspectives of guided reflective writing post-clinical using the Clinical Judgment Model.

Research questions according to the student and faculty perspectives include:

- 1) What are the benefits of Guided Reflective Writing Assignments for nursing students after clinical experiences?
- 2) What are the challenges of Guided Reflective Writing Assignments for nursing students after clinical experiences?
- 3) What are participants' perspectives of the value of Guided Reflective Writing Assignments and the development of clinical judgment?

Qualitative Research Design Overview

Using a qualitative content analysis approach, information related to reflective writing with undergraduate nursing students was explored. Perspectives of the students who completed the assignments and the clinical faculty who guided the clinical were recorded and analyzed. This study approach was selected to answer the research questions because there is little research on reflective writing and clinical judgment. There is interest in understanding the phenomena of reflective writing related to clinical judgment.

Epistemology. The philosophy that best supports a qualitative research design is epistemology. Epistemology is concerned with the ways of knowing and learning about the social world (Ritchie & Lewis, 2003). With epistemology, participants are affected by the process of being studied and the relationship between the researcher is interactive. As the researcher is anticipating a positive experience with the reflective writing activity, the researcher will use reflexivity to maintain an objective presence. Specifically, within epistemology, the research proposal models interpretivism. With interpretivism the findings will inevitably be influenced by the researcher's perspective and values and the researcher and the participants will impact each other (Ritchie & Lewis, 2003).

Constructivism. The qualitative research tradition paradigm that best aligns with the qualitative descriptive method design is constructivism. Constructivism acknowledges that reality is constructed by those who experience it (Mills & Birks, 2014). The qualitative descriptive method allows the researcher to collect data from those that experienced the reflective writing activity and interpret their experiences based on their accounts. Constructivism has a disciplinary origin of sociology with multiple realities through shared investigation of meanings and explanations (Ritchie & Lewis, 2003). In the research proposal, constructivism acknowledges that both the participants and the researcher are involved in construction of the experience of reflective writing.

Qualitative descriptive design. A qualitative descriptive design was chosen due to the explorative nature of the research question. Qualitative descriptive research design allows for a comprehensive summary of events in everyday terms of those events (Sandelowski, 2000). Qualitative descriptive studies mirror naturalistic inquiry in that the phenomena is studied in its natural state. Although some researcher interpretation will occur, a qualitative descriptive

method strives to keep the participants' descriptions close to their personal accounts.

Interpretation occurs as the accounts of multiple participants are compared and analyzed. An inductive approach was utilized due to limited research of students' experiences with reflective writing based on the Clinical Judgment Model (Tanner, 2006). Inductive approaches allow research findings to emerge from themes in raw data without the constraints of structured methodology (Magilvy & Thomas, 2009).

Researcher Characteristics and Reflexivity

While the researcher in this study is faculty at the Midwestern university, she did not work directly with these clinical students once their clinical started. She did not grade clinical assignments for these students. The researcher in this study has had experiences with student nurse clinical activity including guidance of an internship course. The researcher was familiar with reflective writing as journaling post-clinical activity. However, most reflective writing the researcher had been subject to had been a superficial report of clinical activity. Deeper written reflection activities had not been assessed by the researcher.

Context for the Study

The study occurred at a small Midwestern University. The university has five colleges. The Nursing Department, part of a larger college of health and behavioral sciences, has both Graduate and Undergraduate Nursing programs. The Graduate program includes Master of Science in Nursing and Doctor of Nursing Practice degrees. Within these degrees, specialization pathways are offered. The Undergraduate Nursing program offers the Bachelor of Science Nursing (BSN) degree. This degree has two pathways; the pre-licensure and the RN to BSN completion. There are 100 students and 15 faculty in the pre-licensure BSN pathway, the population for this study.

Students and faculty invited to participate were part of the pre-licensure BSN pathway. All students in the Junior One cohort and the Senior two cohort, who completed writing assignments as part of their clinical course curriculum, were invited to participate. There were a total of 30 students in Junior One and 25 students in Senior Two. Additionally, the four faculty who guided these assignments were invited to participate in a focus group. The following describes the writing assignment and feedback process that students completed prior to receiving a study invitation.

Assignment. The Guided Reflective Writing Assignment is part of the coursework for post-clinical activity in the Junior One and Senior Two cohorts within the pre-licensure BSN pathway. The assignment was developed by the researcher and piloted one semester prior to the study; positive student experiences and outcomes were noted by faculty at that time.

The Guided Reflective Writing Assignment incorporates a set of questions adapted from Nielsen, Stragnell, and Jester's (2007) guide for reflection using the Clinical Judgment Model. The rubric associated with the assignment is adapted from the Lasater Clinical Judgment Rubric utilized post-simulation (Lasater, 2011). The rubric adaptation makes it appropriate for post-clinical use. The assignment rubric guides students in their reflection about their clinical experience (see Appendix B for the Guided Reflective Writing Assignment). Clinical judgment is the "interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response" (Tanner, 2006, p. 204).

In the Guided Reflective Writing Assignment, students first describe their clinical experience. This introduction provides the faculty with an overview of the clinical context of the writing. Then, students respond to questions regarding the four sub-sections of the Clinical

Judgment Model including noticing, interpreting, responding, and reflection. Each written subsection is expected to be about five to seven sentences for thoroughness. Finally, students are encouraged to further explore their learning by identifying questions to explore to further develop their clinical judgment. This final written document should provide the student with an in-depth reflection of their clinical experience.

In this study, the number of times the Guided Reflective Writing Assignment was completed varied based on the number of clinical experiences. Junior One students completed the assignment four times whereas Senior Two students completed the assignment seven times.

Assignment feedback rubric. The assignment feedback rubric associated with the Guided Reflective Writing Assignment is adapted from the Lasater Clinical Judgment Rubric (Miraglia & Asselin, 2015). Lasater (2007) created a Clinical Judgment Rubric to be used after simulation activities. The rubric associated with this assignment was adjusted to be appropriate for post-clinical. The rubric served as a guide for students during reflective writing to develop their clinical judgment. The rubric can be used by students as a review prior to their reflection so they will have a better understanding of beginning to exemplary clinical judgment. Students can use the rubric to expand their thought process when they respond to reflective writing question prompts. Faculty used the rubric to review the students' reflection to determine clinical judgment development. While this Guided Reflective Writing Assignment and rubric has been utilized with previous students, for student groups invited to participate in this study, this assignment was new. Further reflective writing assignment context is provided in Appendix C.

Sampling and Recruitment

This study used a purposive convenience sample of Junior One and Senior Two nursing students from one small Midwestern university's pre-licensure BSN pathway. With early

research on a topic, using qualitative descriptive methods, smaller sample sizes are acceptable. There are no set rules for determining qualitative sample sizes, but it is recommended the sample size fit the purpose of the inquiry (Patton, 2015). If in-depth information is to be acquired, then smaller sample sizes are acceptable. The greater the amount of useable data obtained from each person, the fewer the number of participants required (Patton, 2015).

All Junior One and Senior Two students were invited to participate during the semester the study was conducted. These students participated in guided reflective writing post-clinical as part of their coursework. There were 30 students in Junior One and 25 students in Senior Two cohorts. The students were invited to participate in the study after all Guided Reflective Writing Assignments were completed and graded. Student invitation to participate in the study occurred one week before data collection (student survey), was to begin (see Appendix D). The invitation to participate was provided by the faculty teaching the theory course associated with the practicum. Students had the choice to participate or not in the survey. Consent was implied and not recorded to maintain anonymity (see Appendix E). Response rate overall for students was 85% (Junior One $n=28/30$; Senior Two $n=19/25$).

Faculty who guided reflective writing assignments were asked to participate in a focus group regarding their perceptions of the experience. The faculty invitation to participate was sent through e-mail by the researcher to the four clinical faculty who worked with these students on the reflective writing experience (see Appendix F). Response rate for faculty was 100%. Faculty chose the time that best fit their schedule.

Data Collection Methods and Instruments

Student surveys. Surveys are designed to obtain information through self-report. Self-report surveys or questionnaires can provide good information regarding the participants'

perception of the experience. Through self-report surveys, retrospective information can be gathered. Self-report methods also have disadvantages regarding validity and accuracy. Careful construction of the survey is required to communicate clearly and simply the intended questions. The responses of self-report surveys are based on the assumption of honesty by the participants. This assumption also can be a limitation of self-report methods (Polit & Beck, 2012). Another limitation of the self-report anonymous survey is the inability to follow up or seek more information regarding participants' answers to the questions.

Consistent with a new area of study, the researcher developed the student qualitative survey questions guided by the literature regarding the Clinical Judgment Model and professional educator experience. The student survey contained 13 open-ended questions pertaining to the student's experience of guided reflective writing (see Appendix G). The survey questions start general by having the student reflect upon their experiences with the Guided Reflective Writing Assignment. The questions become more specific throughout by detailing the benefits and challenges of guided reflective writing. The survey concluded by seeking further thoughts about guided reflective writing. The Guided Reflective Writing Assignment and rubric was attached to the survey for participant reference while answering the survey questions.

Survey questions were peer reviewed by content and qualitative research experts. Content experts included those with reflective writing and Clinical Judgment Model knowledge. Qualitative research experts have expertise in qualitative survey design.

Survey procedure. The invitation to participate was distributed in the theory course by the Junior One and Senior Two faculty. The invitation occurred the week prior to the date of survey data collection, week 13 of the spring semester (See Appendix H). Data collection

occurred after the theory class during week 14 of the spring semester. By this date all grades for the reflective writing assignments were assigned.

As noted, students were invited to stay after the theory class to complete the survey. A hard copy of the implied consent form, the survey, and the Guided Reflective Writing Assignment were distributed by the theory course faculty after class during week 14 for Junior One and Senior Two students. The researcher was not in the classroom during data collection. Students placed their completed surveys in a locked box available within the classroom. The student survey took approximately 30 minutes to complete. Those who could not stay but wished to complete the survey were given the option to return the survey to a locked box in the front office of the department of nursing. Students were provided an additional opportunity during week 15 to complete the survey in case there were students who missed this opportunity during week 14.

Faculty focus group. Focus groups are favorable when group dynamics for accessing rich information in an economical manner is desired (Patton, 2015). In focus groups, the participants typically feel more at ease expressing their views when they have shared similar experiences and they have similar characteristics. The major advantage of the focus group is its efficiency. The researcher is able to gather multiple viewpoints in a short amount of time. Another advantage is the potential for focus group participants to react to what is said by others leading to deeper expressions of opinions. Focus groups are typically seven to ten people, but can be as small as four and as large as twelve (Marshall & Rossman, 2016). A typical one-hour focus group session should include about six questions (Polit & Beck, 2012). It is important to allow enough time to hear responses from every participant. The facilitator of the focus group must take care to solicit information from all participants and discourage domination of the

conversation from one person. Focus groups are favorable for identification of major themes related to a topic (Patton, 2015).

The semi-structured interview guide for the faculty focus group was constructed with guidance from the Clinical Judgment Model literature and professional educator experience (see Appendix I). The semi-structured interview guide contained ten questions. The questions started from a broad perspective of the faculty's experience in reviewing the Guided Reflective Writing Assignments. The questions then become more specific regarding the faculty's perception of the benefits and challenges of the assignment. Further questions investigated the faculty's perception of the students' clinical judgment as exhibited in their reflective writing. The focus group questions concluded with further thoughts regarding the Guided Reflective Writing Assignment. The Guided Reflective Writing Assignment and rubric were available at the focus group for participant reference.

Focus group questions were peer reviewed by content and qualitative research experts. Content experts include those with reflective writing and Clinical Judgment Model knowledge. Qualitative research experts have expertise in qualitative survey design.

Focus group procedure. An invitation to participate was sent through e-mail from the researcher to all faculty guiding the reflective writing assignment during week 13. The informed consent form was attached to the e-mail (see Appendix J). Participation was voluntary. Any questions from faculty regarding the study were answered by the researcher. A signed consent was not collected to maintain anonymity. Times convenient for those faculty volunteering were set at semester end during week 16. The location was private and comfortable for the faculty. The focus group took approximately 60 minutes to provide rich detailed information. The interview was recorded on two separate devices recorded for later transcription. The researcher

summarized key points from the focus group and provided faculty opportunity to provide feedback at the end of the meeting to confirm agreement. Procedures are summarized in Appendix H: Semester Timeline for Data Collection.

Data Processing

The participants' identity was not recorded or listed on the student surveys. When transcription was completed, all survey responses were listed by question. Transcribed survey responses are stored on the researcher's password locked computer for five years according to university policy.

Follow-up interviews and the focus group were audio-recorded on two separate devices within one to two weeks after completion of the final student Guided Reflective Writing Assignments. Transcription of the audio recordings were completed by the researcher. The interviews were deleted from the devices after transcription had occurred. Interview and focus group transcriptions are kept on the researcher's password locked computer for five years.

Federal regulations require research records to be retained for at least three years, each institution may have longer requirements (IRB-SBS, 2018). Surveys and interview notes are kept in a locked file cabinet in the researcher's locked office. After five years, all documents related to this study will be destroyed according to university policy.

Data Analysis

Data in this descriptive qualitative study was analyzed using Graneheim & Lundman's content analysis method (2004) as later described. Content analysis is a general term to analyze text with a systematic coding and categorizing approach exploring large amounts of textual information to determine trends and patterns of words used, their frequency, their relationships and the structures of communication (Vaismoradi, Turunen, & Bondas, 2013). The purpose of

content analysis is to describe the characteristics of the data's content. Content analysis uses a descriptive approach in both coding of the data and its interpretation of quantitative counts of the codes.

This approach is appropriate and recommended because content analysis summarizes the contents of the data at a broad level (Sandelowski, 2000). Qualitative content analysis is reflexive and interactive as researchers modify their treatment of data to accommodate new data and new insights regarding the data. Additional focus group and student interview questions for further research may emerge as survey data is collected and analyzed. Qualitative content analysis summarizes perceptions in the most natural form possible. The summary is the end-product of the analysis and an entry point for further studies.

Graneheim and Lundman (2004) note that with content analysis, the unit of analysis is the entire transcription. The authors recommend identification of significant meaning units or statements from the transcription. For this study, using the Graneheim and Lundman methodology, meaning units were extracted by survey question per group. Meaning units were condensed by similar codes to identify group responses. Condensed meaning units or phrases were extracted from the full meaning unit. From the condensed meaning units, one to two word codes were determined. Codes were then counted for frequency.

Junior One, Senior Two, and Faculty responses were analyzed separately (see Appendix K). A faculty mentor, with expertise in qualitative research, served as peer reviewer. Coding by participant group allowed for comparison and contrast of codes by group and final theme development per group. Grouping similar codes served as the basis for descriptors within each group.

Each group's descriptor helped lead to overall sub-theme development. The overall sub-themes provided a way to organize the summaries for each group. While not a model, these four overall sub-themes, served as a frame to help organize concepts regarding the assignment. As each group provided a different perspective of the assignment, a final theme for each group was developed. Appendix L provides a succinct summary of the content analysis coding process and an example to further clarify. Further summaries of the data analysis are provided in Chapter 4.

As noted, a broad content analysis from first the student perspectives was analyzed separately as Junior One and Senior Two (surveys). Then the faculty perspectives (focus group data) was completed to identify descriptors, sub-themes, and themes related to perspectives on reflective writing and clinical judgment development. Notations were made of similarities and differences between the student groups and faculty analyses. These notations were meaningful in sub-theme and theme development. Although there is some discrepancy among the theme development stage in content analysis (Vaismoradi, Turunen, & Bondas, 2013), most descriptive studies provide themes as the final product.

Trustworthiness

Techniques to enhance trustworthiness support methodological rigor in qualitative data analysis (Lincoln & Guba, 1985). Credibility within the study was enhanced through engagement with focus group members. The researcher obtained rich, detailed raw data from the groups. Credibility was established by peer debriefing, asking a study team member to review samples of transcriptions and coding table to consider alternate points of view. Peer debriefing occurred multiple times during data analysis. Different participant perspectives were also gained. An advantage to this study was the perspectives of both beginning and ending nursing program

students as participants. Gaining the different participant perspectives provided a richer context of the data.

Member checks. Member checks were performed with follow up interviews from the student and faculty participants. In the invitation to participate letter, students were asked to e-mail the researcher if they would be willing to participate in a follow-up interview. As part of member checking, the researcher contacted two students per group who indicated willingness and one faculty volunteer from the focus group. The interviews were scheduled at a date, time, and location that was convenient to the participant. The participant received an informed consent form (see Appendix O). During this interview process the researcher reviewed identified codes, pertinent to their group, derived from survey analysis to determine agreement. The researcher asked further clarifying questions (see Appendix P). These interviews occurred individually and were recorded for response verification. The member check allowed the researcher to verify intentionality and correct errors. It also provided an opportunity for the researcher to summarize the data.

Audits & reflexivity. Audit trails and reflexivity, as techniques to enhance methodological rigor, contribute to dependability and confirmability. Keeping reflexive journals throughout the data collection and analysis process contribute to the overall reliability of the study (Morse, 2015). Via dated written notes, the researcher documented experiences related to study implementation and data analysis. In addition, the researcher kept notes regarding thoughts and processes during data analysis. Dated written reflective notes were kept each time the researcher met with faculty. Utilization of peer debriefing, member checks, thick descriptions, reflexive journals, and audit trails enhanced the methodological rigor of the study. With each of these approaches, interpretation of the data strived to remain objective.

Triangulation. Multiple sources of data and collection methods provide triangulation in qualitative research (Mills & Birks, 2014). Triangulation of qualitative data sources adds to the credibility of the study by reviewing multiple perspectives and sources of information (Patton, 2015). Reviewing different data sources tests the information for consistency and provides a deeper insight regarding the experience. Triangulation in this study included using multiple sources and data collection methods including student survey responses, faculty focus group, student and faculty interviews, and artifact analysis for validation of findings.

Artifact analysis. Artifact analysis, as part of triangulation, contributes to the richness of the data (Mills & Birks, 2014). Artifact analysis in this study provided the researcher with a front-line examination of the completed assignment. Examination of a sample of student assignments provided the researcher's perception of clinical judgment development with their reflective writing.

The researcher reviewed two de-identified reflective writing submissions from the Junior One and the Senior Two submissions, using the rubric associated with the assignment to identify the students' clinical judgment level. A total of four student assignments were reviewed. The writing in each section of the participant's assignment was classified by the researcher according to the Clinical Judgment Model rubric provided in the assignment (see Appendix Q). The numbers indicate how many times the writing was reflective of beginning, developing, accomplished, or exemplary clinical judgment.

Ethical Considerations

Institutional Review Board (IRB) approval was obtained first from Fort Hays State University as the location of the data collection in January 2019 (see Appendix R). Then,

approval was obtained from the University of Kansas Medical Center. The study was completed after approval was obtained.

Summary

Chapter Three provided an overview of the research methods. The purpose of this study was to examine nursing student and faculty perspectives of the benefits and challenges of guided reflective writing for clinical judgment development following clinical experiences. This study assessed the student and faculty perspectives of Guided Reflective Writing Assignments related to the Clinical Judgment Model. This perspective on reflective writing assignments, as tools for developing clinical judgment, is missing from the literature. Research questions addressed the benefits and challenges of guided reflective writing in the clinical setting including the perceptions of clinical judgment development. Chapter Four addresses the findings from this study.

Chapter Four: Results

The purpose of this study was to examine nursing student and faculty perspectives of the benefits and challenges of guided reflective writing for clinical judgment development following clinical experiences. Chapter Four presents the findings for the data collected during the study, along with a description of the sample and setting. Each group of participants was analyzed separately resulting in sub-themes and an overarching theme for each group. Relevant to the research question related to challenges of guided reflective writing, this data is discussed separately as the data did not support a theme specific to challenges.

Sample and Setting

The sample consisted of 28 Junior One students, 19 Senior Two students, and four faculty from a Midwestern university pre-licensure pathway within the BSN program. A total of 47 nursing students completed the written survey and demographics. Four faculty participated in the focus group (overall response rate of 100% as described in Chapter Three). As shown in Table 1, the majority of the student participants were female with an age range of 19-30. The majority of Junior One students were age 20-21, whereas the majority of Senior Two students were age 22. This is indicative of a traditional university student age. Faculty participants all had some teaching experience but less than 10 years. 75% of faculty participants were female.

Table 1

Demographic Characteristics of the Participants

Category	Junior One (n=28)	Senior Two (n=19)
Age (responses)	19 (2)	21 (3)
	20 (15)	22 (9)
	21 (8)	23 (3)
	22 (3)	24 (1)
	24 (1)	26 (1)
Gender (responses)	Male (4)	Male (2)
	Female (24)	Female (17)

Data Analysis Review

Qualitative data from the student participants was collected through a written survey. Data from faculty was collected through a focus group. The survey responses and focus group interview were transcribed by the researcher. Transcriptions were kept separate by group. The Junior One, Senior Two, and faculty data was analyzed separately to create summary descriptors for each group. Overall sub-themes and final themes per group were created. Chapter Three and Appendix L detail the qualitative analysis coding steps.

After reviewing the descriptors for each group together, overall sub-themes, as an organizing frame for the assignment were formed. Sub-themes for all groups include: 1) Approach to thinking 2) Application to clinical care 3) Assignment guidance 4) Assignment value. While groups share the same sub-themes, each group's descriptors for the sub-themes differ. After reviewing the sub-themes and group descriptors, a final theme for each student group and the faculty was developed (see Appendix M & Appendix N).

Appendix M compares each student group's descriptors, the overall sub-themes, and each group's final theme. It provides an outlined summary of the Student Sub-Themes and Final Themes. Within Appendix M each group's sub-themes and theme descriptors are noted. Of interest there were differences in the two student levels suggesting a more basic use of the assignment in the beginning students and more advanced use of the assignment with the advanced students. Appendix M is useful in providing a visual representation of how the subthemes and final themes show progression in using the assignment to gain clinical judgment.

Faculty perspectives shared via focus group, encompass supervision of both student groups' assignments (See Appendix N). The faculty information proved important in providing support for the assignment and describing progression of students' clinical judgment

development. The following paragraphs further describe each group's final theme and sub-theme descriptors.

Student Themes

Junior One and Senior Two students both completed the clinical judgment reflective writing assignment as part of their nursing curriculum. Perspectives of the assignment differed based on their level and experience as nursing students. The following describes the student perspectives.

Junior One theme: Organizes basic nursing care. The Junior One theme 'organizes basic nursing care' emphasized that the clinical judgment reflective writing assignment helped organize the students' reflection about basic nursing care to allow deep thinking and further growth in future patient care activities. The four overall sub-themes associated were: 1) Approach to thinking 2) Application to clinical care 3) Assignment guidance 4) Assignment value. Their description follows.

The sub-theme 'approach to thinking' indicated that Junior One students thought the assignment was simple but detailed enough to allow deep thought and reflection about the individual clinical experience. Student responses supported deep thought and reflection as a result of the assignment. Participants stated:

- *Having the rubric (helped) to see what each category/question was divided up into. Without this I wouldn't have reflected or remembered some of the important long term benefits and knowledge from the class.*
- *They (the rubrics) were very helpful. They allowed me to stop and reflect on my clinical experience and truly think about some aspects of things.*

The 'application to clinical care' sub-theme with the Junior One students emphasized that the assignment encouraged students to become more observant in clinical care. Responses indicated the assignment emphasized patient communication and further thought about how to support the patient. Student responses supported more astute observations and communication in clinical care. Participants stated:

- *Other clinical writing does not put a focus on the importance of therapeutic communication or what we may not realize we do each time we enter a patient's room.*
- *Before this assignment I did not realize I notice or interpret the patient. Now (with this information) when I first enter my patient's room I notice her behavior and form a baseline for it. As the clinical day goes on I compare the patient's behavior to the baseline to determine the status of my client.*

The third sub-theme 'assignment guidance' supports faculty feedback and student reflection helped organize goals and prioritization of patient care. Student responses supported the benefit of both the faculty feedback and their own reflection to enhance their future patient care. Participants stated:

- *The reflective writing has gotten me to ask the right questions and interpret the right information.*
- *It allows you to pick out the most pertinent data about your patient for that day because each day is different.*

The fourth sub-theme 'assignment value' for the Junior One students validates the students experienced growth and improvement through building reflections. Reflection was a

frequent code with the Junior One students and emphasized the value of the assignment. Student responses supported reflection as value for the assignment. Participants stated:

- *It allowed me time to think back critically and learn more about my experience.*
- *It helped me think through the whole process, not just one part.*

‘Organizes basic nursing care’ was the final theme for the clinical judgment reflective writing assignment as perceived by the Junior One nursing students. For Junior One nursing students, the clinical judgment Guided Reflective Writing Assignment provided them an organized way to plan their nursing care. It also provided them an opportunity to reflect upon their experience and develop their knowledge in nursing.

Senior Two theme: Sense of wholeness. The Senior Two theme ‘sense of wholeness’ supported the Guided Reflective Writing Assignment as a purposeful, guided clinical tool to aid with connections and priorities across patients and in future nursing care. The assignment provided a sense of wholeness and encouraged deep thinking through reflection for further clinical growth. The overall sub-themes associated were: 1) Approach to thinking 2) Application to clinical care 3) Assignment guidance 4) Assignment value. Their description follows.

The sub-theme ‘approach to thinking’ with the Senior Two nursing students identified the assignment as a tool to help with correlation and connection of overall patient care. Thinking, as a code, was frequently counted with the Senior Two responses. Student responses supported the assignment helpful with correlation and connections with patient care. Participants stated:

- *The assignment had us correlate findings with the patient’s meds, labs, and diagnosis. We also correlated what we learned or got to do as well.*

- *Making connections about the patient's meds to symptoms or the diagnosis helped reinforce what I learned in the classroom to the clinical experience and helped me better learn and understand.*

In the Senior Two group, the sub-theme 'application to clinical care' emphasized the assignment helped students examine patient care and encourage further thinking. The reflection helped answer clinical questions and focus on priorities for more efficient future patient care. Student responses frequently identified the focus of the assignment to stimulate thinking as related to clinical care. Participants stated:

- *I especially liked the patient priority and patient goal sections. They were very relevant to my patient and clinical experience.*
- *I learned more in depth about each of my patient's clinical picture due to looking up or researching the diagnoses to formulate goals and priorities. Each question was specific and helped guide my writing.*

The sub-theme 'assignment guidance' indicated the assignment allowed for free writing with a clinical focus to create a sense of wholeness regarding patient care. The Senior Two students emphasized satisfaction with the assignment guidance due to the ability to write without constraints. Student responses supported the assignment simplicity. Participants stated:

- *This writing was more laid back because I was able to talk about my experiences instead of adhering to a strict rubric.*
- *It wasn't busy work and actually allowed you to enjoy your clinical, but also reflect and make goals for your patient.*

The sub-theme 'assignment value' added that the assignment was purposeful and structured to allow students to analyze their own clinical judgment for further growth. Frequent

student responses supported the value of the assignment in its guidance and purpose. Participants stated:

- *The assignment provided a greater sense of caring for the patient as a whole, including resource provision and discharge planning.*
- *The reflective writing assignment helped by making me consider all observations, symptoms, and information to make clinical judgments.*

‘Sense of wholeness’ was the overarching theme for the clinical judgment reflective writing assignment as perceived by the Senior Two nursing students. The Senior Two nursing students emphasized the assignment was beneficial and allowed them to analyze their nursing care experience with more depth. Reflection was noted frequently as an important aspect of the assignment allowing the students to reflect upon their actions to improve future patient care.

Comparison of Student Groups on Clinical Judgment

Two student groups of participants provided their perspective of the Guided Reflective Writing Assignment. Both beginning and ending students completed the same assignment after multiple clinical experiences. Faculty, in turn, graded the assignments multiple times providing an opportunity to see the students’ clinical judgment evolve in their reflective writing. Groups’ responses were analyzed separately to obtain their specific group’s perspective of the assignment. These different perspectives led to the development of themes for each group.

Student progression. Junior One participants were focused on the details of the assignment and emphasized satisfaction with the guided questions and the detailed prompts. The assignment provided them guidance for organizing their clinical day. Whereas, the Senior Two participants emphasized the assignment as helping them connect and correlate their patient care. Senior Two participants did not speak of the assignment guidelines as much as the Junior One

participants, but were more focused on the end result of the reflection. The Senior Two participants emphasized the guided reflective writing provided them with a sense of wholeness for their patient care experience. The faculty group supported this difference of clinical judgment development between the Junior One and Senior Two participants.

Artifact analysis findings. As part of triangulation to enhance trustworthiness, the researcher reviewed two Junior One and two Senior Two reflective writing submissions for a total of four artifacts. The researcher coded the students' writing submissions according to the Clinical Judgment Model Rubric. Students' writing was classified as either Beginning, Developing, Accomplished, or Exemplary (see Appendix Q). As further detailed in Appendix Q, the Junior One students' writing was mostly classified as beginning or developing whereas the Senior Two students' writing was more developing and exemplary. This classification supports the difference of clinical judgment developing between the beginning and ending level nursing students. The analysis supported the themes that the Guided Reflective Writing Assignment helped organize nursing care and create a sense of wholeness.

Faculty Theme

This section describes the faculty perspective of the clinical judgment reflective writing assignment. Faculty who supervised the assignment had exposure to both the Junior One and Senior Two writing. Their comments supported student perspectives and brought new faculty insights.

Faculty theme: Encourages deep thinking. 'Encourages deep thinking', as the overarching theme from the faculty responses for the Guided Reflective Writing Assignment, emphasized that the tool provided a detailed reflective writing guide post-practicum to encourage deep thinking and feedback for clinical judgment development. The assignment encouraged

faculty and student interaction. The four sub-themes associated were: 1) Approach to thinking 2) Application to clinical care 3) Assignment guidance 4) Assignment value. Their description follows.

The sub-theme ‘approach to thinking’ emphasized the assignment encouraged students to think deeply and make connections to build clinical judgment. Faculty supported the assignment as a tool to encourage deep thinking and making connections. Sample faculty statements included:

- *I thought it was nice to see their writing progress. I thought it was neat to see how the first reflective writing was sparse and then they built on it. Their questions got better and they started thinking better. They reflected on what they learned. I enjoyed the progression of their writing. (faculty of Senior Two students)*
- *It worked well for some of the students. They were clear with being able to make connections. Some of the students struggled more on making connections but I do think it helped them with their care map. It helped with their assessment, reflecting, and goals. (faculty of Junior One students)*

‘Application to clinical care’ as the second sub-theme from the faculty emphasized that the assignment had a clinical focus that provided students a chance for reflection, prompted research, and allowed faculty communication and feedback. Faculty statements support the assignment as beneficial for communication and feedback. Sample faculty statements included:

- *A lot of the feedback from the students was based on the questions they asked. I would also follow up in person if they were not clear about what was happening at the clinical. At the Junior One level they are not always connecting everything.*

Some of them got better once you gave them feedback. They started making more connections based on the feedback I'd given. (faculty of Junior One students)

The third sub-theme 'assignment guidance' outlined that the assignment and rubric provided detailed prompts to guide the students' writing and reflection. Faculty statements supported the guidance of the assignment. Sample faculty statements included:

- *I think it benefited them to just briefly describe the experience and then go into the different sections. The challenge for the student was I don't want a question right off the top of your head. They had to dig deeper or research more to formulate an appropriate question for me. (faculty of Senior Two students)*
- *I do think it worked well and I think we can score them appropriately especially if they are just generalizing the day versus giving specific details for that specific section of the reflective writing. (faculty of Senior Two students)*
- *I think it was a nice step by step building process for them and doing the reflection at the end. You could see all the pieces coming together. It was very beneficial. (faculty of Junior One students)*

The fourth faculty sub-theme 'assignment value' is supported in that the assignment encouraged the students to know their priorities and goals for their patients. Faculty statements emphasized the importance of students stating their goals for patient care. Faculty stated:

- *They had to be detailed and they had to tell us exactly why they chose that patient as a priority and what they would do different in the future. That helped them to strive to be more detailed on what they were doing on the unit and portraying it in their writing. (faculty of Senior Two students)*

- *They are really laying out their day for you. The thought process, thinking, feeling, what they are going to do. Those questions were really thought provoking.* (faculty of Junior One students)

‘Encourages deep thinking’ was the final theme for the clinical judgment reflective writing assignment as perceived by the faculty. The faculty supported the assignment noting clear guidelines with thought provoking questions. The faculty noticed a deeper level of thinking with the students’ writing especially as it progressed with multiple writing submissions.

Challenges Related to the Guided Reflective Writing Assignment

Referent to research question number two, students were asked about the challenges of completing the assignment. Faculty were similarly asked about the challenges of having the students use the Clinical Judgment Model as a reflective guide post-clinical. Responses about the challenges of the assignment were limited and those shared actually appeared to be benefits. The responses indicated that the students were encouraged to explore other possibilities and to think more deeply when caring for their patients.

The Junior One students reported certain questions within the assignment as challenging. For example, two specific questions that students identified as challenging were: 1) What are other possibilities for supporting this patient? 2) Identify two questions to further explore regarding this clinical experience to develop clinical judgment. Junior One student responses indicated that ‘posing our own questions was challenging’ and ‘coming up with other possibilities for supporting your patient was challenging because it is hard to know exactly what our patients need’. Similarly, the Senior Two students identified that thinking of additional ways to support the client was challenging. They determined this as ‘thinking outside the box’ when reflecting on their patient care. Faculty also reported that students were challenged by creating

their own questions but did not report this as a challenge of the assignment. Conversely, they indicated that it was a benefit to the assignment to challenge the students to ‘dig deeper’ to formulate an appropriate question.

As noted, responses about the challenges of the assignment ended up being benefits and added value as the responses indicated that the students were encouraged to explore other possibilities and to think more deeply when caring for their patients. Negative aspects of the assignment did not present itself in the data and was not included as an overall theme.

Follow Up Interview Findings

As part of member checking to enhance trustworthiness, the researcher conducted follow-up interviews. Separate interviews were conducted with two Junior One students, two Senior Two students, and one faculty member. The researcher reviewed the codes for each corresponding participant group in relation to the research questions. Members of all three groups agreed that the assignment was beneficial for patient care and encouraged deep thinking. Participants’ statements supported sub-themes and themes developed from the data analysis. The following interview comments, as noted below, supported the validity of the analysis.

Junior One student comments included:

- *I agree with the results but I did not find any challenges. I actually enjoyed asking questions and thinking of other ways to support the patient. I felt it challenged me to think outside the box when caring for my patient.*
- *I felt we were really able to focus on our clinical without worrying about the assignment. We were able to provide patient care without thinking about what to include in our assignment. The reflection was simple enough to think about it afterwards.*

Senior Two student comments included:

- *I liked that it was guided. I liked reflecting on my priorities for the day and putting it in actual words was helpful.*
- *I agree with the results. You spend the whole day and it's a blur but then you reflect back to realize you did learn a lot from the day. There were times I walked out and I had no idea what I did that day. But going home and relaxing and reflecting allowed me to think about what I had done and learned for that day.*

Faculty comments included:

- *The assignment required them to think deeply. We were able to provide them feedback. We could ask them what their goals were and why. The detailed prompts to help guide them through their clinical experience. This assignment provided more faculty/student interaction.*

Summary

Analysis of the data produced four overall sub-themes and a final theme for each group. The sub-themes served as an organizational frame for each group's descriptors leading to theme development. The overall sub-themes across all groups were: 1) Approach to thinking 2) Application to clinical care 3) Assignment guidance 4) Assignment value. The final themes were: 1) Organizes basic nursing care (Junior One students) 2) Sense of wholeness (Senior Two students) 3) Encourages deep thinking (Faculty). The group themes are indicative of the value of the Guided Reflective Writing Assignment for undergraduate nursing students post-clinical. The themes provide support and value of guided reflective writing as a way to learn clinical judgment. Potential may exist for future model development with beginning components of sub-themes and themes as overlapping circles.

This chapter included a description of the sample and setting, and a descriptive summary of the findings. Also included was explanation of the challenges, artifact analysis and follow up interview results. Overall sub-themes, as an organizing frame for the assignment were formed. As each group provided a different perspective of the assignment, a final theme for each group was developed. From the participant perspectives, the themes reflect support and value of guided reflective writing.

Chapter Five: Conclusions and Recommendations

The purpose of this study was to examine nursing student and faculty perspectives of the benefits and challenges of guided reflective writing for clinical judgment development following clinical experiences. This chapter provides a discussion, implications, strengths, limitations, and recommendations for future research. This study was guided by three research questions:

1. What are the benefits of Guided Reflective Writing Assignments for nursing students after clinical experiences?
2. What are the challenges of Guided Reflective Writing Assignments for nursing students after clinical experiences?
3. What are participants' perspectives of the value of Guided Reflective Writing Assignments and the development of clinical judgment?

As described in Chapter Four, insight was gained into the participants' perceptions and experiences related to reflective writing and clinical judgment. Participants found reflective writing as valuable and beneficial for developing clinical judgment. This study supported using reflective writing following clinical experiences to help students organize their thoughts. As supported by the study, repetitive use of the Guided Reflective Writing Assignments promoted students' further thought and deep thinking to help shape and develop their clinical judgment ability. Faculty were able to progressively see the students' clinical judgment develop with their reflective writing. Specifically, students' goals and priorities for patient care became clearer and had more depth.

Discussion of Study Themes and Learning Clinical Judgment

The following paragraphs emphasize the relation of the study themes to learning clinical judgment. Student themes, artifact analysis, the faculty theme, and related literature are further addressed.

Student themes. Student themes in this study support the benefits of guided reflective writing. The Junior One student theme ‘organizes basic nursing care’ identifies the Guided Reflective Writing Assignment as a tool to help the students organize their thinking and plan for future patient care activities. Students expressed how the assignment was detailed and structured to allow them to not only reflect upon their past clinical experiences but to encourage further thought about future nursing care. This is important information since Junior One students are in beginning stages of learning patient care.

The Senior Two theme ‘sense of wholeness’ also supported guided reflective writing for learning clinical judgment as beneficial. These students expressed that guided reflective writing provided a way for them to correlate and connect patient care activities giving them a sense of wholeness regarding patient care. Reflecting upon their experience encouraged further thinking and also helped them with prioritization and goal setting for future patient care experiences. This is important information since Senior Two students are finishing their nursing education and preparing to begin their practice as professional nurses caring for patients.

A difference in perspective between the Junior One and Senior Two nursing students’ responses to the Guided Reflective Writing Assignment was noted as discussed in Chapter Four. Junior One participants were focused on the details of the assignment for basic learning and emphasized satisfaction with the guided questions and the detailed prompts. The Senior Two participants emphasized the assignment as helping them connect and correlate their patient care.

It is expected that beginning level nursing students would have a very basic or developing level of clinical judgment ability and that this ability would increase to accomplished or exemplary as the students progress in their nursing education. As supported by this study, guided reflective writing is important because it helps students understand what they are learning;

faculty can see how they are progressing. Beginning level nursing students were more task focused whereas students in their final semester were more comfortable with completing assignments and providing patient care. With the guided reflective writing experience, the Senior Two students were diving deeper in their thoughts and reflections to explore other possibilities in their patient care. Again, the difference in perspective demonstrated growth from Junior One to Senior Two students.

Artifact analysis with review of the assignments, also supported the differences between the two student groups. Lasater's (2011) clinical judgment rubric assesses the student's ability to notice, interpret, respond, and reflect during the experience post-simulation. The Lasater rubric classifies clinical judgment development as beginning, developing, accomplished, or exemplary. According to the researcher's classification of the students' writing, in relation to the adapted Clinical Judgment Model rubric for post-clinical, the reflective writing of the Junior One students was at a beginning or developing stage whereas the Senior Two student writing was more at the exemplary clinical judgment stage. Faculty themes, as further discussed, supported this as well.

Faculty theme related to helping students learn clinical judgment. Faculty comments supported the students' perspectives of the assignment and clinical judgment development. The faculty theme 'encourages deep thinking' supported the Guided Reflective Writing Assignment as beneficial to student learning. Faculty expressed satisfaction with the assignment as it provided a clear guide for the students for writing. They noted that student writing progressed with clarity and depth over the semester adding to their clinical judgment development. The assignment encouraged students to think deeply and to share their priorities for their patients.

Faculty felt it was valuable because the assignment helped faculty reach their goal of encouraging students to think deeply.

Study findings are consistent with the literature that clinical judgment development takes time and should be incorporated at all levels of nursing education (NLN, 2015; Caputi, 2015). Overall, the benefits of guided reflective writing, as stated by the participants, mirror literature results. Reflective writing in higher education has been described as beneficial to increase students' problem solving skills (Craft, 2005; Silver, 2013). Reflective writing is an important component of experiential learning (Fowler, 2007). Reflective thinking and writing impact clinical judgment development (Lasater, 2011). The current study is important as it has increased attention to the benefits of reflective writing in the nursing clinical setting. The themes from this study provide support that guided reflective writing for learning clinical judgment is beneficial.

Learning from participant challenges. Interestingly, the challenges of guided reflective writing, one of the study research questions, was addressed by participants as benefits and value. None of the participants indicated the assignment was overly difficult or complicated. Most indicated the assignment encouraged them to think deeper and consider other possibilities. In fact, many participants enjoyed the assignment noting that it was challenging and encouraged their developing thinking and clinical judgment. Responses about the challenges of the assignment indicated that the students were encouraged to explore other possibilities and to think more deeply when caring for their patients. Negative aspects of the assignment did not present in the data and were not included as an overall theme.

Educators are encouraged to provide thoughtful, stimulating assignments that provide significant learning experiences (Fink, 2013). Using the Guided Reflective Writing Assignment, post-clinical, as guided by the Clinical Judgment Model, provided nursing students a structured

tool to reflect upon their clinical experience and their performance. Requiring deep thought, reflection as a learning strategy engages students to assess their own performance and identify areas for improvement (Fink, 2013). Reflection about the clinical experience enhanced the learning process.

Further Discussion of Guided Reflective Writing and Clinical Judgment

The following paragraphs discuss study findings as consistent with the science of engaged active learning and the emphasis on clinical judgment development. Teaching clinical judgment development in nursing curricula has the potential to shape life-long, self-directed learners who are able to think deeply and reflect for future safe, quality patient care.

Active learning and reflection. Findings from this study provide further support for the value of active learning and reflection. The National Academy of Sciences supports reflection as an active learning strategy to help students become intentional learners (NAP, 2015). Prior knowledge shapes learning and repeated activities help students construct a more complete and accurate understanding. Metacognition, thinking about thinking, is essential for learning (Kaplan, Silver, Lavaque-Manty, & Meizlish, 2013). It is the basic construct of critical thinking which in turn leads to development of clinical judgment. Activities that require students to generate their own explanations enhance learning more than passive activities.

Transfer knowledge, as exhibited in the Guided Reflective Writing Assignment, allows students to work on patient care problems that are similar to experiences that have previously encountered. With guided reflective writing, all experiences become part of the learning process. Guiding students to think moves the students beyond task completion to make connections between classroom and clinical learning (Ironside, McNelis, & Ebright, 2014). Regular writing

helps students recognize how they are building a knowledge base on which to base future actions (Horton-Deutsch & Sherwood, 2017).

Reflection leads to awareness which in turn can lead to practice improvement (Freshwater, Taylor, & Sherwood, 2008). In this study, guided reflective writing, as an active learning strategy, supported students in improving academic and clinical performance.

Reflecting, as part of experiential learning, helps the student identify what they are learning and how they are learning (Boctor, 2013; Fink, 2013).

Education for clinical judgment and patient care. Reflection, as a form of debriefing, is supported by the National League for Nursing in nursing curricula to help assess student knowledge for clinical practice (Groom, Henderson, & Sittner, 2014; NLN, 2010). Reflection and debriefing are valued active learning strategies to more fully engage learners (NLN Board of Governors, 2015). With guided reflection, faculty build a relationship with students and help guide meaning making from the learning experience.

Guided reflective writing can also be considered a form of debriefing. The NLN (2015) believes that integrating debriefing across the curriculum, not just in simulation, has the potential to transform nursing education. It helps nursing students become reflective clinicians. Students need practice to be reflective and they need guidance to learn what is important to develop their thinking (Lasater & Nielson, 2009). Reflective writing as a form of debriefing to foster clinical judgment development, help students process their experiences and learn from them (Lasater, 2011). Learning the complex aspects of nursing practice requires deep thought and reflection as supported in the Guided Reflective Writing Assignment.

Findings from this study support the value of guided reflective writing in helping students develop clinical judgment for patient care. Professional nursing organizations emphasize the

importance of graduating nurses who can apply clinical judgment in practice situations to improve patient outcomes (AACN, 2008).

At the baccalaureate level, development of nursing clinical judgment is emphasized by synthesis of knowledge and the provision of safe, quality care to promote the health of patients, families, and communities (Caputi, 2019). The National Council of State Boards of Nursing (NCSBN) supports the Clinical Judgment Model as a tool for nursing programs to utilize to help develop clinical judgment and increase problem solving skills. In this study, participants valued the Guided Reflective Writing Assignment as an approach to gain these skills.

Healthcare organizations benefit from nurses who demonstrate strong clinical judgment ability. Healthcare organizations seek to hire new nurses who are prepared to care for complex patients in a fast paced environment. Patients expect their nurse, new or seasoned, to demonstrate clinical judgment and to advocate for them during their healthcare experience. Complex healthcare systems demand new nurses be prepared to enter the workforce and practice in ways that reflect their full scope of practice (IOM, 2011). With increased clinical judgment skills in novice nurses, patient care can be improved and nurse errors minimized (NCSBN, 2018). Results of this study support the value of the Guided Reflective Writing Assignment in gaining clinical judgment for patient care.

Previous study of guided reflective writing and clinical judgment development.

Caputi (2018) emphasized that without formal education, students are unable to explain their thinking because they have not learned how to articulate their thinking. Written reflections guided by prompts may be a tool to support this. Asking students to review their thinking via reflective writing encourages deeper understanding and fosters growth in clinical judgment.

In the clinical simulation laboratory, the Clinical Judgment Model is used frequently as an assessment tool and has been studied repeatedly related to student simulation performance (Ashcraft et al., 2013; Cato, Lasater, & Peeples, 2009; Dillard et al., 2009). These studies evaluated student simulation outcomes not related to reflective writing.

In contrast, the Clinical Judgment Model, with reflective writing post-clinical about enhancing student learning, has only been described once in the literature (Lasater & Nielsen, 2009). This was a case-study, related to the effectiveness of student evaluation, as a tool to enhance learning. The current study findings, using the Clinical Judgment Model (Tanner, 2006) as a reflection guide post-clinical, provides support, from both beginning and final semester nursing student perspectives as well as faculty, in regards to guided reflective writing as a tool for clinical judgment development.

Strengths and Limitations of Study

Using a qualitative descriptive approach was a valuable method for exploring student and faculty perceptions of the Guided Reflective Writing Assignment. This approach allowed individual expression of thoughts, feelings, and experiences of the participants to be shared in their own words. This approach provided a richer description of the phenomenon that would not have occurred otherwise. This study contributes to a greater understanding of guided reflective writing and clinical judgment in undergraduate nursing students.

A limitation to the study was that only one site was used to collect data, limiting generalizability. This aspect may limit the study findings to baccalaureate degree nursing programs from similar settings. Also, since participants volunteered to participate in the self-report survey, response bias may be present. Response bias is where study participants may create responses to say what they think the researcher anticipates or wants to hear (Polit & Beck,

2012). In addition, the faculty focus group may have been subject to group think where those who realize that their viewpoint is a minority perspective may not speak up and risk negative reactions (Patton, 2015). It was noted, in this study's focus group, all participants were collegial with each other and respected diversity of shared experiences.

Implications for Nursing

Multiple groups have the potential to benefit from the Guided Reflective Writing Assignment for clinical judgment development. This includes those in nursing programs and healthcare. Groups include nursing students, faculty, future nurses, healthcare organizations, and patients.

Nursing students. The Guided Reflective Writing Assignment is an active learning strategy that helped students with clinical judgment development. As the assignment was completed multiple times by each student throughout the semester, students became more proficient with their ability to reflect upon their day and analyze alternate care approaches for their patients. The Guided Reflective Writing Assignment reminded students to be observant in clinical care and to organize their patient care by goals and priorities.

As described in Junior One participant comments, the assignment helped students communicate thoroughly with their patients and think about other ways to support their patients. The Guided Reflective Writing Assignment allowed the students to care for their patient holistically providing connections with their patient care and developing their clinical knowledge. Students in Senior Two found the assignment provided value as it allowed them student to analyze their own clinical judgment for further growth. This activity helped the students develop their reflective skills as self-directed learners. Students reported benefit with

this assignment supporting value in faculty implementing, orienting, and engaging students with the assignment.

Faculty. Nurse educators gained a tool for working with students to develop clinical judgment. Faculty comments emphasized that students were researching their clinical experience and asking questions to further their clinical knowledge. The assignment had value as it encouraged the students to know their priorities and goals for their patients. This study supported that guided reflective writing using the Clinical Judgment Model helped students:

- improve their perception of the patient and patient care
- develop appropriate goals for their patient
- prioritize patient care
- increase interaction with faculty
- gain skills in clinical judgment

The Guided Reflective Writing Assignment also has potential as a debriefing tool. As previously noted, debriefing is not just for simulation (NLN, 2015). Logically, debriefing following a clinical day is also needed. Sometimes post-conference fulfills this need but often students need more debriefing and reflection. This assignment can serve this need.

There is support that faculty can utilize the Guided Reflective Writing Assignment throughout their nursing program curricula to help students develop clinical judgment. These students will be prepared to experience, reflect, and learn from complex patient care situations in their role as registered nurses.

Future professional nurses. Relevant to self-directed and life-long learning, participant comments indicated they are making the learning their own. Guided reflective writing may help guide future nurses with clinical and professional writing. Self-directed learning is a key

component of life-long learning. Life-long learning is an expectation in the professional performance of nurses. The American Nurses Association supports education as a standard of professional performance as nurses should continue to seek knowledge regarding their practice (American Nurses Association, 2015). Nurses as professionals never stop learning and must continually adapt to their surroundings. Clinical judgment continues to develop even as a practicing nurse. Using the clinical judgment model as a framework for reflection allows nurses to recognize patterns that can improve patient care in complex environments (Monagle, Lasater, Stoyles, & Dieckmann, 2018).

Patient care. The Guided Reflective Writing Assignment ultimately can be beneficial for patient care. Clinical judgment development not only aides nursing students by increasing their thinking skills but is beneficial for new nurses entering the healthcare field as a strategy to enhance knowledge and patient care. Healthcare organizations expect their nurses to be competent and possess the ability to think deeply while caring for patients with complex health conditions. Patients also expect nurses who possess high levels of clinical judgment to process their health data and advocate for them. Potential exists for healthcare organizations and patients to benefit from having new nurses with the ability to use clinical judgment while performing patient care. Patients will be cared for with increased knowledge and reasoning skills resulting in higher quality and safety. Healthcare organizations will benefit from new nurses with strong clinical judgment as there will be less patient care errors and greater efficiency.

Recommendations for Future Research

As limited research regarding guided reflective writing and clinical judgment exists, continuing research in this area is needed. New nurses are expected to have strong clinical judgment ability to practice in today's complex healthcare arena. Clinical judgment must be

addressed early and often in nursing curricula to allow nursing students the time and opportunity to develop their clinical judgment skills. Further study on best teaching and learning approaches is still needed.

This study was conducted from the perspective of beginning and final semester nursing students and faculty. Further research regarding guided reflective writing and clinical judgment could include utilizing all levels of nursing students. Researchers could also follow students from the beginning to the end of the nursing program gaining their perception of guided reflective writing and clinical judgment development at each level. Further research could also include new graduate perception for patient care readiness after using the Guided Reflective Writing Assignments throughout the curriculum or gaining the perspectives of preceptors who guide students who utilize the assignment.

With the limited research available regarding clinical judgment and reflective writing, a qualitative study was appropriate. Future studies could be quantitative in design. For example quantitative studies could include further development of a Guided Reflective Writing Assignment scoring rubric including psychometric testing for validity and reliability. With further use, a correlation of the reflective writing assignment grades with state board licensing pass/fail rates or test preparation scores could be explored.

Conclusion

The Guided Reflective Writing Assignment was valuable to all group participants. Literature supports guided reflection and clinical judgment development as key components to enhancing students' knowledge and preparation for complex nursing care. Clinical judgment, as described by Bussard (2018), is the ability to gather patient data, make sense of the data, provide appropriate care based on the data, and then evaluate both the patient's and one's own actions. It

is a skill that takes time and practice to develop. The Guided Reflective Writing Assignment provided students a tool to guide their reflection regarding their clinical experiences to promote deep thinking while providing comprehensive patient care. Supporting the development of clinical judgment helps students progress along the novice to expert continuum (Nielsen, 2009).

This research study has addressed the benefits, challenges, and value of a reflective writing assignment and clinical judgment development in pre-licensure nursing students from a qualitative perspective. Students at both the beginning and ending semesters as well as faculty who graded their assignments provided their perspective of these concepts. The perceptions of students and faculty regarding the clinical judgment reflective writing assignment indicated the assignment organized basic nurse care, provided a sense of wholeness, and encouraged deep thinking. Students emphasized the Guided Reflective Writing Assignment provided them an approach to thinking that applied to patient care.

Clinical judgment and reflective writing following clinical experiences is a new combination of concepts that has little previous research. With limited research available, this qualitative study described the benefits and value of reflective writing as an active learning strategy to promote clinical judgment development in pre-licensure nursing students. Preparing future baccalaureate-prepared nurses with clinical judgment skills is imperative for providing safe, quality patient care. Implications for nursing students, faculty, professional nurses, and patient care exist. Guided reflective writing as a strategy to develop clinical judgment can be further evaluated as nurse educators incorporate this tool in their nursing curriculum.

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Appendix A

Further Discussion of Best Practices for Reflective Writing Assignments and Rubrics

Best practices of reflective writing in higher education include educators using specific instructions, providing guiding questions for focused reflection, and rubrics for feedback (Wetmore, Boyd, Bowen, & Pattillo, 2010). If students do not have a clear understanding of the purpose and expectations of their assignment, they may not know what is expected from them in terms of the level of reflection (Dyment & O'Connell, 2010). Reflective writing requires students to generate higher levels of reflection but it also requires faculty to provide guidance, and mentoring through good feedback. Reflective writing that provides guided prompts such as specific questions encourages students to deepen their reflection beyond simply reporting the experience. Providing guidance is important for development of good reflection. Analyzing reflective writing requires close reading, thematic analysis, and the use of a rubric to provide feedback regarding the level of reflection (Wald & Reis, 2010).

Feedback with rubrics. Rubrics as a learning strategy to assess assignments and provide feedback has been a standard educational practice for many years. Assignment rubrics are valuable to students and faculty as they provide structure, feedback, consistency, fairness, and efficiency (Atkinson & Lim, 2013). If shared with the students, rubrics facilitate student self-assessment and help guide their work improvement. Using rubrics improves student performance by increasing transparency, reducing anxiety, providing feedback, and supporting student self-regulation (Panadero & Jonsson, 2013). Rubrics are useful for faculty as they clarify expectations for students and provide detailed feedback regarding strengths and weaknesses of submission for quality improvement (Barkley & Major, 2016).

Rubrics are a way to assess reflective writing to offer regular formative feedback (Horton-Deutsch & Sherwood, 2017). However, using the rubric is only the start for development of critical thinking in students. Educators need to respond with additional questions for helping think through the next event. The reciprocal written dialogue offers mutual reflection and growth. Using reflective writing rubrics to assess critical thinking provides a realistic approach to guide students in their assignments. The rubric should concentrate on knowledge acquisition that encourages their involvement in the learning environment (Gasaymeh, 2011). When using a rubric, students should be improving their learning process by evaluating their own learning through self-assessment.

Lundberg (1997) has identified common problems associated with rubrics. Especially with writing assignments, a rubric has the potential to turn a qualitative piece of work into a quantitative analysis. With this issue there tends to be an overemphasis on content and under emphasis of performance or thinking. Reflective writing rubrics, if truly used as a qualitative assessment, have the potential to be subjective. Therefore, again, it is recommended to use a reflective writing rubric as a means of formative assessment to provide feedback for continued thinking development.

In assessment of reflective writing, the performance criteria should be designed as broad learning targets rather than features of a particular task to allow for greater universality of the rubric's application. Specific comments along with the rubric are useful for continued reflectivity development. Use of rubrics to assess reflective writing after clinical can help the student develop their ability to critically think and conceptualize what they learned versus the traditional checklist format (Shipman, Roa, Hooten, & Wang, 2012).

Reflective writing assignments in nursing. Reflective writing assignments in nursing should be chosen carefully to meet the course outcomes and promote the development of the students' ability to think critically about patient care (Oermann, 2015). Frequent reflective writing allows experiences to become part of the learning process. It helps students recognize how they are building a knowledge base on which to base future actions (Horton-Deutsch & Sherwood, 2017). Assignments must be purposeful and should include writing instruction. Reflective writing in nursing as an instructional strategy is best utilized with prompts to assist students in recognizing and developing their clinical judgment (Nielsen, Stragnell, & Jester, 2007). Using the same prompts for each writing experience allows the student to develop their reflection and prompt their cognitive reasoning in future clinical situations.

Reflective writing activities needs to be guided and supported by a skilled supervisor or faculty (Freshwater, Taylor, & Sherwood, 2008). Nurse educators foster the growth and development of learners by serving as role models and mentors of practice (Horton-Deutsch & Sherwood, 2017). Faculty supervising reflection activities should have good listening skills, the ability to articulate positive expectations, and the willingness to share ideas. Faculty should strive to create an environment where learners feel safe to engage in deep reflection, explore new ideas, and expand their ways of thinking. This intentionality is interpreted by the student as genuine respect, attention, and acceptance. To enable the student to learn from reflection, it is essential the setting is safe, organized, and structured (Freshwater, Taylor, & Sherwood, 2008).

Feedback from faculty should be prompt and formative with suggestions on alternate possibilities about the clinical situation. Recommendations include not formally grading the reflective writing but reviewing the submission for increasing thought development (Oermann, 2015). Bean (2011) recommends that exploratory writing or reflective writing should not be

graded according to formal essay criteria but should be scored on the basis of completion of the assignment. Reflection should not be used as a method for assessing competencies of decision making, ethical awareness, or professional development (Freshwater, Taylor, & Sherwood, 2008). Reviewing students' reflective writing allows faculty the opportunity to view students' thinking and clinical judgment development. Formative evaluation promotes students' self-awareness of performance and encourages self-directed learning (Oermann, 2015).

Appendix B

Guided Reflective Writing Assignment

Reflection provides learners the opportunity to think about experiences, solve problems, and consider alternatives. Clinical judgment is the “interpretation or conclusion about a patient’s needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient’s response” (Tanner, 2006, p. 204). In this reflective writing activity, you as the learner will recap your clinical experience and provide deep insight regarding your interpretation.

Using the Clinical Judgment Model as a guide, answer the questions provided. Do not include HIPAA information in your writing. Also, include questions you want to explore to further deepen your clinical judgment development. Your clinical instructor will use the rubric to provide feedback regarding your clinical judgment development. Points for this assignment are based on thorough completion of the activity. Your level of clinical judgment development is for your own personal/professional growth. Please write in paragraph format. APA is not required. (24 points total; 4 points for each section)

1. Introduction: Briefly describe your clinical experience.
2. Noticing: Describe what you noticed about your patient immediately. Describe what you noticed as you spent more time with the patient and possibly their family.
3. Interpreting: What did your observations during the clinical experience lead you to believe about your patients? What was the priority of care? What additional information was needed to provide patient care? What resources supported your interpretation?
4. Responding: After consideration of your clinical experience, what were the goals for your patient? What interventions did you complete during the clinical experience to support these goals? How did you support therapeutic communication with your patient?
5. Reflection: What are other possibilities for supporting this patient? What ways did Noticing, Interpreting, Responding, and Reflecting help improve your patient care?
6. Identify 2 questions to further explore regarding this clinical experience to develop clinical judgment.

Guided Reflective Writing Assignment rubric based on the Clinical Judgment Model:

<i>Dimension</i>	<i>Exemplary</i>	<i>Accomplished</i>	<i>Developing</i>	<i>Beginning</i>
Noticing	Explained subtle pattern and deviations from normal data. Reported gathering	Explained most obvious pattern and deviations in data. Reported retrieval	Explained obvious patterns and deviations but missed some important	Explained normal assessment. Missed deviations from expectations. Did not report

	of additional relevant data.	of obvious information.	information. Limited effort to seek additional information.	seeking information. Reported on objective data only.
Interpreting	Appropriately prioritized data to explain patient condition. Made sense of complex patient data with supporting resources.	Generally prioritized data but includes some less pertinent data. Mostly made sense of patient data except for rare or complicated situations.	Effort emerging to prioritize data. Includes less important data. Mostly made sense of data in simple or common situations.	Difficulty organizing and prioritizing data. Cannot distinguish important data to the diagnosis. Difficulty making sense of data in common situations.
Responding	Reported detailed communication strategies to establish rapport. Reported goals are tailored individually for the patient. Interventions are well explained with supporting rationale relevant to the patient.	Reported generalized communication strategies but could be more effective in establishing rapport. Reported goals and interventions based on general patient data. Explanation of interventions not detailed.	Reported communication strategies that display caring but not competence. Reported goals and interventions based on the most obvious data. Explanations of interventions vague and lack understanding.	Reported communication strategies are confusing and unclear. Reported goals and interventions address vague situations and are confusing based on the patient data.
Reflecting	Critically evaluates experience considering other realistic alternatives. Appropriately generates questions to stimulate further thought.	Evaluates experience but unable to identify appropriate alternatives. Information seeking questions could be more systematic to promote further growth.	States the obvious when evaluating the experience and asking questions.	Statements show disinterest in improving performance and unable to see need for improvement.

Reference

Tanner, C. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *The Journal of Nursing Education*, 45(6), 204-211.

Appendix C

Further Reflective Writing Assignment Context

Participants. As previously described, Junior One students are nursing students in their first semester of the undergraduate nursing program. Junior One students, as part of their first health and illness practicum, participate in hospital clinical activity starting week nine of the semester. Up until week nine, Junior One students have been participating in skills lab and long term care practicum experiences. Junior One students have four hospital acute care clinical days. Each hospital day for Junior One is eight hours long and the students spend one day per week for four weeks in the hospital. The supervising faculty for Junior One is present on the unit and works closely with the students while providing patient care. Each student is assigned one patient during their clinical time. Thirty students are expected each semester in Junior One.

Senior Two students are undergraduate nursing program students in their final semester. Exact Senior Two numbers vary based on progression. It is estimated 20-25 students will be in the Senior Two cohort. Senior Two students complete the reflective writing assignment as part of their Capstone internship practicum. In the Capstone internship practicum, Senior Two students work with an assigned preceptor in a hospital unit of the student's choice. The unit and experiences will vary among students. Senior Two students may care for one to five patients at a time as supervised by their preceptor. Students in the Senior Two cohort may spend eight to twelve hours each day with their preceptor. Student hours total 91 hours within eight weeks. Exact schedules will vary per student as the student works the preceptor's schedule. Faculty within the Capstone internship practicum communicate with students and preceptors to oversee the clinical experiences.

Faculty & clinical background. Faculty are assigned course schedules by the department chairperson. Faculty assigned to the Junior One and Senior Two clinical courses where guided reflective writing occurs are experienced with clinical faculty. The Junior One faculty have guided clinical experiences at this level for many semesters. Similarly, the Senior Two faculty have guided Capstone internship experiences for many semesters. Faculty supervising clinical activity in both groups have experience reviewing reflective writing post-clinical. However, specific guidelines based on the Clinical Judgment Model have only recently been implemented. Faculty utilizing the Guided Reflective Writing Assignment received training regarding the assignment prior to implementation in the clinical course.

An example of previous post-clinical writing at the Junior One cohort level is to simply describe the student's patient including data such as lab values and assessments. Junior one level students also complete concept maps for linking data, goals, and outcomes. At the Senior Two level, previous post-clinical writing has included journaling based on Kolb's Experiential theory (Kolb, 2012) with questions such as: What happened? How did you feel about it? What will you do next time? While the guided reflective writing assignment, based on the Clinical Judgment Model, has been utilized with previous students, this assignment will have been new to the cohorts invited to participate in the study.

Appendix D

Invitation to Participate Student Survey

Date: May..., 2019

Dear FHSU undergraduate nursing student,

As a nursing PhD student at the University of Kansas Medical Center (KUMC) School of Nursing, I am seeking participants for a research study for my dissertation. Dr. Wanda Bonnel is my dissertation chair. The purpose of this study was to examine nursing student and faculty perspectives of the benefits and challenges of guided reflective writing for clinical judgment development following clinical experiences. This study will assess the student and faculty perspectives of guided reflective writing using the Clinical Judgment Model.

Participation in this study is voluntary and confidential. Study data will be collected by completing a written survey. The survey will take approximately 20 minutes to complete. Study data will also be collected by interviewing three to five participants to verify information collected from the surveys. If you are interested in participating in the follow-up interview that will last approximately 20-30 minutes, please email me at tsmith22@kumc.edu.

No personal identifiers linking you to study results will be made. Since completion of the surveys will be anonymous, once the survey is submitted it cannot be withdrawn. All study data and information will be confidential. All information will be kept in a secure, locked location only accessible by the researcher. If you participate in the follow-up interview, recordings and interview notes will be stored on a secure and password protected server until May 2024.

If you are interested in participating in this study, please indicate your willingness by completing the survey next week after class. Completion of the written survey implies consent. This study has been approved by the researcher's dissertation committee and the Human Subjects Committee at KUMC and FHSU. If you have any questions about your rights as a research participant or concerns related to the study, you may contact:

Human Subjects Committee
University of Kansas Medical Center
913-588-5757 or 1-877-588-5757

or

Dr. Wanda Bonnel, PhD, RN
Dissertation Chair
913-588-3363 or
wbonnel@kumc.edu

Sincerely,

Tanya L. Smith, MSN, RN
PhD Student, KUMC School of Nursing

Appendix E

Student Survey Consent

Title: Guided Reflective Writing for Clinical Judgment Development

Investigators: Tanya Smith and Wanda Bonnel

Contact Information: tsmith22@kumc.edu or wbonnel@kumc.edu

Dear FHSU undergraduate nursing students,

You are being asked to participate in a research study conducted by Tanya Smith, KUMC PhD student. Dr. Wanda Bonnel is the dissertation chair and co-investigator. We are recruiting research participants to help us explore student perceptions of guided reflective writing and clinical judgment development.

Participation involves completing the survey that will take about 20-30 minutes. No identifiable information will be collected about you. The survey is anonymous. There are no personal benefits or known risks to participating in this study. Participation is voluntary and you can stop taking the survey at any time.

Researchers hope the information collected may be useful in guiding nurse educators regarding reflective writing assignments and development of clinical judgment in students. Please indicate your willingness to participate in the study by completing the survey. Completion of the survey implies consent.

This study has been approved by the researcher's dissertation committee, Human Subjects Committee at KUMC and FHSU. If you have questions please contact Tanya Smith (tsmith22@kumc.edu) or Dr. Wanda Bonnel (wbonnel@kumc.edu). For questions about the rights of research participants, you may contact the KUMC Institutional Review Board at (913) 588-1240 or humansubjects@kumc.edu

Sincerely,

Tanya L. Smith, MSN, RN
PhD Student
KUMC School of Nursing

Appendix F

Focus Group Invitation to Participate

Date: May..., 2019

Dear FHSU undergraduate nursing faculty,

As a nursing PhD student at the University of Kansas Medical Center (KUMC) School of Nursing, I am seeking participants for a research study for my dissertation. Dr. Wanda Bonnel is my dissertation chair. The purpose of this study was to examine nursing student and faculty perspectives of the benefits and challenges of guided reflective writing for clinical judgment development following clinical experiences. This study will assess the student and faculty perspectives of guided reflective writing using the Clinical Judgment Model.

Participation in this study is voluntary and confidential. Study data will be collected through focus groups. The focus group will constitute FHSU undergraduate faculty who have guided reflective writing at the Junior One and Senior Two levels. The focus group should take about 60 minutes to complete. No personal identifiers linking you to study results will be made. Interview recordings and notes will be stored on a secure and password protected server until May 2024.

If you are interested in participating in this study, please e-mail me at tsmith22@kumc.edu indicating your participation interest and available times for the interview. Participation in the focus group implies consent. This study has been approved by the researcher's dissertation committee and the Human Subjects Committee at KUMC and FHSU. If you have any questions about your rights as a research participant or concerns related to the study, you may contact:

Human Subjects Committee
University of Kansas Medical Center
913-588-5757 or 1-877-588-5757

or

Dr. Wanda Bonnel, PhD, RN
Dissertation Chair
913-588-3363 or
wbonnel@kumc.edu

Sincerely,

Tanya L. Smith, MSN, RN
PhD Student, KUMC School of Nursing

Appendix G

Student Survey

Written survey provided to students at the end of the semester. Assignment/rubric attached to survey for reference.

1. Age_____

2. Gender _____

3. Describe any previous reflective writing experiences.

4. Tell me about your post-clinical reflective writing assignments this semester.

5. What worked well for you in the reflective writing assignments?

6. Which questions were most helpful to you?

7. Which questions were the most challenging?

8. To what extent did you reference the rubric when completing your reflective writing?

9. What were the challenges in completing this assignment?

10. What benefits did you identify in completing the assignments?

11. What are the benefits to this clinical writing assignment compared to other clinical course writing assignments?

12. How has reflective writing affected your clinical judgment when caring for patients?

13. What example can you provide to show how this assignment helped you with your clinical judgment development?

14. What ways could this activity be used in your future career as a nurse?

15. Please share any other thoughts about the reflective clinical writing assignment.

Appendix H

Semester Timeline for Data Collection

- Week 13: The student survey invitation to participate will be distributed in the theory course by the Junior One and Senior Two faculty. The focus group invitation to participate will be sent through e-mail to participating faculty.
- Week 14: A hard copy of the implied consent form, the survey, and the guided reflective writing assignment will be distributed by the theory course faculty after class for Junior One and Senior Two students.
- Week 15: Students will be provided an additional opportunity to complete the survey in case there are students who missed the opportunity during week 14.
- Week 16: The focus group of faculty participants will occur.
- Schedule follow-up student and faculty interviews during summer after analysis.

Appendix I

Faculty Focus Group Interview Guide

1. How many years of teaching experience do each of you have?
2. Tell me about your experiences guiding the reflective writing assignments this semester. What worked well? What did not?
3. What were your initial thoughts about the benefits or challenges regarding the assignment/rubric?
4. Which questions seemed most beneficial in prompting further thought and growth in the students' writing/thinking?
5. What are the challenges of having the students use the Clinical Judgment Model as a reflective guide for post-clinical reflection?
6. What are the benefits of using the Clinical Judgment Model as a reflective guide for post-clinical reflection?
7. What overall growth/improvement (or lack of growth/improvement) did you note in the students' writing regarding clinical judgment?
8. In comparison with other groups of students you have worked with who have not been assigned to use reflective writing post-clinical, would you consider the assignment as helpful in students' development? In what ways?
9. What ways was the rubric useful (or not) in evaluating students' progress in developing clinical judgment?
10. If you were using a similar assignment in future classes, what suggestions would you have for revision of the assignment/rubric?

Appendix J

Focus Group Consent

Title: Guided Reflective Writing for Clinical Judgment Development

Investigators: Tanya Smith and Wanda Bonnel

Contact Information: tsmith22@kumc.edu or wbonnel@kumc.edu

Dear FHSU undergraduate nursing faculty,

You are being asked to participate in a research study conducted by Tanya Smith, KUMC PhD student. Dr. Wanda Bonnel is the dissertation chair and co-investigator. We are recruiting research participants to help us explore faculty perceptions of guided reflective writing and clinical judgment development.

Participation involves the focus group that will take about 60 minutes. No identifiable information will be collected about you. There are no personal benefits or known risks to participating in this study. Participation is voluntary and you can stop participation of the focus group at any time.

Researchers hope the information collected may be useful in guiding nurse educators regarding reflective writing assignments and development of clinical judgment in students. Please indicate your willingness to participate by attending the focus group. Participation in the focus group implies consent.

This study has been approved by the researcher's dissertation committee, Human Subjects Committee at KUMC and FHSU. If you have questions please contact Tanya Smith (tsmith22@kumc.edu) or Dr. Wanda Bonnel (wbonnel@kumc.edu). For questions about the rights of research participants, you may contact the KUMC Institutional Review Board at (913) 588-1240 or humansubjects@kumc.edu

Sincerely,

Tanya L. Smith, MSN, RN
PhD Student
KUMC School of Nursing

Appendix K

Codes by Participant Group

Code	Junior One n = 28	Senior Two n=19	Faculty n=4
Reflection	16	15	1
Thinking	15	12	5
Asking Questions	14	0	1
Learning/builds knowledge	6	11	0
Knowing priorities/goals	4	7	2
Sense of wholeness in patient care	1	10	0
Good directions structured purposeful assignment	5	5	2
Free writing/easy/engaging	4	1	0
Research/investigation	3	5	2
Communication	2	2	3
Timely	4	0	0
Identified other ways to support patient	4	0	0
Encouraged noticing	4	2	0
Encouraged debriefing	4	0	0
Used rubric multiple times	3	2	0
Making connections	0	4	2
Building process	2	0	2
Received faculty feedback	1	0	1
Clinical focus	0	0	1

Note. Codes were derived from the condensed meaning unit descriptions extracted from the direct responses of the transcription of the group participants. The numbers indicate how many times that code occurred in that group. Extracting codes from condensed meaning units is a qualitative content analysis approach that subsequently develops sub-themes and themes (Graneheim & Lundman, 2004).

Appendix L

Content Analysis Coding Process and Example

1. Transcribed survey questions and focus group interview.
2. Extracted meaning units from each group's transcription.
3. Condensed meaning units to codes per group.
4. Counted codes per group for frequency.
5. Used codes per group to create group descriptors.
6. Used descriptors per group to create overall sub-themes.
7. Sub-themes applied to all groups and served as an organizing frame.
8. Used overall sub-themes and descriptors per group to create a final theme for each group.
9. Collaborated with peer reviewers to validate descriptors, sub-themes, and final themes.

Example:

Junior One participant condensed meaning unit of 'dig deeper and focus on my interaction with the patient' was coded as 'thinking'. 'Reflecting on our day' as a condensed meaning unit was coded as 'reflection'. 'Thinking' and 'Reflection' as codes were used to create the summary 'Assignment was simple but detailed to allow deep thought and reflection about the individual clinical experience'. This statement helped create the sub-theme 'Approach to thinking'. The overall sub-themes and summaries from the Junior One participants led to the creation of the Junior one theme 'Organizes Basic Care'.

Appendix M

Student Sub-Themes and Final Themes

Junior One Sub-Themes and Student perspective descriptors	Senior Two Sub-Themes & Student perspective descriptors
<i>Approach to thinking</i> Assignment was simple but detailed to allow deep thought and reflection about the individual clinical experience.	<i>Approach to thinking</i> Assignment is a tool to help with correlation and connection of overall patient care.
<i>Application to clinical care</i> Assignment encouraged us to become more observant in clinical care. Assignment emphasized patient communication and further thought about how to support the patient.	<i>Application to clinical care</i> Assignment helped us examine patient care and encourage further thinking. Reflection helped answer clinical questions and focus on priorities for more efficient future patient care.
<i>Assignment guidance</i> Faculty feedback and student reflection helped organize goals and prioritization of patient care.	<i>Assignment guidance</i> Assignment allowed for free writing with a clinical focus to create a sense of wholeness regarding patient care.
<i>Assignment value</i> We experienced growth and improvement through building reflections.	<i>Assignment value</i> Assignment was purposeful and structured to allow us to analyze their own clinical judgment for further growth.
Junior One Final Theme and supporting summary	Senior Two Final Theme and supporting summary
Organizes Basic Nursing Care The assignment helped organize reflection about basic nursing care to allow deep thinking and further growth in future patient care activities	Sense of Wholeness The assignment provides a purposeful, guided clinical tool to aid with connections and priorities across patients and in future care. The assignment provides a sense of wholeness and encourages deep thinking through reflection for further clinical growth.

Note. Sub-themes served as an organizing frame for the students' perspective of the guided reflective writing assignment and clinical judgment development. Sub-themes and descriptors guided student group theme development.

Appendix N

Faculty Sub-Themes and Final Theme

Faculty <u>Sub-Theme</u> and Faculty perspective descriptors
<i>Approach to thinking</i> Assignment encouraged students to think deeply and make connections to build clinical judgment.
<i>Application to clinical care</i> Assignment had a clinical focus that provided students a chance for reflection, prompted research, and allowed faculty communication and feedback.
<i>Assignment guidance</i> Assignment and rubric provided detailed prompts to guide the students writing and reflection.
<i>Assignment value</i> Assignment encouraged the students to know their priorities and goals for their patients. Provided more interaction between student and faculty.
Faculty <u>Final Theme</u> and supporting summary
Encourages Deep Thinking The assignment provides a detailed reflective writing guide post-practicum to encourage deep thinking and feedback for clinical judgment development.

Note. Faculty perspectives supported the students' perception of the guided reflective writing assignment and clinical judgment development. Similarly, the faculty descriptors and sub-themes helped develop the final faculty theme.

Appendix O

Follow Up Interview Consent

Title: Guided Reflective Writing Assignment for clinical judgment development

Investigators: Tanya Smith and Wanda Bonnel

Contact Information: tsmith22@kumc.edu or wbonnel@kumc.edu

Dear FHSU undergraduate nursing faculty,

You are being asked to participate in a research study conducted by Tanya Smith, KUMC PhD student. Dr. Wanda Bonnel is the dissertation chair and co-investigator. We are recruiting research participants to help us explore faculty perceptions of guided reflective writing and clinical judgment development. Your role in the follow-up interview is to discuss theme development and provide additional information if appropriate.

Participation involves the follow-up interview that will take about 10-15 minutes. No identifiable information will be collected about you. There are no personal benefits or known risks to participating in this study. Participation is voluntary and you can stop participation in the interview at any time.

Researchers hope the information collected may be useful in guiding nurse educators regarding reflective writing assignments and development of clinical judgment in students. Please indicate your willingness to participate by attending the interview. Participation in the interview implies consent.

This study has been approved by the researcher's dissertation committee, Human Subjects Committee at KUMC and FHSU. If you have questions please contact Tanya Smith (tsmith22@kumc.edu) or Dr. Wanda Bonnel (wbonnel@kumc.edu). For questions about the rights of research participants, you may contact the KUMC Institutional Review Board at (913) 588-1240 or humansubjects@kumc.edu

Sincerely,

Tanya L. Smith, MSN, RN
PhD Student
KUMC School of Nursing

Appendix P

Student & Faculty Follow Up Interview Guide

Introduce myself to the participant and spend a few minutes making them comfortable. These questions will be used to generally guide the interview. The prompting questions may be used as needed throughout the interview to assist in obtaining more information.

“Thank you for agreeing to a follow-up interview with me. I have received your verbal informed consent for this interview. We are going to spend the next 10-15 minutes discussing the findings from the data collection and your personal experience with the guided reflective writing clinical assignments. I am interested in hearing your perspective on the findings from the data collection and as many details as possible about your experience. Do you have any questions before we proceed?”

1. How would you describe your experience with guided reflective writing assignments post-clinical?

Probes: Broad probes /reminders related to survey/focus group questions.

2. The themes/findings from the survey/focus group are (outlined on the draft summary form provided you).....what are your thoughts?

Probes: Tell me more about why you agree or disagree with the findings

3. What additional information could you share about these findings?

4. I would like to go back over some of the major points of what you shared so that I know that I have it correctly....

General probing questions: Can you tell me more about that? How would you describe that experience? How would you describe that word?

Appendix Q

Clinical Judgment Model Rubric Classification

Classification	Junior One	Senior Two
Beginning	3 sections	1 section
Developing	3 sections	2 sections
Accomplished	1 section	1 section
Exemplary	1 section	4 sections

Note. Two writing submissions were reviewed for both the Junior One and Senior Two nursing students. Each writing submission had four sections. The writing in each section was classified by the researcher according to the Clinical Judgment Model rubric provided in the assignment. The numbers indicate how many times a section of writing was reflective of beginning, developing, accomplished, or exemplary clinical judgment. The researcher classification, as part of the artifact analysis, supported the difference of clinical judgment development between the Junior One and Senior Two students. Overall, the Junior One students were at a beginning/developing clinical judgment stage whereas the Senior Two students were more at an exemplary clinical judgment stage.

Appendix R

FHSU IRB Approval Letter

OFFICE OF SCHOLARSHIP AND SPONSORED PROJECTS

DATE: January 24, 2019

TO: Tanya Smith, MSN

FROM: Fort Hays State University IRB

STUDY TITLE: [1375419-1] Undergraduate Nursing Student and Faculty Perspectives of Guided Reflective Writing and Clinical Judgment Development

IRB REFERENCE #: 19-0065

SUBMISSION TYPE: New Project

ACTION: APPROVED

APPROVAL DATE: January 24, 2019

EXPIRATION DATE: January 23, 2020

REVIEW TYPE: Full Committee Review

Thank you for your submission of New Project materials for this research study. Fort Hays State University IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a study design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission. This submission has received Full Committee Review based on the applicable federal regulation. Please remember that informed consent is a process beginning with a description of the study and insurance of participant understanding followed by a signed consent form unless documentation of consent has been waived by the IRB. Informed consent must continue throughout the study via a dialogue between the researcher and research participant. Federal regulations require each participant receive a copy of the signed consent document. The IRB-approved consent document must be used. Please note that any revision to previously approved materials must be approved by this office prior to initiation. Please use the appropriate revision forms for this procedure. All SERIOUS and UNEXPECTED adverse events must be reported to this office. Please use the appropriate adverse event forms for this procedure. All FDA and sponsor reporting requirements should also be followed. Please report all NON-COMPLIANCE issues or COMPLAINTS regarding this study to this office. Please note that all research records must be retained for a minimum of three years. Based on the risks, this project requires Continuing Review by this office on an annual basis. Please use the appropriate renewal forms for this procedure. If you have any questions, please contact Leslie Paige at 785-628-4349 or lpaige@fhsu.edu. Please include your study title and reference number in all correspondence with this office.