

THE ESSENTIALS OF CLINICAL REASONING FOR NURSES

Using the Outcome-Present State-Test Model
for Reflective Practice



RuthAnne
Kuiper

Sandra
O'Donnell

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Pesut

Stephanie
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Praise for *The Essentials of Clinical Reasoning for Nurses*

“This exciting new book presents a framework, the OPT Model of Clinical Reasoning, that nurses can use to guide their thinking about patient care. Case scenarios and patient stories demonstrate how to use the model in clinical practice, beginning with assessment and developing a patient-centered plan of care through deciding on interventions and outcomes. Nurse educators will find this book valuable. Effective learning strategies, such as Stop and Think questions and creating a Clinical Reasoning Web, are integrated in each chapter. These and other learning activities guide readers in reflection and using the clinical reasoning process in different patient situations—skills that are transferable to clinical practice. The OPT Model supports learning about and teaching clinical reasoning and care planning to students. With its many clinical examples, this book will be a valuable text for nursing students.”

–Marilyn H. Oermann, PhD, RN, ANEF, FAAN
Thelma M. Ingles Professor of Nursing
Duke University School of Nursing
Editor, *Nurse Educator* and *Journal of Nursing Care Quality*

“This book brings clarity and depth to a complex nursing practice-based thinking process too often misrepresented as intuition or insufficiently described as the nursing process. The authors of this book reveal the underside of expert nursing judgment and decision making—systematic yet creative, and championing the patient’s story and nursing knowledge and insights—through their eminently teachable OPT Model of Clinical Reasoning for entry-level professional nursing practice.”

–Pamela G. Reed, PhD, RN, FAAN
Professor, The University of Arizona College of Nursing

“This book challenges nurses to deliberately integrate reflection and specific patient outcomes as they plan and provide care—and offers the OPT Model of Clinical Reasoning as a framework to do that. The model is explained clearly and applied brilliantly to the care of various patient populations, in community settings, and in clinical supervision. Using visuals that repeatedly illustrate application of the OPT Model to various case studies, the book clearly shows the reader how this approach promotes thinking skills of nurses and, ultimately, excellence in care. I highly recommend this book for educators, students, and nurses in practice.”

–Theresa M. “Terry” Valiga, EdD, RN, CNE, ANEF, FAAN
Professor; Director, Institute for Educational Excellence; Chair, Division of Systems & Analytics
Duke University School of Nursing

“The Essentials of Clinical Reasoning for Nurses uses the widely acclaimed Outcome-Present State-Test (OPT) Model as a method for self-regulation in nursing and as a patient-centered clinical reasoning model to be used in the education of aspiring and practicing nurses. The book represents the seminal work that has been done on the model over the past 2 decades, including research that validates the model. I have used this model for over 20 years in my own teaching and highly recommend it for others who educate aspiring or practicing nurses.”

–Deanna L. Reising, PhD, RN, ACNS-BC, FNAP, ANEF
Associate Professor, Indiana University School of Nursing

“Nurse educators, nursing education students, and clinicians will find the strategies in this book to be invaluable in building clinical reasoning skills. The OPT Model of Clinical Reasoning builds on the traditional nursing process. The intuitiveness of the OPT Model makes it easy to teach, to learn, and to use. It helps users to identify the critical issue of care (keystone) for the client and to see how the keystone issue affects other issues for the client. In addition, the model guides the user in how to help clients move toward their desired outcome state. In times of scarce resources and challenges related to safety and quality in healthcare settings, the OPT Model can be a wonderful resource to aid in the timely, accurate, and efficient provision of care. I am glad to see a book where not only is the model well-explicated, but where examples of its use are provided to help the learner.”

–Robin Bartlett, PhD, RN
Professor and Director of PhD in Nursing Program
University of North Carolina at Greensboro

“The Outcome-Present State-Test (OPT) Model for reflective nursing practice is the most significant advance in clinical reasoning since the inception of the nursing process. When I teach students and present the OPT Model to practicing, experienced nurses and advanced practice nurses, the students and nurses tell me that the nonlinear, simultaneous processes in the OPT Model actually reflect the way they think and make clinical decisions in practice. The OPT Model advances clinical decision by combining narrative approaches to practice, including listening to patient-in-context stories; placing primary emphasis on outcomes; integrating standardized nursing languages (NANDA-NIC-NOC); framing the nursing situation within a nursing context; and using reflective nursing practice strategies—all integrated into one nursing practice model.”

–Howard Karl Butcher, PhD, RN
Associate Professor, The University of Iowa
Editor, *Nursing Intervention Classification*

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Sigma Theta Tau International
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DEDICATION

To past, present, and future generations of nurses and nurse educators who appreciate and value the creativity, complexity, and challenges involved with learning and teaching clinical reasoning for contemporary nursing practice.

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Pesut is a fellow in the American Academy of Nursing. He served on the board of directors (1997–2005) and was president of the Honor Society of Nursing, Sigma Theta Tau International (2003–2005). He holds certificates in management development from the Harvard Institute for Higher Education and in integral studies from Fielding Graduate University. He is a certified Hudson Institute coach and member of the International Coach Federation. He is the recipient of a number of distinguished teaching and leadership awards. He has over 42 years of experience as a nurse clinician, educator, administrator, researcher, consultant, and coach who inspires and supports people as they create and design innovative practices with a desired future in mind.

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FOREWORD

Have you ever encountered an idea or model that changed how you thought about your role as a nurse? That happened to me when I first learned about the Outcome-Present State-Test (OPT) Model.

I first encountered this way of “thinking about thinking” during a presentation by Daniel J. Pesut at some long-forgotten conference. As soon as I got home, I ordered the book he coauthored with JoAnne Herman—*Clinical Reasoning: The Art and Science of Critical and Creative Thinking*. Once in my hands, I read this small but powerful book cover to cover and was amazed by how well it fit with my passion for terminology development in my work on outcomes and interventions at the University of Iowa.

I immediately began using the OPT Model in my presentations on implementing standardized nursing terminologies into electronic health records. Many of these presentations were to international audiences, and I quickly learned to take a copy of the Pesut and Herman book with me to leave behind. I have given away at least 20 copies of the book in countries just starting to use the nursing process. I found the OPT Model very useful in helping nurses link nursing diagnoses, outcomes, and interventions. One idea I especially appreciate is the discussion about the generations of the nursing process. To me, this is critical in understanding where the nursing process began and where it is headed. Today, as we gather “big data,” we are providing the foundation for moving our profession toward models of care for specific populations of patients, consistent with the generations of the nursing process.

Perhaps the OPT Model is most valuable when introducing beginning nursing students to ideas from *The Essentials of Clinical Reasoning for Nurses: Using the Outcome-Present State-Test Model for Reflective Practice*. They quickly learn to create web diagrams of case studies and start to think like nurses. My most rewarding experience in teaching happened after introducing clinical reasoning and the OPT Model. One of my students who participated in a home visit shortly after the OPT Model discussion wrote me an email describing how she had used what she had learned in class with her patient that night. The patient was not doing well following a cancer diagnosis and surgery. The student asked the

patient to help her develop a web focused on the patient's problems. It became clear that the current care plan was not focused on the patient's priority issues. The student took her new web diagram back to the care team. They then generated a new plan of care to address the patient's needs, and the team complimented the student on her care of the patient. She was thrilled to have made a difference! I still have the email the student sent me that night. Her example shows the power of the OPT Model to help nurses meet the needs of patients based on individual patient stories.

I think that you, like me, will be greatly influenced by the content of *The Essentials of Clinical Reasoning for Nurses*. I warn you that the ideas may forever impact your clinical practice, how you teach, and even how you think about the problems you face in life. I know it did for me!

–Sue Moorhead, PhD, RN, FNI, FAAN
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INTRODUCTION

In this book, we present and explain the Outcome-Present State-Test (OPT) Model of Clinical Reasoning. The OPT Model supports learning and teaching clinical reasoning, clinical supervision, and care planning. The structure and application of the model, definition of terms, and thinking strategies that support use of the model have education, practice, and research consequences for contemporary nursing. Students, clinicians, educators, managers, and administrators are invited to consider the OPT Model as an evolutionary development of traditional nursing process.

Based on our work with students in clinical reasoning courses, we have created, developed, and refined the OPT Model of Clinical Reasoning. OPT is a third-generation nursing process model that emphasizes reflection, outcome specification, testing, and the development of clinical judgment given the context of a client's or patient's story. The OPT Model supports the use and application of critical, creative, systems, and complexity thinking in clinical practice.

Application in Clinical Practice

Use and application of the OPT Model helps extract some of the covert thinking skills nurses use to reason about clinical care outcomes. By making the processes and thinking strategies and tactics more explicit, you can “unpack” the thinking used in reflective clinical reasoning. The OPT Model makes the invisible thinking of clinical reasoning clear and visible. Making these strategies more explicit has several benefits. Such analysis is likely to help teachers teach, students learn, and clinicians better reason. The focus on outcomes provides direction for care and benefits clients.

The OPT Model builds on the traditional nursing process and is different from the nursing process in several ways. First, the OPT Model organizes client needs and nursing care activities around a keystone issue. If keystone issues are resolved, then many of the more outlying problems will resolve themselves. Second, the OPT Model makes obvious the juxtaposition or gap analysis between a present

state and a well-defined outcome state. The gap analysis creates a test. Test conditions activate clinical decisions, interventions, and evidenced-based judgments. Third, the model reinforces the concurrent, iterative characteristics of clinical reasoning. Fourth, the OPT Model is compatible with an outcome-driven healthcare system because it is built on a foundation of critical, creative, systems, and complexity thinking required for the development of reflective clinical judgments in practice.

Types of Thinking and Standardized Terminology

We have done our best to define the thinking strategies and tactics we believe are the essential ingredients of clinical reasoning. We outline the role of critical, creative, systems, and complexity thinking skills that support the reasoning core of the model. The OPT Model is a concurrent-iterative model of clinical reasoning. Reflection is an essential part of the reasoning process. The model uses the facts associated with a patient's or client's story and standardized nursing terminologies and systems thinking tactics to frame the context and content for clinical reasoning.

Clinical Decision-Making and Clinical Judgments

Clinical decision-making in this model is defined as choosing nursing actions. Clinical judgments are the conclusions drawn from tests that compare patient/client present state data to specified outcome state criteria. Concurrent judgments related to the match or mismatch of present state and outcome state data result in the need for clinical decisions. Clinical judgments result from the meaning one gives to tests created and outcome achieved. Reflections on judgments may indicate that outcomes were successfully achieved or may suggest the need for reframing the situation, creation of new tests, making additional clinical decisions, or alternative judgments about additional types of diagnoses, interventions, and outcomes needed to support quality care.

How the Book Is Organized

Part I, “Mastering the OPT Model of Clinical Reasoning,” contains six chapters. In Chapter 1 we discuss the development and evolution of clinical reasoning in nursing. Chapter 2 describes and explains the importance and value of standardized terminologies for defining nursing knowledge and making nursing care visible. Chapter 3 provides a discussion and insights about the role of metacognition; critical, creative, systems, and complexity thinking; and ways that thinking strategies and tactics support the development of self-regulatory learning. Chapters 4, 5, and 6 provide a step-by-step approach to mastering the OPT Model that includes attention to the patient-in-context story and how to spin and weave a Clinical Reasoning Web to discern a keystone issue. Chapter 5 also describes and discusses the importance of filtering, framing, and defining the focus of care planning and reasoning efforts, and Chapter 6 details the elements associated with clinical decision-making, choice of interventions, and making clinical judgments.

Part II, “Applications of the OPT Model of Clinical Reasoning Across the Life Span,” consists of seven chapters that illustrate the use of the OPT Model with specific clinical case studies. Readers will note that each of these chapters has a similar structure to support the teaching, learning, and application of the model with different clinical scenarios. The part begins with a neonatal health case and then focuses on application of the model with an adolescent and young adult. Chapters 10, 11, and 12 provide examples of how the model can be used with women’s health-, men’s health-, and older adult healthcare scenarios. Chapter 13 presents an end-of-life case and illustrates application of the model with a person receiving hospice and palliative care treatment.

Part III, “Innovative Applications of the OPT Model of Clinical Reasoning,” consists of three chapters. Chapter 14 illustrates how the OPT Model can be used with the Omaha System, which is another standardized terminology that differs from the terminologies associated with the North American Nursing Diagnosis Association (NANDA-I), Nursing Intervention Classification (NIC), and Nursing Outcome Classification (NOC) systems. Chapter 15 describes and discusses how

the structure, strategies, and tactics of the OPT Model can support clinical supervision and debriefing in simulation. Finally, Chapter 16 identifies and suggests how the OPT Model may evolve over and through time and support innovations in simulation debriefing, curriculum development, and interprofessional education. The glossary of terms assists the readers in defining new and familiar concepts that are used throughout the book.

As nursing science matures, the knowledge relevant to nursing practice expands. The OPT Model of Clinical Reasoning is a structure and process that builds on nursing's heritage and uses contemporary knowledge associated with the evolution and development of standardized terminologies to support the development and acquisition of critical, creative, systems, and complexity thinking skills necessary to reason into the future.

P A R T



MASTERING THE OPT MODEL OF CLINICAL REASONING

