

W H I T HEALTH SCIENCE Educator

Tips, ideas and opinions for Health Science Education



January 2021

CLINICAL JUDGMENT EDITION



A free publication for professionals who choose to make a difference in the classroom – or working from a home office.

*You inspire the heroes
of healthcare!*

*If we're growing,
we're always
going to be outside
our comfort zone.*

– John C. Maxwell

★ EDUCATION NEWS: *SHOULD I CARE ABOUT THE SECRETARY OF EDUCATION?*

Maybe...

There are 15 cabinet positions in the federal government. The cabinet members head up federal agencies and work directly with the President.

In the US government, the Secretary of Education advises the President about educational policy, oversees federal funding, and promotes the importance of education. As a part of the CTE family, it is easy for us to imagine how powerful and important it is when someone at the table (in this instance, with the President) understands and talks about the value of career and technical education!

About 8% of elementary and secondary education funding comes from the federal government. These funds help cover a variety of programs including special education grants, Head Start, and Title I grants that support districts with large numbers of low-income students.

The new Secretary of Education, Miguel A. Cardona, is a former 4th grade teacher, school principal, and Connecticut education commissioner.



What does that mean for Health Science Education?

Two things jump out when we look at two of the priorities of the new administration and Secretary of Education:

- Free community college
- Attention to the nation's need for technical and trade skills

Those initiatives alone might increase the need for health science education programs. But what about the COVID-19 pandemic and the critical role that healthcare workers, your former students, continue to play in the fight against this infectious disease?

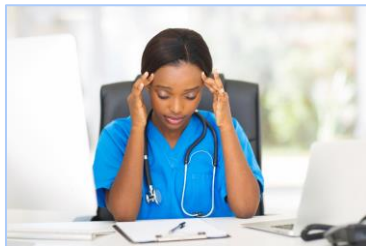
When you add the shortage of qualified healthcare team members to the priorities of the new administration, there appears to be incredible potential for the support and expansion of health science education. Should we prepare for a growth spurt? Time will tell, but conditions are certainly positive for those of us who make a career in preparing tomorrow's healthcare professionals.

★ HEALTH NEWS: *Clinical Judgment*

Clinical judgment refers to the thought process that allows healthcare providers to make decisions based on objective and subjective information about a client.

What is happening?

In the December 2020 issue of *The Health Science Educator*, we introduced you to the Next Generation NCLEX. Changes are being made to the NCLEX as a result of research from the past 15 years showing that new nurses often lack skills in clinical judgment. The goal is to encourage educational programs to include instruction in clinical judgment, and to test clinical judgment skills as part of the licensure process.



Is it just nursing?

Research is being done throughout the healthcare community with one consistent conclusion: Clinical judgment and decision making is required across the healthcare professional continuum to provide safe and effective patient care.

What is it...really?

It's about looking at all the data and considering options before making a decision.

Decision-making in healthcare involves all levels of health care. A home health aide who arrives at a client's home should evaluate the current situation. Is everything as it should be? Is something different? Do I need to notify the nurse manager? What choices must I make to care for this client?

How should we teach clinical judgment skills in Health Science Education?

We know you tell stories. ALL health science teachers tell stories of their experiences in health care delivery. You can teach clinical judgment by changing the way you tell the stories.

Simply pose the problem and then ask "What should happen next?" and "why?" Instead of just telling your students what happened, make the story an example of how healthcare providers use clinical judgment.

We have provided an example of a written clinical judgment scenario on the next page that you can use in your classroom to stimulate a classroom discussion.

Literature Review Clinical Judgment

There are plenty of research articles and case studies available that relate to the use of clinical judgment in a variety of health professions.

PHYSICIAN

Kienle, Gunver S, and Helmut Kiene. "Clinical judgement and the medical profession." *Journal of evaluation in clinical practice* vol. 17,4 (2011): 621-7. doi:10.1111/j.1365-2753.2010.01560.x [Clinical judgement and the medical profession \(nih.gov\)](#)

PHYSICAL THERAPY

APTA. "Clinical Decision-Making in Physical Therapy Practice" July 2020. [Clinical Decision-Making in Physical Therapist Practice | APTA](#)

PHARMACY

Daniel F.B. Wright, Megan G. Anakin, Stephen B. Duffull, "Clinical decision-making: An essential skill for 21st century pharmacy practice", *Research in Social and Administrative Pharmacy*, Volume 15, Issue 5, 2019 [Clinical decision-making: An essential skill for 21st century pharmacy practice - ScienceDirect](#)



EMT

Oto, Brandon. "Clinical Judgment: How to do Less" *EMT Basics*. September 5, 2012 [Clinical Judgment: How to Do Less \(emsbasics.com\)](#)

Use this article in the classroom:

Have students read the case study and answer the following questions:

1. *Who used better clinical judgment – the EMT or the doctor? Why?*
2. *The article is about doing less. Do you think there are times when the EMT should "do more"? How and why?*

Name _____

Date _____

CLINICAL JUDGMENT: PLATELETS

Mrs. Jones is a healthy, 65 year-old woman with no pre-existing conditions, no medications, and no health issues. Her weight is normal and she runs three miles every day. Today Mrs. Jones went to her family doctor for a routine physical exam. It had been three years since her last exam.

A CBC drawn after the exam was normal, except for:

Platelets **51** x10(3)/ul

Normal 139-361

*Platelet clumping noted on peripheral smear.
Platelet count may be higher on recollect
specimen without platelet aggregation.*

Clinical judgment: What should happen next?

Mrs. Jones received a call from the office nurse indicating she should have the platelets redrawn. A week later, the following came in the mail:

From the doctor: *The lab is having a hard time getting an accurate look at your platelet count. Although this is probably just a lab issue, I would like you to see a hematologist where they can be sure it is not a major concern. We will send you the referral.*

On the lab report: *Absolute platelet count could not be obtained due to platelet aggregation. Patient may be exhibiting a condition known as EDTA-induced platelet aggregation. Suggest recollecting specimen in a sodium citrate (blue top) tube and immediately delivering to the lab for prompt analysis.*

The number Mrs. Jones was given for the referral was to the Southeast Cancer Center, and the first available appointment she could get was in three weeks. She called her family doctor's office and requested the platelets be redrawn as indicated on the lab slip. The office receptionist called back the next day to say that the doctor said no to repeating the bloodwork and that she should wait to see the hematologist.

Mrs. Jones searched "low platelet count" on the Internet and became increasingly alarmed. The next day, she went to the lab but was told she could not have blood drawn without a doctor's order. She then went to her doctor's office and requested an order. The receptionist replied that the doctor already said no.

Mrs. Jones responded, "I cannot wait three weeks to find out if I have cancer. I'm scared and losing trust in this medical practice. The lab report clearly suggests the need to have the platelet count redrawn. I insist that you ask the doctor again."

Clinical judgment:

What should the receptionist do?

Why?

Clinical judgment:

What data/information do you have that might make you think the low platelet count is a lab issue?

Teacher Discussion Key

Clinical Judgment: Platelets



The purpose of the clinical judgment scenario is to help students learn to analyze data.

Ask your students: **Who had to practice clinical judgment in this scenario?** They should respond that the doctor AND the receptionist were

both required to apply judgment and decision-making.

Ask your students: **We can all agree that the receptionist has a responsibility to the doctor, but does the receptionist have a responsibility to the patient?** Remind students of the concept of patient-driven care. It includes enabling an increased level of information flow, transparency, collaboration, and personal choice between the patient and the healthcare provider. (That doesn't mean that we do whatever the patient wants. We only do what is safe, ethical, and in the best interest of the patient. That can include supporting the patient's preferences in the management of their care.)

Ask your students: **The receptionist had two immediate choices – ask the doctor for the lab order or refuse to ask the doctor for the lab order. Are there any other options?** When in doubt, healthcare is a team effort. Perhaps the receptionist could have asked the office manager or another colleague for help.

Ask your students: **Is there ever a time when a receptionist, medical assistant, EMT, or other healthcare team member should ever question a doctor's decision?** Yes.

This is a true story, as most of your clinical judgment scenarios should be. The goal is to get your students to recognize that the use of clinical judgment begins now, and that we are all responsible for making sound, thoughtful decisions based on our collection of data and our understanding of our role in providing quality patient care.

The rest of the story - The receptionist did go back to the doctor and explained that the patient insisted on getting an order to have the platelet count redrawn. The physician wrote the order and the patient immediately went to her local hospital and showed them the lab report suggesting collection in the blue top tube. Blood was collected as suggested and analyzed. Platelet count – 211. The hematology referral was canceled.



Learning Games: Leadership is filled with classroom activities that require decision-making and support the development of clinical judgment skills.

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The Health Science Educator, published by CreativEd Services in collaboration with NCHSE, is a free monthly newsletter for health science professionals at the middle school, high school and collegiate levels.



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