

Summary of Case

This narrative describes a labor and delivery nurse who recognizes that connection and patient education is missing to support advocacy and patient-family empowerment.

Briefing: Instructions on how to introduce the narrative

Prepare your learners by giving these instructions:

1. This narrative describes a nurse assigned to a patient who is reluctant to the recommended treatment plan and required engagement and support to empower informed decision-making in the labor and delivery practice environment.
2. Take out the Nine Clinical Work-Role Competencies and refresh yourself about the competencies of the clinical practice of nursing.
3. Please note what stands out to you about how this nurse cares for the patient, and how the nurse recognized the difference between what was given in report versus what the patient stated.

Play the narrative. You may want to consider giving a written copy of the narrative to learners for the learners who do best with reading.

Debriefing: Situation Coaching Questions Using the Tanner Model of Clinical Judgment

We start the Tanner Model of Clinical Judgment with the Context, Background, and Relationship.

Context, Background, Relationship

- What did the nurse hear in report about the patient that could have impacted patient care?
- Was the previous nurse justified in reporting that the patient refused all interventions?

Noticing

- What were the things the nurse saw and noticed first when entering the patient's room?

Interpreting

- How did the nurse realize the patient was scared and not just refusing care?
- How are you feeling about this situation, as it is unfolding?
- What stood out to you as most important in the preliminary nurse to patient interaction?

Responding

- How did the nurse gain trust with the patient and her husband?
- Discuss ways the nurse can justify educating and implementing interventions slowly in an urgent situation like preterm labor.

Reflecting

- What could the nurse have done to change the culture on the unit next time someone reports a patient is refusing treatment?
- How would you feel as the nurse if you educated the patient on all treatments and the patient still refused the recommended interventions?

Which clinical work-role competencies were most prevalent & what did she do to lead you to that interpretation?

1. Diagnosing and managing clinical conditions (Primary)
 - a. Noticed the patient appeared scared and shocked when first entering the room.
 - b. Used therapeutic communication to allow the patient and husband to verbalize their concerns.
2. Skilled know-how of managing a crisis (Primary)
 - a. Educated the patient and husband in small steps to allow time to process and prevent breakdown in communication.
 - b. Communicated concerns and findings with the team to prevent failure to rescue.
 - c. Able to perform each of the enabling skills required to decrease risk of preterm complications.

3. Caring about patients, families, communities, and self (Primary)
 - a. Engaged with the patient and husband to understand their rationale for refusing the recommended treatment.
4. Making the case: Communicating clinical assessments and improving teamwork (Primary)
 - a. Worked with the midwife and the obstetrician to provide a complete SBAR of the situation at board huddle that negated original reports given about the patient.
5. Skilled know-now of clinical and moral leadership (Primary)
 - a. Engaged with the patient and husband to incorporate all cues prior to establishing a clinical judgment.

Formative Evaluations

In each of your learners, rate them on the following scale to determine how they did in this narrative:

Dimension	Needs Improvement 0	Fair 1	Good 2	Excellent 3

Systems-Based Curriculum

If your program is based on systems, you can consider using this narrative for the following systems and pathophysiology:

- Neurological
- Immunologic
- Psychological

Concept-Based Curriculum

If your program is based on concepts, you can consider using this narrative for the following concepts:

- Family Dynamics
- Clinical Judgment
- Ethics
- Evidence-Based Practice
- Implicit Bias- Failure to Rescue
- Psychosocial
- Communication

Alignment to AACN Sub-competencies

- 1.3a: Demonstrate clinical reasoning
 - Regina used experiential learning and physiology to differentiate a sense of salience and urgency.
 - Regina considered the particulars of this situation before formulating a clinical judgment.
- 2.1d: Promote caring relationships to effect positive outcomes
 - Regina was able to connect with the patient through respect and mutual realization.
- 2.5a: Engage the individual and the team in plan development
 - Regina worked with the healthcare team to assist the patient with a treatment plan that was right for her, her husband, and her baby.
- 2.5d: Incorporate evidence-based intervention to improve outcomes and safety
 - Regina followed the evidence-based guidelines in the ACOG practice bulletin to decrease risk for the patient and her baby.
- 6.3b: Leverage roles and abilities of team members to optimize care

- Regina facilitated a face-to-face conversation with the pediatrician and obstetrician to allow the patient and husband to fully explore all options.
- 9.1g: Advocate for the individual's right to self-determination.
 - Regina did not push evidence-based practice on the patient, instead an appreciative inquiry approach was utilized in collaboration with education for patient and husband to make an informed decision.