

# EXPLORING CLINICAL REASONING THROUGH THE PEDAGOGICAL CONTENT KNOWLEDGE OF NURSE LECTURERS

## Background

Clinical reasoning is widely recognized as an important skill in nursing. Yet a clear definition of this concept is lacking and little is known about specific methods and cognitive processes used by nurses to exercise this skill [1-3]. As a result, it remains unclear how to teach the principles and competencies of clinical reasoning to nursing students or to train practicing nurses [2,3].

## Aim(s)

This study aimed to (i) investigate how lecturers in a Bachelor of Nursing program in Flanders define clinical reasoning and (ii) formulate recommendations for education.

## Methods

This qualitative study investigated clinical reasoning as part of lecturers' pedagogical content knowledge (PCK). PCK embraces the lecturers' knowledge of the curriculum's content as well as regarding possible ways to teach that content. Lecturers' PCK can be made visible by drafting a Content Representation (CoRe) map using eight questions [4]. These questions were used in focus group discussions and interviews with fourteen lecturers of the nursing program at a university college in Flanders (Belgium).

## Results

We could draw up a preliminary list of operational features of clinical reasoning which involves the application of knowledge, critical examination of observations, systematic and continuous analysis, and proactive decision-making. Furthermore, clinical reasoning was found to require experience and an extensive knowledge base in multiple scientific fields. To master clinical reasoning, the nurse (student) must develop cognitive, executive as well as motivational capacities [5]. In literature and in focus group discussions, mainly the importance of knowledge and experience was emphasized. Only limited mention was made of an open, empathetic, receptive attitude.

## Discussion and future perspectives

The insights into different aspects of clinical reasoning in nurses (e.g. the content, importance, purpose, teaching strategies, difficulties and context) are deemed useful when explaining clinical reasoning to students, aligning expectations among lecturers and preceptors, and evaluating the extent to which students achieve competencies in terms of clinical reasoning.

Learning clinical reasoning requires experience through exposure to multiple clinical situations in all aspects of life, during multiple internships and simulation training sessions throughout the curriculum [6,7].

More research is needed on how to objectively assess a student's level of clinical reasoning. Our list of operational features of clinical reasoning may be a starting point. Also the contribution of each characteristic to the quality of clinical reasoning needs further investigation.

## References

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