

A SYSTEMATIC REVIEW OF EDUCATIONAL PRACTICES THAT IMPROVE CLINICAL JUDGMENT OF STUDENTS IN HEALTH SCIENCES

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DISCLOSURES

- Author: Yvonne Botma & Nora Olivier
- Employer: University of the Free State
- We declare that we have no conflict of interest and the study was self-funded.

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ORIENTATION

1. Problem statement
2. Aim
3. Sampling
4. Key statements
5. Conclusion

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PROBLEM STATEMENT

Aim of education in health sciences is to develop competent clinicians that make sound clinical judgement



Competence

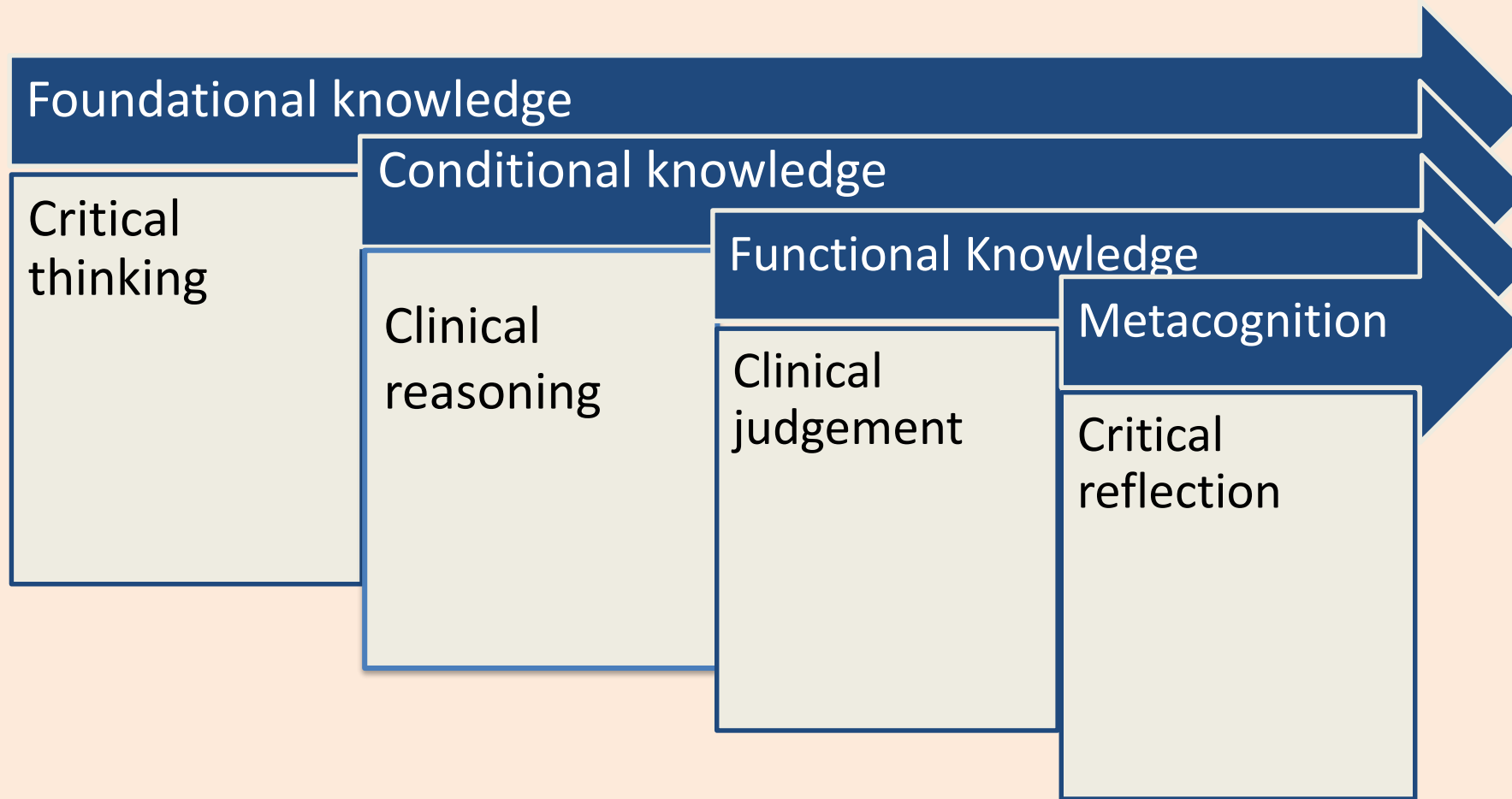


Clinical judgement

COMPETENCE

“... is dependent on the ability of the student (nurse) to integrate knowledge from all disciplines in order to identify the problem, understand the related theory to the problem, the response, treatment and care of the patient as well as then applying all of this integrated knowledge in a practical event or situation in a real life setting or simulation.” (NES 2010:50)

CLINICAL JUDGEMENT



RESEARCH QUESTION

What is the best evidence available from 2000 to 2013 regarding educational methods that promote clinical judgement in healthcare students?

P = Students in health sciences

I = Educational method

C = -

O = clinical judgement

T = Jan 2000 – Oct 2013

SEARCH

- Electronic search (22 databases without language restriction)
- Ancestor search (44 articles)
- Personal databases (28 articles)
- “Clinical judgement”, “clinical reasoning”. “transfer of learning”, “outcomes”, ‘competence”. “theory-practice gap”, “healthcare” and synonyms for words defining “learning strategy”, “teaching” and ‘education”.

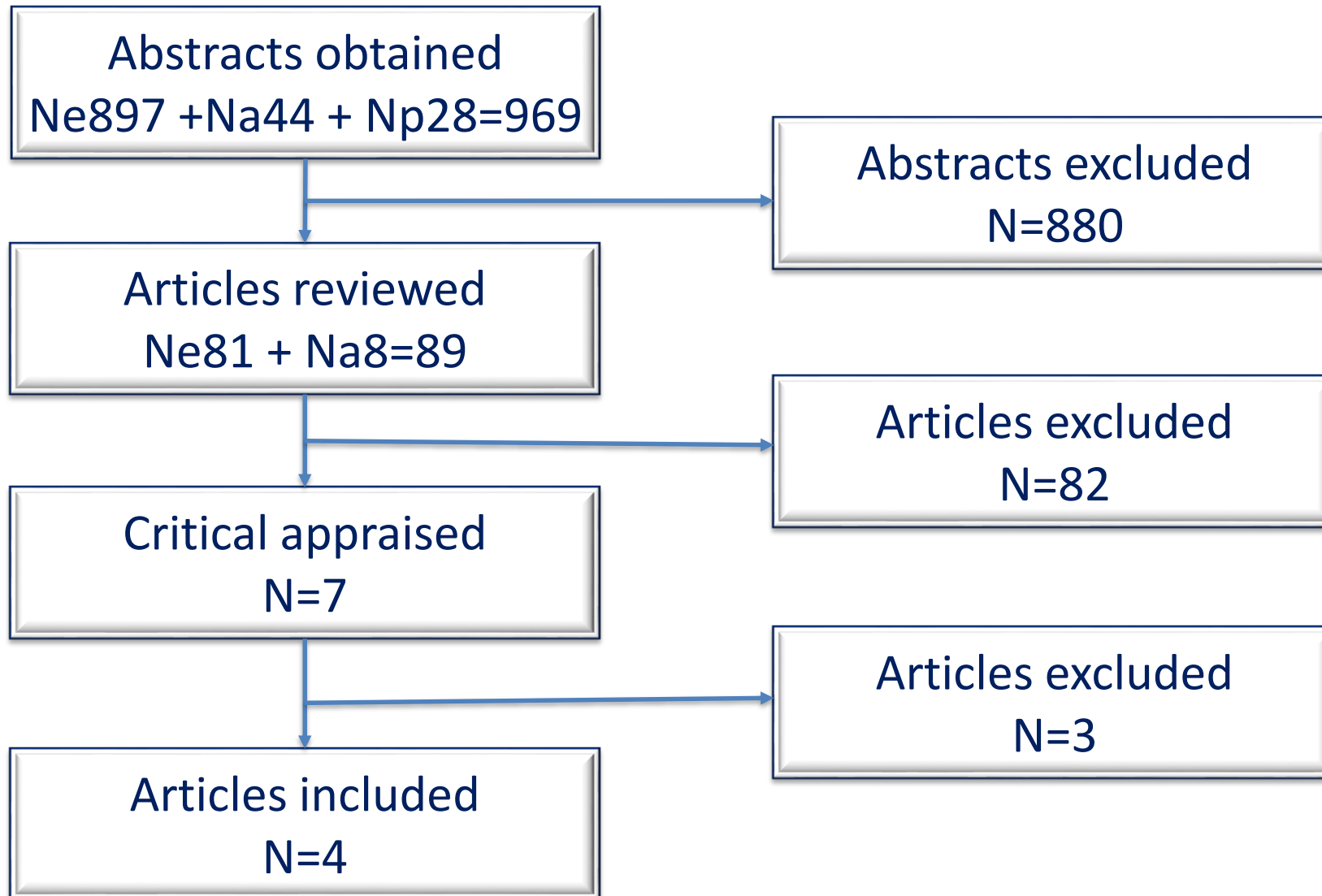
INCLUSION & EXCLUSION CRITERIA

Inclusion criteria

- Published peer reviewed academic literature
- Education in healthcare
- Functional knowledge / clinical judgement / performance
- January 2000 to December 2013

Exclusion criteria

- Studies on patients
- Studies that focussed on demonstration of a cognitive or psychomotor skill



STUDY DESIGNS

- Randomised crossover design
- Pre-test–post-test two-group randomised experimental design
- Randomised comparison design
- Randomised comparative group design.

1ST KEY STATEMENT

Educational design factors such as

- authenticity,
- active student engagement,
- interactive learning,
- cooperative learning,
- learner focussed education and
- scaffolding

promote transfer of learning

2ND KEY STATEMENT

- Web-based,
- Simulation-based and
- Case-based educational methods

improved clinical judgement without alliance with another educational strategy when they adhered to the design principles of authenticity, active student engagement, interactive learning, cooperative learning, student-centred education and scaffolding.

3RD KEY STATEMENT

Sequencing of learning opportunities that

- first stimulate cognitive thinking and thereafter
- afford the students the opportunity to practice psychomotor skills

supports integration of theory and practice and promote development of clinical judgement

LIMITATION

- Too few studies to do meta-analysis
- Different assessment methods and instruments

CONCLUSION & RECOMMENDATION

- No conclusion regarding the research question
- Consensus on definition of clinical judgement needed
- Uniform measurement of clinical judgement needed
- Further research is needed



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