

## Senior Nursing Students' Clinical Judgments in Pain Management

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### Introduction

- There exists evidence/education/practice gaps in pain management
- Long term improvement in pain management depends on new nurses using competent, evidence based clinical judgment
- Carnegie Foundation for the Advancement of Teaching recommends educational strategies which target the formation of clinical judgment

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### Clinical judgment

- "an interpretation or conclusion about a patient's needs, concerns, or health problems, and/or the decision to take action (or not), use or modify standard approaches, or improvise new ones as deemed appropriate by the patient's response." (Tanner, 2006, p. 204)

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### Background

- Only 32.5% of schools allocate curricular hours to pain management (Watt- Watson et al., 2009) .
- Students perform poorly on standardized pain management tests, especially in pharmacology (Logan & Plaisance, 2006)
- Pain management content is embedded in overburdened, content driven courses like adult health, pathophysiology, and pharmacology
- Few studies looked a pain management clinical judgment, none with real scenarios.

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### Purpose of the Study

- The purpose of this study was to describe reality based pain management clinical judgments
- Information will be used to inform clinical judgment teaching strategies

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### Method

- Qualitative approach
- Sample: Senior baccalaureate students from a public university in the Northeast.
  - Students are assigned a practice setting under the direction of a staff nurse preceptor for 286 in their final semester.

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### Method

- After IRB approval, the course coordinator provided guest computer access to the PI. Students earned 5% extra credit for completing the voluntary assignment.
- Students were asked to write a 3-5 page paper describing a patient they cared for whose primary nursing diagnosis was pain.
  - Brief history; a discussion of their assessments, interventions and reassessments; interactions with other healthcare professionals; reflection on the experience

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### Data Analysis

- After removing names for confidentiality two researchers read and coded the cases
- Phase I – Structured content analysis
- Phase II – Conventional content analysis

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### Phase I – Structured Content Analysis

- Researchers utilized groupings of assessment, intervention and evaluation to create judgment threads
  - Assessment – information gathered from another and/or interpretation of that information
  - Intervention – an action taken on behalf of a patient
  - Evaluation – the effectiveness of the intervention
- Judgment threads required at least two of the three categories

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### Phase II – Conventional content analysis

- Summary descriptors were attached to each thread
- Descriptors emerged from the language
- Frequent re-examination of the threads led to the emergence of data themes

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### Findings

- Of 37 cases, students reported experiences of patients who ranged from 6 to 86 years old
- Data Themes
  - Intention to treat pain
  - Making sense of assessment data
  - Intervening for patient comfort
    - Pharmacological management
    - Non-pharmacological management
    - Positioning
  - Communicating with others

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### Intention to treat pain

- Judgments which underlie the impetus for nursing action- judgments in this category often preceded or precluded pain assessments

“we have to keep up with the pain”

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### Making sense of assessment data

- Students struggled to weigh patients' stated pain scores with their behavior
- Many used mantras "pain is whatever the patient says it is" to try to justify the NRS
- "...she would appear very groggy at times, but still said her pain was a 10."

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### Intervening for patient comfort

- Pharmacological management
  - Use of multimodal therapy
  - Considerable cognitive energy titrating medications
  - Students described pharmacological failure, but continued the same treatments without question
- Non-pharmacological management
  - Complement to pharmacological management
  - As a method to wait for the pharmacological intervention to take place

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### Positioning

- Students frequently used positioning as a method of comfort even though the act itself caused pain...
- " the next intervention we tried was positioning using towels. Because lifting her was painful due to the burns she did not want us to lift her with pillows."*

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### Communicating with others

- With physicians
  - Comments seemed to be taken at face value *"once his physician came to the conclusion that the benefits outweighed the risks, the nurses were allowed to give the patient medication..."*
  - One student learned the physician had submitted an incident report after the nurse wanted to medicate the patient
  - One student working with a patient reported that the physician answered the phone by asking *"what do you want now?"*

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### Communicating with others

- Other nurses on the unit
  - Students weighed communication from nurses against their personal knowing
  - One student and her preceptor spent the day making her patient comfortable to find the night shift had ignored the plan
  - Multiple reports of hearing nurses label patients in need of pain medication

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### Discussion

- Familiar themes regarding making sense of the assessment
- Wide array of pharmacological interventions are used in practice. Students did not seem to call on pharmacological principles like half life or equianalgesic dosing to guide their decisions. Students struggled with pharmacological failures.
- Communication in the clinical setting inconsistently presents positive reinforcement

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### Limitations

- One university
- Convenience sample
- Participant perception may not be a reflection of reality

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### Implications

- Findings highlight the need to present assessment and pharmacological information in an integrated, contextual, comprehensive manner well before the senior practicum
- Fostering leadership in students when communicating with others in the health care setting is an educational priority
- Faculty involvement is essential to capitalize on teachable moments

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