A Research-Based Model of Clinical Reasoning: The Case of Early Recognition of Patient Deterioration in the ICU

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The widely cited clinical judgment model (Tanner, 2006) was developed through an integrative review of studies aimed toward describing the processes of clinical judgment. These studies were largely conducted in the acute care setting, using either cognitive science approaches or qualitative interpretive methods. The model identifies three major clinical reasoning processes: analytic, intuitive and narrative, and describes how clinicians’ thinking evolves as the clinical situation unfolds – beginning with noticing relevant and concerning signs, interpreting those signs through additional, focus assessment and evaluation, deciding on a response to the situation, while reflecting on actions taken. (See figure 1). The model also shows the importance of reflection on specific clinical situations as a source of clinical learning. Several factors influence the clinician’s reasoning in specific clinical situations: the clinician’s knowledge, experience and prior understanding of the particular patient, the clinician’s implicit biases, as well as their values, and the context of the clinical situation.

In this session, we will illustrate the model through current research on nurses’ early recognition of patient deterioration, the limitations of objective checklists, and the impact of knowing the patient on nursing judgment.

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