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Learning how to make the right decision fast

We all make lots of judgements and decisions in our everyday lives.   These might be around what to wear or eat or live, or which career to pursue.   These judgements and decisions will have implications for ourselves and those close to us but the judgements and decisions in our professional nursing lives will also have implications for those to whom we deliver our services. Nurses work in a high risk, high stakes environment - when things go wrong they can soon escalate.

We base our judgements and decisions on the information available to us but this information is rarely complete or completely reliable. Even when it is, our cognition is limited by our memories and how well we manage to combine information and time constraints, so risk and uncertainty is an inevitable part of our working lives. Judgment and decision making is the cognitive link between the risk and uncertainty within the nursing environment and clinical practice.

Unfortunately, it is clear that we should be paying more attention to how nurses learn to make judgements and decisions. Stories in the media and the NMC 'Fitness to Practice' hearings provide regular examples of patient harm resulting from poor nursing judgement and decision making. There is also emerging research evidence that when nurses are given the same information they make widely varying decisions (Yang and Thompson, 2010, Adderley and Thompson, 2014).   While some variation is to be expected, there is more variation than there should be, contributing to sub-optimal care.

Recently, we have reconsidered how we address judgement and decision making in the undergraduate nursing curriculum.   A systematic review which considered how best to deliver teaching on this subject (Thompson and Stapley, 2011) was unable to provide a 'magic bullet' to advise educators but there is a large body of theory and evidence about judgement and decision making to support teaching in this field. It would be over-ambitious (and unnecessary) to expect nurses to be fully familiar with this literature, but there are some key issues which have high relevance to clinical practice.

At Level 1, we aim to raise awareness that uncertainty and error are an inevitable part of nursing practice. We will all make errors because we are fallible humans who do not work alone and cannot fully control our environment. It is humanly impossible to master the constantly emerging volume of knowledge and skills that comprises current clinical knowledge. This knowledge base also has gaps and limitations: it is often not clear whether we are unaware of existing information or whether that information does not exist (Fox, 2000). So where uncertainty exists, not everyone can get it 'right' all the time. We have to learn to live with uncertainty but we should attempt to minimise it through effective communication with our colleagues and patients (to enable us to understand the situation as fully as possible) and through using good quality research evidence to inform our clinical practice.

At Level 2, we start to discuss some of the more relevant theories about how we make nursing judgements and decisions.   In nursing, Benner's theory of intuition and experience (Benner, 1984) has been particularly influential. This proposes that expert nurses appear to internalise decision-

making at an almost unconscious level of cognition so that their practice appears intuitive and fluid. Unfortunately, this implies that if a nurse makes an intuitive judgement then they are functioning as an expert (even though that judgement might be wrong!) However, Benner's theory makes some sense in that clearly not all cognition is hypothetico-deductive (Elstein et al., 1978) – sometimes you just know something without going through a staged process of hypothesis generation. One of the challenges in nursing is that some judgements need to be made very rapidly (e.g. whether or not to start resuscitation) while other types of judgements benefit from more considered thinking (which is associated with higher levels of accuracy). So, it is helpful for nurses to think about how they think when making different types of judgements and decisions.

At Level 3, as student nurses approach registration, we consider the literature about how to develop expertise. Expertise is a function of both knowledge and behaviour but there is evidence to suggest that the development of expertise is linked to certain factors. These include the opportunity to focus on a well-defined task, to receive detailed immediate feedback on performance and to have ample opportunity to perform the same task repeatedly (Ericsson, 2004). Such opportunities for 'deliberate practice' can be actively sought in clinical practice and can help us develop expertise in the important tasks and activities of our chosen area of clinical practice.

Nurses make many judgements and decisions and it is important to optimise the quality of judgement and decision making.   We are conscious that we do not yet have a perfect approach to teaching judgement and decision making but introducing more research-informed teaching does feel like a step forward towards improving outcomes for patients.

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