

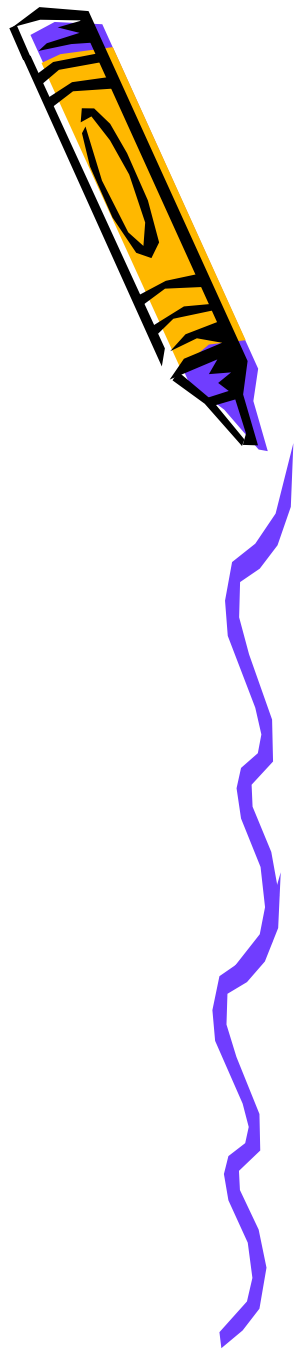
Strategies for Teaching Nursing Diagnosis

Mary Frances Moorhouse RN, MSN



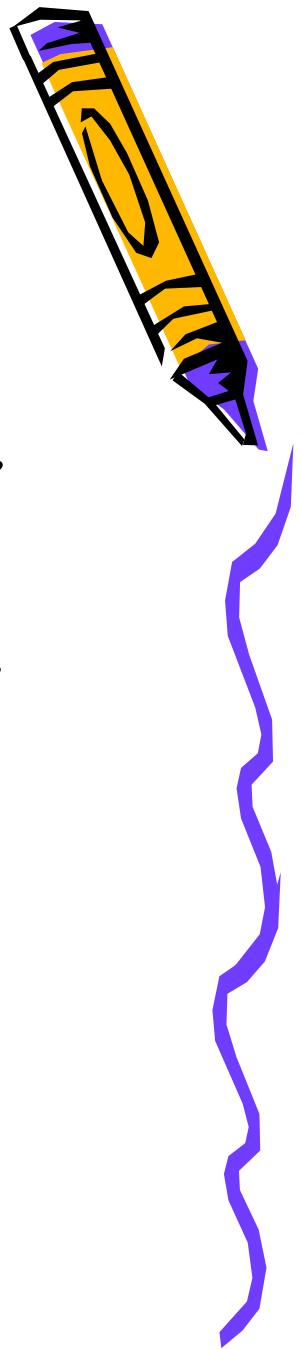
Foundations

American Nurses
Association



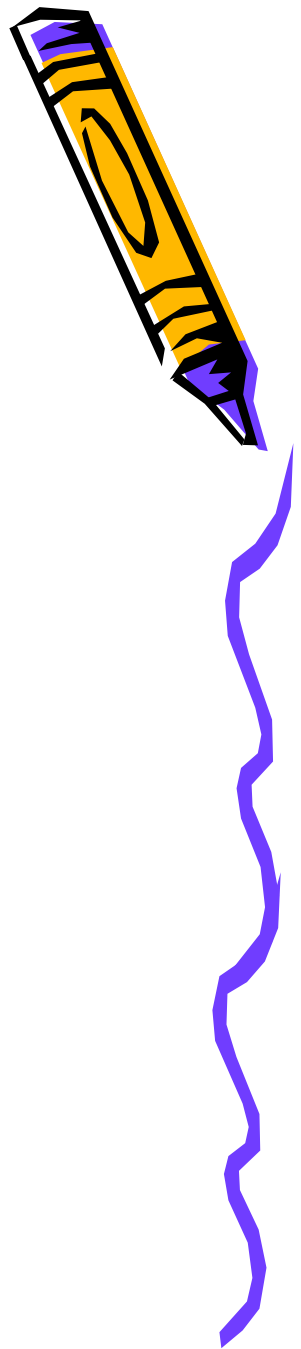
Social Policy Statement

- Definition of nursing includes—the diagnosis and treatment of human responses to health, illness, or life processes (ANA, 2003)



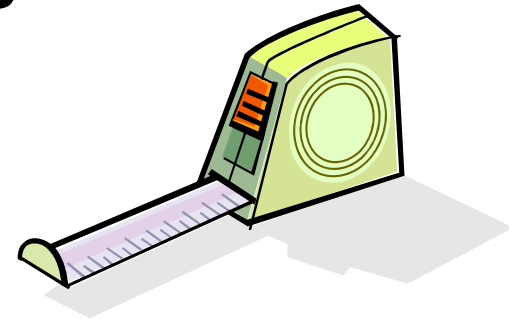
Standards of Practice

- Standard #2: Diagnosis: The registered nurse analyzes the assessment data to determine the diagnoses or issues. (ANA, 2004)



Measurement Criteria

1. Derives the diagnoses
2. Validates the diagnoses
3. Documents diagnoses



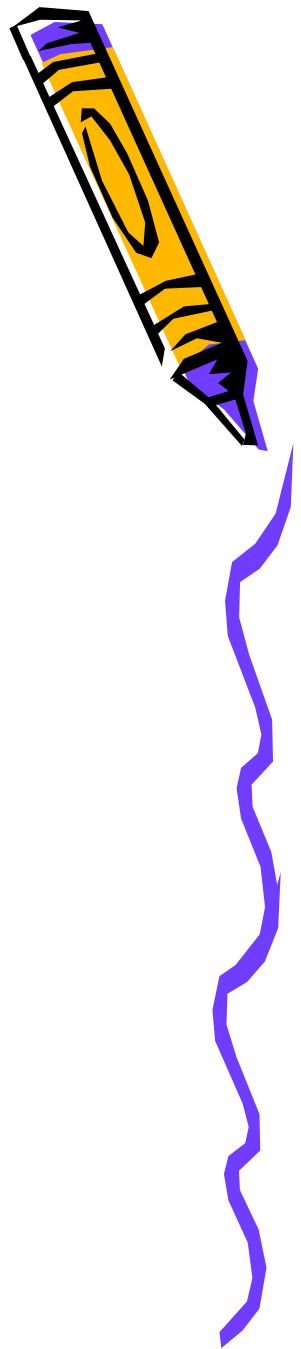
Advanced Practice

1. Compares and contrasts findings
2. Utilizes complex data
3. Assists staff



Nursing Diagnosis

- Verb: the process
- Noun: a label



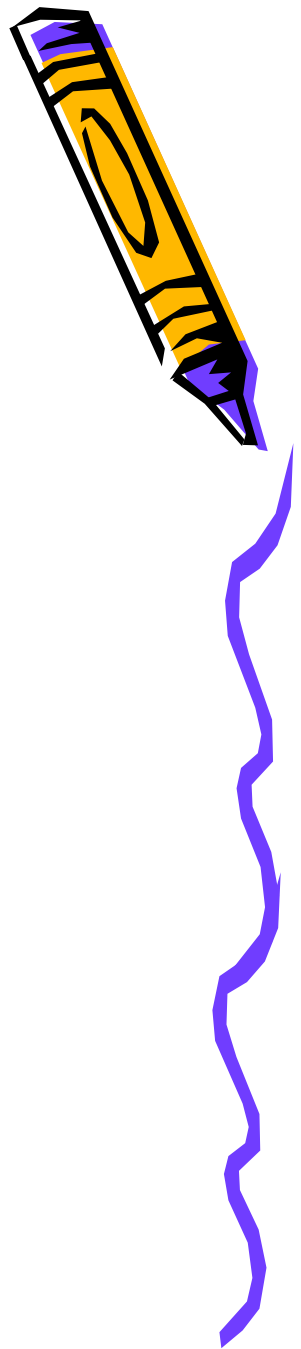
NANDA-I Definition

- Nursing diagnosis is a clinical judgment about individual, family, or community responses to actual or potential health problems/life processes. Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable.



The Nursing Diagnosis:

- is as correct as the data allow
- mirrors current situation
- reflects changes as they occur
- are time dependent
- may change



Culture Shift

- Unlike medical diagnoses
- nursing diagnoses change with the patient



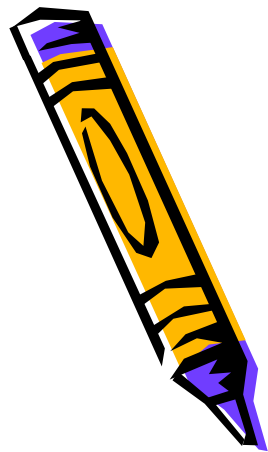
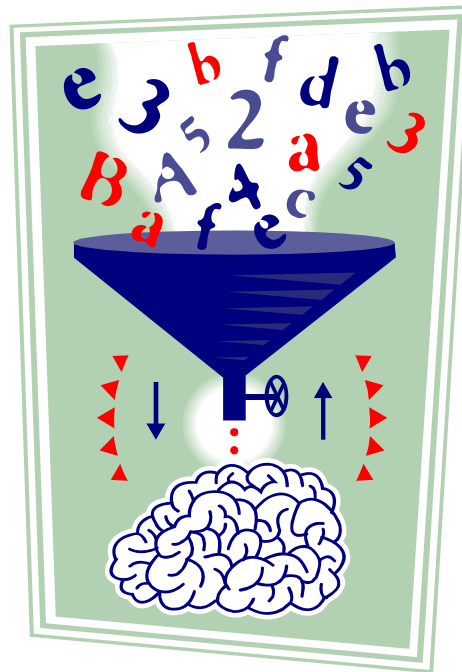
DIAGNOSTIC REASONING

ANALYZING THE Patient
DATABASE



Step 1: Problem-Sensing

- Data are reviewed and analyzed





Step 2: Rule-Out Process

- Alternative explanations considered



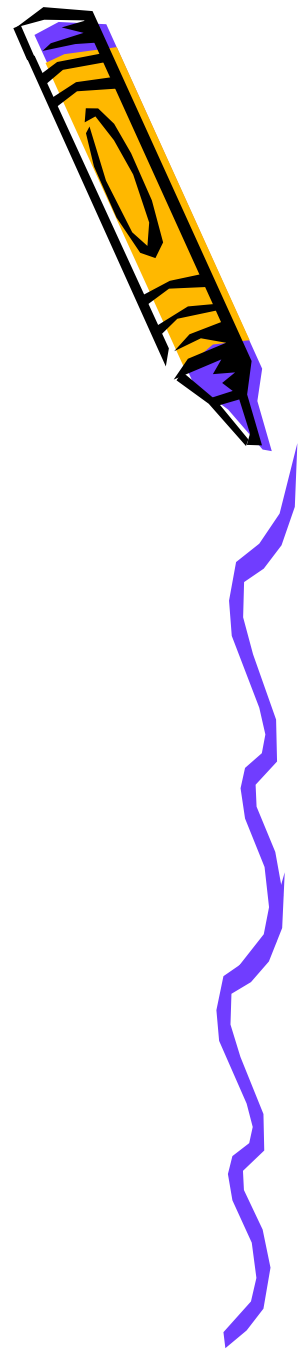
Step 3: Synthesizing Data



- View of the data as a whole



Step 4: Confirming the Hypothesis



- Review the NANDA-I diagnosis
- Compare the possible etiology
- Compare the patient cues



Step 5: List Patient's Needs

- Finalize the diagnostic statement



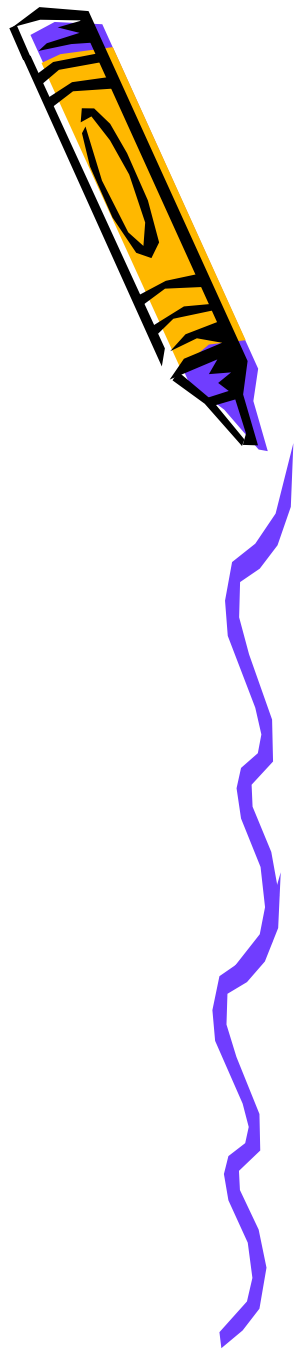
Patient Diagnostic Statement

- Outcome of the diagnostic process
- A three-part statement



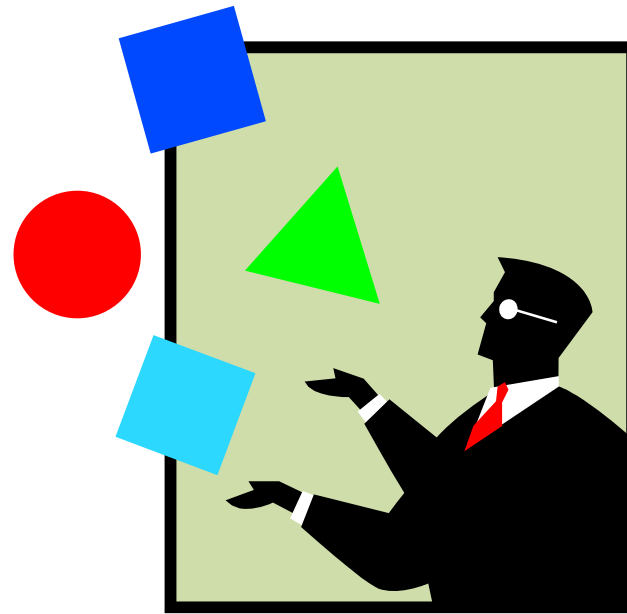
PES Format

- Problem or need (NANDA-I label)
- Etiology (Related Factors)
- Signs/Symptoms
(Defining Characteristics)



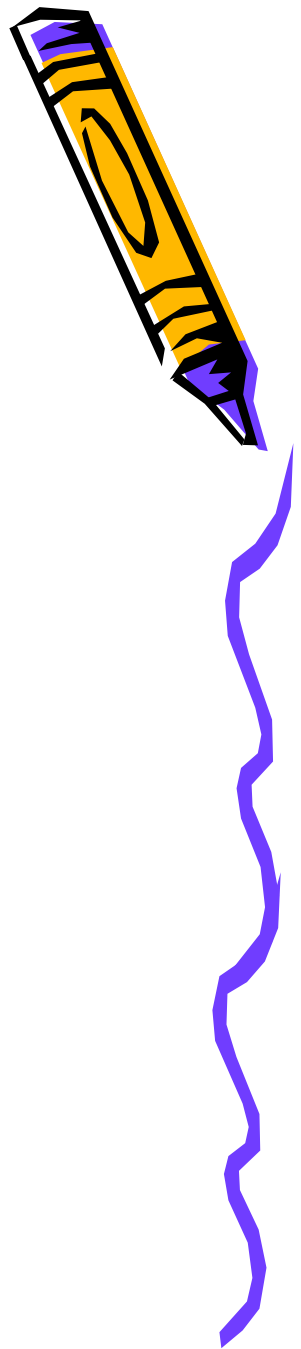
Step 6: Re-evaluate Patient Problem List

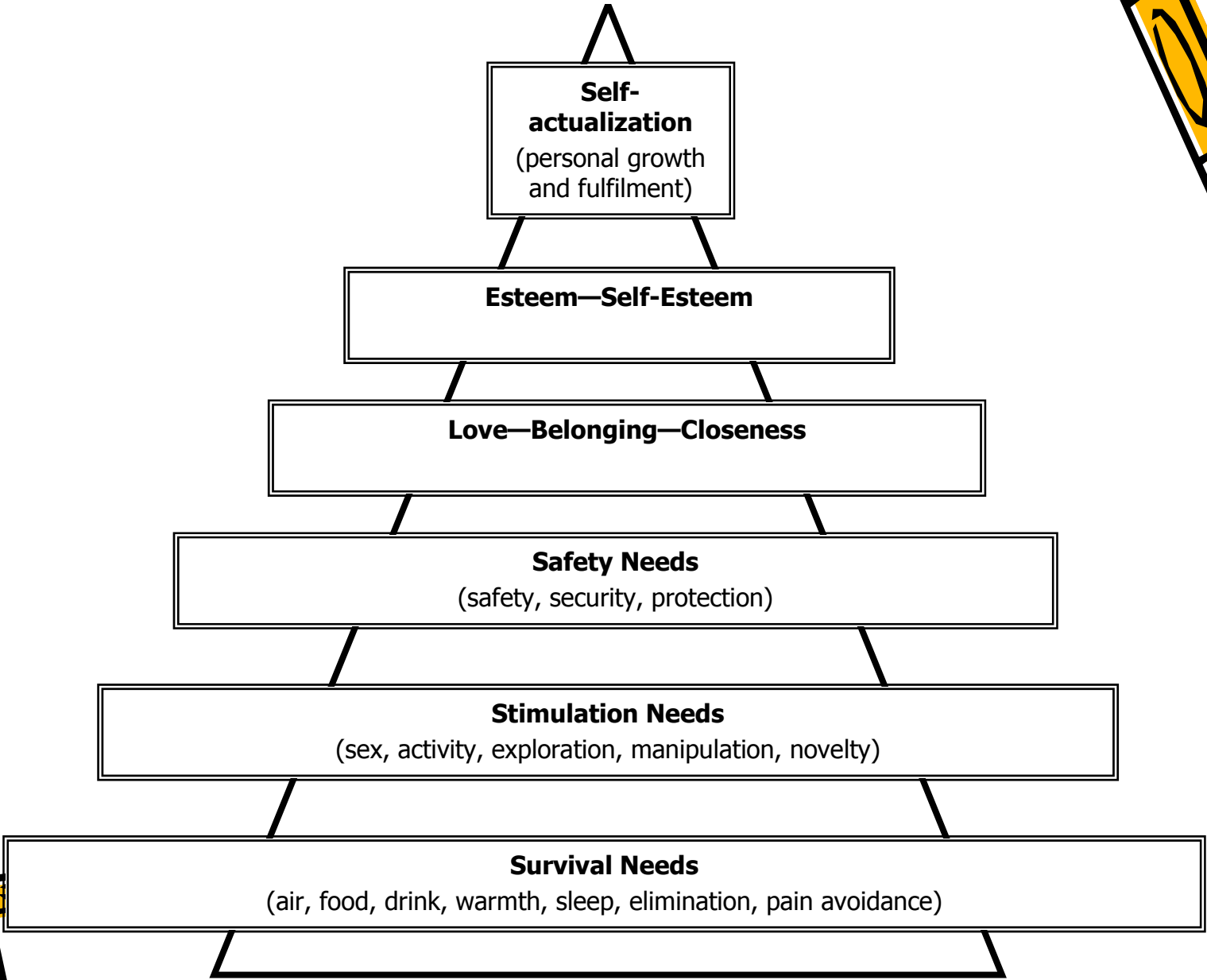
- Prioritize
- Classify



Prioritize Needs

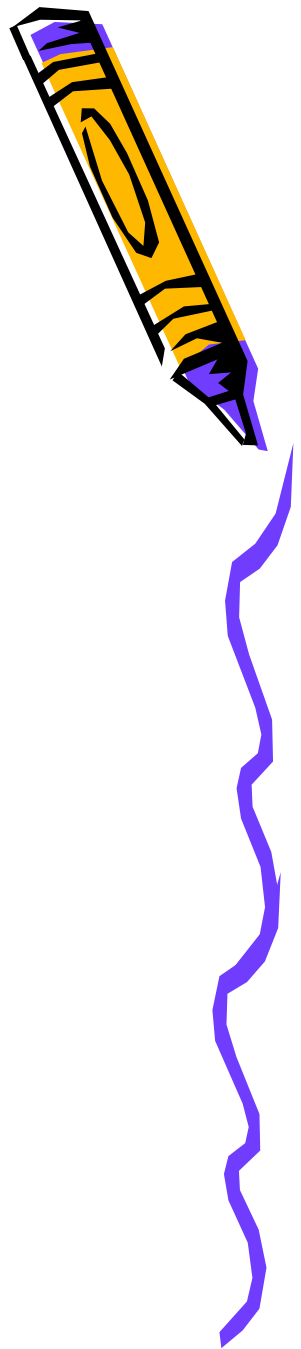
Kalish's Hierarchy of Needs





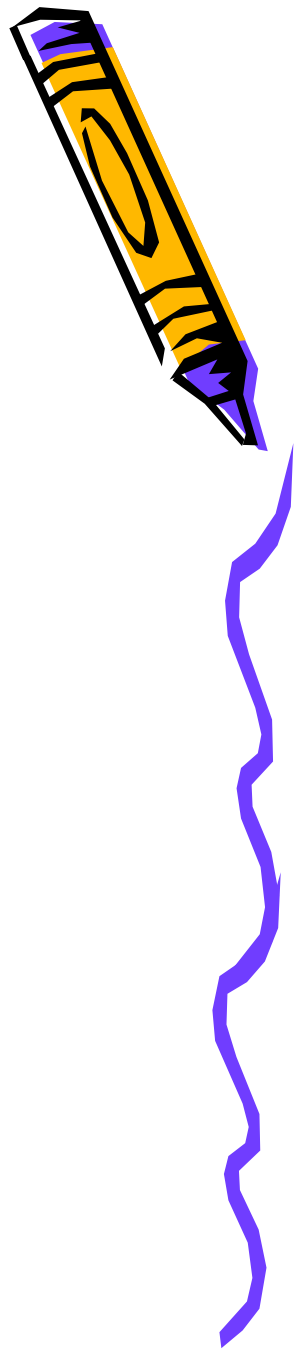
Evaluation Tools

**Self-Monitoring of Accuracy Using
the Integrated Model**



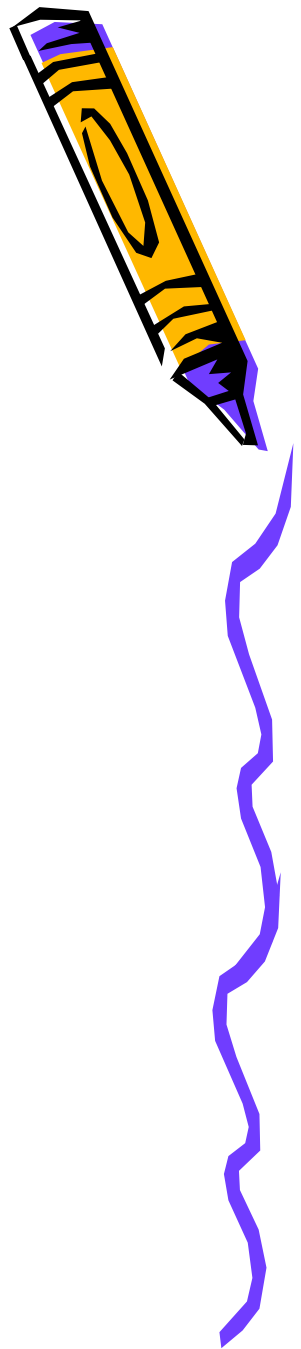
Pre-encounter Data

- Amount of data collected
- How data was interpreted
- The individual's biases



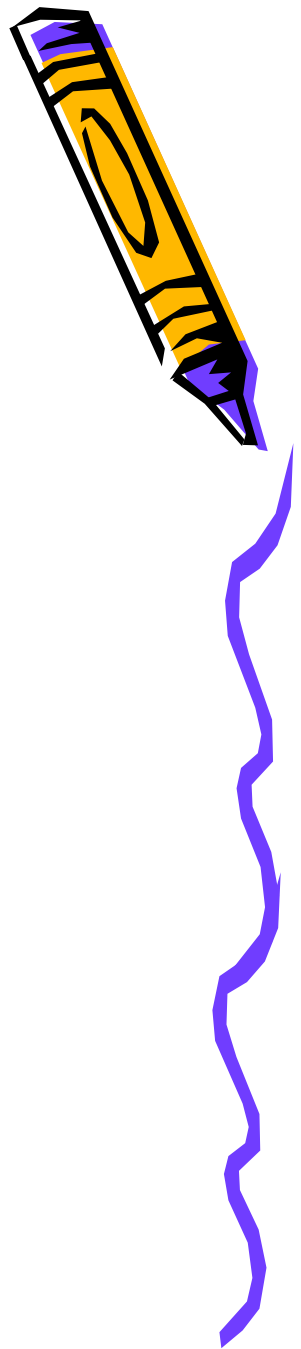
Pre-encounter Data-2

- Clustering of cues
- Hypotheses named
- Data connected with hypotheses



Shaping Data Gathering

- Effect of seeing the patient
- Interpretation of data
- Effect of student's behavior



Data Gathering-2

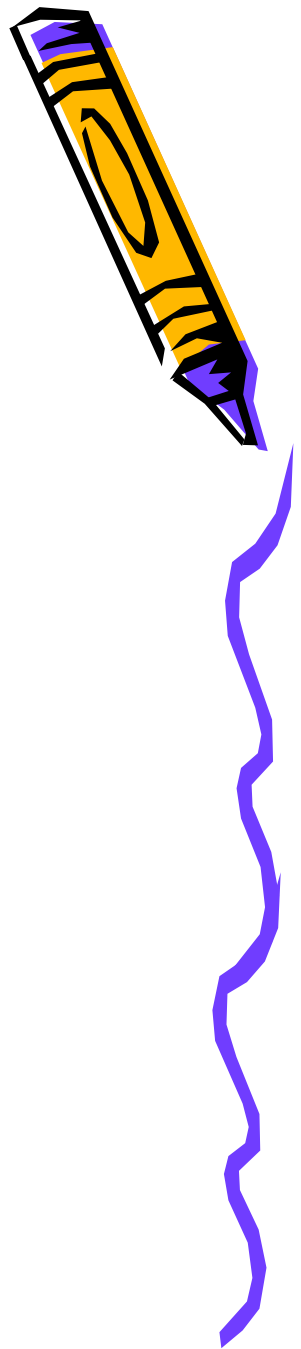


- Arranging clusters
- Data collected for hypotheses



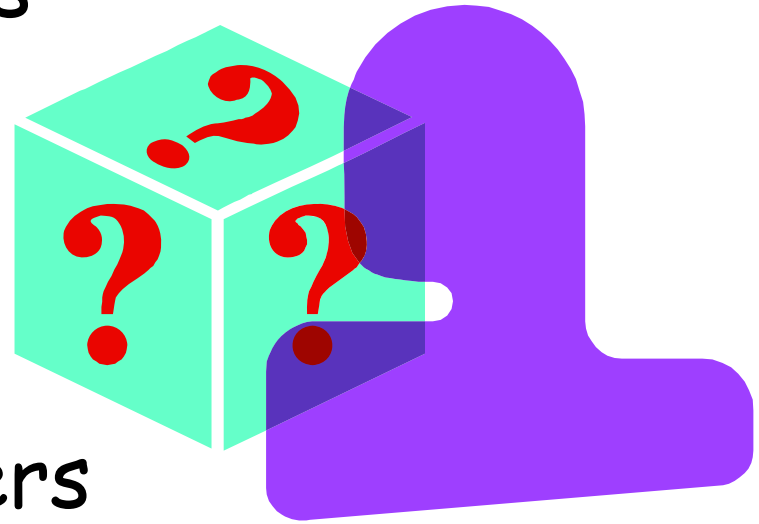
Clustering the Cues

- Need for further data collection
- Validity and reliability assigned to the data



Clustering the Cues-2

- Validating clusters

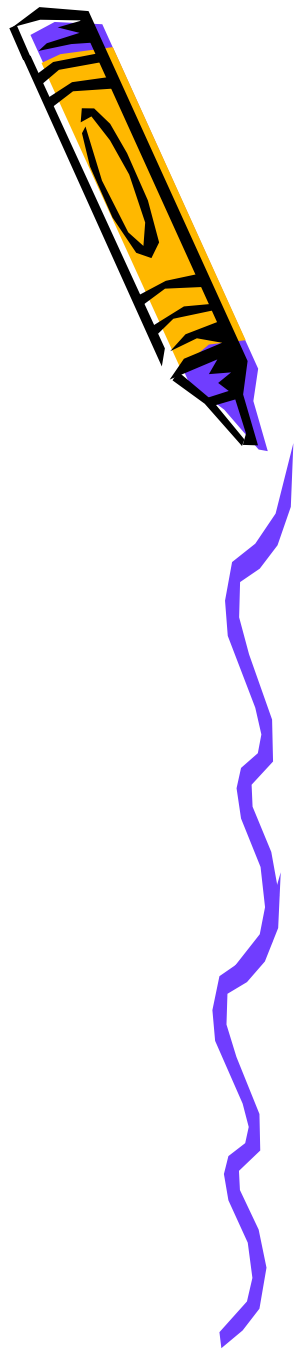


- Agreement of peers



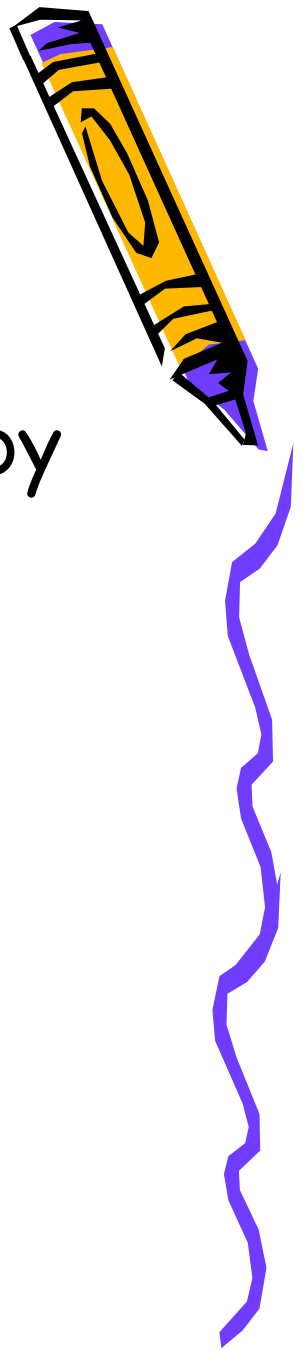
Activating Possible Diagnostic Explanations

- Supporting the hypotheses
- Judgment of relevance
- Consistency of judgment



Activating Possible Diagnostic Explanations-2

- Diagnostic hypotheses supported by the clusters
- Considering important hypotheses



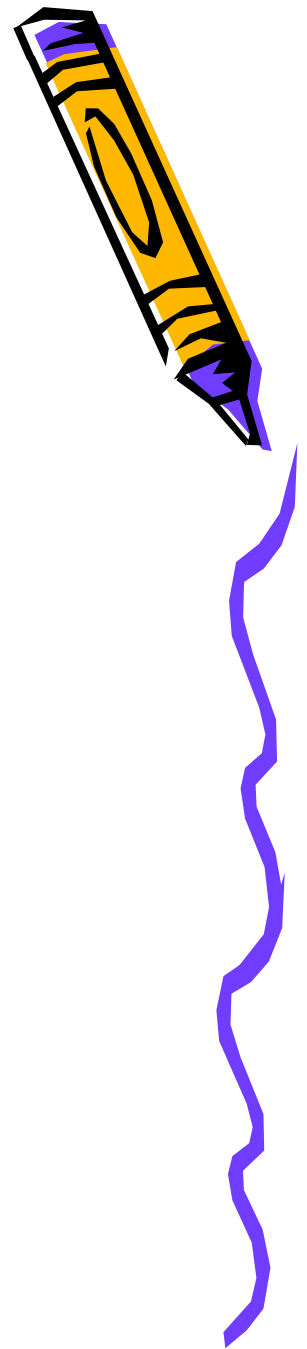
Hypothesis-directed Searching



- Identifying high-priority diagnoses
- Considering conflicting hypotheses



Hypothesis-directed Searching-2



- Use of clusters
- Diagnostic concepts considered relevant for testing





Testing Goodness of Fit

- Cues used to test the goodness of fit
- Interpretations derived from legitimate sources



Goodness of Fit-2

- Sufficient development of clusters
- Appropriateness of diagnostic label



Evaluation Tools-2

Lunney's Ordinal Scale for Degrees of Accuracy of a Nursing Diagnosis



Criteria / Value +5

- Diagnosis is consistent with all of the cues, supported by highly relevant cues, and precise.



Criteria / Value +4

- Diagnosis is consistent with most or all of the cues and supported by relevant cues but fails to reflect one or a few highly relevant cues.



Criteria / Value +3



- Diagnosis is consistent with many of the cues but fails to reflect the specificity of available cues.



Criteria / Value +2

- Diagnosis is indicated by some of the cues but there are insufficient cues relevant to the diagnosis, and/or the diagnosis is lower priority than other diagnoses.



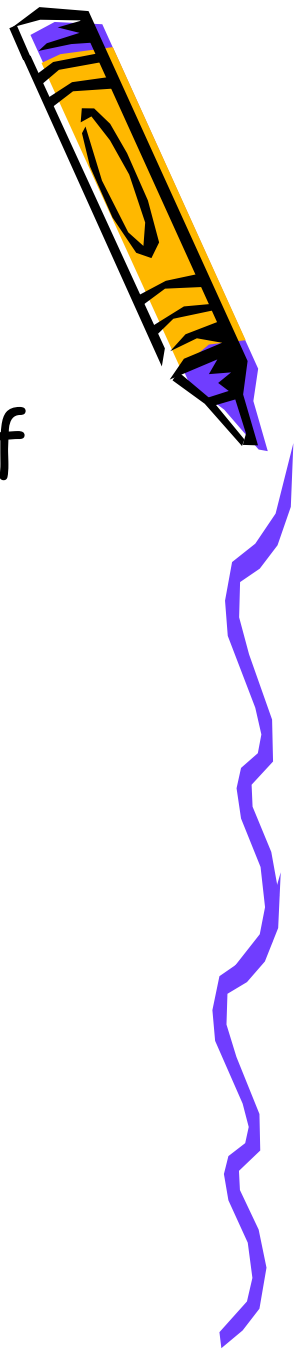
Criteria / Value +1

- Diagnosis is suggested by only one or a few cues.



Criteria / Value 0

- Diagnosis is not indicated by any of the cues.
- No diagnosis is stated when there are sufficient cues to state a diagnosis.
- The diagnosis cannot be rated.



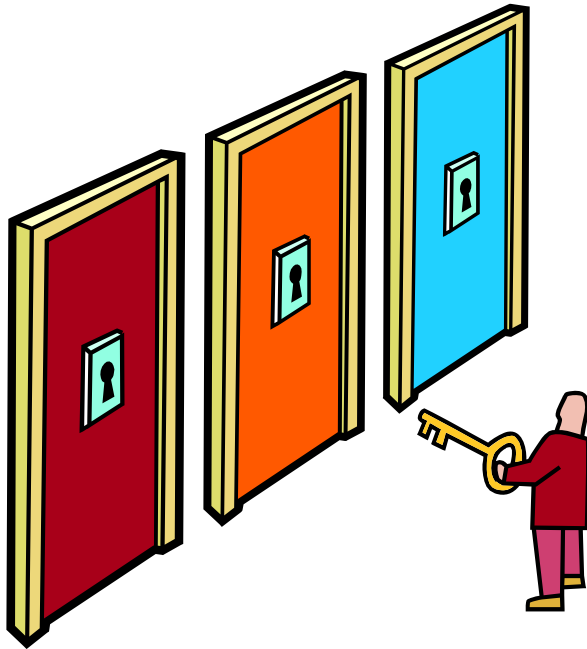
Criteria / Value -1



- Diagnosis is indicated by more than one cue but should be rejected based on the presence of at least two disconfirming cues.



Planning Care

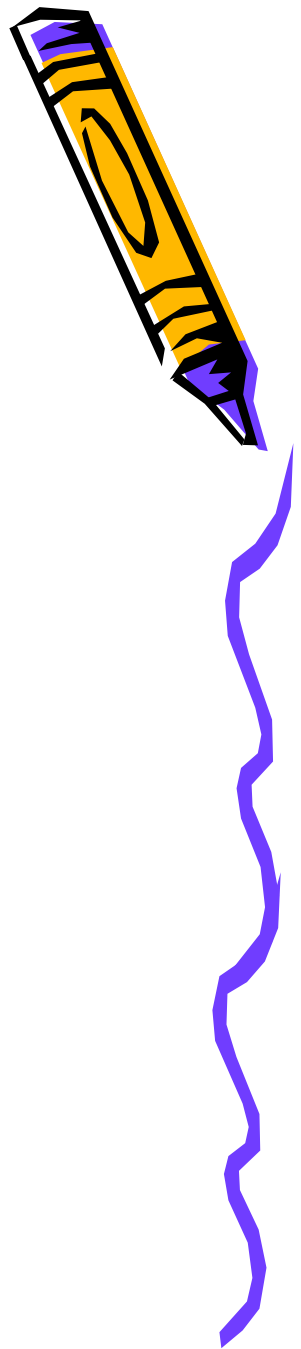


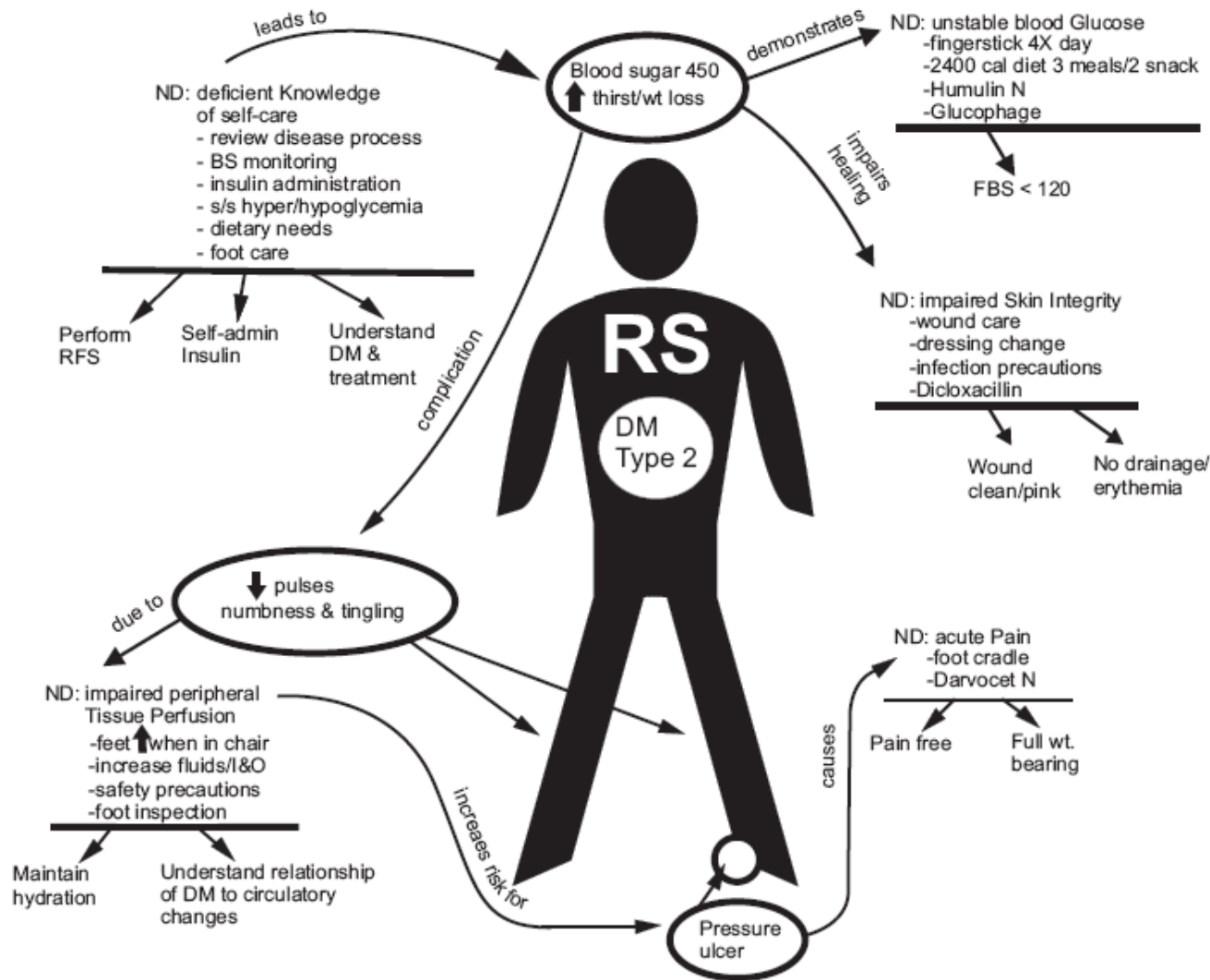
- Creating outcomes
- Choosing interventions



Final Product

Patient Plan of Care





References

- American Nurses Association. (2004). *Scope & Standards of Practice*. Silver Spring, MD: Nursesbooks.org
- American Nurses Association. (2003). *Nursing's Social Policy Statement*. Washington, DC: Nursesbooks.org



References

- Doenges, ME, & Moorhouse, MF. (2003). *Application of Nursing Process and Nursing Diagnosis*, ed 4. Philadelphia: FA Davis
- Kalish, R. (1983). *The Psychology of Human Behavior*, ed 5. Monterey, CA: Brooks/Cole



References

- Lunney, M. (1990). Accuracy of nursing diagnosis: Concepts and developments. *Nursing Diagnosis* 1:12-17
- Lunney, M. (1989). Self-monitoring of accuracy using an integrated model of the diagnostic process. *J Adv Med Surg-Nurs*, 1(3):43-52

