



Strengthening Governance, Leadership, and Professional Identity in Nursing Education

**Mathilde Garry-Bruneau, Nurse, Msc, PhDc (University Laval - CANADA)
Nursing teacher (University Angers - FRANCE)**



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Strengthening Nursing
Education For A Safer
Tomorrow



5-6 MARCH 2026



Plan

A disciplinary tension

Public knowledge and Private knowledge in nursing

A conceptual proposal

The Nursing Gaze at the heart of clinical judgment

An educational implementation

Introducing Tanner's model combined with nursing knowledge

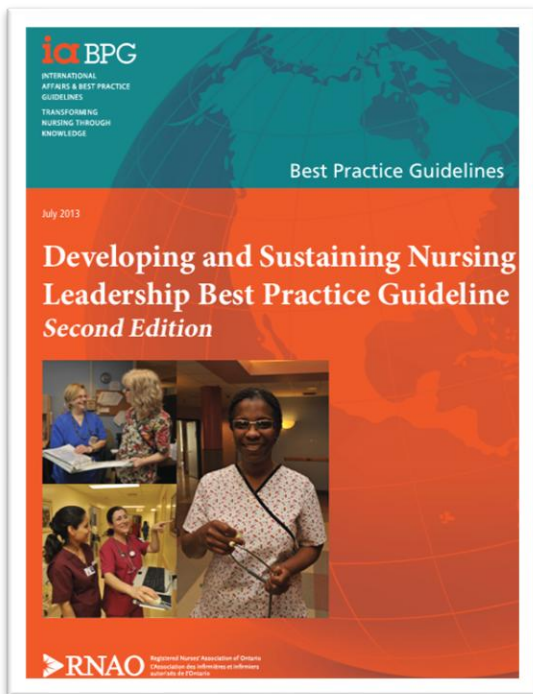
Quantitative results from doctoral research

Clinical judgment as a structured and governable process

An integrative framework and his Implications

Governance, leadership, and professional identity





BACKGROUND

Conceptual Model for Developing and Sustaining Leadership

The *Conceptual Model for Developing and Sustaining Leadership* organizes and guides the discussion of the recommendations. It provides a model for understanding the leadership practices needed to achieve healthy work environments and the organizational supports and personal resources that enable effective leadership practices.

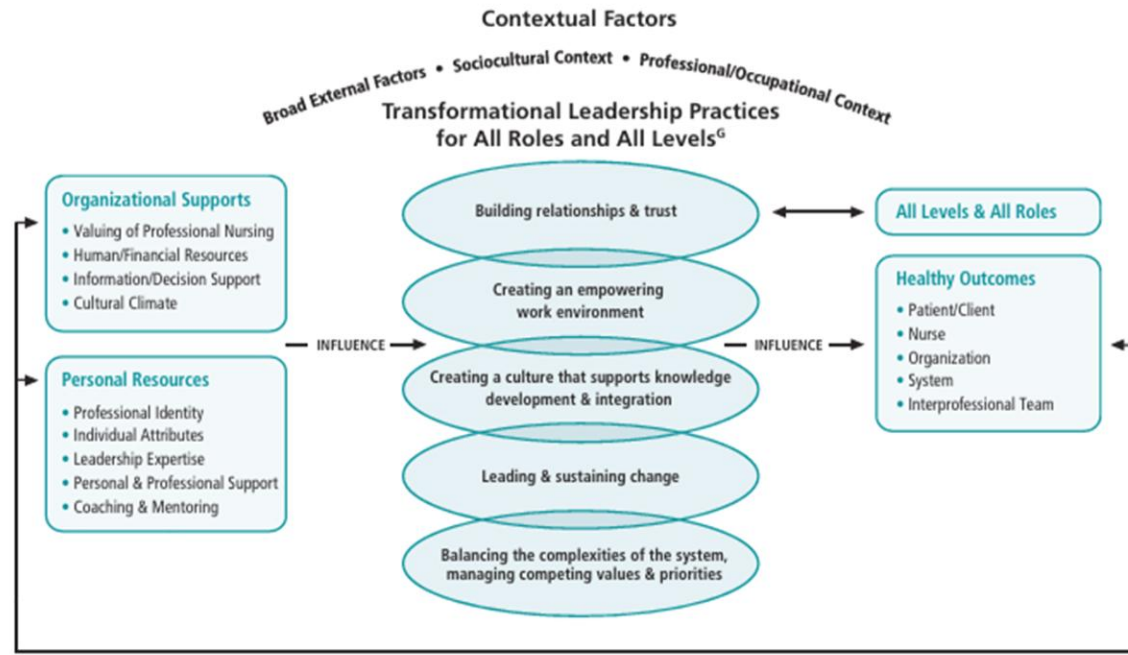
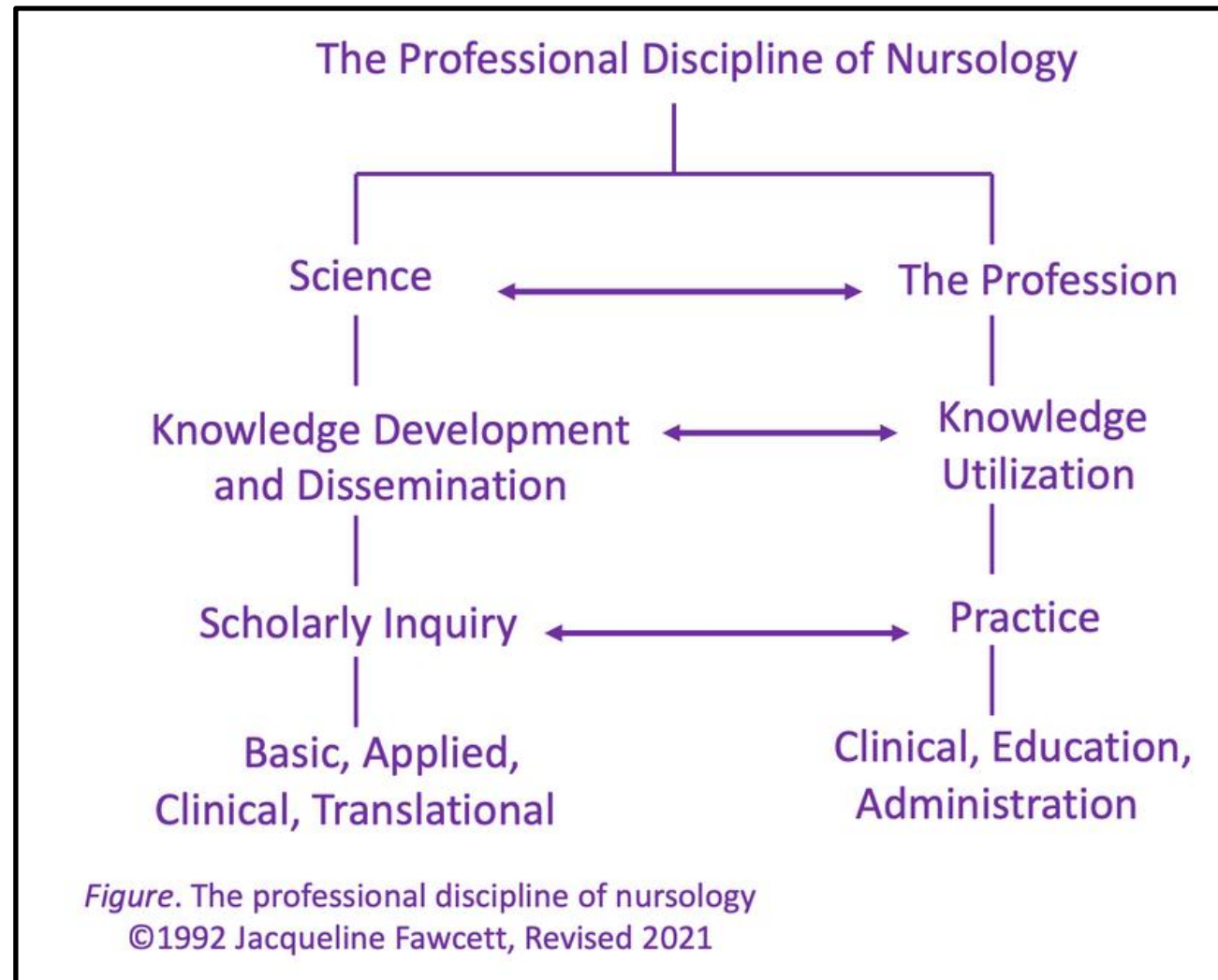
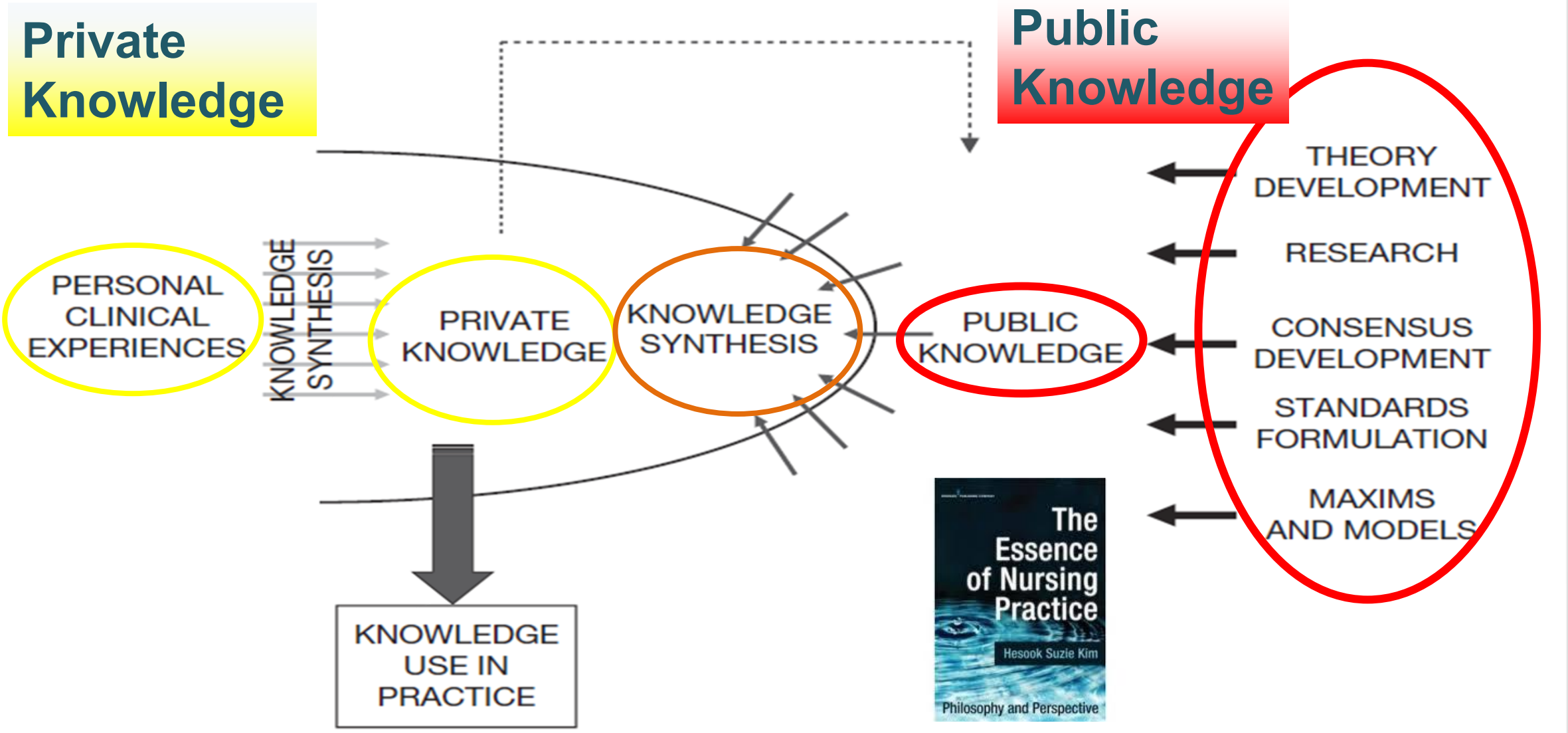


Figure 2. Conceptual Model for Developing and Sustaining Leadership

Dialectic between Science and Profession : University Education and Professionalization







Strengthening Governance, Leadership, and Professional Identity in Nursing Education



<p>A Conceptual Framework of... Full Gallery Title: A Conceptual Framework of Nursing in Native American Culture Nursology URL: https://nursology.net/nurse-theories... Author(s): Lowe, Struthers</p>	<p>A Unitary Theory of Healing... Full Gallery Title: A Unitary Theory of Healing Through Touch Nursology URL: https://nursology.net/nurse-theories... Author(s): Smith, Reed</p>	<p>An Empirical Framework for... Full Gallery Title: An Empirical Framework for Person, Family, Community and Population Centered Care Nursology URL: https://wp.me/Pa13op-Wf Author(s): Garrett</p>	<p>Barnard's Child Health Asses... Full Gallery Title: Barnard's Child Health Assessment Interaction Theory Nursology URL: https://wp.me/Pa13op-wj Author(s): Barnard</p>	<p>Bureaucratic Caring/Transth... Full Gallery Title: Bureaucratic Caring/Transtheoretical Evolution of Ray's Theory of Bureaucratic Caring Nursology URL: https://wp.me/Pa13op-aC Author(s): Ray, Turkel</p>	<p>Butterfield Upstream Model... Full Gallery Title: Butterfield Upstream Model for Population Health (BUMP Health) Model Nursology URL: https://wp.me/Pa13op-yp Author(s): Butterfield</p>	<p>Caritas Coaching: A Journey... Full Gallery Title: Caritas Coaching: A Journey Toward Transpersonal Caring for Informed Moral Action in Healthcare Nursology URL: https://wp.me/Pa13op-l3 Author(s): Horton-Deutsch, Anderson</p>	<p>Clinical Nursing: A Helping ... Full Gallery Title: Clinical Nursing: A Helping Art Nursology URL: https://wp.me/Pa13op-7X Author(s): Wiedenbach</p>	<p>Clinical power Full Gallery Title: Clinical power Nursology URL: https://wp.me/Pa13op-8 Author(s): Polifroni</p>	<p>Coaching for Childbearing ... Full Gallery Title: Coaching for Childbearing Health (CoACH) Nursology URL: https://nursology.net/nurse-theories... Author(s): Anders, Ohlendorf</p>	<p>Conceptual framework of n... Full Gallery Title: Conceptual framework of nursing based on Islamic documents Nursology URL: https://wp.me/Pa13op-yT Author(s): Hoseini</p>	<p>Conceptual Model of Nursin... Full Gallery Title: Conceptual Model of Nursing (Nursology) and Population Health Nursology URL: https://wp.me/Pa13op-jd Author(s): Fawcett, Ellenbecker</p>
<p>Conceptual Model of Nursin... Full Gallery Title: Conceptual Model of Nursing and Health Policy Nursology URL: https://wp.me/Pa13op-6V Author(s): Fawcett, Russell</p>	<p>Conceptual Model of Nursol... Full Gallery Title: Conceptual Model of Nursology for Enhancing Equity and Quality: Population Health and Health Policy Nursology URL: https://nursology.net/conceptual-m... Author(s): Fawcett</p>	<p>Critical Caring Pedagogy Full Gallery Title: Critical Caring Pedagogy Nursology URL: https://wp.me/Pa13op-4u Author(s): Chinn, Falk-Rafael</p>	<p>Critical Caring Theory Full Gallery Title: Critical Caring Theory Nursology URL: https://nursology.net/critical-caring/ Author(s): Falk-Rafael</p>	<p>Emancipatory Nursing Praxis Full Gallery Title: Emancipatory Nursing Praxis Nursology URL: https://nursology.net/nurse-theorist... Author(s): Walter</p>	<p>Emancipatory Theory of Co... Full Gallery Title: Emancipatory Theory of Compassion for Nursing Nursology URL: https://wp.me/Pa13op-eu Author(s): Georges</p>	<p>Expanded Chronic Care Mo... Full Gallery Title: Expanded Chronic Care Model (ECCM) Nursology URL: https://nursology.net/nurse-theories... Author(s): Barr</p>	<p>Facilitated Sensemaking Full Gallery Title: Facilitated Sensemaking Nursology URL: https://wp.me/Pa13op-jH Author(s): Davidson</p>	<p>From Novice to Expert Full Gallery Title: From Novice to Expert Nursology URL: https://nursology.net/from-novice-t... Author(s): Benner</p>	<p>Hall's Care, Core, Cure Theory Full Gallery Title: Hall's Care, Core, Cure Theory Nursology URL: https://wp.me/Pa13op-82 Author(s): Hall</p>	<p>Health Promotion in Nursin... Full Gallery Title: Health Promotion in Nursing Practice Nursology URL: https://wp.me/Pa13op-8y Author(s): Pender</p>	<p>Holistic Theory of Unpleasa... Full Gallery Title: Holistic Theory of Unpleasant Symptoms Nursology URL: https://nursology.net/nurse-theorist... Author(s): Moore</p>
<p>Human as embodied spirit Full Gallery Title: Human as embodied spirit Author(s): [Not specified]</p>	<p>Humanistic Nursing Full Gallery Title: Humanistic Nursing Author(s): [Not specified]</p>	<p>Humility in Health Care: A ... Full Gallery Title: Humility in health care Author(s): [Not specified]</p>	<p>Intentionality: The Matrix of... Full Gallery Title: Intentionality: The Matrix of Healing Author(s): [Not specified]</p>	<p>Interpersonal Aspects of Nu... Full Gallery Title: Interpersonal Aspects of Nursing Author(s): [Not specified]</p>	<p>Johnson Behavioral System ... Full Gallery Title: Johnson Behavioral System Model Author(s): [Not specified]</p>	<p>King's Conceptual System Full Gallery Title: King's Conceptual System Author(s): [Not specified]</p>	<p>Kolcaba's Comfort Theory Full Gallery Title: Kolcaba's Comfort Theory Author(s): [Not specified]</p>	<p>Leininger's Theory of Cultur... Full Gallery Title: Leininger's Theory of Culture Care Author(s): [Not specified]</p>	<p>Leveraging Resources Model Full Gallery Title: Leveraging Resources Model Author(s): [Not specified]</p>	<p>Levine's Conservation Model Full Gallery Title: Levine's Conservation Model Author(s): [Not specified]</p>	<p>Maternal Role Attainment T... Full Gallery Title: Maternal Role Attainment Theory Author(s): [Not specified]</p>



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MÉTHODOLOGIE



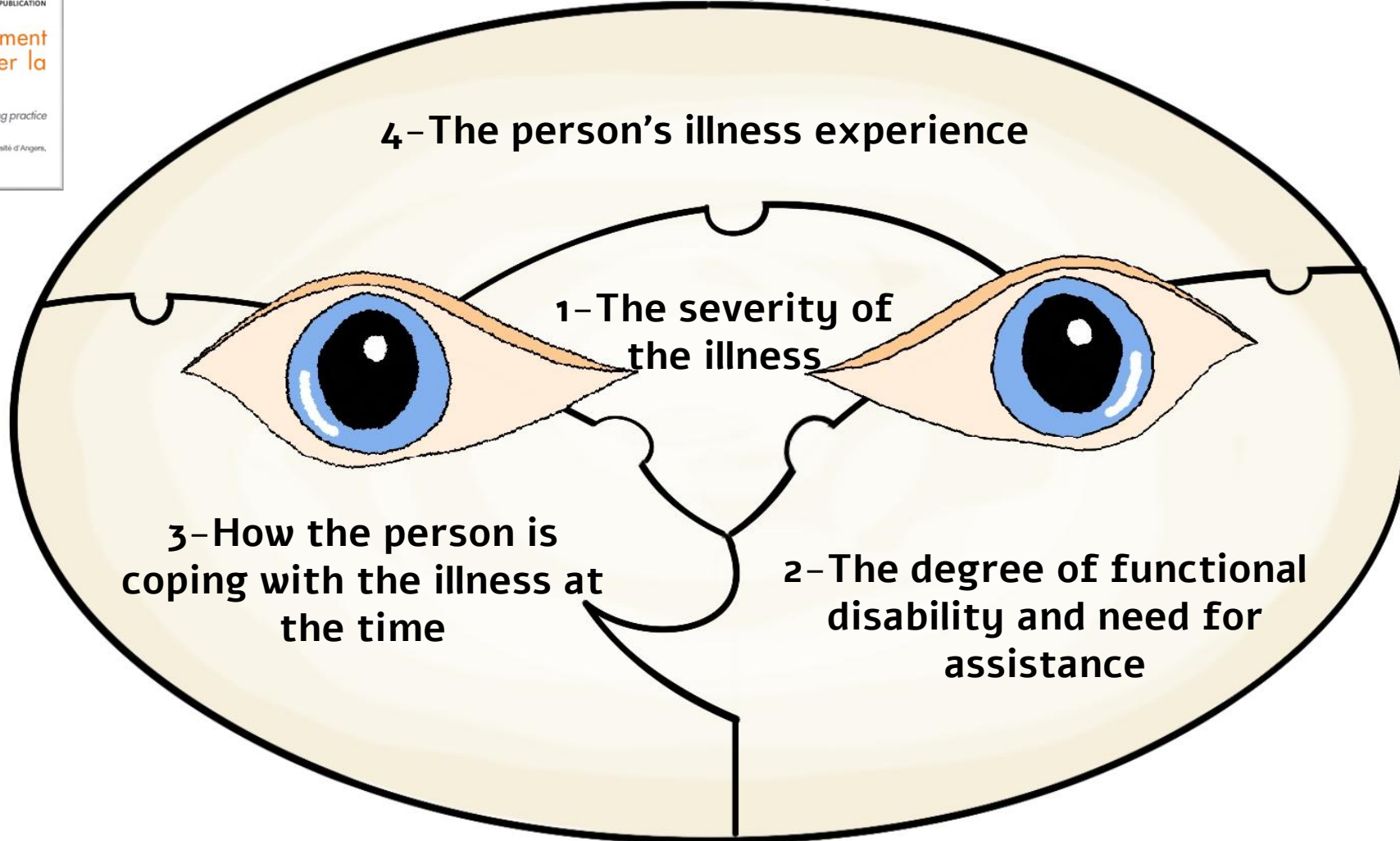
Le regard infirmier au cœur du jugement clinique : une proposition pour situer la pratique infirmière

The nursing gaze at the heart of clinical judgement: A proposal for situating nursing practice

Mathilde GARRY-BRUNEAU, infirmière, Ph.D., Université Laval ; département en sciences infirmières, Université d'Angers, France

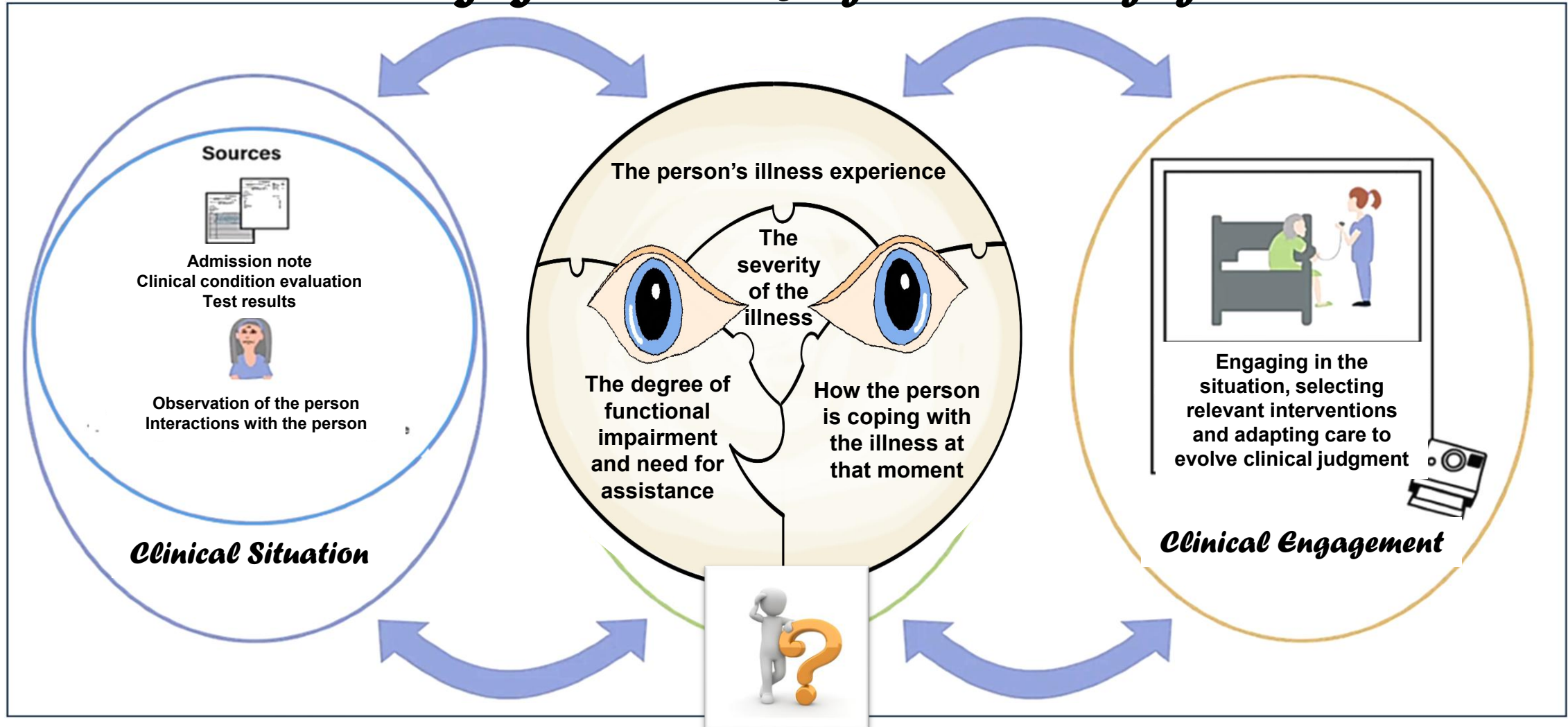
Clémence DALLAIRE, infirmière, Ph.D., Université Laval, Canada

THE NURSING GAZE

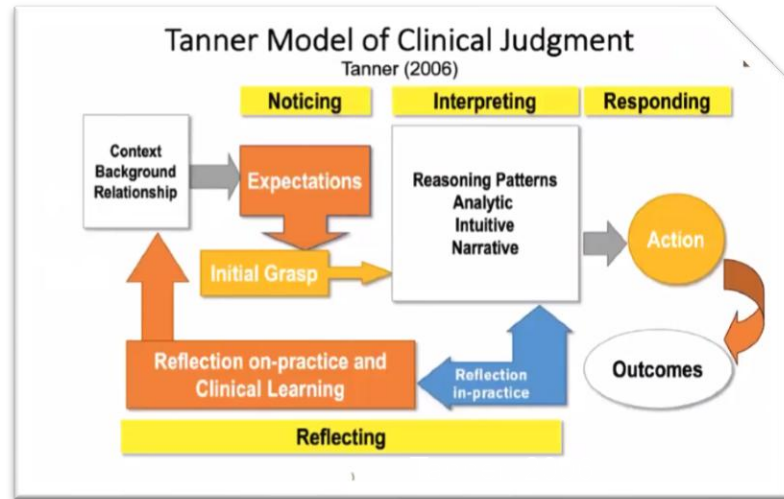


Garry-Bruneau, M., & Dallaire, C. (2025). *Le regard infirmier au cœur du jugement clinique : Une proposition pour situer la pratique infirmière. Revue Soins Infirmiers, (162), 54-61. Figure adapted from Ellefsen and Kim, 2007, created by @Blandin*

THE NURSING GAZE in Nursing Clinical Engagement

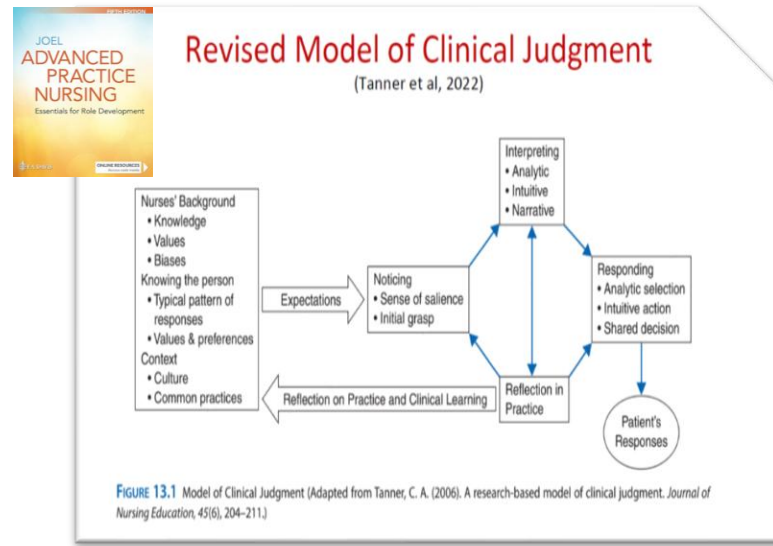


Garry-Bruneau, M., & Dallaire, C. (2025). *Le regard infirmier au cœur du jugement clinique : Une proposition pour situer la pratique infirmière*. *Revue Soins Infirmiers*, (162), 54-61. Figure adapted from Ellefsen and Kim, 2007, created by @Blandin



Tanner, 2006

2006



Tanner et al., 2022

2022

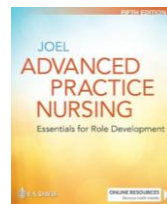
Table 1: Sample Demographics and Model Use

Sample Demographics	Total (n = 234)	ADN	BSN
Degree type		55% (129)	45% (105)
Public institutions	56% (131)	71% (91)	38% (43)
Private institutions	41% (96)	26% (34)	59% (62)
Public/private not indicated	0.03% (7)	0.03% (4)	0.03% (3)
Description of Model Use	Total (n = 234)	ADN	BSN
Programs currently using a model	27% (64)	29% (37)	26% (27)
Programs that intend to start using a model	51% (120)	28% (65)	24% (25)
Programs that do not intend to start using a model	20% (47)	10% (24)	10% (23)
No response	2% (3)	2% (3)	0% (0)
Models in Use by Programs Currently Using a Model	Total (n = 64)	ADN	BSN
Tanner clinical judgment model	65% (41)	18% (23)	17% (18)
The clinical reasoning cycle	11% (7)	4% (5)	2% (2)
The Caputi model	0.03% (2)	0.03% (2)	0% (0)
OSEN	0.03% (2)	0.02% (1)	0.02% (1)
Lasater clinical judgment rubric	0.02% (1)	0.02% (1)	0% (0)
Developing nurses' thinking model	0.02% (1)	0.02% (1)	0% (0)
Scheffer & Rubinfeld	0.02% (1)	0% (0)	0.02% (1)
Texas concept analysis diagram	0.02% (1)	0.02% (1)	0% (0)
A personally developed model	0.05% (3)	0.02% (1)	0.02% (2)
Other ^a	0.08% (5)	0.05% (3)	0.03% (2)

^a Two respondents reported current use of a model but described types of curricula (i.e., concept-based). One respondent indicated use of the nursing process, and two reported use of the clinical judgment measurement model rather than an educational clinical judgment model.

Jessee et al., 2023

2023 - 2025



Tanner et al., 2022

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Evidence-Based Practice
Christine A. Tanner, Deborah C. Messecar, and Basia Delawska-Elliott

Learning Outcomes
Learning outcomes expected as a result of this chapter:

- Describe the relationship between clinical judgment and using the best evidence to make decisions.
- Describe a research-based model of clinical reasoning.
- Identify and analyze the elements of research methodology that are critical in providing evidence for practice settings.
- Discuss the advantages and limitations of various types of knowledge.
- Demonstrate the ability to access information and evaluate the quality of evidence relevant to practice settings.
- Describe tools and strategies for finding the best and most appropriate evidence to improve practice.
- Communicate search strategy to others.
- Identify forces (e.g., ethical, legal, political, cultural, logistical, and economic) that influence research methodology and interpretation of findings in clinical settings.

Interventions to develop clinical judgment among nurses: A systematic review with narrative synthesis

Maria Mendivil-Pérez¹, Ana Cisneros^{2,3,4}, Virginia Saldaña^{5,6,7}, María Clara-Rodríguez⁸, Cristina González-García⁹

ARTICLE INFO

ABSTRACT

Background: Clinical judgment is a complex skill that involves identifying, analyzing, and prioritizing cues to make a diagnosis or decision. This systematic review aims to synthesize the evidence on interventions designed to develop clinical judgment among nurses.

Methods: Eight databases (PubMed, CINAHL, PsycINFO, Scopus, Web of Science, Cochrane Library and ProQuest) were searched for studies published between 2010 and 2023. A total of 10 studies were included in the final synthesis. The review was conducted according to the PRISMA 2020 reporting guidelines.

Results: The most commonly used intervention was the Tanner Clinical Judgment Model (TCJM), followed by the Lasater Clinical Judgment Rubric (LCJR). Other interventions included the clinical reasoning cycle, the Caputi model, and the OSEN model.

Conclusions: The TCJM and LCJR were the most used tools for measuring clinical judgment among nurses. The TCJM was found to be more effective than the LCJR in improving clinical judgment among nurses. The review also identified several gaps in the literature, including the need for more research on the effectiveness of interventions designed to develop clinical judgment among nurses in different settings and with different populations.

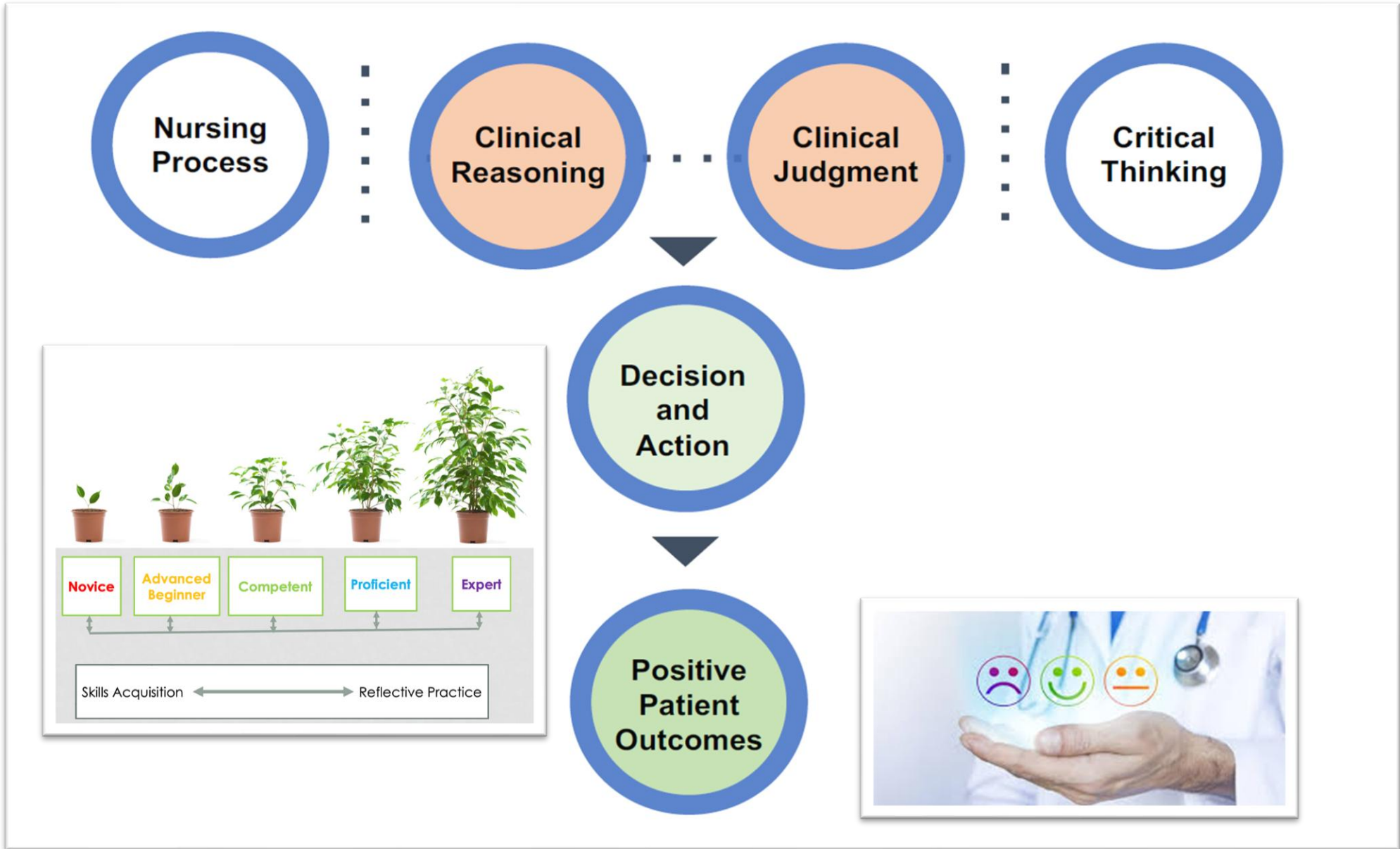
Keywords: Clinical judgment, nursing education, interventions, clinical reasoning, clinical judgment measurement model, Tanner Clinical Judgment Model, Lasater Clinical Judgment Rubric.

Mendivil-Pérez, 2025

In this study, Tanner's Clinical Judgment Model (Tanner, 2006) was the most used framework for the interventions (Brown et al., 2022; Cantrell et al., 2021; Foo et al., 2017; Monagle et al., 2010; Zabier and Severi, 2022; Shinnick & Cabrera-Mino, 2021; Lavoie et al., 2013; Letcher et al., 2017; Kim et al., 2018; Luo et al., 2021; Franks, 2020), whereas the LCJR (Lasater, 2007) was the most used tool for measuring improvements in clinical judgment (Cantrell et al., 2021; Foo et al., 2017; Monagle et al., 2010; Wynn, 2011; Shinnick & Cabrera-Mino, 2021; Letcher et al., 2017; Kim et al., 2018; Luo et al., 2021). Interestingly, many cases used modified versions of the original LCJR considering that it did not for not fulfill all items, whereas other studies employed ad-hoc designed tools based on LCJR. The study by Rissard et al. (2024), which analyzed the concept and tools related to clinical judgment in 52 studies on student and fresh graduate nurses, found that Tanner's model and the LCJR were also the most prominently used concept and tool, respectively. A study published by Jesse et al. (Jessee et al., 2023), which aimed to explore clinical judgment models and teaching strategies that promote clinical judgment among prelicensure nursing students, found that 65% of the programs used Tanner's model. These findings highlight the fact that this model had been specifically developed by a nurse for teaching nursing, which makes its use quite easy and clear. Moreover, this model consists of four clearly differentiated phases, allowing for a breakdown of clinical judgment and the separate assessment of these phases. Furthermore, an evaluation rubric based on Tanner's model, namely the Lasater Clinical Judgment Rubric, which facilitates work and interpretation, had been elaborated. Other models have been used in the literature, such as Dickinson et al. (2019) National Council of State Boards of Nursing-Clinical Judgment Measurement Model, that identifies six interrelated steps in the process: recognize cues, analyze cues, prioritize hypotheses, generate solutions, take action and evaluate outcomes. Given that this framework was developed for the valid measurement of clinical judgment and decision-making, it may be more suited for use as an assessment model rather than a teaching model.



@KatieLasater (USA)



Clinical Judgment Development: Using Simulation to Create an Assessment Rubric

Kathie Lasater, EdD, RN

LITERATURE REVIEW

Why a Rubric? A rubric, by its most basic definition, is an assessment tool that delineates the expectations for a task or assignment (Shore & Levi, 2005). By clearly describing the concept and evidence of its understanding, students and faculty are more likely to recognize it when students perform it. In addition, rubrics facilitate assess-



Figure. Clinical Judgment Model. Reprinted with permission from SLACK Incorporated, Tanner, C.A. (2006). Thinking like a nurse: A research-based model of clinical judgment in nursing. *Journal of Nursing Education*, 45(6), 204-211.

Lasater, 2007

TABLE 2
Lasater Clinical Judgment Rubric

Dimension	Exemplary	Accomplished	Developing	Beginning
Effective noticing involves:				
Focused observation	Focuses observation appropriately; regularly observes and monitors a wide variety of objective and subjective data to uncover any useful information	Regularly observes and monitors a variety of data, including both objective and subjective data; most useful information is noticed; may miss the most subtle signs	Attempts to monitor a variety of subjective and objective data but is overwhelmed by the array of data; focuses on the most obvious data; missing some important information	Confused by the clinical situation and the amount and kind of data; observation is not organized and important data are missed, and/or assessment errors are made
Recognizing deviations from expected patterns	Recognizes subtle patterns and deviations from expected patterns in data and uses these to guide the assessment	Recognizes most obvious patterns and deviations in data and uses these to continually assess	Identifies obvious patterns and deviations, missing some important information; unsure how to continue the assessment	Focuses on one thing at a time and misses most patterns and deviations from expectations; misses opportunities to refine the assessment
Information seeking	Assertively seeks information to plan intervention; carefully collects useful subjective data from observing and interacting with the patient and family	Actively seeks subjective information about the patient's situation from the patient and family to support planning interventions; occasionally does not pursue important leads	Makes limited efforts to seek additional information from the patient and family; often seems not to know what information to seek and/or pursues unrelated information	Is ineffective in seeking information; relies mostly on objective data; has difficulty interacting with the patient and family and fails to collect important subjective data
Effective interpreting involves:				
Prioritizing data	Focuses on the most relevant and important data useful for explaining the patient's condition	Generally focuses on the most important data and seeks further relevant information but also may try to attend to less pertinent data	Makes an effort to prioritize data and focus on the most important, but also attends to less relevant or useful data	Has difficulty focusing and appears not to know which data are most important to the diagnosis; attempts to attend to all available data
Making sense of data	Even when facing complex, conflicting, or confusing data, is able to (a) note and make sense of patterns in the patient's data, (b) compare these with known patterns (from the nursing knowledge base, research, personal experience, and intuition), and (c) develop plans for interventions that can be justified in terms of their likelihood of success	In most situations, interprets the patient's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; the exceptions are rare or in complicated cases where it is appropriate to seek the guidance of a specialist or a more experienced nurse	In simple, common, or familiar situations, is able to compare the patient's data patterns with those known and to develop or explain intervention plans; has difficulty, however, with even moderately difficult data or situations that are within the expectations of students; inappropriately requires advice or assistance	Even in simple, common, or familiar situations, has difficulty interpreting or making sense of data; has trouble distinguishing among competing explanations and appropriate interventions, requiring assistance both in diagnosing the problem and developing an intervention
Effective responding involves:				
Calm, confident manner	Assumes responsibility; delegates team assignments; assesses patients and reassures them and their families	Generally displays leadership and confidence and is able to control or calm most situations; may show stress in particularly difficult or complex situations	Is tentative in the leader role; reassures patients and families in routine and relatively simple situations, but becomes stressed and disorganized easily	Except in simple and routine situations, is stressed and disorganized, lacks control, makes patients and families anxious or less able to cooperate

The Lasater Clinical Judgment Rubric: 17 Years Later

Kathie Lasater, EdD, RN, FCN, ANEF, FAAN; and Ann Nielsen, PhD, RN

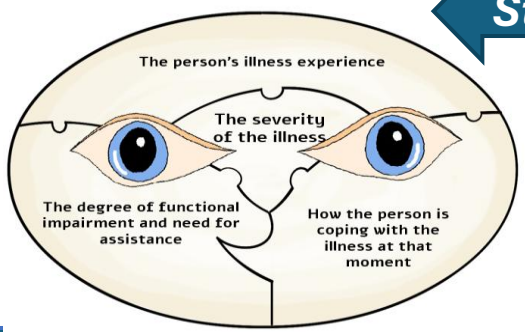
TABLE 1
Alignment of Tanner Stages With Lasater Dimensions

Stages of Clinical Judgment (Tanner, 2006; Tanner et al., 2022)	LCJR Dimensions (Lasater, 2007, 2011)
Noticing	Focused observation Recognizing deviations from expected patterns Information seeking
Interpreting	Prioritizing data Making sense of data
Responding	Calm, confident manner Clear communication Well-planned intervention/flexibility Being skillful
Reflecting	Evaluation/self-analysis Commitment to improvement

Note. LCJR = Lasater Clinical Judgment Rubric.

Lasater et Nielsen, 2024

Strengthening Governance, Leadership, and Professional Identity in Nursing Education




Nurse Background
Knowledge
Values
Bias

Relationship with the person
Typical patterns of responses
Values and preferences


Context
Culture
Commons practices

NOTICING




Clinical Vigilance
Unique Situation

INTERPRETING



Clinical reasoning
Nursing knowledge mobilization

REFLECTING



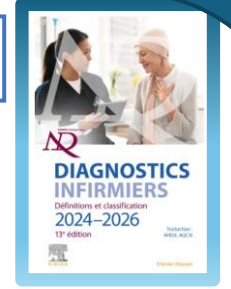
Continuous reflective learning

RESPONDING



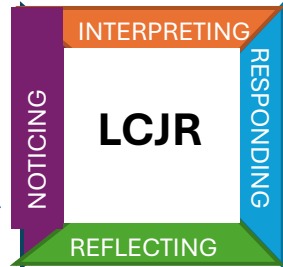
Situated and contextualized decision-making
Responsible prioritization

CLINICAL Judgments :
Nurse Diagnostic



PATIENT RESPONSES

Professionnal Développement



Strengthening Governance, Leadership, and Professional Identity in Nursing Education



Grazie

Mathilde.garry-bruneau.1@ulaval.ca



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