Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

ORIGINAL ARTICLE

ADAPTATION OF THE LASATER CLINICAL JUDGMENT RUBRIC TO THE BRAZILIAN CULTURE

ADAPTAÇÃO PARA CULTURA BRASILEIRA DO INSTRUMENTO *LASATER CLINICAL JUDGMENT RUBRIC*

ADAPTACIÓN DEL INSTRUMENTO *LASATER CLINICAL JUDGMENT RUBRIC* A LA CULTURA BRASILEÑA

Janaina Gomes Perbone Nunes[1], Kathie Lasater[2], Ana Railka de Souza Oliveira-Kumakura[3], Danielle Cristina Garbuio[4], Fernanda Titareli Merizio Martins Braga[5], Emilia Campos de Carvalho[6]

ABSTRACT

Objective: to adapt the Lasater Clinical Judgment Rubric to the Brazilian culture. ***Method:*** methodological study that used the model for transcultural adaptation by Beaton et al. The stability of the instrument in the Brazilian version was also tested (intra- and inter-observer agreement index). ***Results:*** the transcultural adaptation process was adequate to maintain the semantic, idiomatic, experiential and conceptual equivalences between the original rubric and the rubric adapted to the Brazilian culture, resulting in the Lasater Clinical Judgment Rubric – Brazilian Version. Intra- and inter-observer agreement data were considered acceptable. ***Conclusion:*** the research contributed to the provision of a culturally appropriate tool to characterize the clinical judgment aspects of Brazilian nursing students in a clinical simulation. ***Descriptors*:** Clinical Judgment; Patient Simulation; Cross-Cultural Comparison; Students, Nursing; Nursing.

RESUMO

***Objetivo*:** adaptar à cultura brasileira o instrumento *Lasater Clinical Judgment Rubric*. ***Método*:** estudo metodológico que utilizou o modelo de adaptação transcultural de Beaton e colaboradores. Ainda, testou-se a estabilidade do instrumento em versão brasileira (índice de concordância intra e interobservadores). ***Resultados*:** o processo de adaptação transcultural mostrou-se adequado para manter as equivalências semântica, idiomática, experiencial e conceitual entre o instrumento original e o instrumento adaptado à cultura brasileira, resultando na *Lasater Clinical Judgment Rubric – Brazilian Version*. Os dados das concordâncias intra e interobservadores foram considerados aceitáveis. ***Conclusão*:** a pesquisa contribuiu para o desenvolvimento de instrumento culturalmente apropriado para caracterizar os aspectos do julgamento clínico de estudantes de enfermagem brasileiros em simulação clínica. ***Descritores*:** Julgamento Clínico; Simulação de Paciente; Comparação Transcultural; Estudantes de Enfermagem; Enfermagem.

RESUMEN

Objetivo*:** adaptar la *Lasater Clinical Judgment Rubric* a la cultura brasileña. ***Método: estudio metodológico que utilizó el modelo de adaptación transcultural de Beaton y colaboradores. Además, la estabilidad del instrumento en su versión brasileña fue testada (índice de concordancia intra e interobservadores). ***Resultados:*** el proceso de adaptación transcultural se mostró adecuado para mantener las equivalencias semántica, idiomática, experiencial y conceptual, resultando en la *Lasater Clinical Judgment Rubric – Versión Brasileña*. Los datos de las concordancias intra e interobservadores fueron considerados aceptables. ***Conclusión:*** la investigación contribuyó al desarrollo de un instrumento culturalmente apropiado para caracterizar los aspectos del juzgamiento clínico de estudiantes *brasileños* de enfermería en simulación clínica. ***Descriptores*:** Juicio Clínico; Simulación de Paciente; Comparación Transcultural; Estudiantes de Enfermería; Enfermería.

[1]RN, Ph.D. in Health Science, University of São Paulo at Ribeirão Preto College of Nursing/EERP/USP. Ribeirão Preto (SP), Brazil. E-mail: janainaperbone@gmail.com; [2]EdD in Education, Professor, Oregon Health & Science University School of Nursing. Oregon (OR), United States of America. E-mail: lasaterk@ohsu.edu; [3]RN, Ph.D. Professor, School of Nursing, State University of Campinas. Campinas (SP), Brazil. E-mail: arailka@unicamp.br; [4]RN, M.Sc. in Health Science, Ph.D. candidate, University of São Paulo at Ribeirão Preto College of Nursing. Ribeirão Preto (SP), Brazil. E-mail: dgarbuio@yahoo.com.br; [5]RN, Ph.D. in Health Science, University of São Paulo at Ribeirão Preto College of Nursing/EERP/USP. Ribeirão Preto (SP), Brazil. E-mail: titareli@eerp.usp.br; [6]RN, Free Lecturer, Senior Full Professor, University of São Paulo at Ribeirão Preto College of Nursing/EERP/USP. Ribeirão Preto (SP), Brazil. E-mail: ecdcava@usp.br

INTRODUCTION

In the nursing process, clinical reasoning is a phase that requires further elaboration to describe the development of thought processes of nursing students; its improvement involves the teaching of the clinical trial process accompanied by labels of the patient's clinical condition to allow the achievement of accurate clinical decision-making, thus achieving a safer and more efficient nursing practice.[1]

Clinical judgment is considered to be a group of skills that includes synthesis of the professional's knowledge and background experience to discern the relevance of clinical findings for decision-making that is responsible and safe for patients.[2-5]

One study[4], using knowledge originated by a literature review of 200 studies on nurses' thinking, found that these professionals reach clinical judgments based on four aspects. The first is noticing, identification and recognition of the patient's clinical situation by the nurse. This aspect is influenced by the professional's expectations, based on his/her theoretical knowledge, practical experience, his/her sensitivity for understanding the patient's concerns, and the context and functioning of the health unit. In the same study, the author noted that what the nurse notices is influenced by three factors: the patient care context, the background of the nurse, and the nurse-patient relationship. Next, nurses interpret the meaning of what they notice through reasoning patterns and *respond* with a set of appropriate actions, which comprise the second and third aspects of the clinical judgment process, respectively. The last aspect is reflecting, which is directed both to the patient's health outcomes during and after the implemented intervention (reflection-in-action), and about the professional performance in the entire process (reflection-on-action).

From this perspective, nurses' clinical judgment is the ability to recognize relevant data within a specific clinical situation, interpret the meaning, respond appropriately, and reflect on the achieved outcomes and on the professional performance. Finally, learning acquired from the experience will influence subsequent patient care, which may be performed more consistent and safely, constituting a cycle.[4]

In order to contribute to the ability of nursing professors to aid students in developing their clinical judgment, a North American study devised an evidence-based rubric for the assessment of the development of this process, which has been tested in clinical simulation, namely the Lasater Clinical Judgment Rubric (LCJR). The LCJR is the object of interest to this study.

The LCJR assesses the performance of clinical judgment through 11 dimensions, based on the four aspects of Tanner's Model of Clinical Judgment (2006).[6] The dimensions include behaviors, verbalizations or actions that represent clinical judgment skills, distributed among the aspects of noticing, interpreting, responding, and reflecting, forming a trajectory for the development of clinical judgment.[4]

The rubric score represents the level of an individual's performance in aspects of clinical judgment. It includes four levels for each of the 11 dimensions: one point for emerging behavior; two points for developing behavior; three points for mastery behavior; and four points for exemplary behavior. The minimum possible total score and the maximum score of the rubric is 11 to 44 points, respectively.[6]

Several authors[7-12] have adopted the Lasater Clinical Judgment Rubric tool for the improvement of nursing education.

In a Chinese study[7], the researchers used the LCJR to evaluate the clinical judgment of students over five different scenarios with high-fidelity clinical simulation. A progressive increase in performance throughout the sessions was identified and, to these authors, the LCJR instrument made it possible to measure the development of the clinical judgment of students through simulation scenarios.

The LCJR has been used as a self-assessment tool, in which the students themselves assess their performance and as framework for students to receive feedback from their teachers on their clinical judgment skills.[8]

To verify that clinical simulation promoted the development of self and clinical competence in 53 nursing students of the first period of the undergraduate course in nursing, the authors of another study[9] used LCJR items to measure such attributes. The findings showed that the LCJR provided mechanisms that determined the understanding of the clinical judgment level of students.

Another study described the development of teachers on the use of LCJR to assess clinical judgment skills in nursing students in clinical simulation scenarios and pointed out that the instrument allowed the reflection of the students about their experiences and progress towards the development of clinical judgment.[10]

Still another publication described the results of the development of the clinical judgment using a guided reflection method and concluded that the LCJR provided a common language between facilitators and students.[11]

Finally, a study adapted the LCJR to evaluate the clinical judgment in caring for children with dehydration in clinical simulation. Nursing students showed that the four aspects of the LCJR instrument formed an appropriate theoretical framework to structure the Simulation Evaluation Tool SET instrument (c-dehydration).[12]

Following the development of students' clinical judgment is a difficult task, particularly because of its complexity, determination of the situation to be observed or the lack of tools to assess such phenomena that are available and adapted to the Brazilian culture.

The LCJR was developed observing students in the School of Nursing at the Oregon Health & Science University, in other words, in a different language and cultural context than the population of interest in this study.[6] Given the interest in evaluating the clinical judgment of nursing students, the objective in this study was the cross-cultural adaptation to the Brazilian culture of the instrument, Lasater Clinical Judgment Rubric.

METHOD

This is a methodological study. The process of cross-cultural adaptation of the rubric consisted of the steps: translation, synthesis of translations, back-translation, review by a committee of experts, testing of the final version, and submission to the authors.[13] In addition to the cross-cultural adaptation, we tested the stability of the rubric by means of intra- and inter- agreement indexes and by categorizing the behavior of students in simulated situations. These steps are described in the following sections.

Authorization from the author was obtained to perform the cross-cultural adaptation. The project was approved by the Research Ethics Committee at University of São Paulo at Ribeirão Preto College of Nursing under CAAE: 24839113.2.0000.5393. After receiving the instructions and descriptions of the procedures to be performed in the study, the research participants (observers and students) signed the Terms of Free and Informed Consent in duplicate.

♦ Step I - Translation

The first step in the cross-cultural adaptation was the translation of the original rubric's language (English) into the target language (Brazilian Portuguese). According to the recommendations[13], these translations were performed in two versions: the first by a translator knowledgeable of the concept within the rubric and experienced in nursing. The second version was made by a translator who had no knowledge of the health field. This first translator tried to maintain the equivalence of the terms from the perspective of nursing language, while the second was a literal translation of the terms. Both professionals were proficient in the original language of the instrument and had the target language as their mother tongue. Thus, efforts were made to identify any discrepancies between words and phrases, as recommended in the model.[13]

In this study, this step resulted in versions T1, which were more accurate, and version T2, which had a more interpretive translation, reflecting the language used by the general population.

♦ Step II – Synthesis of translations

The two translated versions (T1 and T2), as recommended by literature[13], were compared with the original instrument and synthesized, creating a single version, called T-12. In this study, the synthesis process was performed by the researcher (JGPN).

♦ Step III- Back-translation

Based on version T-12, the instrument was translated to the original language in two versions, generating versions BT1 and BT2, developed by two bilingual translators whose native language is that of the original instrument (English), both of whom lacked previous knowledge about the instrument and clinical training. The translations made it possible to extract meanings that were not previously present in version T-12 of the instrument[14-15], thereby increasing the probability of identifying inaccuracies[15]. Therefore, this process identified conceptual errors in translation and ensured that the translated version accurately reflected the content of the original version of the instrument. This step led to versions BT1 and BT2 of this instrument.

♦ Step IV – Review by a Committee of Experts

The appropriate composition of an expert committee for the revision of all versions is essential to achieve the cross-cultural equivalence of the translated instrument.[13]

Two nurses (ARSOK and FTMMB) with doctorates in health sciences, who were experienced in nursing education and in teaching clinical judgment to nursing students, were invited to be members of this

committee of experts, along with the researcher (JGPN). In addition to the three aforementioned professionals, one professional linguist participated in this activity.

This committee assessed all the resulting versions (T1, T2, T12, BT1 and BT2) with the original version of the instrument, to achieve semantic, idiomatic, experiential and conceptual equivalences between the original instrument and the target language, as recommended in the cross-cultural adaptation model[13], resulting in the pre-final version of the Lasater Clinical Judgment Rubric - Brazilian Version (LCJR-BV).

Equivalences were defined as follows[14]: semantic equivalence determines whether there is equivalence in the meaning of words and grammatical representation; idiomatic equivalence assesses whether the expressions in the original language of the instrument correspond to or have been adapted to expressions in the target language; experiential equivalence assesses whether the described content is consistent with the habits and experiences of the target population; and conceptual equivalence determines whether certain words or phrases have similar conceptual meaning, or whether they have the same relevance in different cultures, although they are semantically equivalent.[14]

For the sake of this review, a meeting of this committee was held that lasted approximately three hours. The researcher (JGPN) coordinated the meeting, and items with notes were identified and discussed; consensus of all members of the committee was sought for the final version of the changed terms or phrases.

♦ Step V – Test of pre-final version

The test is the step in which the pre-final version is submitted to new assessments.[13] This step evaluated the understanding of the rubric items.

The test of the pre-final version of LCJR-BV was performed by the main author of the research (JGPN) and two nurse researchers (DCG and ARSOK) with experience in nursing education and trained to use the instrument. Three individual observers used the pre-final version of the instrument in four videotaped high-fidelity simulation experiments. Afterwards, the observers discussed the level of performance assigned to each student in each of the eleven dimensions of the rubric, seeking consensus that was always guided by the theoretical framework of the rubric.

♦ Step VI – Submission and validation of the instrument by the authors

In this step, a report was sent containing the final version and all versions originating from the previous steps, for assessment by the author (KL) of the original instrument.

♦ Stability of the *Lasater Clinical Judgment Rubric - Brazilian Version*

In verifying the stability of the instrument, through the intraobserver agreement and interobserver agreement indices, the observers, who also participated in step V of the cross-cultural adaptation process of the LCJR, evaluated the clinical judgment of five nursing students in videorecorded high-fidelity clinical simulation. Therefore, a scenario of a patient in vaso-occlusive crisis due to sickle cell anemia was developed, based on the National League of Nursing/Jeffries Simulation Framework (NLN/JSF) model[16]. After 15 days, the observers undertook the second evaluation of the same videos. The Kappa coefficient was calculated to assess the index of agreement between the first and second assessments by each of the observers; and interobserver agreement was calculated based on data from the second evaluation.

Kappa values greater than 0.75 represent an excellent level of agreement; values between 0.40 and 0.75 represent a moderate level of agreement; and values below 0.40 represent a low level of agreement, at a 95% confidence interval.[17]

RESULTS

The results of this study are directly related to the steps of the translation and cross-cultural adaptation method proposed[13] and the analysis of the instrument's stability.

The proposed changes were intended to establish semantic, idiomatic, experiential and conceptual equivalences.

In order to achieve equivalences, seven expressions were changed to maintain the conceptual meaning of the original instrument; six words were changed to words that were more common in the Brazilian culture; and two grammatical changes were made to achieve the intended meaning in the target language of the instrument. There were also two word changes to adapt to the intended context of the instrument.

In addition, the word "experiente" (experienced) was replaced by "proficiente" (proficient) to describe the levels of the development of clinical judgment. After testing the pre-final version, the evaluators considered the instrument content adequate to proceed with the study, without suggestions for further changes. We emphasize that the rubric can describe the

behaviors according to the development level the student has reached. In order to use it, however, the theoretical elements of the model need to be understood.

In the final phase of the instrument adaptation, the author (KL) of the original instrument suggested checking the appropriateness of the term "Percepção" to name the first phase of clinical judgment in this instrument (Noticing, in the original). The term "Reconhecimento" was adopted because, to the authors of this study, it portrays what is expected for this phase of data identification and investigation of a clinical situation of care and complements the three other terms that depict the development of clinical judgment and are in the instrument's classification (interpreting, responding and reflecting). The author of the original LCJR approved the final version of the instrument.

The final version of the instrument was called the Lasater Clinical Judgment Rubric - Brazilian Version (LCJR-BV) and was used to assess its stability, as described next.

Stability of *Lasater Clinical Judgment Rubric – Brazilian Version*

As shown in Table 1, there was excellent agreement among the three evaluators between the first and second evaluations of the same situation, according to the Kappa coefficients[17].

Table 1. Values of intraobserver agreement when using the Lasater Clinical Judgment Rubric - Brazilian Version in five clinical simulation experiments, Ribeirão Preto (SP), Brazil, 2014

Observer	Kappa	p
1	0.834	0.000
2	0.764	0.000
3	0.823	0.000

95% Confidence Interval (CI)

Based on data from the second analysis of each simulation experiment (n=5), the interobserver agreement index (Table 2) can be considered excellent for four of the situations and moderate for one of them.

Table 2. Values of the degree of interobserver agreement when using Laster Clinical Judgment Rubric – Brazilian Version in each of the simulation sessions. Ribeirão Preto (SP), Brazil, 2014.

Simulation experiences	Kappa	p
1	0.694	0.000
2	0.751	0.000
3	0.751	0.000
4	0.784	0.000
5	0.863	0.000

95% CI

When calculating the total Kappa coefficients for the second analysis of the five simulation sessions among the three observers, the results was considered excellent for studies of this nature (K=0.828 (p≅0.000).

Based on the results obtained in the analysis of these properties, the Lasater Clinical Judgment Rubric - Brazilian Version instrument was satisfactory for application in research. The instrument resulting from this research is partially disclosed in Figure 1, by way of exemplification.

DISCUSSION

The LCJR has versions in other languages, including Korean.[19] To perform the process of translation and cultural adaptation, the authors[18] used the model of the World Health Organization.[19] This provided the following steps: in the first stage, researchers translated the original version to the Korean language. Next, the instrument was reviewed by a panel of experts experienced in clinical simulation, and then the instrument was introduced in nursing schools to identify the understanding and acceptance by nursing students. After these steps, the pre-final version was translated back into English for comparison with the original by a bilingual translator. After making changes to adjust discrepancies, the instrument was considered satisfactory for use, called K-LCJR.

Clinical judgment, an essential component of nursing care, has drawn and requires the attention of educators, especially for the training of those still developing this skill.[8]

Therefore, accurate and equivalent instruments are required for the success of this goal.

Several studies[7,18,20] tested the psychometric properties of the Lasater Clinical Judgment Rubric.

In the study evaluating the clinical judgment of 47 nursing students, the agreement percentage among four evaluators was calculated. In the fourth round, the agreement percentage ranged from 0.75-1.0; in the eighth round, it ranged from 0.91 to 1.0; and in the thirteenth round, it ranged from 0.85 to 0.57.[20] Therefore, it is noted that, in the fourth and eighth rounds, 100% agreement was achieved.

A study examined whether the senior students (n=25) showed differences in performance in a clinical trial compared to junior students (n=22) through three sessions of clinical simulation to verify the construct validity. It was observed that the LCJR was considered valid to distinguish the level of development between junior and senior levels.[20]

A research study investigated the clinical judgment of 36 nursing students who attended the last semester of the course and identified the psychometric measures of LCJR to assess the reliability between two evaluators.

In training, when examining 11 clinical dimensions of LCJR, evaluators had an average interrater agreement of 92%. Using ANOVA statistical analysis, we concluded that the differences between evaluators in each of the 11 clinical dimensions were F ratios below 4.84, and all p values were greater than 0.05. These findings confirm acceptable interrater reliability and, also, that the LCJR is a reliable instrument to be used in nursing education.[20]

Noteworthy is that the study found high intra- and interrater reliability of LCJR of 0.908 and 0.889, respectively.[20] These data confirm that the results of this study showed similar values.

In a study[19] already mentioned that adapted the LCJR instrument to the Korean culture, with the data of 152 students from three universities who participated in a high-fidelity simulation scenario about the child and adolescent care context, whose performance was recorded on audio and video, the items in the Korean version of LCJR showed acceptable internal consistency between, according to the literature[21], ranging from 0.897 to 0.909. Also, the reliability coefficient was 0.910 and the four phases of the instrument proved to be a very good model for differentiating data, showing good construct validity.[18]

In the Chinese study[7], which used the LCJR to evaluate nursing students' clinical judgment by two observers, interobserver agreement testing was also performed in five simulation sessions with 113 students, divided into five- or six-member groups. In the first session, the interobserver level of agreement was 0.833 ($p<0.01$); in the second session, the value was 0.878 ($p<0.01$); in the third session, the agreement index was 0.839 ($p<0.01$); in the fourth session, it was 0.869 ($p<0.01$); and in the last session, it was 0.910 ($p<0.01$). Therefore, the instrument was stable in this sample of Chinese students.

In the five situations examined in the current study, the interobserver agreement had similar results to those reported[7] (Kappa=0.828; $p\cong0.000$), considered excellent for studies of this nature.

Dimensão	Exemplar	Proficiente	Em desenvolvimento	Iniciante
Reconhecimento eficiente abrange:				
Observação focada	Escolhe um foco apropriado para a observação; observa e monitora regularmente uma ampla variedade de dados objetivos e subjetivos para encontrar qualquer informação útil.	Observa e monitora regularmente uma variedade de dados, tanto objetivos como subjetivos; as informações mais úteis são percebidas; pode não perceber os sinais mais sutis.	Procura monitorar uma variedade de dados subjetivos e objetivos, mas é sobrecarregado pela variedade de dados; foca nos dados mais óbvios, perdendo algumas informações importantes.	Sente-se confuso pela situação clínica e pela quantidade e tipos de dados; a observação não é organizada, e dados importantes passam despercebidos, e/ou comete erros de avaliação.
Interpretação eficiente abrange:				
Priorização dos dados	Foca-se nos dados mais relevantes e importantes para explicar a condição do paciente.	Geralmente se foca nos dados mais importantes e busca mais informações relevantes, mas também pode levar em consideração dados menos pertinentes.	Esforça-se para priorizar os dados e focar naqueles mais importantes, mas também leva em consideração dados menos relevantes ou úteis.	Apresenta dificuldade para focar-se e aparentemente não sabe quais dados são mais importantes para o diagnóstico; tenta levar em consideração todos os dados disponíveis.
Resposta eficiente abrange:				
Atuação calma e confiante	Assume responsabilidade; delega tarefas à equipe; avalia o(s) paciente(s) e transmite segurança a eles e aos seus familiares.	Geralmente demonstra liderança e apresenta domínio para acalmar ou controlar a maioria das situações; pode demonstrar estresse em situações difíceis ou complexas.	É hesitante no papel de líder, tranquiliza o(s) paciente(s) e seus familiares em situações rotineiras e simples, mas fica estressado e desorganizado com facilidade.	Exceto em situações simples e rotineiras, apresenta-se estressado e desorganizado; falta-lhe controle; deixa os pacientes e seus familiares ansiosos e com menos condição de cooperar.
Reflexão eficiente abrange:				
Avaliação/ autoanálise	De maneira independente, avalia e analisa o desempenho clínico pessoal, observando pontos de decisão, elaborando alternativas e avaliando corretamente as escolhas dentre as alternativas.	Avalia e analisa seu desempenho clínico pessoal com mínimo auxílio, principalmente sobre os eventos ou decisões principais; pontos decisórios-chave são identificados e alternativas são consideradas.	Mesmo quando incitado formula, de forma breve, as avaliações mais óbvias; tem dificuldade de visualizar escolhas alternativas; demonstra autoproteção na avaliação das escolhas pessoais.	Mesmo induzidas, as avaliações são breves, superficiais e não são usadas para melhorar o desempenho; justifica as suas decisões e escolhas sem avaliá-las.

Figure 1. Snippet of *Lasater Clinical Judgment Rubric – Brazilian Version**. Ribeirão Preto (SP), Brazil, 2014.

Original instrument: © Lasater K. Clinical judgment development: using simulation to create an assessment rubric. J Nurs Educ. 2007;46(11):496-503.

**Lasater Clinical Judgment Rubric – Brazilian Version:* instrument adapted to the Brazilian culture with the original author's permission.

Therefore, the use of the instrument for monitoring the performance in clinical judgment during an experiment in a clinical simulation scenario was appropriate, given our findings and those of other studies. We therefore recommend the use of LCJR-BV by professors as a monitoring strategy for nursing students.

Despite the potential contribution of the rubric, we highlight the importance of understanding the theoretical framework on which the instrument was based in order to use it properly. Thus, the training of professors on the Model of Clinical Judgment selected[4] for the use of the rubric is required.

CONCLUSION

The Brazilian version of Lasater Clinical Judgment Rubric instrument was considered adequate to the Brazilian culture, resulting in the Brazilian version of the instrument; it presented satisfactory intra and interrater stability in five clinical simulation sessions to assess nursing students' development of clinical judgment.

The cross-cultural adaptation of the LCJR to the Brazilian culture offers an instrument to allow professors to monitor the behavior and actions in the development of nursing students' clinical judgment, both in clinical simulation and the actual field of use.

Also, the Lasater Clinical Judgment Rubric - Brazilian Version can be used by students as an instrument to guide their actions in the clinical judgment phases performed in the scenario or in practice; it can also help the facilitator to identify the participant's engagement in the debriefing, as it has the last two items for the performance in this phase of clinical simulation.

We suggest the use of the instrument by nursing schools to increase nursing students' knowledge on clinical judgment, contributing to improve the quality of education in nursing. Furthermore, we recommend additional research to expand the identification of the psychometric properties of the Brazilian version of the instrument in Brazilian nursing students.

FINANCING

Coordination for the Improvement of Higher Education Personnel (CAPES) and Brazilian Scientific and Technological Development Council (CNPq).

REFERENCES

1. Caldeira SMA, Chaves ECL, Carvalho EC, Vieira MMS. Validation of nursing diagnoses - the differential diagnostic validation model as a strategy. J Nurs UFPE on line [Internet]. 2012 June [cited 2015 May 10];6(6):1441-5. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewArticle/2532

2. Benner P, Tanner CA, Chesla C. Expertise in nursing: caring, clinical judgment, and ethics. 2nd ed. New York: Springer; 2009.

3. Simmons B. Clinical reasoning: a concept analysis. J Adv Nurs [Internet]. 2010 May [cited 2015 June 14];66(5):1151-8. Available from: https://www.researchgate.net/profile/Barbara_Simmons2/publication/42587914_Clinical_reasoning_concept_analysis/links/0fcfd512bd86c6feca000000.pdf

4. Tanner CA. Thinking like a nurse: a research based model of clinical judgment in nursing. J Nurs Educ [Internet]. 2006 Jun [cited 2014 June 20];45(6):204-11. Available from: https://www.researchgate.net/profile/Christine_Tanner3/publication/7003793_Thinking_like_a_nurse_A_research-based_model_of_clinical_judgment_in_nursing/links/0c9605294f14427681000000.pdf

5. Benner P. From novice to expert: excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley; 1984.

6. Lasater K. Clinical judgment development: using simulation to create an assessment rubric. J Nurs Educ [Internet]. 2007 [cited 2012 Apr 29];46(11):496-503. Available from: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.471.6787&rep=rep1&type=pdf

7. Yuan HB, Williams BA, Man CY. Nursing students' clinical judgment in high-fidelity simulation based learning: A quasi-experimental study. J Nurs Educ Pract [Internet]. 2014 [cited 2016 Jan 27];4(5):7-15. Available from: http://sciedupress.com/journal/index.php/jnep/article/download/3743/2449

8. Miraglia R, Asselin ME. The Lasater Clinical Judgment Rubric as a framework to enhance clinical judgment in novice and experienced nurses. J Nurses Prof Dev [Internet]. 2015 Sept/Oct [cited 2016 May 4];31(5):284- 91. Available from: http://journals.lww.com/jnsdonline/toc/2015/09000

9. Blum CA, Borglund S, Parcells DA. High-fidelity nursing simulation: impact on student self-confidence and clinical competence. Int J Nurs Educ Scholarsh [Internet]. 2010 [cited 2015 Oct 22];7(1):1-14. Available from: https://www.researchgate.net/profile/Dax_Parcells/publication/45089016_High-fidelity_nursing_simulation_student_self-confidence_and_clinical_competence/links/0046353c5619d29e7f000000.pdf

10. Dillard N, Sideras S, Ryan M, Carlton KH, Lasater K, Siktberg L. A collaborative project to apply and evaluate the clinical judgment

model through simulation. Nurs Educ Perspect [Internet]. 2009 [cited 2016 Jan 22];30(2):99-104. Available from: http://journals.lww.com/neponline/toc/2009/03000

11. Lasater K, Nielsen A. Reflective journaling for development of clinical judgment. J Nurs Educ [Internet]. 2009 Jan [cited 2015 Dec 10];48(1):40-4. Available from: https://www.researchgate.net/profile/Ann_Nielsen2/publication/24025679_Reflective_Journaling_for_Clinical_Judgment_Development_and_Evaluation/links/53d255450cf2a7fbb2e99552.pdf

12. Kim SJ, Kim S, Kang KA, Oh J, Lee MN. Development of a simulation evaluation tool for assessing nursing students' clinical judgment in caring for children with dehydration. Nurse Educ Today [Internet]. 2016 Feb [cited 2016 Aug 2];37:45-52. Available from: http://www.sciencedirect.com/science/article/pii/S0260691715004682

13. Beaton DE, Bombardier C, Guillemin F, Ferraz MB. Guidelines for the process of cross-cultural adaptation of self-report measures. Spine [Internet]. 2000 Dec [cited 2012 Mar 6];25(24):3186-91. Available from: https://www.researchgate.net/profile/Marcos_Ferraz5/publication/12203631_Guidelines_for_the_Process_of_Cross-Cultural_Adaption_of_Self-Report_Measures/links/02bfe5103dbbf78674000000.pdf

14. Guillemin F, Bombardier C, Beaton D. Cross-cultural adaptation of health-related quality of life measures: literature review and proposed guidelines. J Clin Epidemiol [Internet]. 1993 [cited 2012 Mar 6];46(12):1417-32. Available from: http://senseofcommunity.org/files/crosscultural%20adaptation%20of%20measures.pdf

15. Leplege A, Verdier A. The adaptation of health status measures: a discussion of certain methodological aspects of the translation procedure. In: Berzon R, Shumaker SA, editoras. The international assessment of health-related quality of life: theory, translation, measurement and analysis. Oxford: Rapid Communication of Oxford; 1995.

16. Jeffries PR, Rogers KJ. Simulation in nursing education: From conceptualization to evaluation. 2nd ed. New York: National League for Nursing; 2012.

17. Landis JR, Koch GG. The measurement of observer agreement for categorical data. Biometrics [Internet]. 1977 Mar [cited 2015 Nov 14];33(1):159-75. Available from: http://www.dentalage.co.uk/wp-content/uploads/2014/09/landis_jr__koch_gg_1977_kappa_and_observer_agreement.pdf

18. Shin H, Park CG, Shim K. The Korean version of the Lasater Clinical Judgment Rubric: A validation study. Nurse Educ Today [Internet]. 2015 Jan [cited 2016 Jan 28];35(1):68-72. Available from: http://www.sciencedirect.com/science/article/pii/S0260691714002214

19. World Health Organization. Process of Translation and Adaptation of Instrument. [Internet]. 2014 [cited 2016 Mar 15]. Available from: http://www.who.int/substance_abuse/research_tools/translation/en/

20. Adamson KA, Gubrud P, Sideras S, Lasater K. Assessing the reliability, validity, and use of the Lasater Clinical Judgment Rubric: three Approaches. J Nurs Educ [Internet]. 2012 Feb [cited 2016 Feb 2];51(2):66-73. Available from: https://www.researchgate.net/profile/Paula_Gubrud-Howe/publication/51845104_Assessing_the_reliability_validity_and_use_of_the_Lasater_Clinical_Judgment_Rubric_three_approaches/links/0f317531107fa4444a000000.pdf

21. Wiersma W. Research methods in education: an introduction. 7th ed. Needham Heights: Allyn and Bacon; 2000.

Submission: 2016/09/30
Accepted: 2016/11/28
Publishing: 2016/12/15

Corresponding Address

Janaina Gomes Perbone Nunes
Av. Deovair Cruz de Oliveira, 270
Bairro Jordanésia
CEP 07776-435 – Cajamar (SP), Brazil