

Why did you do that?? Using the Red, Yellow, Green Light Tool

As an experienced (expert) clinician, you make decisions regarding patient care throughout the day that feel just “intuitive”. A novice student observing or attempting to model these actions has a difficult time identifying and using this seamless train of critical thinking. They often find themselves wondering “why did you do that?”. One tool you might use to make your clinical reasoning more clear is the Red/Yellow/Green light tool which can be used both to *model/narrate* your expert decision making process and to *assess the student’s*



Red Light

- Something the student saw, heard or read that indicated a need to AVOID the use of a particular intervention or assessment technique

Yellow Light

- Something a student saw, heard, or read that indicated a need to be CAUTIOUS in the use of a particular intervention or assessment technique

Green Light

- Something the student saw, heard, or read that indicated a need to USE a specific intervention or assessment technique

progress. Throughout the day, look for opportunities to discuss whether something you or the student read, saw, heard, or assessed indicated a:

Green Light:

Often an expert clinician’s decision to **DO** something (go forward) with the next intervention, next assessment tool, next question asked is based on the identification of a green light trigger. Consider the following examples:

- I decided to progress the patient from a walker to a cane after *reading* the orthopedic surgeon’s latest report on radiologic evidence of bone healing
- I decided to add diagonal pattern UE exercises after *hearing* the patient mention a desire to return to golf
- I decided to palpate for pulses after *seeing* some discoloration in the skin of the foot
- After *reading* that the patient’s diagnosis of “adhesive capsulitis” are there any specific interventions you want to use?
- After *hearing* the patient complain of dizziness are there any assessments you want to perform?

Yellow Light:

An expert clinician may decide, based on data en-

countered, to proceed with an action, but with **extra caution**. Consider the following examples:

- I decided to continue cautiously with PROM (slow down, smaller ROM) after *seeing* the patient’s painful facial expression
- I decided to proceed with gait training but for a shorter distance and with a wheelchair nearby after *reading* that the patient’s hemoglobin level was low today
- Is there anything you *heard* the patient report during the examination that would alert you to be

cautious during the carrying out of any components of the POC?

- Is there anything you *saw* during the patient’s transfer training session that specifically indicates a need for modification/caution?

Red Light:

An experienced clinician makes decisions every day, not just of actions to take but also of actions to **AVOID**. Consider these examples:

- I decided to omit monitoring the patient’s vital signs after *reading* the positive nurse’s report, *hearing* him report feeling well and *seeing* no adverse responses to ambulation.
- I decided to avoid stretching the patient’s knee today after *assessing* an empty end-feel
- After *reading* the patient’s lab report, are there any interventions you think we should avoid today?
- After *seeing* the redness and feeling the warmth in the patient’s ankle are there any components of the POC you would avoid today?

The purpose of a tool such as this is to make the process of critical thinking and problem solving more transparent and explicit so that the student (novice) can generate a more solid template for clinical decision making.