Reminders:

- Place questions in the chat for moderated Q&A.
- Audio should be muted to reduce background noise and feedback.
- You must complete a CE evaluation form following the workshop to receive credit. Instructions will be sent to the email used to register for the event.
- PPT and recording will be posted to the MNWC website following the event.

https://nursing.umaryland.edu/mnwc/events
Choosing and Using a Clinical Judgment Framework Across the Curriculum

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Disclosures

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The University of Maryland School of Nursing is accredited with distinction as a provider of nursing continuing professional development by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation.
Continuing Education (CE) for Nurses

- Nurses may receive 1.5 contact hour for attending this activity.
- To receive CE, submit the following:
  - Completed activity evaluation that will be sent to you via email and complete the acknowledgement section at the top of the evaluation
- Nurses will receive a CE certificate via email from the University of Maryland School of Nursing (UMSON) within two to four weeks after submitting the completed evaluation.
Learning Outcomes for this Session

- After considering advantages and disadvantages of several frameworks, choose one clinical judgment framework to implement across your curriculum.
- Apply the NCSBN CJ measurement framework to a client experience.
- Reflect on the barriers and facilitators to implementing a CJ framework in your program.
Nursing Clinical Judgment

- Clinical judgment is the observed outcome of critical thinking and decision making.
- Involves critical thinking and decision making plus knowledge.
- Is a behavior= think like a nurse.
- Occurs in all domains of learning: cognitive, psychomotor, affective.
- Can be taught, learned, practiced, observed and tested.
Clinical Judgment Frameworks
Benefits of Using a Framework to Help Students Learn to Make Effective CJs

- Provides a logical structure for organizing knowledge, curriculum
- Provides context for making CJs
- Offers a consistent way to think about client care
- Helps students develop confidence in clinical reasoning/judgment
- CJ improves with continued use of a framework
- Guides use of teaching and evaluation strategies
<table>
<thead>
<tr>
<th>Models</th>
<th>Advantages</th>
<th>Disadvantages</th>
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<tbody>
<tr>
<td>NCSBN CJ Measurement Model</td>
<td>Iterative; focuses on judgment; replaces intuition with deliberate judgment; emphasizes context (environmental and individual factors); aligns with NCSBN Testing</td>
<td>May require changes in teaching and testing; resources and examples are just now being developed</td>
</tr>
<tr>
<td>Nursing Process (assessment, diagnosis, planning, implementation, evaluation)</td>
<td>Familiar; Used in many nursing programs; can be easily adapted to align with NCSBN CJ Measurement model</td>
<td>Care planning model vs. judgment model? Does not focus on context; does not emphasize CJ decisions at each step</td>
</tr>
<tr>
<td>Tanner (2006) clinical judgment model (noticing, interpreting, responding, reflecting)</td>
<td>Lasater clinical assessment rubric; used by several schools in Maryland</td>
<td>May be less familiar to faculty</td>
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<tr>
<td>Others: Safety model; Benner- intuitive humanistic model; Dual process reasoning theory/model</td>
<td>Are iterative; may be well integrated into curriculum</td>
<td>May not emphasize CJ</td>
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NCSBN Clinical Judgment Measurement Model
Aligned with the Nursing Process
NCSBN Clinical Judgment Task Model Layers 3 and 4
Cognitive Process and Contextual Factors

Environmental Factors
- Care environment
- Client observation
- Medical records
- Resources
- Task complexity
- Time pressures
- Cultural considerations
- Risk & consequences

Individual Factors
- Knowledge
- Skills
- Prior experience
- Level of experience
- Student characteristics
A Story that Tells the Importance of Environmental and Individual Factors When Identifying Cues (Making assessments/noticing)

Care environment red slippers; safety belt; alarm pad

Client observation neuro assessment: unable to raise right hand, right leg; weak grips; elderly

Task complexity: perform physical assessment

Prior experience/student characteristics: junior student, week 1 clinical

Knowledge: health assessment skills
Task: Recognize cues/assessment/noticing

- Observe and assess the client
- Obtain information from client’s health record (history, labs, tests, prescriptions)
- Note vital signs—current and changes
- Identify signs and symptoms
- Differentiate relevant from irrelevant data
- Recognize what is most important and most urgent
Task: Analyze cues

- Cluster data
- Recognize patterns
- Recognize inconsistencies
- Link cues to client situation
- Recognize what is concerning and why
- Determine what other information is needed
- Consider possible causes
Task: Prioritize hypothesis/make diagnosis/interpret

- Narrow possibilities
- Determine the most urgent priority
- Determine which hypothesis poses a risk to the client
- Provide evidence/rational to support conclusions
- Determine order of priorities
Task: Generate solutions (planning, responding)

- Determine desired outcomes
- Select multiple appropriate interventions
- Identify interventions to avoid
- Refine hypotheses if necessary
- Gather more information if needed
- Determine if others (team) need to be involved in the solution
Task: Take action (implementation, responding)

- Perform skill, procedure
- Administer medication
- Protect the client/family/staff
- Collaborate with team members
- Delegate to appropriate persons
- Communicates/documents
- Teach client, families, communities, staff
- Demonstrate professional, legal and ethical behavior
Task: Evaluate outcomes, (evaluate/reflect)

- Compare observed outcomes to desired outcomes
- Recognizes changes in client status
- Determine effectiveness of action (meds, teaching, procedure)
- Determines which (assessments, vital signs, and labs etc.) require follow up
- Determines if other interventions are needed
How to Integrate A CJ Framework into Your Curriculum

- Choose ONE framework and use in ALL courses
- Focus on the clinical judgment skills of the framework—stop after each step to discuss conclusions, judgments and give feedback
- *Take time to be sure all faculty understand and agree to the framework
- Introduce model to students using a CJ process they can relate to (having pain; having a fever; having the flu)
- Teach and practice the FULL process
- Require deliberate practice in all courses
- Prompt for behavior (verbal or written)—do not assume students are thinking or making appropriate judgments
How to Integrate A CJ Framework into Your Curriculum (2)

- Use consistent terminology in classroom, simulation and clinical
- Revise/develop teaching/evaluation tools to prompt CNJ across all courses
- Start with what you have: teaching strategies, learning tools, assessment activities, course assignments, evaluation strategies
Questions
(post in Chat)
Your Turn:
Using a CJ Framework to Make Clinical Judgments
A Client with Incisional Pain Following Surgery

Learning objective: student can develop a care plan for an adult client experiencing post operative pain

Concept: pain (postoperative incisional pain, adult)

Knowledge required: pain: causes, measures to manage pain; common medications for postoperative pain including morphine; other postoperative care needs (elimination, respiration)

Skills required: how to assess pain using a 10-point scale; take and interpret vital signs and O2 Saturation from a Pulse Oximeter; use incentive spirometer

Curriculum placement: fundamentals course? Medical/surgical nursing course
The nurse is caring for a 40-year-old male who had surgery to remove an inflamed appendix

Nurses Notes

10:45

Client returned from the recovery room at 10 AM following abdominal surgery for a ruptured appendix. Client was in good health prior to surgery. Past history of smoking ½ pack cigarettes. Client is oriented to time and place, is restless and reports having abdominal pain at his incision of 9 on a 10-point pain scale. The client’s wife is anxious and is hovering over the client and asks the nurse to obtain a “shot” for the pain.

- Vital signs: T= 98.5; P=80, R=24; BP =120/78;
- Pulse Oximetry = 91% on room air
- Bowel sounds: absent
- Has not voided
- IV running at 60 gtts./min.
Healthcare Provider Orders

Orders

Up ad lib

Morphine sulphate 10 mg q 4 h for pain

D5W 1000, q 8 h (drip rate 60/gtt/min)

Incentive spirometer q 4 h
Recognize Cues (Assessment/noticing):
What cues did you recognize? What are the most significant findings?

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Recognize Cues (Assessment/noticing):
What matters most?

What cues did you recognize?
What are the most significant findings?

**Significant Cues**

- Client is restless; pain is 9/10
- Respirations are increased
- Oxygen per pulse oximetry is low
- Wife is anxious; requests pain medication for husband
- Smoking history

**Not significant/expected/irrelevant Cues**

- Specific age, gender
- Absent bowel sounds
- Has not voided
- Oriented
- IV infusing as prescribed
Analysis of Cues (Diagnosis, Interpreting):
What do cues mean?
What cues are concerning? How do data link together?
Analysis of Cues (Diagnosis, Interpreting):
What do cues mean?
What cues are concerning? How do data link together?

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<tr>
<td>Client has pain</td>
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<tr>
<td>O2 on room air pulse oximetry is low</td>
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<td>Respirations are rapid</td>
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Prioritize Hypothesis: “Where to start”
What should the nurse manage first?

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Prioritize Hypothesis

What should the nurse manage first?

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Generate solutions: (Planning, responding)

What can the nurse do? What solutions/outcomes are desired? What interventions are needed?

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Generate solutions (Planning, responding)

What solutions/desired outcomes did you generate?
What interventions are needed?

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<th>Desired outcomes/Possible solutions</th>
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<tbody>
<tr>
<td>Incisional pain decreases: administer pain medication</td>
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<tr>
<td>Client ambulates: assist client to ambulate after receiving pain medication</td>
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<tr>
<td>Oxygenation improves: assist client use incentive spirometer</td>
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### Take action (intervention/responding)

What action (s) should the nurse take? Which action first?

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- Vital signs: T= 97.5; P=80, R=20; BP =110/68;
- Pulse Oximetry = 92% on room air
- Bowel sounds: absent
- Has not voided
- IV running at 60 gtts./min.

11:30
Administered 10 mg morphine at 1100. Client reports pain level is 4 on a scale of 1 to 10. Walked from bed to bathroom. Voided 400 ml; used incentive spirometer
- Vital signs= T= 98.6 P=80, R=18, BP =110/80
- Pulse Oximetry = 94% on room air
- IV running at 60 gtts /min
Evaluate Outcomes (Evaluate, reflecting)

Did the action (s) help? What data show the interventions are working?
What follow up data are needed?

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<td>Pain decreased after administration of morphine and ambulation</td>
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<tr>
<td>Oxygen saturation improved after use of incentive spirometer and ambulation</td>
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</table>
Barriers/Facilitators for Choosing and Using a CJ Framework
Possible Barriers

» Post barriers in Chat
Possible Facilitators

Post Facilitators in Chat
Final thoughts

- CJ process skills are learned when faculty use a consistent framework across the curriculum.
- Identify barriers and facilitators to using a CJ framework and plan to optimize faculty time and resources.
- Introduce process/framework in first semester.
- Use FULL process when teaching/assessing/evaluating.
- CJ increases in complexity as students have more knowledge, skills, abilities. The goal is to prepare students for transition to practice and ensure safe patient care.
Questions
(Post in Chat)
References and Resources (1)

- [https://www.ncsbn.org/14177.htm](https://www.ncsbn.org/14177.htm) Webinar and PDF
References and Resources (2)


Thank You!

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