

NextGen NCLEX

A Preparatory Series for Maryland Faculty

October 11, 2021

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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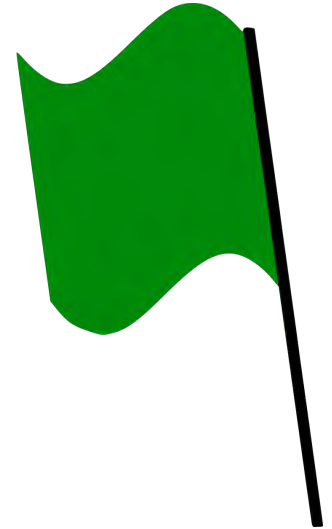


Continuing Education (CE) for Nurses

- ▶ 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

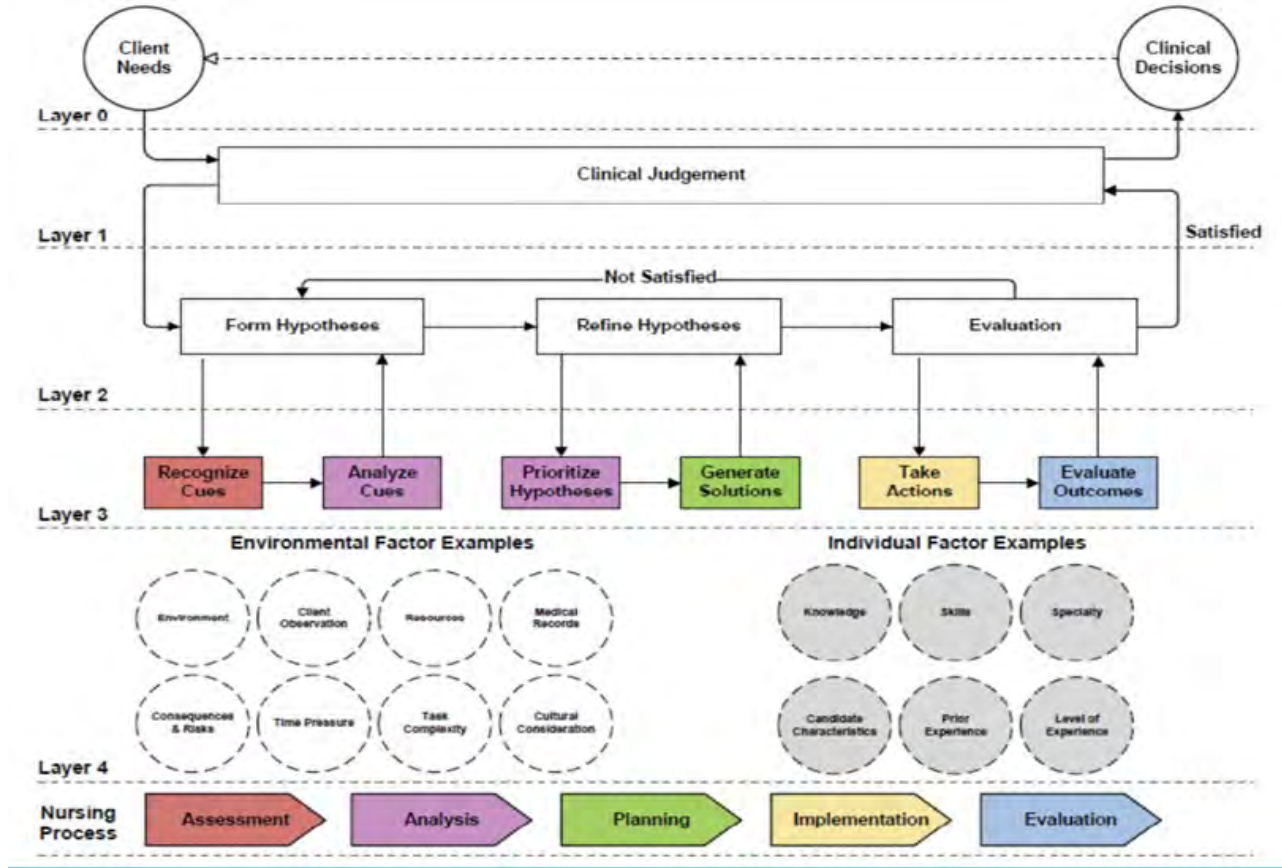
- ▶ Provides a logical structure for organizing knowledge, curriculum
- ▶ Provides context for making CJs
- ▶ Offers a consistent way to think about client care
- ▶ Helps students develop confidence in clinical reasoning/judgment
- ▶ CJ improves with continued use of a framework
- ▶ Guides use of teaching and evaluation strategies

Clinical Judgment Frameworks: Advantages and Disadvantages

Models	Advantages	Disadvantages
NCSBN CJ Measurement Model	Iterative; focuses on judgment; replaces intuition with deliberate judgment; emphasizes context (environmental and individual factors); aligns with NCSBN Testing	May require changes in teaching and testing; resources and examples are just now being developed
Nursing Process (assessment, diagnosis, planning, implementation, evaluation)	Familiar; Used in many nursing programs; can be easily adapted to align with NCSBN CJ Measurement model	Care planning model vs. judgment model? Does not focus on context; does not emphasize CJ decisions at each step
Tanner (2006) clinical judgment model (noticing, interpreting, responding, reflecting)	Lasater clinical assessment rubric; used by several schools in Maryland	May be less familiar to faculty
Others: Safety model; Benner- intuitive humanistic model; Dual process reasoning theory/model	Are iterative; may be well integrated into curriculum	May not emphasize CJ

NCSBN Clinical Judgment Measurement Model Aligned with the Nursing Process

Task Model



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

The image shows a blurred document, likely a medical chart or form. It contains several columns and rows of text, which are illegible due to the blurring. The document appears to be a structured form used for patient assessment or care planning, with various fields and sections.

How to Integrate A CJ Framework into Your Curriculum

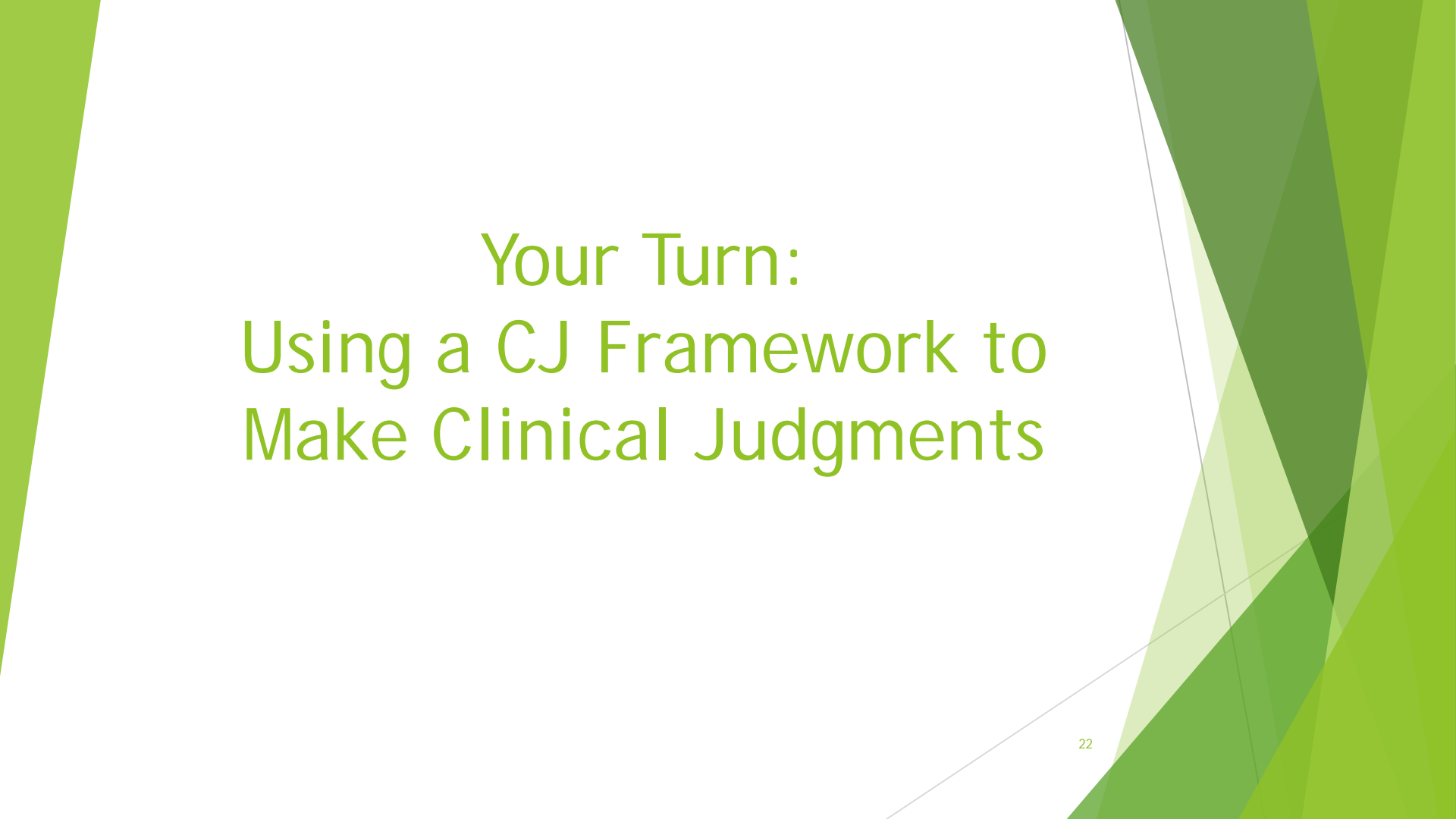
- ▶ Choose ONE framework and use in ALL courses
- ▶ Focus on the **clinical judgment skills** of the framework—stop after each step to discuss conclusions, judgments and give feedback
- ▶ ***Take time to be sure all faculty understand and agree to the framework**
- ▶ Introduce model to students using 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 appropriate¹⁹ 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)



The background features abstract, overlapping green geometric shapes in various shades, including light lime green, medium green, and dark forest green, creating a modern, layered effect.

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?

Significant cues

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

Analysis of Cues (Diagnosis, Interpreting):

What do cues mean?

What cues are concerning? How do data link together?

Analysis of cues

Client has pain

O2 on room air pulse oximetry is low

Respirations are rapid

Prioritize Hypothesis

What should the nurse manage first?

Priority hypotheses/nursing diagnosis

Incisional pain

Generate solutions (Planning, responding)

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

Desired outcomes/Possible solutions

Incisional pain decreases: administer pain medication

Client ambulates: assist client to ambulate after receiving pain medication

Oxygenation improves: assist client use incentive spirometer

Take action (intervention/responding)

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

Action/intervention

Take action (intervention/responding)

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

Action/intervention

Administer pain medication

Nurses Notes

▶ 10:45

Client returned from the recovery room following abdominal surgery for a ruptured appendix. Client was in good health prior to surgery. Past history of smoking ½ pack cigarettes. Client is restless and reports having pain 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= 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 = O2 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 is needed?

Outcomes

Pain decreased after administration of morphine and ambulation

Oxygen saturation improved after use of incentive spirometer and ambulation

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)





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Thank
YOU!

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