

# 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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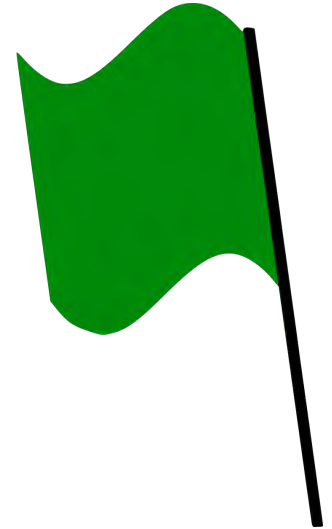


## Continuing Education (CE) for Nurses

- ▶ 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

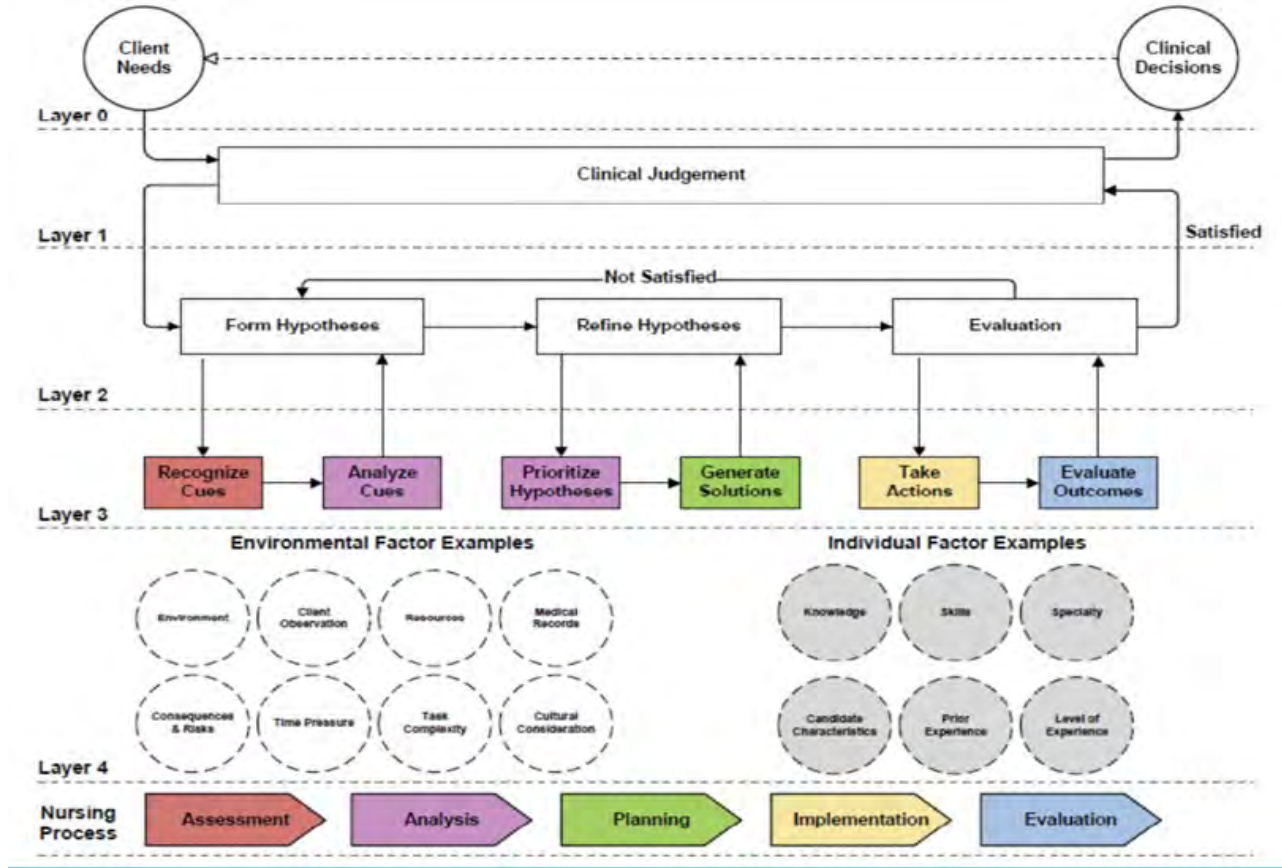


# Clinical Judgment Frameworks: Advantages and Disadvantages

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 medical form, possibly a patient assessment or outcome evaluation form. It has a header section with fields for patient information, followed by a large table with multiple rows and columns. The text is mostly illegible due to blurring, but it appears to be a structured document for recording clinical data and interventions.

## How to Integrate A CJ Framework into Your Curriculum

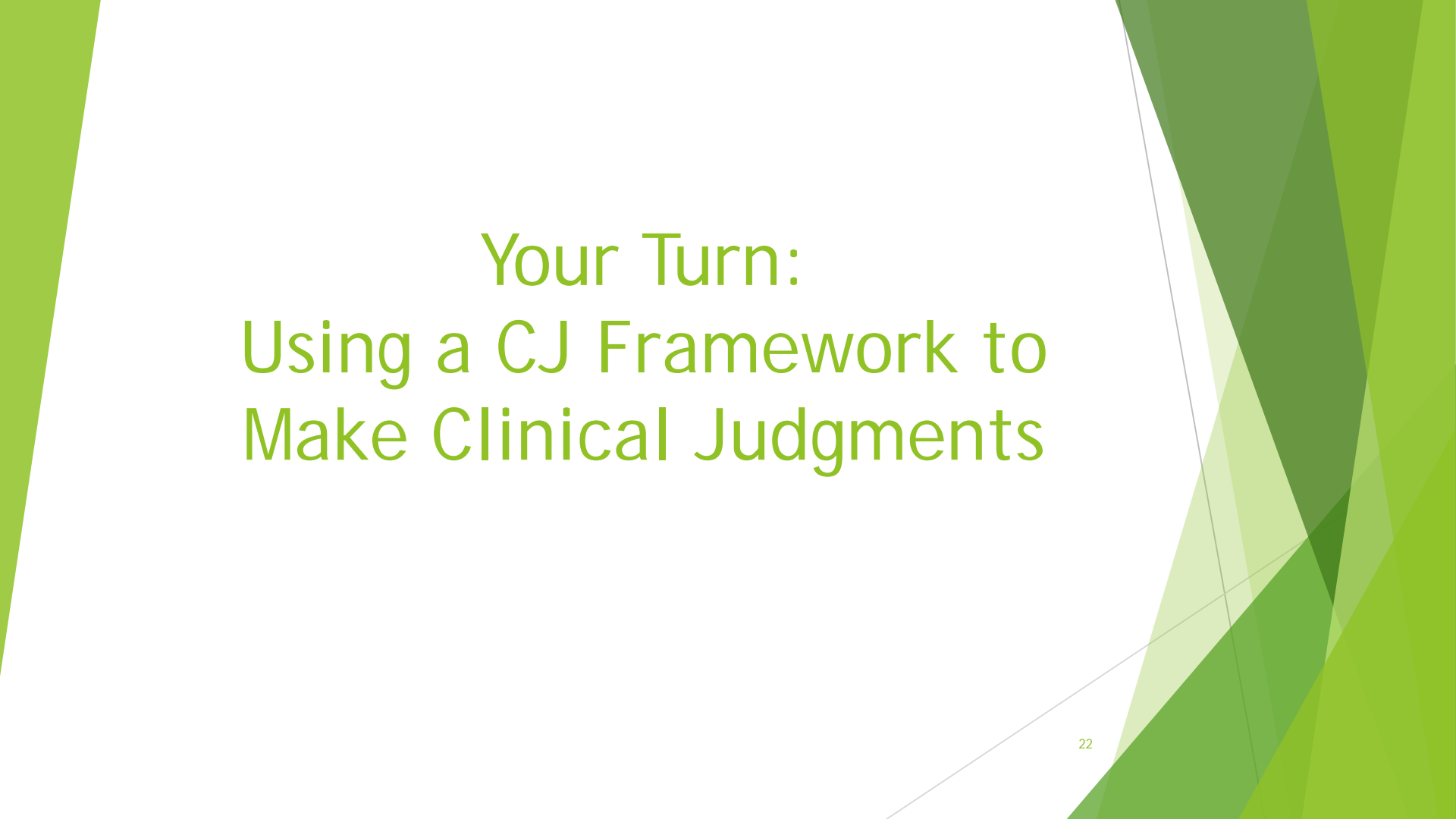
- ▶ Choose ONE framework and use in ALL courses
- ▶ Focus on the **clinical judgment skills** of the framework—stop after each step to discuss conclusions, judgments and give feedback
- ▶ \*Take time to be sure all faculty understand and agree to the framework
- ▶ Introduce model to students using a 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<sup>19</sup> 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?

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)





# References and Resources (1)

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Thank  
YOU!

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