Past Event: 2024 NCSBN Scientific Symposium - Advancements in Regulation: The Importance of Entry-Level Nursing Clinical Judgment Through the Lens of Experienced Nurses Video Transcript

Event
2024 NCSBN Scientific Symposium

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Presenter
Nicole Williams, DNP, RN, NPD-BC, NEA-BC, Associate Director, Examinations, NCSBN

Good afternoon. As Brandon mentioned, my name is Nicole Williams. I'm the associate director of examinations at NCSBN. I've been a nurse for a little bit over 30 years. I started when I was 15. That's my story, and I'm sticking to it. So, unsurprisingly, my interest has been in entry-level nursing for the last, probably about 14 years since joining NCLEX.

Prior to joining NCLEX, I imagine that the exam was developed by four retired educators who were just in a closet somewhere writing questions just to stick it to the students. But it's absolutely so much more than that. And I think we certainly have realized how much more it is just recently as we've added clinical judgment to the NCLEX.

One of the things that we continue to do with our research program on the examination side is we continue to examine clinical judgment and its intersection between clinical practice of entry-level nurses and our assessment. So, Dr. Qian and I, we've been working on this project for the last couple of years, and we're, you know, here to just kind of share the results with you.

So, this is essentially the agenda. We'll kind of talk about the background, and you may appreciate the background because it really will help kind of create a foundation of the overall project as well. Primarily, we are really interested in clinical judgment and how it affects entry-level nurses or how they engage in clinical judgment.

But in order to do that, we also wanted to examine some of the thoughts around experienced nurses. We'll talk about the methodology, how we put everything together, the results, and, you know, some of the study limitations as well, because every study has limitations. And most importantly, we'll talk about some of the implications, and not in practice, but in regulations, so many of you would possibly be interested in that.

So, when we think about the background of clinical judgment, my thoughts around this is, there are so many different variables that affect clinical judgment or how entry-level nurses make decisions. But most importantly, some of those three pillars are the client or the patient.

It's the entry-level nurses themselves, but it's also the practice environment. Now, one would say it's also education, however, that's a different story of another day, so, I'll focus on these three. When you consider the patient or the client, and for NCLEX, we use clients. So, I'm a nurse. I use those terms interchangeably all day. Years ago, our clients were so much different than they are now.

Length of stays were longer. If you can imagine a time when you would care for a client that was coming in and had a normal vaginal delivery, the client was probably an inpatient for several days, sometimes up to a week. That absolutely does not occur now. We used to take care of total hip replacements that went to surgery for ORIF.

Those clients were absolutely in our care for at least a week. There was some kind of...I mean, even when we think about currently right now, clients are older, there's a lot of data that supports that our client population is aging. They're living longer. But the interesting thing about that is they're living longer, but they now have more chronic illnesses.

So, historically, they had acute illnesses, but now they have more chronic unstable conditions. So, that's really something to contend with. So, our patient population is very different. When we think about the practice environment, I like to make the statement that licensure doesn't dictate practice settings.

And what that means is when a nurse gets their license, they can work in any setting. But when you consider possibly 20 years ago, for some reason, there was a professional agreement. There was no rule, but there was an, a professional agreement that entry-level nurses entered into relatively benign settings. They worked in med-surg settings, and they did this phenomenon, you know, you got your experience, and then you certainly kind of went on to another place.

If anyone is familiar with the Patricia Benner's model around skill attainment, novice to expert, you'll begin to appreciate what some of that means. And when we consider that an entry-level nurse, once they pass the NCLEX, I like to say that that's their ticket to the dance. It gets them in the door.

However, they still need a lot more support in order to move along that Patricia Benner's model in terms of skill attainment, which primarily is achieved through practice, you know, those clinical hours. So, we do, you know, kind of have a different environment in which entry level nurses are practicing. They need a lot more support.

Of course, we have the perpetual nursing shortage. Now we're also faced with another phenomenon where we have more of our baby boomer nurses that are now retiring. And so, who will replace them? Entry-level nurses. But now we are entering into a dynamic where we'll have a disproportionate skill mix where traditionally, entry-level nurses are reliant on experienced nurses to say, "Hey, you know, what do you think about this? Take a look at that. Can you help me with this?"

That doesn't happen forever, but it does usually occur more often in that transition to practice period, in that early entry-level period as they're beginning to gain their clinical hours along that skill-attainment road. So, just so many different dynamics that come into play. When we think about our entry-level nurses, and you guys can probably attest to this, the generation of entry-level nurses that enter into workforce are just very different, not right or wrong, just very different.

So, we really do have to figure out how to create a scaffolding in order to help support and facilitate safe and effective care. And one of the ways that we are looking at creating that scaffolding is in clinical judgment, how they make decisions. Because primarily, the problem is, entry-level nurses, they make ineffective clinical judgment, not right, not wrong, that's just what it is, because they're really in that place where they haven't gotten a chance where they have enough of those hours under their scaffolding.

So, some data that you see here, all of those variables that I just mentioned kind of result here that novice nurses are more likely to commit a practice error, and that's just inevitable. It's certainly not an environment where you want to be punitive, but you wanna create an environment to help them, you know, kind of decrease that practice error.

And a part of it is really helping them to make clinical decisions. We know that many employers are dissatisfied with how entry-level nurses are showing up in terms of work. And what that really means is, there's just a disconnect between the expectations and who shows up on the first day. I think traditionally as a profession, there are some schools of thought that as soon as you get your license, your NCLEX, okay, yeah, let's go, you're ready.

Well, that's absolutely not congruent. When we think about in a medical model, a physician has a required residency, and part of that period is to support that new physician as they're gaining those additional skill and practice hours.

In our profession, that's not required, nor is it always embedded in practice. So, we do have a dynamic where we have new nurses that need the support, but we're struggling to try to figure out how to create that environment. So, I think ultimately, you know, just kind of that last point was that clinical decision making is very important in the entry level period.

Because once again, when you think about, you know, sometimes there are thoughts that, "Oh, well, this is a new nurse, and we don't give new nurses those kind of patients." Well, you may not in hospital A, but in hospital B, they do. So, there's always this thought around whoever the entry-level nurse is, we do have to create that environment to help them practice safely.

So, the council, as we were developing our work around clinical judgment and the assessment of it, we purposefully created a definition of it. And I really like this definition. It's in our practice analysis. It's in a test plan. And primarily, what it does is creates just essentially a baseline of what it is. We know we've heard of critical thinking and decision making, but clinical judgment is that iterative process.

It is the result of the thinking that you do and you actually make a decision. So, the important piece here is, we know that entry-level nurses, they have a lot of that base knowledge, but what's important is, as you're processing that base knowledge, how do you then move forward to make the effective decision to be sure that you're doing the right thing. The other piece that it does in terms of the iterativeness, it ensures that the entry-level nurse, once they get to a place where they make a decision, they have to evaluate the effectiveness of their decision.

Not that they implemented a intervention, "Okay, I'm done," but did it work? Did it because harm? Do you have to do something else? And if it's effective, now you just return through the cycle and address the next priority problem. So, we wanted to create that framework so that we're all working from the same plane. So, Dr.

Qian and I, we looked at a lot of our practice analysis data, and we were able to essentially describe today's entry-level nurse. And the rest of the presentation, the information will be presented in both ways. We know that we're interested in entry-level nursing, not only at RN, but as PN as well. So, according to the practice analysis data analyzed over several years, this is kind of a snapshot of who a new nurse is as an RN.

One of the things that we'll highlight here is at the end is that there is an increase in formal orientation internships, which is actually very promising in terms of creating that support. The other thing that we do see is that entry-level RNs, they are beginning to increase a presence in more critical care areas, emergency departments, etc.

Now, what that means is, once again, the care for a client in an ED and an ICU is very different from the care of a client on a med-surg floor. Now, granted, med-surg clients, now, they certainly have a very high acuity, and that's important as well. But when you think about an entry-level nurse that's working in an ED or an ICU, those are really high-stake clients.

And so, once again, there's no way to prohibit them from working in those areas. Yes, we should encourage it, but then we also have to figure out how do we make them safe in those high-risk areas. And this is kind of the snapshot of the PN. Now, the interesting two points on here, as you can see, a lot of the characteristics are the same, but the two things that really jump out for me for the PN population is, A, they're now beginning to...we probably didn't capture it here, but PNs are now beginning to work more regularly in acute care settings.

I know you guys probably have seen years ago when there was kind of a mass exodus of PNs in acute care, they went to long-term care facilities. On average, they're still there, that that's the largest center. But we do see that there is an increased trend that they're moving into acute care settings. So, the care that a PN nurse would traditionally give kind of our framework around that, we really do have to rethink that because if we're considering that, oh, well, a PN nurse would be responsible for, you know, 15, 20 patients on a ward, she's passing medications, you know, he or she, they're doing wound care.

Well, now you take that same person who does have a license to work in an ICU. Now, what do you do? You have to really think about how do you make that person safe in that area as well. But the other thing about PNs, unlike RNs, PNs are more likely to than RNs not have any orientation at all.

And that's very interesting. So, this graph is just a depiction of, we looked at entry-level RN orientation over the years. And as you can see, the orange line is the model of the preceptor model. So, overall, that is pretty much the predominant model. But the one thing that you probably see around 2017 is that model...well, actually, before then, around 2011, that model started to dip and there's an increase in the propensity of entry-level nurses engaging in nurse residency programs, which is extremely promising because you want that kind of orientation and onboarding to give them that support and scaffolding as they're continuing to work.

And the grade line is just kind of on average that those nurse residency programs were about 13 weeks overall. A different snapshot of the PN orientation is, as you can see, I've kind of, you know, called out a few numbers, and we're starting to see PNs, that number increasing, them receiving no orientation.

That's a bit frightening. When you think that a PN shows up to work, this is here's or her first day, and they're given, "Okay, this is the bathroom, the med cart. These are your 10 patients. Have at it." Imagine

the 10 patients behind the care of that PN person. So, we really do have to figure out how to, you know, merge that.

The other one is, once again, kind of a dip, work with assigned preceptors with or without additional classroom help. So, even those that do receive that kind of orientation, that number is becoming less. So, for our PN nurses, we really want to figure out how to embed that, because traditionally...even we did ask them about nurse residency programs, some of them stated that they engaged in it, but it was only about, I think on average about four weeks.

So, we know that traditionally, nurse residency programs last a lot longer than that. So, it was probably a well-developed onboarding, you know, maybe perhaps a different kind of approach to nurse residencies. So, the takeaway here is RPNs may be really a reflection of not receiving a consistent orientation. So, the methodology that we used in gathering the information in this project, we mixed method study.

We wanted to kind of attack it, you know, from several ends. What we did was we used essentially a convenient sample of nurse volunteers that come to help us develop the NCLEX. So, they really do allow us to ask them a lot of different questions and were able to get a lot of different information and convenience sample of 73 nurses, and we had about 8 different sessions.

And some of these sessions were RN focused and some of the sessions were PN-focused. But we also engaged them in an educational setting because we really did want to know more about what they're experiencing with their entry-level nurses and perhaps what are some of those variables that affect how entry-level nurses make decisions.

And the quantitative piece was, I hope that's... Okay. The quantitative piece was we did two surveys after the actual qualitative sessions, and I'll talk a little bit more about that. So, once again, more of the respondent characteristics. You see that there is male, female, once again, that's kind of representative of nursing population overall, as you can see, comparative sample in terms of RN and PN sessions.

And we also asked them in terms of what their experience is. And as you can see, primarily the dominant representation in the sample population was at least 10 to 19 or 20 years or more. So, nurses with quite a bit of experience. The one main criteria that's essential is all of the participants interact or supervise or work alongside with or educate entry-level nurses.

So, it's not just a nurse that perhaps knows another nurse on another unit that really do work with them directly. And it has a lot of information behind how an entry-level nurse performs. So, digging a bit deeper, we looked at the characteristics in terms of locations. So, it's important for us to figure out that we were representing a cross-section.

So, as you can see, NCSBN, we divide the U.S. within four areas, and we had an ample representation in all of four areas, but we also invite Canadian nurses to our panels as well. So, we did have Canadian representation and we divide their areas into three, and those are the ones you see here.

So, we felt like we had a really good representation across the nation and even from our Canadian counterparts as we were engaging them in this process. So, the qualitative piece consisted of, we used a consistent PowerPoint presentation, it was 30 minutes, and we took them through those, essentially the 3 topics that you see here. We talked about clinical judgment, very similar to the background that I just gave you here.

We talked about some of the entry-level nurse characteristics, those things that entry-level nurses struggle with, role, ambiguity, they struggle with skill attainment, they need a lot of support. They're really stressed in that entry-level period. We talked about the practice environment, very similar to those things that I talked about earlier.

And interestingly, the three things that you see here...they gave us a lot of information, but these were some of the three recurring things, anecdotal, because we didn't ask for numbers, but what I thought was very interesting is they we're very focused on the fact that entry-level nurses are beginning to not work full time, that many of them work PRN, they work as travel nurses. So, they felt that that was a piece that may essentially impact how they make clinical judgment.

Of course, we talked about them in terms of working in those specialty areas, but they also mentioned, once again, this is anecdotal, no data on it, that they felt like their experience that more entry-level nurses were turning over in that entry-level period. So, whether it was within going from one unit to the next or just even one institution to the next, that entry-level nurses were turning moreover, more frequently in that entry-level period.

So, once again, thinking that that somehow had some impact in the overall. So, the piece that we then went to was the survey piece. And all of the 73 individuals, they completed Survey One. And if you can recall, I know many of you are already familiar with the NCLEX test plan, but how we developed the NCLEX test plan is through the practice analysis.

And the practice analysis is a list of entry-level activities that nurses engage in as they're caring for patients. For RN, I want to say it is 147 and Hong is probably going to correct me. And for PN it's 151, or maybe the converse. Anyway.

What we do is we send those surveys out and we're asking the entry-level nurses to give us information regarding if they actually engage in that activity. If so, how often? And in what setting? How important is that activity as it relates to client safety and prevented complications? And then lastly, we ask them questions about clinical judgment relevancy.

So, this is the question that we really wanted to focus on, and then take that same kind of survey dynamic and give it to the experienced nurses. So, we were asking them, of those 147 and 151 activity statements are in NPN, how relevant is clinical judgment in the delivery of those statements by an entry-level nurse, not themselves, but by an entry-level nurse?

So, as you can see, the Likert scale that you see here, one is not relevant, all the way through to four being essential. And that's just kind of a snapshot of what the survey question looked like. So, this is the first snapshot of the data. Now, I think one of the things that you can probably appreciate is a lot of the data points kind of aggregate at least above the three.

And if we kind of look back at the Likert scale...oh, nope, it's there at the bottom. Okay. At least important. So, on average, the average rating was 3.37. So, the experienced nurses felt that those number of activity statements on average were important between important moving on into essential as an entry-level nurse is engaging in that care.

And so, one of the things that we wanted to do is even in the practice analysis, we use that as a cross-section because we're asking entry-level nurses the questions, but we're also asking experienced nurses,

because sometimes we realize that, you know, there's some school of thought that a new nurse may not know what she doesn't know.

So, we wanted to be sure to ask experienced nurses what is their thoughts and their experience as the relevancy of clinical judgment. Standard deviation was relatively low. So, a lot of consistency in the ratings. The other thing that comes out on this survey, there was one portion of the survey that we allowed a question that they could respond to that they just didn't know.

So, let's say one of the surveys had 147 activity statements, but along that Likert scale, one of the responses was that you just don't know. The one thing that we did find is that of the 73 or however many entry-level nurses that we had, and times that in terms of those activity statements, there were only approximately 1% of ratings of don't know.

So, which means that the experienced nurses felt pretty strongly about their ratings, because they certainly had the opportunity to say, "Well, yeah, I just don't know." But they did not. And we just wanted to point this out just as a highlight. Looking at the PN results, once again, very comparable to the RNs, average rating of 3.42. So, certainly between important and essential, relatively low standard deviation.

A lot of consistency in the ratings. So, once again, felt like they felt very strongly about that. And comparably to RNs, once again, a relatively low 1% rating of those statements that were associated with them just not knowing. So, they felt pretty comfortable in the ratings that they provided.

So, the second survey really focused on our measurement model. So, not just the definition but our measurement model. And our measurement model is NCSBN Clinical Judgment Measurement Model. Oh, my good, I can't see that, Jen. Oh, oh, okay. That's a hurry-up sign.

And the thing about the measurement model is if you can see on layer three, we focus on those six steps that starts with recognized cues all the way through evaluate outcomes. And our interest here is we wanted to understand what was experienced nurses thoughts about how relevant those steps are in carrying out those activity statements using that same Likert scale.

So, once again, that's just kind of a snapshot of it. And here we got relatively similar data. So, on average, 3.34 lower standard deviation using that same Likert scale for the RN. Now, this one, I'm just over the moon excited about because what this tells me is if you can look at the comparative ratings for all of those six steps in the Clinical Judgment Model, what it says is all of them are important.

So, not just one, not two, not this one is more important than the other, all of them are essentially relatively important. So, the same thing from PN, those results, you kind of see how a lot of that is aggregated, at least over the 3 lower standard deviation. And PN did the same thing. Now, the interesting thing about is not all 73 nurses were in the same room at the same time. As I mentioned, we did this over a two-year period, eight different sessions.

So, many of the nurses did not know each other at all. So, there was no similarities in that way other than what they really think about clinical judgment in terms of entry-level nurses. So, some of the study limitations is that the session discussion format, sometimes that was a bit difficult to keep that consistent because once we got talking, some nurses really wanted to talk about some other things.

So, it was hard to kind of keep them on track. A convenient sample. You know, certainly, this is not generalizable, but, you know, we just, you know, kind of chose low-hanging fruit. Participant motivation. One of the things that we did know, and, you know, we may kind of look at the data a different way, the surveys were long. You talk about 147, 151, especially the second survey, we're asking them to rate that survey 6 times per statement.

That's a lot of entry. So, we did find that some people were just really exhausted. So, we felt that was kind of, you know, survey fatigue. So, lastly, just some implications as we are thinking about in terms of the nursing profession, clinical judgment certainly remains essential. Entry-level nurses, once they're licensed certainly have the ability to take care of a client just as a nurse who is on that experience end of the spectrum.

Of course, they have to demonstrate competency within the clinical setting, but the most important thing is to think about when a nurse walks into the room, on their badge, it doesn't say how many years, sometimes they do, but it doesn't say how many years that they've been working. It just says RN or PN. And the client in the bed is really hoping that this person has at least, not just the bare minimum, but know, if something goes wrong, I can at least ask someone else.

That's at least the bare minimum. Once again, it's definitely important in terms of onboarding and how those programs are situated because that piece is important as the nurse is once again moving along that novice to expert continuum. And it absolutely enhances clinical safety and, you know, certainly prevents client complications. On regulation side, for us, we continue to analyze or explore the relevancy of clinical judgment as we do the NCLEX.

Right now we are in the process of developing the 2026 test plan. So, we are launching the practice analysis in 2024. So, we're already starting this cycle, so we'll begin to ask them again, what is the relevancy of clinical judgment in that. And then lastly, you know, I think Brandon kind of mentioned some of the work that I've been doing in my doctoral program, you know, once I finished, is that there's a lot of literature that supports when you're developing simulation based on a clinical judgment model, it really does facilitate clinical judgment behaviors.

So, thinking about how your programs can develop simulation, not just, okay, what's the appropriate, you know, placement for the stethoscope, you know, we know that, but how can they make effective clinical judgments when they care for a client that is a failure-to-rescue kind of dynamic. That really makes sure that there's purposeful engagement of those clinical judgment behaviors.

I think I'm out of time now.