NGN Talks: The Clinical Judgment Model and Action Model

Video Transcript

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NCSBN conducted nursing clinical judgment research that resulted in the creation of the clinical judgment model, or CJM. The CJM was designed to explore new ways of testing clinical judgment in the nursing profession as part of licensure examination. As a result, an action model was needed to incorporate specific concepts of the CJM.

This model closes the gap between what is taught in clinical nursing education and what is measured on the exam. To have a better understanding of the action model, it is important to know how the CJM relates to the nursing profession. Layers three and four of the CJM define the cognitive process of how a nurse makes decisions for layer two.

In layer two, a client will have either a satisfactory or unsatisfactory response. If unsatisfactory, the nurse can move through the entire cognitive processes of layers three and four again. The entirety of nursing clinical judgment in layer one, therefore impacts a clinical decision for the clients' needs at layer zero. Layer three of the CJM is essential when considering how to test entry-level nurses, given that they develop clinical judgment over time.

The six steps of layer three comprise of a repetitive process that improves over time with continued nursing experience and clinical exposure. In the beginning of a nurse's career, this is more systematic and deliberate. However, as a nurse gains clinical experience, the steps become second nature.

The addition of the individual environmental factors in layer four create a realistic client scenario. Together, layers three and four of the CJM help determine expected behavior of a clinical situation or case scenario. These expected behaviors determine if a nurse is able to make an appropriate clinical decision. One specific feature of the conceptual CJM is that, in addition to the cycle metric and testing framework needed to create item consistency, layers three and four can be constructed into an action model that can be used as an educational tool.

The action model is used to define the parts of the CJM and expected behaviors the nursing student needs to know and perform. It allows educators to determine which areas of the clinical decision-making
process a nursing student understands well, and which areas need improvement. In this pediatric example, the cognitive operations are also the steps of layer three in the CJM.

The factor conditioning uses the environmental and individual contextual factors of layer four, to determine what else is needed in the clinical scenario. The action model helps educators determine the important expected behaviors from this pediatric clinical scenario, and thereby, helps their students develop clinical judgment skills more effectively before becoming licensed to practice.

In addition, the action model serves as a reference for educators to create their own test items. The action model's consistent structure helps to measure individual steps of clinical judgment, creating realistic complex clinical scenarios. It is constructed to be able to represent any relevant clinical scenario that an entry-level nurse may encounter.

The benefit of the action model is that it blends clinical skills with textbook knowledge in a succinct measurable and easily reproduced manner. You can learn more about the NGN project at ncsbn.org.