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NGN Talks: Clinical Judgement Model Video Transcript

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Presenter

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Measuring clinical judgment has been one of the major undertakings of the Next Generation NCLEX Project. Clinical Judgment is defined as the observed outcome of critical thinking and decision-making. It is an iterative process that uses nursing knowledge to observe and assess presenting situations, identify and prioritize client concerns, and generate the best possible evidence-based solutions, in order to deliver safe client care.

NCSBN Research identified a list of contextual factors that play a role in the quality of nursing clinical judgment. These factors may be divided into conditions that are internal or external to the nurse. Internal conditions include education, experience, knowledge, communication, consequences and risks, emotions and perceptions, and professional orientation.

Examples of external conditions are task complexity, time pressures, distractions, interruptions, and professional autonomy. Recognizing that it is necessary to determine whether clinical judgment is more than just possessing nursing knowledge, NCSBN conducted a pilot study in 2016.

This study found that knowledge is essential, but isn't enough to validate the clinical judgment essential to safe nursing practice. The study also showed that the average ability of a nurse to demonstrate the different steps in the clinical judgment process is progressive. A nurse's ability to recognize cues, develop hypotheses, and take appropriate actions does not guarantee the ability to evaluate the outcomes of the action taken.

Ultimately, no single element of clinical judgment adequately predicts a nurse's clinical judgment ability. It is the combination of all the elements that add validity and reliability to the measurement of a nurse's clinical judgment ability. In short, having content knowledge does not always translate to having clinical judgment skills.

The NCSBN Clinical Judgment Model, or CJM, represents a fundamental shift from the current measurement models, in which something is either right or wrong. When context is removed and items are extremely sterile, a very precise and stable measurement can be obtained.

But the context in which an individual makes decisions matters. Consequences, time constraints, and risks cause someone to make decisions a certain way. The CJM can be broken down into four levels. Imagine that a nurse walks into a client's room. Cues exist that must be first recognized and then analyzed in order to care for the client properly.

So the nurse forms hypotheses, prioritizes them, generates solutions, and then takes actions. Research thus far has indicated that these actions can be measured. These levels of the CJM are divided into six layers.

One: recognize cues where relevant and important information is identified from different sources, such as medical history or vital signs.

Two: Analyze cues, which is organizing and linking the recognized cues to the client's clinical presentation.

Three: Prioritize hypotheses, where hypotheses are evaluated and ranked according to priority. This can include urgency, likelihood, risk, difficulty and/or time.

Four: Generate solutions, which is identifying expected outcomes and using hypotheses to define a set of interventions for the expected outcomes.

Five: Take action, where the solutions that address the highest priorities are implemented. And the sixth is, evaluate outcomes, which is comparing observed outcomes against expected outcomes. Layer four in the CJM, the context, is one that has not been introduced in any psychometric models before now.

The question is whether you can put context around items in a way that makes it more like actual nursing practice. NCSBN continues to develop item prototypes, collect data and do research on measuring clinical judgment and measuring the layers of the CJM. You can learn more about the NGN Project at ncsbn.org.