

# Next Generation NCLEX® NEWS



## Clinical Judgment Measurement Model

The Next Generation NCLEX® News is a quarterly publication that provides the latest information about the research being done to assess potential changes to the NCLEX Examinations.

In this issue, you will find information related to clinical judgment. 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 a prioritized client concern 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 (Dickison et al, 2016). These factors may be divided into conditions that are internal (education, experience, knowledge, communication, consequences/risk, emotions/perceptions, professional orientation) or external (task complexity, time pressures, distractions, interruptions, professional autonomy) to the nurse.

Recognizing that it was necessary to ascertain whether clinical judgment is more than just possessing nursing knowledge, NCSBN conducted a pilot study in 2016 (Muntean et al. 2016 AERA presentation). Results from this study found that while knowledge is essential, it is not enough to substantiate the clinical judgment essential to safe nursing practice. The study also indicated that the average ability of a nurse to demonstrate the different steps in the clinical judgment process (cue recognition, hypothesis generation, hypothesis evaluation, taking actions and evaluating outcomes) is progressive.



***“Because we know that nurse client care and nurse errors can be improved by enhancing clinical judgment skills in novice nurses, it is imperative that we find a way to assess the degree to which NCLEX candidates possess clinical judgment. It is a critical component of the overall goal of ascertaining whether a nursing candidate is minimally competent. This is a public protection issue.”***

— Philip Dickison

Thus, 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 Measurement Model (CJMM) represents a fundamental shift from the current dichotomous 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 we make decisions matters. Consequences, time constraints and risks cause someone to make decisions a certain way. The CJMM ([see pg. 3](#)) can be broken down into four levels. Imagine that a nurse walks into a client room, cues exist that must be first be recognized and then analyzed in order to care for the client properly.

The nurse (1) forms hypotheses, (2) prioritizes them, (3) generates solutions and then (4) takes actions. Research

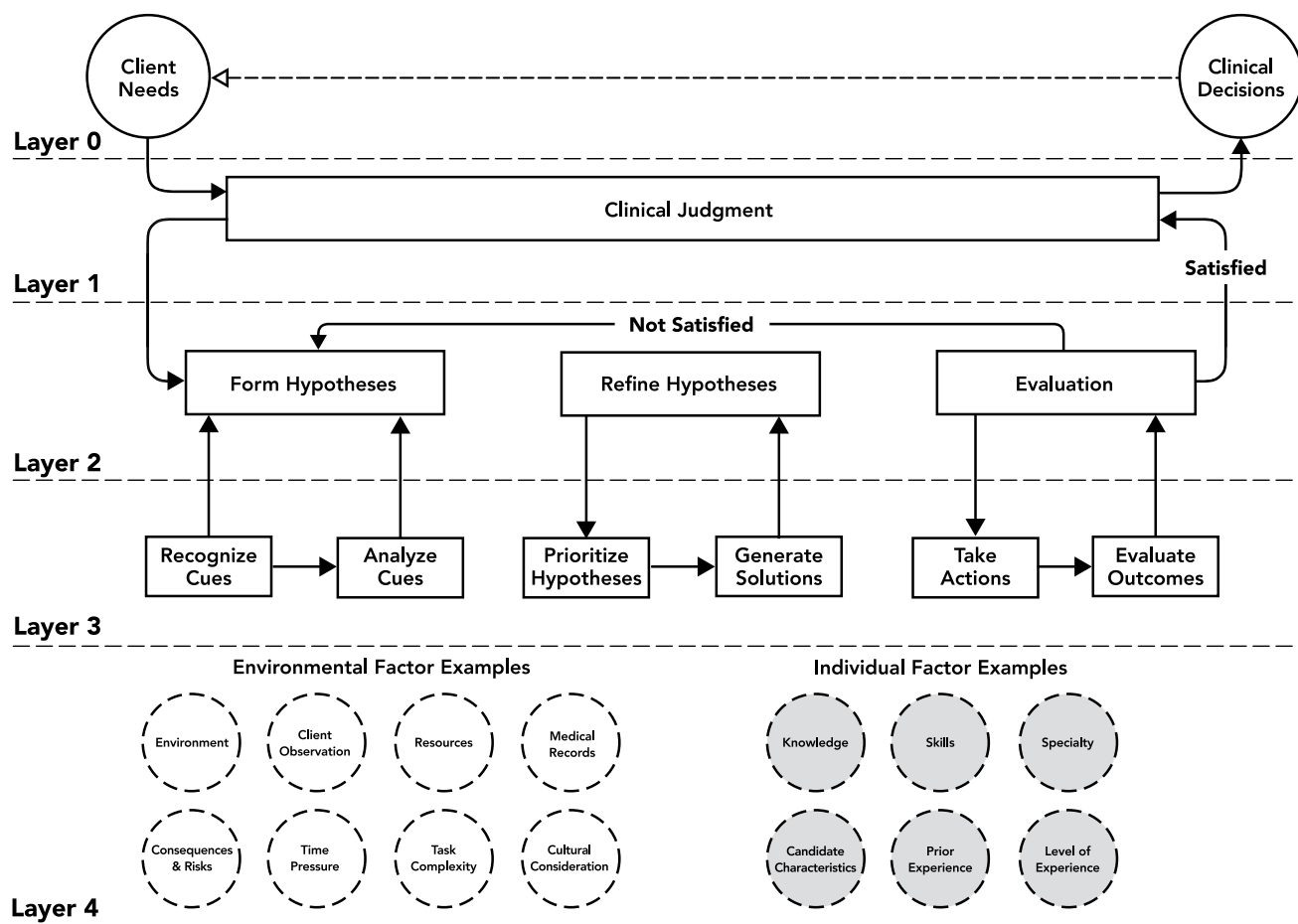
thus far has indicated that these actions can be measured. Layer 4 in the CJMM is one that has not been introduced in any psychometric models before now – the context. The question is whether you can put context around items in a way that you actually make it more real.

NCSBN continues to develop item prototypes, collect data and do research on measuring clinical judgment and measuring the layers of the CJMM.

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## The NCSBN Clinical Judgment Measurement Model



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### References

Dickison, P., Haerling, K. & Lasater, K. (in press). Integrating the National Council State Boards of Nursing-Clinical Judgment Model (NCSBN-CJM) into Nursing Educational Frameworks. Manuscript submitted for publication.

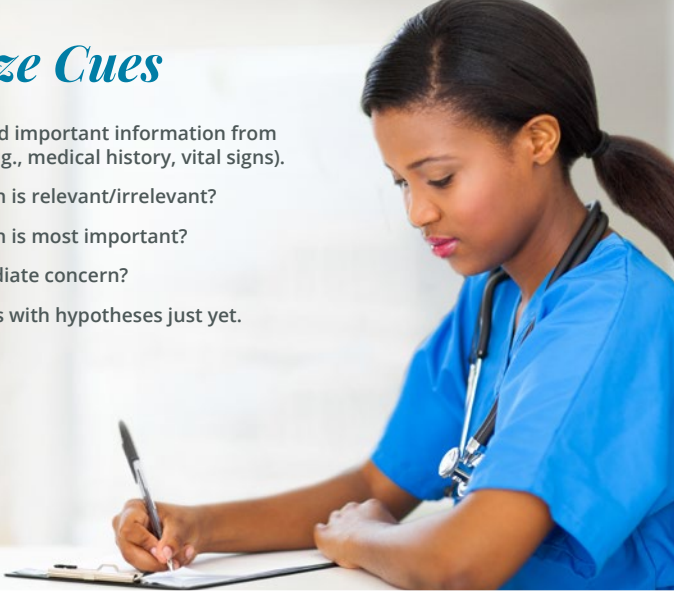
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# The Layers of the Clinical Judgment Measurement Model

1. **Recognize Cues** – Identify relevant and important information from different sources (e.g., medical history, vital signs).





**Recognize Cues**

Identify relevant and important information from different sources (e.g., medical history, vital signs).

- What information is relevant/irrelevant?
- What information is most important?
- What is of immediate concern?

Do not connect cues with hypotheses just yet.

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2. **Analyze Cues** – Organizing and linking the recognized cues to the client's clinical presentation.



**Analyze Cues**

Organizing and linking the recognized cues to the client's clinical presentation.

- What client conditions are consistent with the cues?
- Are there cues that support or contraindicate a particular condition?
- Why is a particular cue or subset of cues of concern?
- What other information would help establish the significance of a cue or set of cues?

Consider multiple things that could be happening. Narrowing things down comes at the next step.

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3. **Prioritize Hypotheses** – Evaluating and ranking hypotheses according to priority (urgency, likelihood, risk, difficulty, time, etc.).





### *Prioritize Hypotheses*

Evaluating and ranking hypotheses according to priority (urgency, likelihood, risk, difficulty, time, etc.).

- Which explanations are most/least likely?
- Which possible explanations are the most serious?

Item development should focus on ranking the potential issues and should use phrases such as "most likely."

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4. **Generate Solutions** – Identifying expected outcomes and using hypotheses to define a set of interventions for the expected outcomes.



### *Generate Solutions*

Identifying expected outcomes and using hypotheses to define a set of interventions for the expected outcomes.

- What are the desirable outcomes?
- What interventions can achieve those outcomes?
- What should be avoided?

Focus on goals and multiple potential interventions—not just the best one—that connect to those goals. Potential solutions could include collecting additional information.

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5. **Take Action** – Implementing the solution(s) that addresses the highest priorities.

## *Take Action*

Implementing the solution(s) that addresses the highest priorities.

- Which intervention or combination of interventions is most appropriate?
- How should the intervention(s) be accomplished (performed, requested, administered, communicated, taught, documented, etc.)?

For “how” questions, ensure that specific elements from the scenario are what determines approach. Avoid memorized or “textbook” procedures. The item stem and/or the responses should include action verbs.



6. **Evaluate Outcomes** – Comparing observed outcomes against expected outcomes.

## *Evaluate outcomes*

Comparing observed outcomes against expected outcomes.

- What signs point to improving/declining/unchanged status?
- Were the interventions effective?
- Would other interventions have been more effective?

Item development should focus on the efficacy of the intervention(s) from the previous items.



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## NGN Talks

In order to provide information regarding aspects of the Next Generation NCLEX (NGN) project such as the topic of the Clinical Judgment Measurement Model (CJMM), the NCSBN Examinations Department has begun recording a series of videos entitled “NGN Talks.”

NGN Talks are available for public viewing. The videos include 5-7 minutes of informational details about various aspects of the NGN project. NGN Talks are presented by the Examinations Department’s staff and include topics such as an introduction to NGN, item development, test validity, and many other aspects of the NGN research project. The first NGN Talk provides an introduction to the NGN project, and is now posted on the NCSBN website.

### [Access NGN Talks](#)

Looking for updates about the NGN Project?

[Sign up for the email list to receive future issues of this publication](#)

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