



Seven Questions to Develop Clinical Judgment

Start Preparing Your Students Today for Next Gen NCLEX® Tomorrow
Using the Six Steps of the NCSBN Clinical Judgment Model!

1. What data are **RELEVANT** and must be interpreted as clinically significant by the nurse?

- NCSBN Step 1: Recognize cues

2. Interpreting relevant clinical data, identify the most likely problem(s). Is additional data needed to confirm the significance of clinical cues collected so far?

- NCSBN Step 2: Analyze cues

3. Rank the most likely problems by urgency.

- NCSBN Step 3: Prioritize hypotheses

4. Which problem is most likely present? What problem is most concerning? Why?

- NCSBN Step 3: Prioritize hypotheses

5. Based on the most pressing problem, what are the priority actions?

- NCSBN Step 4: Generate solutions/Step 5: Take action

6. Evaluate the patient's response. Recognizing relevant clinical data, has the patient status improved, declined, or remained unchanged?

- NCSBN Step 6: Evaluate outcomes

7. If the patient status has not improved, what problem may be present? What additional interventions need to be considered?

- NCSBN Step 6: Evaluate outcomes

Faculty Guide

How to Use These Seven Questions to Develop Next Gen Clinical Judgment in Your Students!

To help your students be safe and develop the clinical judgment required for practice, I have developed seven questions that capture the essence of the six steps of the upcoming NCSBN Clinical Judgment Model. Use them to prepare your students for practice and the upcoming Next Generation NCLEX®.

Ditch the Traditional Care Plan

Use these sequential questions in place of a traditional care plan, especially for advanced students. You have my consent to use these adapted questions in your clinical paperwork. Repetition and use of knowledge create new neuronal connections. This is why learning needs to be active. Don't delay to implement needed change. Get your students thinking more like a nurse – today using these seven questions in the class and clinical settings!

The Problem

Graduate nurses can pass the NCLEX®, but most (77 percent) do not possess adequate entry-level expectations of clinical reasoning and are unable to make correct clinical judgments (Kavanaugh & Szveda, 2017). This affects patient safety, patient outcomes, and ultimately patients' lives. Medical errors and nursing failure to rescue are preventable and are the third leading cause of death in the United States, resulting in over 250,000 patient deaths each year (Makary & Daniel, 2016).

Nothing will change unless something changes. The status quo in nursing education needs to go! It needs to be challenged with meaningful change based on educational best practices that include contextualizing content to the bedside, bringing clinical to class, and emphasizing clinical reasoning (Benner, Sutphen, Leonard, & Day, 2010). Do this and your students will graduate better prepared for practice and pass the much more difficult Next Generation NCLEX®. Now is the time to do what is needed, so students engage, become active participants, and take responsibility for their learning (no spoon-feeding allowed!).

The Solution: CT+CR=CJ

This is not an algebraic equation, but is a simple formula that every nurse educator needs to understand to help students develop the clinical judgment required for safe clinical practice:

Critical thinking (CT) plus clinical reasoning (CR) equals a correct clinical judgment (CJ)

Did you know that formulating clinical judgments comprises almost half of the tasks performed by entry level nurses (Next Generation, 2018)? But clinical judgment is an OUTCOME and cannot be taught directly. To make a correct clinical judgment, a student must be able to do two things. First, think critically by understanding and applying essential content to the clinical situation. Second, reason or think in action to make a correct clinical judgment in practice (Alfaro-Lefevre, 2013). The NCSBN Clinical Judgment Model is really a clinically reasoning model so students are equipped to reason correctly by using each step to make the best and correct clinical decision.

No Need to Fear Next Gen NCLEX®!

The upcoming Next Generation NCLEX® and the use of the NCSBN Clinical Judgment Model is the best thing to happen to nursing education. Why?

Because it will compel nurse educators to implement needed change that will lead to transformation of nursing education. It will motivate nurse educators to make changes that will improve clinical decision-making.

The model of clinical judgment that the NCSBN plans to incorporate into the Next Generation NCLEX® is complex and uses three separate theoretical frameworks. Of these constructs, Chris Tanner's model of clinical judgment is the most prominent and mirrors the essence of the analytic thinking students will need to make a correct clinical judgment in the NCSBN model. If you are not familiar with Tanner's model (first published in the nursing literature in 2006), download and read it in its entirety. This will provide the background information you need to better understand the essence of the clinical judgment model of the Next Gen NCLEX®.

Six Steps of NCSBN Clinical Judgment Model

The NCSBN Clinical Judgment Model has multiple layers of clinical decision-making that include processing knowledge through the lens of generalist experience and practice, patient observation, and knowledge of the topic. There are six specific processes, or steps, to make a correct clinical judgment that include the following:

- Process 1: Recognize cues
- Process 2: Analyze cues
- Process 3: Prioritize hypothesis
- Process 4: Generate solutions
- Process 5: Take action
- Process 6: Evaluate outcomes

Next Gen NCLEX® Demystified

The Next Generation NCLEX® will use a case study that includes an entire paragraph of clinical data with several subsequent questions that will require multiple "select all that apply" responses. The following six steps of the Next Gen NCSBN model will be individually assessed with one case study scenario:

Step 1: Recognize cues.

Identify and recognize relevant clinical data using different sources available to the nurse. This includes both rapid/priority cues that identify an urgent concern and supporting cues that when clustered with the rapid cue support the potential problem/priority (Sherrill, 2019).

- Recognize relevant clinical data from the presenting scenario, medical history, vital signs, nursing assessment, and laboratory values.
- Identify then extract important clinical data that is most concerning to the nurse (NCSBN Research).

Step 2: Analyze cues.

Be able to interpret cues from existing knowledge base (this is the essence of critical thinking-ACT on what you know) organize and recognize patterns of clinical data and tie them to the patient's clinical presentation and primary problem.

- This requires generating multiple hypotheses or reasons for clinical cues that are collected.
- To analyze or interpret clinical data, your students need to use and apply knowledge to the bedside, where it matters most (NCSBN Research).

Step 3: Prioritize hypotheses.

Now the nurse needs to narrow it down to the most likely or most pressing problem.

- Of the multiple possibilities identified by recognizing relevant clinical data, which hypothesis is the priority and the most pressing or concerning problem? (NCSBN Research)

Step 4: Generate solutions.

Expected outcomes need to be identified using the priority hypothesis to establish a plan of care with nursing interventions, not a NANDA nursing diagnostic statement.

- The need to collect additional clinical data needs to be considered. Critical thinking that is reflected by understanding essential knowledge is a key component of this step as well. (NCSBN Research)

Step 5: Take action.

Now it is time to take action and implement the solution that addresses the top nursing priorities. Students need to respond using critical thinking by acting on what they know (Potter & Perry, 2012).

- Determine the most appropriate nursing interventions.
- Implement nursing interventions to address the hypothesis with the highest priority (NCSBN Research).

Step 6: Evaluate outcomes.

This is the final step of the nursing process. The nurse compares the observed outcomes to what was expected. Were the interventions identified in Step 5 effective?

- The student needs to compare the outcomes against what was expected based on disease progression, or the patient response.
- Determine if additional clinical decisions are needed (NCSBN Research).

Next Steps

Did you know that case studies are one of the most useful tools to teach a practice-based profession such as nursing (Popil, 2011)? Since the Next Gen NCLEX® uses detailed case studies, practicing nurse thinking using case studies that emphasize clinical reasoning will give your students an advantage on the Next Gen NCLEX®!

How Keith Can Serve You

If you are looking for innovative case studies that will engage your students in meaningful active learning, be sure to check out the selection of topics and varying levels of complexity to teach clinical decision making on my two websites:

- KeithRN.com
- ThinkLikeANurse.co (all-inclusive membership)

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