

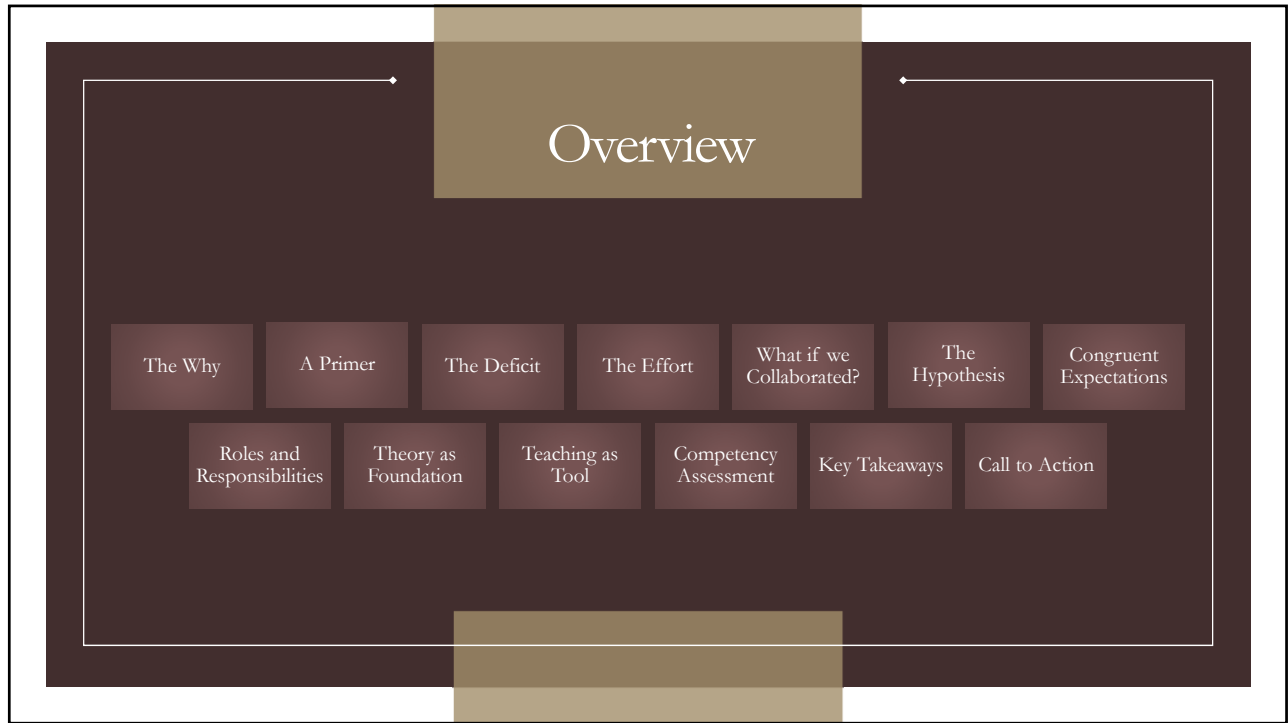


Improving Clinical Judgment: Where do we go from here?

Mary Ann Jessee, PhD, RN
Bowling Green State University
Clinical Judgment Symposium
May 18, 2021

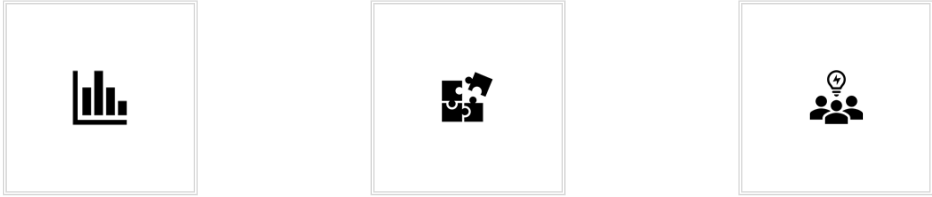
Learning Outcomes

- Explain the influence of nurses' clinical judgment on patient outcomes.
- Identify current education, practice, and regulatory body actions to improve nurses' clinical judgment.
- Identify strategies for creating an integrated clinical education curriculum to promote clinical judgment.
- Propose modifications to one curricular component or teaching strategy to promote clinical judgment.



This block has a dark teal background with a white border. On the left side, there is a vertical stack of two boxes: a top brown box with the text "The Why" and a bottom blue box containing a photograph of a person lying in a hospital bed. To the right of these boxes, the word "Humanity" is written in a large, white, serif font. In the bottom right corner of the teal area, there is a small, solid orange square. At the very bottom left, there is a small, faint orange text string: "The Photo by Unknown Author is licensed under CC BY-SA".

A Primer



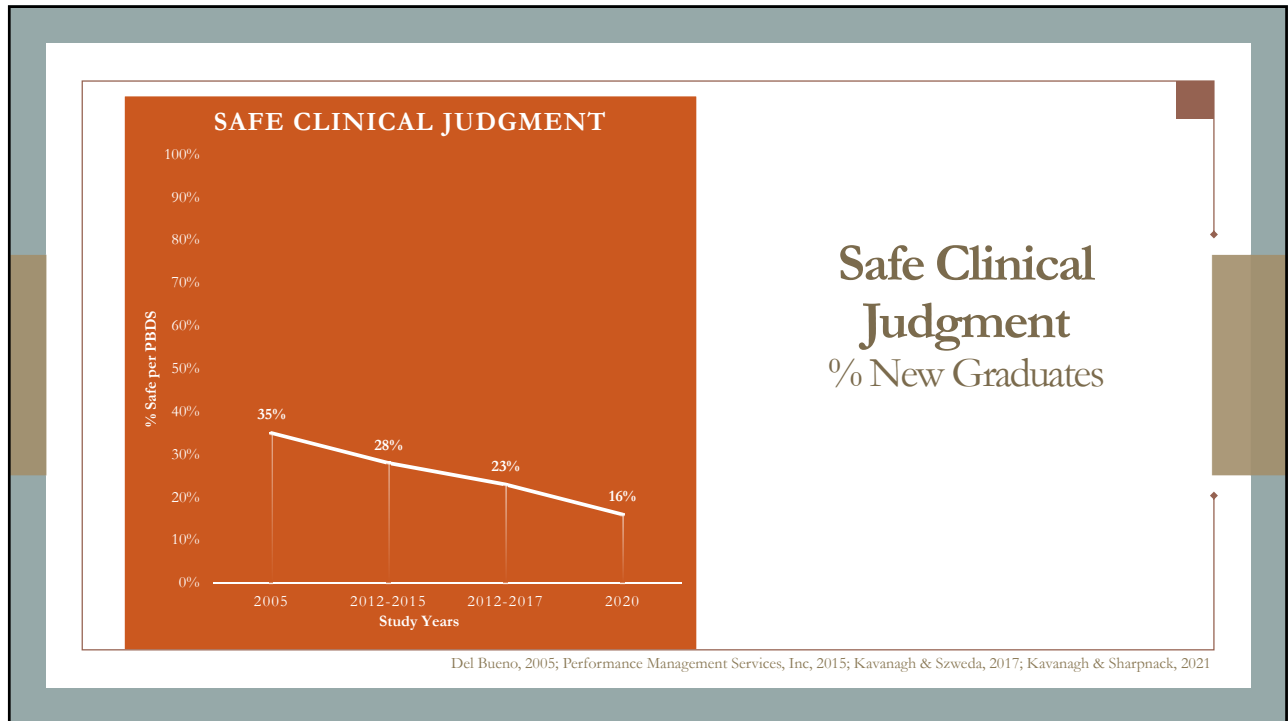
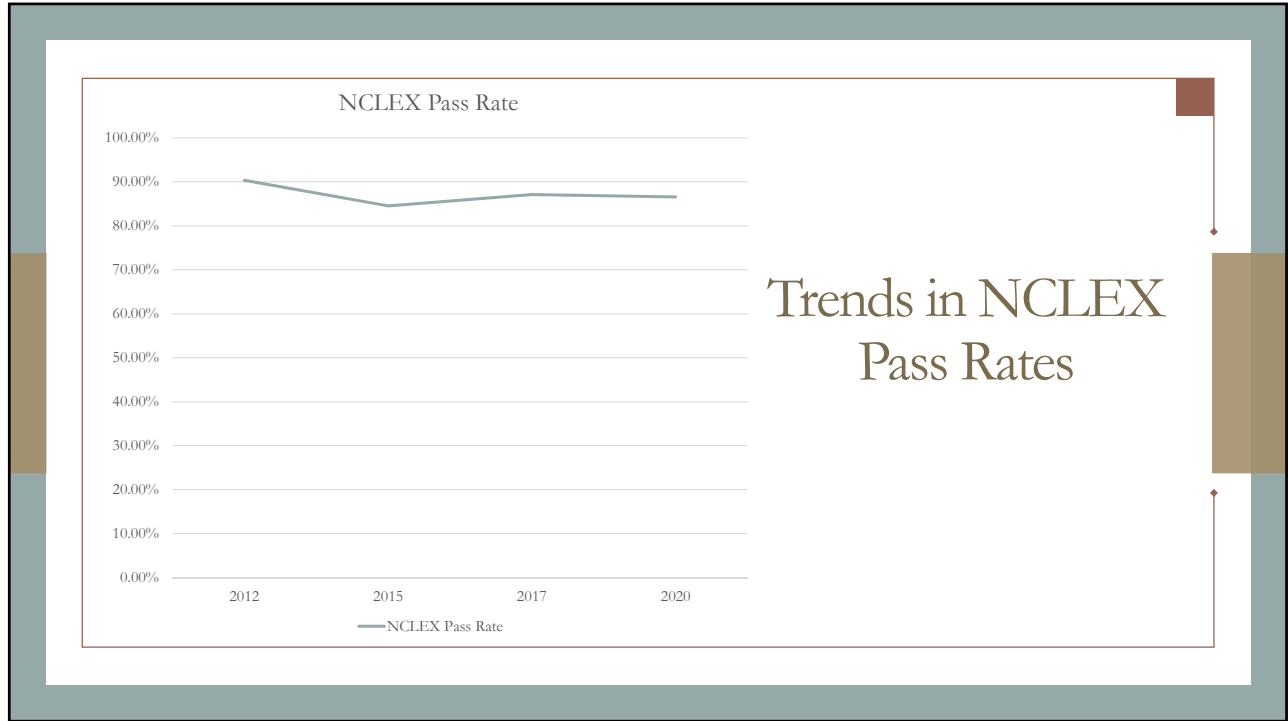
What do we know? What is missing? Where do we go from here?

The slide features a dark brown border with a white inner frame. At the top, there are three colored rectangular blocks: orange, tan, and blue. At the bottom, there are two tan rectangular blocks. The text and icons are centered within the white frame.

The Deficit

Clinical Judgment in Entry-Level Nurses

The slide features a dark brown border with a white inner frame. At the top, there is a tan rectangular block. At the bottom, there is a dark purple rectangular block. The text is centered within the white frame.



Entry-Level Nurses

50% Error involve entry-level nurses

65% Error related to poor clinical judgment

33% Feel confident to enter practice

Limited Data

- No standardized tracking or reporting process for nurse-specific error or near misses in nursing
- No consistent measurement of clinical judgment at end academic program or entry to practice

We simply can't make sweeping improvements without consistent, reliable data.

Brenton, 2018; Wolters-Kluwer, 2021

POWER SLIDES WWW.POWERLIDES.COM

Nurse-specific Indicators of Quality and Safety

Nurse-specific Indicators

- Falls (with and without injury)
- Pressure injury
- Nosocomial infections
 - Ventilator associated pneumonia
 - Central line associated bloodstream infection
 - Catheter associated UTI
- Restraint prevalence
- Pain assessment/monitoring
- Structure/staffing/skill-level
- Satisfaction

Missed and Delayed Care

- Assessment: 44%
- Interventions and basic care: 73%
- Planning: 71%
- Contributes to increases in
 - Infection
 - Falls
 - Medication errors or delays
 - Increased pain/discomfort
 - Delayed discharge and increased length of stay

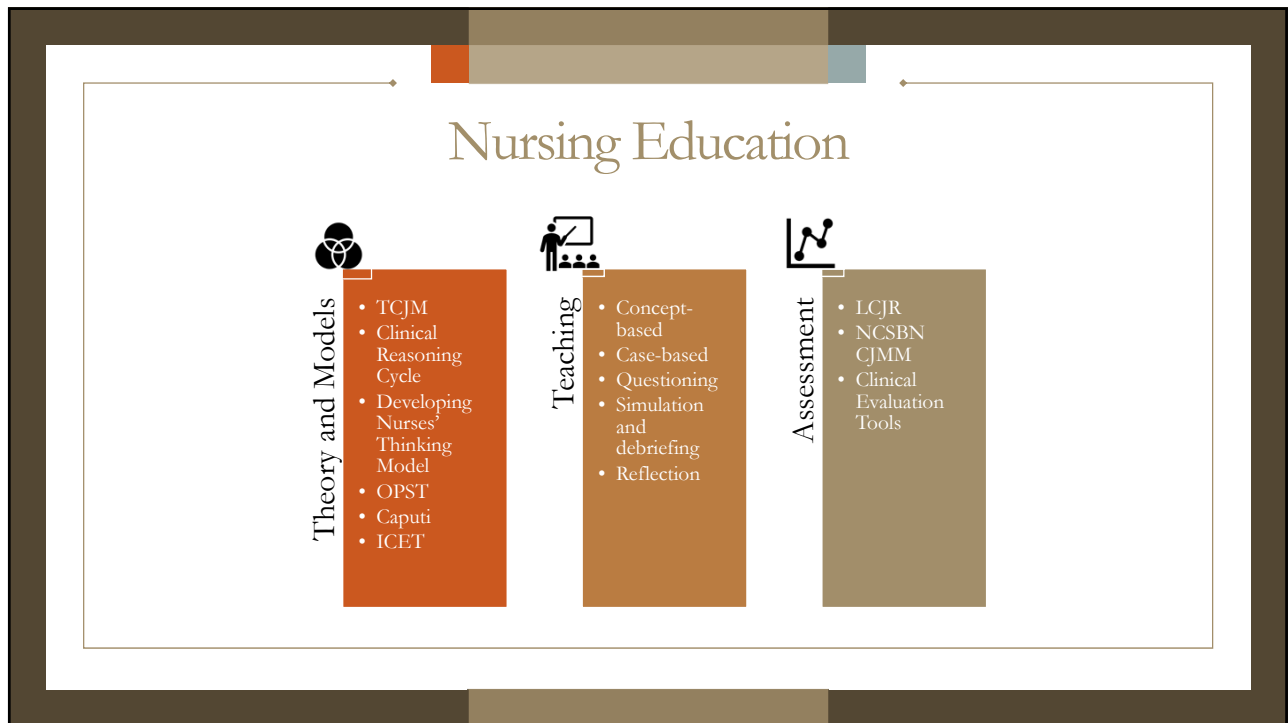
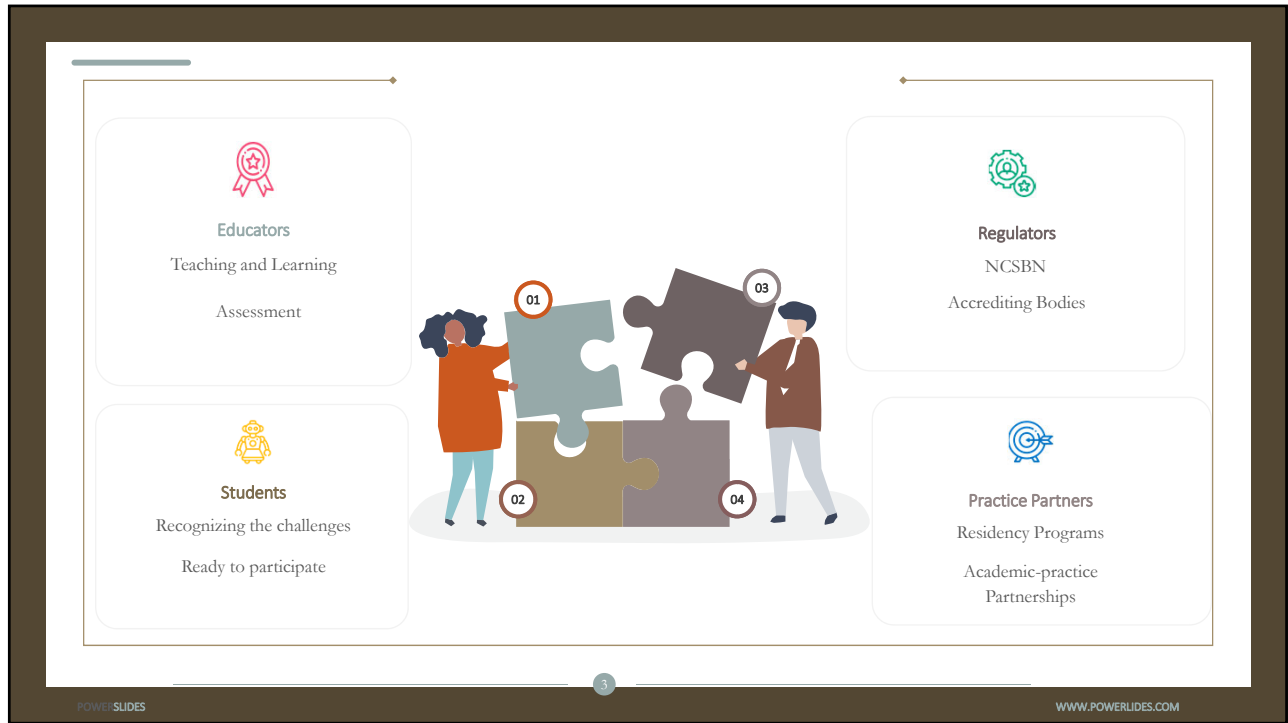
NDNQI Hessels, et al., 2018



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The Why

The Effort



Clinical Judgment Model Study

Jessee, Nielsen, Monagle, Gonzalez,
Dickison (in process)

- **64%** use “clinical judgment” or “clinical reasoning” in course or program outcome
- **27%** use a clinical judgment model
 - TCJM most used
- **51%** do not use a model, but intend to start
 - NextGen NCLEX as impetus
- **21%** Do not intend to use a model

Current NCLEX Exam

- ▶ Isolated items with limited contextual information
 - Do not reflect complexity of real-world patient situations
- ▶ No opportunity to weigh relevance of data
 - If information is in the question stem, it matters
- ▶ Measures only the decision, not the process of decision-making
 - Strategy can mask poor clinical judgment

Current NCLEX® Item Bank: Clinical Judgment Domain Distribution

| | Cue Recognition | Hypothesis Generation | Communication | Consequences and Risk | Task Complexity | Time Pressure | Distractions and Interruption |
|-------------------|-----------------|-----------------------|---------------|-----------------------|-----------------|---------------|-------------------------------|
| Multiple Choice | Yellow | Yellow | Yellow | Yellow | Yellow | Red | Red |
| Multiple Response | Yellow | Yellow | Yellow | Green | Yellow | Red | Red |
| Drag and Drop | Yellow | Yellow | Red | Yellow | Yellow | Red | Red |
| Hot Spot | Yellow | Yellow | Red | Yellow | Red | Red | Red |
| Audio | Green | Yellow | Yellow | Red | Red | Yellow | Red |
| Graphic | Yellow | Yellow | Red | Red | Yellow | Red | Yellow |
| Exhibit | Green | Red | Red | Red | Red | Red | Red |

<https://www.ncsbn.org/13268.htm>

New NGN Item Types: Clinical Judgement Model Domain Distribution

| | Cue Recognition | Hypothesis Generation | Communication | Consequences and Risk | Task Complexity |
|----------------------------|-----------------|-----------------------|---------------|-----------------------|-----------------|
| Enhanced Hot Spot | Green | Red | Yellow | Yellow | Yellow |
| Extended Multiple Response | Green | Yellow | Yellow | Green | Green |
| Extended Drag and Drop | Green | Yellow | Green | Green | Yellow |
| SBAR | Green | Green | Green | Green | Yellow |
| Cloze Items | Green | Yellow | Green | Green | Green |
| Constructed Response | Green | Green | Green | Green | Green |
| Rich Media Scenarios | Green | Green | Green | Green | Green |
| Dynamic Exhibits | Green | Green | Green | Green | Green |

<https://www.ncsbn.org/13268.htm>

Next Generation NCLEX

- Minimum length exam (70 scored, 15 unscored items)
 - 3 scored case studies (18 items)
 - 52 scored knowledge items
- Maximum length exam (135 scored, 15 unscored items)
 - 3 scored case studies (18 items)
 - 117 scored knowledge items/10% clinical judgment stand alone items
- 5 hours maximum time

<https://www.ncsbn.org/15336.htm>

AACN Essentials

Domains

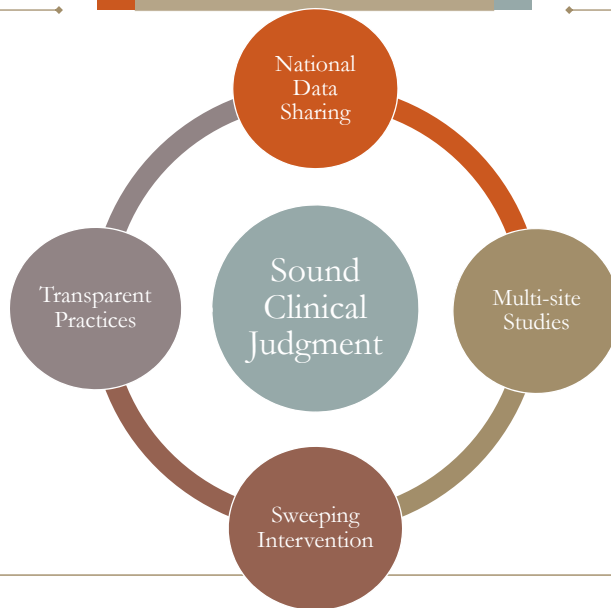
- Knowledge for Nursing Practice
- Person-Centered Care
- Population Health
- Scholarship for Nursing Practice
- Quality and Safety
- Interprofessional Partnerships
- Systems-Based Practice
- Information and Healthcare Technologies
- Professionalism
- Personal, Professional, and Leadership Development

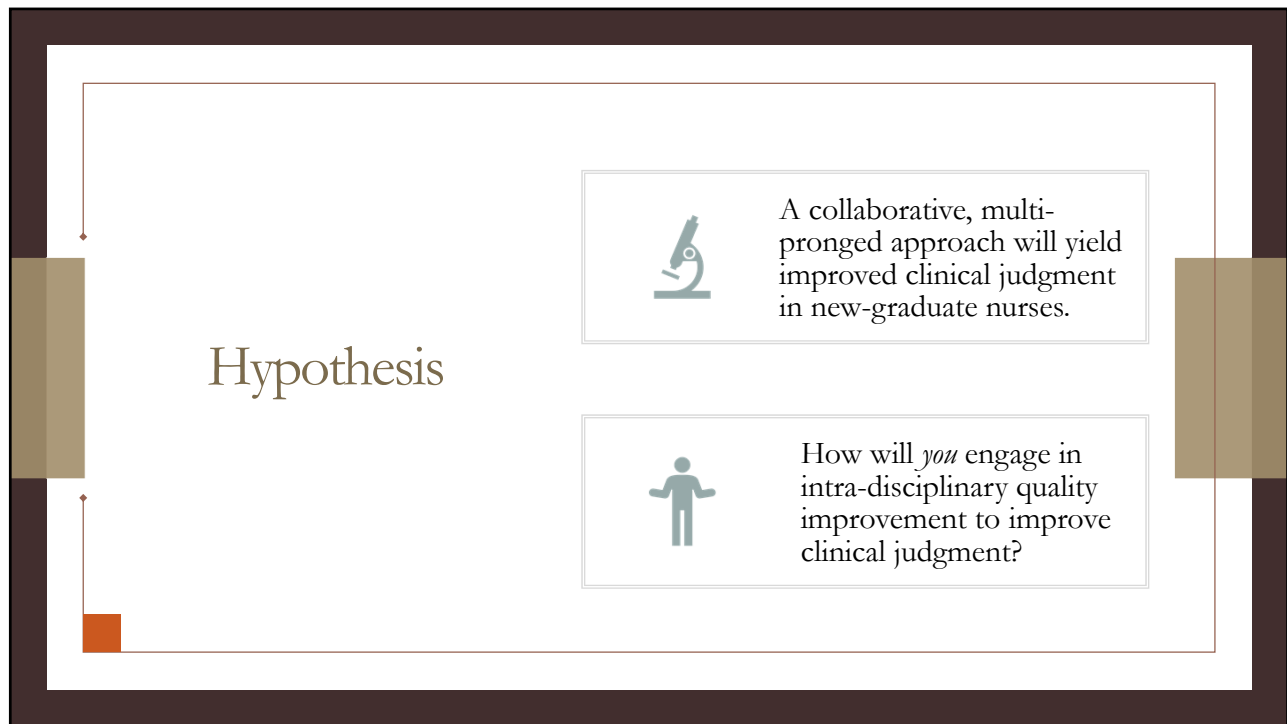
Concepts

- ***Clinical Judgment***
- Communication
- Compassionate Care
- Diversity, Equity, and Inclusion
- Ethics
- Evidence-based Practice
- Health Policy
- Social Determinants of Health

<https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf>

What if we collaborated?





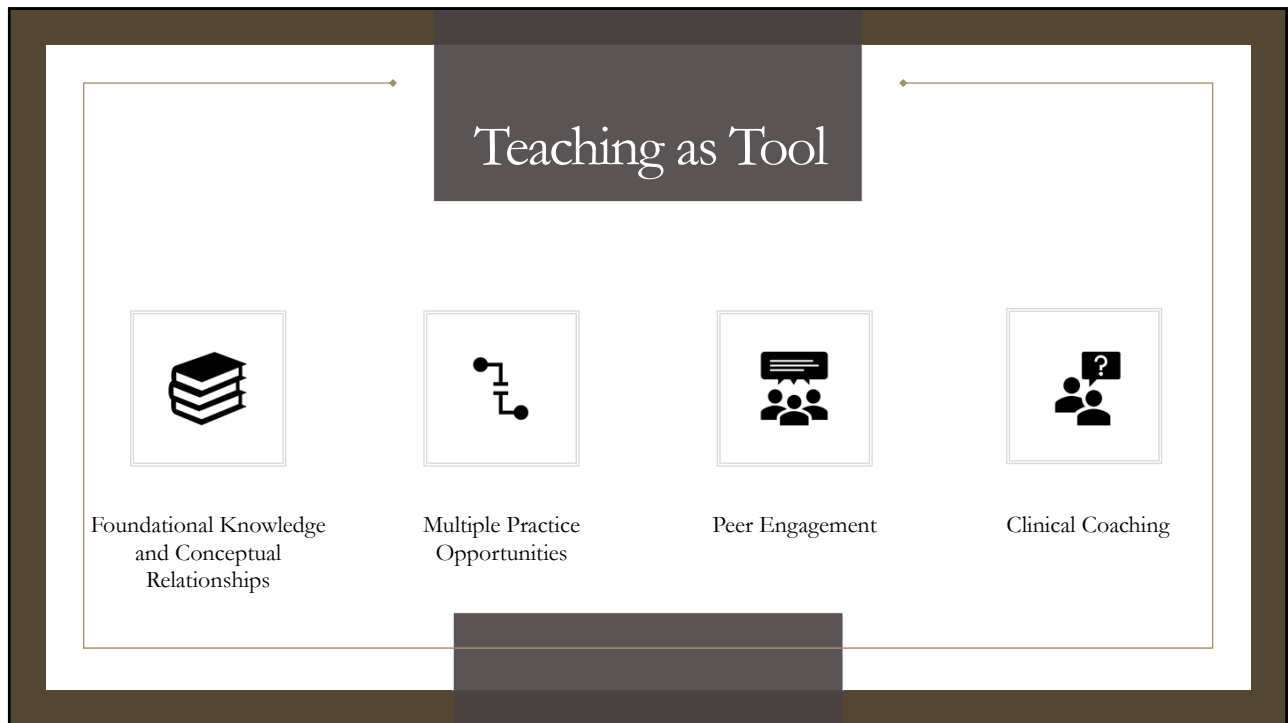
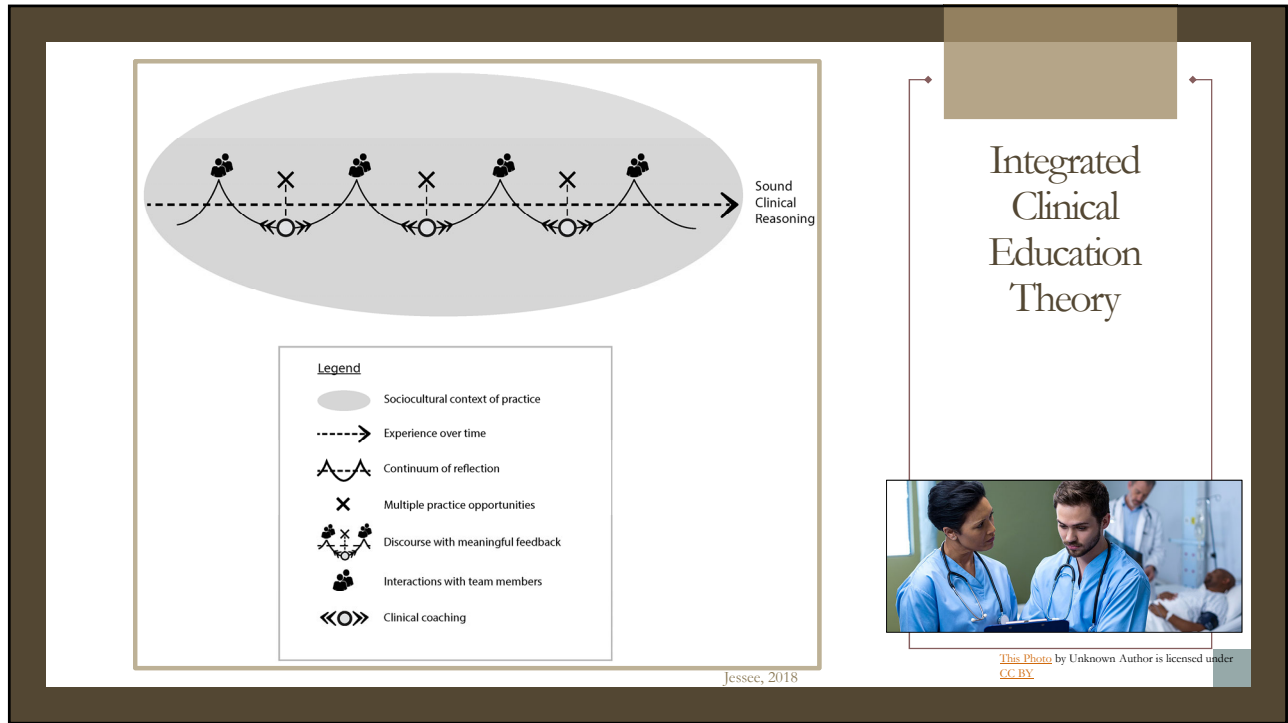
Roles and Responsibilities

For our goal to manifest into reality, it will require all participants and activities work together in synergy.

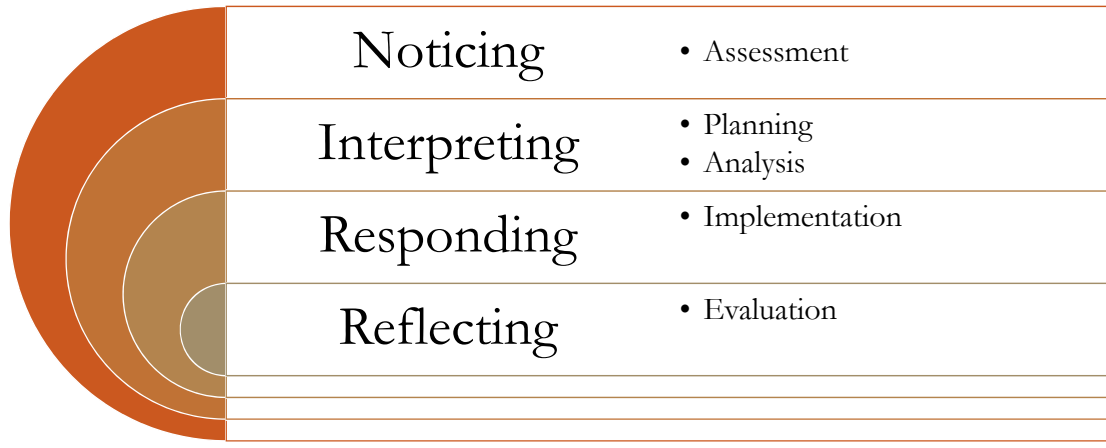
| | | | |
|--|---|--|---|
| | <p>Educators Theory-based, model-driven education Practice-focused competencies Shared-data</p> | | <p>Regulators Elevated expectations Relevant measurement Required data collection</p> |
| | <p>Practice Partners Congruent onboarding measures Transparent orientation practices Shared-data</p> | | <p>Students Nurse = educator Intra-disciplinary = Inter-disciplinary Lifelong learning</p> |

Theory as Foundation

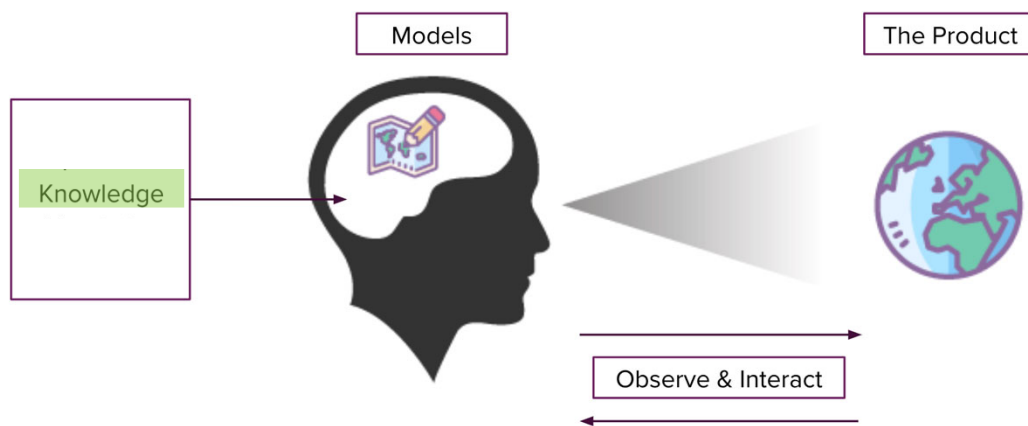
| | | |
|----------------------------------|--------------------------------------|---|
| <p>Novice to Expert (Benner)</p> | <p>Adult Learning Theory</p> | <p>Integrated Clinical Education Theory</p> |
| <p>Clinical Judgment Models</p> | <p>Information-processing Theory</p> | <p>Duchsher's Stages of Transition and Transition Shock</p> |



Nursing Process and Clinical Judgment

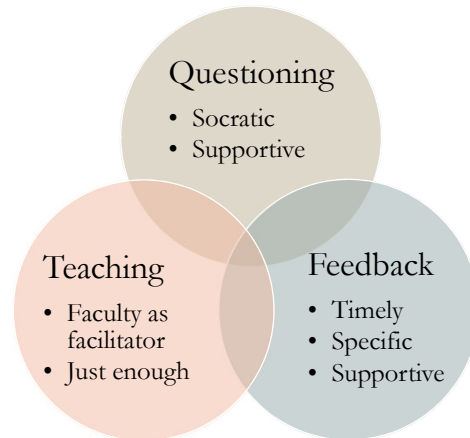


Foundational Knowledge and Conceptual Relationships



<https://images.app.goo.gl/Zb6aFWfYrYtkQPCA>

Effective Clinical Coaching



Jessee & Tanner, 2018

Multiple Practice Opportunities

Mr. Garok is a 68 year old male who was admitted with shortness of breath 2 days ago.

He was diagnosed with pneumonia and placed on 2L O₂ via NC. He has a productive cough, and has been in bed since he arrived.

Orders include progressive activity, NPO, vital signs every 2 hours, and oxygen to keep saturation above 93%.

His vital signs are:

BP 100/53

Heart rate 107

Respiratory rate 23

Oxygen saturation 91%



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Peer-engaged Learning

Sharing perspectives
Exploring alternatives
Enhancing understanding
Building teamwork and leadership skills
Resolving conflict



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Coaching the Future Coach

- Require self-evaluation
- Foster critical reflection
- Teach students to teach
- Engage students in peer coaching

Competency Assessment

Competency-based Curricular Mapping

- Establish practice-based competencies in conjunction with practice partners
 - Cognitive
 - Affective
 - Psychomotor
- Design assessments that measure those outcomes
- Use teaching and learning strategies that engage students in multiple ways

Measures of Clinical Judgment

- Lasater Clinical Judgment Rubric
 - Valid measure
 - Specific faculty training for interrater reliability
 - Translated into multiple languages
- NCSBN Clinical Judgment Measurement Model – many promising uses!
 - Evaluation of current exam items
 - Evaluation of decisions and actions in simulated clinical
 - Evaluation of decisions and actions in actual clinical



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Call to Action

Commit to a collaborative,
multipronged approach to
improving clinical judgment

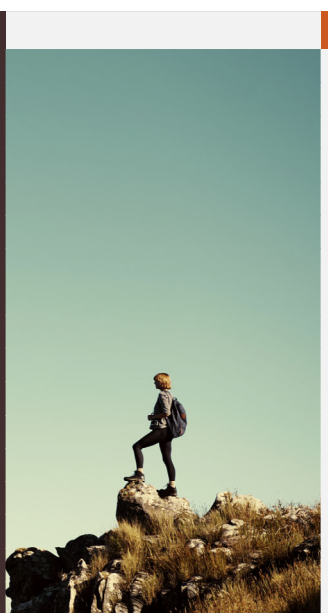
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What ONE change can you
make now?

Key Takeaways


| | |
|--|--|
| ONE: Start with Why | TWO: Adopt a clinical judgment model |
| THREE: Establish practice-focused competencies | FOUR: Integrate the clinical education curriculum |
| FIVE: Start conversations with practice partners and peer schools | SIX: Share data! |


“If not you, who?
If not now, when?”


- Hillel the Elder



Thank You


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