



# NGN AND THE CLINICAL JUDGEMENT MODEL: IMPLEMENTATION AND PRACTICES FOR SUCCESS

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## Introduction

Clinical judgment development is a focal point of interest for nursing education, research, practice, and leadership. This is the journey of one school to introduce clinical judgement and Next Generation NCLEX (NGN) content throughout all levels and the gaps/problems identified.

- 2018: Planning committee created brainstorm incorporating NGN content into theory and clinical; began creation/use of NGN items on exams.
- 2019: 2/6 courses included NGN items on exams. Identified need for change within the strategies/activities to teach theory and clinical.
- 2020: Resources purchased to increase faculty access to case studies.
- Spring 2021: Began use of NCSBN clinical cues cards to emphasize clinical judgement; 3/6 courses incorporating NGN items on exams. Foundations using a clinical care plan based on the clinical judgement model (CJM).
- Fall 2021: Every student introduced to the clinical judgement model upon entry through cue cards, care plans, and NGN items in theory and clinical.
- 2022: Testing policy updated: set minimum number of NGN items per exam per course. Discussion regarding the necessity of using NGN questions and strategies to encourage clinical judgement (i.e. case studies, engaged learning, and stand-alone NGN items).

## Purpose

To implement strategies across the curriculum that would emphasize clinical judgment within didactic and clinical courses to increase clinical reasoning abilities among ADN nursing students. Recommendations are shared that can be implemented to continue to develop faculty and student expertise with this subject matter.

## Methods

Informal survey conducted to identify perceived deficits in the understanding of NGN by faculty and students.

Questions based upon the NCSBN's NGN webpage. Faculty asked ten questions, students asked seven, about what NGN is, when it starts, and the components of the CJM.

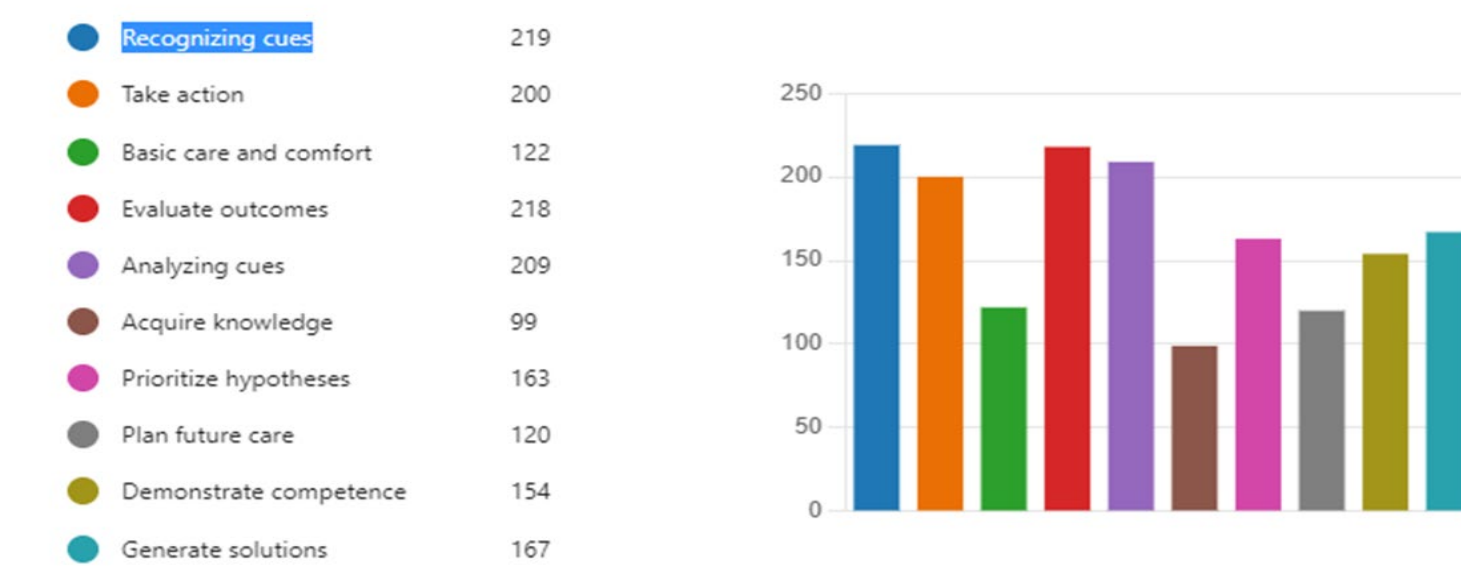
The technology coordinator conducted a random review of NGN items from each course to ascertain if instructor developed items met the NCSBN criteria for the intended item type.

The focus became identifying strategies/activities that would increase faculty knowledge about the clinical judgement model and comfortability with teaching the model.

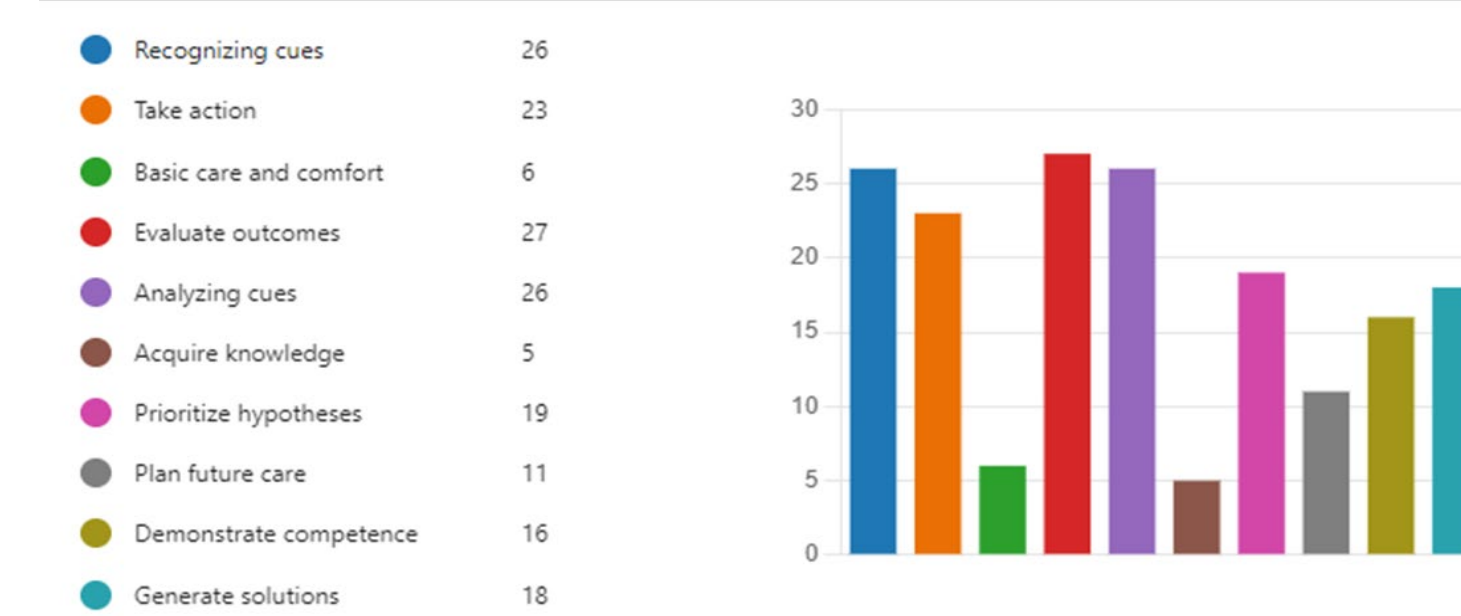
## Results

	Students	Faculty
Response Rate	37% (n = 244)	25% (n = 25)
Distribution Between Courses	Equal	Equal (except no mental health faculty that semester)
Knew NGN Start Date	67%	72%
Knew Goal of NGN	82%	100%
Knew NGN Not Just a Platform Change	76%	n/a
Identified NCSBN description of NGN Items	n/a	76%
% Very Comfortable/Somewhat Comfortable with CJM	35%	60%
% Very Uncomfortable/Somewhat Uncomfortable with CJM	36%	36%

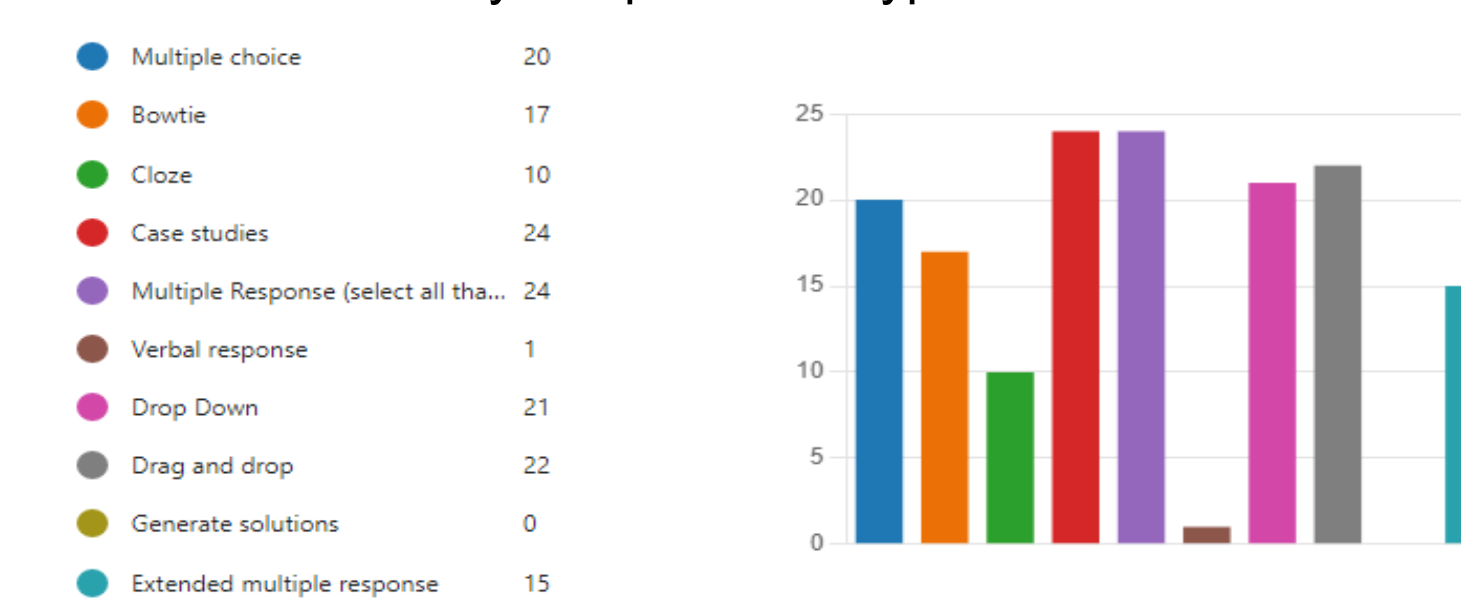
Student Responses—Components of the Clinical Judgement Model



Faculty Responses—NGN Question Formats



Faculty Responses—Types of NGN Questions



NGN Test Item Review

Knowledge deficit identified. Sampling of 3 NGN exam items per course level revealed that 100% of questions were an NGN item format, only 1 in 3 questions adhered to both the format and the intent of the NGN item type.

## Conclusions

- Faculty and students generally informed about purpose of NGN, start, and the clinical judgement model.
- Focus became identifying strategies/activities to increase faculty knowledge about the CJM and comfortability with teaching the model.
- Addressing gaps in faculty knowledge/application of the clinical judgement model, meant the CJM could be used consistently through the program.
- Monthly lunch & learns created to cover: deep dive into the CJM, creating NGN items—NGN item types, strategies for teaching clinical judgement in theory, and strategies for teaching clinical judgement in clinical.
- Faculty encouraged to participate in the organization's training series, Engaged Learning Institute, to increase the utilization of active learning in the classroom and post-conference settings.
- Methods for increasing student knowledge: ensuring the use of CJM cue cards, consistent use of CJM language, use of clinical judgment questions for critical thinking, and increase utilization of CJM case studies.
- Courses had been utilizing CJM activities independently. Faculty asked to share what strategies they were implementing to reinforce clinical judgement in both theory and clinical. Many activities overlapped such as case studies, concept mapping, and prioritization activities; activities implemented consistently through the curriculum for reinforcement.

For more information:

