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Problem-Based Care Planning and Concept Mapping Instrument based on the Clinical Judgment Measurement Model



PROBLEM-BASED CARE PLANNING AND CONCEPT MAPPING INSTRUMENT BASED ON THE CLINICAL JUDGMENT MEASUREMENT MODEL

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BACKGROUND AND CONSIDERATIONS:

- Problem-based care planning is another method for students to develop care plans or concept maps using the NCSBN Clinical Judgment Measurement Model (NCJMM) Layer 3.
- Using problem-based care planning will assist students in becoming proficient while practicing care plan improvement.
- The NCJMM aligns with the Nursing Process and, therefore, can be considered for care plan development.
- The NCJMM can help educators evaluate clinical judgment (of the student) while also supporting existing theoretical educational frameworks. (NCSBN FAQ 2021)
- Practice is the condition of being proficient through systematic exercise.
- Problem-based care planning is one method for students to utilize the NCJMM in care plan or concept map development.

NURSING PROCESS

The nursing process today consists of 5 (or some programs identify 6) steps:

ADPIE* acronym:

Assessment

Dagnosis (NANDA Nursing Diagnosis, or Problem-Based Diagnosis)

Planning – SMART- Goals should be specific, measurable, attainable, realistic/relevant, time-restricted)
plan of care development, interventions

Implementation (actionable)

Evaluation

**If using ADOPIE - Outcome - then SMART Goals would be in this step.(SMART - Goals should be Specific, Measurable, Attainable, Realistic/Relevant, Time-restricted).*

What Is Clinical Judgment?

- Higher-order cognitive construct
- Outcome of critical thinking in nursing practice
- Clinical judgment begins with an end in mind

Clinical judgment is defined by the NCSBN as the “Doing that occurs after the critical thinking” (NCSBN, 2021).

Comparison of the NCJMM to Nursing Process

Clinical Judgment	Nursing Process
Recognizing Cues	Assessment
Analyzing Cues Prioritizing Hypotheses	Analysis
Generating Solutions	Planning (SMART Goals)
Take Actions	Implementation
Evaluating Outcomes	Evaluation



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Problem-Based Care Planning with NCJMM Competencies:

<p>Assessment (Recognizing Cues)</p> <p>Which patient information is relevant? What patient data is most important? Which patient information is of immediate concern? Consider signs and symptoms, lab work, patient statements, H & P, and others. Consider subjective and objective data.</p>	
<p>Analysis (Analyzing Cues)</p> <p>Which patient conditions are consistent with the cues? Do the cues support a particular patient condition? What cues are a cause for concern? What other information would help to establish the significance of a cue?</p>	
<p>Analysis (Prioritizing Hypotheses)</p> <p>What explanations are most likely? What is the most serious explanation? What is the priority order for safe and effective care?</p>	
<p>Planning (Generate Solutions)</p> <p>What are the desirable outcomes? What interventions can achieve these outcomes? What should be avoided? (SMART Planning- specific, measurable, attainable, realistic/relevant, time-restricted- Goal setting)</p>	
<p>Implementation (Take actions)</p> <p>How should the intervention or combination of interventions be performed, requested, communicated, taught, etc? What are the priority interventions? (Mark with asterisk)</p>	
<p>Evaluation (Evaluating Outcomes)</p> <p>What signs point to improving/declining/unchanged status? What interventions were effective? Are there other interventions that could be more effective? Did the patient’s care outlook or status improve?</p>	



CONCEPT MAP

Recognizing Cues, (S&S)

Disease Process/Pathophysiology/Risk factors



Analyzing Cues/ Concerns



Supporting

Concerning

Prioritizing Hypotheses

- 1.
- 2.
- 3.

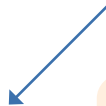


Generate Solutions Outcomes Interventions
SMART planning

- 1.
- 2.
- 3.
- 4.
- 5.

Take Actions – (How to)

- 1.
- 2.
- 3.
- 4.
- 5.



Evaluating Outcomes

- 1.
- 2.
- 3.
- 4.
- 5.

Sample Rubric

This rubric is based on correctly identifying the criteria of the CJMM. There is a total of 21 points possible. Scoring should be program-specific.

	3 pts	2 pts	1 pt	0 pt	Score
Disease Process/ Pathophysiology Risk Factors	Thorough review of the disease process pathophysiology Identifies risk factors	Missing thorough review or risk factors missing	Critical aspects of pathophysiology missing	Incomplete review of pathophysiology, risk factors not identified	
Recognizing Cues	Identifies at least 4 critical cues that are relevant and could impact patient condition	Identifies 2-3 critical cues that are relevant and could impact patient condition	Identifies one critical cue, missing critical cues essential to positive patient outcomes	Missing all critical cues; negatively affecting patient outcome	
Analyzing Cues	Able to make 3 -4 supporting connections between the cues and patient conditions, supporting a particular patient condition, Able to identify 2 cues of concern to patient outcome	Able to make 1-2 supporting connections between the cues and patient conditions, Able to identify one cue of concern to patient outcome	Can make one supporting connection between cue and patient condition or one cue of concern	Not able to make any supporting connections between cue and patient condition or any cues of concern	
Prioritizing Hypotheses	Able to determine the order of 3 hypotheses critical to positive patient outcomes listing them in order	Able to determine the order of 2 hypotheses critical to patient outcomes listing them in order	Able to list one hypothesis	No critical hypothesis listed	



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Sample Rubric

This rubric is based on correctly identifying the criteria of the CJMM. There is a total of 21 points possible. Scoring should be program-specific.

	3 pts	2 pts	1 pt	0 pt	Score
Generating Solutions	List 5 solutions/ outcomes with appropriate interventions that will positively impact patient outcome and are appropriate to the care of the patient. Listing 1 avoiding outcome that will negatively impact patient can also be listed in this category. Clearly identify the negative outcome(s) and what shouldn't be carried out and why. All outcomes/ goals are SMART.	List 3-4 solutions with appropriate interventions that will positively impact patient. Listing 1 outcome that will negatively impact patient and should be avoided. Clearly identify the negative outcomes and why they shouldn't be carried out and why. All Goals are SMART.	List 1-2 solutions with appropriate interventions that will positively impact patient OR Not listing any negative outcome solutions or interventions to avoid.	Listing no solutions or outcomes that will positively impact the patient outcome. Listing no solutions that will negatively affect the patient.	
Take Actions	Describing how each of the 5 interventions will be carried out, performed, administered, communicated, taught etc. Priority interventions are identified correctly.	Describing how 3 interventions will be carried out, performed, administered, communicated, taught etc.	Describing how 1 intervention will be carried out, performed, administered, communicated, taught etc.	Not describing how any interventions will be performed or carried out.	
Evaluating Outcomes	Describe how the 5 interventions were effective, improved patient outcome, and why. Or describe what interventions didn't work and what should be done instead in the future. What would you do differently? How would the intervention adversely affect the patient outcome or care?	Describe how the 3 interventions were effective, improved patient outcome, and why. Or describe what didn't work and what should be done instead in the future. What would you do differently? How would the intervention adversely affect the patient outcome or care?	Describe how 1 intervention was effective, improved patient outcome, and why. Or describe what didn't work and what should be done instead in the future. What would you do differently? How the intervention adversely affected the patient outcome or care?	Did not discuss the outcomes and interventions	
				SCORE	

BIBLIOGRAPHY

Muntean, William J (2012). Nursing Clinical Decision Making: A Literature Review. Found at: https://www.ncsbn.org/Clinical_Judgment_Lit_Review_Executive_Summary.pdf

NCSBN Clinical Judgment Measurement Model. found at: <https://www.ncsbn.org/14798.htm>

Tan, Rhigel Jay (2019). Enhancing Quality of care and Client Safety: The Role of Nursing Clinical - Judgment in Public Safety (NCSBN 2019 Slide presentation) found at: https://sigma.nursingrepository.org/bitstream/handle/10755/623121/Combined_Slides_s23644.pdf?sequence=8&jsAllowed=y

This tool has been developed for nursing faculty to use with their students in the clinical or simulation setting as another method to assess student's clinical judgment by Mardie Timken, MSN-ED, RN Nursing Education Specialist Elsevier. Special thanks to the Nursing Education Specialist team at Elsevier and the Wichita State University nursing department.