TOOL (RUBRIC) FOR USING THE AARC CLINICAL JUDGMENT MODEL (CJM)

DESCRIPTION:

- **AARC stands for Assess → Act → Reassess → Communicate / Record**
- **AARC** is a short form of nursing process that guides in the moment thinking (thinking-in-action) to promote safe and effective clinical judgment.
- **Supporting evidence for use:** "Asses, Act, Reassess", has been used in many clinical organizations and schools for decades. Adding the 4th phase (Communicate/Record) helps to ensure that necessary information, actions, and patient responses are communicated (reported and recorded), appropriately.

PURPOSE: This tool promotes learning clinical reasoning and judgment by conveying performance expectations and facilitating discussion. The following table details critical observable behaviors that indicate sound reasoning at each point in **AARC**, as well as clinical judgment questions that should be answered. Keep in mind that clinical judgment is the outcome (result) of critical thinking and clinical reasoning, as noted below.

Critical Thinking and Clinical Reasoning (Process)	→	Clinical Judgment (Result/Outcome)

NOTE: Discuss this tool with learners BEFORE the first day of clinical experience, and use it consistently as a "talking point" during clinical experiences and afterwards in debriefing sessions. The goal is to facilitate learning, rather than assigning "hard numbers" to skill level.

(Tool begins next page)

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ASSESS → ACT → REASSESS → COMMUNICATE / RECORD (AARC)	Unable to demonstrate skill 0 points	Demonstrates beginning skill 3 points	Consistently Demonstrates skill 5 points
ASSESS: Gather relevant patient data			
BEFORE ASSESSMENT **The learner/nurse:** • Identifies the purpose and focus of assessment. • Describes assessment methods (physical assessment and interview techniques). • Explains what standard tools and documentation systems will be used to guide / record assessment. **Example Clinical Judgment Questions:** • What is the purpose of your assessment? • What will you assess and why? • What physical assessment and interview techniques will you use? • How will you promote patient engagement, privacy and comfort? • What safety or infection control issues have you considered that you may need to address? • What patient records do you need to access (e.g., medications, allergies, diagnostic studies) • What common complications/issues are often seen in people/patients in this situation? • What signs and symptoms do you need to rule OUT (e.g., shortness of breath, ankle swelling) • Have you ensured appropriate resources are available (e.g. staff help; equipment)? • Is this assessment within your practice scope (are you qualified)? **DURING ASSESSMENT** **The learner/nurse**: • Maintains safety, infection control, comfort, privacy • Clarifies patients' own goals/expectations for the day (and discharge, when indicated). • Recognizes normal versus abnormal data (signs, symptoms, cues) • Detects risks and potential complications • Recognizes signs symptoms that require urgent attention • Decides whether signs and symptoms are the same, improving, or getting worse (continued)			

(continued) • Determines underlying cause (what's causing or contributing to signs and symptoms) • Decides whether the information is accurate and complete • Reflects on reasoning and actions and makes corrections as needed **Example Clinical Judgment Questions:** • In context of this situation, are your patient's findings normal or abnormal? • Are your patient's signs and symptoms improving, unchanged, or getting worse? • Have you considered whether signs and symptoms are related to medications, allergy, or medical problems? • What information is missing and how can you gain that information? • What are the PRIORITY signs, symptoms, or problems and do they need urgent attention?			
ACT: Perform nursing actions			
The learner/nurse: • Ensures safety, infection control, comfort, privacy and patient readiness for intervention. • Focuses on managing priority signs, symptoms, and problems, using evidenced-based interventions and getting help if needed. • Explains reasons and evidence behind planned nursing actions. • Withholds actions when patient status indicates that the action is inappropriate or no longer needed • Implements actions within practice scope and consistent with physician/nurse practitioner orders, policies and procedures, and plan of care. • Engages and teaches patients/families (explains what's happening and why; encourages feedback). **Example Clinical Judgment Questions:** • How are you monitoring your patient's responses? • Are their any reasons to withhold or modify the actions you're doing? • To what degree is your patient involved in making care decisions?			
REASSESS: Determine patient responses to actions			
The learner/nurse: • Evaluates outcomes (patient responses) to actions (e.g., tolerated well? Improved? Worse?) • Considers how to modify actions to improve results/response. • Identifies urgent issues and take appropriate action.			

(continued) **Example Clinical Judgment Questions** • What did you observe about the patient's response (As expected? Improved? Worse?) • What can be done to improve your patient's response? • What was the patient's feedback on care given today?			
COMMUNICATE / RECORD: Report and record critical information			
The learner/nurse: • Determines what information must be reported/recorded. • Follows policies and procedures for communicating and recording data (e.g. ensure electronic health records are complete; use required handoff tool for communication information). • Gives rationale for actions that vary from routine (e.g., "Patient had a rash over trunk and arms, so stopped the morphine pump and notified primary care provider.") • Seeks orders for medications, diagnostic studies, and consultations if indicated (e.g. "What can we give for the high blood pressure and rash?" His potassium is elevated….should we repeat potassium level? "Will you be coming to assess him?") **Example Clinical Judgment Questions:** • Are there unusual or urgent signs and symptoms that you need to report or record? • Who are the care providers most accountable for treating the above signs and symptoms, and how will you communicate critical information? • Where will you record signs, symptoms, actions, and patient responses? • What have you learned today? What do you want to improve or know more about?			

REFERENCES

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Kavanagh, J; Szweda, C. (2017) A Crisis in Competency: The Strategic and Ethical Imperative to Assessing New Graduate's Clinical Reasoning. . 38(2):57-62.