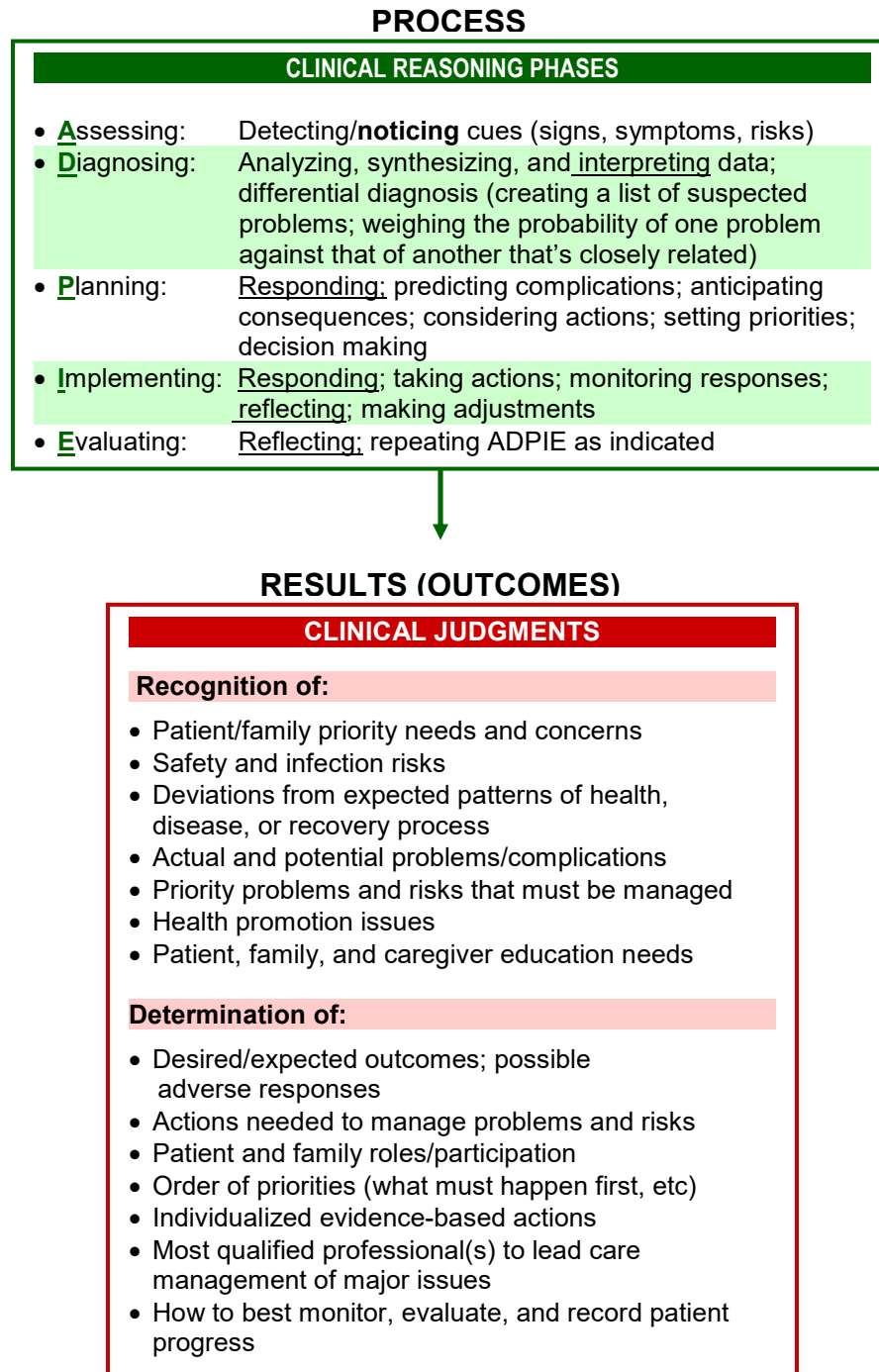**Figure 4-3. The process and outcomes of clinical reasoning using ADPIE**. Underlined terms below indicate Tanner's clinical judgment model (noticing, interpreting, responding, reflecting)*
Source: © 2019 Alfaro-LeFevre. www.AlfaroTeachSmart.com. No use without permission.
Addressed in: Alfaro-LeFevre, R. (Publication due Oct, 2019). *Critical Thinking, Clinical Reasoning, and Clinical Judgment: A Practical Approach, 7th* Ed. Phil: Elsevier

PROCESS

CLINICAL REASONING PHASES

- **A**ssessing: Detecting/**noticing** cues (signs, symptoms, risks)
- **D**iagnosing: Analyzing, synthesizing, and interpreting data; differential diagnosis (creating a list of suspected problems; weighing the probability of one problem against that of another that's closely related)
- **P**lanning: Responding: predicting complications; anticipating consequences; considering actions; setting priorities; decision making
- **I**mplementing: Responding; taking actions; monitoring responses; reflecting; making adjustments
- **E**valuating: Reflecting; repeating ADPIE as indicated

RESULTS (OUTCOMES)

CLINICAL JUDGMENTS

Recognition of:

- Patient/family priority needs and concerns
- Safety and infection risks
- Deviations from expected patterns of health, disease, or recovery process
- Actual and potential problems/complications
- Priority problems and risks that must be managed
- Health promotion issues
- Patient, family, and caregiver education needs

Determination of:

- Desired/expected outcomes; possible adverse responses
- Actions needed to manage problems and risks
- Patient and family roles/participation
- Order of priorities (what must happen first, etc)
- Individualized evidence-based actions
- Most qualified professional(s) to lead care management of major issues
- How to best monitor, evaluate, and record patient progress

* Tanner, C. A. (2006). Thinking like a nurse: *A research-based model of clinical judgment in nursing.* Journal of Nursing Education, 45(6), 204-211