NURSES' PREFERRED CLINICAL REASONING/JUDGMENT MODEL (FACEBOOK POLL RESULTS)

DESCRIPTION: Participants were asked to choose their preferred clinical reasoning/judgment model from the choices in the screen shot shown in Figure 1.

The poll ran July 22 to August 12, 2020. While anyone could follow the poll, due to Facebook rules, only members of the NCSBN Clinical Judgment Model Discussion Group could vote. Invitations to follow the poll and vote were posted on several nursing and nurse educator Facebook Groups. The order of how the models were listed for voting was randomly assigned by Facebook.

Facebook Poll Results: What is your preferred clinical reasoning/judgment model? Nursing Process (Assess, Analyze/ Diagnose, Plan, Implement, Evaluate) Added by your 190 Votes NCSBN / NGN (Recognize Cues, Analyze Cues, Prioritize Hypotheses, Generate Solutions, Take Action, Evaluate Outcomes) Added by you AP votes Tanner / Lasater (Noticing, Interpreting, Responding, Reflecting) Added by you 37. votes Undecided / Unsure

Figure 1

SUMMARY

- Total Votes: 265
- □ Percentages (rounded off):
 - ⇒ 68% (180 participants) chose Nursing Process
 - ⇒ 18% (47 participants) chose NCSBN / NGN
 - ⇒ 14% (37 participants) chose Tanner/Lasater
 - ⇒ One chose Undecided/Unsure (not included in percentages).

Added by you

T vote

COMMENTS:

A few NGN items are scheduled to debut in NCLEX in 2023 or 2024 — at the earliest — with the

majority of the items remaining unchanged (based on nursing process).

Unlike with the use of Tanner/Lasater, the NGN CJM is yet to be tested in any substantial way in education or clinical practice.

While the NGN CJM was created for testing purposes, the NCSBN and many publications and presenters advocate immediate integration of the NGN model across curricula and into all student experiences (e.g., simulation and clinical practice). This encourages faculty to transition from models with strong evidence of successful use (e.g. Tanner/Lasater and Nursing Process) to one that is still in the creative, untested stage.

After decades of stressing the importance of evidence based teaching practices, why are educational leaders ignoring the need to pilot test the NGN model before integrating it? What reasons explain why NCSBN, publishers, and leaders encourage urgent integration of the model, while hiding its limitations (through omission)?

Benner and Alfaro-LeFevre have published cautionary statements addressing issues with integrating the untested NCSBN NGN CJM across curricula (see http://www.alfaroteachsmart.com/benner.html, http://www.alfaroteachsmart.com/ngn.html, and http://www.alfaroteachsmart.com/ngn.html, and http://www.alfaroteachsmart.com/ngn.html, and http://www.alfaroteachsmart.com/ngn.html, and http://www.alfaroteachsmart.com/ngn.html, and http://www.alfaroteachsmart.com/docs/NGN-CJMsComparisonTool.pdf)

RECOMMENDED READING:

Klenke-Borgmann, L. Cantrell, M. & Mariani B. (Jul/Aug, 2020), Nurse Educators' Guide to Clinical Judgment: A Review of Conceptualization, Measurement, and Development, *Nursing Education Perspectives*, 41(4): 215-221. doi: 10.1097/01.NEP.000000000000669

For up-to-date information on NGN progress, go to https://www.ncsbn.org/next-generation-nclex.htm.