An innovative solution to the Perfect Storm in Nursing

Education





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 When NextGen NCLEX information was disseminated with increasing intensity, the New AACN Essentials were adopted. This paradigm shift in nursing education was overshadowed by the COVID-19 pandemic; it felt like a typhoon and thunderstorm married and created many little tornados.

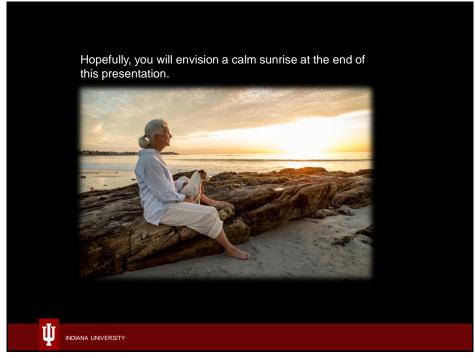
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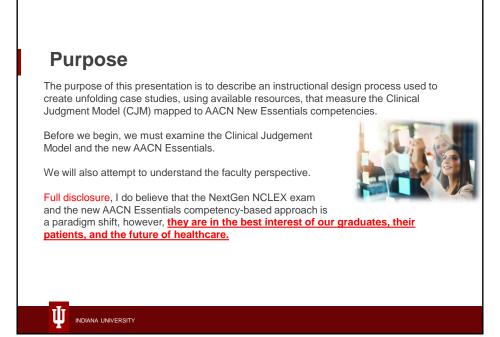
# Manage the Change

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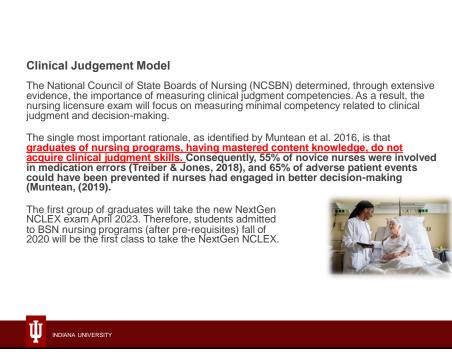
"Change is hardest at the beginning, messiest in the middle and best at the end." Robin S. Sharma

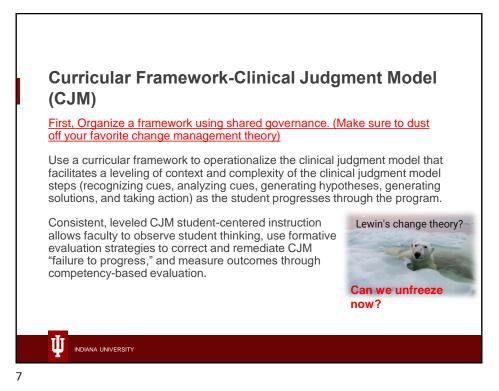


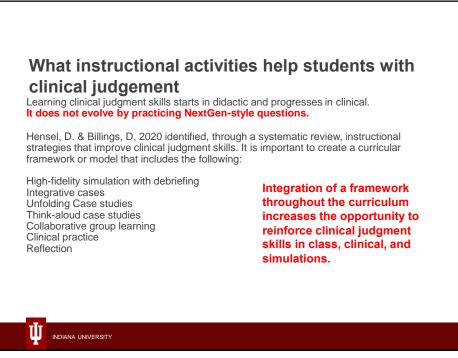




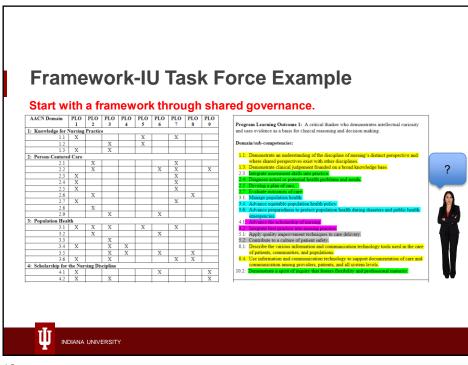




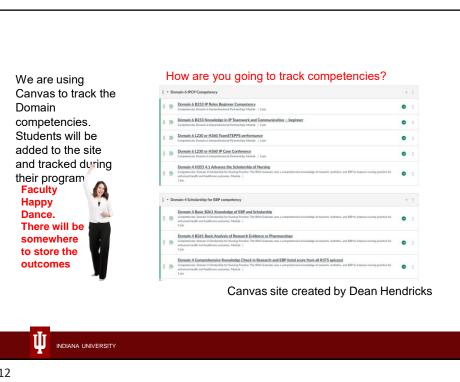








Course Level Assignment to Measure Sub-Competencies         8.2 Use information at the communication technology to prefer data, create approximation technology to prefer data, create apprefer data, create approximation technology to prefe	rerent Healt marcteristics of below focus asurements and weigh relationship to relationship to ropristate Hypo hniques in 2. En incia practice and tests. Athlacer research attionship of bebuilty theory ply appropriate between ply appropriate between testions and had p	that are the Null and Alternative theses for each research tion? Descriptive Statistics on Baby fit and Mon" Age mine Percentages of Prenatal mine if there is a correlation mine if there is a correlation. Data into two groups, those that Jost is not strateging of the there Data into two groups, those that
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when planning care. afron anal beal for clinit	erpret findings Run a m quantitative data alyais used in althcare research application to nical practice	weight. a T-test between PN Care and C on to see if there is a relationship ass what your statistical analysis
"What if we don't change at all appropriate use of health and something magical just happens?" information literacy ques	ween research and in	nterpretation mean to you in g for patients described in the da
Source: Business Improvement	lection methods, sec.	



## The Faculty Experience

As a result, nursing schools must organize nursing content based on competencies, assess competency proficiency, provide constructive feedback, provide remediation when necessary, and foster student self-reflection.



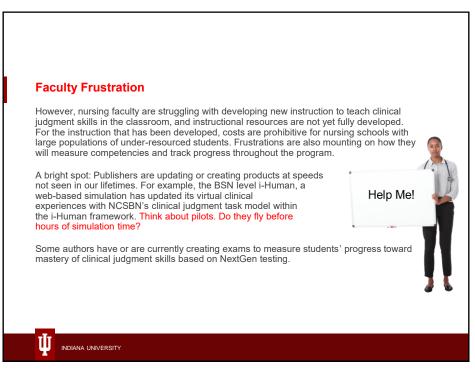
The foundation of any school of nursing is faculty. In a post-acute pandemic era, they must revise their teaching and evaluation to incorporate the acquisition of clinical judgment skills based on their course learning outcomes and the content covered in their course.

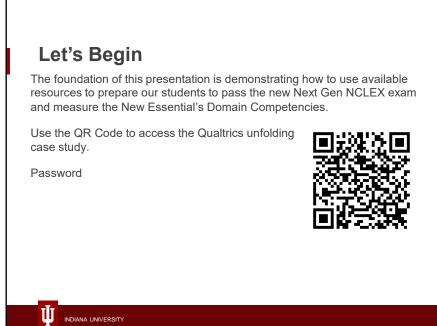
In addition, create evaluation strategies to measure and document competencies. For students who do not meet competencies, faculty must provide instructional remediation. Still thinking about that change theory?

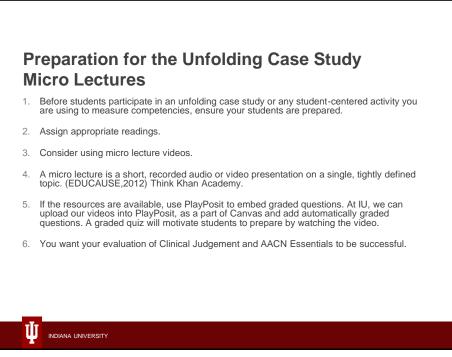


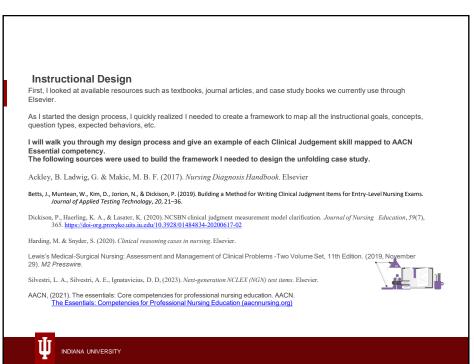
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	nt Model Mapped to AACN Ne	w Essentials – Domain	Competencies	
Clinical Judgement Model	Expected Behaviors	Conditions	NextGen Testing item to be embedded within the case study.	AACN Domain Competencies and Sub- competencies
Recognize	Recognize abnormal vs.	Environment Cues:	Highlight client findings in the	Clinical judgment forms the
Cues	normal	Location: ER	scenario to measure recognizing	basis for this through
	Collect data from various	Family present.	cues.	integration, translation, and
Client findings	sources such as assessments,	For example, acute	Matrix	application of established and
or assessment	labs, v/s medical records, etc.	care setting.	Client finding: Normal/Usual or	evolving disciplinary nursing
data provide	Time pressure cues such as		Abnormal but Expected (Relevant,	knowledge and ways of
information for nurses as a	rapid clinical decline. Recognize signs and symptoms	Patient Observation	Not Relevant) and Not Requiring Immediate Follow-up.	knowing
basis for	Recognize signs and symptoms	Cues: Age,	OR	Domain 1. Knowledge for
decision-		Symptoms patient	Abnormal and Not Expected	Nursing Practice:
making. The		presented	(Relevant) and Requiring Immediate	
student must		·	Follow-up.	1.3a Demonstrate clinical
determine	Identify history of	Medical Record		reasoning.
what findings		Cues: Health history,	Drop Down Cloze for Immediate	
are relevant and not	N.3	labs, VS. time	Concerns listed in nursing notes.	<ol> <li>3b Integrate nursing knowledge (theories, multipl</li> </ol>
and not relevant.	What matters most? For example, focused observation,	pressure cues would be critical lab values.	Multiple responses select x client	ways of knowing, evidence)
(Silvestri et al.,	recognizing deviations, and	be critical lab values.	findings that are of immediate	and knowledge from other
2022)	determining what client	Time Pressure Cues:	concern or client finding that can be	disciplines and inquiry to
,	findings are significant, most	Onset of symptoms	addressed later or is not a concern.	inform clinical judgment.
	important, and of immediate	such as diaphoretic,		
	concern to the nurse.	dyspnea, etc.	Drag and Drop the same as above.	1.3c Incorporate knowledge
				from nursing and other
				disciplines to support clinical judgment.
				1.2e Demonstrate ethical
				decision-making.

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Recognize Clues Health History: a Mexican American Latino is admitted to the emergency department (ED) with a diagnosis of heart failure (HF), asthma and type II diabetes. She was discharged from the hospital 10 days ago and came in today stating, "I just had to come to the hospital today because I can't catch my breath, and my legs are as big as tree trunks." After further questioning, you learn she strictly follows the fluid and salt restriction ordered during her last hospital admission. The reports gaining 1 to 2 pounds (0.5 to 1 kg) every day since discharge.



Laboratory Tests	Results	
Hemoglobin (Hgb)	11.8g/ft	
Hematocrit (Hct)	36%	
Erythrocyte sedimentation rate (ESR)	48 mm/hr	
Sodium	150 mEq/L (H)	
Potassium	5.7 mEq/L (H)	
Chloride	101 mEq/L (L)	
Blood urea nitrogen (BUN)	38 mg/dl (H)	
Creatinine	1.9 mg/dl (H)	
Free thyroxine T4	14.0 ng/dl (L)	
Triiodothyronine Ts	230 ng/dL (L)	
A1C		

Identify the labs that are relev hematical (http: benatical (http: benatical (http: benatical (http: benations) benations ben

Nied         The connection between pathophysiology and client mathophysiology and client based on Cates, based on Cates, based on Cates, based on Cates, potential client problems         Examina relevant data and link the data the discrete scattering the bigger picture of the discrete scattering the bigger picture of the discrete scattering the bigger picture of the bigger	Competencies and Sub- competencies 3 Integrate assessment skills in actice. 3a Create an environment tring the assessment that romotes a dynamic teractive experience.
pathophysiology and client         and comprehensive comprehensive         to the clinical simulation to interpret data.         prex           based on Cues, conditions, or heath problems         Use findings and observations to determine client needs:         data, fitting them into the bigger picture of the overall clinical scenario and determining what the Cues mean.         Mait sit in the client's conditions, what do the findings means?         2,3a           problems         assed on potential client         Cues mean.         Cues mean.         2,3a           prop down to complete a science or bask speec.         Cues mean.         2,3a         3a,32a	actice. 3a Create an environment uring the assessment that comotes a dynamic
Mart of the Part of the neuron or adicate?         Viant of and a function profit and part of the profit and part of the conditions problems         Want is in profit and profit and part of the relevant cues with it client conditions problems         Want is an opporting the relevant cues of:         Want is an opporting the relvant cues of:         Want i	<ul> <li>3b Obtain a complete and curate history in a stematic manner.</li> <li>3c Perform a clinically levant, holistic health sessment.</li> <li>3d Perform point-of-care reening/diagnostic testing <u>a</u>, blood glucose, PO2, KG).</li> <li>3e Distinguish between runal and abnormal health adings.</li> </ul>

norexia and constipati ounds are diminished espiratory rate 20. Fine nd S <sub>1</sub> had no murmur or e ounds. Her daughter state oports gaining 1 to 2 poun Vhat data is relevan	n. She is also susceptible to t ut clear. Her blood pressure i trackles bilateral lower lobe. In heart sound. Capillary refill is that Mrs. Jacobs weighed 157 pc s (0.5 to 1 kg) daily for the last te to this patient that must	igue, poor memory, and concentration. Her hair looks du the cold. She has 2+ edema in her feet and legs. Her hea 3 4486, her oxygen saturation is 88% on room air, her 1 She experiences shortness of breath with minimal exert Juggshin the boyer extremites and normal in the upper extre- nunds at the physician's office six months ago and has esten very a fage. her recognized as clinically significant to the nurs quire immediate follow-up.	rt sounds are distant. Her lung neart rate is 56, and her Ion. Her glucose level is 110. S, mittes. She is 37° and weighs 142 little for several weeks. Irma
Items		Assessment Findings-Requires immediate Follow-up	
She has 2+ edema in her feet and legs.			
Her blood pressure is 110/60			
Her heart rate is 56			
Severe fatigue, poor memory, and concentration			
She is pale and has anorexia and constipation			
She has eaten very little for several weeks.			
Irma reports gaining 1 to 2 pounds (0.5 to 1 kg) every day for the last 10 days			
Her lung sounds are diminished but clear			
to 2 pounds (0.5 to 1 kg) every day for the last 10 days Her lung sounds are			

Clinical	Expected Behaviors	Conditions	NextGen Testing item to be	AACN Domain
Judgement Model	•	Conditions	embedded within the case study.	Competencies and Sub- competencies
Prioritize	Prioritize (likelihood,	Requires Knowledge	Common words or phrases: best,	Domain 2. Person-Centered
Hypothesis	consequences, risk, etc.)	of:	first, primary, initial, immediate,	Care
After		Airway, breathing, and circulation: and	next, essential, most likely, most	2.3 (Continued) Integrate
determining		Physiological and	important. Priority Classification System.	assessment skills in practice.
actual or		safety needs. Assign	High Priority: A client's need is life-	·
potential client		readings and create	threatening or, if untreated, could	2.3f Apply nursing knowledge
conditions.		videos to ensure	harm the client.	to gain a holistic perspective
narrow down		content knowledge	Intermediate priority: non-ER and	of the person, family,
what the data		before the case study.	nonlife-threatening and can wait to	community, and population.
mean and	Where do I start? Ranking	Indicate Resources:	be addressed.	
prioritize	client conditions/problems	Environmental	Low Priority: A client need not be	2.3g Communicate findings of a comprehensive assessment.
client needs or	according to urgency,	Factors-where is	related to the client's illness. It is not	a comprehensive assessment.
problems	complexity, and time.	care taking place?	urgent. Can wait until high and	2.4 Diagnose actual or potential
identified.		Client observations.	intermediate client needs are	health problems and needs.
(Silvestri et al.,	Defined as a prediction you make about a clinical scenario	Resources based on	addressed.	-
2022)	to determine the client's	context. Medical Records	Drop-down items to determine	2.4a Synthesize assessment data in
	priority needs.	Consequences and	immediate needs. Use a minimum of	the context of the individual's current preferences, situation, and
Where do I	priority needs.	Risks	three options for each option in the	experience.
start?	Then you rank the predictions	Time Pressure.	drop-down.	
	based on urgency and risks to	Task Complexity.		2.4b Create a list of
Review and	the client in order of	Cultural	Use matrix for client condition.	problems/health concerns.
evaluate clients'	importance.	Considerations.	Categories Present/not present, High	2.4c Prioritize problems/health
need or health	-		priority/low priority, and more	concerns.
problems and	Which needs immediate	Individual Factors	information needed.	
rank them based	attention and which ones can	Knowledge and		2.4d Understand and apply the results of social screening.
on priority.	be delayed.	Skills	Multiple responses.	psychological testing, laboratory
	Important to consider the	Specialty.		data, imaging studies, and other
	context.	Candidate.		diagnostic tests in actions and plans

# Prioritize Hypothesis

Rank order the priority interventions	
Oxygen 2 L per nasal cannula	1
Vital signs with pulse oximetry Q 4 hours	2
ECG now	3
2-gram sodium diet	4
Enalapril 10 mg PO BID	5
Accurate 24-hour intake and output (I/O)	6
Daily Weight	7
Furosemide 40mg intravenous BID	8
Glucose check Q 6 hours.	9

Clinical Judgement Model	Expected Behaviors	Conditions	NextGen Testing item to be embedded within the case study.	AACN Domain Competencies and Sub- competencies
Generate Solutions: After determining the priority problem or need, what are all the necessary actions to rescue or manage the problem or immediate problem or immediate problem or immediate scenario. What can I do? What is the priority problem in a clinical scenario. What actions to would resolve or manage the problem or	Things to address: Think through care options to develop a care plan. what can I do? Clear Communication, Skillfal, Calm, confident manner, and Identify interventions that meet desired outcomes for the client; this can include collecting additional assessment data. Things to avoid potentially harmful interventions.	Requires Knowledge of Content covered in the scenario. Thinking through several care options to create the plan of care. Decide which actual or potential incrventions are accenario and which are potentially harmful and therefore need to be avoided. What evidence will help you determine if the client met the expected outcomes?	Drag and drop and drop-down Hens to measure and generate solutions. To meet the client's needs, the nuse would immediately plan to (drop- down list) and (drop-down list). Multiple responses-select all that apply. Which of the following actions would the ED nurse plan for the client? Marrisi Nursing action uterine massage Primary actions Yes Contrinidicated No OR Potential Intervention Safe and Effective Potential Intervention Safe and Effective Potential Intervention Safe and Effective Potential Intervention Indicated Intervention Safe and Effective Potential Justerventions Intervention Nasists with a health problem Indicated Not indicated or contraindicated. Multiple responses Which five interventions would the	2.5 Develop a plan of care. 2.5 Develop a plan of care. 2.5 Engage the individual and the team in plan development. 2.5b Organize care based on mutual health goals. 2.5c Prioritize care based on best evidence. 2.5d Incorporte evidence-based intervention to improve outcomes and adry. 2.5c Anticipate entromes of care (crypeted, unexpected, and potentially adverse). 2.5f Demonstrate rationale for plan. 2.5g Address individuals' experimence and perspectives in designing plans of care.

**Generate Solutions** 

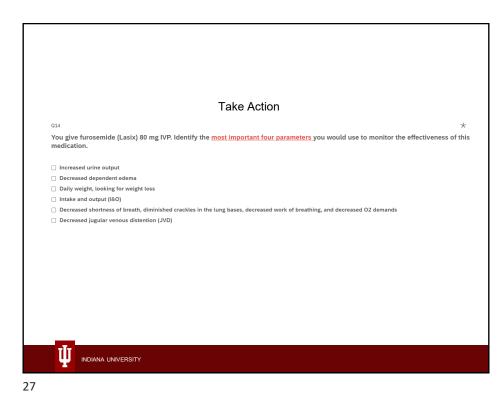
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Click the circle to indicate whether each potential intervention listed below is either indicated (appropriate or necessary) or Contraindicated (could be harmful) for the plan of care for the client at this time.

	Indicated	Contraindicated
Monitor oxygen saturation Q 4 hours.	0	0
Have the patient lay flat to increase perfusion.	0	0
Monitor respiratory rate, depth, and ease of respiration Q 8 hours.	0	0
Auscultate breath sounds q 1 to 2 hours.	0	0
Notify MD presence of crackles and wheezes.	0	0
Monitor for restlessness, agitation, confusion and lethargy.	0	0
Position the patient in a semi- recumbent position with the head of the bed at 30 to 45 degrees.	0	0
Monitor oxygen saturation continuously using pulse oximetry.	0	0
Encourage the patient to exercise by walking around the unit for at least 3 laps.	0	0
Monitor BG Q 6 hours.	0	0

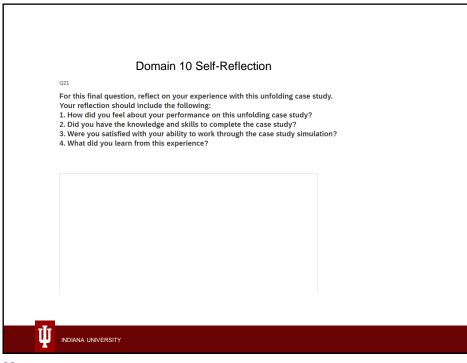
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Competencies and Su competencies	NextGen Testing item to be embedded within the case study.	Conditions	Expected Behaviors	Clinical Judgement Model
Demostrate accountable     care addivery.     All implement individualize     f care unique established proto     f care unique established proto     All communicate care delix     hrough multiple modalities.     .	Drop down rationale Complete the following sentence by choosing from the list of options: The nurse would 1. (list) because 2. (list). Multiple response Select five actions the nurse would take to de-escalate the client's behavior. Nursing Action Safety (promotes or does not promote) Possible Outcomes (De-escalation or Escalation) Marrix multiple choice Nursing action Marrix Multiple Action Promotes Fetal Well-being Marciase Fetal Well-being Marciase Fetal Harm Select all that apply Necha at nose the setal Five options and no more than 10.	Require Knowledge of and experience with: Focus on the client's needs and consider what you will do to consider what you will do the do meet these needs. Consider what is relevant in the scenario. What is happening to the client? What is happening to the client? What is happening to the client? What is happening to the scenario. What is happening to the client? What is and the scenario care.	Request: Administer: Perform (Skill) Document: Communicate What will I do? Well-planned Intervention that is most appropriate for the client's condition and addresses the client's priority conditionas problems/Flexibility	Take Action: What are the most important interventions or sequence of interventions resolve or manage the client's health status? Using clinical judgment, what is the best intervention's (Silvestri et al., 2022) What will I do? Using clinical judgment, what is the best intervention's concern? What of the optimized and communicate, document, perform, pe

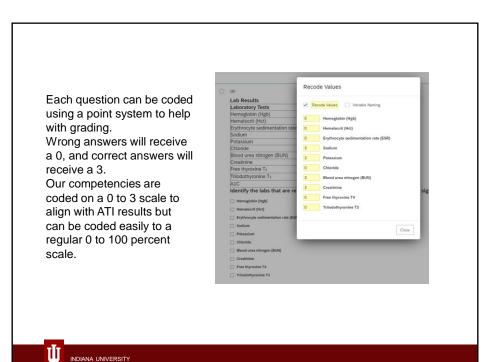


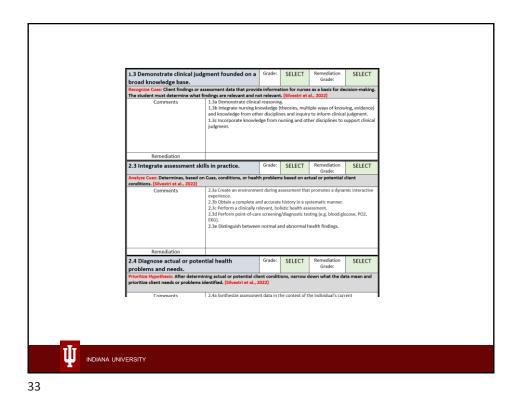
Clinical Judgement Model	Expected Behaviors	Conditions	NextGen Testing item to be embedded within the case study.	AACN Domain Competencies and Sub- competencies
Outcomes:         Outcomes:           Determine if         1           expected         outcomes from 1           interventions         resolved,           resolved, or         managed the           health status.         (Silvestri et al.,           2022)         2           Did it help?         1           What are the         desired or           desired or         vexpected           outcomes?         C           What assessment data         would indicate that the           expected         uotcomes?           outcomes?         2           Reflection         2	Reassess: Did it help? Evaluation/self- Analysia, Commitment to Improvement, comparing actual client outcomes with desired client outcomes to determine the effectiveness of care. When you evaluate outcomes, you must determine if expected outcomes have been met, numet or partially met. What do you need to determine what needs to be changed, revised, or added to the plan of care for outcomes to be met? NLN Template: Reflection 1. How did you feel about your performance on this unfolding case study? 2. Did you have the knowledge and skills to complete the case study?	Requires Knowledge of and experience with: What do you need to know to determine if the care was effective? Based on previous assessments and interventions, what is going on with the patient now? Are there ongoing or new client needs? What must I do to address or meet those needs? Are care outcomes the same, or do they need to be revised? What elie do I need to do to promote the achievement of client outcomes?	Matrix multiple choice Assessment finding Assessment finding Assessment finding Matrix Assessment finding Matrix Assessment finding Matrix Assessment finding Not Associated with Normal Labor Progression Highlight findings that indicate that the client's health problem is not yet resolved. Table Related to or consistent with dehydration Unrelated to or inconsistent with dehydration Unrelated to or inconsistent with dehydration Multiple responses_select all that apply.	<ol> <li>Periodiate outcomes of care.</li> <li>2.7 Reasses the individual to evaluate health outcomes/goals.</li> <li>2.76 Modify plan of care as needed.</li> <li>2.76 Recognize the need for modifications to standard practice.</li> </ol> 10.2 Demonstrate a splrit of inquiry that fosters flexibility and professional maturity. 10.2 a Engage in guided and spontaneous reflection of one's practice. 10.2.b Integrate comprehensive feedback to improve performance.

Evaluate Outcomes
019
M.G. is ready for discharge. According to the mnemonic MAWDS, what key management concepts should be taught to prevent relapse and another admission? Select all that apply.
○ Medications
○ Activity
○ Weight
○ Diet
○ Symptoms
O Dyspepsia
Q20 X+ •••
After the teaching session. the nurse asks M.G. to "teach back" one important concept of care at home. Which statement by M.G. indicates a need for further education?
○ I will not add salt when I am cooking.
○ I will use a weekly pill calendar box to remind me to take my medicine.
○ I will weigh myself daily and tell the doctor at my next visit if I am gaining weight.
○ I will try to take a short walk around the block with my husband three times a week.
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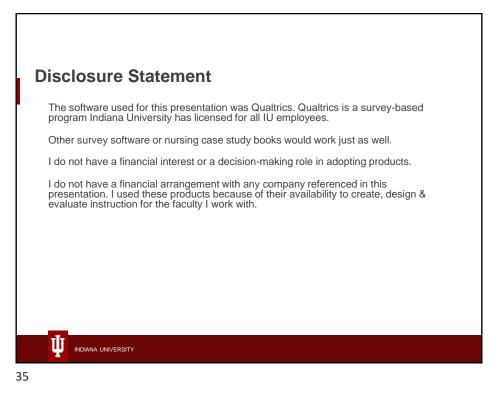


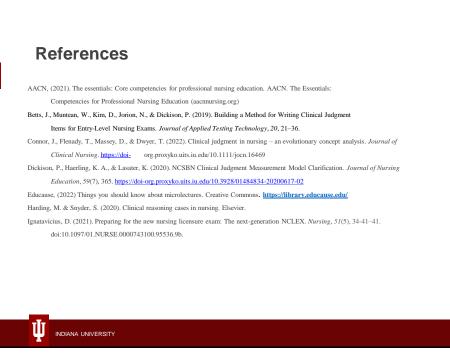






ahra Qaysi – How to Evaluate CJM and AACN Essentials with Paper Based Unfolding Case Study Rubric to Grade Paper Version of Unfolding Case Study						
Clinical Judgement Description	Lacks minimal competency= 0	Developing minimal competency = 1	Competent = 2	Mastery = 3	Student Score	
Recognize Curry: What mamping focused Observation, Recognizing Deviations, and determining what client findings are significant, most important, and of immediate concern to the nurse. List AACN Competencies Domain 1. Knowledge of Nursing Practice	Demonstrates poor understanding of the clinical situation and cannot collect key clinical data and interpret abnormal findings. Never integrates current evidence with clinical expertise from other	Demonstrates a basic understanding of the clinical situation but cannot collect key clinical data and interpret abnormal findings. Sometimes integrates current evidence with clinical expertise from ther disciplines and	Demonstrates solid understanding of the clinical situation but missing key clinical data and trying to interpret abnormal findings. Inadequate nursing throwledge used in a patient situation that required clinical judgment.	1.3 Demonstrate clinical judgment femade on a broad kaowledge bia3 Demonstrate clinical reasoning.     1.3b Integrate nursing knowledge (theories, multiple waves of knowing, evidence) and knowledge from other disciplines and incurve to inform clinical	Microsoft We Document	
	disciplines and inquiry to inform clinical judgment. Displays poor knowledge of combining nursing knowledge to other disciplines to	inquiry to inform clinical judgment. Demonstrates incomplete knowledge to Incorporate knowledge from nursing and other	Demonstrate understanding importance of Incorporating nursing and other disciplines to support clinical judement but	judgment. 1.3c Incorporate knowledge from nursing and other disciplines to support clinical judgment.		





## References

Karin J. Sherrill. (2019). Clinical judgment and next generation NCLEX® a positive direction for

nursing education! Teaching and Learning in Nursing, 15, 82-85.

Lewis's Medical-Surgical Nursing: Assessment and Management of Clinical Problems -Two Volume Set, 11th Edition. (2019, November 29). M2 Presswire.

Lewis's Medical-Surgical Nursing: Assessment and Management of Clinical Problems -Two Volume Set, 11th Edition. (2019, November 29). M2 Presswire.

National League for Nursing (2019). NLN Simulation Template. https://www.nln.org

Silvestri, L. A., Silvestri, A. E., Ignatavicius, D. D, (2023). Next-generation NCLEX (NGN) test items. Elsevier.

Treiber, L. A., & Jones, J. H. (2018). After the medication error: Recent nursing graduates' reflections on adequacy of education. Journal of Nursing Education, 57(5), 275-280. <u>https://doi.org/10.3928/01484834-20180420-04</u>

