

**NGN Talks: Clinical Judgement Model Video Transcript**  
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But the context in which an individual makes decisions matters. Consequences, time constraints, and risks cause someone to make decisions a certain way. The CJM can be broken down into four levels. Imagine that a nurse walks into a client's room. Cues exist that must be first recognized and then analyzed in order to care for the client properly.

So the nurse forms hypotheses, prioritizes them, generates solutions, and then takes actions. Research thus far has indicated that these actions can be measured. These levels of the CJM are divided into six layers.

One: recognize cues where relevant and important information is identified from different sources, such as medical history or vital signs.

Two: Analyze cues, which is organizing and linking the recognized cues to the client's clinical presentation.

Three: Prioritize hypotheses, where hypotheses are evaluated and ranked according to priority. This can include urgency, likelihood, risk, difficulty and/or time.

Four: Generate solutions, which is identifying expected outcomes and using hypotheses to define a set of interventions for the expected outcomes.

Five: Take action, where the solutions that address the highest priorities are implemented. And the sixth is, evaluate outcomes, which is comparing observed outcomes against expected outcomes. Layer four in the CJM, the context, is one that has not been introduced in any psychometric models before now.

The question is whether you can put context around items in a way that makes it more like actual nursing practice. NCSBN continues to develop item prototypes, collect data and do research on measuring clinical judgment and measuring the layers of the CJM. You can learn more about the NGN Project at [ncsbn.org](http://ncsbn.org).