Below is my latest post in the NCSBN Clinical Judgment Model Discussion Group (https://www.facebook.com/groups/338943946787516/) - This is a public group, so you don't have to join to view the discussions.

9/15/2019

I keep trying to understand why I'm so deeply disturbed by the NGN project. Today, I put my finger on the main issue:

NCSBN leaders and others who are marketing programs and consultation on how to integrate the new CJM into curricula KNOW that the model hasn’t been tested in practice or education. Yet, they will NOT admit it. I could accept this better if they said, “We have no evidence —other than psychometric testing of the newly-created model – but we’re doing it anyway”.

Where are honesty, integrity, and ethics here?

The impact of implementing the NCSBN CJM was highlighted in a recent NGN Webinar I attended. The presenters told us:

· “It’s easy to shift from Tanner’s model to the NCSBN CJM”. (I interpret this as, “Replace something that’s had a lot of use with something that’s had none”).

· “Start working NOW to integrate the new model into your tests …it will take long hours of thought to create one question.”

Over 30 years of writing on clinical reasoning and judgment tells me that the NCSBN CJM is a model that should be studied along with other vague, complex models in graduate theory courses. This is not a model for beginners. Yet faculty and students will have to learn it, only to end up with similar results as they would have if they just improved application of nursing process.

Faculty and students will have no time to teach or learn what they REALLY need to know to practice at the bedside.

I AGREE that NCLEX needs to change. But it needs to be done in the context of what state practice acts and ANA standards mandate: The nursing process (ADPIE, not AAPIE, which is the current NCLEX framework).

To read Patricia Benner and my detailed comments on issues with the NGN, go to http://www.alfaroteachsmart.com/benner.html and http://www.alfaroteachsmart.com/ngn.html)
A copy of this post is being sent to via email and Linkedin to the NCSBN, the NLN, and ANA.

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