

The NurseThink® Model

Next Gen Testing Clinical Judgment Exams

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What are YOUR main needs?

Retention....
Losing too many
students

NCLEX...
Pass rates

Readiness...

- ½ of our graduates are involved in medical errors
- 23% of our graduates are practice ready



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Start with an existing Case Study – Meet Larry

- 63-year-old retired lawyer
- Social: former smoker, no ETOH, divorced, lives in LTC, supportive siblings, estranged wife, grown children who live out of state
- Diagnosed with MS at age 42
- PMH: DM, HTN, DVT x 2
- Admitted for infection, fever



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Name: Larry Winters

Provider: Jacobson, NP

Code Status: Full

Age: 63 years

Allergies: NKDA

Admit Wt. 225 pounds

BMI:35

Nursing

Flow Sheets

Provider

Labs & Diagnostics

MAR

Collaborative Care

Other

Nursing Note


11/6 1320

Client admitted from LTC facility with 3 day onset of fever. Hx of MS x 21 years. Alert, slow garbled speech appears oriented but difficult to understand, appears to have difficulty swallowing. Caregiver says he's been depressed and asking to die. Neurogenic bladder requiring indwelling catheter, urine dark amber and foul smelling. Neurogenic bowel and colostomy, no stool present. Stage III wound on left heel, stage IV on sacrum. Temp 102.4° F, HR 110, RR 22, BP 98/45, SpO2 95% RA



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- 1. Select the rows from the Nursing Note that require an immediate nursing action.
- 2. Select the rows from the Nursing Note that indicate the client may be experiencing a complication.
- 3. Select the rows from the Nursing Note that indicate the health care provider should be notified.
- 4. Select the rows from the Nursing Note that are most concerning.



Nursing

Flow Sheets

Provider

Labs & Diagnostics

MAR

Collaborative Care

Other

NURSING NOTE

1.

Alert, slow garbled speech appears oriented but difficult to understand.

2.

Caregiver says he's been depressed and asking to die.

3.


Neurogenic bladder requiring indwelling catheter, urine dark amber and foul smelling.



4.

Stage III wound on left heel, stage IV on sacrum.

5.

Temp 102.4° F, HR 110, RR 22, BP 98/45, SpO2 95% RA

 Enhanced Hot Spot / Highlight



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1. After reviewing the client information, select the medications that are incorrectly prescribed.
2. After reviewing the client information, select the medications that the nurse should question.
3. After reviewing the client information, select the medications that the nurse should hold.
4. After reviewing the client information, select the medications that the nurse should administer.

MEDICATION ADMINISTRATION RECORD	
1.	Baclofen 5 mg by mouth TID
2.	Methenamine Hippurate 1 gram by mouth after meals and HS
3.	Glatiramer 20 mg SQ daily
4.	Acetaminophen/Oxycodone 1 tab every 8 hours PRN for pain

Enhanced Hot Spot / Highlight

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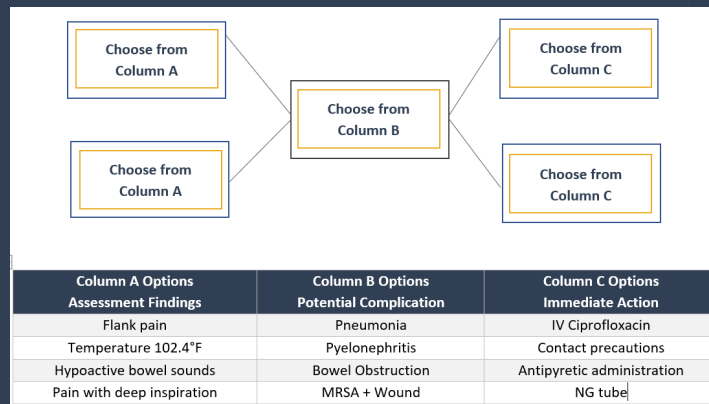
- Related vs. Not-Related
- Important vs. Not-Important
- Most Likely vs. Not Likely
- Anticipated vs. Non-Anticipated
- Requires Review vs. No action needed

List Finding/Action/Prescription/Medication, etc. in this column	1	2	3

✓ Grid Matrix

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Complete the Bowtie chart using the words listed below.



Extended Drag and Drop / Bowtie



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Cognitive Function	Conditioning Factor(s)	Expected Behaviors
Item Template Recognize Cues	Environment Cues:	Recognize abnormal vs normal
	Patient Observation Cues:	Recognize signs and symptoms
	Medical Record Cues:	
	Time Pressure Cues:	Identify history of
	Analyze Cues	Requires knowledge of signs and symptoms of...
Prioritize Hypothesis	Can give vital signs as resource Can add time pressure for context of vital signs	Requires prioritization of condition... Address condition of...
Generate Solutions	Knowledge of conditions Knowledge of treatment for conditions with nursing intervention	
Take Actions	Experience:	Nursing Intervention...
Evaluate Outcomes	Experience:	Follow-up on labs, vital signs, assessment etc- determine improvement or worsening of condition being treated
	Patient Observation Cue:	

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Item Template

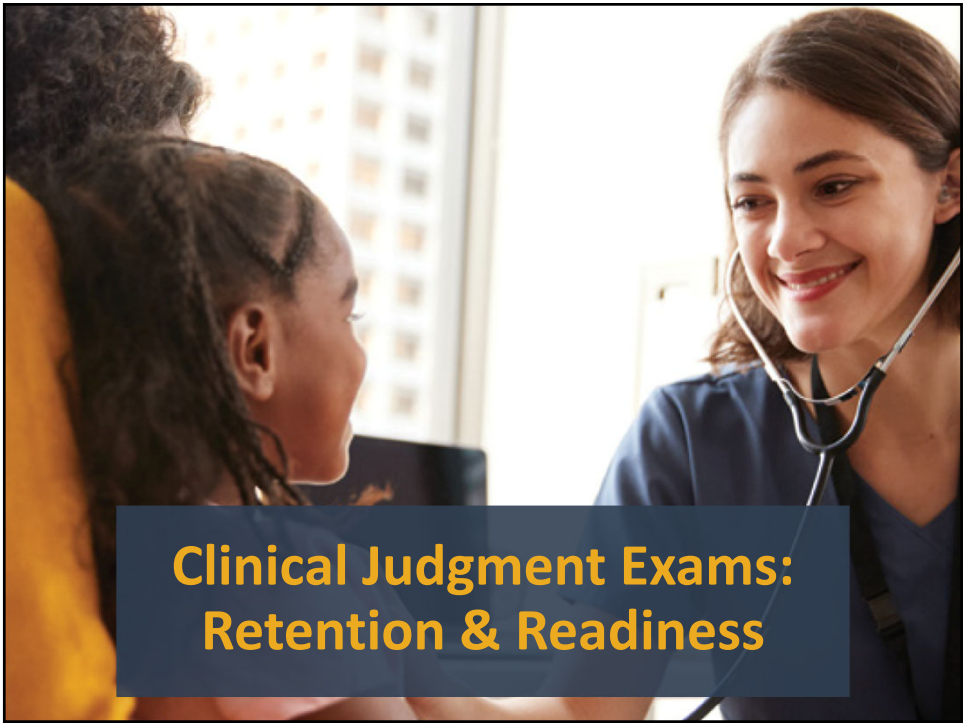
Cognitive Operations (NCSBN-CJM Layer 3)	Factor Conditioning (NCSBN-CJM Layer 4)	Expected Behaviors/Actions
Recognize Cues	<div>Environmental Cues<ul style="list-style-type: none">Location: Emergency DepartmentParent presentClient observation cues<ul style="list-style-type: none">Present age: 8-10 yearsPresent: signs/symptoms of dehydration: dry mucous membranes, cool extremities, capillary refill 3-4 seconds.Present/imply: lethargyMedical record cues<ul style="list-style-type: none">Present/imply: Hx. of diabetesPresent/imply: Vital signsTime Pressure Cues<ul style="list-style-type: none">Set time pressure to vary with onset/acuity of symptoms</div>	<ul style="list-style-type: none">Recognize signs/symptoms of dehydrationIdentify history of diabetesRecognize abnormal vital signsHypothesize dehydrationHypothesize diabetes
Analyze Cues	<ul style="list-style-type: none">Requires knowledge of pediatric developmentRequires knowledge of dehydration symptomsRequires knowledge of diabetes symptoms	<ul style="list-style-type: none">Describe relationship between level of blood sugar and dehydrationUse evidence to determine client issues
Prioritize Hypotheses	<div>Give vital sign monitors as resources</div> <div>Set time pressure to vary with vital signs</div>	<ul style="list-style-type: none">Prioritize dehydrationAddress dehydrationAvoid glucose
Generate Solutions	<ul style="list-style-type: none">Requires knowledge of pediatric developmentally appropriate approachRequires knowledge of dehydration treatment and interventionRequires knowledge of diabetes treatment and intervention	
Take Actions	<div>Experience:<ul style="list-style-type: none">Requires experience of administering isotonic fluid</div>	<ul style="list-style-type: none">Administer isotonic fluid
Evaluate Outcomes	<div>Experience:<ul style="list-style-type: none">Requires experience of administering isotonic fluid</div> <div>Client observation cues<ul style="list-style-type: none">Show client awake and talkingImPLY improvement in vital signs based on actions</div>	<ul style="list-style-type: none">Reassess vital signsReassess lethargy

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Retention & Readiness**

- Clinical Judgment Testing, Assessment, & Feedback
- Highest Quality Exams You Can Trust
- Includes National Benchmarks and Build-Your-Own



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Clinical Judgment Exams

- The Build – Academia + Practice
- The Maintenance
- Testing – ExamSoft Security, Reporting, Consistency (Between Your Exams and the Standardized Exams)
- Remediation – Clinical Based Remediation that is Not Optional
- Continuous Curricular Integration
 - Continuous Feedback Loop
 - Use assessment data DAILY




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NurseThink® COMPLETE

-  Clinical Judgment Exams:
Retention & Readiness
-  vClinical:
Virtual Simulations
-  NCLEX®
PreView & ReView
-  Student Success
Book Bundle

The background of the slide features a photograph of three smiling female nurses in blue scrubs, with the one in the foreground wearing glasses and a stethoscope.

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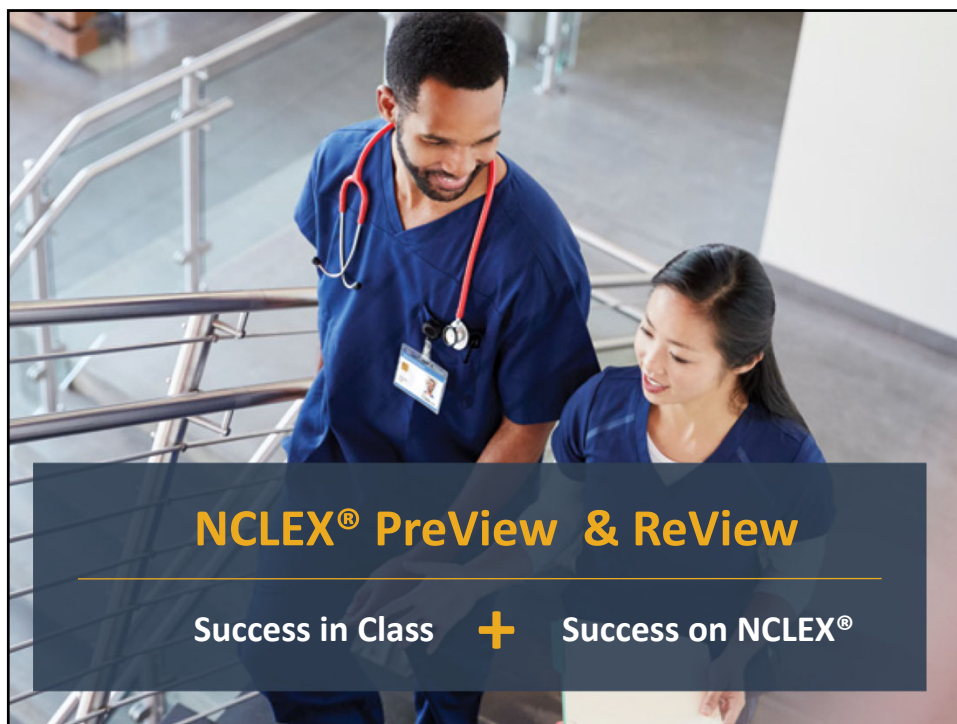
RN
PN
VN

**vClinical:
Virtual Simulations**

- Clinical Judgment Learning With Over 450 Patients
- From Med Pass to Acuity to Prioritization
- Next Gen Learning for Every Student

 **NurseThink**
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- RN
- PN
- VN

NCLEX® PreView & ReView

- Clinical Judgment Primer for Every Student, Every Semester
- Clinical-Based NCLEX® ReView



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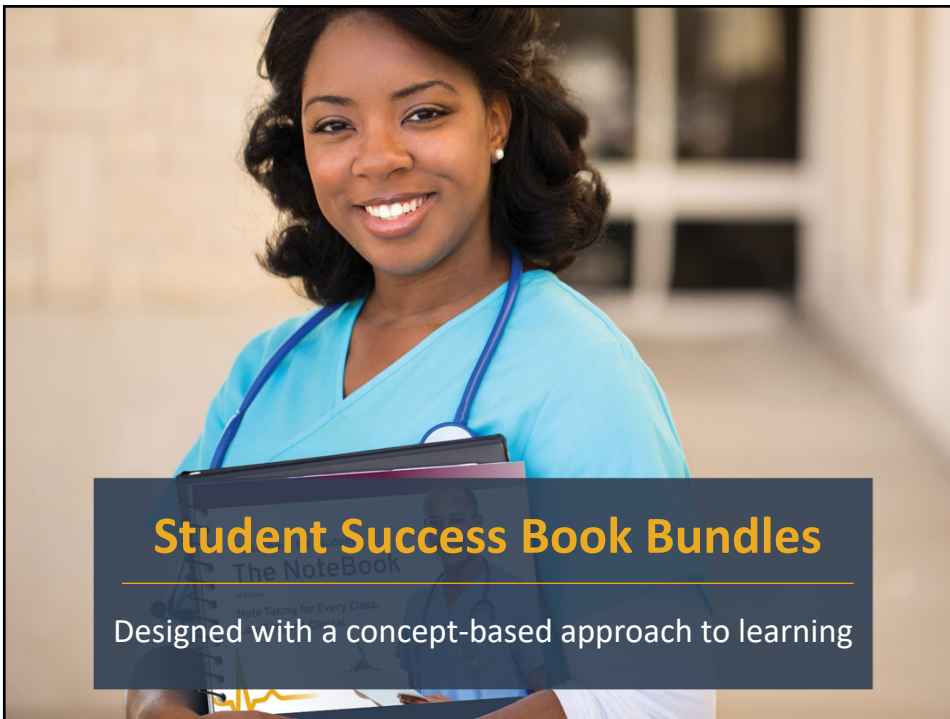
NCLEX® PreView & ReView

Multiple Packages for any Budget
One or Two Days On-Site + Optional Services

- Weekly Live Virtual Video Mentor
- NurseThink® NoteBook and NurseThink®
- NCLEX-RN® Conceptual Review Guide



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Student Success Book Bundles

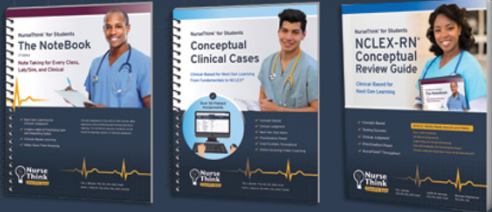
The NoteBook
Note Taking for Every Class.

Designed with a concept-based approach to learning

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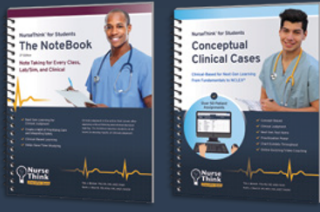
RN

FOCUSED BUNDLE



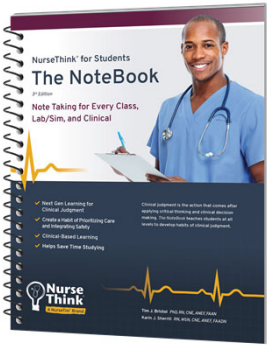
PN/VN

FOCUSED BUNDLE



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NurseThink® COMPLETE Book Bundle



The Notebook, 3rd ed.

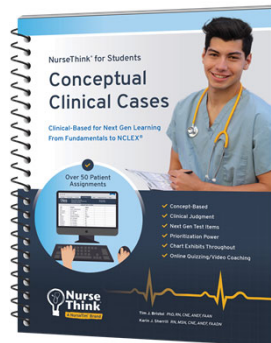
Students Tackle Prioritization and Clinical Judgment From Day One of Class

- Concept-Based
- Note Taking System
- Students Save Time Studying
- Prepares Students for NCLEX®
- Can be Used in Class, Lab/Sim, and Clinical



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NurseThink® COMPLETE Book Bundle



Conceptual Clinical Cases

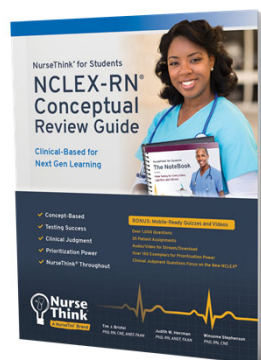
Bringing Clinical to Every Class

- Concept-Based
- Next Gen Testing Items
- Prioritization Power
- Chart Exhibits Throughout
- Takes Students to the Bedside



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NurseThink® COMPLETE Book Bundle



NCLEX-RN® Conceptual Review Guide

Use Across the Curriculum to Help Students

- Testing Success
- Clinically-Based
- Conceptually-Focused
- Clinical Judgment is the Goal



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