CLINICAL PRACTICE

Community-based application of the clinical judgment measurement model in nursing education

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ABSTRACT

Background and objective: With the implementation of the NexGen question approach for NCLEX, nursing educators have utilized simulation, case studies, and reflection to assist students in learning to apply clinical judgment to various clinical situations. Very little has been done at a community level. This case report demonstrates how using a community-based service-learning project can help senior nursing students in their community health rotation apply the Clinical Judgment Measurement Model (CJMM) approach in a real-world situation. The objective of this case report was to demonstrate community-based service-learning projects can increase students' application of clinical judgment in real-world settings using the CJMM as a guide.
Methods: Students were assigned a zip code to assess through observing resources, needs, and people, speaking with formal and informal key informants, and government web sourced demographic, biostatistical, and epidemiological data, identify areas of need, prioritize an area to address based on personnel, time, and financial resources, develop and implement an intervention, and evaluate the effectiveness of the intervention.
Results: Students successfully demonstrated application of the CJMM to a community-based service-learning project. Students reported an increased confidence in using the CJMM in future clinical situations.
Conclusions: A community-based service-learning project can be used to teach students how to apply clinical judgment using the CJMM as a guide.

Key Words: Clinical judgment measurement model, Community-based, Service-learning

1. INTRODUCTION

On April 1, 2023, the National Council of State Boards of Nursing (NCSBN) introduced a revised approach to the NCLEX examination to more effectively evaluate nursing candidates' clinical judgment. Central to this change is the Clinical Judgment Measurement Model (CJMM), designed to assess critical thinking and decision-making in complex clinical scenarios.[1] In response to the Next Generation NCLEX (NGN), nursing educators have increasingly integrated simulation, case studies, and reflective practices to help students apply clinical judgment across diverse clinical contexts. Most existing literature focuses on applications within conventional environments such as hospitals, clinics, and simulation labs.[2] There is limited literature on the use of the CJMM in community-based clinical experiences.

This case report explains how a community-based service-learning assignment was designed to enhance senior BSN nursing students' ability to apply clinical judgment in real-world settings using the CJMM as a guide. This learning approach aimed to strengthen students' critical thinking skills and their ability to process NGN-style questions in alignment with the CJMM framework, which they had been taught over

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four semesters, by requiring them to conduct a community assessment, identify and analyze cues, prioritize needs of the community based on available resources, develop and implement interventions to address the identified need, and evaluate the process and outcomes.

As part of their population health clinical during summer semester, seven Spanish speaking senior BSN nursing students participated in a community-based service-learning project within an adopted ZIP code located in a metropolitan, coastal Southwest Florida. This initiative provided opportunities to apply theoretical knowledge in real-world settings using the CJMM as a guide, deepening their understanding of public health challenges, the impact of social determinants on health outcomes,[3] and the value of community collaboration.[4]

Several key phases form the foundation of the CJMM.[2] The first phase involves recognizing cues from the client, which may include verbal, non-verbal, and—within the context of this project—environmental, epidemiological, demographic, and biostatic indicators. Analyzing these cues requires collaboration between students and instructors to interpret the data meaningfully. Based on this analysis, students generate and prioritize hypotheses, typically through communication and teamwork with faculty. From these hypotheses, appropriate solutions are developed to guide effective interventions. The "taking action" phase involves implementing the necessary strategies and tools to address the identified needs. Finally, students evaluate the effectiveness of the intervention and determine the appropriate next steps.[2]

2. METHODS

2.1 Layer 4 of CJMM

To assess the adopted ZIP code, students conducted a community assessment through observation while walking and driving through the community that enabled them to identify key environmental and individual factors. These observations included housing conditions, population demographics, cultural elements, available resources, environmental factors, transportation, recreational spaces, businesses, and safety concerns. In addition to observation, students spoke with key informants, such as law enforcement, emergency responders, local business owners, housing managers, and residents about community strengths and areas of need. Students gathered information on demographics, biostatistics, and epidemiological data through the Florida Department of Public Health [FDPH] and U.S. Census Bureau systems.

2.2 Layers 2 and 3 of CJMM

Students identified cues based on their community assessment, talks with key informants, and demographic, biostatistical, and epidemiological data over the course of one week. In analyzing the cues, it was identified that the community was predominantly Hispanic (95.0%), with Spanish as the primary language spoken. A significant portion of residents (21.7%) lived below the poverty line, and 21.0% of individuals aged 65 and older reported having a disability.[5,6] Additionally, 19.9% of adults indicated limitations due to physical, mental, or emotional conditions.[5,6] The area was classified as high-risk for flooding and prioritized for evacuation.[7] Emergency services reported repeated interventions during Hurricane Ian and the community had not yet fully recovered structurally. This information was reflected in similar comments from law enforcement, emergency responders, store owners and residents. Most hurricane preparedness information was disseminated in English only, creating a language barrier for many residents. Several residents expressed a lack of awareness regarding necessary supplies, and due to high poverty levels, many verbalized an inability to afford extra items to keep on hand for emergencies.

Three primary concerns emerged from the assessment: (1) language barriers that limited residents' understanding of hurricane preparedness; (2) lack of awareness regarding where to access hurricane preparedness information; and (3) high poverty levels that prevented residents from acquiring essential emergency supplies. These factors were hypothesized to contribute significantly to the community's vulnerability during hurricanes.

Potential solutions were collaboratively brainstormed amongst the seven students, and appropriate interventions were selected based on time and resources, that included people, money, and space. Using a Gantt chart (see Figure 1) as a project management tool, students outlined the tasks to be completed, established timelines, and assigned responsibilities to individual team members. They identified potential community partners, including first responders, the local housing authority, and nearby food pantries. To guide their planning, students referenced the Federal Emergency Management Agency's recommended emergency supply list, available at https://www.ready.gov/kit.[8]

Partnerships were established with the Sheriff's Department Community Liaison and the housing development manager to support the initiative. After explaining verbally and in writing the purpose of the community-based service-learning activity, students solicited donations from family members, friends, and local businesses to assemble emergency kits containing FEMA recommended supplies of non-perishable food, bottled water, flashlights, batteries, first aid kits, and hygiene items.[8] A bilingual brochure, written at a third grade reading level, was developed to provide essential in-

formation on hurricane preparedness, emergency contacts, and available resources. The brochure was initially written in English, translated into Spanish, and then retranslated into English to ensure accuracy. Reading level was checked through Microsoft Word.

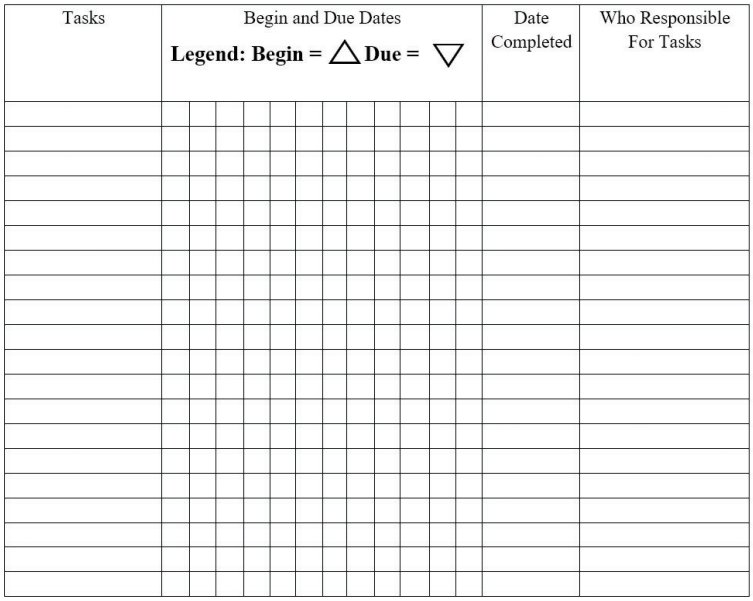

Figure 1. Gantt chart

To promote the distribution event, fliers were posted throughout the community in the local housing management office, laundry mats, gas stations, and grocery stores one week in advance. On the day of the event, free snow cones were offered as an incentive to attend, tables were set up in a central location, and supplies—including a three-day supply of non-perishable food for a family of four, flashlights with batteries, first aid kits, toilet paper, and brochures—were distributed in cloth bags by the seven students. Students provided verbal explanations about needed supplies and resources in both English and Spanish, answering questions and clarifying information as needed. The county sheriff's department supported the event by having two community liaisons help distribute cases of water. The emergency medical technicians (EMTs) brought an ambulance and spoke with residents.

Approximately 300 people live in the focus area. Of that, a total of 73 families received hurricane preparedness kits and educational materials.

3. RESULTS

Layer 1 of the CJMM

The objectives of improving people's access to hurricane preparedness items and improving people's understanding of what to do to prepare for a hurricane were achieved. During the weekly debriefing process, students reported a deeper understanding of how social determinants influence health and safety. Weekly reflection logs revealed increased empathy and heightened awareness of the challenges faced by future patients. Additionally, students expressed greater confidence in navigating real-world situations by assessing cues rather than relying on superficial information and following the process of identifying cues, prioritizing, developing and implementing interventions, and doing process and summative evaluation.

4. DISCUSSION

This case report demonstrates the effective application of the CJMM in community-based settings to assess nursing students' clinical judgment and enhance their critical thinking skills. Through a service-learning approach, students engaged in critical thinking, program planning, and teamwork, while gaining insight into the social determinants of health. Research indicates that collaboration and reflection are influential strategies for improving clinical reasoning.[9] These elements were particularly evident in this project due to its collaborative structure and the incorporation of weekly reflective exercises.

Ongoing use of the CJMM in diverse clinical and community contexts is essential to support nursing students' development of confidence and competence in clinical decision-making. The project also addressed key concepts such as the complex-

ity of health outcomes, barriers to care, and sustainability. Furthermore, findings suggest a need for continued efforts to identify barriers to hurricane preparedness among underserved and vulnerable populations, and to inform sustainable interventions.

Limitations

The population health clinical is only seven weeks during the summer months. This limited timeframe forced students to develop interventions that could be coordinated and implemented in a short period of time and did not allow for a thorough follow up after the next hurricane.

5. Conclusion

Community-based service-learning approaches can be an effective approach to improving nursing students' critical thinking and clinical judgment. This approach increases students' ability to recognize and analyze cues, prioritize hypothesis, develop and implement interventions, and evaluate outcomes. In addition, by working in the community students increase their understanding of the impact of social determinants on the health and well-being of their clients.

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Authors contributions

Dr. Kim White and Dr. Deborah Chapa drafted and revised the manuscript. All authors read and approved of the final manuscript. Dr. Kim White and Dr. Deborah Chapa equally shared in the writing of the manuscript. Dr. Kim White worked directly with the clinical group described in the manuscript.

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Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.

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