PREVIEW for Nurse Educators for Possible Adoption of

Think Like a Nurse
The Caputi Method for Learning Clinical Judgment

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A student textbook that actually teaches a complete, thorough clinical judgment framework — The Caputi Clinical Judgment Framework is the thinking behind the nursing process and the Next Generation NCLEX®

NEW WITH THIS EDITION:
Schools that adopt this book as a required student textbook are eligible to register their students for the online Clinical Judgment course taught by Dr. Caputi! Contact Dr. Caputi for more information at: https://LindaCaputi.com
PREVIEW for Nurse Educators for Possible Adoption of

Think Like a Nurse

The Caputi Method for Learning Clinical Judgment

(USA Version)

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WINDY CITY PUBLISHERS
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THANK YOU FOR REQUESTING TO REVIEW *Think Like a Nurse: The Caputi Method for Learning Clinical Judgment*. At this point I am unable to provide actual hard copies of the book for preview. However, I am happy to provide this document that contains information about each chapter of the book so you can experience the essence of all the chapters.

The overall purpose of this book is to teach clinical judgment needed to be a **self-directed thinker in nursing**. A self-directed thinker is able to determine what thinking is needed in a particular nursing situation without prompts or guidance from another person.

The plan is for the student to use this textbook throughout an entire nursing program. During the first term (semester, quarter, whatever type of system a particular school uses) the student works through Section I. During the next several terms of the nursing program, the student continues to use many of the cognitive guidance tools (thinking activities) from Section I while implementing the learning in Section II. The activities and learning in Section III are accomplished during the final term of the nursing program.

Following this plan for implementation of *Think Like a Nurse: The Caputi Method for Learning Clinical Judgment* prepares the student for the final goal of becoming a self-directed thinker who is prepared to take the NCLEX as well as provide safe patient care.

This book is a **student textbook**. For faculty to use any of the contents of the book in their teaching, including the clinical judgment practice activities, each student must have their own copy of the book. If you decide to adopt this book as a student textbook, I will provide, **FREE of charge**, one hour of phone consultation on how to use the book along with the resources that include a semester topical outline, weekly lesson plans, and classroom activities.

Also, schools that adopt the book as a required student textbook have an opportunity to register their students to take the Clinical Judgment Online Course where Dr. Caputi uses the textbook to teach students all about clinical judgment. The cost of the entire course is very reasonable at $80 per student. This course does not repeat what is in the book, but actually teaches the content as though Dr. Caputi were in the classroom with your students helping them learn, understand, and apply what is in the book. There is more information about the Online Clinical Judgment Course at the end of this document, or, visit https://LindaCaputi.com and click on Online Course from the Clinical Judgment tab.
Information about how to register your students for the online course will be available in mid-Spring, 2022. You may go to [https://LindaCaputi.com](https://LindaCaputi.com), click on “Online Course” under the Clinical Judgment tab and put your name on the list so you will receive registration information as soon as it is available.

Thank you again for your interest in *Think Like a Nurse: The Caputi Method for Learning Clinical Judgment*. I hope this preview document provides information to help you make your textbook decisions. Please feel free to contact me at [LindaJCaputi@gmail.com](mailto:LindaJCaputi@gmail.com) and/or contact me through the Contact page on my website at [https://LindaCaputi.com](https://LindaCaputi.com). There is much more information on my website not only about the book but about nursing education in general including updated Teaching Tools, a Blog, and a free Webinar.
DR. CAPUTI IS PROFESSOR EMERITUS, College of DuPage in Illinois. She has taught in LPN, ADN, BSN, and MSN programs. She is President of Linda Caputi, Inc., a nursing education consulting company. Spanning across 30 years, Dr. Caputi has consulted with over a thousand nursing schools on topics related to teaching clinical judgment, revising curriculum, transforming clinical education, test item writing and analysis, student retention, increasing NCLEX pass rates, and numerous other nursing education topics. She has also presented at over 1,000 workshops and nursing education conferences.

Dr. Caputi has won six awards for teaching excellence from Sigma Theta Tau, is included in three years of Who’s Who Among America’s Teachers, was nominated for the Outstanding Teacher Award in 2005 from the National League for Nursing (NLN), and was presented the 2004 Educator of the Year Award from the Organization of Associate Degree Nursing.

Dr. Caputi is the editor of the second edition (2020) of NLN’s Certified Nurse Educator Review Book and five other books published by the NLN. She co-authored with Dr. Jean Giddens, Mastering Concept-based Teaching (first and second editions). The second edition of her three-volume book Teaching Nursing: The Art and Science won the 2010 Top Teaching Tools Award in the print category from the Journal of Nursing Education. Throughout her career, Dr. Caputi has also published numerous book chapters, journal articles, guest editorials, educational software programs, online learning materials, and even board games for nursing students. For ten years Dr. Caputi served as the editor of the Innovation Center, a column in the NLN’s journal Nursing Education Perspectives.

Dr. Caputi is a Certified Nurse Educator, was inducted as a fellow into NLN’s Academy of Nursing Education, and has served on the NLN’s Board of Governors. Dr. Caputi’s website https://LindaCaputi.com provides more information including an array of teaching resources for faculty.
Who Should Use This Book

Think Like a Nurse
The Caputi Method for Learning Clinical Judgment

THINK LIKE A NURSE: The Caputi Method for Learning Clinical Judgment is written as a textbook for use in all levels of pre-licensed nursing education: LPN/LVN, Associate Degree, Baccalaureate Degree, and entry-level Master’s Degree students. It can also be used in all RN-to-BSN programs as students revisit the process of developing clinical judgment then applying it to community health settings and management in the healthcare setting. RN-to-BSN students can also use this information as they are working with nursing students or orienting new staff in the practice setting to continue to develop their ability to use clinical judgment. This book is also an excellent resource for Nursing Professional Development Practitioners and nurse preceptors as they work with new graduates and new nurse hires to expand their application of thinking.

Finally, Think Like a Nurse: The Caputi Method for Learning Clinical Judgment is a critical element for all students enrolled in Masters in Nursing Education programs. Those being educated as faculty in nursing programs and as Nursing Professional Development Practitioners must focus on teaching thinking if we all are to meet the ultimate goal of improved patient outcomes through excellent nursing care.
THE NEW EDITION OF *Think Like a Nurse: A Handbook* actually has a new title, *Think Like a Nurse: The Caputi Method for Learning Clinical Judgment*. The name change signifies a maturation of the Caputi Method. The work of developing the Caputi Method has evolved over 20 years and incorporates the full essence of what clinical judgment actually is. The overall goal of this book is to transform an elusive concept—clinical judgment—into an easy-to-learn and understand process applied to nursing. For too long students have been unsure what thinking in nursing really is. For too long faculty have been led by the misunderstanding that when presented with case scenarios and clinical situations, if students can correctly answer higher cognitive level questions, that means they have learned to “think like a nurse.” These students did not learn what clinical judgment actually is; they were just asked questions with the presumption a correct answer meant they could think. This has been a long-standing misconception in nursing education. Answering a question correctly does not mean the student engaged in thinking to answer the question.

Students actually learning what clinical judgment is and how to use it in nursing is the missing link. A clinical judgment process that uses clinical judgment competencies to connect nursing content to an individual patient situation represents a change in how we teach students to think and a change in how students learn to think. That is what this book is all about.

**Formalized the Caputi Clinical Judgment Framework**

- This new edition has formalized the Caputi Clinical Judgment Framework.
- The 4-step Tanner Clinical Judgment Model has been replaced with the 5-step Caputi Framework that provides a more complete approach to clinical judgment.
- The term thinking skills and strategies has been replaced with the term clinical judgment competencies.
- The original 19 thinking skills have been retained with the addition of 4 new ones for a total of 23 clinical judgment competencies.
- The entire framework forms the basis for what students need to learn to use the six cognitive processes of the Next Generation NCLEX. The 23 clinical judgment competencies represent the actual detailed thinking needed to demonstrate use of the six cognitive processes of the Next Gen NCLEX.
CALL-OUT BOXES

Throughout the book are various call-out boxes that highlight important thoughts and ideas. Safety and patient-centered care are two major categories of information found in these call-out boxes. The call-out boxes emphasize that clinical judgment supports both safety and patient-centered care. There are additional call-out boxes that affirm other important information in the text.

INTRODUCTORY CONTENT

Throughout the book there are many examples of clinical judgment applied to nursing. These examples include nursing knowledge that is new to the beginning student. For this reason, the content mentioned in examples and activities does not represent the full depth and breadth of information on that topic. The intention is to use basic and introductory content so students can focus on learning clinical judgment without getting weighted down with heavy nursing content. Students will learn the nursing content in more depth throughout the nursing program. However, if the book is introduced later in the program, the student should be expected to use the depth and breadth of the material they have learned thus far.

DIVERSITY

The nursing examples provided are very general in nature. They are not meant to represent diverse patient populations, cultures, and ethnic groups. To help students apply the content to diverse populations and situations, they are provided the opportunity to give examples of how they individually use each clinical judgment competency in their own lives. This provides an opportunity for students to demonstrate the use of the clinical judgment competencies in their own world, expressing their personal perspectives when thinking. In class, as students share their personal use of the clinical judgment competencies, they have the opportunity to discover individual, diverse perspectives on the thinking they are learning.

Online Clinical Judgment Course

Starting June, 2022, all schools that adopt Think Like a Nurse: The Caputi Method for Learning Clinical Judgment as a required textbook for each student to purchase will have the opportunity for their students to purchase the Online Clinical Judgment Course with Dr. Caputi teaching the content presented in each of the chapters in the book. The online learning discusses the contents of each chapter, includes additional information, and closely links the material to the Next Gen NCLEX. Dr. Caputi applies each of the clinical judgment competencies to unfolding case studies just as students will need to do when taking the Next Gen NCLEX. Using this approach students are not only leaning clinical judgment but also learning how to apply clinical judgment in preparation for NCLEX. Students can complete activities for each chapter and upload for faculty review. Faculty can use this Online Clinical Judgment Course as a “hybrid” course for students to learn the material that faculty then apply in class and throughout the nursing courses, as a totally online course, or as homework for a synchronous face-to-face or a synchronous virtual course.

Visit https://LindaCaputi.com for more information.
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The Caputi Method for Learning Clinical Judgment

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Why This Book and Why Learn Clinical Judgment?

CHAPTER 1 BEGINS WITH AN explanation of clinical judgment, definitions, and the link to the NCLEX. The chapter then provides six reasons for learning about, and learning to use, clinical judgment in nursing:

1. Preparing for the NCLEX
2. Transforming your everyday thinking to clinical judgment to provide safe patient care and improve patient outcomes
3. Becoming resilient
4. Becoming a self-directed thinker
5. Using situation-based thinking
6. Dealing with unexpected occurrences and reducing errors in the healthcare setting

Each of these reasons is explained and how clinical judgment enhances the student’s ability to address each of these six important factors.

The student also learns about the six cognitive processes of the Next Generation NCLEX and how the detailed thinking of the Caputi Clinical Judgment Framework provides the detailed thinking needed to use each of those six cognitive processes. Making the connection between the Caputi Clinical Judgment Framework and how it supports the thinking needed on the Next Gen NCLEX is addressed throughout the entire book.
The chapter concludes with a section titled **Factors that Influence the Nurse's Ability to Use Clinical Judgment**. Learning these factors is important for students as they apply clinical judgment in nursing.
CHAPTER 2 PRESENTS THE CAPUTI Method for Learning Clinical Judgment. Students learn that a formalized approach to thinking using a clinical judgment framework is best for keeping them focused, organized, and in the best position to make good decisions. The student learns that good clinical judgment results in the nurse being able to:

- Formulate clear and precise questions about the patient to ensure all necessary information is collected and used.
- Gather and analyze relevant information to determine actions to take.
- Ensure accuracy of information collected and how that information is used.
- Skillfully use the information to determine what to do.
- Determine whether the thinking was accurate or if changes in thinking are needed.

**IMPORTANT NOTE:**

Although nursing education programs teach all of the above bulleted items, the process for engaging in the thinking processes needed for each item was not specifically explained. The only process referenced was the nursing process. The nursing process represents five overall, global steps. The critical missing piece was always **what thinking does the nurse do in each of these steps?** Faculty were unable to explain that thinking, and students were unable to recognize the exact thinking they used in each step. This book provides that critical missing piece in an understandable and easy-to-learn way.

This book and the Caputi Clinical Judgment Framework help students uncover and unpack the thinking processes nurses use. This book presents a systematic, formalized method for learning clinical judgment in nursing, and how to use that method across the entire nursing curriculum including in the classroom, the nursing laboratories, and the clinical environment.
The Three Components of Clinical Judgment

The **Caputi Clinical Judgment Framework** is composed of three basic components:

1. Novice to Expert Theory (Benner, 2001)
2. Steps in Clinical Judgment
3. Clinical Judgment Competencies

Chapter 2 explains each of these three components and how they work together as students learn clinical judgment. Benner’s Novice to Expert theory is used to explain how students move from the Novice stage (rule-based thinking) in the first semester to the Advanced Beginner stage (situation-based thinking) once they learn and begin to use the Caputi Clinical Judgment Framework. Students learn to apply the framework to specific patient situations to make individualized decisions specific for each patient.

The chapter then explains how the **Caputi Clinical Judgment Framework** expands on Tanner’s 4-step clinical judgment model, providing more in-depth and specific information about how nurses think. The 4 steps of the Tanner Clinical Judgment Model is expanded to 5 steps of thinking and 23 clinical judgment competencies in the **Caputi Clinical Judgment Framework**. Table 2.3 in the book demonstrates the connection among the NCSBN’s Clinical Judgment Measurement Model, Tanner’s Clinical Judgment Model, and Caputi’s Clinical Judgment Framework.

**TABLE 2.3**

*Alignment among the NCSBN’s Clinical Judgment Model, the Tanner Clinical Judgment Model, and the Caputi Clinical Judgment Framework*

<table>
<thead>
<tr>
<th>Steps in the NCSBN’s Clinical Judgment Measurement Model</th>
<th>Steps in Tanner’s Clinical Judgment Model</th>
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</tr>
<tr>
<td>Generate Solutions</td>
<td>No Step</td>
<td>Determining Actions to Take</td>
</tr>
<tr>
<td>Take Actions</td>
<td>Responding</td>
<td>Taking Action</td>
</tr>
<tr>
<td>Evaluate Outcomes</td>
<td>Reflecting</td>
<td>Evaluating Outcomes and Your Thinking</td>
</tr>
</tbody>
</table>
**IMPORTANT NOTE:**

Dr. Tanner’s Clinical Judgment Model represents a valuable contributing work to the study of clinical judgment. It is a catalyst to where we are today. Tanner’s model is an overall framework for thinking, just as the nursing process is an overall, broad framework. But just as the nursing process represents broad areas of thinking, the Tanner Clinical Judgment Model also represents broad areas of thinking; it does not provide the specific of thinking that nurses use. If students do not learn the specific thinking skills and strategies (clinical judgment competencies), they are ill-informed about how nurses think.

Think of it this way: The nursing process steps represents five general “learning outcomes” and the thinking skills (the 23 clinical judgment competencies) of the Caputi Clinical Judgment Framework represent the competencies for each step. This is an example of competency-based education as suggested by the AACN’s Essentials—teaching broad categories of information, but having specific competencies that are used to teach the broad categories and to evaluate student learning.

As the chapter explains, all components of the Caputi Clinical Judgment Framework align with the nursing process. **It is critical that students learn that the nursing process is NOT replaced by either the NCSBN CJ Measurement Model or the Caputi Clinical Judgment Framework.** The Caputi Clinical Judgment Framework represents the detailed thinking that supports both the NCSBN CJ Measurement Model and the Nursing Process.

Table 2.8 appears in Chapter 2 as students learn how the NCSBN’s CJMM, the Caputi Clinical Judgment Framework, and the nursing process are in total alignment.

**TABLE 2.8**

*Alignment of the NCSBN Clinical Judgment Measurement Model, the Caputi Clinical Judgment Framework, and the Steps of the Nursing Process*

<table>
<thead>
<tr>
<th>The Cognitive Processes of the NCSBN Clinical Judgment Measurement Model</th>
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</tbody>
</table>
The student learns that both the Clinical Judgment Measurement Model of the NCLEX and the nursing process list steps that are general. These steps do not provide the specific thinking (clinical judgment competencies) required with each step. The Caputi Clinical Judgment Framework fills in those missing pieces. The five steps of the Caputi Clinical Judgment Framework and all 23 clinical judgment competencies form the basis for thinking that will be measured on the NCLEX that is determining the candidate’s ability to engage in the six cognitive processes measured on that exam. Success on the NCLEX requires being able to think using these very detailed thinking competencies learned in the Caputi Clinical Judgment Framework.
CHAPTER 3
Step 1: Getting the Information (NCLEX®: Recognize Cues)

CHAPTER 4
Step 2: Making Meaning of the Information (NCLEX®: Analyze Cues)

CHAPTER 5
Step 3: Determining Actions to Take (NCLEX®: Prioritize Hypotheses & Generate Solutions)

CHAPTER 6
Step 4: Taking Action (NCLEX®: Take Actions)

CHAPTER 7
Step 5: Evaluating Outcomes and Your Thinking (NCLEX®: Evaluate Outcomes)

EACH OF CHAPTERS 3 THROUGH 7 presents one step of the Caputi Clinical Judgment Framework along with its related clinical judgment competencies. The chapter titles represent each of the five steps. The following table lists the five steps and the 23 clinical judgment competencies of the Caputi Clinical Judgment Framework.
The teaching approach used in the book is based on **cognitive learning theory**. With cognitive learning theory, new learning is connected to the learner’s previously constructed mental structures. It is in these mental structures where information is stored. Learning is focused on the mental processes by which the learner retrieves previously learned information, and takes in, interprets, and connects new information. The learner’s established mental structures are recalled and new learning is connected to the established mental structures. This makes learning new content easier and meaningful to the student. Cognitive learning theory attempts to ensure deep learning. The deeper the learning,
the more readily the learner can transfer and apply learned information to new situations. That is, students will be able to more easily and quickly apply the new learning of clinical judgment to nursing care.

The way the book uses cognitive learning theory is to connect new information to the learner’s already constructed mental structures. Doing so makes learning new, unfamiliar information easier. Processing of the new information is deeper because new information is being connected to previously learned information—that previously learned information is already stored in long-term memory.

**Teach Each Clinical Judgment Competency Using Cognitive Learning Theory**

Keeping in mind the above, albeit brief, discussion about cognitive learning theory, each of the clinical judgment competencies taught in Chapters 3 through 7 is presented in the following way:

1. Definition of the clinical judgment competency (thinking skill).

2. Example using that clinical judgment competency in everyday life (connection to previously learned information). After the everyday example is presented, students are asked to give an example of how they use the clinical judgment competency in their own lives.

3. Example using that clinical judgment competency in a nursing situation.

4. A cognitive guidance tool (thinking activity) to immediately apply the clinical judgment competency to a patient in the clinical setting, providing a real-world application and demonstrating early in the nursing program the student can be successful engaging in the thinking of a nurse.

By building on their previous learning, students readily learn the new information, make meaning out of it, and are able to apply their learning to real-world situations.

Teaching clinical judgment in this manner breaks down the very complex task of thinking into small, meaningful, manageable “chunks”. Breaking the complex task of thinking into 23 clinical judgment competencies presented in the organized framework of the five steps of the Caputi Clinical Judgment Framework makes learning clinical judgment manageable. Then teaching each of the 23 clinical judgment competencies using the process listed above makes learning the complex task of thinking in nursing very doable for both faculty and students.

**In other words, teaching the elusive, difficult to describe and difficult to explain concept of “thinking like a nurse” is now a “doable task” that is easy to teach and easy to learn.**

Here is an example of how a clinical judgment competency is taught. This clinical judgment competency is in Chapter 3—Step 1: Getting the Information, clinical judgment competency of Scanning the Environment. The below information is a direct excerpt from the textbook and includes references to previous information in the textbook not contained in this document. References to information previously presented in the book is intention. The intent is to demonstrate how all pieces of the framework work together as a whole; that is, clinical judgment is more than the sum of its parts!
Scanning the Environment

Teaching Step #1: Definition of “Scanning the Environment”

Scanning the Environment means to quickly look over a location (immediate surroundings) of interest. Scanning the Environment involves using one’s senses to perceive the elements and events in an environment. The result of Scanning the Environment is to understand the environmental elements and events to determine their meaning, identify any dangers or threats, and use the information to make decisions. An environmental scan provides information about unexpected occurrences. As discussed in Chapter 1, one of the reasons to learn clinical judgment is to empower you to deal with unexpected occurrences to reduce errors in the healthcare setting.

For example, when the nurse enters a patient’s room, the nurse takes in the “bigger picture” of the environment, such as the equipment in place, where the patient is located, the positioning of the patient, and the presence of visitors or other health professionals at the bedside. A quick review of the area provides much information the nurse uses when working through the clinical judgment competencies of the first step of the Caputi Clinical Judgment Framework, “Getting the Information.” The nurse identifies cues about additional important information to collect to add to those already identified when using the clinical judgment competency of Determining Important Information to Collect prior to entering the patient’s care area. The nurse has already developed a picture of what might be expected in the environment (clinical forethought), then compares that mental picture to what is actually seen.

What is expected in the environment depends on the type of healthcare setting. The environment of a long-term care setting will be quite different than an intensive care setting or the home setting. In the home setting, an additional aspect of scanning the environment includes ensuring the environment is safe for the nurse to enter and remain. A more in-depth environmental scan may involve collecting information about the general operation of a care unit. Issues that are identified may include the organization of the unit, the staffing patterns, the level of satisfaction of the nurses working on the unit, and other unit-specific information.

There are a number of factors that can affect one’s ability to engage in an environmental scan.

1. Holding false assumptions about a situation that interfere with an accurate scan
2. Poor communication when receiving information about the patient
3. Misinterpretation of information provided
4. Past experiences that cloud judgment
5. New situations that are unfamiliar. This is why it is important to determine what you need to think about when you encounter a new situation. The importance of addressing your knowledge was discussed at the beginning of this chapter.
6. Pressure to get the job done
7. Other thoughts on your mind that interfere with clear thinking. This is why mindfulness as discussed in Chapter 1 is so important.
It is important to be aware of the environment. Environmental awareness is one of the environmental factors of the NCLEX Clinical Judgment Measurement Model. Another factor in that model is time pressure. As noted in #6 above, pressure to get the job done can affect the nurse’s ability to conduct an environmental scan.

**Teaching Step #2: Example Using “Scanning the Environment” in Everyday Life**

*Scanning the Environment* is a commonly used thinking competency in everyday life. Examples include scanning the checkout lines in a grocery store to determine which line to enter. Looking at a map on the GPS that shows traffic is a way to scan the traffic environment to determine which route to take to a destination. Another example is scanning the seating chart on a map of a theater to determine what seats are available when buying tickets to an event.

It is also important to *Scan the Environment* for safety purposes. It is common to scan the environment to locate exits when entering a crowded room. *Scanning the Environment* is also helpful when entering a party hosted by a new acquaintance in an area new to the party-goer. That person might scan the neighborhood when approaching the home, then scan the environment inside the house for any safety concerns.

**Thinking Challenge**

Provide an example of how you use the clinical judgment competency of *Scanning the Environment* in your everyday life.

**Teaching Step #3: Example Using “Scanning the Environment” in Nursing**

Nurses in all care areas scan the environment. *Scanning the Environment* may involve a particular unit in a healthcare agency, the patient’s room, the patient’s home, or the community in which a patient lives. *Scanning the Environment* provides an overall, initial “feel” of a particular environment and the opportunity to identify any unexpected occurrences as well as determine the safety of the environment for both the nurse and the patient. Safety of the environment for the patient considers issues such as water on the floor, bedrails down, call light that is not within the patient’s reach, an overfull urinary drainage bag causing urine to not properly drain, improperly positioned equipment, and small area rugs in the home environment that may slip resulting in a fall. These are just examples of the many factors that can interfere with a patient’s safety that can be identified while *Scanning the Environment*. 
Teaching Step #4: Cognitive Guidance Tool for the Clinical Judgment Competency of “Scanning the Environment”

The cognitive guidance tool for *Scanning the Environment* provides practice with this competency when entering a patient’s room in the hospital or in-patient setting. There are many times you will use this clinical judgment competency in a variety of situations. This tool is just one example. Fill in the information or answer the questions on a piece of paper or use an electronic device as instructed by your faculty.

**Quick Scan of the In-Patient Unit**

*Scanning the Environment* starts outside the patient’s room, as you approach the door start your environmental scan. Stand outside the patient’s room making observations while performing hand hygiene and donning any required personal protective equipment (PPE).

*Scanning the Environment* continues upon entering the patient’s room so as you walk through the door start your environmental scan. The bulk of the scan is conducted prior to starting the patient assessment, but also continues throughout your time in the room to ensure nothing is missed. Use your senses to collect the information. Ask yourself, what do you see, hear, smell, and feel?

**Question**

What do you see?

1. Is there signage for specific infection and prevention control precautions at the doorway? Is the signage as expected or unexpected? Is the appropriate PPE stocked outside the room or in the anteroom?
2. Where is the patient? Is the patient comfortably and safely positioned?
3. Do you see any safety concerns for this patient?
4. Is the patient awake, asleep? Relaxed? Guarding? In pain or obvious distress?
5. What is the patient’s facial expression? Is it relaxed? Tense? Appropriate for the situation?
6. Is there any required emergency equipment present and/or functioning (suction, emergency airways, bag-valve mask, oxygen flow meter and oxygen tubing)?
7. Is there any safety equipment in the room such as a bed alarm or floor mat sensor to indicate the patient is out of the bed?
9. Who besides the patient is in the room? Visitors? Other healthcare personnel? What are they doing?
10. Is the room neat, messy, food trays at the bedside?
Dr. Linda Caputi

Question
What do you hear?
1. Are there any monitors beeping? Any alarms going off?
2. Is the patient talking? Moaning? Crying? Snoring?

Question
What do you smell?
1. What smells are expected?
2. Are there any smells that are unexpected? What might those smells mean?

Question
What do you feel?
1. Is the room hot? Cold? Is the temperature what it should be for this patient?
2. Is the floor slippery? Sticky?

It is important that as students use the above tool to apply the clinical judgment competency in the clinical, that

Conclusions:
1. Does everything seem right?
2. Does the scan indicate a problem? What might that problem be?
   Is the problem urgent? Is there an action you should take immediately?
3. Anything unexpected?
4. Did you discover anything new that you should act on during this visit or after you leave the room?

faculty provide immediate feedback. It is helpful to develop a grading rubric for the tool so all faculty grade students looking for the same level of performance.
Teaching the Entire Caputi Clinical Judgment Framework

All 23 clinical judgment competencies are taught in this same manner. It is best if all this content is taught in the first semester of nursing because clinical judgment is a fundamental, foundational concept that is applied to all patient care areas. All faculty across the nursing program use the framework and the language of the framework (clinical judgment competencies) so students constantly apply and use the clinical judgment they learn in this textbook. **Consistent use by faculty across the nursing program results in a nursing student who is a self-directed thinker—that is one who can direct their own thinking without needing faculty questions to prompt them.** Becoming a self-directed thinker is what is absolutely needed when taking the Next Gen NCLEX and when providing safe patient care.
CHAPTERS 8 AND 9 MAKE UP Section II. The purpose of Section II is for students to use advanced cognitive guidance tools (thinking activities) to explain their thinking. In Chapters 3 through 7 students practiced using clinical judgment with activities focused on a single clinical judgment competency. Those chapters laid the foundation of what clinical judgment is all about. However, nurses in practice do not use one clinical judgment competency at a time; rather, nurses use some or all of the entire clinical judgment process as needed.

Chapters 8 and 9 provide advanced level cognitive tools that are not focused on a specific clinical judgment competency but rather challenge the student to use the entire framework then explain how they used the various clinical judgment competencies. The student completes one of the advanced level activities, then explains the thinking used by completing a table provided at the end of each chapter. The table lists the five steps of the Caputi Clinical Judgment Framework and all 23 clinical judgment competencies in the left column. In the right column the student explains which clinical judgment competencies were used and how each was used to complete the activity.

Students learn that content and clinical judgment MUST go together; otherwise, there is no assurance their thinking will lead to the best results.

Students learn that explaining their thinking by only addressing content is not actually explaining their thinking. Explaining their thinking is two-dimensional:
1. **CONTENT:** Explaining the content that relates to what they are thinking including pathophysiology; patient health information; patient-specific information such as spirituality, culture, and pre-existing conditions; medications and other treatments the patient is receiving; planned interventions; rationales for interventions; nursing interventions performed; how the patient responded; and other information pertinent to the patient and the discussion. All this is the **content** they learn in their nursing courses and associate with, or connect to, an individual patient situation.

2. **CLINICAL JUDGMENT:** Explaining your thinking. The content the students provided with #1 is central to what they are doing as a nurse (situation-based thinking); however, the content takes on true meaning only if students can explain how they use that content in terms of the organized **thinking** they used. Students must explain **how their thinking guided** their use and application of the content.

**The Bottom Line**

Clinical judgment involves using clinical judgment to process nursing knowledge (content) within a specific patient situation (situation-based thinking). To truly learn and know how to use clinical judgment, the “bottom line” flow of thinking must be used.

All the **Advanced Level Cognitive Guidance Tools** require the student to:

- Use the clinical judgment competencies of the Caputi Clinical Judgment Framework
- Explain the thinking they used to process nursing knowledge
- Combine the clinical judgment thinking and nursing knowledge to the individual patient situation

When students can give this type of explanation, then faculty know they are truly using clinical judgment to guide their decisions.
CHAPTER 10 IS THE ONLY CHAPTER in Section III. The purpose of Section III is to pull together all that students learned in the book and provide additional ideas on how to use all the clinical judgment competencies of the Caputi Clinical Judgment Framework. The activities are designed to guide students to become a self-directed thinker. A self-directed thinker is one who can direct their own thinking without needing a faculty member to ask questions; rather, the student is able to determine what questions to ask of themselves. Being a self-directed thinker is mandatory for passing the Next Gen NCLEX and for safe nursing care in practice.

Chapter 10: Putting it All Together shares ideas about how to bring all the information together and use the framework in various healthcare and learning environments. Chapter 10 also presents an example of how a student (Christina) used Step 1 of the Caputi Clinical Judgment Framework to explain her thinking. The chapter then provides ways to use the framework while learning throughout the nursing program.

The example of how a student used the Caputi Clinical Judgment Framework is provided in the report from a self-directed thinking student in the final semester of a nursing program. The student reports on using Step 1 of the Caputi Clinical Judgment Framework: “Getting the Information.” Step 1 covers 5 clinical judgment competencies: (1) Determining important information to collect, (2) Scanning the environment, (3) Identifying signs and symptoms, (4) Assessing systematically and comprehensively, and (5) Ensuring accurate information. Following is the explanation the student provided on how she applied these clinical judgment competencies.

1. Determining important information to collect

Below is the information I received from the previous nurse’s report, and the important information I will collect based on that report.
• During report from the nurse on the previous shift and from a review of the SBAR report, I learned the patient was admitted with pneumonia. **Information to collect:** a complete respiratory assessment including lung sounds, laboratory tests such as sputum culture results, medications the patient is taking to treat the pneumonia, and the complete blood count results taken three hours earlier with comparison to previous readings, especially the white blood cell count.

• The patient was reported to be oriented X4 throughout the previous shift. I will assess level of consciousness and orientation.

• Pulse oximetry reported to have been between 90 and 92: measure pulse ox with initial assessment.

• The nurse stated the patient was watching TV during most of previous shift, but states is growing tired; frequent yawning: I will assess the patient’s readiness for sleep.

### 2. Scanning the environment

Upon entering the room, I noted an IV infusing on an infusion pump; “fall risk” written on the communication board in the room noting ambulation with x1 assist; oxygen cannula incorrectly placed, tubing hanging around the patient’s neck; and the oxygen flow rate set at 2 liters. There was a food tray from dinner that was delivered two hours ago with about half of the meal still on the tray. There was one visitor at the bedside. The patient is quiet, eyes closed, lying in the bed with the head of bed raised 45 degrees.

### 3. Identifying Signs and Symptoms

During my initial assessment I noted the patient’s facial skin color was pale and slightly bluish around the mouth; appeared to be sleeping; difficulty arousing, only aroused with tactile stimuli. The visitor stated the patient has been sleeping for the last 15 minutes.

### 4. Assessing Systematically & Comprehensively

With the unexpected finding of facial skin color and difficulty arousing, I applied my knowledge of perfusion to consider all assessment data to collect (a deeper, focused assessment) and what immediate actions may need to be taken related to decreased perfusion. I collected the following information and immediately implemented a couple interventions:

• Color of nail beds, capillary refill, skin temperature

• Pulse oximetry reading, blood pressure, pulse

• No dyspnea or edema

• Lung sounds, respiratory rate and character
• Repositioned oxygen cannula and ensured oxygen was set at correct flow rate
• Positioned patient for lung expansion
• Assessed the patient’s level of consciousness: awakens to tactile stimuli only, oriented X4 but slow to respond, reports feeling dizzy, denies chest discomfort
• Asked the patient, “How are things going for you today?” and “Tell me about this dizziness you are having.”
• Reviewed medical record for last 24 hours, reading the nurse’s notes and notes from the respiratory therapist and primary care provider
• Reviewed medication administration record for any medications that may have an effect on the patient’s state of perfusion

5. Ensuring Accurate Information

I needed to ensure the information I collected was accurate. Accurate data collection first starts with my level of knowledge of perfusion, related pathophysiology, and the individual patient situation. I must be fully informed. Following is how I determined the accuracy of the data I collected or how I will determine the accuracy of the information should I have doubts about what I am collecting:

• Pulse ox: If unsure the equipment is working correctly, I will take my own pulse ox to test the device.
• Lung sounds: If I am in doubt about what I am hearing, I will consult with another nurse to assess.
• Ensure oxygen is flowing: Check for correct flow rate set on the flow meter; ensure the oxygen cannula is placed correctly; check for kinks in the tubing.
• Determine patient’s ability to provide reliable information: Review medical record for any evidence of the patient’s inability to be a reliable historian. Check the accuracy of the patient’s response to questions related to orientation.

This student’s report demonstrates the use of the Caputi Clinical Judgment Framework when working through the first step: “Getting the Information.” In so doing, the student demonstrated how clinical judgment competencies were used to process nursing knowledge applied to a specific patient situation. The example demonstrates the student has developed a foundation for resiliency because the student has a process to follow for mindful thinking, ensuring attention is centered on the patient. Finally, using the Caputi Clinical Judgment Framework helps the student deal with unexpected occurrences, focusing on the patient’s needs and nursing actions to reduce errors in patient care.

The student would then address Steps 2 through 5 of the Caputi Clinical Judgment Framework, explaining how each of the clinical judgment competencies of each of the remaining four steps was used. This approach develops a self-directed thinker. As is evidenced by the student’s report, the necessary, important content about the specific patient situation is determined by applying thinking to learned nursing knowledge within the individual patient context.
Connection to the Next Gen NCLEX

This type of thinking represents what the NCSBN expects in each of their Next Gen NCLEX case study questions and stand-alone clinical judgment test item examples. The difference is the NCSBN relates the test items to one of the six cognitive processes, but does not explain the specific thinking required to process the exam item.

Further Use of the Caputi Clinical Judgment Framework

After presenting the above example, Chapter 10 shares with students ways to use the overall Caputi Clinical Judgment Framework which they learned in the earlier chapters of the book. Students apply the Framework throughout their nursing courses. Suggested applications of the Framework include using the Caputi Clinical Judgment Framework:

• As a study and care planning tool

• To study pathophysiology and pharmacology

• In the clinical setting

• As part of the clinical evaluation tool

• In simulation

• To work through case studies in the classroom

• In the graduate’s first nursing position interview
THE PURPOSE OF THIS PREVIEW is to provide nursing faculty and administrators information about the student textbook *Think Like a Nurse: The Caputi Method for Learning Clinical Judgment*. This document explained the content taught in each of the chapters. It also provided information about the educational theory used to present the content. The goal is not to just provide information, but to arrange that information in a way that best meets the students’ need for learning clinical judgment and applying clinical judgment in nursing practice.

Starting mid-January, 2022, the book will be available on Amazon. You can use the “Look Inside” feature of Amazon to review additional parts of the book. However, the best possible pricing for *Think Like a Nurse: The Caputi Method for Learning Clinical Judgment* is from the publisher, Windy City Publishers. Please visit https://LindaCaputi.com and click on the “About the Book” tab for ordering information.

Please remember that when a school adopts *Think Like a Nurse: The Caputi Method for Learning Clinical Judgment* as a required student textbook, faculty are provided with resources that include:

1. One-hour complimentary consultation on how to use the book in your nursing program

2. A weekly topical outline for a course when the content is initially taught

3. Lesson plans for the initial teaching of clinical judgment that includes classroom learning activities and suggestions for implementation in the clinical setting

PLEASE CONTACT DR. CAPUTI FOR THE ABOVE RESOURCES.
You may email her at LindaJCaputi@gmail.com
or use the Contact tab at https://LindaCaputi.com.
Online Clinical Judgment Course

For all US schools that adopt *Think Like a Nurse: The Caputi Method for Learning Clinical Judgment*, Dr. Caputi also offers an online course. Students in schools that adopt the book are allowed to purchase the course that is taught by Dr. Caputi. The following pages include information about the online course.

Coming June 2022, all US schools that adopt *Think Like a Nurse: The Caputi Method for Learning Clinical Judgment* as a required textbook, may enroll their students in the online course that accompanies the text for the low cost of $80 per student for the entire course.

This online course can be used as:

- A stand-alone asynchronous, online course
- A supplement to what faculty teach in class about clinical judgment
- The major source for learning the textbook content with the faculty working through application activities in the classroom applying what students learned from the online course

The online course provides a way to ensure **consistent teaching of clinical judgment** so all students are learning about this very important concept. The clinical judgment framework is then applied throughout the entire nursing program to ensure students become **self-directed thinkers** by the end of the nursing program, are ready for the Next Gen NCLEX, and are ready to provide safe nursing care!

Dr. Caputi teaches the course that covers all the chapters in the book. The flow of the online learning is as follows:

1. Students will be asked to “pause” the discussion and read certain sections of the book.

2. After they read the assigned section of the book, students will listen to Dr. Caputi’s discussion that adds additional support information and examples to help students learn and understand what they read in the book. The discussion is not a repeat of what is in the book, but actual application of the content, how they will use the thinking, and how it all connects to the Next Generation NCLEX (NGN) and to nursing practice. The content expands on what is in the textbook just as the faculty would when teaching the content.

3. The student will experience two unfolding case studies throughout the online course that demonstrate how the clinical judgment framework is used in practice. The unfolding case studies provide practice engaging in the cognitive processes tested on the Next Gen NCLEX drilling down to the specific thinking needed in each of the six cognitive processes of the NCSBN Clinical Judgment Measurement Model.

4. At the end of each chapter the student is presented with learning activities where they work through assignments applying the chapter information. When the student completes these activities, they are uploaded to the faculty.

5. Faculty can review information about each student’s progress through the course, how long they spent on each chapter, and how long they spent completing the learning activities.
Information about registering for the online course will be available in mid-Spring 2022.

You may go to https://LindaCaputi.com,
   click on “Online Course” under the Clinical Judgment tab,
   and put your name on the list so you will receive registration information
   as soon as it is available.

Please contact me with any questions or comments about the online course for
   Think Like a Nurse: The Caputi Method for Learning Clinical Judgment.
THANK YOU for reviewing this Preview of
Think Like a Nurse: The Caputi Method for Learning Clinical Judgment.

Please do not hesitate to contact me if you have any questions or comments about the book or the online clinical judgment course.

You may contact me at LindaJCaputi@gmail.com
or send a message from my website by clicking on the Contact tab.

To order Think Like a Nurse: The Caputi Method for Learning Clinical Judgment please go to https://LindaCaputi.com
and click on “About the Book” under the Clinical Judgment tab.

I wish you the best as you teach students clinical judgment in nursing.

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