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Interdisciplinary Academic and Research Journal

oldiSSN 27740374(Onlne):NewISSN 2985-2749(Onlne)
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olume 5 issue 6 November- December 2025



สถาบันส่งเสริมและพัฒนาวิชาการดอกเตอร์เคน
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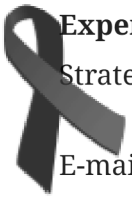
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in AI-integrated education, and comparative studies between formal schooling and tutoring institutions. She employs mixed-method research approaches to explore educational outcomes and contribute to policy and innovation in teaching and learning.

Expertise: Educational Management, Hybrid & Technology-Enhanced Learning, Lifelong Learning, Ethical Leadership in AI Education, Comparative Education, and Mixed-Methods Research.

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Expertise: Thai dance and drama, folk and religious performance, cultural preservation, contemporary choreography, and community-based arts.

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Her research contributions span both behavioral studies and applied tourism planning. Key projects include analyzing tourist intentions in faith-based tourism in Maha Sarakham Province, and optimizing family travel routes in Buriram using advanced heuristic models. These works combine social science approaches, such as survey analysis, with technical methods like adaptive algorithms, reflecting her interdisciplinary strength. Her studies not only enhance academic understanding but also provide practical insights for local tourism development, helping communities design sustainable tourism experiences.

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Interdisciplinary Academic and Research Journal, X (X): XXXXXXX-XXXXXX 20XX
Old ISSN 2774-0374: New ISSN 2985-2749
Website: https://so03.tci-thaijo.org/index.php/IARJ/index

Effect of Case-Based Learning Combined with the Five-Dimensional Perspective Technique (CBL-5DP) on Clinical Decision-Making Ability of Nursing Students

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Received XX/XX/XXXX Revised XX/XX/XXXX Accepted XX/XX/XXXX

Abstract

Background and Aims: Clinical decision-making ability is a core competency in emergency nursing practice characterized by time pressure and complex clinical situations. Traditional teacher-centered approaches inadequately develop this critical skill. This quasi-experimental study investigated the effect of case-based learning combined with the five-dimensional perspective technique (hereafter referred to as CBL-5DP) encompassing five systematic dimensions: problem identification, goal setting, solution decision-making, implementation, and evaluation/feedback, on nursing students' clinical decision-making ability at a regional medical university in Southwest China.

Methodology: Using a one-group pretest–posttest design, 45 second-year nursing participated in six-week CBL-5DP intervention (12 hours). The intervention was delivered through six emergency nursing cases with progressively increasing complexity. Clinical decision-making ability was measured using validated 30-item scale (total score = 100), and students' satisfaction was assessed via a 15-item questionnaire. Data were analyzed using descriptive statistics, paired-samples t-test, and one-sample t-test.

Results: Clinical decision-making ability improved significantly from pretest (M = 56.60, SD = 9.12) to posttest (M = 82.42, SD = 5.10), with a mean difference of 25.82 points, t(44) = 20.24, p

Interdisciplinary Academic and Research Journal, X (X): XXXXXXX-XXXXXX 20XX
Old ISSN 2774-0374: New ISSN 2985-2749
Website: https://so03.tci-thaijo.org/index.php/IARJ/index

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< .001, with a large effect size (Cohen's d = 3.35). All participants (100%) exceeded the predetermined competency criterion of 70 points, t(44) = 16.34, p < .001. Overall student satisfaction reached the highest level (M = 4.79, SD = 0.47) across all four evaluated aspects.

Conclusion: Integrating CBL-5DP significantly enhanced nursing students' clinical decision-making ability through hands-on learning that resembles real-life clinical situations. This pedagogical approach offers practical implications for nursing education, particularly for regional institutions seeking to bridge the theory-practice gap systematically and develop graduates' clinical competencies.

Keywords: Case-Based Learning; Five-Dimensional Perspective Technique; Clinical Decision-Making Ability; Nursing Students; Emergency Nursing

Interdisciplinary Academic and Research Journal, X (X): XXXXXXX-XXXXXX 20XX
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Introduction

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Clinical decision-making ability is a critical nursing competency directly impacting patient safety and care quality, requiring systematic data synthesis, problem identification, evidence-based goal setting, intervention implementation, and outcome evaluation (Alfaro-LeFevre, 2020). This complex cognitive process becomes particularly crucial in emergency contexts where nurses must rapidly integrate clinical information and prioritize interventions under time pressure and uncertainty (Tanner, 2006). China's expanding healthcare infrastructure demands competent nurses capable of independent clinical decisions, especially in regional institutions with limited resources serving dispersed populations. However, nursing education faces a persistent theory-practice gap, as traditional teacher-centered pedagogies emphasize theoretical knowledge transmission while neglecting clinical decision-making skills development such as situational analysis and problem-solving (Zhu, 2019). Consequently, nursing graduates typically require six to twelve months of orientation before demonstrating independent decision-making capacity, increasing institutional costs and delaying service quality improvements (Li et al., 2021). These challenges intensify in Southwest China's regional medical universities where constrained clinical exposure and limited instructional resources further impede practical competency development and transfer to authentic practice environments.

Case-based learning (CBL) has emerged as a promising pedagogical approach for address the theory-practice gap endemic to health professions education. CBL represents a fundamentally student-centered instructional strategy that employs real or simulated clinical cases as the core medium for learning, encouraging students to actively engage in problem analysis, evidence integration, and collaborative decision-making (Burgess *et al*., 2021; Thistlethwaite *et al*., 2012) that approximate the cognitive demands of actual clinical practice. Accumulated research evidence demonstrates that well-implemented CBL interventions significantly enhances clinical reasoning capabilities and problem-solving skills among health

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professional students (Gholami *et al*., 2021; Hong and Yu, 2017; Sümen and Adibelli, 2024). However, while CBL clearly offers real-life learning experiences that involve students more than traditional lectures, most current CBL research mainly looks at clinical decision-making as a single outcome, seldom exploring how different aspects of decision-making skills grow in different ways through organized teaching methods.

The five-dimensional perspective technique (5DP), originally proposed by Ye and Jiang (2005) within Chinese nursing education contexts, systematically break down complex cognitive processes into measurable and teachable components: problem identification, goal setting, solution decision-making, decision implementation, and evaluation and feedback. Recent theoretical advances have further substantiated this dimensional approach. Peng et al. (2024) demonstrated through analysis of over 30,000 clinical cases that nurses naturally assess patients through five interrelated dimensions—disease condition, health status, physiological function, self-care ability, and complications/risks. These frameworks provides strong evidence that dimensional decomposition reflects fundamental cognitive architecture of nursing clinical reasoning rather than arbitrary pedagogical categorization. This quasi-experimental investigation addressed these identified literature gaps by systematically examining the effect of CBL integrated with the five-dimensional perspective technique (CBL-5DP) on nursing students' clinical decision-making ability within a regional medical university context in Southwest China.

Objectives

1. To compare the clinical decision-making ability of nursing students before and after learning through CBL-5DP

2. To compare the clinical decision-making ability of nursing students after learning through CBL-5DP with the determined criterion of 70 percent of the full score;

3. To assess the student's satisfaction after learning through CBL-5DP.

Interdisciplinary Academic and Research Journal, X (X): XXXXXXX-XXXXXX 20XX
Old ISSN 2774-0374: New ISSN 2985-2749
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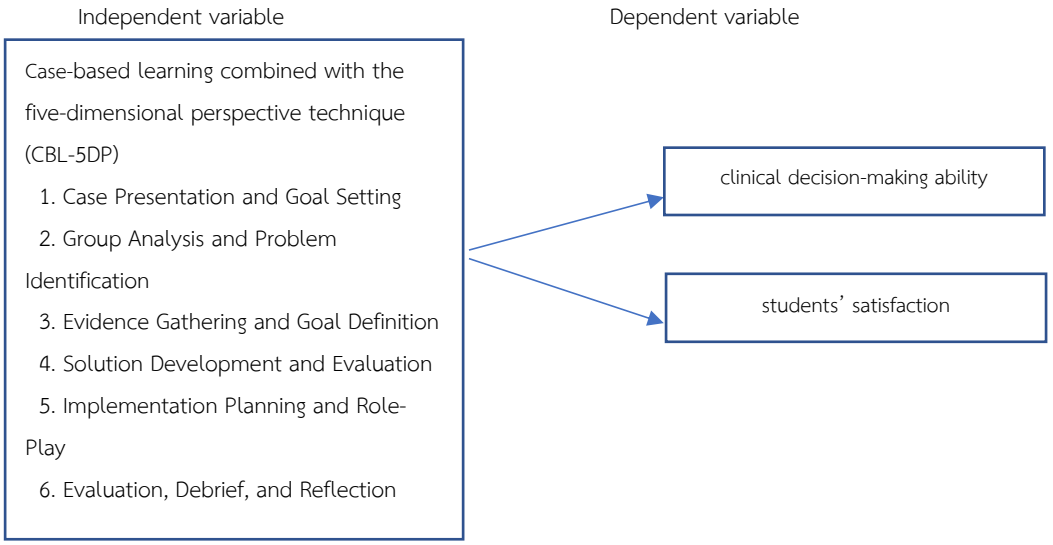
Literature Review

The integration of case-based learning with the five-dimensional perspective technique (CBL-5DP) is grounded in experiential learning theory and constructivism. Kolb's (1984) experiential learning cycle—concrete experience, reflective observation, abstract conceptualization, and active experimentation—provides the pedagogical foundation, with CBL offering authentic clinical cases as concrete experiences while the five-dimensional framework guides structured reflection and analysis. Constructivist theory further supports this approach by encouraging active engagement with clinical cases and peer collaboration to construct understanding of complex concepts (Dewey, 1916), with the five-dimensional framework explicitly scaffolding the decision-making process to make it visible, measurable, and amenable to targeted feedback.

Clinical decision-making ability in nursing is conceptualized as a systematic, experience-informed, evidence-based cognitive-behavioral process enabling nurses to identify problems, set goals, implement interventions, and evaluate outcomes (Benner et al., 2010; Ye & Jiang, 2005). The five-dimensional framework developed by Ye and Jiang (2005) through Delphi methodology with Chinese nursing experts operationalizes this construct across five weighted dimensions: problem identification (30%), goal setting (10%), solution decision-making (30%), implementation (20%), and evaluation/feedback (10%). This framework has demonstrated validity and reliability across Chinese nursing student populations and provides measurable indicators for educational assessment (Ye & Jiang, 2005). The integration of CBL with the five-dimensional framework therefore provides both theoretical coherence and practical scaffolding for developing clinical decision-making competencies essential for professional nursing practice.

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Conceptual Framework



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Figure 1 Conceptual framework

Methodology

This study employed a one-group pretest-posttest design (Campbell & Stanley, 1963). The pretest (O1) measured clinical decision-making ability before the intervention; the treatment (X) was the implementation of CBL combined with the five-dimensional perspective technique; and the posttest (O2) measured clinical decision-making ability and student satisfaction after the intervention. The study was conducted from November 2025 to March 2026.

Population and Sample

The population consisted of 270 second-year nursing students (6 intact classrooms) enrolled at Qujing University of Medicine for the 2025 academic year. All participants had completed foundational nursing courses and were undertaking the Emergency Nursing course as part of their core curriculum. Using cluster random sampling, one classroom (n = 45) was randomly selected. The sample size met the minimum requirements for planned statistical

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analyses and fell within the typical range (30-60 participants) reported in similar educational intervention studies.

Intervention and instruments

The intervention consisted of six two-hour lesson plans (12 hours total) in emergency nursing using case based learning integrated with the five-dimensional (CBL-5DP) (Table 1). Each lesson plan was followed a systematic six-step teaching process synthesized from Kolb (1984), Taha et al. (2024), and Burgess et al. (2021):

Step 1: Case Presentation and Goal Setting (15 min) – Introduction of an authentic clinical case with clear learning objectives for all five dimensions.

Step 2: Group Analysis and Problem Identification (25 min) – Small-group analysis targeting identifying and prioritizing critical clinical problems (Dimension 1).

Step 3: Evidence Gathering and Goal Definition (15 min) – Research of relevant guidelines targeting setting SMART goals (Dimension 2)

Step 4: Solution Development and Evaluation (25 min) – Generating and evaluating multiple interventions targeting evidence-based solution selection (Dimension 3).

Step 5: Implementation Planning and Role-Play (15 min) – Developing action plans targeting practical implementation skills (Dimension 4).

Step 6: Evaluation, Debrief, and Reflection (25 min) – Structured reflection targeting evaluation and feedback (Dimension 5).

Table 1 Lesson Plans and Learning Activities Using CBL-5DP.

Lesson	Topics	Case Description	Key Learning Activities
1	Emergency Nursing in Acute Myocardial	58-year-old male farmer with sudden retrosternal chest pain (8/10), dyspnea, diaphoresis; BP	Groups identified critical problems (chest pain, oxygen deficit), set SMART goals (restore tissue perfusion within 90 min),

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Lesson	Topics	Case Description	Key Learning Activities
	Infarction	160/95 mmHg, HR 105 bpm, SpO_2 92%; ECG shows ST-elevation in II, III, aVF	evaluated interventions (oxygen, aspirin, morphine, ECG monitoring), planned implementation priorities, and reflected on time-sensitive decision-making
2	Emergency Nursing Care for Patients with Acute Stroke	A 63-year-old male patient presented with sudden right-sided limb weakness and aphasia lasting 90 minutes. His NIHSS score was 12, with BP 190/110 mmHg. He had a history of atrial fibrillation but was not on anticoagulation therapy.	Groups analyzed stroke severity, established thrombolysis eligibility goals, compared intervention options (thrombolysis vs. conservative), role-played rapid neurological assessment, and evaluated treatment timing decisions
3	Emergency Nursing Care for Patients with Penicillin Anaphylactic Shock	A 28-year-old woman developed laryngeal tightness, facial flushing, blood pressure (BP) 70/40 mmHg, and SpO_2 88% with a rash after receiving intravenous penicillin for 2 minutes.	Groups prioritized life-threatening problems (airway, circulation), set immediate stabilization goals, selected epinephrine administration protocol, simulated emergency response, and reflected on anaphylaxis management
4	Emergency Nursing Care for Patients with Food Poisoning	Eight students from a middle school developed nausea, vomiting, and diarrhea two hours after lunch. Two showed signs of dehydration, and one had a blood pressure of 85/50 mmHg.	Groups identified multi-patient triage priorities, established hydration goals, planned IV fluid therapy and monitoring, practiced resource allocation, and evaluated outbreak management strategies
5	Emergency Nursing Care for Patients with Scalds	4-year-old boy with 15% TBSA burns (chest, upper limbs) from hot soup; ruptured blisters, intense crying	Groups assessed burn severity and pediatric pain, set burn care and comfort goals, developed cooling and dressing protocols, role-played child communication techniques, and reflected on pediatric emergency care
6	Emergency	An 18-month-old infant	Groups recognized airway obstruction

Interdisciplinary Academic and Research Journal, X (X): XXXXXXX-XXXXXX 20XX
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Lesson	Topics	Case Description	Key Learning Activities
	Nursing Care for Foreign Body Airway Obstruction in Infants and Young Children	developed sudden choking, wheezing, and loss of speech after consuming peanuts, with SpO_2 at 90% and HR at 170 bpm.	urgency, established oxygenation goals, evaluated Heimlich vs. back blows, simulated infant resuscitation techniques, and debriefed on pediatric airway management

The research instruments consisted of two pieces of equipment: a clinical decision-making ability assessment scale and a students' satisfaction questionnaire. Details are as follows:

1. Clinical decision-making ability was measured using an instrument adapted from the Clinical Decision-Making Ability Scale for Nursing Undergraduates developed by Ye and Jiang (2005). Each item presents a clinical scenario requiring students to demonstrate decision-making competency within the respective dimension. Items are scored on criterion-referenced rubrics with clearly defined performance levels, yielding a total possible score of 100 points. Higher scores indicate greater clinical decision-making ability. Consistent with widely adopted educational evaluation criteria in China, a cutoff score of 70% of the total score was used to indicate competent clinical decision-making ability.

2. Students' satisfaction was assessed through a 15-item questionnaire using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The questionnaire covered four aspects: learning (4 items), teaching strategy (4 items), teaching media (3 items), and assessment (4 items). Satisfaction levels were interpreted as: 1.00-1.80 = lowest, 1.81-2.60 = low, 2.61-3.40 = moderate, 3.41-4.20 = high, 4.21-5.00 = highest. The questionnaire was validated through expert review (three nursing education specialists, two curriculum experts) and pilot testing (n = 15), yielding content validity index of 0.92 and Cronbach's α of 0.91, indicating strong validity and reliability.

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Data Collection and Analysis

The pretest was administered one week before the intervention to assess students' baseline clinical decision-making ability using the Clinical Decision-Making Ability Scale for Nursing Undergraduates.

The intervention was then implemented in the Emergency Nursing course using six lesson plans delivered over 12 hours. Case-based learning combined with the five-dimensional perspective technique was applied consistently throughout the intervention period.

The posttest was administered immediately after the completion of the intervention using the same instrument. Data were analyzed using a statistical software package. Descriptive statistics (means, standard deviations) were calculated for all variables. A dependent samples t-test was used to compare pretest and posttest scores. A one-sample t-test was used to compare posttest scores with the criterion of 70%. Cohen's d was calculated to determine effect size (small = 0.2, medium = 0.5, large = 0.8). The significance level was set at $p < .05$.

Ethical Considerations

This study was approved by the Institutional Review Board of Qujing University of Medicine. All participants provided informed consent. Participation was voluntary, and students could withdraw at any time without penalty. Data were kept confidential and used only for research purposes.

Results

1. Comparison of Clinical Decision-Making Ability Before and After the Intervention

Table 2 presents the comparison of clinical decision-making ability before and after the intervention. The mean score increased from 56.60 (SD = 9.12) at pretest to 82.42 (SD = 5.10) at

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posttest, representing a mean difference of 25.82 points. The dependent samples t-test revealed a statistically significant improvement, t(44) = 20.24, p < .001, with a large effect size (Cohen's d = 3.35). These results support Hypothesis 1.

Table 2 Comparison of Clinical Decision-Making Ability Before and After the Intervention (N = 45)

Assessment	M	SD	Mean Diff.	t	df	d	p
Pretest	56.60	9.12					
Posttest	82.42	5.10	25.82	20.24**	44	3.35	<.001

**p < .01.

2. Comparison with the 70% Criterion

Table 3 presents the comparison of posttest scores with the predetermined criterion of 70%. The one-sample t-test revealed that the posttest mean score (M = 82.42, SD = 5.10) was significantly higher than the criterion score of 70, t(44) = 16.34, p < .001. All participants (100%) achieved scores above the 70% criterion. These results support Hypothesis 2.

Table 3 Comparison of Posttest Mean Score with the 70% Criterion (N = 45)

Group	n	Criterion	M	SD	t	p
Intervention	45	70	82.42	5.10	16.34**	<.001

**p < .01.

3. Students' Satisfaction

The overall students' satisfaction with case-based learning integrated with the five-dimensional (CBL-5DP) was high (M = 4.79, SD = 0.47). All four aspects showed high satisfaction

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levels: learning aspect (M = 4.84, SD = 0.40), assessment aspect (M = 4.84, SD = 0.39), teaching strategy aspect (M = 4.76, SD = 0.50), and teaching media aspect (M = 4.75, SD = 0.55).

Discussion

This study investigated the effect of case-based learning integrated with the five-dimensional (CBL-5DP) on the clinical decision-making ability of nursing students. The findings demonstrated significant improvements in clinical decision-making ability following the intervention, with all participants exceeding the predetermined proficiency criterion. Additionally, students expressed high levels of satisfaction with the integrated pedagogical approach.

1. Significant Improvement in Clinical Decision-Making Ability

The extremely large effect size (Cohen's d = 3.35) observed in this study indicates that the integration of CBL-5DP produced substantial improvements in students' clinical decision-making ability. These findings align with previous research demonstrating the effectiveness of CBL-5DP in developing clinical reasoning skills. Gholami et al. (2021) found that multi episode CBL significantly improved nursing students' problem-solving abilities in emergency care courses, while Hong and Yu (2017) reported that CBL enhanced critical thinking ability through active engagement with authentic cases. The improvements observed across all five dimensions suggest that the structured framework facilitated comprehensive development of decision-making competencies. This is consistent with Tanner's (2006) model of clinical judgment, which emphasizes the centrality of noticing relevant clinical cues and responding with appropriate interventions. By explicitly scaffolding these processes, the five-dimensional framework helped students develop pattern recognition skills and evidence-based reasoning capacities.

2. Achievement Above the 70% Criterion

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The universal achievement of the 70% proficiency standard (with all participants exceeding this threshold) indicates that the intervention effectively established competent clinical decision-making capabilities among second-year students. According to Benner et al. (2010), the development of clinical competence requires learners to progress beyond rule-bound thinking toward contextual understanding and pattern recognition acquired through meaningful experiential learning.

3. High Student Satisfaction

The high satisfaction ratings (M = 4.79) reflect the method's alignment with constructivist learning principles and its success in creating an engaging, supportive, and clinically relevant educational environment. The structured scaffolding provided by the five-dimensional technique contributed substantially to satisfaction by reducing ambiguity and fostering competence. Burgess et al. (2021) highlight that effective CBL relies on progressive scaffolding, where instructors facilitate learning through targeted guidance.

Recommendations

1. Recommendations for Practice : Based on these findings, nursing educators should actively apply CBL combined with the five-dimensional perspective technique in clinical nursing education. Well-designed clinical cases aligned with course objectives and students' learning needs should be developed. Teachers should encourage active participation, provide timely feedback, and consider individual differences among students. Educational institutions should provide professional development opportunities for faculty to learn how to implement CBL effectively and use the five-dimensional framework as a scaffolding tool

2. Recommendations for Future Research : Several limitations should be acknowledged. First, the one-group pretest-posttest design without a control group limits causal inferences. Future studies should employ randomized controlled designs to compare CBL with traditional teaching methods. Second, the sample was drawn from a single institution (n = 45),

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limiting generalizability. Studies with larger sample sizes and participants from multiple institutions are recommended. Third, the study measured immediate learning outcomes; future research should explore the long-term effects of this approach on clinical performance in real settings.

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Interdisciplinary Academic and Research Journal ISSN 2985-2749 (Online)
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No. IARJ 094/2026 13 March 2026

Acceptance Letter for Publication

To **Dai Yu, Tanwarat Pinthong and Suchawadee Somsamran**

Dai Yu

Following the submission of your manuscript entitled **"Effect of Case-Based Learning Combined with the Five-Dimensional Perspective Technique (CBL-5DP) on Clinical Decision-Making Ability of Nursing Students"** to the *Interdisciplinary Academic and Research Journal (Online)*, Old ISSN: 2774-0374 (Online) and New ISSN: 2985-2749 (Online), we are pleased to inform you of the outcome of the editorial and peer-review process.

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Your manuscript has undergone a rigorous peer-review process and was evaluated by three expert reviewers in the relevant field from various external institutions, all of whom are independent and have no affiliation with the author's organization. Based on the reviewers' evaluations and recommendations, the Editorial Board is pleased to confirm that your article has been **accepted for publication** in the *Interdisciplinary Academic and Research Journal*.

The article is scheduled for publication in **Volume 6, Issue 6 (November-December 2026)**. The publication status and progress of the article can be followed online at: https://so03.tci-thaijo.org/index.php/IARJ/about

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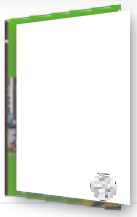
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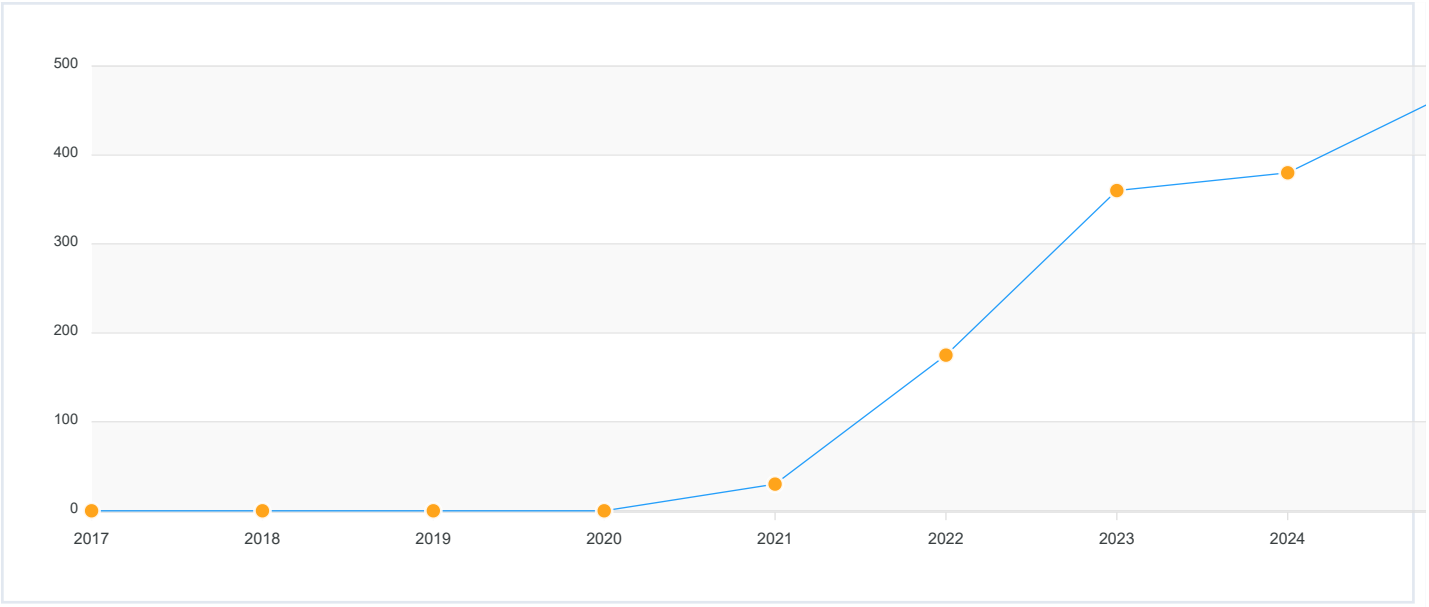
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