



Critical Thinking: Work Smarter

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Purpose

The purpose of this continuing nursing education course is to describe critical thinking in a manner useful to practicing nurses and to illustrate examples of critical thinking in nursing practice.

Learning Objectives

After successful completion of this course, you will be able to:

1. Define critical thinking, including component critical thinking attitudes and skills.
2. Explain a model of critical thinking comprising knowledge, critical reflection, and action.
3. Explain Critical Thinking Indicators as developed by Alfaro-Lefevre.
4. Give examples of how nurses use critical thinking skills in various aspects of the staff nurse role.

Introduction

Critical thinking is *“The ability to focus your thinking to get the results you need”* (Alfaro-LeFevre, 2009).

The term “Critical Thinking” is used in many different ways. The definition above provides you with two key factors in critical thinking:

- Focus
- Results

If you focus on getting the results you need, you are successfully using critical thinking.

Test Yourself

Alfaro-LeFevre describes critical thinking as:

- A. The process in which you discover your inner self-worth.
- B. A priority-setting mechanism to accomplish all your goals.
- C. The ability to focus your thinking to achieve the desired results.

The correct answer is C. Critical thinking is *“The ability to focus your thinking to get the results you need”* (Alfaro-LeFevre, 2014).

Critical Thinking in Practice

When you walk into a patient’s room, you instantaneously and unconsciously reflect on your knowledge base. What do I already know about this patient that tunes me in to look for certain signs and symptoms?

- What do I know from my experiences with patients who have similar conditions?
- What have I learned recently about the condition this patient has and the regimens used to treat it?

These reflections lead you to an important question to stimulate your critical thinking:

- ***What else do I need to know and where will I find it?***

Based on your reflections on your knowledge base you may decide that you need to assess level of consciousness, or respiratory rate, or examine the IV site. When you decide what assessments are most important, you are thinking critically. Your assessments combined with your knowledge will lead you to take action and to implement certain interventions.

Case Study: PCA Pump

Your patient, Mr. J is using the PCA pump to self-administer morphine. You count his respirations at six breaths per minute and find that he is difficult to arouse.

Is there a problem here? If so, what is it?

- Yes, the problem is morphine toxicity.

What will you do?

- Per organization policy, administer naloxone (Narcan®)
- Monitor the patient's response
- Continue to assess and manage pain
- Report and document per facility policy
- Investigate the cause:
 - Pump malfunction?
 - Need for further teaching?
 - Need to question the order (because the dose is too large for this patient)?

Why?

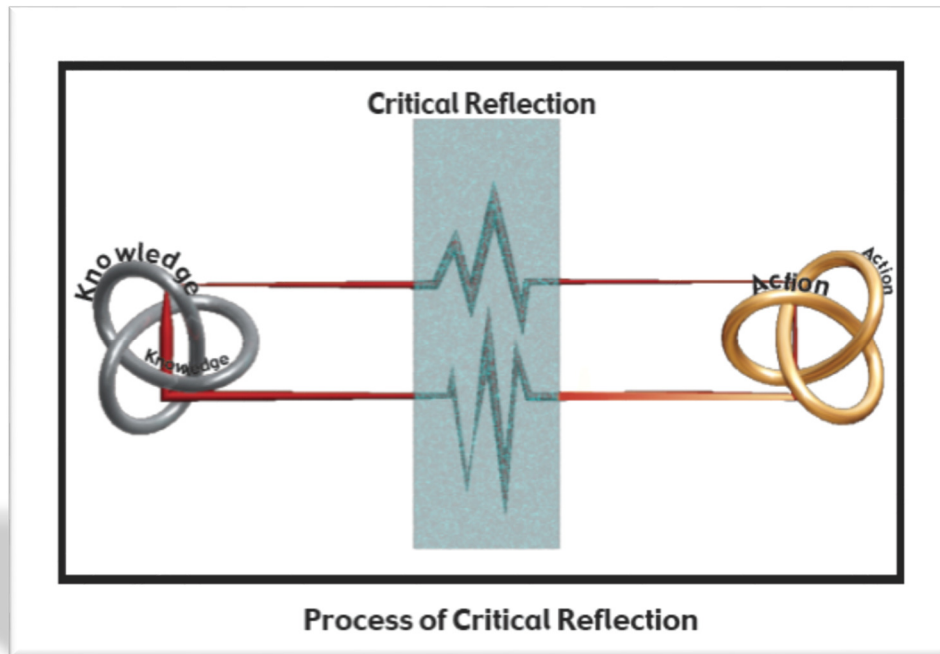
- Classic symptoms of morphine toxicity include respiratory depression
 - Without reversal, respiratory arrest is likely
 - Naloxone reverses morphine
- You are held legally accountable for following organization policy
- You are legally accountable for questioning orders that may be inappropriate for a given patient

How do you know what action is indicated?

- Experience
- Education
- Knowledge of organization's policy

Critical Thinking Model

Your assessment and actions with the patient who was experiencing morphine toxicity can be described in terms of a model of critical thinking. **The model highlights the importance of critical reflection.**



Ford & Profetto-McGrath, 1994 as illustrated by Bufalino in Case Di Leonardi & Gulanick, 2008©
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The Process of Critical Reflection

You brought knowledge into the situation:

- Patient is self-administering morphine
- Morphine causes respiratory depression
- Normal respiratory rate is 12 breaths/minute
- Facility policy for managing opioid overdose

You gathered further information:

- Patient's respirations are 6 breaths/minute
- He is difficult to arouse

You reflected critically on what you already knew and what you assessed to identify a problem:

- Patient is experiencing respiratory depression probably due to morphine toxicity

You took action and reflected critically on the results of your action by continued monitoring:

- Per facility policy, administer naloxone
- Monitor patient response and manage pain
- Identify and address cause of the toxicity: Pump malfunction or programming?
- Order change needed? Further patient teaching?
- You address the cause that you identified

The outcome of your action joins with other experiences in your knowledge base.

You may have learned something new in this situation or you may have simply validated your previous knowledge.

Regardless, the experience adds to the knowledge you will bring to new situations.

Test Yourself

The process of critical reflect includes the following steps in the correct order of occurrence:

- A. Identify clinical problem, review resources and existing knowledge, and determine course of action.
- B. Gather additional knowledge, identify practice problem and course of action, and review existing knowledge.
- C. Review existing knowledge, gather additional knowledge, reflect on the problem, and identify course of action.

The correct answer is C. The Process of Critical Reflection:

- You brought the knowledge into the situation
- You gathered further information
- You reflected critically on what you already knew and what you assessed to identify a problem
- You took action and reflected critically on the results of your action by continued monitoring
- The outcome of your action joins with other experiences in your knowledge base

Critical Thinking Defined for Nursing

Critical thinking in nursing is outcome-focused thinking that:

- Is guided by standards, policies and procedures, ethics, and laws.
- Is based on principles of nursing process, problem solving, and the scientific method.
- Carefully identifies the key problems, issues, and risks involved.
- Applies logic, intuition, and creativity.
- Is driven by patient, family, and community needs.
- Calls for strategies that make the most of human potential.
- Is constantly re-evaluating, self-correcting, and striving to improve.

This definition of applied critical thinking was developed by Alfaro-LeFevre (2014). For more information, go to this website <http://www.alfaroteachsmart.com/2014ctirichjan.pdf>.

Test Yourself

Critical thinking in nursing is outcome-focused thinking that is driven by patient, family, and community needs

- A. True
- B. False

The correct answer is true. Critical thinking in nursing is outcome-focused thinking that:

- Is guided by standards, policies and procedures, ethics, and laws.
- Is based on principles of nursing process, problem solving, and the scientific method.
- Carefully identifies the key problems, issues, and risks involved.
- Applies logic, intuition, and creativity.
- Is driven by patient, family, and community needs.
- Calls for strategies that make the most of human potential.
- Is constantly re-evaluating, self-correcting, and striving to improve.

Critical Thinking Indicators (CTIs)

Alfaro-LeFevre recognizes three categories of nursing competencies:

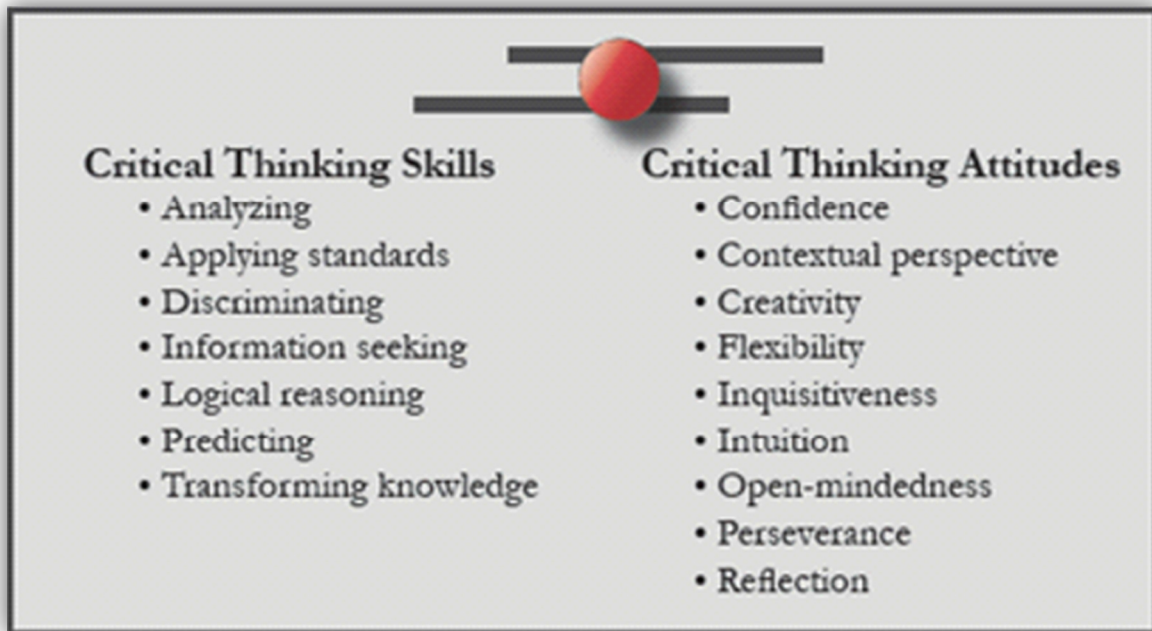
1. Knowledge/intellectual skills
2. Interpersonal skills
3. Technical skills

When critical thinking comes to life in nursing practice, it is evident in the way in which the nurse uses knowledge, communicates with others, and performs technical skills. Alfaro-LeFevre developed Critical Thinking Indicators) CTIs that state examples of critical thinking behaviors in nursing situations. For more information:

<http://www.alfaroteachsmart.com/2014ctirichjan.pdf>.

Critical Thinking Skills and Attitudes

Scheffer and Rubenfeld (2000) identify seven Critical Thinking Skills and nine Critical Thinking Attitudes:



Scheffer & Rubenfeld, 2000 as illustrated by Bufalino in Case di Leonardi & Gulanick, 2008 © Loyola University Chicago used with permission.

Test Yourself

A critical thinking skill identified by Scheffer and Rubenfeld (2000) is:

- A. Articulating
- B. Documenting
- C. Discriminating

The correct answer is C. According to Scheffer and Rubenfeld (2000), the seven Critical Thinking skills are:

- Analyzing
- Applying standards
- Discriminating
- Information seeking
- Logical reasoning
- Predicting
- Transforming knowledge

Continuous Critical Thinking

Introduction

In nursing practice, you continually use critical thinking.

Thinking Ahead

Anticipate

- You anticipate that equipment and supplies you need to take with you to care for a patient.
- You anticipate how long each activity will take to complete.
- Based on previous experience, you anticipate that a patient will respond in a particular way, such as relief of angina pain following a dose of nitroglycerin.

Thinking in Action

Act

- Because you know what patient responses are expected and what signs and symptoms indicate a problem, you evaluate patient responses and act accordingly.
- When your plan for the shift is derailed by an emergency, a change in patient status, patient admissions, or other factors, you reprioritize and adjust your plans.
- When patient care equipment is not functioning as expected, or is alarming, you troubleshoot.

Thinking About Your Actions

Reflect

- After a shift that has gone particularly well, in which you actually found time to do some “extras” for your patients, you think back on how the shift unfolded to identify any actions you or others took that could make for such a satisfying shift again.
- The nursing assistant helped you get a heavy patient out of bed more effectively than previous times with others assisting you.
 - You review mentally how the two of you worked together.
 - You make a note on the patient’s plan of care and communicate the approach during report.
 - You compliment the nursing assistant for her part in the effective transfer.
- You were in charge today and it was a nightmare. One particular physician was extremely demanding and uncooperative.
 - You reflect on your communications with this physician and vow that you will not have the same experience again.
 - You decide to tell her that you need to find a more effective way of communicating and ask for her perception of the situation and any suggestions she may have.

This model of critical thinking requires reflection to learn from past experiences.

Assessing Patients

Assessing patients is all about asking questions to gather information and then interpreting the data as a whole. You may ask some questions directly to the patient or family. You seek answers to other questions in lab results, monitor readings and tracings, vital signs, pain levels, levels of consciousness, and other assessment parameters. Based upon your knowledge and experience you choose the data to collect, and interpret the patterns you discover.

Case Study: Assessment

Introduction

- Your patient is two days post-op after an emergency appendectomy.
- You note that he is becoming progressively more agitated and experiencing tremors in his hands.
- His heart rate is more rapid than four hours ago (88BPM) and his temperature is 101°F (38.3°C).

Question

You initially suspect sepsis. What else could you do to confirm or refute this suspicion?

Answer

With his recent history of surgery, it is natural to assume that these symptoms are caused by infection. A thorough review of the patient's medical record is warranted to see any additional information may explain his symptoms.

The patient's symptoms may indicate alcohol withdrawal. Given the emergency nature of his surgery, alcohol use may not have been thoroughly investigated. Look for an assessment of alcohol use.

Your facility may use:

- AUDIT-C which is a brief alcohol screen that reliably identifies individuals who are hazardous drinkers or have active alcohol use disorders.
 - http://www.cqaimh.org/pdf/tool_auditc.pdf
- CAGE, T-ACE, or Alcohol Use Disorders Identification Test (AUDIT)
 - <http://pubs.niaaa.nih.gov/publications/arh28-2/78-79.htm>
- Or, another of several assessment tools used to identify alcohol dependence

When you begin to form conclusions in the assessment process, look for further evidence to support your potential conclusion. Critical thinkers avoid coming to a conclusion too quickly.

Questioning Potentially Inappropriate Orders

The nurse who is critically thinking approaches all situations with an attitude of inquiry or curiosity, asking questions of self and of others about the appropriateness of orders, techniques, or practices. These questions arise from a base of knowledge and experience.

Case Study: Challenging Orders

Introduction

You are reviewing the medication orders for your patient, age 92 years, who is newly admitted for treatment of an exacerbation of congestive heart failure. Additional diagnoses include:

- Atrial fibrillation
- Type II diabetes
- Hypothyroidism
- Glaucoma
- Osteoarthritis

Question

Medication orders include:

- Lanoxin 0.25mg PO every 48 hours
- Furosemide 80mg PO once per day
- Carvedilol 10mg PO twice daily
- Warfarin 2mg PO every evening
- Chlorpropamide 250mg PO once per day
- Levothyroxine 150mcg PO every morning
- Indomethacin 100mg PO every morning and evening

Which of these orders might you question and why?

Answer

Lanoxin, chlorpropamide and Indomethacin may cause problems in the elderly because of decreased renal clearance, prolonged half-life and number of side effects.

Sometimes medications on the “Gray List” (aka the list of PIMs, or Potentially Inappropriate Medications for Use in Older Adults) are prescribed because, in the provider’s judgment, the benefit for a particular patient outweighs potential risk. Still, it is the nurse’s responsibility to question potentially inappropriate orders. Although the research-based “Gray List” was first published in the 1980s, prescribing practice has not consistently reflected use of these guidelines.

Appendix A and B contain lists of potential drug-disease interactions for elderly persons. These two lists combined are sometimes referred to as Beers Criteria, List 2 or Beers II which identifies potential interaction of specific medications with disease conditions common among elderly persons. The tables highlight medications that are considered potentially inappropriate for elderly persons.

For further information, see Administering Medications to the Elderly, a three-part series at www.rn.com.

Using Protocols and Algorithms

Protocols and algorithms actually originate in critical thinking. Protocols and algorithms result from clinicians carefully observing and validating the effects of certain interventions in certain situations, identifying patterns, and identifying key findings that indicate that the protocol or algorithm should be implemented.

Though protocols and algorithms direct action in a standardized format, you must interpret findings and recognize patterns that call for a particular protocol or algorithm. Equally important, you must use your critical thinking skills to recognize situations in which the protocol, algorithm or checklist does **NOT** apply.

Practice Guidelines

Leah Curtin, internationally recognized nurse leader and ethicist, cautions that *“You’re safe if you go by the book. But I worry about excessive reliance on evidence-based practice, best practices, and the like. If we go by rote, never making professional judgments we lose the most valuable contribution a professional can make – professional judgment”* (Curtin, 2010, p. 48).

Curtin encourages nurses to use practice guidelines as **guidelines** and not as substituted judgments. Certainly Curtin does not advocate deviating from policy and procedure, but rather to carefully evaluate each situation to determine whether a specific protocol is appropriate.

Test Yourself

What are protocols and algorithms?

- A. A series of documented situations that may create legal risk.
- B. Practice guidelines that eliminate the need for critical thinking.
- C. Documented findings of clinicians who have identified patterns and key findings for various patient situations.

The correct answer is C. Protocols and algorithms actually originate in critical thinking. Protocols and algorithms result from clinicians carefully observing and validating the effects of certain interventions in certain situations, identifying patterns, and identifying key findings that indicate that the protocol or algorithm should be implemented.

Case Study: Using Protocols and Algorithms

Introduction

Your patient, age 75 years, has a history of hypertension and insulin-dependent diabetes.

She is currently two days post right hip arthroplasty.

Question

Unlike when you gave her medications one hour ago, she now appears confused, states that she is dizzy and her speech is slurred, and is having difficulty lifting her plastic water glass with her right hand.

What two (or more) possibilities will you investigate?

Answer

Unstable blood glucose levels (Hypoglycemia or Hyperglycemia) and Cerebrovascular Accident (CVA) present with similar symptoms.

If you identify hypoglycemia or hyperglycemia with a glucometer, you will follow facility protocol address the blood glucose level.

If you identify a possible CVA, you will complete a neurological/stroke assessment per facility protocol and based on the findings, follow procedure for treatment, notification, and documentation.

Note: Poor glycemic control in the acute care setting is a Never Event, identified by the National Quality Forum (NQF). It is also designated by the Centers for Medicare & Medicaid Services (CMS) as a Hospital-Acquired Condition (HAC) which has implications for Medicare reimbursement to the facility. The CMS are not providing reimbursement for certain Never Events that should not occur to patients while undergoing care in an acute care hospital (CMS, 2010).

Collaborating with Other Disciplines

Interprofessional collaboration occurs when multiple health workers from different professional backgrounds work together with each other, patients and families to deliver the highest quality of care. It is a partnership that starts with the patient and includes all involved healthcare providers working together to deliver patient and family centered care.

The term “interprofessional” is becoming one of the most widely used terms in conjunction with “collaboration” in the healthcare vernacular and is also emerging in the literature as a hot topic of focus for healthcare researchers. The term "interprofessional" is the updated version of older terms such as, interdisciplinary, cross-disciplinary, and trans-disciplinary.

Collaborating is an interpersonal form of critical thinking. Critical thinking is required to choose the most appropriate persons to involve in reaching a solution to a clinical situation. Each party in collaboration must then do some critical thinking to identify his own needs and priorities in the situation.

Collaboration begins when each party expresses these needs and priorities to the other party or parties involved. At that point, the interpersonal critical thinking commences as the parties work together to come up with a resolution for the situation that will meet the most important needs and priorities of each party. Collaboration differs from simply choosing the course of action that one party has suggested. In collaboration, a new solution emerges based upon giving consideration to the most important needs of all parties involved.

Interprofessional collaboration is a dynamic process, and that it is improbable that by simply bringing healthcare professionals together, collaboration will occur. Rather, trust must be established and an appreciation of each others’ roles must be gained in order for effective collaboration to take place (D’Amour et al., 2005 in O’Brien, 2013).

Health professionals must recognize their own individual scope of practice and skill set AND have an awareness of and appreciation for other health professionals’ capacity to contribute to the delivery of care to patients in order to achieve optimal health outcomes. Interprofessional collaboration is an updated version to the traditional team approach to healthcare (O’Brien, 2013).

Case Study: Collaborating with Other Disciplines

Introduction

Your patient is a 40-year-old man who is receiving treatment for H1N1 Influenza.

He has developed Guillain-Barre syndrome and is on a ventilator.

Question

He has a new order for Peramivir 600 mg IV over 30 minutes once daily for five days.

You have never heard of this medication. You look it up on your facility's intranet and discover that it is an experimental drug for treatment of complicated cases of Guillain-Barre. Peramivir has a complicated preparation and many precautions.

What will you do next?

Answer

- Consult with the pharmacist and the patient's provider.
- Request that both be present for this initial administration of the drug.
- Ask the unit-based staff educator to be involved also. Each of these parties and you as the nurse has a different perspective, different needs for information, and different actions to take in this situation.

Working together in this specific situation can assure the best possible outcome for the patient, and will use and develop the competencies of all staff involved.

For further information about Peramivir, consult:

<http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM187811.pdf>

Collaborating with Patient and Family

Many nurses initially resisted the introduction of hourly rounds, believing the practice to be too time consuming and disruptive. Yet experience shows that proactively addressing patient concerns can actually save time and avoid interruptions.

Because collaboration is an interpersonal form of critical thinking, the perspectives and priorities of each party come into play. When you make rounds, you have your own agenda related to each patient based upon your knowledge of the assessments and interventions. But the patient and significant others also have an agenda composed of questions to ask and needs to express. Inviting those questions and meeting those needs proactively or informing the patient of specifically when you will address those needs, builds trust and rapport with the patient and reinforces a sense of safety.

Case Study: Collaborating with Patient and Family

Introduction

You have come to dread hourly rounds because of one particular elderly patient and her son.

Question

Each time you see her, you check on the items that your facility has defined as part of the hourly rounds procedure and make any adjustments necessary.

You ask how she is feeling and if there is anything she needs. The patient and her son consistently report that “she is doing well” and does not need anything.

However, as soon as you leave the room to go to the next patient, her call light goes on with another request.

How can you better collaborate with this patient and her son?

Answer

First, share your concern with them by explaining your perception that it seems as if they consistently think of questions or issues right after you leave the room.

Next, ask if they can think of any ways that would help them think of and raise these questions when you come around on rounds.

For example, maybe a notepad would help them remember their questions.

Do you notice any pattern to the requests? For example, are they related to the provider’s visit or a particular time of day?

If you can identify a pattern you may be able to ask some specific questions to prompt them to express concerns, such as *“What did your doctor say when he came in?”*

Evidence-Based Practice (EBP)

“Evidence-based practice (EBP) is the integration of valid and applicable patient-reported, nurse-observed, and research-derived information into the clinical setting. An EBP environment can make the difference between good care and excellence in care in today’s rapidly changing healthcare system. For EBP to be successful, its process must be integrated into everyday clinical practice.” (Hockenberry et al., 2007 in Case Di Leonardi, 2013).

EBP has produced improved patient outcomes and has gained momentum as a critical component of patient safety and quality care. The goal of EBP is to incorporate best practices, based upon credible research findings, into policy and procedure in a practical and cost-effective manner.

The Iowa Model of Evidence-Based Practice

The Iowa Model (Titler, et al, 2001) gives a detailed description of EBP that is highly relevant for practicing nurses. Key points of the Iowa Model include:

- New knowledge or a clinical problem triggers the EBP process.
- If sufficient evidence supports a practice change, clinicians pilot the new practice.
- If the practice change is effective, clinicians assess its appropriateness, considering patient and family, staff, cost, environment, and any other relevant considerations.
- If sufficient evidence is lacking, clinicians conduct research.
- Clinicians introduce an evidence-based change into policy and practice systematically after careful investigation.
- Clinicians can easily locate a wealth of published research findings, less rigorous case studies, and other clinical reports. But only a small portion will be relevant to a particular clinical problem.
- Clinicians can locate pertinent evidence only when evidence is indexed. Clinicians can use keywords to search indexed evidence in web-based databases.
- Clinicians then must evaluate the evidence:
 - Is it credible?
 - Is it available in a form that I can use?
 - Does it directly address my clinical question?

Engaging in Evidence-Based Practice (1)

Many facilities are developing evidence-based practice (EBP) programs that empower staff nurses to become involved in EBP. Even if your facility has not yet embarked upon formalizing EBP, critical thinking about practice on your unit is a first step toward EBP.

You may identify a patient care problem such as an increase in catheter-related bloodstream infections or some other adverse outcome. Or, you may suspect that a particular technique is improving patient outcomes. In such situations, there is always an implicit research question.

Engaging in Evidence-Based Practice (2)

Once evidence is collected and evaluated, another critical thinking question arises, “*How well do these findings apply to our patient population?*” An additional important question is whether the evidence-based practices are consistent with current policy and procedure. Because facility policies and procedures (P&Ps) are the legal standard to which nurses are held, it is essential that P&Ps are adjusted to reflect EBP *before* implementing new practices.

Five basic steps for individual EBP are:

1. Framing an answerable clinical question
2. Searching for relevant research-based evidence
3. Appraising and synthesizing the evidence
4. Integrating evidence with other factors
5. Assessing effectiveness

(Polit and Beck, 2013)

Case Study: Evidence-Based Practice

Introduction

You and your colleagues on the unit are noticing that your patients who have dementia frequently become agitated and their restlessness often leads to falling.

You are currently using a pain assessment scale (PAINAD) designed for use with dementia patients according to your facility's policy.

Question

You recently read a journal article that identified several different pain assessment tools for this population, including the Checklist of Nonverbal Pain Indicators (CNPI).

You are wondering if a different tool might help you to be more effective in managing pain that might be causing agitation and leading to falls.

Using the PICO model, formulate a clinical question to guide a pilot study:

- P = Population (What constitutes the population you are studying?)
- I = Intervention (What is the intervention you are considering?)
- C = Comparison (What will you compare?)
- O = Outcome (What will you be measuring as your outcome?)

(Sackett, Strauss, Richardson, Rosenberg, & Haynes, 2010)

Answer

P = The population is advanced dementia patients, aged 65 years and older.

I = The intervention is the use of CNPI: Checklist of Nonverbal Pain Indicators to assess pain.

C = The comparison will be made between patients assessed using the CNPI and patients assessed using the PAINAD which is the tool currently in use per facility policy.

O = The outcome to be compared will be the rate of falling for patients assessed using each assessment tool.

You can then convert your PICO model into a question:

- Do advanced dementia patients, aged 65 years and older, experience fewer falls when the CNPI is used to assess their pain than when the PAINAD is used?

Precepting

Precepting offers an opportunity to foster critical thinking skills in new graduates, nurses new to your specialty, students or others that you precept.

Questions drive critical thinking. One way to stimulate critical thinking with a nurse whom you are precepting is to turn questions around.

If the nurse suggests an incorrect course of action, ask what risks or disadvantages might occur if that action were taken. Then ask, what else could we do that would avoid those problems?

Your preceptees will integrate the questions you ask into their own thought processes to develop and refine clinical judgment and priority setting.

How to Precept

When the nurse asks, “What should I do next?” or “How should I do this?” resist the temptation to give the answer unless, of course, it is an emergency. Instead, ask some questions that will lead the nurse to the best answer. For example:

- Ask the nurse to give you some relevant assessment information that will guide the decision about what to do.
- Ask the nurse what she thinks **you** would do. Then ask if she feels comfortable taking that action.
- Say, “I’ve seen you do that correctly before. What is different in this situation?”

Try to avoid simple yes or no questions. When you ask for a more complete response, you gain insight into the nurse’s thinking and can provide her with validation or corrective feedback.

Case Study: Precepting

Introduction

You are noticing that the new graduate nurse you are precepting has difficulty setting priorities.

She seems to concentrate fully on one patient at a time without considering emergent needs of the other two patients to whom she is assigned.

Question

You've tried organizing her work for her but she does not seem to learn from this approach and carry it forward into her next assignment.

How can you facilitate her critical thinking?

Answer

Rather than organizing her work for her, you could ask her to identify her priorities to you at the beginning of each shift. In this way, you will give her the chance to practice and refine her own critical thinking skills about prioritization.

At the beginning of the shift ask her to tell you what priorities she has for each of her patients and what she thinks the greatest risks are for each of them during the shift.

Ask her to outline her plan to care for her patients, on an hourly basis. Follow up with her periodically to find out how well her plan is working.

Give her feedback, both validating for what is working well, and corrective for what needs to be improved. For the corrective portion, rather than tell her what she should have done differently, ask her how she could have avoided whatever problem has arisen.

At the end of the shift, debrief with her on what worked well and what might have been planned more effectively.

Implementing the Charge Nurse Role

Being a charge nurse requires critical thinking on a continuous basis. When you are in charge, you must continually prioritize. You think in action. You match the skills and expertise of staff members to patient needs. You decide what information must be reported when and to whom.

Case Study: The Charge Nurse Role

Introduction

You are in charge of your medical-surgical unit today.

You are supposed to attend a bed meeting in 15 minutes.

The PACU calls to tell you that you will be receiving a patient who has just undergone a left hip arthroplasty.

Also, a patient who is at risk for falling, needs to be walked.

And two patients are ready for review of discharge instructions.

Question

What should you do to manage all of this?

Answer

If you have thought ahead you may have already assigned these patients to competent staff members.

You need to notify the nurse who will receive the patient from PACU, and communicate with the staff members who are caring for the patient with other needs.

But even with an appropriate assignment, one or more of the assigned staff may be tied up in other patient care activities, and not be available for these assignments.

As charge nurse, it is your responsibility to participate in the bed meeting. You may have to spend the next 15 minutes readjusting staff assignments to meet patient care needs.

However, if you cannot provide safe coverage of the patient care needs you must notify your manager that you cannot attend the bed meeting. The manager may be available to attend or to assist with patient care so that you can participate.

Conclusion

As you read these examples of critical thinking, you probably thought of many similar situations in which you have applied your critical thinking skills. If so, you were demonstrating critical thinking by making use of new information and applying it to your own experience. Become consciously aware of the ways in which you demonstrate the characteristics, skills, attitudes, and indicators of critical thinking. Like all skills, you will refine and enhance your critical thinking expertise through practice and reflection.

References

Here are some references to further your studies.

Alfaro-LeFevre, R. (2014). Critical thinking indicators. Retrieved July 2014 from <http://www.alfaroteachsmart.com/2014ctirichjan.pdf>

Case Di Leonardi, B. & Gulanick, M. (2008). Precepting graduate students in the clinical setting. Chicago, IL: Marcella Niehoff School of Nursing, Loyola University Chicago.

Case Di Leonardi (2013). Evidence Based Practice. RN.com.

CMS (Centers for Medicare and Medicaid). (2014). Hospital acquired conditions. Retrieved July 2014 from http://www.cms.gov/HospitalAcqCond/06_Hospital-Acquired_Conditions.asp#TopOfPage

Curtin, L. (2010). Going from the gut. *American Nurse Today*, 5(7), 48.

Federal Drug Administration (FDA) (2009). Emergency Use Authorization of Peramivir IV Fact Sheet for Health Care Providers Retrieved July 2014 from <http://www.fda.gov/downloads/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/UCM187811.pdf>

Ford, J. & Profetto-McGrath, J. (1994). A model for critical thinking in the context of curriculum as praxis. *Journal of Nursing Education*, 33(8), 341 - 344.

Herr, K., Coyne, P., Key, T., Manworren, R., McCaffery, M., Merkel, S., Pelosi-Kelly, J., & Wild, L. (2006). Pain assessment in nonverbal patients: Clinical recommendations: Persons with advanced dementia: Guiding principles for the assessment of pain. *Pain Management Nursing*, 7(2), 44 - 52. Retrieved July 2010 from http://www.medscape.com/viewarticle/533939_4

O'Brien, J. (2013). Interprofessional Collaboration. RN.com.

Polit, F.P. & Beck, C.T. (2013). *Essentials of Nursing Research Appraising Evidence for Nursing Practice* (8th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

Sackett, D., Strauss, S., Richardson, W., Rosenberg, W., & Haynes, R. (2010). *Evidence-based medicine: How to practice and teach EBM* (2nd ed.). London: Churchill Livingstone.

Scheffer, B. & Rubenfeld, M.G. (2000). A consensus statement on critical thinking in nursing, *Journal of Nursing Education*, 39(8), 351 - 359.

Titler, M., Kleiber, C., Steelman, V., Rakel, B., Budreau, G., Everett, L., Buckwalter, K., Tripp-Reimer, T., Goode, C. (2001). The Iowa Model of Evidence-Based Practice to Promote Quality Care. *Critical Care Clinics of North America*, 13(4), 497-509.

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