



Critical Thinking *in the* Obstetrics Unit

Skills to Assess, Analyze, and Act

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Defining critical thinking

By Polly Gerber Zimmermann, RN, MS, MBA, CEN

LEARNING OBJECTIVE

After reading this section, the participant should be able to

- identify the key aspects of critical thinking and how nurses develop competency

Why critical thinking?

For educators and nurse leaders, critical thinking is like the weather: Everybody is talking about it, but nobody seems to know what to do about it. Passing the NCLEX only validates that new graduates have the *minimal* amount of knowledge needed to provide safe nursing care. Application of clinical critical thinking and judgment is at the heart of what makes a healthcare provider *nurse* (as a verb) compared to being a technician who completes tasks by rote. Critical thinking is at the core of safe nursing practice, and thus encouraging its development in every nurse should be an aim for all educators.

Becoming a professional nurse

Nursing is a hands-on profession for which clinical experience plays a crucial role in professional development. Nurses have to progress through various levels before they reach proficiency. Managers and educators need to appreciate that new graduate nurses are at a different level, with different needs, than experienced nurses in their professional critical thinking.

Benner's stages of growth

Benner (1984) is well known for identifying and describing the five stages through which nurses proceed in their professional growth. Benner's stages are

Beginner: Has little experience and skills, learning by rote, completing education requirements.

Advanced beginner: Can perform adequately with some judgment, usually at this stage upon graduation.

Competent: Able to foresee long-range goals and are mastering skills. Still lack the experience to make instantaneous decisions based on intuition. Most nurses take up to one year to reach this stage.

Proficient: View situation as a whole, rather than its parts. Able to develop a solution.

Expert: Intuition and decision-making are instantaneous. Most nurses take at least five years in an area of practice to reach this stage.

So how do you take your inexperienced graduates and set them on the road to proficiency? And how do you help your more experienced nurses—who may have been practicing for years, yet you would never label them experts—reach that higher level? This book provides information, strategies, and tools to help you coach nurses at all stages of development as they hone their critical thinking skills, improve their judgment, and become better nurses. Chapter 3 discusses teaching critical thinking in a classroom setting, and other chapters include ongoing strategies for developing critical thinking in the clinical environment.

The goal in encouraging and developing critical thinking is to help nurses progress effectively through the stages of development. No one wants 10-year nurse employees who have the equivalent of one year of experience simply repeated 10 times.

So what is critical thinking?

Alfaro-LeFevre (1999) defines critical thinking as careful, deliberate, outcome-focused (results-oriented) thinking that is mastered for a context. Critical thinking is based on scientific method; the nursing process; a high level of knowledge, skills, and experience; professional standards; a positive attitude toward learning; and a code of ethics. It includes elements of constant reevaluation, self-correction, and continual striving for improvement.

Some of the characteristics of people who display critical thinking include open-mindedness, the ability to see things from more than one perspective, awareness of one's own strengths and weaknesses, and ongoing striving for improvement. The strategies commonly (and often subconsciously) used in critical thinking include reasoning (inductive reasoning, such as specific to general, or deductive reasoning, such as general to specific), pattern recognition, repetitive hypothesizing, mental representation, and intuition.

In the practical world of clinical nursing, critical thinking is the ability of nurses to see patients' needs uniquely and respond appropriately, beyond or in spite of the orders. The ability to think critically is developed through ongoing knowledge gathering, experience, reading the literature, and continuous quality improvement by reviewing one's own patient charts. An example of a nurse who displays critical thinking is when a physician orders acetaminophen (Tylenol) for a patient's fever, and the nurse questions the order because the patient has hepatitis C. A critical thinker goes beyond being a "robo-nurse" who simply does as he or she is told.

In Croskerry's study (2003), 32 types of misperceptions and biases (cognitive disposition to respond) were identified in clinical decision-making. Everyone is influenced by what they see most often, most recently, or most dramatically. Cognitive errors may be avoided by always striving to consider alternatives; by decreasing reliance on memory (instead, use cognitive aids such as reference books); by using cognitive forcing strategies, such as a protocol; by taking time to think; and by having rapid and reliable feedback and follow-up to avoid repeating errors.

Chapter 1

The overarching goal is to help shorten new graduate nurses' on-the-job learning curve, and give directed assistance to all nurses in their critical thinking development.

Del Bueno's definition of critical thinking

There are many definitions of critical thinking, and one of the most helpful is Dorothy Del Bueno's Performance-Based Development System. Del Bueno determined that nursing competency involves three skills: interpersonal skills, technical skills, and critical thinking.

Del Bueno defines critical thinking in a clinical setting with the following four aspects:

- Can the nurse recognize the patient's problem?
- Can the nurse safely and effectively manage the problem?
- Does the nurse have a relative sense of urgency?
- Does the nurse do the right thing for the right reason?

Del Bueno discussed an example from her work on responses to a taped scenario of a one-day postop trauma patient. On the tape shown to nurses, the patient suddenly becomes diaphoretic, pale, short of breath with tachypnea, and holds the right side of the chest, complaining of pain. An ABG result is given showing respiratory alkalosis. The expectation is that nurses will recognize this is a potential pulmonary embolism or pneumothorax (an alteration in respiration), manage the patient with oxygen, assess breath sounds, raise the head of the bed, call the physician, etc. And experienced nurses should anticipate physician orders, such as a portable chest x-ray or an EKG. But Del Bueno found that 75% of inexperienced and 25% of experienced nurses said they would manage the patient's alkalosis by *only* having the patient breathe into a paper bag.

Overall, she found that only 25%–30% of inexperienced nurses (less than one year of clinical experience) had acceptable results. The range of acceptable results was from 12% to 60%, and there was no difference between nurses' performance based on their educational preparation and/or whether they had previous healthcare experience (such as being a technician or an LPN). She found that 65% of experienced nurses had acceptable results, and that the number was higher (85%) in some specialties. Overall, she found that nurses' greatest limitations were in recognition and management of renal and neurological problems.

References

- Alfaro-LeFevre, R. 1999. *Critical Thinking in Nursing: A Practical Approach*. Philadelphia: WB Saunders.
- Benner P. 1984. *From Novice to Expert*. Menlo Park, CA: Addison-Wesley.
- Brown, S. 2000. "Shock of the new." *Nursing Times* 96 (38): 27.
- Charnley, E. 1999. "Occupational stress in the newly qualified staff nurse." *Nursing Standard* 13 (29): 32–37.
- Croskerry, P. 2003. "The importance of cognitive errors in diagnosis and strategies to minimize them." *Academy of Medicine* 78 (8): 775–780.
- Del Bueno, D. 2001. "Buyer beware: The cost of competence." *Nursing Economics* 19 (6): 259–257.
- Gries, M. 2000. "Don't leave grads lost at sea." *Nursing Spectrum*. Accessed on July 27, 2006 from <http://community.nursingspectrum.com/MagazineArticles/article.cfm?AID=800>.
- Huber, D. 2000. *Leadership and Nursing Care Management*, 2nd ed. Philadelphia: WB Saunders.
- Norris, T. L. 2005. "Making the transition from student to professional nurse." In B. Cherry and S. R. Jacob, *Contemporary Nursing: Issues, Trends, & Management*, 3rd ed. St. Louis: Elsevier/Mosby.
- Tingle, C. A. 2000. "Workplace advocacy as a transition tool." *LSNA Insider*. June.
- Zimmermann, P. G. 2002. "Guiding principles at triage: Advice for new triage nurses." *Journal of Emergency Nursing* 28 (1): 24–33.
- Zimmerman, P. G., and R. D. Herr. 2006. *Triage Nursing Secrets*. St. Louis: Elsevier/Mosby.

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