

CHAPTER 9 FUNDA: CRITICAL THINKING & CLINICAL REASONING

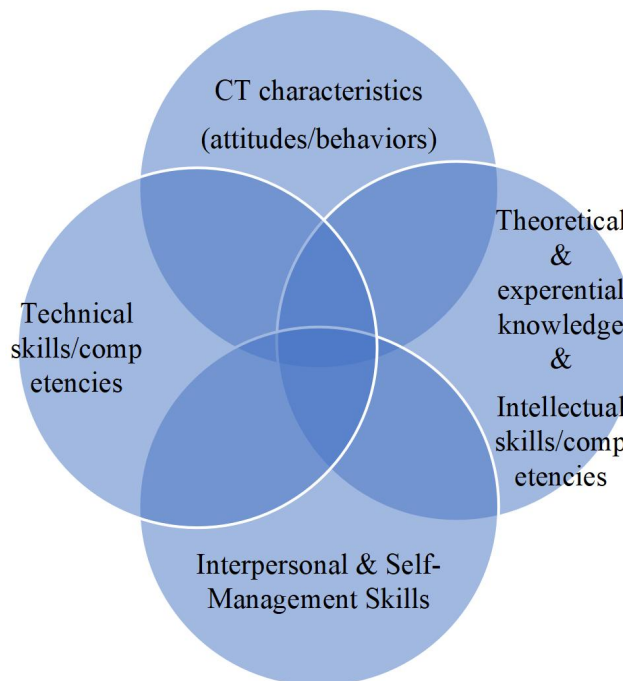
- ❖ The term “thinking like a nurse” was introduced by **Dr. Christine Tanner in 2006**.
- **Critical thinking**- is the process of **intentional higher level of thinking** to define a client’s problem, examine the evidence-based practice in caring for the client, and make choices in the delivery of care.
- **Clinical reasoning**- is the **cognitive process that uses thinking strategies to gather and analyze information**, evaluate the relevance of the information, and decide on possible nursing actions.
 - Requires the integration of critical thinking in the identification of the most appropriate interventions that will improve the client’s condition.

PURPOSE OF CRITICAL THINKING

- Involves the differentiation of statement of **facts, judgement, & opinion**.
- Requires the nurse to think ahead, to apply thinking while acting, and to think back, known as **reflective thinking**.
- **4-Circle Critical Thinking (CT) Model: Critical Thinking Ability**

3 Domains of Learning

1. Knowledge
2. Skills
3. Attitude



- ❖ **Creativity**- is thinking that results in the development of new ideas and products. **Creative thinkers** must assess a problem and be knowledgeable about the underlying facts and principles that apply.

BOX 9.1

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BOX 9.1 * **Personal Critical Thinking Indicators: Behaviors, Attitudes, and Characteristics**

<ul style="list-style-type: none"> • Self-aware: Identifies own learning, personality, and communication style preferences; clarifies biases, inclinations, strengths, and limitations; acknowledges when thinking may be influenced by emotions or self-interest. • Genuine/authentic: Shows true self; demonstrates behaviors that indicate stated values. • Effective communicator: Listens well (shows deep understanding of others' thoughts, feelings, and circumstances); speaks and writes with clarity (gets key points across to others). • Curious and inquisitive: Asks questions; looks for reasons, explanations, and meaning; seeks new information to broaden understanding. • Alert to context: Looks for changes in circumstances that warrant a need to modify approaches; investigates thoroughly when situations warrant precise, in-depth thinking. • Reflective and self-corrective: Carefully considers meaning of data and interpersonal interactions, asks for feedback; corrects own thinking, is alert to potential errors by self and others, finds ways to avoid future mistakes. • Analytical and insightful: Identifies relationships; expresses deep understanding. • Logical and intuitive: Draws reasonable conclusions (if this is so, then it follows that . . . because . . .); uses intuition as a guide and acts on intuition only with knowledge of risks involved. • Confident and resilient: Expresses faith in ability to reason and learn; overcomes problems and disappointments. • Honest and upright: Looks for the truth, even if it sheds unwanted light; demonstrates integrity (adheres to moral and ethical standards; admits flaws in thinking). • Autonomous and responsible: Self-directed, self-disciplined, and accepts accountability. 	<ul style="list-style-type: none"> • Careful and prudent: Knows own limits—seeks help as needed; suspends or revises judgment as indicated by new or incomplete data. • Open and fair-minded: Shows tolerance for different viewpoints; questions how own viewpoints are influencing thinking. • Sensitive to diversity: Expresses appreciation of human differences related to values, culture, personality, or learning style preferences; adapts to preferences when feasible. • Creative: Offers alternative solutions and approaches; comes up with useful ideas. • Realistic and practical: Admits when things are not feasible; looks for useful solutions. • Proactive: Anticipates consequences, plans ahead, acts on opportunities. • Courageous: Stands up for beliefs, advocates for others, does not hide from challenges. • Patient and persistent: Waits for the right moment; perseveres to achieve best results. • Flexible: Changes approaches as needed to get the best results. • Health-oriented: Promotes a healthy lifestyle; uses healthy behaviors to manage stress. • Empathetic: Listens well; shows ability to imagine others' feelings and difficulties. • Improvement-oriented (self, patients, systems): Self—identifies learning needs; finds ways to overcome limitations, seeks out new knowledge. Patients—Promotes healthcare systems; maximizes function, comfort, and convenience. Systems—Identifies risks and problems with healthcare systems; promotes safety, quality, satisfaction, and cost-containment.
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- ❖ **TECHNIQUES OF CRITICAL THINKING-** used to ensure effective problem-solving and decision-making.
- ❖ **Critical analysis-** the application of a set of questions to a particular situation or idea to determine essential information and ideas and discard unimportant information and ideas.
 - **Socrates** was a Greek philosopher who developed the method of posing questions and seeking an answer.
 1. **Socratic questioning-** is a technique one can use to look beneath the surface, recognize and examine assumptions, search for inconsistencies, examine multiple points of view, and differentiate what one merely believes.
 2. **Inductive reasoning-** generalizations are formed from a set of facts or observations.
 3. **Deductive reasoning (general to specific)-** by contrast, is reasoning from general premise to the specific conclusion.

❖ **APPLYING CRITICAL THINKING TO NURSING PRACTICE**

- Implementation of the nursing process provides nurses with a creative approach to thinking and doing it to obtain, categorize, and analyze client data and plan actions that will meet client's need.
- **Nursing process-** a systematic, rational method of planning and providing individualized nursing care.

1. **PROBLEM-SOLVING-** is a mental activity in which a problem is identified that represents an unsteady state. Commonly used approaches include **trial and error, intuition, & nursing process.**

2. **TRIAL AND ERROR-** which a number of approaches are tried until a solution is found.

3. **INTUITION-** nurses' common sense & initiative.

- A problem-solving approach that relies on a nurse's inner sense. Also known as **sixth sense, hunch, instinct, feeling, or suspicion.**
- **Clinical judgment-** a decision-making process to ascertain the right nursing action to be implemented at the appropriate time in client's care.
- **Clinical experience** allows the nurse to recognize cues and patterns and begin to reach correct conclusions.

4. **RESEARCH PROCESS-** a formalized, logical, systematic approach to problem-solving.

ATTITUDES THAT FOSTER CRITICAL THINKING	
1.	INDEPENDENCE- ct requires that individuals think for themselves.
2.	FAIR-MINDEDNESS- ct are fair-minded & make impartial judgements. They assess all viewpoints with the same standards and don't base their judgements on personal or group bias or prejudice.
3.	INSIGHT INTO EGOCENTRICITY- ct open to the possibility their personal biases or social pressures and customs could unduly affect their thinking.
4.	INTELLECTUAL HUMILITY- having an awareness of the limits of one's own knowledge. CT are willing to admit what they do not know; they're willing to seek information and to rethink their conclusions.
5.	INTELLECTUAL COURAGE TO CHALLENGE THE STATUS QUO AND RITUALS- nurse is willing to consider and examine fairly his/her own ideas/views esp those to which the nurse may have a strongly negative reaction.
6.	INTEGRITY- requires that individuals apply the same rigorous standards of proof to their own knowledge and beliefs as they apply to the knowledge and beliefs of others.

7. **PERSEVERANCE**- endurance in finding effective solutions to client and nursing problems. Confusion and frustration are uncomfy, but cts resist the temptation to find a quick and easy answer.
8. **CONFIDENCE**- ability to defend the data u collected. CTs believe that well-reasoned thinking will lead to trustworthy conclusions.
9. **CURIOSITY**- the mind of CTs is filled with questions: **Why do we believe this? What causes that? Could something else work?**

❖ **COMPONENTS OF CLINICAL REASONING**

- **“CR describes the thinking and decision-making process associated with clinical practice” (Cooper & Frain, 2017, p.1).**
- CR is the analysis of a clinical situation as it unfolds or develops.
 1. **COGNITIVE PROCESSES**- thinking process based on the knowledge of aspects of client care.
 2. **METACOGNITIVE PROCESSES**- include reflective thinking & awareness of the skills learned by the nurse in caring for the client.

❖ **SETTING PRIORITIES- ABC & HIERARCHY OF NEEDS**

- This is a strategy to help them set their priorities based on information they gathered before the actual clinical experience.

❖ **DEVELOPING RATIONALES**- identifies interventions and sets priorities for the most urgent needs.

❖ **REFLECTION**- is a key to the success of clinical reasoning.

❖ **CONCEPT MAPPING**- is a technique that uses a graphic depiction of nonlinear and linear relationships to represent critical thinking. Also known as mind mapping, concept maps are context dependent and can be used to develop analytical skills.

