Critical Thinking and Ambulatory Nursing: Key Strategies for Improving Quality of Care and Patient Outcomes

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Critical Thinking in Nursing is like an iceberg........
Questions About CT in Nursing

• **What** is CT? {Multi-dimensional, complex. Confusion and lack of consensus on definitions}
• **Who** are critical thinkers? {All nurses}
• **How** is critical thinking done? {Need to define CT, personalize CT, reflect on one’s CT, put CT in context}
• **Why** is critical thinking so important? {Saves lives, resources, prevents adverse events}
• **When** does/should critical thinking occur? {Always, sometimes more than others}
• **Where** does/should critical thinking occur? {Everywhere nursing occurs—need CT culture}
**What is CT?**

From Ideas to Words

- Problems with articulating CT: lack of vocabulary, unfamiliarity with describing thinking, nursing’s action orientation
- Is it the same as *clinical reasoning* and *clinical judgment*? (CT is a broader construct that includes these and other processes.)
- Is it different from one discipline to another?

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**First, A Bit of Background…..**

- …how we define critical thinking in nursing
- …the research basis for our view of critical thinking in nursing
- …to refresh your appreciation of the complex dimensions of critical thinking in nursing

*Then we’ll see how this plays out in ambulatory care……*
Nursing Delphi Study 1995-1998  
(Scheffer & Rubenfeld, 2000)

….to achieve a comprehensive understanding of CT in nursing and a definition reflecting the views of a diverse group of nurse experts

(Research similar to that done by Facione for American Philosophical Association in 1990s.)

Overview of Nursing Study

Delphi Technique (a method to generate discussion and judgments on a topic using experts who do not directly interact; the use of rounds of input from a heterogeneous panel of experts in response to a sequence of questions)

• 5 Rounds from initial question, “What skills and habits of the mind are at the core of CT for nursing in any setting?” …..to final consensus definition

• Expert Panel: 55 nurses from education, practice and research

• 9 Countries: Brazil, Canada, England, Iceland, Japan, Korea, Netherlands, Thailand, US (23 states)
The Consensus Statement:

Critical thinking in nursing is an essential component of professional accountability and quality nursing care. Critical thinkers in nursing exhibit these habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection. Critical thinkers in nursing practice the cognitive skills of analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting & transforming knowledge.

Nursing CT Habits of the Mind

- **Confidence**: assurance of one’s reasoning abilities
- **Contextual Perspective**: considerate of the whole situation, including relationships, background and environment, relevant to some happening
- **Creativity**: intellectual inventiveness used to generate, discover or restructure ideas; imagining alternatives
- **Flexibility**: capacity to adapt, accommodate, modify or change thoughts, ideas and behaviors
- **Inquisitiveness**: an eagerness to know by seeking knowledge and understanding through observation and thoughtful questioning in order to explore possibilities and alternatives
Nursing CT Habits of the Mind (cont.)

- **Intellectual Integrity**: seeking the truth through sincere, honest processes, even if the results are contrary to one’s assumptions and beliefs
- **Intuition**: insightful sense of knowing without conscious use of reason
- **Open-mindedness**: a viewpoint characterized by being receptive to divergent views and sensitive to one’s biases
- **Perseverance**: pursuit of a course with determination to overcome obstacles
- **Reflection**: contemplation upon a subject, especially one’s assumptions and thinking for the purposes of deeper understanding and self-evaluation

Nursing CT Skills

- **Analyzing**: separating or breaking a whole into parts to discover their nature, function and relationships
- **Applying standards**: judging according to established personal, professional or social rules or criteria
- **Discriminating**: recognizing differences and similarities among things or situations and distinguishing carefully as to category or rank
- **Information seeking**: searching for evidence, facts or knowledge by identifying relevant sources and gathering objective, subjective, historical and current data from those sources
Nursing CT Skills (cont.)

- **Logical reasoning**: drawing inferences or conclusions that are supported in or justified by evidence
- **Predicting**: envisioning a plan and its consequences
- **Transforming knowledge**: changing or converting the condition, nature, form or function of concepts among contexts


Nursing CT Components Compared to APA (Facione) CT Components

- Many similarities: *Confidence, Inquisitiveness, Open-Mindedness, Reflection, Logical Reasoning*
- Unique dimensions for nursing (or for applied health sciences?): *Transforming Knowledge, Creativity, Intuition*
- Implications?
Where Are We Now? Where to Go? (From words to actions)

• CT is a tool. It needs a context. We need to be able to visualize CT in practice and promote it in contexts.

• One model to “hang” CT on: IOM (2003) Competencies:
  – Patient centered care
  – Work in interdisciplinary teams
  – Evidence-based practice
  – Use informatics
  – Quality improvement

CT and Patient Centered Care
Validation Remarks to Promote Patient Participation/Thinking in Decisions

- Here’s what I think; do you agree?
- What would you say is going on here?
- How is all of this affecting you?
- Does it seem that way to you? It does to me.
- Let’s think about this together for a minute.
- Only you know your daily living situation.
- Can we find a way through this together?
- Let me explain my thinking to you.
- What do you think?
- Does this feel OK?

CT and Interdisciplinary Teams

- Combining one’s CT with that of others enhances everyone’s CT
- Group CT is system thinking—seeing wholes, inter-relationships, members as part of pattern, non-linear aspects of change
- Group CT based on true dialogue
- Group CT must overcome barriers: egos, professional lingo, timing and environmental barriers
Does your culture promote CT and interdisciplinary teams?

- **Non-critical thinking environments** (status quo): lead to mistakes (sometimes serious), decline, entropy, demise of the organization; make it dangerous to be a critical thinker; (Brookfield’s “cultural suicide”)

- **Critical thinking-promoting environments**: focus on learning; vision focus on safety, effectiveness and efficiency; resources available; time to think; emphasis on data management, language/description; credit for thinking processes, not just end products; kudos for questions and debate.

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Promoting CT

That’s an interesting question.
There’s no dumb question.
Do you have a different idea?
Let’s explore this together.
I’m not sure; what do you think?
Partnerships in learning.
Don’t believe everything you read or hear.
Allow for all voices.
Show me how you came to that conclusion.
Can we look at this from a different angle?

Hindering CT

What a dumb question!!
Don’t you know that? You should know that!
It’s always done it this way.
That’s the wrong way to do that. That’ll never work.
Just do it this way!
Why must you make everything so complicated?
That will never fit our budget.
“We” & “them” hierarchies
Memorization learning techniques.
EBP is a way of thinking to improve quality of care. Basing care on evidence, instead of tradition EBP means all nurses:

- Think about the best way to practice
- Develop questions about practice
- Find evidence to answer questions
- Judge quality of evidence
- Transform information into usable knowledge
- Develop ways to change practice
- Evaluate changes in practice
- Continually reflect on status of practice
Relationship Between Critical Thinking and Health Informatics

THINKING to Choose and Use  HEALTH INFORMATICS (Transforming Knowledge)  Augmented THINKING

- Open-mindedness
- Flexibility
- Intellectual Integrity
- Inquisitiveness
- Intuition
- Perseverance
- Confidence
- Contextual Perspective
- Discriminating
- Analyzing
- Logical Reasoning

- Information seeking
- Predicting
- Applying Standards
- Creativity
- Contextual Perspective
- Discriminating
- Analyzing
- Logical Reasoning

Informatics as Data Management and Patient Safety

- More and more, healthcare relies on data collection and management.
- Nurses spend about 50% of their time coordinating and documenting pt information.
- Errors often due to impaired access to information
- Informatics is management and processing of data, information and knowledge to support health care
- Informatics implies use of technology. Computers require standardized languages; nursing still working on this.
- Management Information Systems (MIS) should help nurses’ thinking but also require thinking
What CT skills and habits of the mind are needed to improve quality?

- **Confidence**: Nurses CAN think through these issues/problems and offer solid solutions for improved quality.
- **Contextual Perspective**: Nurses are in the middle of the muddy contexts more than anyone.
- **Creativity**: Come up with solutions that are not the same old, same old.…
- **Flexibility**: Change thinking to fit the need.
- **Inquisitiveness**: See these issues as exciting challenges.
- **Intellectual Integrity**: Challenge your old beliefs.
Thinking (cont.)

- **Intuition**: What does your gut tell you about these situations?
- **Open-mindedness**: Just because you didn’t think of it doesn’t make it a bad idea. Biases?
- **Perseverance**: Change and improved quality won’t happen over night. Keep thinking!
- **Reflection**: Look at the present situation and think about your thinking while you’re acting.
- **Analyzing**: Break the big problems down into manageable parts.

Thinking (cont.)

- **Applying Standards**: What should be done, ethically, morally, professionally?
- **Discriminating**: Spend time on the details; look for patterns.
- **Logical Reasoning**: Be sure conclusions are justified with sound data.
- **Predicting**: Think about what will happen if?....
- **Transforming Knowledge**: How can you use your knowledge in this situation? If it doesn’t fit, how can you make it fit?
Making CT a Part of Your Day

• Can you “see” thinking? Well….sometimes I’ve said “I can see the wheels turning.”
• However, most of the time, thinking is what’s going on that no one sees.
• Actions do not necessarily reflect thinking but actions without thinking are harbingers of disaster.

The Challenges of CT in Ambulatory Care

• “Critical thinking is not one, monolithic thing…We have come to appreciate that the term critical thinking is a shorthand ‘umbrella’ term…to connote the many activities pertinent to good thinking, and specifically here to the provision of high-quality nursing care”

Remember, CT is a *Tool*

- CT is context-bound
- Context drives which CT dimensions (habits of the mind and skills) are used more or less
- Which dimensions are most “critical” in ambulatory care? Consider these:
  - Contextual perspective
  - Flexibility
  - Intuition
  - Predicting
  - Transforming Knowledge

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How Can CT Improve Quality in Ambulatory Settings?

- **Contextual Perspective**: Nurses must see the whole picture.
  - Ambulatory care means you don’t have the patient as a “captive” as you do during in-patient care.
  - You have the patient for a short time, either in a clinic, work setting, or in the home/community.
  - You have to see the ramifications of that patient’s daily living situation at all times.
  - Giving a patient a written diet without knowing if s/he can read; who shops, cooks; economic & work situation, etc., is useless. A simple intervention such as dietary counseling takes on an enormous contextual perspective.
CT/Quality & *Contextual Perspective* (cont.)

- Today’s healthcare system context is getting more and more complex:
  - Do more, in less time, with less money
  - Increasing specialization of providers
  - Increasing age of nurses

- Today’s patient context is getting more and more complex:
  - Older (They move, think, act slower; have compromised senses; may or may not have access to computers; uncertain support systems.)
  - Multiple co-morbidities, larger in size

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**CT/Quality in Ambulatory Settings (cont.)**

- **Flexibility**: Can you relate to this scenario? You are working in a medical clinic; you read the chart of a 42 year-old diabetic patient who is in to have his BP checked. You think, OK, this will be quick and easy. (You are, as usual, running late.) You walk into the room and you see the patient sitting on the table in his bare feet. You see 3 black toes and you hear him say, “While I’m here…” (in Spanish). Where does your thinking go now? This requires, not just flexibility in actions, but flexibility in *thinking*.
CT/Quality in Ambulatory Settings (cont.)

- **Intuition:** OK, so what was your gut reaction in the previous scenario?
  - Diabetes out of control
  - Foot injury
  - Lack of knowledge
  - What does he do for a living?
  - Where does he live?
  - Good grief! I’m going to be with him all day!
  - Does he speak English?
  - Do we have a translator here today?

*Intuition will likely drive your thinking/doing for the next hour.*

CT/Quality in Ambulatory Settings (cont.)

- **Predicting:** How many scenarios do you have to predict in any given patient interaction?
  - How will today’s care pan out?
  - What is feasible for this patient?
  - Will the patient follow through?
  - How many events will potentially interfere with what should be done for this patient?

In the previous case you have to predict a potential transfer to in-patient setting, tracking down a vascular surgeon, checking, not only BP on one arm, but legs too, A1C, diabetes history, etc. etc.
CT/Quality in Ambulatory Settings (cont.)

• Would any of you say to this patient, “You came today to have your blood pressure checked; if you have another problem, you should make another appointment.” ????

• Neat and tempting, BUT OF COURSE NOT!

• Reflection on your thinking will be the order of the day.

• BUT, the enormous complexity of that thinking can be overwhelming unless you can break things down in your mind.

Let’s go back to those CT questions and apply them in this situation…

• Confidence: How sure am I in my thinking here? What DO I know?

• Contextual Perspective: Just what IS the whole picture here? How much time do I need? What should I consider?

• Creativity: What do I need to come up with to get this patient the best care?

• Flexibility: My plan to get caught up is out the window; what are my options NOW?
CT Questions (cont.)

- *Inquisitiveness*: Well, just how interesting will this get? (I’m curious how this guy got in this situation.)
- *Intellectual Integrity*: What are my biases here? (I can’t act on my biases; he may not just be a non-compliant patient.)
- *Intuition*: What is my gut telling me? How reliable is it?
- *Open-mindedness*: Just how many scenarios should I consider here?

CT Questions (cont.)

- *Perseverance*: How much of a challenge will this be in terms of time and energy? (I have to accept that I’m going to be at this awhile.)
- *Reflection*: How is my thinking so far? What am I missing? What are my strengths/weaknesses?
- *Analyzing*: How can I break this enormous task down to make it manageable? What are the pieces?
- *Applying Standards*: What should I do here, ethically, morally, professionally? Where are those new diabetic guidelines we’re supposed to be following?
CT Questions (cont.)

• **Discriminating**: What details should I be looking at? What is the priority? What are the patterns?

• **Information Seeking**: What do I need to know? Is patient a reliable historian? What info is available that I can tap? What did I smell?

• **Logical Reasoning**: I have to make a lot of decisions here. How can I justify them with accurate data?

• **Predicting**: What will happen if I do this? That? Something else?

• **Transforming Knowledge**: What do I know? How can I use it in this situation? If things don’t work, how can I make them fit?

Questions/Comments?

Good Luck on Your CT Journey in Ambulatory Care!