



CRITICAL THINKING

in the Emergency Department

Shelley Cohen RN, MSN, CEN

Second Edition

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ISBN: 978-1-68308-174-6

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About the Author

Shelley Cohen, RN, MSN, CEN

Shelley Cohen, RN, MSN, CEN, is the founder and president of Health Resources Unlimited, a Tennessee-based healthcare education and consulting company (www.hru.net). Through her seminars for nursing professionals, Cohen coaches and educates healthcare workers and leaders across the country to provide the very best in patient care. She frequently presents her work on leadership and triage at national conferences.

Introduction

Critical Thinking in the Emergency Department

Learning objectives

After reading this section, the participant should be able to describe the characteristics of the emergency department that require effective critical-thinking skills.

Back to Basics

If you are like most seasoned emergency department (ED) nurses, your first instinct is to flip directly to the back of the book to access tools and forms. But don't go there just yet—even the most experienced ED nurse needs to understand the basic principles behind critical thinking. Filling this knowledge gap is essential if ED nurses are to use this skill successfully. These fundamental concepts, which explain how processing information leads to decision-making, apply to all nurses, regardless of specialty.

To make the most of this book as a resource for critical thinking, make time to review all of the content before you implement the tools it offers. It may be tempting to start using the tools immediately, but resist the temptation. You would not expect a new nurse to understand the relationship between blood loss and delay in blood pressure changes without some foundational knowledge of anatomy and physiology, and the same principle applies here. Critical thinking is not a checklist of tasks; it is about building confidence in your decision-making, which leads to good patient outcomes. The tools provide the following:

- Methods to evaluate how one does or does not perform critical thinking in their role
- Examples of teaching moments
- Patient scenarios that exemplify critical thinking

Critical Thinking and the ED Setting

The emergency department is a place of “unknowns,” which requires nursing staff to engage in high levels of critical thinking, both as individuals and as members of a team. These unknowns include the following:

- How many patients will arrive?
- When they will arrive?
- How many will be high acuity or low acuity?
- How many will require immediate lifesaving measures?
- How many have the potential for violence?
- How long will those requiring admission need to wait for an inpatient bed?
- How many will require transfer to a higher-skill-level facility?

The constantly changing and sometimes-chaotic environment drives some nurses to this specialty. In this context, a team is more likely to make good decisions when its members learn one another’s strengths and weaknesses quickly. Trust typically develops not only among members of the nursing team but also with other medical providers. Such decision-making and trust are essential in this environment of rapidly changing, multiple-patient assignments and constant sorting (triage).

The challenges presented by the ED’s fast pace is compounded by the fact that patients present through a variety of points of entry, with an unlimited number of problems and needs. Additionally, many patients’ social and medical needs are not obvious and are only revealed when the ED nurse applies critical thinking. ED nurses must be able to make decisions quickly and for a broad patient demographic.

To meet those challenges, an ED nurse must have all the attributes of a critical thinker and must be able to use strategies that aid critical thinking. The three main areas in which the ED nurse will apply these skills are triage, treatment, and disposition.

Triage

Whether patients present via the Emergency Medical Services (EMS) system or on their own, they undergo a sorting process called triage. The goal of triage is to determine their potential for demise, the severity and urgency of a patient's condition. Following triage, those most in need of care are seen first.

This area of nursing practice requires critical-thinking skills and experience. The most successful triage nurses have both and know how to apply them to make fast, effective decisions. New graduate nurses need extensive training and ED work experience before they are fully prepared to conduct triage.

Attributes of critical thinking during triage

ED nurses take the following actions in order to apply the concepts of critical thinking to the triage process:

Thinks independently

- Identifies and initiates appropriate standing orders.
- Recognizes when patient volume will require more support at triage and notifies the charge nurse before long delays occur.

Evaluates evidence and facts

- **Example:** At triage, a patient states that he was not trying to kill himself. The police officer who presents with the patient shows the nurse a note and weapon found at the scene.

Explores consequences before making decisions or taking action

- **Example:** Although the department exam areas are full of patients, the triage nurse realizes that the patient presenting from the county jail with a police officer should not wait in the triage area.

Evaluates policy

- Recognizes that although a visitor is demanding to see the patient now, the patient's tracking board displays a security icon. Contacts the charge nurse before allowing any visitors through the door.

Is confident in decisions

- **Example:** A provider challenges the triage nurse about a decision. The nurse refers the provider to the written protocols that he or she followed in determining the triage level.

Asks pertinent questions

- Knows to make no assumptions at triage. Asks every patient presenting, "Have you had an injury?"
- **Example:** The nurse asks the parent what dose of fever medicine the child was given.

Displays curiosity

- At end of shift, checks on status of patients who were a challenge at triage. Reviews patient outcomes and determines whether the triage process or decision was appropriate.

Rejects incorrect information

- **Example:** Despite the caregiver's claims that the child is eating and drinking, the triage nurse notes that the child has dry mucous membranes and produces no tears when crying.

Treatment

The treatment area of the ED presents its own set of challenges, with multiple patient assignments and varying levels of patient acuity. In this rapid-turnover

environment, critical thinkers must make decisions quickly. Nurses are part of a team of critical thinkers working together, and they contribute decision-making comments that lead to improved patient outcomes. Typically, a nurse serves as charge or team leader to ensure that patient flow and staff resources align. In their collaborative relationships with the ED medical staff, nurses gain clinical knowledge that improves their ability to make good decisions.

Attributes of critical thinking during treatment

ED nurses take the following actions in order to apply the concepts of critical thinking to the treatment process:

Thinks independently

- Rationalizes which patient needs attention next.
- Recognizes the need to call pharmacy to ensure that two medications are compatible.

Evaluates evidence and facts

- Notes critical lab values, reassesses patients, and approaches providers with information and request for orders.
- **Example:** Although the patient denies leg pain, the pedal pulse is rechecked and found to be weak, and the foot is cool.

Explores consequences before making decisions or taking action

- **Example:** A patient's family is requesting fluids/food for a patient who is being evaluated for a mental status change. Knowing that patients who may require surgery should be NPO, the nurse reviews the head CT results and notes that they are normal, without sign of subdural or lesion. The nurse collaborates with the provider regarding any food or fluid restrictions.
- **Example:** Although policy does not require a nurse to accompany a particular patient to her CT scan, the nurse discusses the possibility with the team leader. Together they determine that it is in the best interest of the patient for the nurse to stay with her.

Evaluates policy

- **Example:** A patient requests that the police not be notified about the assault by his spouse. The nurse refers to hospital policy, which requires that all assaults be reported, and offers the patient safety options prior to discharge.
- **Example:** During the peak of flu season, visitor policies are more strictly enforced. A patient's wife is requesting that additional visitors be allowed back to see her husband, who is having a laceration sutured. The nurse explains and reinforces the CDC's recommended visitor restrictions.

Is confident in decisions

- **Example:** The shift report notes that a patient on involuntary hold is awaiting inpatient psychiatric placement and is still fully dressed, with her personal belongings at the bedside. The offgoing nurse felt that the patient was cooperative and that these items did not need to be removed. The ongoing nurse changes the patient into an exam gown and removes all of her clothes and belongings from the room. This decision was made based not on the patient's level of cooperativeness but on the practice standard for such patients.

Asks pertinent questions

- **Example:** The nurse is comfortable saying, "This patient is concerning me, as she may be an atypical presentation. How do you feel about my doing an EKG on her?"
- **Example:** "I see you are on Dilantin for seizures. When did you take your last dose?"

Displays curiosity

- **Example:** When caring for an asthma patient, the nurse approaches the provider, updates her on the patient's status, and inquires, "Do you know anything about asthma patients being given magnesium in the ED? I read about that last week but have never seen it given for asthma before. What do you think?"

- **Example:** As a participant in the preceptor course, Sharon inquires as to the safety of students being allowed to give medications that have not yet been covered in the classroom.

Rejects incorrect information

- **Example:** A critical lab value is called in to the department, reporting that a patient has a dangerously low blood sugar. Upon evaluation, the patient is alert and his color is pink, skin is warm/dry, and he is asymptomatic of hypoglycemia. The nurse performs a finger-stick glucose test and finds that the patient has normal-range blood sugar. The nurse works with the lab to determine that there is an inpatient who has the same first and last name as this ED patient.
- **Example:** The parent of a 2-year-old patient describes how the toddler was injured. The nurse recognizes that a 2-year-old cannot physically do what the parent describes.

Disposition

Discharge options for the ED patient include the following:

- Discharged home
- Returned/admitted to nursing home as resident
- Referred to dentist or doctor's office
- Transferred to another facility
- Sent to the morgue
- Admitted to the hospital
- Discharged to law enforcement officials

With patients waiting for an empty exam room, there is always a push to move patients out of the department as efficiently as possible. Nurses feel that pressure as they work to ensure that all the discharge/admission/transfer criteria are met for each patient. Such pressure is an additional obstacle for nurses trying to employ critical thinking as they disposition patients, and with so many risk management and follow-up details to consider, nurses may at times forget details as a result.

As part of the disposition process, nurses need to consider the following:

- They must evaluate vital signs, pain status, and neurological status
- They must review documentation to ensure completeness and thoroughness
- Patients with limited English proficiency take longer to disposition
- Some discharge instructions are lengthy
- Disposition sometimes requires waiting for the appropriate person, other than the patient, to review the disposition information
- There are admissions being held in the department that require ongoing nursing assessments
- It may take time to determine whether it is appropriate for the patient to drive and, if not, to call someone for pick up

We expect a great deal in a short period of time from ED nurses at the point of disposition. It is necessary to ensure that they have the time, skill, and resources to think critically in that context.

Attributes of critical thinking during disposition

ED nurses take the following actions in order to apply the concepts of critical thinking to the disposition process:

Thinks independently

- **Example:** The nurse recognizes that the provider's discharge orders are premature and that the patient will need to wait for an evaluation by the mental health worker.

Evaluates evidence and facts

- **Example:** Although the patient claims, "I can handle this by myself," the nurse notes that the patient is unable to demonstrate safe use of crutches and suggests to the provider that the patient be given a walker.

Explores consequences before making decisions or taking action

- **Example:** Prior to administering a narcotic for pain management, the nurse asks who will drive the patient home from the ED.

Is confident in decisions

- **Example:** Although a particular dressing is ordered for the patient's burn, the nurse recognizes the fragile skin of the elderly patient and suggests another option that will not require tape on the patient's skin.

Asks pertinent questions

- **Example:** The nurse asks an elderly patient who lives alone, "Is there someone who can help you with these dressing changes when you get home?"

Displays curiosity

- **Example:** While holding a patient being admitted for Guillain-Barre Syndrome, the nurse asks the provider about the red flags that led to this diagnosis.

Listens to others and is able to give feedback

- **Example:** Makes sure that the new parents understand the discharge instructions for their 8-day-old newborn by asking them to repeat them back. The ED nurse has the parents demonstrate the correct method of taking a rectal temperature.

Encouraging ED Nurses to Develop Critical Thinking

Much of critical thinking needed in the ED setting does come from work experiences and particular patient scenarios that nurses "bookmark" in their minds. All ED nurses should be actively involved in the orientation and development of both new graduate nurses and experienced nurses who join the ED setting. Without passing along these bookmarked experiences, we cannot help others to develop their critical-thinking capabilities.

Introduction

We want ED nurses who are able to do the following:

- Recognize a problem
- Know what to do
- Know when to do it
- Know how to do it
- Know why they are doing it

ED nurses know what outcomes they want for each patient and recognize how their actions affect these outcomes. Recognizing the role that critical thinking plays in achieving the desired outcomes is the first step to creating an environment that promotes sound judgments.

To promote critical thinking in the ED, incorporate the Emergency Nurses Association's *Code of Ethics for Emergency Nurses* into the process of ongoing development, and have all staff sign a commitment to this ethical practice. Let nursing staff know what decision-making abilities they are expected to have, and then promote and encourage their ongoing development.

It is a privilege to be an ED nurse and be at the side of a patient and family when they are in unexpected need of medical care. Along with that privilege comes a tremendous responsibility to make the best decisions for the patients who are entrusting us with their care.

Resources

Emergency Nurses Association. (2011). *Emergency Nursing Scope and Standards of Practice*. Des Plaines, IL: Emergency Nurses Association.

Foundation for Critical Thinking. (2015). *Critical Thinking and Nursing*. Retrieved from <http://www.criticalthinking.org/pages/nursing-and-health-care/801>.

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Chapter 1

Defining Critical Thinking

Learning objectives

After reading this section, the participant should be able to do the following:

- Identify key aspects of critical thinking
- Explain how nurses develop competency in critical thinking

Why Critical Thinking?

For educators and nurse leaders, critical thinking is like the weather: Everybody talks about it, but nobody seems to know what to do about it. Passing the NCLEX only validates that new graduates have the baseline knowledge needed to provide safe nursing care. It does not, however, validate that they know how to think critically, and application of clinical critical-thinking skills and judgment are what make a healthcare provider nurse (as a verb) rather than simply serving as an automaton that completes tasks by rote. Critical thinking is at the core of safe nursing practice, so educators should encourage every nurse to develop it.

Becoming a Professional Nurse

Nursing is a hands-on profession. Clinical experience plays a crucial role in professional development, so nurses must progress through various levels of learning before they reach proficiency. Managers and educators should appreciate that new graduate nurses are at a different level—and have different needs—than do experienced nurses in their professional critical thinking.

Benner's stages of growth

Patricia Benner (1984) identified and described the five stages through which nurses proceed in their professional growth:

- **Beginner:** Has little experience and skills, learns by rote, and is completing education requirements.
- **Advanced beginner:** Can perform adequately with some judgment; nurses are 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:** Views the situation as a whole rather than as many parts. Able to develop a solution.
- **Expert:** Has enough experience that intuition and decision-making are instantaneous. Most nurses take at least five years in a particular area of practice to reach this stage.

So how do you set your inexperienced graduates 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 of 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?

The Foundation for Critical Thinking offers the following definitions of critical thinking:

- The disciplined, intellectual process of applying skillful reasoning as a guide to belief or action (Norris & Ennis, 1989).
- The ability to think in a systematic and logical manner while remaining open to questioning and reflecting on the reasoning process used to ensure safe nursing practice and quality care.
- Adherence to intellectual standards, proficiency in using reasoning, a commitment to developing and maintaining intellectual traits of the mind and habits of thought, and the competent use of thinking skills and abilities for sound clinical judgments and safe decision-making.

Critical thinking is based on the 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 constant reevaluation, self-correction, and striving for improvement.

People who display critical thinking tend to be open-minded, can see things from more than one perspective, are aware of their own strengths and weaknesses, and strive for improvement continuously. 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 nurse's ability to see patients' unique needs and to respond appropriately, beyond or in spite of the orders. Nurses develop the ability to think critically through ongoing knowledge gathering, experience, reading the literature, and continuous quality improvement by reviewing their own patient charts. For example, when a physician orders acetaminophen (Tylenol) for a patient's fever, a nurse who displays critical thinking might question 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 or focuses on tasks only.

In order to help shorten new graduate nurses’ on-the-job learning curve and continuously improve the critical-thinking skills of experienced staff, organizations must focus on developing critical thinking beyond the point of hire or orientation.

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 (2001).

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 based on the following four questions:

- 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 offered an example from her work, in which nurses responded to a recorded scenario involving a one-day postop trauma patient. In the video, the patient suddenly becomes diaphoretic, pale, and short of breath with tachypnea, and he holds the right side of his chest, complaining of pain. An ABG result shared on screen shows respiratory alkalosis. The expectation is that nurses will recognize that 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. Experienced nurses should anticipate physician orders, such as a portable chest X-ray or an EKG. In this session, however, Del Bueno found that 75% of inexperienced and 25% of experienced nurses said that they would manage the patient’s alkalosis by *only* having the patient breathe into a paper bag.

Without integration of evidence-based and best practices into their own work, nurses are very limited in their ability to apply timely critical thinking. With the rapid feed of medical knowledge and research results, it is imperative to ensure that both the novice and experienced nurse bring the most current knowledge and information to each patient. Foundational knowledge must be matched and complemented with current, pertinent science in order for the nurse to improve patient outcomes with critical thinking.

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Chapter 2

New Graduate Nurses and Critical Thinking

Learning objectives

After reading this section, the participant should be able to do the following:

- Analyze the factors that contribute to new graduates' lack of critical thinking
- Identify strategies to facilitate critical thinking in new graduates

At the nurses' station, James, a new graduate nurse, overhears a conversation between the team leader and his preceptor. They are commenting that they can't believe that James didn't consider repeating a lab draw on a patient with a high INR who was not on any anticoagulants.

Sarah feels the perspiration on her forehead beading up and starts to feel anxious just thinking about having to page the hospitalist with a question regarding orders on a new admission being held in the ED. She starts to wonder whether it is best to simply wait until the patient is sent to his inpatient room and to let the admitting nurse deal with it.

"What are they teaching in nursing school these days anyway?" This relatively common comment reinforces the many unrealistic expectations of the new graduate nurse. When more experienced nurses believe that passing state boards means that new nurses should be automatically injected with critical-thinking skills, they set the new nurse up for failure rather than success.

Now that we have defined critical thinking, it is easier to answer the question, "Why don't new graduate nurses think critically?" Once new nurses are embedded in the role of providing patient care, reality sets in and brings

with it a multitude of stressors and distractors. These factors can easily interfere with critical thinking, as can the overall stress of any new job:

- New environment (including locating items needed for your job)
- New people (including learning the hierarchy and the roles/positions at the organization)
- New policies, procedures, and processes
- The unknowns (such as who to trust and confide in)
- Lack of established relationships with coworkers (both professional and friendship)

Although people from a variety of age demographics and work experiences now enter the field of nursing, many find themselves in a new role that requires skills that are uncomfortable and/or unfamiliar. Such obstacles must be identified early, as they can interfere with learning and the ability to apply critical thinking. Examples of such challenges include the following:

Interpersonal skills/communication: Nurses interact with providers in a variety of scenarios, such as when making rounds, clarifying orders, or advocating for the patient. They may miss some communication or instruction from an experienced nurse because they don't understand what the routine involves or the slang used. For example, one unit may refer to a septic workup as "culturing every hole." The new graduate does not understand that this standard order set includes blood cultures x2, sputum culture, urine culture, and stool culture.

Clinical: Although new nurses possess clinical knowledge, they lack the experience that increases effectiveness, efficiency, and correctness.

Organization: Feelings of being overwhelmed and unprepared for the level of nursing skill that their patients may require affect their ability to organize and prioritize care on their shift.

Delegation: Because many new nurses do not have a solid foundation of delegation skills from a risk/legal perspective or from a practical perspective, they are uncomfortable delegating tasks.

Priority setting: Unfortunately, many orientation processes are task-oriented, which leads to the new nurse being task-focused as well. Such an approach makes it difficult to engage them in critical-thinking learning and practice.

Assertiveness: New nurses may hesitate to say no and may struggle to understand the difference between being assertive and being aggressive. A desire to be “liked” or accepted by peers can have a strong influence on new graduate nurses and on their confidence in their decisions and work practices.

Cindy Kohtz explored the transition from newly licensed to professional practice and shares the following factors to consider when assessing and developing critical thinking in new RNs:

- A high practice standard exists, and it challenges even experienced nursing staff.
- Decision-making, organizing, and reorganizing skills as patient needs change are dynamic and complex processes.
- Time management strategies are influenced by many external factors (e.g., interruptions, delegation skills, organizational skills).

Kohtz’s study also revealed key areas in which the manager can help new nurses enhance their work efficiencies:

- Orientation should teach workflow and organizational skills.
- Note that communication opportunities, such as shift report, affect patient safety and quality of care.
- Train preceptors to teach and coach new graduates on timely patient assessment skills, which can in turn lead to more timely nursing interventions.
- Preceptors should encourage and mentor new nurses and promote timely point-of-care documentation as a daily work habit.
- Managers can identify patient care tasks that can be appropriately delegated (such as hygiene) and encourage new graduates to practice delegating.

A new graduate nurse can only develop critical thinking in an environment that models, encourages, and supports it—remember, critical thinking develops over time; it is not an item to check off on an orientation sheet. In specialty areas, such as the emergency department, it is very important to do a “reality check” of your current expectations of new graduate nurses. Even if you expect ED nurses in general to cope with a rapid influx/surge of patients and be able to adapt their priority setting accordingly, you should not expect the same from a new graduate. Consider the following day-to-day expectations of an ED nurse, and ask yourself whether a new graduate nurse can perform at this level:

- A 35-year-old female presents with nausea and vomiting. The primary ED nurse notes the patient’s refusal to remove her long-sleeved shirt (even though it is summer in the South). The experienced nurse applies critical thinking and considers the possibility that this patient is hiding injection, abuse, or self-harm wounds. He shifts his approach to the patient in a manner that encourages her not only to remove her shirt but also to admit that she injects drugs.
- A parent presents with a 12-year-old male, demanding that the nurse “do a drug screen” on him. The experienced nurse immediately recognizes the need to speak with the patient alone and accomplishes this goal by redirecting the mother to paperwork for permission to treat. The nurse then walks the patient to a bathroom.
- With a department at full capacity, the waiting room is starting to back up. The triage nurse is tasked with sorting through an unusually high volume of patients during this flu season. As she scans those in the waiting room while calling for the next patient, she notices a family member of a triage level 4 patient pacing and throwing magazines in the waiting area. This seasoned nurse uses her experiences and critical thinking to rapidly identify this as a potential for violence and follows the set protocol.

The time it takes for the new graduate nurse to perform at the level of these examples will vary with each nurse, but it will not realistically happen in the first six months after orientation. Whether it is the ability to pick up on

sudden changes in a patient's condition or to recall that some antiemetics are contraindicated with prolonged Q-T syndrome, the new graduate nurse should not be expected to perform at a level beyond their experience and abilities.

Expectations

Defining realistic expectations in writing is imperative for a successful transition, and doing so benefits several stakeholders:

- The newly graduated nurse
- Preceptors
- Peers
- Educators
- Nurse managers

Assessing novice nurses and their knowledge, skills, and competencies requires the organization to look beyond the individuals. Without an impartial, ongoing review of your orientation and preceptor process and program content, it is easy to blame lack of success on the person (i.e., the new nurse) rather than on the orientation process. Consider these questions:

- Is the problem with the nurse or with the orientation process (e.g., content, preceptor, etc.)?
- Are the expectations realistic, or do they reflect what you wish novice nurses could do?
- Do you integrate critical thinking in the learning/classroom environment?
- Are your current methods of assessing critical thinking effective? How do you know?

The stages of growth according to Benner take a period of *five years* from beginner to expert:

Beginner → Advanced Beginner → Competent → Proficient → Expert

Have we set the stage for a task-oriented new graduate nurse who does not apply critical thinking? Possibly, especially in light of the fact that so many orientation programs do focus on checklists rather than on concrete thinking and applying principles of nursing practice.

Whether you are a preceptor, educator, or manager, you have the opportunity to use stress reduction strategies with the new graduate nurse. The following approaches are examples that help guide the novice nurse through the many stress challenges they will be facing:

- Regularly scheduled support group meetings for all new graduates. Ensure that these are not “complaint sessions.” Rather, they should focus on productive behaviors that build confidence and interprofessional respect.
- Assign a mentor (or use the preceptor) to work on building a collegial relationship with the new graduate that spans their first year as a nurse.
- Run a scavenger hunt (which can provide the opportunity to find supplies, other department locations, etc.) during their first week of work. It will build their confidence if they know where the laboratory is located when someone stops them in the hall to ask.
- Invite staff nurses who have been out of school 2–5 years to a support group meeting. Their experiences and tips offer support and acknowledge the challenges that new nurses face.
- Identify a provider who enjoys teaching and overtly collaborates with nurses. Organize a day/time when this person is rounding, and assign a new graduate to accompany them.
- Figure 2.1 demonstrates the typical phases through which the new graduate nurse passes in their new role. Remember that each phase is permeated by the reality that things are different as an RN than as a student.

We now know that stress is a risk factor for patient safety and contributes to practice errors. Any measures that are put into place to help reduce stress will therefore benefit not only the nurse but also the patient. Some studies

have revealed that stress levels may actually increase six months into the transition period. Note that, at this point in time, some organizations consider orientation to be finished. The moment when they most need the support, guidance, and mentoring is the time we are “cutting them loose”! Additionally, as the new graduate becomes more independent, peer expectations increase, which in turn increases their stress. A structured transition program that includes a foundational focus on critical thinking rather than on checklists will greatly reduce stress for the new nurse.

New Graduates’ Levels of Development

When learning a new field, there are four classic stages through which a person proceeds:

- Unconsciously incompetent
- Consciously incompetent
- Consciously competent
- Unconsciously competent

The most dangerous stage is the first, in which nurses do not realize what they do not know. The best orientee is the one who knows when to ask for help. Surprisingly, weaker students are frequently very confident, in part because they don’t grasp how much there is to learn or the potential risks.

A factor that contributes to this phenomenon is that newer nurses are often placed on the off shifts with other inexperienced nurses. This practice can limit their exposure to more-experienced nurses, which means that they do not recognize their deficiencies because their coworkers have similar levels of knowledge and judgment.

Part of developing critical thinking and orientees’ ongoing self-knowledge should be encouraging them to consider the areas in which they still need to grow. Keep the issue of critical thinking—and anticipation of potential patient complications—in the forefront.

Prioritization

Prioritization is typically one of the most difficult skills for new nurses to learn. They know if something is “normal” or “not normal,” but they struggle to know how much importance to attach to these classifications. Many educators and managers believe that new graduates will automatically pick up this discernment, but such learning often does not occur until after considerable time, exposure, and experience.

New graduates struggle to prioritize the needs of one patient, within a team of patients, and/or between patient and administrative needs. To help them learn, provide rules and principles that they can use until they develop and internalize their own clinical judgment and instinct.

Prioritization principles: Assessment

Many of the following concepts may seem simplistic and obvious, but remember that experienced nurses often forget what they didn’t know when they were new graduates. Discuss the following concepts in a critical-thinking class, and include them during orientation and throughout new graduates’ initial development:

Review Maslow’s Hierarchy of Needs and ABCD: Although it is familiar content, many new graduates have not specifically identified that “D for disability” includes mental status/level of consciousness (LOC), neurological and motor function, and pain. Pain, while not a good thing, is not always the worst thing. Sometimes in an effort to overcompensate for the past, when analgesia received inadequate attention, pain is given almost absolute priority in the nursing curriculum.

Two common areas of weakness in new graduates are failure to conduct all aspects of a pain assessment (PQRST) and failure to note the severity within the ABCD prioritization. Use examples in which the type of pain and/or location, rather than the severity, alerts the nurse to the problem, such as a substernal pressure that the patient rates as a 5. Use examples in which the

severity matters: A significant shock (Circulation) takes priority over a mild wheezing (Breathing).

Onset (sudden over gradual): True sudden onset of symptoms can signal a catastrophic event. It is a true “sudden” onset if the patient can recall the exact time or activity when it began and the maximum intensity is reached immediately (in less than one minute).

Actual over potential: A common error of new graduates is to focus on a “more important” potential future problem than what is currently going on. For instance, they assume that the asthmatic patient who states that he or she will stop his or her prednisone takes priority over someone who is currently experiencing low blood pressure. Emphasize first things first: Treat actual problems before preventing future ones.

Systemic over local (life before limb): Something that has a systemic implication, or involves multiple systems, is a priority. If no other access can be obtained, an IV is started in the leg to administer the medication to stop continuous status epilepticus.

Trends: A trend, as opposed to an isolated incident, could be an indication of something more serious. Trends include a steady progressive decline, minor symptoms that recur repeatedly or increase in severity, and/or symptoms that are associated with other definitive (especially systemic) changes.

Compared to the patient’s normal: Recognition of the same significant symptoms (“This is like the last time I had a kidney stone”) or identification of a new distinction (“This is different from any other headache I had before”) is important. When the complaint is “ordinary,” such as a headache, remember that there must be a reason that the patient thought it was important enough to report. Always consider the caregivers’ perception of changes in the patient, as they know the person better than anyone.

Patient demographics: Certain groups are more vulnerable to rapid worsening or atypical symptoms and should receive more consideration. They include the immunosuppressed, whether by age (the very young and the very

old), medication (steroid administration), disease (diabetes mellitus, HIV/AIDS), or past history (splenectomy, donor organ recipient). Similarly, concern should be elevated for patients with multiple comorbidities (their systems are already taxed for coping and will be more easily overwhelmed) or a history of the “worst-case scenario” for these symptoms (e.g., “This is just like I felt when I had my heart attack”).

Prioritization principles

In the emergency department setting, time management takes on a whole new meaning as the nurse tries to balance the priorities of several patients, many with unknown diagnoses. Determining priorities for multiple simultaneous medication and other orders requires astute critical-thinking skills. Consider the new graduate with a patient load of only three patients trying to determine the following:

- Do I give my patient in CHF the IV Lasix and then insert the Foley catheter? As I round the corner with meds in one hand and a Foley cath kit in the other, a visitor yells out in the hallway for help in room 1 for a patient who is on contact isolation for *C. difficile*.
- Is it more important to give the patient with chest pain ASA or to medicate the kidney stone patient for pain and vomiting? And, I just noticed that my intentional overdose patient is trying to climb over the side rail, and the EMS radio is calling for report and no one else is at the desk right now.
- Do I go ahead and draw up the Cardizem bolus and then go back and mix the drip? Or do I prepare both medications and bring them to the bedside at the same time? But the patient in room 3 needs my help to get to the bathroom, and the IV fluid bag is empty in room 2.

Prioritization principles: Administrative

Patients before paperwork: Students from a heavily regulated industry, such as licensed practical nurses who worked in long-term care facilities, and those

who truly understand legal implications, tend to overemphasize documentation. Remind them that “post” charting is allowed if identified as such.

Stop any harm immediately: Those inexperienced in leadership tend to focus on others dealing with problems rather than directly taking care of the problems themselves. If an aide is making an error, go in and correct it now rather than telling the charge nurse, asking for more in-services, writing up an incident report, or even speaking to the aide at the end of the shift.

WHAT rather than WHO: An inexperienced nurse is likely to be intimidated and respond first to an authority figure who is barking orders. A serious patient need always comes first. Have them role-play this situation, stating, “I must take care of this first, and then I will be back and talk with you in about a minute.”

When talking about prioritization, remind learners that everyone does ultimately receive care, even if they are not first. Prioritization just recognizes that one person can only do so much at a time and that there are competing demands. Prioritization involves the right care to the right person at the right time for the right reason.

Identifying Worst-Case Scenarios, Stereotypes, and Expected Abnormal Findings

Worst-case scenarios

Another significant area in which new graduates need help is identifying and ruling out the worst-case scenario that could come from a patient’s complaint. Applying the patient’s chief complaint to consideration of a “worst case scenario” presents as a significant challenge. This knowledge gap and lack of experience do not serve the new graduate or place the patient in a positive light. In general, our decisions are heavily influenced by what we have experienced most often, most recently, or most dramatically relative to the current situation. New graduates have mainly been exposed to textbook cases, which do provide

the necessary foundation of knowledge, and not contribute to critically thinking through the worst-case-scenario-type patients.

To address this issue, give new graduates ED-specific examples, and guide them through a critical-thinking process to help identify the worst possible outcome for the patient. Ask how they would know that the worst-case scenario was occurring when dealing with any patient, condition, or scenario. For example, a patient with a mental health history may appear to be confused due to meningitis, not due to their underlying psychiatric illness. How would the new graduate differentiate that? How can they differentiate risk in a patient who has a normal EKG but is experiencing chest pain? This is particularly important to stress during a critical-thinking class, but it should also be brought up again and again in other contexts. Remember, repetition is the mother of all learning. New graduates should know that for each patient they take care of, they should first ask, “What is the worst-case scenario?” so that it may be ruled out as necessary. The process should eventually become automatic.

There is a familiar phrase used in medicine: “When you hear hoof beats, think horses, not zebras.” It illustrates the overarching principle that nurses should first consider the most common causes for a patient’s presentation but still be alert to the fact that there are some “zebras” out there. Don’t miss them.

Stereotypes

It is imperative to proactively review common stereotypes that can lead to incorrect assumptions. Such assumptions can lead a patient toward a bad outcome, and it is important for the new graduate nurse to begin a process of intertwining ethical practice with their assessments, critical thinking, and nursing interventions. For example, they should not assume that a 34-year-old female is not a risk for an MI or that an 85-year-old patient is confused because of his age. Making either of these assumptions can lead not only to a bad outcome but also to a practice liability for the nurse.

Associating abnormal findings

What is an expected finding for a given condition or patient? Explain that significant “abnormal” findings are not a concern when they are part of that patient’s known medical condition. It is not alarming that a patient with DKA and no sign of infection also has an elevated lactate level, or that a patient being admitted with pneumonia has an elevated white blood count. A nurse would expect to hear decreased breath sounds and wheezing in a patient with asthma exacerbation, and after a breathing treatment, they may auscultate even more wheezing. The nurse needs to be able to think critically about why this increase in abnormal breath sounds is not a bad thing for this patient after inhalation therapy.

Transitions: Promoting and Developing Critical Thinking

Without a standard for transition to practice for the new graduate nurse, inconsistencies will continue from one organization to another. With turnover rates high among new graduate nurses in their first two years, such variations in this transition perpetuate issues and gaps related to critical thinking. One approach to resolving this problem is for organizations to adopt The National Council State Board of Nursing (NCSBN) model of “Transition to Practice.” This can serve as a much-needed prototype for organizations to follow. More information on their study and resource tools can be found at www.ncsbn.org.

Evidence reveals key elements for a successful transition and provides leaders and educators with a clear direction in the orientation of the new graduate nurse:

- Clinical reasoning teaching moments
- Opportunities/time to reflect
- Constructive, meaningful feedback
- Defined, specific competencies

Chapter 2

An additional resource is the Quality and Safety Education for Nurses (QSEN) project, which defines very specific knowledge, skills, and attitudes that need to be developed for successful transition in practice. The NCSBN refers to these defined competencies as one of the tools available to educators working with new graduate nurses.

Whether you are a leader, manager, or preceptor, it is imperative that you recognize the powerful position you hold in the ability to help transform a newly graduated nurse into a confident, respected colleague.

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Chapter 3

The Critical-Thinking Classroom

Learning objectives

After reading this section, the participant should be able to do the following:

- Assess and evaluate current classroom-related modalities that are conducive to critical thinking
- Determine classroom strategies to teach, promote, and support the development of critical thinking

Can Critical Thinking Be Taught?

The overall answer is yes, you can teach novice and experienced nurses to think critically. The challenge and goal is to embed the process in daily nursing practice. Because critical thinking is not an algorithm or formula to memorize, preceptors must take extra care to ensure that the concepts learned in the classroom are applied in the clinical setting.

The tendency is to view critical thinking as an abstract formula to memorize. In reality, however, it is a process of applying textbook knowledge to the clinical setting and to specific patients. Nurses usually need some initial assistance in applying their knowledge to a given situation, particularly for high-volume, high-risk, or infrequent patient presentations with which they have little familiarity.

For that reason, classes that discuss and teach critical thinking can benefit both new graduates and more experienced nurses. Although

classes held during orientation will serve new graduates and new hires, it also may be useful to schedule general-attendance classes periodically so that other nurses may participate.

Background Preparation

Teacher preparation

In order to develop effective content and classroom specifics, teachers must assess student needs. These needs will certainly vary, so as part of your preparation, gather the following details about your students:

- Years practicing as a nurse
- Years of experience in this nursing specialty
- Self-assessment tool related to clinical nursing expertise and critical thinking

As you prepare content for a class on critical thinking, keep in mind your students' various levels of experience and differences in learning needs for nurses of different generations. Consider these questions as you develop the program:

- What are the course goals/objectives?
- Have I gathered input from nurse managers, educators, and preceptors when developing the program?
- Have I reviewed self-assessment tools and their results?
- How will the success of this course be evaluated?
- How will we measure the impact of learning about critical thinking on retention, patient outcomes, and supporting a healthy work environment?

Teaching is not pouring wisdom into the brains of passive listeners. Rather, the teacher guides students to participate actively in a learning experience. Watch your students' responses while you teach so you know when and

how to repeat material, vary the presentation, or illustrate the content's application for this particular group. As you consider your students' various levels of expertise, make sure to target the learning for the audience: You may decide to hold a class for new graduate nurses beyond what you cover at orientation, but don't require highly seasoned new hires to sit through a course that they don't need. For the experienced outliers who demonstrate during orientation that they need critical-thinking education, that can always be accomplished from a remediation perspective.

Professional nurses' goals

For an educator, there is not much that's worse than overhearing a nurse saying to a coworker, "I have to go to this stupid class on critical thinking. It is mandatory! Can you believe it? I've been an ED nurse for 12 years, and *now* they're worried about how I think!"

To help students understand the relevance and importance of critical-thinking education, engage them by connecting practice and professional standards directly to the content. The goal is not to "fill time" in a classroom—rather, it is to engage in a learning process that incorporates evidence-based practices, nursing standards of care, organizational expectations, and more. The American Nurses Association (ANA) actually defines the nursing process as follows:

A critical thinking model used by nurses that is represented as the integration of the singular, concurrent actions of these six components: assessment, diagnosis, identification of outcomes, planning, implementation, and evaluation. (2015)

To capture your audience's attention, try including actual legal cases from within your specialty. Check with your risk manager for some case examples, or find some through a general online search.

Whether teaching a new graduate or an experienced nurse, consider including the following details in your classroom content:

- Differentiate between evidence-based practice and best practices
- State Board of Nursing language, if it addresses critical thinking
- References to critical thinking in learners' job descriptions
- American Nurses Association (ANA) practice standards:
Registered Nurses use critical thinking to apply the best available evidence and research data to diagnosis and treatment decisions.
When describing how nurses complete professional thinking and activities, the nursing process emerges as a commonly used analytical critical thinking framework. (2015)
- Emergency Nurses Association (ENA) practice standards:
Emergency nurses apply critical thinking to their practice environment, contemporary issues, lifestyle imperatives, acute and chronic diseases, quality and safety strategies, and new technologies.
Judgment includes critical thinking, problem solving, ethical reasoning, and decision-making. (2011)

Generational differences

When considering today's multigenerational workforce, consider the differences in what motivates learners of different generations to participate actively in the classroom setting. Everyone is influenced by the time in which they were raised; it is when they developed their mindset, values, priorities, and styles. As the Arab proverb says, "People resemble their times more than they resemble their parents." With five generations currently coexisting in the workplace, educators must understand variations in these generations' perspectives on life and work. See Table 3.1 for a brief overview, and make use of these details when developing your teaching and evaluation methods.

Table 3.1		The Generational Divide	
Generation	Years born	Lifestyle	Work
"Silent Generation" Veterans	1922–1945	Do not expect a "work/ life" balance	Disciplined, hard workers Respect authority
Boomers	1943–1960	A work-to-live attitude	Workaholic personalities Expect to be respected—"I earned it"
"Xers"	1961–1981	Expect and want a work/ life balance	Independent, assertive Like technology, fun at work Expect immediate feedback
Millennials	1982–2000	Expect and want a work/ life balance	Overly confident Diverse Value teamwork Impatient, crave immediate gratification
iGen, Gen Z	1996 and later	Cannot process the significance of the events of 9/11 Self-worth is heavily affected by social media more than any other generation	Want their ideas valued Highly value face-to-face communication Want top e-learning systems at work

Many educators fall into the Baby Boomer category, whereas new graduate nurses often fall into the Generation X, Millennial, or iGen categories. Remember that approaches used for the established workforce—or even for you when you were a new graduate—may not work for today's learners. It's important to tailor learning experiences to meet the needs of all generations in your classes.

Setting the Stage

Classroom environment

The classroom environment plays a key role in the success of your critical-thinking course. Part of your role is to set the stage before the actual class. Promote the class and its content via email communication, using eye-catching graphics. Let participants know the top three reasons that they will want to be there, and use key phrases such as the following:

- Don't miss this!
- Success as a new graduate depends heavily on your ability to think critically.

Use quotes from previous participants:

- I didn't think I needed this class. Boy, was I wrong!
- This class was awesome. I feel so much better now as a new grad.

Create a welcoming atmosphere that awakens the participant's whole brain and senses. To do so, first ensure that faculty are excited to teach the content—if they aren't, you will lose the group as soon as they walk in the door. Then, when you start the class, acknowledge the challenges of being a new graduate or a new hire, and share how their ability to think critically will help them garner respect from their peers. Select appropriate icebreakers (you can find many online) for the beginning, middle, and end of the class. One that I commonly use for the ED participants is as follows:

- Give each person a blank sheet of paper.
- Have them select just one color pencil or crayon.
- Give them three minutes to draw a picture of the perfect ED nurse.
- At the end of the three minutes, go around the room and ask them to identify one of the items on their image. Have them explain how that item makes an ED nurse perfect.

Ground rules: Decide ahead of time the rules related to cell phones/texting and computer use during the class. Define your and the organization's expectations at the beginning: Include the class's start and end times, the requirement to attend each session, the requirement to participate actively by completing surveys, etc.

Seating: Provide adequate space for writing and referring to handout materials. Be alert to those who may want to sit together and start dragging too many chairs around a single table. Arrange the room so it's possible for learners to make eye contact not only with the educator but with one another as well.

PowerPoint use: I don't know of anything worse than sitting in a class while faculty go through slide after slide of content (you may have heard the phrase "death by PowerPoint"). Instead, ensure that any visuals you use in the class are designed to supplement and reinforce the knowledge being shared. When you do use slides, be sure to add color, which improves retention of information.

Attention span: Studies have shown that an average adult's attention span is 10–20 minutes. By shifting the mental focus every 10–20 minutes (such as by using an actual patient scenario, sharing a humorous story, etc.), you can help participants regain attention for another few minutes. Attention span is affected by various factors:

- The learner's interest and motivation
- Fatigue and hunger
- Noise, external stimuli (e.g., person next to them is texting)
- Emotional state (e.g., they are worried about a child at home)

Many of the live classes taught by this author span six-hour days, including a one-hour lunch break and two stretch breaks. Evaluations and feedback from nurse participants report that the day goes by faster when it includes humor, patient stories, and case scenarios. Whenever the educator can break up content with these types of shifts, participant attentiveness can increase significantly.

Frequent breaks: Experts recommend taking a five-minute “exercise” break every 40–50 minutes, but it’s even more effective to take a one-minute break every 25 minutes or so. Encourage general arm stretching, walking around, etc. Indicate that participation is optional.

These breaks should be in addition to the longer scheduled break midway through the class. Teachers fear that such breaks will result in their losing control of the classroom, but that is generally not an issue with adult learners and when offered purposefully and with explanations.

There are many reasons to take these frequent breaks. They help facilitate necessary bathroom breaks without disrupting the classroom—and those who straggle back in miss the reward of humor. In addition, exercise increases cognitive function, attention, and alertness. It engages the kinesthetic learners and those who have minor attention deficit problems.

Ultimately, however, the real purpose for breaks is to aid learning. People remember the first and the last things they learn—educators call this the primacy and recency effect. More breaks mean more “firsts” and “lasts” that can make an impression on one’s brain.

Classroom Content

New graduate content

When new graduates are asked about their biggest fears and concerns, they mention concerns about how to handle their many responsibilities (during school, they only had to deal with one or two patients at a time), how to handle emergencies (especially a “code”), and how and when to communicate with physicians.

The first step in teaching critical thinking to new graduates may be to help them develop a plan of action for when they encounter these issues in practice. Doing so will free up their energy to focus on subtle patient care assessments and important interventions.

Offer the following tips to new graduates as starting points for discussion.

Getting work done

- Use a cheat sheet for taking reports or organizing the day's activities.
- Set “drop dead” times within your day (such as stocking assigned rooms, reassessing patients, calling report) as guideposts for progress in the day's time management.
- Work ahead. Always assume that the unexpected will happen—it often does.
- Keep current with your charting. It is harder to recall everything at the end of the day.
- The fast-paced ED setting requires constant reprioritization. Don't ask yourself, “What are all of the things I should do?” Rather, ask, “What is most important for me to do right now?”

Emergencies/code

- Use your preceptor as a resource before an event occurs. Collaborate with them to understand how they see you working together in these emergent scenarios. If the preceptor is not working or available, be sure to connect with your team leader or charge nurse for the shift. Ask how they want you to capture their attention when you need assistance immediately. In the ED setting, it may be as simple as using the call button next to the stretcher and announcing, “I need a doctor in room 3 right now—respiratory arrest.”

Contacting the physician

- During your orientation to the department, be proactive about collaborating with providers. As you see/meet each one for the first time, introduce yourself, and briefly share some information with them: “Hi Dr. Atlas. I'm John, one of the new graduates, and I'm really excited to be here and to meet you.”
- Observe how the staff interact/approach providers when they have a question or need an order.
- Be sure that you are clear on the skill level of each provider (i.e., clarify who is a physician, nurse practitioner, or physician assistant).

General advice

- Review with your preceptor the specific scope of practice of the unlicensed ED staff with whom you will be working. Understand your delegation responsibilities, and be able to apply critical thinking whenever you make delegating decisions.
- Make friends with the unit secretary/clerk.
- Be kind and respectful to all, including the pre-hospital staff.
- Make your own list of procedures or skills you have never experienced, and inform everyone on the unit (especially during orientation) that you'd like to watch/participate in these tasks.

Teach in the context of clinical application

When planning a critical-thinking class for new graduates, experienced nurses, or both, remember that your session will be enhanced when you spend classroom time applying knowledge to the clinical setting. Do not simply give a lecture on theory. Instead, use images from books or sample labs. For example, you could hold up a picture of purpura and ask, “What do you think when you walk in and your patient looks like this?” Or present lab results (see Table 3.2) and ask which value nurses should take care of first.

Table 3.2	Laboratory Results	
Value	Result	Normals
Glucose	193 mg/dL	70–110 mg/dL
BUN	8 mg/dL	10–20 mg/dL
Cr	0.7 mg/dL	0.7–1.2 mg/dL
Sodium	131 mEq/dL	136–145 mEq/dL
Potassium	3.2 mEq/dL	3.5–5.0 mEq/dL
SGOT/ALT	1932 IU/L	13–40 IU/L
SGPT/AST	2360 IU/L	7–60 IU/L
Bilirubin total	2.9 mg/dL	0.2–1.2 mg/dL

Experienced nurses are likely to pick potassium, but new graduate nurses rarely do so because nurses tend to learn the importance of potassium levels from work experience. This exercise will shorten that learning curve. You can also ask additional questions, such as the following:

- What disease does the patient have?
- How does the patient look?
- Why isn't the sodium level the most important when it is "lower" than the potassium deficiency?

Prioritization

Nurses need to know not only what to do but also the importance of each task and the order in which to do them. Nurses of all experience levels may need help prioritizing multiple needs within one patient, between multiple patients, and between patient and administrative needs.

Strategies for teaching prioritization

One way to teach prioritization principles is to use sample test questions dealing with prioritization, followed by a discussion of the rationale.

Case study: Prioritization doesn't always come naturally

Question: It is most important for the nurse to care for which patient complaint first?

- a. Patient with type II diabetes mellitus, with a finger-stick blood sugar of 190 mg.
- b. Patient with a potassium of 3.2 mEq who is receiving a potassium drip via a pump and now states that his arm is sore and swollen.
- c. Patient with asthma exacerbation who last received a duo-neb treatment four hours ago and now has a change in voice and increase in accessory muscle use to breathe.
- d. Patient admitted for pneumonia, with IV antibiotics infusing upon transfer to color from ED. Lactic acid level just called from lab as a critical value of 6.0.

Answer: The intended answer is c, because pending airway/breathing compromise is always a priority. Use discussion time to go through each patient scenario and consider, "What is the worst thing that can happen if you do not address this patient first?"

First, rule out the worst-case scenario

Everyone is influenced by what he or she sees most often or has seen most recently. When dealing with a patient presentation, nurses must learn how to rule out the potentials for demise first.

Identify the top three adult and pediatric chief complaints that present to your ED, and use them as examples in a discussion that includes the following:

- What triage level is appropriate, and why?
- What immediate nursing interventions are necessary, and why?
- How often should this patient be reassessed, and why?
- What standing orders are appropriate for this patient?
- Should you proactively initiate IV therapy? How will you know when to do so?
- What orders should you anticipate from the provider?

When you start building knowledge of critical thinking related to the more common patient presentations, you help nurses build their own confidence. As they move through orientation, they can add to this foundational knowledge by using the same process for patients seen less frequently.

Use test questions and illustrative stories

Another strategy is to use test questions related to a patient presentation to help determine a learner's ability to apply critical thinking.

Scenario: A 78-year-old patient is being discharged from the ED after being treated for severe pain related to shingles. The patient lives alone and has been medicated with an opiate while in the department. She insists on driving herself home. Participants do the following:

- Identify the various potentials for demise in this scenario
- Review nursing intervention options
- Discuss collaboration with provider
- Discuss documentation specifics that demonstrated the critical thinking used in this discharge process

- Identify risk management and legal potentials

Whenever faculty can interject actual patient cases, consider having them do so. Such cases not only bring credibility to your teaching points but also serve as “wake-up calls” for those who doubt the value of this learning.

New graduate nurses and more-experienced nurses who lack critical-thinking skills tend to focus on the immediate task and orders rather than on what should be done in the bigger picture. They fear acts of commission, such as giving the wrong medication. In avoiding these, however, they often commit acts of omission—not doing what they should do.

To train nurses to focus on the bigger picture, start with common situations, and discuss as a group what nurses should do:

- A Foley catheter has been inserted into a CHF patient, and they have received their first dose of IV Lasix. After 45 minutes, there is still no evidence of urine in the drainage bag. What initial assessment steps should the nurse take? Do they need to relay these details to the provider? If so, when?
- What possible interventions might the nurse need to consider? What is going on physiologically with the patient that might create this scenario?

Often, inexperienced nurses focus on “assessing” because they are told to assess before acting. However, emphasize the need to act when they sense through assessment that something serious is wrong. Examples of actual legal cases help illustrate this point:

- A nurse charted that the patient’s pulse was 200/128, but there is no documentation that this information was relayed to the provider on duty in the ED at the time. The patient suffered a stroke while in the department.
- A nurse took report from the pre-hospital staff but never asked the patient (who was awake and oriented) what happened that caused him to call an ambulance. The patient details were entered into the electronic record, and the provider ordered X-rays prior to seeing the

patient. The patient became paralyzed while in X-ray. If the nurse had asked the patient the important question, per hospital policy, he would have known that the patient was on an anticoagulant and was having back pain.

- During a conscious sedation procedure in the ED to reduce a shoulder, the patient was placed on monitors for BP, ECG, and oxygen saturation. The nurse was focused on the machine and not on the patient and so assumed that saturation reading of 96% implied that the patient had no breathing issues. The patient was actually apneic.

Reinforce the importance of telling somebody when you identify an actual or potential problem. Emphasize that it is all right if nurses do not know the etiology or what treatment should be given, recognizing that there is an issue of great importance in itself. Discuss options if one person doesn't respond to their request for collaboration or assistance and who else they can approach (such as the charge nurse/team leader, another colleague, the nursing supervisor, the provider, etc.).

Role-play and the use of scripting exercises go a long way toward building self-assurance. Sometimes, we just need to help nurses find the “right words” to use as tools to improve their verbal communications.

Classroom Processes

Repetition is the mother of all learning

Regardless of the style, new material needs reinforcement, and this is especially important for new graduates, as the anxiety of being new makes it even more important that they hear things more than once. When you teach, offer important points more than once, in slightly different ways. Use personal anecdotes, legal cases, or even published literature to illustrate the principle, emotions, and consequences of a given lesson. The repetition and variety of methods help the learning sink in.

Sharing a story

Sharing your personal experiences with ED patients is a great way to help other nurses understand the connection between critical thinking and patient outcomes, safety, and risk concerns. Consider doing the following when sharing such stories (Forte, 2016):

- Connect the learner emotionally. The theme of the story should stimulate an emotion on the part of the learner. Are they feeling compassion for a nurse who stepped up ethically? Or are they feeling disbelief that a nurse missed an overt critical-thinking moment?
- Keep it realistic. Be specific with your details, and avoid distracting from your teaching points with extraneous information.
- Keep it short and straightforward. For the learner to recall the story and apply the message in their own work, it is imperative to keep it short.
- Consider the theme. What is the overall message you want this story to convey? Is it to always collaborate with the charge nurse? Is it to always pay attention to information the caregiver has? Is the message focused on patient advocacy?

Use unfolding case scenarios

This technique is another way to incorporate the process of clinical critical thinking in a classroom setting. It provides the information in staggered amounts, punctuated by questions. The following are two examples you can use:

A 43-year-old female presents with a sudden onset of “the worst headache ever.” Ask the attendees, “What are some of the most important questions to ask early on?” Give them time to consider responses, such as “Have you had headaches before?” When they are done with their responses, focus on additional questions related to the questions, asking them, “If you don’t ask, how will you know?” Further questions could include, “Have you had a recent injury? Are you on any blood thinner medications?” Don’t let the “patient” tell

the learners “giveaway” symptoms. Keep going until the learners understand the connection between knowing what to ask, when to ask it, and how to relate it to decision-making.

A 32-year-old female presents with chest pain that she’s had since yesterday. She appears anxious and had normal vital signs and a normal EKG at triage. Ask learners the following questions: “What else do you need to know about this patient to develop your plan of care? Do you place her on a monitor? Does she meet chest pain protocol for an IV saline lock and aspirin? What additional questions can direct your critical thinking and decisions?” You want the learner to move toward risk factors and understanding the connection of this history to setting priorities for this patient. Did the attendees ask about drug use, history of lupus, or the presence of one or more risk factors cited by the American Heart Association? Remind them that making assumptions about patients based on their age or gender defies everything we know about critical thinking. There is no room for assumptions, ever.

Instructional Approach and Style

Cooperative learning

A growing trend in education is to have students teach students because “he who teaches learns the most.” One way to do this is the “think, pair, and share” exercise. In this exercise, learners are given a general question to answer and then have one minute to think about it and write down their thoughts. The task could be something like, “What are the three patient demographics that may present with an atypical cardiac presentation?” or “What is an appropriate task to delegate to an unlicensed person such as a nursing assistant or EMT?”

After the minute is up, the participants then pair up and share their answers with each other. Require each person to verbalize their thoughts to their partner, rather than just agreeing with the first person's statements. After taking time to share, one person becomes the spokesperson for the duo and shares their results with the group.

The advantage of a “think, pair, and share” exercise is that everyone participates. It accommodates learners who initially need more time to think or who have trouble speaking before others. It gives them a chance to rehearse what they will say and to choose to enhance their response with their partners' comments. You also facilitate interaction with the material because participants must conceive it, write it, speak it, hear it, and work with it.

Multisensory learning

Most learning occurs through visual means and then through hearing, with some touch. We all have our preferred style, but everyone will learn best when the logical left side and artistic right side of the brain are both engaged.

Make sure that your class varies the methods used to ensure multisensory learning. It's been shown that retention increases to 50% when you hear and see something.

Effective use of discussion questions for class interaction

Throughout all discussions, pose good questions to stimulate thinking. Questions include, “How does that work? What does that mean? What is the worst-case scenario here? What else do you need to know to make a decision? What makes this presentation different from the ordinary presentation? What do you want to do next? Why?”

Another tip is to use silence. It can be tempting to jump in with the answer to fill the quiet (often awkward) moment that follows after a question. Train yourself to wait 10 seconds to allow time for the learners to respond. Tell the audience why you are waiting. Literally count off the time on your fingers,

because otherwise, 10 seconds can seem like an eternity and you'll be tempted to jump in sooner.

It can be particularly effective to wait and not respond even when the right answer is given. Waiting in this case prevents learners from becoming good at reading the instructor rather than thinking about the issue. Alternatives include confirming the answer but asking the person to defend it or even playing the devil's advocate with the correct answer.

In the teaching scenarios, break the information down to what is essential, and compare similarities or differences with a known concept. "How is this different from ... ?"

Exude passion as well as purpose

William Arthur Ward said, "The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires." The key behind great, effective teaching is not knowledge or methodology: It is holding a genuine passion for the material and for teaching.

When teaching, pull in emotion: We often forget what we think, but almost always remember how something made us feel. The teacher's excitement about and belief in the material and its importance are infectious. The learner will either catch it or (at least) respect it. Finally, as we have learned from Dr. Paula Forte, it is imperative to "think like a champion":

- Check your 2:1 ratio: 2 ears, 1 mouth
- Are you asking enough questions?
- Are you listening more than you are talking?

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Sources for example cases

- Nurses Service Organization. Legal case of the month. www.nso.com/case.
- Journal of Emergency Nursing*. Triage Column/Case Review/Clinical Educator.
- Legal Eagle Eye Newsletter. www.nursinglaw.com.
- The Sullivan Group. TSG Newsletters. www.thesullivangroup.com/RSQSolutions/rsq-corner/tsg-quarterly.

Figure 3.1 Prioritization Handout

See the references at the end of this document for excellent supportive resources for both the novice and experienced ED nurse.

Determining the need

Patient history: How does this patient's medical/social history relate to developing my nursing plan of care?

Patient assessment: What components of this patient's assessment are pertinent to my decision-making and plan of care?

Consider the following questions as you integrate critical thinking with assessment, planning, and interventions: What medical orders should I anticipate from the provider?

- How will I know that the nursing and medical plan of care is benefiting the patient?
- What frequency of reassessment will this patient require?
- What should I anticipate regarding discharge, admission, or transfer planning?
- Are there any age-specific considerations that need attention and require me to redirect some of my plan of care?

History

Develop a pattern that you can use consistently until you get into a rhythm of prioritizing not only your initial and ongoing assessments but your nursing interventions as well. Some nurses, particularly those new to the profession, find mnemonics very helpful. Remember, what works for one person may not help another—try a variety of approaches until you find the right fit for you. The key to success is to be consistent in your approach and practice.

Examples of some mnemonics specific to the ED patient include the following:

Example 1: ABCDEFGHI

- A** Airway assessment, with consideration for spinal precautions
- B** Breathing effectiveness
- C** Circulatory effectiveness
- D** Disability—neuro exam
- E** Exposure/environmental
- F** Full set of vital signs; consider need for family presence

Figure 3.1 Prioritization Handout

- G** Give comfort measures
- H** Obtain patient history and perform a head-to-toe assessment
- I** Inspect posterior surfaces

Example 2: AMPLE

- A** Allergies to medications, food, substances
- M** Medications list
- P** Past medical history
- L** Last meal/P.O. intake
- E** Events that led to this ED visit

Example 3: FLACC (pain assessment tool for ages 3 months to 7 years)

- F** Facial expression
 - L** Leg movement
 - A** Activity
 - C** Cry
 - C** Consolability
- Document key findings that allowed you to rule out the worst-case scenario or that made you think there is a problem.
 - Compare to the patient’s normal, especially for a chronic or elderly condition. (“You look like you are having a little trouble breathing. Is this how you normally breathe?”)
 - Your concern should be heightened if the patient/caregiver is concerned enough to complain about an “ordinary” condition (e.g., headache).

Figure 3.1 Prioritization Handout

Assess before acting

Question: Oxygen saturation alarm has triggered on a patient being treated for COPD exacerbation. Nurses should first do the following:

- a. Administer oxygen to patient
- b. Check all vital signs
- c. Assess the patient for level of consciousness, ability to breathe, and perfusion status
- d. Alert the provider

Answer: c. Never let a machine dictate your immediate actions/interventions without first assessing the patient.

Prioritization with individual patients

Question: Each of these patients complains of being short of breath. Which patient is at greatest risk for demise and requires the only open bed in the ED at this time?

- a. Patient with bronchitis who can speak phrases
- b. Patient with emphysema with a PO₂ of 92% on 2L/min
- c. Patient three days post-operative with a cough productive of green phlegm
- d. Patient with asthma exacerbation using accessory muscles to breathe for whom the nurse cannot auscultate breath sounds

Answer: d. Delay in intervening with this patient can lead to an immediate further demise of the patient.

AIRWAY

Risk potentials include the following:

- Decreased level of consciousness
- Sedated/overdose
- Vomiting
- Allergic reactions (unpredictable progression)
- Chemical/heat exposure
- Trauma

Figure 3.1 Prioritization Handout

Signs of airway/breathing distress:

- Hoarseness (after smoke/chemical inhalation, unrelated to a cold)
- Singed nasal hairs
- Presence of vomitus, bleeding, secretions
- Edema of the lips/mouth tissues
- Preferred position (tripod)
- Drooling in an adult (throat is too swollen to swallow spit, epiglottitis)
- Dysphagia
- Abnormal sounds, such as stridor

Assess

- Can you identify an immediate source of the problem that can be remedied now?
- Consider interim options to prevent further patient decline (suction, repositioning).
- Anticipate equipment, medications, tests provider may order.

BREATHING

Risk potentials include the following:

- Decreased level of consciousness
- Sedated/overdose patient
- Increasing intracranial pressure (head trauma, infection)
- Pre-existing, chronic reactive airway, and obstructive airway disease
- Chest trauma
- Respiratory infection/sepsis
- Chemical/smoke inhalation

Signs of respiratory distress:

- Increased work of breathing (nasal flaring, retractions, expiratory grunting, accessory muscle use, head bobbing)
- Paradoxical respirations
- Jugular vein distention
- Abnormal breath sounds (silent chest is the most ominous because air is not moving)
- Color, especially circumoral (cyanosis is a late sign)

Figure 3.1 **Prioritization Handout**

- Lack of integrity in chest wall
- Patient unable to speak in full sentences without pausing to take a breath

Assess the following:

- Does this patient need to be assisted with bag valve-mask ventilations?
- Is the respiratory rate and depth of respiration normal?
- Does the chest wall rise and fall in a symmetrical fashion?
- Are breath sounds present in all lung fields, and are they normal?
- Is this patient perfusing adequately, and how do you know?
- Can you identify an immediate source of the problem that can be remedied now?
- Consider interim options to prevent further patient decline (repositioning, oxygen).
- Anticipate equipment, medications, and tests that the provider may order.

Some key points for both airway and breathing assessments that reinforce the need for critical thinking relate to pulse oximetry readings:

- Pulse oximetry readings do not indicate anything to do with ventilatory effort.
- Pulse oximetry readings have been shown to delay up to 6 minutes before reflecting the true status of the patient.
- Consider the patient's baseline reading (especially with chronic respiratory diseases) before taking action.
- The number in a pulse oximetry reading reflects the percentage of hemoglobin saturated with oxygen in the area where the probe has been placed. Always look at your patient. The pulse oximetry can read normal in a patient with an early onset airway or breathing emergency!

CIRCULATION (perfusion)

Risk potentials include the following:

- Trauma
- Sepsis
- Shock
- Myocardial infarction
- Blood clots
- Overdose
- Blood loss (GI bleed)

Figure 3.1 **Prioritization Handout**

Signs of circulatory distress:

- Early signs/symptoms include anxiety, restlessness, nausea and vomiting, mental status changes
- Uncontrolled bleeding
- Distended jugular veins
- Changes in strength or presence of distal pulses
- Extremity and/or skin temperature coolness/cold
- Abnormal skin color peripherally and centrally or both
- Delayed capillary refill
- Tachycardia

Assess:

- Is this patient perfusing adequately? How do you know?
- Can you identify an immediate source of the problem that can be remedied now?
- Consider interim options to prevent further patient decline (IV fluids, oxygen, pressure dressing to wound).
- Anticipate equipment, medications, tests provider may order.
- Assess blood pressure, pulse rate, and respiratory rate. Understand the relationship of the patient's age to how early or late vital signs are affected when there is a change in perfusion:
 - Adult: Radial pulse present = systolic BP $\geq$ 80
 - Brachial pulse present = systolic BP $\geq$ 70
 - Jugular pulse present = systolic BP $\geq$ 60
- Typically, when perfusion falls, the pulse and respiratory rates tend to increase before hypotension appears.

Figure 3.1 Prioritization Handout

Applying critical thinking to the nursing assessment

Review the participant responses to these questions and prompt them to “talk out loud” about how their critical thinking led them to their decision. If their response is not correct, connect the basic assessment principle that drives the correct answer.

Question: A newly placed chest tube has had placement verified by chest X-ray. Radiology has called regarding concern about misplacement. The provider is in with a resuscitation patient. Which nursing assessment will be most helpful for a quick communication with the provider?

- a. Patient vital signs
- b. Pain level of patient
- c. Your breath sounds and respiratory rate assessment results
- d. Absence or presence of any drainage from the chest tubes

Answer: c

Question: An elderly patient arrives via EMS from long-term care with a report of a fever of 102.4° and new urinary incontinence. When performing the initial triage assessment, the nurse needs to rapidly determine which of the following?

- a. Has there been a change in the patient’s mental status?
- b. The pre-hospital set of vital signs.
- c. If the patient will require an indwelling Foley catheter.
- d. Does this patient meet the criteria for the rapid sepsis protocol?

Answer: d

Question: A 15-year-old male presents with a forearm deformity from falling three hours ago. He complains of severe pain and appears pale and diaphoretic. What are the priority nursing assessment elements related to this presentation? Is the circulation distal to the injury adequate?

- a. Does he have a history of substance abuse?
- b. Is a parent or legal guardian with him?
- c. Does he know who his pediatrician is?

Answer: a

Figure 3.1 **Prioritization Handout**

Question: You have started a dose of Ceftriaxone on an IV pump for a patient being admitted. 30 minutes later you hear the pump alarm and return to the patient. Which of the following observations requires immediate collaboration with a provider?

- a. The patient is complaining of a burning sensation at her IV site.
- b. The patient is observed to be actively scratching, has a flushed face, and appears anxious.
- c. A repeat temperature reveals no change.
- d. A family member in the room wants to know why you gave the patient a medication she is allergic to.

Answer: b

Question: You have delegated to the new nurse technician the task of performing an EKG on one of your patients. You walk into the patient room to set up an IV and note that the chest leads have been placed incorrectly. What is the best response?

- a. No response is necessary as long as the lead placement was “close enough.”
- b. Ask the nurse technician to stop for a few minutes to help you next door, and reassure the patient that you will be right back.
- c. Delegate a different function to them, do the EKG yourself, and remediate with the technician later that shift.
- d. Inform the clinical educator via email of the incident and let them deal with remediation.

Answer: c

Some medications are more of a priority than others in the ED setting, which requires the ED nurse to have the knowledge that relates timeliness with effectiveness.

Question: Your patient has been diagnosed with sepsis related to meningitis. As you review a lengthy list of admission orders pending transfer to the ICU, you determine which of the following to be of greatest priority?

- a. Updating a neuro assessment
- b. Administering the antipyretic ordered
- c. Obtaining a urine specimen
- d. Initiating antibiotic therapy

Answer: d

Figure 3.1 Prioritization Handout

Consider the timing/type of medication

In the ED setting, it is common for multiple antibiotics to be ordered simultaneously, especially in the presence of sepsis. Always collaborate with the provider to determine which antibiotic should be given first. Many times, the nurse is directed to begin with the one that requires the least amount of time to infuse.

Prioritization principles

- Although sudden onset may be more frequently associated with a serious condition than a gradual onset, this is not always the case. Make no assumptions.
- Always ask the question, “Do you have any other symptoms?” If you don’t ask, how will you know?
- Recurring symptoms should prompt the question, “What’s different today?”
- Progressive decline, especially in the elderly patient, should always be a major concern.

Question: You are assigned four patient rooms in the ED this shift. Which of the following patient findings/complaints requires your attention first?

- Left flank pain, no injury history, actively vomiting
- Right ankle pain after fall—large amount edema/pain, pedal pulse strong
- Light headed, pacemaker in place, heart rate 38
- 3 days diarrhea and vomiting—feels weak

Answer: c

Patient demographics

Other risk factors that affect priority setting for the nurse:

- Elderly (decreased immunity, decreased reserves to fight other stresses)
- Very young (decreased immunity)
- Altered immunity (leukemia, HIV+ or AIDS, long-term steroid use, splenectomy)
- Transplanted organs (risk of electrolyte imbalance, immunosuppressed)
- Multiple comorbidities (especially diabetes due to reduced immunity)
- Pregnancy (risk to fetus)
- Reaction that has a potential to worsen (overdose, allergic response)
- Safety concerns, as in victims of violence (rape, child abuse, domestic violence)

Figure 3.1 **Prioritization Handout**

Remember, prioritization does not mean that a person's need is not met: It means first things first so that the right care is given to the right person at the right time for the right reason. At times, the ED setting has been identified as a work environment that is "organized chaos." Because there is a constant movement of patients in and out during the shift and the element of the unknown, prioritization skills can be challenging—even for the most seasoned ED nurse. Just when you think you have figured out where your attention needs to go next, one of your patients is being pulled out of the room on a stretcher and is quickly replaced by an ambulance patient who is more critical. As the ED nurse grows professionally, this constant state of motion and the unknown element may motivate him or her to stay in this specialty.

In the transition from novice to experienced nurse, observing and learning from more experienced peers will help the less-experienced nurse build a solid foundation of knowledge. This foundation builds confidence, which leads to making good decisions and thus benefits patients and their outcomes.

References

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Figure 3.2 Sample Course Content, Objectives, and Agenda

Sample course objectives

- Relate two responsibilities of the nurse that require critical-thinking skills.
- Define critical-thinking skills, and describe their relationship to how you deliver patient care.
- Identify five red flags that are early warning signals for changes in perfusion.
- List three types of patients that present in atypical fashion, providing examples of signs/symptoms.
- Relate risk factors to common diseases.
- Discuss the importance of including patient risk in your nursing plan of care.
- List essential elements for successful prioritization during a shift.
- Verbalize four scenarios/presentations that should prompt the nurse to contact the patient's provider.
- Select from a list three questions voiced by a patient or family member that should cause a nurse concern.
- Demonstrate through case scenarios when vital signs are an absolute for decision-making.
- Through group discussion, demonstrate the appropriate documentation that validates critical thinking.
- Verbalize three resources that help the staff nurse with critical-thinking skills.

Sample course content/agenda

1. Introduction to critical thinking and course overview
2. Patient assessments
 - a. Review of clinical anatomy and physiology
 - b. Baseline and ongoing patient assessments
3. Age specifics and critical thinking
4. Geriatric
5. Pediatric
6. Adult
7. Atypical presentations
8. Red flags
9. Patient/family statements

Figure 3.2 Sample Course Content, Objectives, and Agenda

- 10. Case scenarios
- 11. Applying knowledge
- 12. When to collaborate with the provider
- 13. Documentation that supports critical thinking
- 14. Professional practice issues
 - a. Scope of practice
 - b. Practice standards
 - c. Risk concerns

Sample agenda for new graduate nurses

Agenda:

- 800 Defining critical thinking and program overview
 - What is it and how does it relate to patient care?
- 815 What makes you a critical thinker?
 - Characteristics
 - Attributes
- 845 Patient assessment + Critical thinking = Safe patient care
 - Baseline assessments
 - Trending information and details
 - Reassessments—what's important?
 - Age-specific concerns
- 1000 Stretch break
- 1015 Atypical presentations—what's the worry?
 - Case scenarios
 - Red flags
 - Patient/family statements
 - Signs, symptoms, and vital signs
 - Case scenarios
 - When to call the provider!
- 1115 Documentation that supports critical thinking
- 1145 Summary and evaluation

Figure 3.2 **Sample Course Content, Objectives, and Agenda**

Items to include in participant handout materials:

- Relevant organizational policies, job descriptions, etc.
- Statements from nursing professional organizations (e.g., ENA, ANA) or Board of Nursing that reinforce critical thinking
- Case scenarios for discussion/review
- Handout from Figure 3.5
- Self-assessment tool (there are several options throughout this book)

Figure 3.3 Tips for a Successful Class

1. Incorporate anatomy and physiology

- Hand out crayons or colored pencils
- Use anatomy worksheets (many online options to select from)
- Display (slide or poster) the anatomy section you want them to fill in
- Identify a specific area (e.g., the medulla of the brain) and have them color it a certain color
- When completed, display a correct completed anatomy picture and have learners correct their own drawings

2. Integrate professional and organizational expectations

- Identify policy/procedure appropriate to case scenarios you are using
- Incorporate applicable evidence-based practices as well as practice standards
- Ask whether they know where to retrieve/access the policy/procedure

3. Case scenarios

- Use as many as you can fit into the time period
- If multiple specialty areas are in the class, vary the scenarios
- Relate critical-thinking strategies as you go through the cases

4. Documentation

- Use your standard nursing documentation forms or a printout of your electronic form
- Give them a case scenario and have them document the patient assessment
- Go around the room and have a few participants read their charts
- Display a correct documentation note for the patient case
- Discuss risk management concerns related to documentation
- Collaborate with risk management/department manager to review actual cases of documentation gaps relevant to critical thinking

5. Resources:

- If you can access the internet in your classroom setting, search for clinical scenarios that have photos (e.g., a rash and an EKG); then pose questions to the participants
- Use teaching tools such as crossword puzzles to enhance the learning process

Figure 3.3 **Tips for a Successful Class**

6. Evaluation

Obtain feedback from participants to determine whether they would like a follow-up to this critical-thinking skills course. Give them course content options, and let them check off which they are interested in:

- More anatomy and physiology
- Laboratory results
- IV fluids
- Critical situation scenarios
- Interventions for an emergency

7. Self-assessment tools

Incorporate a self-assessment tool that participants can complete and use to work with preceptors or managers (see Figure 3.4). Consider having them complete the same form before and after the class to validate the need for the course and to show them how attending has improved their critical-thinking skills.

Figure 3.4 Critical Thinking Self-Assessment

Use the following scale to respond to each statement:

4 = I feel very comfortable with this

3 = I feel somewhat comfortable with this

2 = I feel somewhat uncomfortable with this

1 = I feel very uncomfortable with this

1. Calling the physician at 3 a.m. regarding a patient's status

4 3 2 1

2. Identifying a patient at risk for an immediate demise

4 3 2 1

3. Initiating emergency measures until help arrives

4 3 2 1

4. Relating changes in vital signs to the individual patient scenario

4 3 2 1

5. Knowing when to bring a patient care concern to the attention of the charge nurse/team leader

4 3 2 1

6. Identifying age-specific red flags that would alert me to reassess the patient

4 3 2 1

7. Knowing what to document and what not to document

4 3 2 1

8. Identifying patient situations that may be a risk for myself or the organization for myself or the organization

4 3 2 1

9. Verbally relaying to another professional my concerns regarding a patient's status

4 3 2 1

Additional assessment tools can be found throughout the other chapters of this book.

Figure 3.5 Sample Pocket Card

Print out, fold in half, laminate (if possible), and give to attendees of the critical thinking class.

Attributes of a critical thinker

- Asks pertinent questions
- Assesses statements and arguments
- Is curious about things
- Listens to others and is able to give feedback
- Looks for evidence or proof
- Examines problems closely
- Can reject information that is not affecting patient care—relevant or is incorrect
- Wants to find the solution
- Thinks independently
- Questions deeply
- Has intellectual integrity
- Is confident in rationale for actions
- Analyzes arguments
- Evaluates evidence and facts
- Explores consequences before taking action
- Recognizes a contradiction
- Evaluates policy

When to call the provider

- Perfusion problem
- Pain issue
- Standing-order concern
- Atypical presentation complaints
- Risk-management potential
- What's going in isn't coming out
- Negative response to intervention
- Social concerns/family issues

Reference:

The Critical Thinking Community. Critical thinking and nursing. Retrieved from <http://www.criticalthinking.org/pages/critical-thinking-and-nursing/834>.

Source: Shelley Cohen, RN, MSN, CEN.

Chapter 4

Orientation: Bringing Critical Thinking to the Clinical Environment

Learning objectives

After reading this section, the participant should be able to do the following:

- Determine ways to evaluate nurses' progress in critical thinking throughout orientation
- Develop strategies for the development of critical thinking skills to be incorporated into the orientation process
- Assess individual staff's ability to apply critical-thinking skills

Moving From the Classroom to the Bedside

As educators and nurse leaders start to think about developing a process that moves teaching critical thinking from the classroom to the work setting, consider these questions:

- Can nurses who learn critical thinking in the classroom setting apply it in the clinical environment?
- How do you evaluate their ability to apply this knowledge?
- Does your orientation process incorporate critical thinking?
- How are you assessing the critical-thinking skills of new hires?

- Are experienced nursing staff given the education, tools, and resources they need to identify key opportunities to develop critical thinking in your new staff?
- How do you evaluate the impact that critical-thinking education has in the clinical setting?

If you focus on critical thinking from the beginning of orientation through to the annual performance review process, nurses will understand the vital role it plays in delivering safe patient care. Incorporating critical thinking into ongoing orientation processes allows you to build a nursing culture that embraces the concept of critical thinking starting on the date of hire. In addition, it sends a message that reinforces an ongoing professional practice expectation that is founded on critical thinking.

Beginning With Orientation

When you mention orientation to a new nursing staff members, they typically think of sitting in a classroom to learn specifics about your organization. They expect you to address medication policies, fire safety, and The Joint Commission, among other regulatory requirements. They also expect to take a medication test to validate that they can apply their skills in the clinical arena.

Because nurses expect that these and other items will be addressed as part of the orientation process, orientation is an ideal opportunity to introduce expectations about critical thinking, both for new graduate and experienced nurses.

Self-assessment

Once orientees have undergone classroom education regarding critical thinking, they will naturally conduct their own internal review of the information to figure out how well they use the concepts. New graduate nurses will likely be the most hesitant in this area.

Regardless of how many years of experience your new hires have, a self-assessment is a valuable tool for measuring their perception of their ability to think critically. Figure 4.1 offers a sample tool that can be used to measure nurses' critical-thinking skills for general nursing responsibilities. Figure 4.2 is tailored for ED-specific skills and is appropriate to use during the ED part of orientation.

Figure 4.1 General Nursing Skills

Employee name: _____

Date of hire: _____

Position hired for: _____

This self-assessment tool will help guide your preceptor and manager throughout your orientation process to ensure that we provide you with the tools and resources you need to succeed.

How comfortable are you at doing the things listed below?

- a. I feel very comfortable with this
 - b. I feel somewhat comfortable with this
 - c. I feel somewhat uncomfortable with this
 - d. I feel very uncomfortable with this
- Interrupting the provider to share information about a patient's status ____
 - Identifying a patient at risk for immediate demise ____
 - Initiating emergency measures until help arrives ____
 - Identifying possible causes of vital sign changes related to the patient's condition ____
 - Knowing when to bring a patient care concern to the attention of the charge nurse/ team leader ____
 - Identifying age-specific alerts that indicate that the patient needs immediate reevaluation ____
 - Knowing what to document and what not to document ____
 - Identifying patient scenarios that may be a risk management concern ____
 - Verbally relaying concerns to another professional ____

Comments: _____

Figure 4.2 Emergency Nursing Skills

Employee name: _____

Date of hire: _____

Position hired for: _____

This self-assessment tool will help guide your preceptor and manager throughout your orientation process to ensure that we provide you with the tools and resources you need to succeed.

How comfortable are you at doing the things listed below?

- a. I feel very comfortable with this
 - b. I feel somewhat comfortable with this
 - c. I feel somewhat uncomfortable with this
 - d. I feel very uncomfortable with this
- Identifying red flags that a patient is not perfusing well ____
 - Defining my role when a patient has a critical lab value ____
 - Making a decision at triage that reflects the seriousness of the presentation ____
 - Anticipating the needs of patients presenting with commonly seen emergencies ____
 - Identifying nonverbal clues that my patient may be a victim of violence ____
 - Recognizing signals that a patient or visitor has the potential for violent behavior ____
 - Redirecting the ED provider to the patient in greatest need of intervention ____
 - Determining nursing priorities for a head injury patient ____
 - Determining priorities for the EMS patient presenting with a mental status change ____

Comments: _____

Using these types of tools during orientation can help nurses identify a starting point from which to measure growth. The tools are beneficial for new hires and for their preceptors, educators, and managers.

When developing your own self-assessment tool or adapting the ones included, make sure to include items that reflect the following:

- Generic nursing skill
- Specialty-area questions
- Questions for both the novice and experienced nurse
- All patient demographics for which they will be caring

New hires should be asked to complete the same self-assessment tools and to reevaluate their critical-thinking skills when they conclude their orientation period. You may want to consider doing this on a different schedule for the new graduate, such as at three, six, and nine months. You can then compare the responses to the initial assessment, which also could be reviewed by the preceptor and/or manager. Keep in mind that the responses may show no difference when the experience or knowledge level of nurses is at its peak performance level. Others should show marked improvements during this period, particularly those of new graduate nurses.

Having new employees conduct a self-assessment at the beginning of orientation and again after they have been at your facility for a few months helps by doing the following:

- Clarifying and defining their critical-thinking abilities and identifying areas that require more attention during orientation
- Providing a documentation process that validates areas of strength and weakness
- Becoming a resource tool from which to develop realistic goals
- Providing a record of the dates on which orientees demonstrated these proficiencies

The Role of Preceptors

As new hires transition through the orientation process, their assigned preceptors will be key to the application of critical thinking in the clinical practice area. Regardless of experience level, new hires will look to their preceptors as role models for critical-thinking skills.

Before preceptors can teach critical thinking to orientees, however, they must first be practicing the skills themselves. Therefore, make sure that you pick clinically competent critical thinkers who will be suitable role models for the type of nursing care you want practiced. It is also important that the organization invest time and education in training preceptors so they can meet your expectations.

Preceptors should be provided with very specific expectations, guidelines, and goals to follow as they orient new employees. This will help them to do the following:

- Validate successful goals in the new hire
- Clearly identify areas that require remediation
- Present organized documentation to show that the new hire is able to meet the requirements of the job for which they were hired

As educators/preceptors working with adult learners, you should recognize that some new hires will demonstrate a grasp of critical thinking sooner than others. Collaboration among educator, preceptor, and manager is imperative to ensure that no new hire is “strung along” in the hopes that “they’ll figure it out in time.” Realistic timelines should be reviewed on an ongoing basis and discussed directly with the new hire.

How can preceptors teach critical thinking?

Preceptors can help orientees develop and stimulate the use of critical-thinking skills by following some of the following suggestions.

Minimize the emphasis on ability to perform skills and tasks: New hires are eager to complete the required “check-offs” for competencies related to performing clinical tasks, but preceptors should encourage them to focus on other aspects of their expected nursing practice, such as the following:

- How to find the facility’s policy on patients who want to leave AMA
- Being able to identify and apply practice standards for triage
- Recognizing behavioral health emergencies and their potential for violence

Maximize emphasis on the ability to recognize when the skill or task is needed: As new hires request to be “checked off” on various skills or tasks, preceptors should ask questions to demonstrate whether they have the ability to critically think through why the patient needs this particular task or skill performed. Figure 4.3 provides an example.

Encourage a realistic time frame and expectations: Display time-related goals for the new hire so that the peer group will not have unrealistic expectations of when the new hire will be comfortable with a given skill. Post a spreadsheet that lists the names of the orientees and their goals for the next 30 days. Affix dates to the items so that preceptors may check them off when they are successfully completed. Such a list keeps all staff up to date on what orientees are competent to do, and it ensures that they do not delegate a task for which an orientee is not yet prepared. It also keeps a check on any unrealistic expectations that staff nurses may have for new hires. Staff nurses can look at the list and know that orientees cannot be assigned to triage on their own because that skill has not been taught or verified yet.

Do not assume that the new hire understands the what, why, how, or when of delivering nursing care: If the orientee is a seasoned nurse, the preceptor should not assume that length of experience is directly related to knowledge and ability to use critical-thinking skills. Instead, all new hires should be required to demonstrate the same knowledge. The preceptor can use prompting questions to begin the what, why, how, and when questioning to allow the new hire to demonstrate appropriate reasoning.

Figure 4.3 Relating Skills to Critical Thinking for New Graduate Nurses

Ask yourself the following questions for each situation listed below.

Why does my patient need this?

How will I know if it is working?

What else should I consider/observe?

How long will my patient need it for?

Intravenous access

Foley catheter

A nurse to accompany them to radiology

Dressing change

Repeat EKG

Splint application

Bowel assessment

Repeat vital signs

Increase sedation or pain medication

Placement of monitoring for blood pressure and or ECG

Figure 4.3 serves as a helpful guide for both the preceptor and the orientee to validate this process of finding out the what, why, how, and when.

Teachable Moments

Once new hires are in the clinical setting, there are numerous opportunities for the preceptor and other staff to teach and demonstrate the application of critical thinking with actual patients. During this time, new hires also get to reveal their ability to apply the knowledge they started learning in the orientation classroom.

Examples of “teachable moments” include the following:

- Preparation of assignment/organization during their shift
- Information shared during shift report
- Early identification of patients in need of specific interventions that can involve new hires
- Prompting the what/why/how/when questions for specific patient scenarios
- Taking EMS report and using those details to anticipate needs of incoming patients

Figure 4.4 is a tool to encourage the critical thinking of the orientee, and it can be expanded further with additional examples of situations that present teachable moments. Adapt the problem list in this figure to include items directly related to your clinical practice area and patient demographic.

Sometimes nursing staff other than the preceptor may work with the orientee. During these times, it is essential that the preceptor educate all staff on the importance of their role in assisting with the transition process of the newly hired nurse. Engaging all staff in this process reminds current staff of organizational and departmental expectations related to nursing practice.

The preceptor can promote and encourage positive behaviors among staff that will help to promote and motivate the critical-thinking process.

Figure 4.4 Relating Patient Observations to Critical Thinking

Dealing With Problems and Situations

Problem or situation

- What does the patient need?
- Why does the patient need this?
- How do I do this?
- When should I do this?
- What should I document?
- Where do I document?
- Patient refuses IV ordered by provider
- Patient is complaining of itching upon return from radiology
- Parent shows no remorse in delaying care of ill child
- Provider orders medication dose that is out of normal range
- Geriatric patient has an acute mental status change
- Lab calls a critical lab value to your attention
- Suicidal patient is now overtly angry, pacing, and using profanity
- Granddaughter of patient will not allow nurse to speak to patient alone
- Patient's rectal temperature of 104°F is not responding to the cooling blanket in place

Preceptors can share the tool in Figure 4.5 with other staff to encourage their understanding and support for developing new employees' critical thinking. It has essential reminders that include the following:

- Faster is not always clinically better
- Checking off a skill for a new hire indicates that you observed them perform it
- Proactively involve new hires in challenging patient scenarios—but be there to support them
- Ask prompting questions that validate that they can apply knowledge
- Knowing where your department resources are is as important as learning tasks and skills
- Patient safety evidence reinforces the practice of looking up information rather than attempting to memorize it

Figure 4.5 Promote and Support Critical Thinking

Everyone Can Promote and Support Critical Thinking

To encourage newly hired nurses in their orientation process, we all need to provide a supportive and nurturing clinical environment. We want team members who can answer the what/why/how/when of nursing process.

Here's how you can help to create this environment:

1. Faster is not necessarily better, as long as it's done correctly.
Does it really matter—in many situations—whether it takes new hires a few minutes longer to get the IV in? Yes, you could have done it more quickly—but how quickly did *you* do it when you were a new nurse?
2. Make no assumptions about skills.
If you are asked to check off a new hire on a skill, be sure that you actually observe his or her performance of this skill, and then ask the following:
 - Why does/did this patient need a _____?
 - How did you know the correct way to perform this?
 - Where did you find the information?
 - How will you tell whether the procedure is helpful for the patient?
 - What and where will you document what you have done?

Figure 4.5 Promote and Support Critical Thinking (cont.)

3. When you identify a challenging patient scenario or a procedure not commonly performed, invite the new hire to participate. Doing so will help increase the experience of the new hire and help the team see the new hire's willingness to learn.
4. At shift change report, ask prompting questions in a nondefensive manner.
 - What do you think is going on with this patient?
 - Are you comfortable with what the provider told you after you spoke with him or her?
5. Observe new hires' ability to prioritize and organize their assignments.
 - Is there a particular reason that you have not completed the OR permit process on Mrs. Jones?
 - You look concerned. Is everything okay? Let's go over your patients briefly and talk about priorities. I'd like to hear what you think are the most important issues for these patients and why.
6. When questions arise, do new hires know where to look for the answers, or are they simply expecting coworkers to answer them?
 - I am not sure about whether these medicines are compatible. How could you find out?
 - When you are not sure whether a permit is needed for a procedure, where could you find that information?

Evaluating skills

As new nurses work their way through the orientation process, preceptors should evaluate their ability to apply critical thinking in their clinical settings. Sometimes knowing what *to* do is as important as knowing what not to do. The preceptor needs evidence of new hires' abilities to assess each patient's needs.

The following should be done:

- Evaluate a patient's health status: Are their patient assessment skills targeted to the patient's presentation?

- Identify potential scenarios based on the patient's health status: Are they aware of potential problems or complications for which this patient may be at risk?
- Evaluate a patient's response to interventions: Are they performing an appropriate reassessment? Can they identify whether the patient is the same, worse, or better?
- Evaluate the need for higher skill level: If patient is not responding to intervention, do they know what to do next?
- Take action when indicated: Can they initiate actions needed by patients, such as standing orders? Are they able to prioritize these actions?

Handling Judgment or Action Errors During Orientation

In any moment of decision the best thing to do is the right thing, the next best thing is the wrong thing, and the worst thing you can do is nothing.

—Theodore Roosevelt

It is more encouraging to see an orientee taking action in the clinical setting than to see an orientee electing to do nothing about a patient situation. The fact that they are willing to do something shows that they are making progress. And the reality is that an error of judgment may be made by an experienced nurse as well as by a new graduate. It's important to understand that placing an experienced nurse in a new and unfamiliar clinical specialty area creates an opportunity for judgment or action errors, just as new graduates may make errors due to their unfamiliarity with nursing. Experienced nurses who have moved to a new clinical specialty will similarly be exposed to unfamiliar medications, procedures, and possible age-specific considerations.

For example, an experienced neonatal ICU nurse who transitions to the emergency department is entering a world that includes both adult and pediatric patients. The nurse's medication dosing was very different in the

neonatal ICU setting than it will be for adult patients in the ED. In addition, he or she will experience different situations and interactions with patients. For the most part, he or she will not develop relationships with ED patients for more than a few hours and may never meet patients' families for any additional medical information.

When such changes in context take place, accept that errors will occur, and lay the groundwork for making sure that they are handled correctly. Preceptors and the entire peer group play a large role in the recovery process when errors occur, and they should help ensure that incidents become an opportunity to develop critical-thinking skills that will reduce such incidents in the future.

In addition, the response of the preceptor and peers to these scenarios will determine whether new hires feel supported during a challenging time. Nurses are often quick to “quarterback” incidents with comments about how “we would never have done that” or “I would never have done that first.” Remember that orientation is a time of learning, setting goals, and identifying areas of strength and weakness. Newly hired nurses should not be left with a feeling of “being chewed up and spit out” by their peer group.

All incidents can be used as learning experiences. When errors occur, they may reveal some positive attributes about the new hire:

- The nurse was willing to be held accountable and identified the error to you
- The nurse was grateful and appreciative that you pointed out the error
- The nurse requested resources for self-learning to better understand the red flags that he or she missed with the patient
- The nurse asked questions to better understand how the patient got to this point
- The nurse sought guidance in completing a reporting form if one was needed

Preceptors or mentors of new employees must identify the decisions that were or were not made by the nurse that reflect a lack of critical thinking. Once

these decisions are recognized, then preceptors can guide the new nurses as they learn so that they do not make the same mistake again.

Remediation

Working with new hires on remediation after an event is a delicate job. How you handle the situation will greatly affect how much they learn, how they feel, whether they can accept what happened, and whether they develop their critical-thinking skills so as to better understand the situation.

Displaying the following qualities will help you have a successful interaction:

Patience: What is obvious critical thinking to you may not be obvious for others. You may need to provide repetition in the learning process and allow time for the nurse to digest the information before requiring him or her to demonstrate understanding.

Support: Being supportive after an error in judgment does not mean that you minimize the importance of what occurred. It simply reflects that you support the nurse. Some words to use to send a supportive and reassuring message include the following:

- I understand you are upset about what happened with Mr. Smith
- I realize that this material is all new to you—let's go over it again
- Take a step back and look at all the things you have accomplished
- Good for you for recognizing and notifying me of the error—it takes courage and strong ethics to do so

Clarification: Define in writing what you expect of the new hire in light of what has occurred. If you discussed timelines, include them in the written expectations. For the new hire who simply does not have the capacity to apply critical thinking, it is essential that your documentation reflect what happened, what steps were taken, and what improvements were expected to occur so as to validate any future employment decisions. Examples of written expectations include the following:

- All medication doses requiring calculations will be reviewed with the preceptor prior to administering to the patient.
- In the next two weeks, the orientee will demonstrate appropriate priorities for the patient presenting with a complaint of chest pain. Standing orders will be initiated per department policy.
- There will be no further incidents of patients signing out AMA without nursing documentation that “tells the story” of these events. The orientee will develop a list of other risk management scenarios related to the department and present them at our next scheduled orientation meeting.

Realism: Keep in mind the reality of the situation. It is not about what you learned in nursing school or when you went through orientation years ago. It is about the present situation and the circumstances and experiences of the new nurse:

- Remember that not all new grads are clinically prepared at the same level
- Review critical-thinking goals and timelines to ensure that they are appropriate
- Recognize those nurses who may never be able to meet these goals successfully in a timely manner, and address the situation appropriately

Orientation Sets Critical-Thinking Expectations

The orientation process and critical thinking should go hand in hand. Orientation allows new hires to see how the critical-thinking skills they learned in the classroom can be integrated into practice. It is the foundation upon which they can build on their professional development, leading them on a journey from novice to expert.

Chapter 5

Nursing Practice That Promotes and Motivates Critical Thinking

Learning objectives

After reading this section, the participant should be able to do the following:

- Discuss the role played by managers and educators in promoting environments that support critical thinking
- Integrate evidence-based practices and professional practice standards into critical thinking expectations

Maintaining Momentum

Once nurses have completed orientation, the journey to critical thinking becomes subtler, and at times nurses may push it aside to focus on completing tasks. However, we want staff to continue moving forward—to continue growing their critical-thinking skills instead of taking steps backward. To achieve that goal, you must maintain consistent expectations of nursing practice, such as by incorporating critical-thinking expectations into the performance review process.

After spending time and money to teach critical-thinking skills, you likely hope to see these skills translated into improvements in patient care. Yet if you fail to create an environment that supports and motivates ongoing development of these skills, it is unrealistic to expect most staff to continue to practice them. Nursing practices demonstrated by the preceptor, educator,

and leadership team members directly affect whether staff are motivated to apply critical-thinking skills and to maintain practice standards. Although we tend to believe that “all eyes” are on new hires, it is equally true that “all eyes of the new hire” are on the rest of the team. They watch, observe, form opinions, and develop habits, some of which do not enhance patient care. For that reason, any time you overhear or are informed of comments that contradict what you would like new hires to learn, you must address these issues in a timely fashion. Disregarding or passing them off as not important will have detrimental effects on the department’s culture. Be alert to comments such as the following:

- I know that’s what they told you in orientation, but if you want to work nights, this is how we do our reassessments.
- That orientation stuff is just to meet requirements from some organization that doesn’t really know what things are like around here.
- If you take the time to “process” information, new orders, admissions, and everything else they throw at us, you’ll never have time to take care of the actual patient!
- The important thing is to get vital signs done on time—don’t worry about the other stuff. The only quality checks we do right now are on blood pressure.

Immediately after completing a course on critical thinking, most experienced nurses will independently use critical-thinking skills in their daily practice. But if the setting doesn’t support the ongoing development and use of these skills (or includes undermining comments that go unchallenged), nurses will quickly revert to practice patterns that do not involve a higher level of reasoning. Unlike experienced nurses, new graduate nurses have no previous experiences or practices to fall back on; still, the reality of practice may reduce their ability to think critically. For that reason, how they are mentored and the role models offered by experienced nurses will influence the level of nursing care they provide.

Nurses respond well to challenging work environments and to practice settings that embrace critical thinking. Those who practice

critical-thinking skills operate at a higher level, and they are more likely to be stimulated and fulfilled professionally. Such fulfillment may be demonstrated by the following:

- Interest in committee involvement
- Support for quality improvement efforts
- Proactively seeking to attend ongoing education
- Initiating more collaborative efforts with other members of the team
- Early identification of acute changes in patients

In addition to the preceptor/mentor, the following people can encourage the ongoing development and implementation of critical thinking and professional nursing practice standards. Identify the areas in which those in the following roles can implement the most immediate change:

- Nurse manager
- Team leader/charge nurse
- Preceptor
- Nurse educator

To further support critical-thinking skills, define critical-thinking expectations in a written format through the following:

- Job descriptions
- Evidence-based clinical guidelines
- Professional practice standards (ENA, ANA)
- Policies and procedures

Nurse Managers and Staff Educators

Both newly hired and seasoned staff look to nurse managers, as leaders of the department, to validate the importance of “this critical-thinking stuff.” They also look to staff educators to provide ongoing educational opportunities to enhance these skills and to help them integrate new knowledge.

Nurse managers and staff educators should set expectations for critical thinking by expecting staff to do the following:

- Organize
- Prioritize
- Delegate
- Practice safely
- Apply reasoning when making decisions
- Apply nursing professional practice standards
- Demonstrate confidence by defending their decision-making
- Ask appropriate questions that clarify situations
- Judge the credibility of information
- Be mindful and open to options

Nurses who meet these expectations typically have confident decision-making skills, which often evolve out of knowledge they built in the classroom and orientation settings. However, if managers and educators do not maintain the momentum by fostering a culture that requires ongoing development of critical thinking, your orientation efforts will fall short. The patient care environment must nurture critical thinkers, stimulate them, and motivate them to engage in an internal discussion about each patient, which should focus on one question: *Is this in the best interest of the patient?*

Take out one of your time sheets, and as you look down the list of names, ask yourself how you really feel about each nurse's ability to demonstrate these attributes. Use Figure 5.1 to assist you in validating the educational and remediation needs of individual staff. Preceptors and senior staff (such as charge nurses) who are involved in assessing staff performance may use this tool as well.

Figure 5.1 Nurse Manager/Staff Educator Tool

Staff name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

- | | |
|---|--|
| 1. Asks pertinent questions | 9. Independently thinks things through |
| 2. Assesses statements/arguments | 10. Displays confidence about actions |
| 3. Displays curiosity | 11. Can analyze an argument |
| 4. Listens to others and gives feedback | 12. Looks at the evidence and facts |
| 5. Looks for evidence or proof | 13. Examines problems closely |
| 6. Examines problems closely | 14. Rejects incorrect information |
| 7. Rejects incorrect information | 15. Wants to find answers for patient |
| 8. Wants to find answers | |

Source: Shelley Cohen, RN, BS, CEN.

Note: Consider using this tool at orientation, at the 3- and/or 6-month time point, and at annual review.

Making Critical Thinking Part of the Culture

For critical thinking to be part of your nursing culture, it can't simply be "checked off" a list once a year. The concepts of reasoning should be ingrained in the following:

- Job descriptions
- Evidence-based nursing practice
- Policy and procedure
- Performance reviews
- Processes that incorporate goal setting

Job descriptions

Job descriptions that do not reflect the reality of what staff members actually do or are expected to do provide no foundation for staff accountability. Still, it is impossible to include every item, task, or responsibility that nurses will be expected to perform. To address that gap and send a clear message that "other duties" may be required, use terminology related to critical thinking.

To improve the content of your job descriptions, consider doing the following:

- Involve staff in the process of updating and reviewing job descriptions on a regular basis. Ask prompting questions to assist staff:
 - What are you doing on a regular basis that is not on the job description?
 - What is on the job description that you no longer do?
 - What do you feel should be added to the job description to help hold all nurses more accountable?
- Identify patient scenarios that demonstrate a lack of critical thinking:
 - Was there anything absent from the job description that made it difficult to hold staff accountable for their action or lack of action?
 - Were there practice standards related to the scenario that were not followed? If so, do the current job descriptions make it clear that

staff members are responsible for maintaining a current knowledge base for the specialty in which they provide nursing care?

Job description examples

- Nurses will use critical-thinking skills to determine action needed for risk-management concerns such as patient falls, patients refusing care, or visitors displaying unacceptable behavior.
- The reassessment process for post-sedation patients includes these items (provide actual process). Nurses are expected to think critically through the needs of each post-sedation patient who may require more frequent reassessments.
- Emergency nurses will use critical-thinking skills when determining the triage level in the process of sorting ED patients.
- ED nurses will use critical-thinking skills to manage their workload and offer support to the team as needed.

Evidence-based nursing practice

We all know staff members who attend training events and seminars yet do not have the ability to apply what they learned in the clinical setting. For example, a nurse who successfully passes the ACLS written exam and the testing stations may still be disorganized or lack the ability to apply this knowledge in an actual resuscitative event. The same principle applies to critical thinking concepts: The nurse may have learned the principles, yet when performing patient care, he or she does not appear to “have it together.” This disconnect may present itself as disorganization or even as an actual patient error due to lack of judgment.

Evidence-based practices along with best practices can help define set standards of practice for specific patient clinical presentations. Some of these models require the nurse to use reasoning and prioritization to determine when to take each step. Retrospective chart review is a helpful way to identify staff who are having challenges in this arena.

Policy and procedure

When relating policies and procedures to critical thinking, expect nurses to do the following:

- Know how to access specific policies and procedures
- Read the policies and procedures
- Understand what each policy is asking/requiring
- Identify the patient/situation in which to use each policy or procedure

Policy and procedure examples

Reassessment of the ED patient

The following reassessment practice guidelines apply to all triage level 2–5 patients. The ED nurse will use critical thinking skills to determine what aspect of the patient’s presentation requires reassessment, as well as how often to conduct and document this reassessment.

Patient visitors in the ED

The attached visitor policy will be in effect 24 hours a day, 7 days a week, in the ED setting. The ED charge nurse will employ critical thinking to identify those situations that may require an exception to the visitor policy. Such scenarios may include a patient death or impending death, a victim of abuse/neglect, a family member also ill or injured, etc.

Performance reviews

The annual review is an opportunity for the manager to reinforce expectations regarding critical thinking with each member of the nursing staff. The self-assessment tool in Figure 5.1 can be used or adapted to outline areas of strength as well as areas requiring either remediation or additional preceptor support. You also may want to have the nursing staff perform a self-assessment of their ability to think critically prior to the annual review. See Figure 5.2 for a sample self-assessment tool.

Figure 5.2 Annual Performance Review—Self-Assessment of Critical Thinking

Employee name: _____

Date of self-assessment: _____

Please rate your ability to apply critical thinking in the following areas:

5 = I always do this

4 = I do this most of the time

3 = I sometimes do this

2 = I rarely do this and realize that I need to be more aware in this area

1 = I never do this and realize that I need some help to improve on this

1. I ask pertinent questions.

5 4 3 2 1

2. I assess statements/arguments before making decisions.

5 4 3 2 1

3. I am always curious about things and want to learn.

5 4 3 2 1

4. I listen to others and give feedback.

5 4 3 2 1

5. I look for evidence or proof before doing what someone else says I should do.

5 4 3 2 1

6. I examine problems closely.

5 4 3 2 1

7. I know when information is incorrect, and I reject it.

5 4 3 2 1

8. I want to find answers.

5 4 3 2 1

9. I independently think things through.

5 4 3 2 1

Figure 5.2		Annual Performance Review—Self-Assessment of Critical Thinking				
10. I am confident in my actions.						
5	4	3	2	1		
11. I can analyze an argument.						
5	4	3	2	1		
12. I look at the evidence and facts.						
5	4	3	2	1		
13. I consider consequences before acting.						
5	4	3	2	1		
14. I recognize contradictions.						
5	4	3	2	1		
15. I evaluate policy and consider its appropriateness for the patient.						
5	4	3	2	1		

Note that this self-assessment tool may be compared to the worksheet that you prepared for the employee’s performance review and the employee’s goals for the coming year. It can be specific to discuss judgment and reasoning when appropriate. Having the staff perform a self-assessment can also be beneficial in the following ways:

- It details specific expectations from you, the profession, and the patient
- While the staff member completes the tool, questions should and will arise regarding critical-thinking concepts, prompting further discussion
- It requires them to consider specific patient scenarios where they have actually displayed these abilities

As you and the nurse identify areas that need improvement, first prompt the nurse to offer suggestions and resources before you do. Remember, part of your role is to coach staff—if you provide all the answers all the time, you are stifling their critical thinking.

Figure 5.3 Goals Worksheet

Employee name: _____

Job title: _____

Today's date: _____

Short-term goals

In the next year, I would like to achieve the following:

Add _____ to my job description

Take _____ continuing education classes

Improve my nursing practice in the areas of _____

Long-term goals

In the next 2–5 years, I would like to accomplish the following:

Have completed _____

Make these changes in my job _____

Have accomplished _____

Obtain certification in _____

Figure 5.4 Scripting/Documenting Expectations

Medications

Preceptor: *Was there a problem in obtaining a pump today for your patient in room 3 receiving IV Promethazine?*

Nurse: *No. It just seems like such a waste of time to run around looking for one when it goes in over 15 minutes. I can eyeball that myself much faster than it takes to go get a pump and set it up.*

Preceptor: *What does the policy say about infusing IV Promethazine? What are two safety/risk potentials for the patient when a pump is not used?*

Expectation: All medication administration policies and procedures will be consistently followed.

Timothy administers a dose of 324 mg of aspirin to a patient who meets the guidelines for the department chest pain protocol. This medication order is part of the standing orders signed off by the ED provider on the electronic record. While the patient is taking the medication, his wife comes into the room and asks what the medicine is. Timothy shares the information and is then informed that the patient was already given an adult dose of aspirin by the ambulance staff when they arrived at the house. Timothy approaches his preceptor and shares what transpired. He is concerned that he made a medication error. The preceptor can communicate the following prompting questions/key points, which will not only build Timothy's confidence but also greatly impact his ability to think critically about this and other nursing practices:

- How can/does your knowledge of EMS protocols/standing orders affect your nursing practice?
- Where in the priorities of nursing care does obtaining home medication information fit? What are two patient scenario examples that imply that it would be a top priority?
- How does a nurse know whether an aspect of an order set does not apply to a particular patient?
- What is the process/policy to follow if you believe that there was a medication error?
- How imperative is it to communicate these details to the provider quickly?
- What, if any, potential harm may come to the patient who receives a dose of aspirin 625 mg?

Goal setting

When staff demonstrate unacceptable behavior or unsafe patient practices, take the opportunity to discuss the importance of critical thinking. Judgment will play a central role from point of hire to annual review to daily patient care. For that reason, when setting new goals, relate them to developing better judgment and displaying higher levels of critical thinking. Use Figure 5.3 to help plan short- and long-term goals, and see Figure 5.4 for a template for this conversation.

Dr. Rose Sherman shares the following three key points to consider when setting goals:

1. The hectic pace of healthcare has created an environment of task-oriented care for nurses to “survive.”
2. Self-reflection/assessment of our nursing care is not a common practice, despite the proven need for it.
3. The complexities related to delivering healthcare continue to grow and thus require growth in critical thinking (2016).

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Chapter 6

Novice to Expert: Setting Realistic Expectations for Critical Thinking

Learning objectives

After reading this section, the participant should be able to do the following:

- Analyze the challenges that both new and experienced nurses face in incorporating critical-thinking skills into their work in the practice setting
- Provide intervention examples and tools that assist both novice and experienced nurses in meeting expectations for critical thinking
- Differentiate between realistic and unrealistic expectations related to critical thinking
- Set ground rules for engaging in the successful orientation of new hires

More than 35 years ago, Dorothy Del Bueno laid a foundation for nursing expectations that has stood the test of time. She divided competency skills into the following three categories:

- Technical
- Critical thinking
- Interpersonal

Specific expectations related to category 2 (critical thinking) are reflected in various contexts:

- School of nursing requirements for successful graduation
- Nurse practice acts
- Organizational job descriptions, policies, and procedures
- Professional nursing organizations

Defining/Setting Realistic Expectations

As you approach and consider methods not only to teach but also to motivate critical thinking more broadly, make sure that your expectations are reasonable given the nurse's abilities. The last thing you want is an environment that creates fear of critical-thinking expectations. We want staff to embrace the concept, confident in their abilities to develop their thinking and reasoning skills. For that reason, make sure that your expectations align with what they can realistically do rather than what you *hope* they can do.

As you set your expectations, consider each nurse's potential, opportunities to perform, and opportunities to reach goals, as well as the outcomes you hope he or she will achieve within a set time frame. Make sure that your expectations are as follows:

- Realistic
- Supported with appropriate tools and resources
- Appropriate for the specialty area in which the nurse works
- Flexible so that they meet a variety of learning needs
- Clarified in writing
- Connected to the job description and performance review

Novice to Competent: New Graduate Nurses

It may seem obvious that the expectations for new graduate nurses should not be the same as those for experienced nurses. Nevertheless, many new graduate nurses face peer groups who have set ideas about what they should and should not know. To address that challenge, preceptors, nurse educators, and nurse managers—not the experienced nurses on the unit—must define, share, and overtly support the expectations for new graduates.

When new graduate nurses join the emergency department, use the opportunity to consider the experience of new nurses and the challenges they face. Engage in discussion about it with staff, and include the following

points to help them understand why the expectations of new graduates are different today than they were in the past:

- Many of today's students have fewer clinical opportunities, partly due to a shortage of nursing faculty.
- Patients are presenting with more complex medical events that require nurses to think critically at a higher level.
- Many nursing schools “teach to the boards” and focus on successful completion of the NCLEX—not on critical-thinking skills.
- Students' limited clinical time may not have exposed them to challenging patients similar to those seen in your environment.
- The current job environment allows new graduates to directly enter a specialty of nursing. For those just entering the ED setting, they are transitioning from a more stable clinical/student environment to a department known for its “organized chaos.” They have no previous experiences on which to base their understanding of any expectations that are set for them or that they set for themselves.
- Even though earlier generations had different expectations of new graduates when they were novice nurses, the process was not necessarily in the best interest of the new graduate or the patient.

Set and communicate to staff a firm ground rule that you will not accept or tolerate unacceptable behaviors related to new graduates and new hires. Do not allow statements such as, “Back in my day, we were expected to ...” The manager, preceptor, and educator must promptly address individuals who make such comments and hold them accountable for changing these behaviors. Work together to script appropriate responses that hold such individuals accountable:

- “As you know, one of your job description expectations is to actively engage in the process of successful orientation of new graduate nurses. Do you feel that this is an expectation you cannot meet? If so, schedule an appointment with (nurse manager) to discuss it further.”

- “I understand that orientation and processes for new graduates were very different when you first got out of school. Thank goodness we now have evidence and best practices to better guide us in not only how we deliver nursing care but also how we can best integrate novice nurses.”

As new graduates move further along and transition out of their orientation period, assist in this evolution from novice nurse to competent nurse by doing the following:

- Use tools that allow new graduates to self-assess their level of critical thinking
- Reevaluate decision-making skills throughout the orientation process
- Promptly clarify all questions regarding expectations
- Promote a culture and environment that encourage critical thinking
- Remember that critical thinking is a process that develops and grows throughout the career

Greatest Challenges for New Graduate Nurses

Among the many realities and challenges that new graduates face are the patients in their care who have bad outcomes. Anyone can sit back and “quarterback” an event in slow motion, but making decisions in the heat of the moment is totally different. Many novice and experienced nurses have felt overwhelmed at times, and such feelings occur more frequently for new graduates. The profession deserves and needs a healthy review and remediation process that does not destroy a nurse’s confidence and self-esteem.

The first year after graduation is a time for education, and educators must take care to ensure that new graduates are not afraid to make decisions and that they do not feel indecisive in the care they provide.

Coaching new graduates through bad patient outcomes

- Allow them to grieve through their error or omission. Whether patients are in their care for one hour or one week, in their minds, they are still “my patient.”
- As nurses, we tend to beat ourselves up when we make a medication or other error. After we are done whipping ourselves, most of us move on. New graduate nurses need time to go through a process where they review what happened and figure out how they would approach it differently next time. Our job is to coach them away from the blame and move them toward learning experiences.
- Provide them with more than one opportunity to sit with a supportive mentor or preceptor to review the scenario that led to the patient outcome.
- Make sure that you are the person who debriefs the nurses. Don’t expose them to a nurse who says, “I told you this would happen if you let new grads in here.”
- Even if the bad outcome was not related to something they did or did not do, they *still* may believe that it was their fault. Coach them that a guilt trip will not change the outcome of the scenario.
- If they are not willing to take responsibility or accept accountability for something they did or did not do for the patient, recognize this issue as a patient safety red flag. These nurses will require further assessment of their critical-thinking capabilities and will need to work closely with the nurse manager.

Growing collaborative relationships with the medical staff

Working with the medical staff can be intimidating for new graduates if steps are not taken to develop relationships. There are simple steps that can help promote such relationships and create a basis for good feeling so that both sides may build trust:

- Have someone introduce new graduates to the medical staff as they arrive on the unit.
- If medical staff members have had previous negative experiences with new graduate nurses, make time to discuss the critical-thinking training you are providing these new graduates.
- Circulate a memo to the medical staff that introduces the new graduates and briefly outlines expectations, the critical-thinking training, and names of the preceptors.
- Ask the members of the medical staff to think back to their own internships, and remind them that critical thinking will develop with their support.
- If the new graduates are working in a specialty area, see if they can shadow a provider for part of their shift so they can learn about provider perspectives that may shape nursing decisions.
- In your critical-thinking training, include scenarios that allow novice nurses to explore options for responding to challenging times and conversations with providers. Doing so is part of teaching them how to respond professionally to any challenge in the healthcare environment.

Growing collaborative relationships with the interdisciplinary team

New graduates also face expectations from other team members, including those from ancillary services such as radiology, respiratory therapy, laboratory, and pharmacy. Build a pattern of success for the new graduate nurse by communicating with other services and doing the following:

- Sharing dates of new graduates' arrivals and the departments/areas to which they are assigned
- Including time for new nurses to partner with other services
- Discussing the orientation process timeline, and offer a list of realistic expectations related to their services

- Incorporating interdisciplinary team members' skills and experiences into the new graduate's education by including them as faculty during classroom time

When new hires fail to reach competent levels of critical thinking

For managers and preceptors, one of the greatest challenges is when you are confronted with new hires who just don't seem to "get it." There will be times, despite your best efforts and resources, when new hires will not grasp the concept of critical thinking in a reasonable time frame. This situation must be addressed promptly to be fair to the newly hired nurse, the preceptor, the staff, and, of course, the patients.

Although it's important to understand the new graduate nurse's emotions and the stressors that any new hire faces, the fact that the level of nursing practice being displayed is unsafe and unacceptable is of utmost importance. It is misleading to allow the new hire to carry on believing that "things will just work out."

Key steps to take when new hires are not progressing with critical-thinking development include the following:

- Identify early those new graduates and new hires who are not meeting expectations
- Define which expectations they are not meeting and provide examples
- Offer and provide remediation, with new expectations and a written timeline for meeting those expectations
- If remediation does not change nursing practice, meet with human resources to determine the next appropriate step

For new graduates who continue to fail to progress, *consider* options such as these:

- Transfer the nurse, depending on his or her weaknesses, to a department outside of the ED that has the following:

- Less-complex patients
- Fewer multitasking skills needed
- Fewer unplanned scenarios
- Lower patient-assignment loads
- Extend the probationary period
- Collaborate with faculty from his or her school of nursing for mediation direction

Throughout this process, do not disregard your obligations to patients and to the State Board of Nursing as they relate to patient safety.

Competent to Expert: Experienced Nurses

Many of the principles that relate to new graduate nurses also apply to those with more experience. One of the challenges with experienced nurses is that many in their peer group have higher expectations and often believe that these expectations are being met, even if they have no evidence to support this belief. For example, they see the experienced nurse demonstrate a particular skill or task well, and then they assume that all of that nurse's skills are at that level. Such an assumption can be dangerous, and it can mean that experienced nurses receive less support and training in developing their critical-thinking skills.

Once again, it is important to define realistic expectations for all newly hired nursing staff—even experienced staff—and to establish timelines for when they should meet these expectations.

When experienced nurses join your unit, remind the team of the following:

- Just because someone successfully completes an ACLS course does not mean that they can function effectively in a cardiopulmonary arrest situation

- If team members do not share concerns related to new nurse performance with the preceptor, educator, or manager, then issues cannot be addressed
- Completing a procedure more quickly does not imply that you understand why you are doing it
- People can “talk” a great game; the test is whether they can perform at that level
- If staff nurses don’t get involved in the process of orienting newly hired nurses, we cannot truly assess their abilities to think and act critically

In addition to assessing and supporting experienced nurses who have just joined the unit, you should also assess and support the critical-thinking development of nurses who have long been there.

Use assessment tools such as Figures 4.1, 4.2, and 5.2 to assess the ability of experienced nurses to apply critical thinking in their practice settings. For those who are unable to demonstrate this ability, initiate a remediation process in conjunction with the nurse manager.

Handling experienced nurses who need remediation

When you are confronted with seasoned nurses who are unable to meet your expectations, ask the following:

- If a new hire, do they need a different preceptor?
- If a new hire, are they still in their probationary period?
- Is there one area in which they are unable to attain a skill, or is it an overall care issue?
- If they have been staff members for a while, how has this issue been handled in the past?

Your facility needs to address this sensitive issue consistently. If nurses are long past the orientation period and are not meeting critical-thinking expectations, find out how this issue has been handled with other nurses in the past. You may want to set a new precedent for how it will be handled in the future.

Because the ability to think critically is constantly being developed, it requires ongoing reevaluation. For example, even if the nurse you hired four years ago demonstrated good strategies in nursing care when he or she was hired, he or she does not necessarily practice within those same principles. Consider the many changes that affect your patient care areas:

- New procedures
- New evidence and research that demonstrates a different approach to particular diagnoses
- The multitude of new medications added to the formulary each year
- New standards of practice from regulatory agencies and authorities

With this list in mind, and considering that healthcare is in constant flux, it makes sense to design a process that continually reassesses nurses' ability to think critically. You can directly involve staff in this process by doing the following:

- Incorporating critical-thinking language and expectations in written documents, such as the following:
 - Policies and procedures
 - Employee handbook
 - Clinical pathways/guidelines
 - Job descriptions
 - Performance reviews
- Having staff review these written expectations annually and offer suggestions for change
- Having staff complete self-assessment sheets (see Figures 4.1, 4.2, and 5.2)
- Requiring staff to present examples of how they have displayed critical thinking in patient care at their performance reviews

Measuring Critical Thinking in Daily Practice

An essential element of success in setting these expectations is to differentiate between the orientation period and a “nurse residency” or other extended learning program for novice nurses. For example, orientation may be four months and include grasping department processes, policies, etc. However, a realistic time frame for a new graduate to actually display sufficient critical thinking to be assigned without a preceptor may be one year. Just because a new graduate is “off orientation” does not mean that they should be expected to practice at the same skill level as seasoned staff.

How do you know whether nurses are thinking critically in their practice? Regardless of their level of experience, once they have completed orientation and have been “checked off,” you communicate that they no longer need daily precepting. You are making a statement that they have demonstrated the ability to meet their job description. If you do not feel that they can perform their job description/requirements independently, however, then the orientation or “residency” process needs to be extended.

Demonstrating that they can think critically is more than being checked off as being able to perform a task or procedure. Use and adapt the sample tools throughout the book—such as Figure 4.4, which assesses nurses’ ability to think through what patients are telling them—to evaluate their level of performance. Using standard criteria for the evaluation will help you validate whether critical thinking is part of the nursing practice of both experienced and inexperienced nurses.

Examples of demonstrating critical thinking

Emergency room nurses demonstrate critical thinking by doing the following:

- Identifying early symptoms of shock
- Asking every patient safety questions at each visit to identify actual/potential victims of violence

- Evaluating the intake and output of an admitted ICU patient being held over in the ED
- Asking the provider whether he or she noticed the wound on the patient's posterior thorax
- Discussing with EMS the living conditions in which the patient was found
- Recognizing that a patient with a cough, who is also an inmate, is at high risk for TB

Donna Cardillo, AKA the “inspiration nurse,” shares the following: “You’ve got a lot to learn, but you’re better prepared than you realize. Be realistic with your expectations, get into an active learning cycle, develop good relationships and alliances, focus on the positive, and keep moving forward.” (2017)

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Chapter 7

Applying Critical Thinking to Nursing Documentation

Learning objectives

After reading this section, the participant should be able to do the following:

- Apply critical thinking to nursing documentation
- Identify specific documentation styles that reflect critical thinking
- Reflect their critical thinking in their daily documentation practices

Turning Critical Thinking Into Critical Writing

Complete, accurate, and reflective documentation is a vital part of patient care, and nurses need to be able to validate in the written medical record what they did or what they chose not to do. We think of the medical record as a storybook that tells what happened to the patient from the point of entry into the healthcare system to the point of exit from that system. With all of today's risk management and legal concerns, which challenge healthcare delivery systems as well as caregivers, it is vital to demonstrate the steps and actions taken to support the patient.

Identifying a patient problem, potential consequences, and necessary actions is vital to critical thinking for nurses. However, without appropriate and timely documentation, there is no written record of what has occurred or the steps that the nurse took on behalf of the patient/caregiver.

Transforming critical thinking into the written format provides the following:

- A legal record to support the nurse's actions:
 - Identification of a problem
 - Actions taken in response to the problem
 - Patient outcomes related to any intervention
 - Collaboration with other members of the healthcare team
 - Compliance with nursing standards of practice
- A timetable of the events to reference as a tool in determining ongoing care needs of the patient
- Validation of nursing processes that incorporate critical thinking

Figure 7.1 Common Charting Errors

Accurate and complete nursing documentation is essential for demonstrating compliance with standards, delivering state-of-the-art nursing care, and communicating effectively with everyone involved in patient care. Therefore, it is important to recognize common charting mistakes and ways to educate your staff about them.

Charting mistakes can lead to allegations of negligence. The following list describes some of the common charting mistakes made by nurses, along with how and why you should avoid them.

1. Failure to document pertinent health or drug information

Nurses conducting admission assessments are responsible for acquiring all pertinent health data. As silly as this mistake may seem, nursing admission assessments and transfer notes are often left incomplete.

Good history-taking skills are especially important during the initial admission assessment, as the assessment details are important to the safety and well-being of the patient. Any health information that is not gathered when taking the history or not documented in the appropriate location on the clinical record can lead to adverse consequences.

To avoid this kind of mistake, ensure that your staff members understand documentation expectations related to the focused ED visit. In addition, ensure that the source of these details is noted. Doing so is extremely important, especially for patients who cannot communicate effectively, are poor historians, or have mental health changes. Remind staff members to document conversations with significant others, the transferring

Figure 7.1 Common Charting Errors

agency, or any other source of information. Provide them with continuing education regarding communication skills needed to ascertain a complete and thorough patient history.

Also ensure that any important health or medication information is documented and communicated to others effectively. Neglecting to communicate an important piece of patient information can leave a nurse open to allegations of negligence. To avoid this kind of situation, record the information in all of the locations designated by your policies. Also, encourage the use of alert labels/bracelets (e.g., red allergy bands) and other accepted means of communicating the information.

2. Failure to record nursing actions

There needs to be a way to communicate every nursing action, and nurses must get into the habit of documenting them as close as possible to the time when they occur. Unfortunately, charting is often left to the end of many nurses' busy days. This is not a good habit, but it's often difficult to break. With the advent of the electronic health record and portable/bedside computers, simultaneous, multiple-user chart access is no longer such a challenge. Consider the following guidelines:

- Record all observations, assessments, and actions on the flow sheet or designated form.
- You must chart as close to the time as possible, even if the entry is only one or two lines.
- Reduce redundancy and only chart the fact once. You do not need to repeat the same data in more than one place. Just be sure that it can be found in the clinical record. If there is redundancy in your documentation system, revise it.

3. Failure to record medication-related entries

This may seem obvious, but how many times have you reviewed a medication administration record (MAR) and found that the previous shift's nurse said in his or her report that the patient had been medicated even though you could not find it documented in the medical record?

Avoid nursing negligence by recording all medications given and the rationale for those not given, even if you may perceive those notes as insignificant. Always investigate when you suspect that a medication may have been administered but not recorded. A variety of scenarios can require a medication be held or discontinued, such as in a patient with bradycardia who has an order for Digoxin. In addition, if a patient refuses a medication,

Figure 7.1 Common Charting Errors

the nurse should document why the patient refused (e.g., patient states “it makes me feel nauseated—I don’t want it”).

4. Recording on the wrong chart

Sometimes, a simple mistake in the electronic record’s tracking screen or misfiling can lead a nurse to chart on the wrong patient. Staff are especially vulnerable to this error when patients with similar names are on the same unit, so ensure that you have a system of identification that is clear and as foolproof as possible. The technology embedded in many electronic record software programs provides options such as halting similar names.

Whenever possible, do not assign the same nurse to patients with the same name. And always ensure compliance with the National Patient Safety Goal that refers to proper patient identification prior to conducting procedures and administering medication.

5. Failure to document recognition of drug reactions / changes in patient’s condition

The literature on “failure to rescue” points to this potential error. Nurses are responsible for assessing a patient’s reaction to medication and for identifying any change in a patient’s condition. They must have the skill and knowledge to anticipate a patient’s clinical needs. They must also possess the critical thinking skills to intervene appropriately in any adverse reaction or worsening of the patient’s condition. But performing such assessment, identification, and intervention is not enough: Nurses must also document that they have done so.

6. Electronic health records

The rise of electronic records has reduced instances of illegible handwriting, which is no longer tolerated by regulatory and accreditation surveyors. As we create methods to solve documentation challenges, however, sometimes we create new ones, such as managing access to an electronic chart. Organizational policy usually dictates requirements for logging on and off of computers. When nurses do not log off appropriately, other issues can occur:

- Those without a need to know can walk by and read the private information left up on the screen
- Another staff member may use the computer for an entry without taking the time to ensure that they are logged in under their own secure password
- Another staff person intent on causing harm to the nurse can inappropriately use their departmental email access

Figure 7.1 Common Charting Errors

The nurse must recognize the importance of collaborating with the provider as appropriate, especially with areas related to medications. These communications should be included in the nursing documentations.

Reference

DeMilliano, M. (2017). 8 common charting mistakes to avoid. Retrieved from <http://www.nso.com/risk-education/individuals/articles/8-Common-Charting-Mistakes-To-Avoid>.

Documentation also records events related to potential or actual violence/harm to patients or others. It demonstrates that department procedures were followed and records any risk potential for other patients and staff.

Box 7.1 Examples of Critical-Writing Skills

The following are examples of the application of critical-writing skills in patient documentation.

Patient case 1

1019 Walking into room 3, I found patient on floor, unresponsive and pulseless. Both side rails were in place and locked. Room panic button pulled and Code Blue called; CPR initiated.

Refer to code sheet documentation

1040 Patient transferred to ICU, family updated

Documentation validates that safety initiatives were still in place when the patient was found on the floor (side rails in place, etc.).

Patient case 2

0035 Patient continues to complain of pain after being medicated. IV site checked and noted to be tender to touch and edematous. IV discontinued and new one initiated.

0045 Dr. Worthers updated, and new medication orders received.

Documentation reflects nurse's use of critical thinking in recognizing that there are many possible causes of ineffective pain relief after medication. Checking the IV site is imperative before making other assumptions about the patient or their pain tolerance.

Box 7.1**Examples of Critical-Writing Skills****Patient case 3**

250	<i>Patient states, "I fell out of my deer stand when I went hunting yesterday."</i> <i>Presents ambulatory complaining of right ankle pain, walks with limp.</i> <i>Patient immediately placed in spine precautions due to mechanism of injury.</i>
-----	---

Documentation shows evidence that the nurse used critical thinking to also suspect a possible spine injury due to the mechanism of injury.

Patient case 4

1008	<i>Patient noted to be short of breath, gray in color to face, and diaphoretic.</i>
1009	<i>Physician and respiratory therapy paged from patient room.</i>
1012	<i>Oxygen at 10 liters via non-rebreather mask.</i>
1020	<i>Skin warm and dry, color pink, mental status alert and oriented.</i>
1021	<i>Dr. Jones at bedside.</i>

Time elements demonstrate that priorities were initiated in the appropriate order.

Patient case 5

2207	<i>Pain medication given as ordered.</i>
2228	<i>Patient has no relief of pain and states, "It is worse than before."</i> <i>Right leg is pink and warm to the touch, cap refill to toes is 3 seconds.</i> <i>Patient has no change in sensation from original assessment at 2100.</i> <i>NP. Benington updated.</i>

This demonstrates that the nurse used critical thinking to ensure ongoing assessment of the extremity and the need to relate any changes directly to the provider.

Box 7.1**Examples of Critical-Writing Skills****Patient case 6**

0310	<i>In responding to patient's call light, patient states, "You people are really stupid. I want to speak with someone in charge right now." The patient uses loud, threatening language, including profanity. I explained to the patient that I would page the house supervisor, Mr. Bentley, who would be happy to come and speak with him.</i>
0311	<i>Security notified per policy relating to potential for violence.</i>
0330	<i>House supervisor, Mr. Bentley, at bedside of patient, who is pacing in room and using profanity in a loud voice. Patient is requesting to sign out. Provider updated on situation and has spoken with the patient.</i> <i>Patient threw his cell phone at Mr. Bentley; security outside room secured environment. Sheriff's department contacted via red phone.</i>
0345	<i>Patient has signed out and was escorted off property by sheriff's staff.</i> <i>NP. Benington updated.</i>

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Chapter 8

Relating Critical Thinking to Its Higher Purpose

In nursing, we tend to work toward achieving goals as the end of a process, but many times, meeting the goal is just the beginning. The critical-thinking skills you build as a nurse leader will directly affect your ability to continue on this path. Meeting our patients' needs is a moving walkway that seems to go on forever. In addition, each specialty today must provide care to more complex patients at a faster pace and with fewer resources. Whether identifying potentials for demise, risk factors, or conflicts with medication orders, the nurse must use deductive reasoning, ask pertinent questions, evaluate the facts, and engage in all of the other tasks related to critical thinking.

Because timely critical-thinking skills require having a current knowledge base founded in evidence and best practices, nurses must seek out opportunities for ongoing learning. They can do so in a variety of ways:

- Find a mentor
- Participate in your specialty professional organization's educational opportunities
- Consistently read current medical literature related to the patient demographics you serve
- Seek out new challenges
- Assess and reassess your critical thinking on an ongoing basis

Noted nurse educator and author Polly Gerber Zimmermann reminds us that *learning to think critically is a journey, not a destination*.

While driving home from the hospital one day, I listened to a postal worker in New Orleans being interviewed on public radio. The postal worker was delivering mail to a district recently reopened after Hurricane Katrina. The interview went along these lines and reminds us that we use critical thinking in our daily lives, often without even realizing it:

Q: What kind of challenges are you facing in this delivery area?

A: Well, there are lots of challenges, such as the debris and trash.

Q: Is it difficult to tell whether you are delivering mail to the right house?

A: If the number is no longer there or the mailbox is gone, we are supposed to use deductive reasoning to determine if it is the right house. For example, I might look to see if it is a consecutive number.

We think critically in many such contexts:

- At the grocery store to determine whether the sale price really reflects a sale or is only lower because the container is smaller
- When our child tells us, “I did study for that exam,” yet you never saw a book in his or her room
- At the dentist office, when we decide whether to pay to fix the tooth or have it pulled

We cannot continue to improve the quality of care we deliver without engaging this kind of reasoning. Reasoning can help create a safe patient care environment. Additionally, being able to identify the patient’s best interest is paramount in quality-improvement processes. As you consider all of the efforts in which your organization is engaged regarding meeting regulatory standards, remember this:

Staff members cannot meet the needs of patients if they cannot recognize those needs.

CRITICAL THINKING

in the Emergency Department

Shelley Cohen RN, MSN, CEN

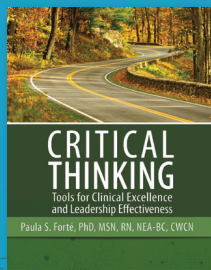
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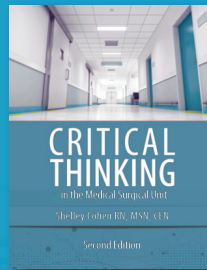
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