

ENCOURAGING CRITICAL THINKING (CT): A NEW DEVELOPMENTAL MODEL FOR NURSING EDUCATION

**Joanne Stevens PhD, FNP-BC, RN, C
The College at Brockport, State University of New York
Presentation Number CC18
September 19th, 2008 from 11:30 until 12:45**

Nurses need to be able “to think on their feet.” An essential component for nursing graduates’ orientation to health facilities is the ability to critically analyze clinical situations and problem solve. Studies indicate that most new graduates do not meet expectations for entry-level clinical judgment ability (del Bueno, 2005). Nurses new to hospital systems are increasingly challenged by higher numbers of complex patients with higher acuity levels and substantial co-morbidities. Consequently, our new health professionals need the best possible mentoring for critical thinking (CT) in order to plan and execute excellent patient care over time. Nurse educators and preceptors have tremendous responsibilities in assuring our new nurses become committed, analytical practitioners.

New nurses need to be encouraged to push their thinking from concrete (e.g. accepting facts as absolute truth) to thinking in context as a relativistic process. Forneris (2005) describes the need for nurse educators to shift their perspective on how to teach CT from a “means/end” approach to a process of helping the novice nurse operationalize thinking in practice. The outcome should be beyond the formation of opinions, to a sophisticated approach in which thinking generates rational criteria against which options can be evaluated (Moshman, 2003).

Studies indicate that CT is best accomplished through active learning where-by new nurses are actively engaged in guided discussions, applications and group work (Anderson & Krathwohl, 2001; Forneris & Peden-McAlpine, 2007; Nelson, 1999). Compelling evidence is available indicating that peer or collaborative interaction, especially in pairs, leads to quality learning and translational applications (e.g. Goos, Galbraith & Renshaw, 2002; Schunk, 2001). Peer interaction has been associated with increasing students’ CT skills, their motivation to learn and subsequent application of new knowledge to differing contexts (Browne, & Keeley, 2001; Chaffee, 2000; Ruggiero, 2001).

Stevens’ Interactional Developmental Model (In Press) provides a framework for educators use when developing CT educational strategies. This model describes the domains influencing CT, and identifies 4 progressive thinking modes occurring in nurses’ cognitive development. This model is particularly useful in clinical settings in that it provides an

empirical approach for preceptors as they develop teaching learning strategies to encourage higher order thinking.

Stevens' Peer Interactive Design (PID) (In Press) is one example of an active learning strategy using this framework. This design provides five contextual learning activities engaged in by pairs. These activities can easily be adopted by nurse preceptors during nursing orientation. This learning design includes the following assigned pair activities conducted during the clinical day with the following functions expected in post conference debriefing sessions:

1. discussion around *new knowledge* (applicable evidence based research).
2. reflection and conversation about diverse clinical *experiences*
3. applying *clinical standards of practice* .
4. using the *nursing process* in communication and documentation.
5. nurturing learning *dispositions* and attitudes (e.g. curiosity and reflection) that promote quality patient care.

(Potter & Perry, 2009; Stevens, in press)

During such learning activities the demeanor and behavior of preceptors are considered critical in either facilitating or blocking the development of CT in graduate nursing students. Helpful preceptor behaviors include respecting the student, demonstrating flexibility and openness, and being skeptical; where-as preceptors' negative influences include a focus on role constraint, inadequate attention to safety, and lack of a questioning attitude (Myrick & Yonge, 2004).

More seasoned nurses need to change the nursing culture to be more open and appreciative of orientee's questioning attitudes for decision making (Hoffman & Elwin, 2004). Curiosity really didn't "kill the cat"... in fact it probably added an extra life. Educators should adopt creative learning strategies such as: "think, pair, share" activities, case studies, small group discussions and interactive presentations when precepting or developing overall programs for new orientees. Using a variety of teaching/learning methodologies and frameworks will insure improved cognitive development given the challenge of different types of learners in a variety of clinical situations.

Future directions for nursing graduates' orientation programs should consider collaboration between academia and practice, suggested by Burns and Poster (2008). These authors suggest a three component intervention including: development of learning modules based on the top 10 high-risk, high-volume patient conditions; faculty and staff educator development in learning strategies to enhance competency development; and sharing of products with schools of nursing. A peer interactive approach would be essential to assure learning in each of these domains.

References

- Anderson, L. & Krathwohl, D. A. (2001). *A taxonomy of learning, teaching, and assessment: A revision of Bloom's taxonomy of educational objectives*. New York, Longman.
- Browne, N. & Keeley, S. (2001). *Asking the right questions: A guide to critical thinking*. (6th ed.). Englewood Cliffs, NJ: Prentice Hall.
- Burns P & Poster EC (2008). Competency development in new registered nurse graduates: closing the gap between education and practice. *Journal of Continuing Education in Nursing Feb; 39 (2): 67-73*.
- Chaffee, J. (2000). *Thinking critically*. (6th ed.). Boston: Houghton Mifflin Company.
- del Bueno, D. (2005). A crisis in critical thinking. *Nursing Education Perspectives Sep-Oct; 26 (5): 278-82*.
- Forneris SG; Peden-McAlpine C (2007). Evaluation of a reflective learning intervention to improve critical thinking in novice nurses. *Journal of Advanced Nursing, Feb; 57(4): 410-21*.
- Goos, P. Galbraith, P. & Renshaw, P.(2002). Socially mediated metacognition: creating collaborative zones of proximal development in small group problem solving. *Educational Studies in Mathematics, 49, (2), 193-223*.
- Hoffman, K & Elwin, C. (2004). The relationship between critical thinking and confidence in decision making. *Australian Journal of Advanced Nursing, Sept.-Nov. 22 (1): 8-12*.
- Moshman, D. (2003). Developmental change in adulthood. In J. Demick & C. Andreoletti (Eds.), *Handbook of adult development* (pp. 43-61). NY: Plenum.
- Myrick F & Yonge O. (2004). Enhancing critical thinking in the preceptorship experience in nursing education. *J ADV NURS Feb; 45(4): 371-80*
- Potter, P.& Perry, A.(2009). *Foundations of Nursing (7th ed.)*. St. Louis: Mosby.
- Nelson, C. (1999). On the persistence of unicorns: the trade-off between content and critical thinking revisited. In B. Pescosolido & R. Aminzade (Eds.), *The Social Worlds of Higher Education* (pp. 168-184). Thousand Oaks, California: Pine Forge Press.
- Ruggiero, V. (2001). *The art of thinking: A guide to critical and creative thought*. (6th ed.). N.Y.: Longman.
- Schunk, D. (2001). Social cognitive theory and self regulated theory: theoretical perspectives. Pp.125-52. In B. J. Zimmerman and D. H. Schunk (Eds.). *Self-regulated learning and academic achievement: theoretical perspectives*, Mahwah, New Jersey: Lawrence Erlbaum Associates.
- Stevens, J. (In Press). Promotion of critical thinking in clinical post conferences: A peer interactive approach. *Journal on Excellence in College Teaching*.