



Week 9

Critical Thinking in Nursing

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Announcements:

- Evaluations: Please complete course evaluations and bring to final:
 - Narrative portion (downloaded from web site and completed at your convenience)
 - E-Mail me screen capture ("proof") of web-based section

Infer

- To suspect something or attach meaning to a cue.
- Example from text: infant crying despite your attempts to console; you might infer the infant is experiencing pain.

Making an Inference

- Making deductions or forming opinions that follow logically by interpreting subjective and objective data
- Example: "frowning" = "seems worried")

Identifying Assumptions

- Reasoning requires that you make judgments based on the best available evidence.
- If you don't recognize what you assume, your thinking is likely to be flawed.
- By identifying assumptions, we overcome our natural tendency to take things for granted, and can get the *facts* we need before going further (identifying problems and making decisions).

Identifying Assumptions

- Your primary source of information should come from your direct assessment of the patient.

Errors in making assumptions

- The client did it
- Assuming too much
- The respiratory therapist is in charge of that piece of equipment
- The other nurse put it together, so it must be right

...a thorough assessment will prevent these mistakes

Assumptions to be careful with...

- "RT is in charge of that"
- "The nurse manager set that up – I'm sure the rate is correct"
- The client knows what you're talking about
- People you've delegated to have done their job
- "I'm just a student. The RN must be right."
- "It goes where I think it goes"

Incorporate the nursing process in the application of CT skills

- Assessment:
 - Identification of assumptions
 - Selection of pertinent data from organized and comprehensive assessment
- Planning/Implementation:
 - Determining specific realistic and client-centered goals
 - Determining specific interventions
- Evaluation
 - Evaluating and correcting our thinking
 - Evaluating and updating the plan

Organizing your assessment

For a client with a specific problem:

- Assess the problem area first
- Then complete the assessment as for a healthy person
 - Air, water, food...
 - Head-to-toe
 - Your organizational system of choice

Selection of pertinent data from organized and comprehensive assessment

- Importance of organized, systematic approach already detailed in lecture, homework.
- How you organize depends on the client
 - Acutely ill → urgent problems first
 - Specific problem → problem area first
 - Generally healthy → systematic approach of convenience

Checking data accuracy, reliability

- Collecting more data
- Verifying information / double-checking
- Ask yourself:
 - Does objective match subjective?
 - Is it reliable?
 - Does it make sense?
 - How can I double-check the data?



Checking data accuracy, reliability

- How can you check accuracy in the following situations...
 - Client states "everything is fine" yet avoids eye contact, arms folded on chest, sarcastic tone of voice.
 - Your client is receiving tube feeding at 75ml/h. Nurse reports, "tolerates well."



Distinguishing normal from abnormal

To identify abnormal, you must know...

- pathophysiology
- age-related changes
- normal & therapeutic lab values
- expected assessment findings
- assessment cultural variations
- atypical disease presentations
- medication side effects
- the client's baseline