Critical Thinking:
Tools for Clinical Excellence and Leadership Effectiveness

Paula S. Forté, PhD, MSN, RN, NEA-BC, CWCN

Critical Thinking:

Tools for Clinical Excellence and Leadership Effectiveness

By Paula S. Forté, PhD, RN, NEA-BC, CWCN

HCPro
a division of BLR

Critical Thinking: Tools for Clinical Excellence and Leadership Effectiveness is published by HCPro, a division of BLR.

Copyright © 2016 HCPro, a division of BLR

All rights reserved. Printed in the United States of America. 5 4 3 2 1

ISBN: 978-1-68308-172-2

No part of this publication may be reproduced, in any form or by any means, without prior written consent of HCPro or the Copyright Clearance Center (978-750-8400). Please notify us immediately if you have received an unauthorized copy.

HCPro provides information resources for the healthcare industry.

HCPro is not affiliated in any way with The Joint Commission, which owns the JCAHO and Joint Commission trademarks.

Paula S. Forté, PhD, RN, NEA-BC, CWCN, Author
Kenneth Michek, Associate Editor
Michelle Clarke, Managing Editor
Erin Callahan, Vice President, Product Development & Content Strategy
Elizabeth Petersen, Executive Vice President, Healthcare
Matt Sharpe, Production Supervisor
Vincent Skyers, Design Services Director
Vicki McMahan, Sr. Graphic Designer
Jake Kottke, Layout/Graphic Design
RJ Clarke, Cover Designer

Advice given is general. Readers should consult professional counsel for specific legal, ethical, or clinical questions. Arrangements can be made for quantity discounts. For more information, contact:

HCPro
100 Winners Circle Suite 300
Brentwood, TN 37027
Telephone: 800-650-6787 or 781-639-1872
Fax: 800-785-9212
Email: *customerservice@hcpro.com*

Visit HCPro online at *www.hcpro.com* and *www.hcmarketplace.com*.

Contents

Tools List vii

Critical Thinking: Tools for Clinical Excellence and Leadership Effectiveness ix

About the Author xv

Foreword xvii

Part 1: Thinking and Being: the Core of Human Interaction 1

Chapter 1: How We Think and Learn to Become Nurses 3

What Makes Us Nurses? 3

Thinking and Maturation 4

Being, Doing, and Thinking 6

Impact on Patient Perceptions 7

Chapter 2: Thinking About Thinking: Developing Good Thought 11

Nursing Process as a Way of Thinking 11

Scientific Model 13

Appreciative Inquiry 14

Understanding Others; Being Understood Ourselves 16

Multi-Tasking 16

Chapter 3: Avoiding Autopilot: The Scourge of Thoughtlessness and the Power of Mindfulness 19

Avoiding Autopilot 19

A Focused Mind; A Clear Intention 20

Body–Mind Tools 21

© 2016 HCPro

Chapter 4: What Guides Good Thinking? **27**
Ethics 27
Evidence 30
Efficacy 34
Efficiency 35

Chapter 5: Creating High-Quality Questions: To Ask Yourself and to Ask Others **37**
Communication Realities 37
Quality Questions 40
Questions That Stimulate Deeper Response 43

Part 2 – Critical Thinking for Clinical Excellence **47**

Chapter 6: Patient Safety: At the Core of Clinical Competence **49**
Safety Culture 51
Patient First, Patient Safe 52
Personal Stories 59

Chapter 7: Models for Memory: Mnemonics and Acronyms **61**
Easy Access Models 61
I-PASS 62
STOP and WATCH 63
AIDET 65
A-I-R Cycle in Pain Management 66

Chapter 8: Relationship Management: Thoughtful Encounters With Others **67**
Crafting Lasting Relationships 71

Chapter 9: Innovation for Excellence: Putting Evidence into Practice **75**
Evidence-Based Practice 77
Translational Science 81
Challenges and Opportunities 82

© 2016 HCPro

Part 3 – Critical Thinking for Leadership Effectiveness 85

Chapter 10: Management vs. Leadership: Paradox, Possibility, & Philosophy....87

Choosing Nursing 87

Managers vs. Leaders....88

Why Lead?....91

Paradox, Possibility, and Philosophy....93

Chapter 11: Trust and Transformation—Foundations for Leadership 95

Building Trust and Trustworthiness....95

Extending Trust to Others 97

Eroding Trust....98

Thriving with Trust 101

**Chapter 12: Creating a Climate for Conceivable Change:
The Leader as Guide....103**

Change-Ready Organizations....103

Becoming Resilient 105

The Pace of Change 106

Models That Support Successful Change 107

You, Leading Change 112

Chapter 13: Monitor, Measure, Manage: The Venerable Trinity 115

Monitoring 115

Measuring.... 118

Managing....120

Monitor, Measure, Manage—Combining All Three....123

References 125

Tools List

1. Reflection Tool
2. A Focus-Testing Tool
3. Recall and Reflection Tool
4. Body-Mind Tools
    a. Affirmation Exercise
    b. Exploring Guided Imagery
    c. Square Breathing Exercise
5. Self-Efficacy Tool
6. Question Creation Tool
7. One TeamSTEPPS Tool
8. Story Construction Tool
9. Relationship Development Tool
10. Evidence-Based Practice Implementation Tool
11. Memory Aid Construction Tool
12. Leader vs. Manager Tool
13. TRUST, A Delegation Tool

© 2016 HCPro

Critical Thinking: Tools for Clinical Excellence and Leadership Effectiveness

Target audience

- Nursing
- Nursing education
- Staff development specialists

Statement of need

Critical thinking remains a key issue for nurses and nurse managers. When asked what nurse managers struggle with the most, the lack of critical thinking consistently ranks near the top of the list. Critical Thinking: Tools for Clinical Excellence and Leadership Effectiveness provides the needed tools for nurse managers to effectively help their staff improve their critical thinking and communication skills with both colleagues and patients. It will provide definitions, tools, and evidence-based strategies and resources for nurse leaders.

Learning objectives

At the completion of this continuing education activity, the learner will be able to:

- Examine the way you learned to learn, especially when you were learning to be a nurse.
- Consider how your thinking has matured over time, and how it is different from when you were much younger.
- Appreciate the way(s) in which you solve problems and notice how your way of doing this may be very different from others with whom you work.
- Recall frameworks that have guided your thinking or given you rules for thinking.
- Recognize how frameworks and models can help you structure your thoughts and plan your next steps.

© 2016 HCPro

- Identify several common models that are used in nursing and healthcare decision-making.
- Consider the complications caused by insufficient thinking, or failure to follow through and complete all the steps in a process.
- Recognize mindfulness as a tool for personal and professional enrichment.
- Identify ways in which self-talk has been directing or misdirecting the actions you take and spot opportunities to change that if needed.
- Realize the false separations you may be inclined to make between body, mind, and spirit and consider how they may be more closely connected than you believed.
- Recognize the frameworks that construct your beliefs about ethical behavior, how you make choices, and determine right actions.
- Consider how evidence can lie at the core of your practice and direct your thinking about best practices and effective nursing interventions.
- Examine efficacy, especially as it applies to yourself—your ability to possess and act out of a sense of self-efficacy for a more powerful persona.
- Reflect on the concept of efficiency in your life and in your work, examining your results in relation to the effort required to achieve them.
- Appreciate the value of communication to enable us to obtain new information, clarify information, and identify the influence of human emotion on gaining a trustworthy response.
- Differentiate between open and closed questions with the wisdom to know when each is most appropriate.
- Identify the elements of a high-quality and well-asked question that increases the information available to the decision-maker(s).
- Recognize the value in asking high-quality questions when a clear direction is not immediately evident.
- Recognize the continuum we are traveling in relation to patient safety and find your place on that journey toward clinical excellence.

© 2016 HCPro

- Describe several well-regarded frameworks for ensuring patient safety, and trace their origins into present day practice.
- Connect to the personal stories that make patient safety an essential core competence and core value for today's practicing nurse.
- Recognize the need for memory triggers and tools that enable us to think clearly under pressure.
- Identify four easy access models that can steer our thinking in the midst of care, so that careful consideration is not a time-consuming distraction but is an on-the-fly activity.
- Recognize the important role of teamwork in healthcare and its contribution to quality and safety.
- Describe several components essential to relationship management for nurse leaders.
- Identify your role in relationship management even when the people with whom you work might not be individuals you immediately like.
- Craft encounters with others, whether they are patients or their family members, nurses, physicians, or other colleagues with the expectation that these may lead to lasting relationships.
- Identify the history and key events that have actively changed nursing from a tradition-bound profession to one with science and evidence to direct its actions and interventions.
- Recognize the many ways that nurses can and do transform healthcare by using evidence in their practice.
- Trace some of the more familiar models that direct our thinking for bringing evidence into our practice on a daily basis.
- Acknowledge evidence-based practice as a core competency for the practice of nursing.
- Remember the reasons for choosing a profession where compassion and service are fundamental to everyday work.
- Examine the leadership opportunities that every role provides and imagine the capacity to lead in the moment.

© 2016 HCPro

- Distinguish the chores of management from the actions of leadership and consider the synergy that may be possible when the two are merged.
- Determine what you believe about managers and leaders and recognize the presence of limiting beliefs that hold you back or limit your success.
- Examine the core elements that build trust.
- Recognize the need for transparency in leadership and trustworthiness in relationships.
- Extend trust to others in ways that reinforce accountability and reliability.
- Recognize the three things people need in order to embrace change.
- Identify models that can help you implement planned change, or prepare for constant change.
- Consider the role of the change agent in managing people and processes through the transitions of change every organization encounters.
- Recognize the importance of tracking and making course corrections in the process of patient care.
- Identify tools that help us measure and manage success toward a goal.
- Realize how vigilance in the work of monitoring, measuring, and managing our clinical work and progress enables the nurse to achieve desired outcomes.

Faculty

Paula S. Forté received her BSN from Dallas Baptist College (now, University) in 1975. She completed her MSN at Indiana University, Purdue University at Indianapolis (I.U.P.U.I.) in 1979 and her PhD in Adult Education and Organizational Development at Indiana University, Bloom¬ington in 1984. She completed a post-doctoral fellowship in Nursing Administration Research with a focus in Nursing Informatics at the University of Iowa in 1998. She has worked in many roles including clinical service for both pediatrics and adult care, nursing administration and educational leadership, and currently coordinates the ANCC Magnet Recognition Program® journey toward nursing excellence for two hospitals in Minnesota.

© 2016 HCPro

Continuing Education

Nursing Contact Hours: 3.5

HCPro is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This educational activity for nursing contact hours is provided by HCPro.

Nursing contact hours for this activity are valid from December 2016 – December 2018.

Disclosure statement

The planners, presenters/authors, and contributors of this CNE activity have disclosed no relevant financial relationships with any commercial companies pertaining to this activity.

Instructions

In order to successfully complete this CNE activity and be eligible to receive your nursing contact hours for this activity, you are required to do the following:

1. Read the book, ***Critical Thinking: Tools for Clinical Excellence and Leadership Effectiveness***
2. Go online to *www.hcpro.com/downloads/12550* and download the education guidelines.
3. Complete the exam and receive a passing score of 80% or higher.
4. Complete and submit the evaluation.
5. Provide your contact information at the end of the evaluation.

A certificate will be e-mailed to you immediately following your submission of the evaluation and successful completion of the exam. Please retain this e-mail for future reference.

© 2016 HCPro

NOTE

This book and associated exam are intended for individual use only. If you would like to provide this continuing education exam to other members of your nursing staff, please contact our customer service department at 800-650-6787 to place your order. The exam fee schedule is as follows:

Exam quantity	Fee
1	$0
2–25	$15 per person
26–50	$12 per person
51–100	$8 per person
101+	$5 per person

© 2016 HCPro

About the Author

Paula S. Forté received her BSN from Dallas Baptist College (now, University) in 1975. She completed her MSN at Indiana University, Purdue University at Indianapolis (I.U.P.U.I.) in 1979 and her PhD in Adult Education and Organizational Development at Indiana University, Bloomington in 1984. She completed a post-doctoral fellowship in Nursing Administration Research with a focus in Nursing Informatics at the University of Iowa in 1998. She has worked in many roles including clinical service for both pediatrics and adult care, nursing administration and educational leadership, and currently coordinates the ANCC Magnet Recognition Program® journey toward nursing excellence for two hospitals in Minnesota.

© 2016 HCPro

Foreword

The Institute of Medicine's report, *The Future of Nursing: Leading Change, Advancing Health* (2010) highlights the important roles nursing professionals must enact in order to bring about positive change in the United States health care system. To accomplish this work, education and preparation to help nurses and nurse leaders continually improve patient outcomes while adapting to the rapidly changing health care environment is essential. It is broadly recognized that a need for leadership knowledge and skills exists among nurses and nurse leaders, especially those leaders who operate most closely to the point of care. The challenge, however, is the ability to deliver practical leadership knowledge and skill-development resources effectively to these busy professionals while they are engaged in this demanding work.

This book, *Critical Thinking: Tools for Clinical Excellence and Leadership Effectiveness* arose from the recognition of the challenges faced by engaged nurses as they enact their professional responsibilities and the need for additional resources expressed by those nurses in leadership roles and responsibilities. In response, this book provides an overview of a multitude of leadership skills and competencies as well as practical tips for the leadership. By focusing specifically on leadership for nurses and within nursing, this book integrates nursing experiences and select evidence to assist a leader, in whatever role, integrate one's nursing and leadership practice.

This book will be useful to nurses and leaders in a wide variety of roles. First, as a CNO, I would find this book a key resource to use when supporting and encouraging the development of nurses for future leadership roles, nurses new to leadership roles, and for leaders seeking different perspectives for ongoing challenges. With its accessible content, this book could serve to help build common knowledge, language, and values within a leadership team. For an individual nurse leader, this book could serve as a guide for leadership practice and a source of different ideas or new ways of looking at situations. For an individual nurse, this book provides perspectives on leadership that assist the exercise of leadership within practice and self-development. For each nurse, regardless of role, this book can be a helpful addition to professional thinking and learning.

© 2016 HCPro

So, if you are reading this forward and considering this book, start by thinking about how you might take the content presented here and make it your own. Leadership, in any role, is critically important to the practice of nursing. And, it is an area of our practice that requires our attention and development. The exercise of our leadership is how we will influence the outcomes for our patients and bring forward effective change to our system of care. Best wishes on your professional development and the ongoing development of your leadership practice.

Christine D. Milbrath, EdD, RN
Professor of Nursing
College of Nursing and Health Sciences
Metropolitan State University
St. Paul, Minnesota

© 2016 HCPro

Part 1: Thinking and Being: the Core of Human Interaction

As nurses, we need to enlarge our thinking about the act of thinking. Nursing school, at any level, is not known for its emphasis on disciplined thinking. There is a lot of memory work and a practical accentuation placed on assessment: knowing the indicators, spotting the signs and symptoms, measuring the vital capacities, and remembering the list of "normals" for comparison. But there is just not a lot of attention toward the pursuit of deeper thinking. Yet it is clearly something we need in our everyday work, and the lack of it shows up in both our clinical and interpersonal decisions.

In Part 1, we'll look at the things we do as nurses, our thinking processes that guide the actions we take, and the elements of being present in the action, both in support of the patient and fully invested in the thought processes that steer the work. We'll examine the work in terms of its effectiveness, efficiency, and our role in improving the endeavors that comprise the work of the nurse today.

© 2016 HCPro

CHAPTER

1

How We Think and Learn to Become Nurses

Learning Objectives

The reader will be able to:

1. Examine the way you learned to learn, especially when you were learning to be a nurse.
2. Consider how your thinking has matured over time and how it is different from when you were much younger.
3. Appreciate the way(s) in which you solve problems and notice how your way of doing this may be very different from others with whom you work.

What Makes Us Nurses?

Patricia Benner gave us some of our clearest ideas about the acquisition of nursing skill and knowledge. In her paradigm-changing book, *From Novice to Expert*, Benner expounds on a model by Stuart Dreyfus, a mathematician and systems analyst, and Hubert Dreyfus, a philosopher:

> *"in the acquisition and development of a skill, one passes through five levels of proficiency: novice, advanced beginner, competent, proficient, expert. The levels reflect changes in two general aspects of skilled performance. One is a movement from reliance on abstract principles to the use of past, concrete experience as paradigms. The other is a change in the perception and understanding of a demand situation so that the situation is seen less as a compilation of equally relevant bits and more as a complete whole in which only certain parts are relevant" (Benner, 1982).*

© 2016 HCPro

The question her framework ultimately poses to us as practicing nurses is this: How can we actively facilitate, in ourselves and in others, these two critical changes in our thinking (and hence, our performance)? First, how do we incorporate cumulative experience into our ability to make careful judgments? And, second, how do we hone our perception about the parts of each whole situation we encounter so as to effectively tease apart those elements that are critical to our thinking and our decision-making?

An equally stellar luminary (to Benner's wisdom) that is still writing and informing the nursing community is Marie Manthey, who is often known to remind colleagues that, "nursing is a practice-based knowledge as well as a knowledge-based practice" (Marie Manthey, in discussion with author, November, 2015). The two go together and cannot be separated. Without practice, our knowledge remains untested, inconclusive, or even dormant. And, without knowledge, our practice is based on traditions, hearsay, or worse—"the way we've always done it"—and then we pass these unfounded techniques on to others!

Thinking and Maturation

Decades ago, Karen S. Kitchener (1983) proposed a three-level model of cognitive processing, or how humans learn to think and know. At the first level, cognition, we learn to compute, memorize, read, perceive, and solve problems. At the second level, metacognition, we start to monitor our own progress as we engage in those first-level tasks (a kind of reflection). At the third level, epistemic cognition, we begin to reflect on the limits of knowing, the certainty of knowing, and criteria of knowing.

This third level of cognition only develops in late adolescence and into the early adult years. It is this third level that we need to develop fully, because this is the tool for transformative thinking, the crystallizing moments when the solution to a problem becomes clear, when distant elements combine to create a light-bulb moment and we are able to see our way toward a new way of doing something or implement a practice intervention we've only read about in textbooks.

Modern neuroscientists confirm that frontalization or the development of impulse-control, the weighing of risks and rewards, and a balancing of our appreciation of consequences, only occurs as we reach adulthood (Blakemore, S. J., & Robbins, T. W., 2012).

 © 2016 HCPro

This brief example of the adolescent brain in action comes from my own life and one of the choices I made as I was an emerging adult. When, at the age of 19, I was faced with a funding shortfall to continue my college education, I was confronted with two choices: I could marry the boy next door who had been my high school sweetheart, or I could join the armed services.

The recruiter explained that any of the branches of the armed services would pay for the remaining two years of my nursing education (I was pursuing a BSN) and upon completion of school, commission me as an officer with the expectation that I would serve my country for four years as a registered nurse.

In my immature thinking state, I reasoned that this was much too long a commitment and chose instead to marry the young man whom I'd loved from my youth. Even as one who believed that marriage is forever, I still could not see the folly of my own thinking and in the end, the marriage only lasted eight years. In mature reflection, the military service would have offered many enduring benefits that the marriage certainly could not!

So, even if we wanted to think more richly early in life, our capacities to do so are biologically limited. "Epistemic assumptions" (Kitchener's phrase) are those that influence how we understand the nature of problems and decide what types of strategies are appropriate for solving them. As adults, and as thinking nurses, it is essential that we rely on these mature capacities to think about thinking and reflect on the kinds of problems we confront in our lives and our profession before determining how to propose the solutions we must find for them.

"Nurses exercise their clinical judgement (sic) and decision making skills in clinical environments, and have been used as exemplars for decision and judgement (sic) research since the 1960s" (Thompson, Aitken, Doran, & Dowding, 2013). Yet, many nurses struggle to connect the dots when performing an assessment: They eschew curiosity about finding the unexpected and they are leery of asking questions about what a symptom might indicate or which clinical actions might be most beneficial. These sorts of actions fall into the language of clinical reasoning. And, whether we are thorough in our thinking, whether we do our thinking well or not, does impact the judgment we use, the decisions we make, and the care we design and deliver.

© 2016 HCPro

Being, Doing, and Thinking

We are inclined to summarize our work as connected largely to the acts of "doing" rather than "being." This separation isolates us from opportunities to use our whole selves more effectively—our bodies and our minds. In the preface to an excellent text, *Strengths-Based Nursing Care* (Gottlieb, 2012), Koerner writes that "nursing uses both being and doing." She defines "being" by explaining it is how we engage, interact, and connect with the other person, often giving that person a voice when he or she may have none. She goes on to offer that "being" is what "transforms nursing care from a technical trade made up of chores to a relational profession … often rendered invisible." Nurses engage in "being" while "doing" and may not even notice the two as separate entities. It is when we reflect on our work consciously that we can see the two as separate but merging—enhancing each other in ways the patient, client, or resident (who receives our care) may not even be able to acknowledge, but it is the "being" that is long remembered after the "doing" is done.

In order to be an effective being in the midst of nursing actions, the nurse has to become mindful: capable of focusing thought and action in the moment and allowing him- or herself to be fully present for the recipient of care, the other(s) in the interaction. When we add mindfulness to our work as nurses, we have a powerful triad of endeavors that can only serve to enrich the lives and care of all we encounter: being, doing, and thinking!

© 2016 HCPro

To offer illustration to the being, doing, thinking triad, I can recall an occasion when I worked as a casual agency nurse for a local pediatric hospital. Knowing that I would only be on the unit for that single shift, the charge nurse assigned me one of the unit's more challenging patients. She was a 13-year-old who had incurred a third degree sunburn while spending the day on her father's boat. The parents were in the middle of a contentious divorce. The teenager was wily enough to use her somewhat serious physical condition as leverage to manipulate her parents' time and attention and gain their sympathies toward her and their animosities toward each other. My assignment would include changing her dressings, a time-consuming treatment through which, the charge nurse had warned me, "She will scream at the top of her lungs!"

I did change her dressings, and as I was leaving the unit for supper, the charge nurse accused me of lying, saying she would have heard the screams had I actually done the work! I invited her to check on my patient and assured her that I would be doing a second round of dressing changes before my shift ended, should she care to come and observe me. When asked how I had done that without the child's horrendous screaming, I explained, "I used guided imagery. I helped her find a quiet, serene place where she could rest her mind while I changed her dressings. She nearly fell asleep by the time I was finished." The charge nurse was dumbfounded. She urged me not to chart what I had done, but she was too late, I had already documented my work, including the imagery.

The opportunity to be while we do our work presents itself to us repeatedly. But we must be willing to think about how to merge the two for a more powerful and therapeutic presence!

Impact on Patient Perceptions

This capacity to bring our whole selves into the moment of care can change the encounter completely, not only for the patient, but for the nurse as well. We are changed when we permit all that is possible in the moment of care. There is a natural defense that may prevent us from allowing this transformative connection to occur. It is that long-held supposition that we have to keep a healthy, professional distance from the work that we do. This may make us compartmentalize our caring, forcing it to fit into a routine so that we are not touched by the power of the moment when the human connection is possible. Some nurses compartmentalize so that they are not overpowered by the emotional response to the patient-care situation. Their own unfamiliarity in dealing with the difficult emotions they may encounter in themselves makes them shut down and routinize care. This activity of going through the motions is neither healing nor

© 2016 HCPro

therapeutic. At some level, the patient knows that he or she has become an object, rather than a person. Care is being rendered at or to the patient, rather than in concert with the patient.

The very personal nature of many care tasks affords an easy excuse for compartmentalization. Yet, it is the core privilege of our work to see people at their most vulnerable moments. To deny our own vulnerability, to pretend that this work does not touch us, or worse, cannot touch us, makes us artificially hardened against the possibility that true connection may afford us.

If we separate some part of ourselves from the experience of caring, we remove the possibility of experiencing a moment of delicate balance where the patient's need and the nurse's capacity for caring come together and empathy is possible. Thinking and emotion can peacefully coexist. Just as caring and coping can be joined to endure scenes of great carnage (as in war or natural disaster) and still touch the lives of those for whom he or she cares.

Consider the measures commonly used to capture the patient's experience of healthcare.

The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey looks at these eight arenas for patient satisfaction:

1. *Communication with nurses*
2. *Pain management*
3. *Timeliness of assistance*
4. *Explanation of medications administration*
5. *Communication with physicians*
6. *Cleanliness of room and bathroom*
7. *Discharge planning*
8. *Noise level at night*

What are the implications for nurses to fully use their complete capabilities in serving patient needs, bringing being, doing, and thinking into the equation of shaping the patient experience?

How might the patient remember his or her experience in our facility if each nurse were to bring to bear his or her full capabilities on each and every patient and family member encounter?

I would invite you, the thinking nurse, the caring nurse, the human nurse, to engage in all that nursing makes available to you and for you. This includes the ability to draw knowledge from science and from theoretical frameworks. This includes your ability to rely on your own powers of induction and deduction to determine and classify what you see occurring in the patient before you. This includes using your intuition, all your senses, and your capacity for caring that can connect you to observations that may be less obvious or even invisible to others. Acknowledging all the sources of knowledge that feed your practice can empower you to trust yourself and your actions. It can embolden you to know when to rely on standardized best practices and when to personalize or tailor your nursing interventions so that they are more effective for a given patient.

In the 17th century, René Descartes offered the Latin philosophical proposition *Cogito ergo sum*, usually translated, “I think, therefore I am,” and in doing so, he revolutionized how we humans would explain existence and reason, purpose, and prosperity for generations to come. Because we are capable of thinking, we can grasp the state of consciousness; we know that we exist and can from that place ponder who we are or want to be. Thinking lies at the core of all we are, all we do, and everything we actually accomplish in the world. But not all thoughts are equal; some are clearer, more enlightening, and capable of creating meaningful insight and even significant change. Those thoughts reflect our capacity for critical thinking, which has the power to enlarge and enable our achievements through the noble art of questioning and the luxurious reward of reflection.

Reflection is not merely something we perform in a moment of time. It is not just the “ah-ha” we derive from an intervention that went well or went poorly; reflection is the vehicle that offers us insight as we ponder what we’ve encountered, consider what it means, and imagine how we might grow from what we’ve learned. We will look at reflection again as a tool to refine and retool our thinking processes.

Who we are as nurses, as professionals, as contributors in the modern world of healthcare with all its complexities is certainly changing. Our capacity for critical thinking, and our ability to enlarge that capacity, can redefine our way of reasoning and launch each of us onto a path to greater success in both our clinical and leadership roles.

© 2016 HCPro

Critical Thinking:

Tools for Clinical Excellence and Leadership Effectiveness

Paula S. Forté, PhD, MSN, RN, NEA-BC, CWCN

Critical thinking remains a key issue for nurses and nurse managers. When asked what nurse managers struggle with the most, a lack of critical thinking consistently ranks near the top of the list. ***Critical Thinking: Tools for Clinical Excellence and Leadership Effectiveness*** provides the tools for nurses to help themselves and their staff improve their thinking and communication skills with both colleagues and patients.

This book is geared toward mid-career nurses, newly promoted nurse managers, and nurses who are at a critical point in their career.

HCPro
a division of BLR
100 Winners Circle | Suite 300
Brentwood, TN 37027
www.hcmarketplace.com

CTB