Critical thinking skills: Learned or nurtured?

Recently, during a regularly scheduled nurses meeting, one of my colleagues brought forward an article on teaching critical thinking for the perioperative nurse. As a clinical educator in a perioperative setting, part of my job is to teach staff and nurses new to the perioperative setting how to develop and evaluate critical thinking skills.

Critical thinking skills are complicated to define and even harder to evaluate. I wonder whether critical thinking skills really can be taught, or whether it’s more likely that they’re supported and enabled.

John Dewey, a philosopher, psychologist, and educator considered the father of modern critical thinking, offers this definition: Critical thinking is “active, persistent and careful consideration of a belief or supposed form of knowledge in the light of the grounds which support it and the further conclusions to which it trends.”

I’ve seen new and experienced nurses struggle to succeed in their environment. These nurses seem to be unable to maintain, process, or apply information relating to current practice in similar but different situations.

Is there something in our setting that prevents or deters some nurses from critical thinking? Certainly standardized practice is supported and encouraged in the perioperative setting. The issue arises when using these standardized practices becomes rote. We rely on these standardized practices to prevent errors, but we’re also expected to use our judgment to recognize situations that require thinking outside the box.

The surgical environment has become increasingly complex with advances in surgical technology, and the role of the perioperative nurse has also evolved. Nurses are expected to ask for clarification, present information relevant to patient care, and support the patient through a team approach. Some nurses may be “stuck” in the old mode of following orders with little questioning. Others may be reluctant to deviate from standardized practices because they feel their decision might not be supported by leadership after the fact. Level of experience might also be a factor.

Has the nurse been faced with this situation before, and if so, what was the outcome?

Some may be afraid to deviate from policies and procedures for fear of making a mistake; but the institution’s policies and procedures can’t cover every situation that may arise. For example, I presented the following situation during a recent class:

A patient arrives emergently to the OR. Instruments for the case are processed in the autoclave. The instruments are run according to the prescribed time, temperature, and pressure. However, when the autoclave is opened, staff notice the process indicator (run with every load) is missing. What would you do in this circumstance? Would you still use the instruments?

The answers were mixed. Some felt it was okay to use the instruments, others didn’t. Whatever the decision, perioperative nurses need to be able to defend their decisions. This can only happen if they have all the information upon which to make a decision.

I believe that critical thinking skills can be nurtured, and information presented for nurses to process and use to base their decisions. Perioperative nurses need to know that their decisions will be supported by leadership. This gives them freedom to make decisions through the use of critical thinking skills.

REFERENCE


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Elizabeth M. Thompson, MSN, RN, CNOR
Editor-in-Chief
Nursing Education Specialist
Mayo Clinic, Rochester, Minn.
ORNurse@wolterskluwer.com

www.ORNurseJournal.com

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