

Published by Anthony J. Jannetti, Inc. as a service to the National Student Nurses' Association, Inc.

EDITOR: JUDITH A. TYLER, MA, RN

## Transforming Clinical Practice to Foster Critical Thinking Habits of the Mind

Marilyn S. Fetter, PhD, RN, CS



The common denominator for basic nursing education programs is the significance of clinical practica. Weathering decades of curricular trends, administrative turnover, and enrollment fluctuations, "clinical" has been inviolate to changes in design and expected outcomes. However, with current changes in health care delivery, numerous organizations have called for a concomitant restructuring of nursing education (Nursing Practice and Education Consortium [N-PEC], 2001). Further, more diverse patient and student populations necessitate a rethinking of entrenched teaching strategies. The recent consensus statement on critical thinking in nursing (Scheffer & Rubenfeld, 2000) provides a basis for retooling clinical nursing education. Its ten habits of the mind, affective dispositions toward critical thinking, are exemplary qualities that can serve as terminal objectives and ideals for students and instructors.

Critical thinking has been the buzzword in nursing education and higher education for the past decade. The term has been used to inform teaching strategies, evaluation criteria, and accreditation standards. However, Rubenfeld and Scheffer (2001) contend that the lack of a nursing-specific conceptualization has limited its utility. Recently, these researchers conducted a comprehensive, Delphi survey of 55 nurse experts to identify critical thinkers' inherent skills and qualities, and to clarify these terms (Rubenfeld & Scheffer, 2000). According to the consensus statement, critical thinkers in nursing use the skills of analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting, and transforming knowledge. They exhibit the following habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection. These skills and traits work in synergy, each expanding the reach of the others. The acquisition of these skills is emphasized in most nursing programs, albeit sometimes less than explicitly. However, many authorities fear that nursing education, in particular clinical practica, may stymie, not promote the development of critical thinking habits (N-PEC, 2001). How can these affects, as defined by Rubenfeld and Scheffer (2001), be used as a basis for transforming clinical learning to foster not retard critical thinking?

Critical thinking has been the buzzword in nursing education and higher education for the past decade. The term has been used to inform teaching strategies, evaluation criteria, and accreditation standards. However, Rubenfeld and Scheffer (2001) contend that the lack of a nursing-specific conceptualization has limited its utility. Recently, these researchers conducted a comprehensive, Delphi survey of 55 nurse experts to identify critical thinkers' inherent skills and qualities, and to clarify these terms (Rubenfeld & Scheffer, 2000). According to the consensus statement, critical thinkers in nursing use the skills of analyzing, applying standards, discriminating, information seeking, logical reasoning, predicting, and transforming knowledge. They exhibit the following habits of the mind: confidence, contextual perspective, creativity, flexibility, inquisitiveness, intellectual integrity, intuition, open-mindedness, perseverance, and reflection. These skills and traits work in synergy, each expanding the reach of the others. The acquisition of these skills is emphasized in most nursing programs, albeit sometimes less than explicitly. However, many authorities fear that nursing education, in particular clinical practica, may stymie, not promote the development of critical thinking habits (N-PEC, 2001). How can these affects, as defined by Rubenfeld and Scheffer (2001), be used as a basis for transforming clinical learning to foster not retard critical thinking?

## Instilling Confidence

Confidence, the assurance of one's reasoning abilities, is not easily acquired in today's clinical settings. Seasoned nurses report feeling overwhelmed and poorly prepared for changing patient populations, roles, and expectations. Given the enormity and stress of the job, why do so many clinical instructors and staff nurses act to heighten students' anxiety? Defying the most basic pedagogic principles, some instructors still cling to medication room and bedside inquisitions, instilling terror in students and concern among skeptical patients. Faculty who present themselves as omniscient experts incapable of error do not reduce students' uncertainty and mistakes; they simply drive them underground. When clinical instructors exude an attitude of confidence balanced with the humility to acknowledge their own shortcomings and fallibilities, students feel safe. They are more likely to share, ask questions, and feel good about their growing abilities.

Students who come to clinical without prerequisite background knowledge and technical skills jeopardize patient safety, instructors' licenses, and clinical relationships. Clinical expectations should be clear, and feedback should be frequent. At least weekly, students should be required to evaluate their performance against standards, stating where they feel strong, and where they have room for growth. This honest dialogue between faculty and students, which can be done very conveniently by e-mail, promotes self-confidence and helps prevent dangerous over-confidence.

Meeting the educational needs of today's nursing students, with their diverse educational preparation and backgrounds, is challenging. Instructors must individualize learning situations and even expectations to accommodate students' needs, build on their experiential and other knowledge, and enhance self-confidence. The best instructors engender a "team" *esprit de corps*, in which students help, learn from each other, and point out and correct mistakes. Instructors who facilitate group and agency collaboration and cooperation teach students lessons that will serve them well in the workforce and in life.

## Gaining Perspective

Clinical learning cannot exist in a microcosm. Developing a contextual perspective encourages nurses to consider whole situations and their implications. When faculty discourage students from making quick judgments about clinical situations and decisions and instead encourage thoughtful analysis, they allow contextual perspective to flourish. One of the most beneficial topics for conference is the dissection of a less than ideal clinical episode. When students ask "what if" and consider a variety of options and their consequences, they appreciate the complex factors influencing care and outcomes. An opportunity to discuss ethical issues, cultural competence, and values arises. Students need to appreciate that

these discussions are not “wasting time;” they are developing professional coping skills.

### **Promoting Creativity**

Creativity is a spirit of intellectual inventiveness that enables the formation of new ideas and the restructuring of old concepts. Nursing requires creativity because of the unique dimensions of practice settings. Creative problem solving is necessary to deliver quality, cost-effective care to patients, families, and communities. Teaching students that there's one correct way to act in a clinical situation stifles creativity. It flourishes when students feel safe to express themselves honestly and are encouraged to imagine alternatives. Instructors should recognize that it is hypocritical to require a nursing research course, and then only permit “one way, my way” on a clinical unit. Each clinical day, students should journal their unanswered questions and alternative suggestions. Instructors can use the entries to demonstrate the significance of evidence-based practice and research.

### **Increasing Flexibility**

Flexible nurses are able to adapt and change. Every day, instructors face numerous situations demanding flexibility. However, some faculty approach their students with the rigidity of a Marine Corps Master Sergeant. Faculty should share selectively information regarding the constraints or other dynamics of a clinical setting and their own problem solving. Including students in such discussions conveys respect for their growing knowledge and professional maturity. In this collaborative partnership, instructors and students learn from the other.

Students need to recognize the ambiguity inherent in clinical care. Many students, particularly those who are rigid or feel poorly prepared for nursing, find this uncertainty intolerable. By reducing students' anxiety and taking the emphasis off grades and other performance measures, instructors can “free-up” students' thinking. Increasing the role of self-appraisal and evaluation is very useful, because many students often hold themselves to standards even higher than those of instructors. In gaining greater flexibility, students can become more empathic, less competitive, and better team members. They will also be happier people.

### **Retaining Inquisitiveness**

Every child possesses a spirit of inquisitiveness that somehow gets extinguished with age. The eagerness to seek knowledge and greater understanding is vitally important to the future of the nursing profession and health care systems. With so many significant and difficult issues to address, students' inquisitiveness must be rekindled and promoted. Questions must be encouraged, and instructors must repeat and reinforce. They must reward the process, not just the outcomes, of learning. Encouraging students to identify situations in which they could have performed better and proposing alternate responses or interventions cultivates inquisitiveness. The assignment of boring and repetitive written projects, just for the sake of more objective data for evaluation, is very transparent. Students want meaningful questions to answer or clinical situations to observe, describe, and analyze. Students must refuse to allow their questions to be stifled or go unanswered. But, they must do the work.

### **Encouraging Intellectual Integrity**

When individuals develop intellectual integrity, they seek truth despite their personal beliefs and assumptions. Instructors must constantly highlight the multiple sources of

knowledge that contribute to nursing excellence, and the many unknowns. Values must be recognized and clarified. A clinical group should be a community of learners — instructor and students questioning, critiquing, and identifying relevant data and information. Because clinical groups do not exist in isolation, open channels of communication with agency staff should exist and be promoted. Similarly, clinical instructors cannot leave the analysis and evaluation of sources of knowledge-informing practice to the classroom. In doing so, they convey the message that such activities are merely intellectual exercises. Bridging the divide between theory and practice can be more easily accomplished in naturalistic clinical settings. For students to value evidence-based practice, they must see theoretical concepts applied to clinical situations they know and understand. By resisting an over-reliance on spoon-feeding, texts, and secondary sources, students begin the road to clinical scholarship.

### **Nurturing Intuition**

Intuition is an important habit of the mind for nurse critical thinkers. An important element of decision making, intuition is defined as insightful knowing without the conscious use of reason. Research has demonstrated its contribution to expert practice, but intuition is difficult to teach, especially to novices (Benner, Tanner, & Chelsea, 1996). Clinical instructors can develop intuitive thinking by sharing with students their own insights and encouraging them to observe how practicing nurses use intuition. As a group and in daily logs, students should analyze their first reactions to clinical problems, and brainstorm about possible solutions. Learning how to validate choices and learn from errors in decision making helps students place intuition in its proper perspective.

### **Keeping an Open Mind**

Critical thinking in nursing is not possible without open-mindedness. Receptivity to divergent views and self-awareness regarding one's biases are the hallmarks of an open-minded nurse. Greater patient diversity and the move to community settings require nurses to be more open-minded than ever before. As well, clinical faculty must respect the wide range of students' beliefs and lifestyles. Clinical instructors have numerous opportunities to demonstrate these qualities in their interactions with students, patients, and agency personnel. Encouraging differences of opinion, accepting challenges to their own authority, and questioning traditions enables faculty to be strong role models. By debating clinical issues, instructors can allow students to express and challenge opinions safely and appropriately.

### **Rewarding Perseverance**

Perseverance, pursuing a course determined to overcome obstacles, is a quality that most nurses and nursing students share. In fact, many of today's nursing students exhibit incredible levels of perseverance. Encumbered with student loans, multiple jobs, and family obligations, many nursing students struggle against phenomenal odds to fulfill their dreams. Nursing clinical faculty should respect their dedication and discipline. One of the best ways to do that is to respect their time. Every clinical assignment should have a purpose that contributes to the learning process. Clinical time is valuable and should not be wasted. However, students must recognize the incendiary nature of the phrase “I'm bored.” The myriad learning experiences in every agency should be identified and made available to students. One reason some students report excessive downtime is that many clinical instruc-

tors still cling to old assignment methods. Assigning one student to one patient for an entire clinical day is a gross misuse of resources. Greater use of clinical skills laboratories, computer-aided and self-paced instruction, and other virtual and simulated technologies enable students to come to the clinical area more knowledgeable and with better psychomotor and communication skills. Instructors must use the clinical day and setting more efficiently, and students must be held accountable for sound preparation.

### Embracing Reflection

Critical thinkers use reflection to contemplate their thinking and seek greater understanding and insight. Through reflection, nurses are able to challenge their assumptions, analyze their beliefs, and evaluate their behaviors. Developing the ability to reflect does not happen easily or quickly; it grows with time, maturity, and guidance. When clinical instructors urge nursing students to describe their thoughts and feelings, and conjecture about those of others, they encourage reflection. Keeping a log or diary facilitates this process, as does discussing responses to films and literature. Inviting expert nurses to discuss the evolution of their thinking on important professional and clinical issues is another way to demonstrate the role reflection plays in nurse critical thinking. Students should make the most of these opportunities, as they afford time to consider life's possibilities.

### Starting the Evolution

Changes in clinical practice, and instructors' and students' knowledge, attitude, and behaviors will improve the acquisition of these ten critical-thinking habits. As a whole, these habits describe confident nurses, open to ideas and experiences, who take into consideration numerous factors as they search for knowledge, truth, and a deeper understanding of themselves and the world. By engaging in active learning partnerships, nursing faculty can role model these behaviors more deliberately and explicitly. They can restructure experiences to foster critical-thinking habits. Students maximize their potential by broadening their perspectives and remaining open to new ideas and behaviors. By taking responsibility for lifelong learning and professionalism, students enable faculty to create more flexible, and meaningful clinical experiences.

### References

- Benner, P., Tanner, C.A., & Chelsea, C.A. (1996). *Expertise in nursing practice: Caring, clinical judgment, and ethics*. New York: Springer.
- Nursing Practice and Education Consortium (N-PEC) (2001). *Vision 2020 for nursing*. Available: [on-line] [http://www.nursingsociety.org/stratplan/npec\\_intro.html](http://www.nursingsociety.org/stratplan/npec_intro.html).
- Rubinfeld, M.G., & Scheffer, B.K. (2001). Critical thinking: What it is and how do we teach it? In J.M. Dochterman & H.K. Grace (Eds.), *Current issues in nursing* (pp.125-132). St. Louis: Mosby.
- Scheffer, B.K. & Rubinfeld, M.G. (2000). A consensus statement on critical thinking in nursing. *Journal of Nursing Education*, 39, 352-359.

---

**Marilyn S. Fetter, PhD, RN, CS, is Assistant Professor, Villanova University, Villanova, PA, and Editor, MEDSURG Nursing, The Journal of Adult Health.**

## MidYear NSNA Conference Reno, Nevada

The 19th Annual MidYear Conference of the National Student Nurses Association will be held in Reno, Nevada, November 1-4, 2001. This career planning conference is a must for beginning students, graduating seniors, or students somewhere in between.

The conference will be held at the Reno Hilton located in downtown Reno. Set in the surreal natural beauty of the Sierra Nevada mountains, Reno offers blue skies, beautiful views and mild temperatures. The Reno Hilton Hotel offers a fully equipped health club, tennis courts, bowling lanes movie theaters, indoor golf range, free shuttle to and from the airport and free parking.

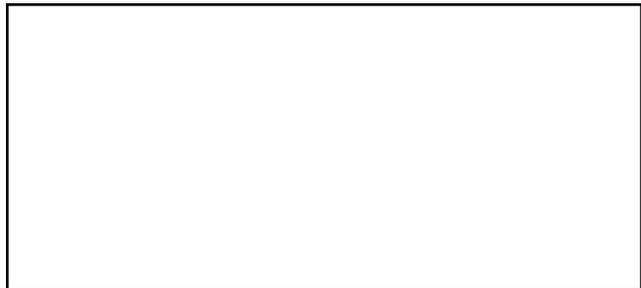
The conference offers nursing students a broad selection of activities, including workshops, panels, exhibits, career counseling sessions, and the NSNA NCLEX EXCEL Mini Review Course, all to help students prepare for careers as professional nurses.

The conference will begin on Thursday, November 1, with the keynote address given by Dr. Connie Curran. Dr. Curran, founder, President, and CEO of CurranCare is the editor of *Nursing Economic\$*, and a nationally known speaker and author.

On Friday, November 2, the "New Directions in Nursing" panel focuses on trends and issues in nursing today. Friday's agenda also includes comprehensive workshops for student leaders on areas such as: membership recruitment, newsletter production, running for national office, managing chapter finances, and more.

Saturday begins with a buffet breakfast sponsored by the Army Nurse Corps. General William Bester, Chief of the Army Nurse Corps, will give a presentation on leadership. During two special "Finding Your Niche in Nursing" panels experts discuss the different aspects of numerous specialty nursing areas. A variety of workshops on leadership, graduate school, marketing yourself, getting involved in health care politics and more are offered in the afternoon. Saturday evening the Foundation of the NSNA sponsors the annual "Critical Thinking Challenge" a Jeopardy-style game, to raise funds for the Foundation of the National Student Nurses Association Endowed Scholarship Fund.

Encourage your students to attend and come along with them to this exciting and educational MidYear Conference in Reno, Nevada.



*If you have finished with this newsletter,  
please pass it along to share with a colleague or friend.*

PRSR STD  
US POSTAGE  
PAID  
Bellmawr, NJ  
Permit #58

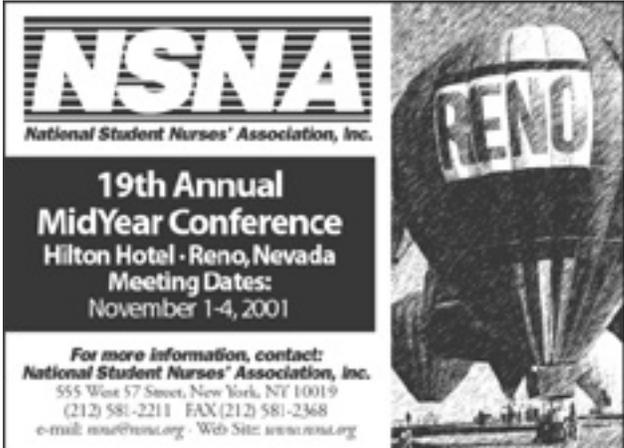
Editor . . . . . Judith A. Tyler, MA, RN  
President, NSNA . . . . . Aurora Hernandez  
Executive Director . . . . . Diane Mancino, EdD, RN, CAE  
Art Director . . . . . Jack Bryant  
Publisher . . . . . Anthony J. Jannetti  
Advisory Board . . . . . Pamela Hammond, PhD, RN, FAAN  
Cathleen M. McCormack, MA, RN  
Erline McGriff, EdD, RN, FAAN

**DEAN'S Notes** is indexed in Cumulative Index to Nursing & Allied Health Literature.

**DEAN'S Notes** is published five times a year (September, November, January, March and May) by Anthony J. Jannetti Inc., East Holly Avenue Box 56, Pitman, New Jersey 08071-0056. Telephone 856.256.2300. FAX 856.589.7463. All rights reserved. No part of this publication may be reproduced without the express written permission of the publisher. Address changes should include mailing label and be forwarded to the publisher.

## Nurse Educator 2001 Premier Conference for Nursing Faculty

This foremost conference for nursing faculty, presented annually by MCP Hahnemann University in Philadelphia, PA, offers lively sessions on topics needed by nursing faculty now and in the new millennium. Featured faculty include Dr. Linda Caputi, Professor, College of DuPage, Nursing Program, Glen Ellyn, IL, Dr. Stephanie Ferguson, Professor at George Mason University, Fairfax, VA, and Sandra Hayes, MS, RN, Educational Consultant, Tools for Trainers: Pharmaceutical Sales Specialist, Pharmacia Upjohn. A sampling of session titles includes: The Prediction: Student Success on NCLEX, The Primary Care Nursing Center - A Center Without Walls, Linking Theory and Clinical Practice Through the Construction of Concept Maps, Virtual Patient-Environment: Fostering Transfer of Learning to the Clinical Setting, and Teaching Strategies for Diverse Learners. Nurse Educator '2001 takes place in Philadelphia, PA at the Society Hill Sheraton, June 8-10. Located in the charming, historic section of one of America's colonial cities, the hotel has every modern amenity. For a brochure, call 800-666-7737.



**NSNA**  
National Student Nurses' Association, Inc.

**19th Annual  
MidYear Conference**  
Hilton Hotel · Reno, Nevada  
Meeting Dates:  
November 1-4, 2001

For more information, contact:  
National Student Nurses' Association, Inc.  
555 West 57 Street, New York, NY 10019  
(212) 581-2211 FAX (212) 581-2368  
e-mail: [nnae@nna.org](mailto:nnae@nna.org) · Web Site: [www.nna.org](http://www.nna.org)