

CRITICAL THINKING **in LONG-TERM CARE** **NURSING**

Second Edition

Shelley Cohen RN, BS, CEN

CRITICAL THINKING IN LONG-TERM CARE NURSING

2nd edition

By Shelley Cohen, RN, MSN, CEN

Critical Thinking in Long-Term Care Nursing, 2nd edition is published by HCPro, a division of BLR.

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ISBN: 978-1-68308-563-8

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About the Author

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When she is not speaking or teaching, Cohen works as a staff emergency department nurse and develops educational plans for emergency departments, including strategies for new-graduate orientation. She also writes her monthly electronic publications—*Manager Tip of the Month* and *Triage Tip of the Month*—read by thousands of professionals internationally.

She has served as an editorial advisor for *Strategies for Nurse Managers*, published by HCPro, Inc., and as a frequent contributor to *Nursing Management* magazine. She is the author of the *Critical Thinking Series* as well as *Essential Skills for Nurse Managers*, all published by HCPro, Inc.

Over the past 42 years, she has worked both as a staff nurse and nurse leader in a variety of executive settings with specialization in emergency nursing, leadership development, and integrating the new graduate nurse.

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Zimmermann is a frequent national speaker and has published more than 200 times. In addition, she writes test items that score high in critical thinking for national standardized tests, including HESI, NLN, NCLEX, and Excelsior College (Regents).

She was an associate editor and section editor of the Managers Forum for the *Journal of Emergency Nursing* for more than 10 years and is a contributing editor and section editor for the emergency section of the *American Journal of Nursing*. She has also been a legal expert/consultant in more than 45 cases.

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Introduction

Critical Thinking in the Long-Term Care Setting

By Janie Krechting, BSN, RN-C, MGS, LNHA

After reading this introduction, the participant should be able to describe the characteristics of the long-term care (LTC) setting that require effective critical-thinking skills.

Back to Basics

The complexity of care and increasing resident acuity seen in the long-term care setting today require critical-thinking skills beyond those required even just five years ago. As our healthcare system and processes have changed, so too have the types of residents now cared for in the long-term care (LTC) setting.

As many new graduates turn to the LTC setting for their first role as a nurse, it is imperative that teaching critical thinking become an integral part of their orientation process.

In contrast to reality, there is public sentiment that long-term care nurses are inferior in knowledge and skill to hospital nurses. The long-term care nurse actually must be just as sharp as, if not sharper than, acute care nurses because the long-term care nurse must be an extension for the physician. Physicians are only required to see residents every 30 days for the first 90 days of stay, then at least every 60 days in the long-term care setting in contrast to the daily visits in the hospital.

This creates the need for the long-term care nurse to be a strong critical thinker and a strong mentor for new nurses entering the profession. This book provides some skills, tools, and tips to assist nurses as they hone this process to make it as natural as breathing. The fundamental concepts of critical thinking are essential for long-term care nurses because they must meet the challenges of being a new nurse and being compliant in the most heavily regulated industry in the United States.

To make the most of this book as your resource for critical thinking, consider taking time to review all of the content before you implement the helpful tools. It may be tempting to just start using them immediately, but resist it. It sounds strange to tell you not to immediately use the tools provided, but just like you would not expect a new nurse to understand the relationship between blood loss and delay in blood pressure changes without some foundational knowledge of anatomy and physiology, you too will not be able to fully understand the implications of the tools provided without doing some critical thinking of your own. The tools are not the answer: The answer lies in grasping the concepts of critical thinking.

Critical thinking is much more than a checklist of tasks; it is about confidence in your decision-making that leads to good resident outcomes. The tools in this book provide:

- Methods to evaluate how one does or does not perform critical thinking in their role
- Examples of teaching moments
- Resident scenarios that accentuate critical thinking

The Long-Term Care Setting

Depending on the unit where you work, there can be a constant stream of chaos as residents move into and out of the unit, or it can be a relative island of calm. Sometimes the unit can be both on the same day. Nursing home units can vary from a subacute unit housing residents with high-acuity needs, including ventilator services, suctioning, wound care, and intravenous therapy, to a rehabilitation unit, an Alzheimer's unit, a hospice unit, or a generalized floor.

The unknowns that make long-term care such an interesting place include:

- How many residents have risk factors such as high risk for pressure injuries?
- How many residents will be high acuity or low acuity?
- How many residents have the potential for behaviors that may lead to violence or harm?
- How many have the potential for delirium or confusion and are therefore a risk to themselves?

Geriatric nurses stand alone much of the time as they deal with the issues presented by their particular resident load. The sense of teamwork seen in hospital departments, such as the emergency room or the operating room, is often not as strong in the long-term care setting. In part, this is due to the high turnover rate, as nurses move from nursing home to nursing home, but it is also the nature of the work being done. Long-term care nurses care for a wide variety of residents and need to apply knowledge of a wide variety of conditions and risk factors. For this reason, the need for extraordinary critical thinking skills is imperative.

Nursing homes are as different as they are numerous—there are more than three times as many nursing homes as there are hospitals. Nursing homes may be focused on a specific type of resident (i.e., rehab or Alzheimer's) or it may be a mixed unit that takes all types of residents regardless of the illness or management of a chronic disease and its implications to long-term care. This broad variety ensures two things:

- The long-term care nurse will never be bored
- The need for critical thinking is essential as the nurse deals with multiple demands

The three main areas in which the long-term care nurse will need to apply critical thinking are assessment, treatment, and management of resident care, and discharge and implications to long-term outcomes.

Assessment

Whether residents present as direct admits from the hospital, home, or another facility, a sorting process occurs to determine their potential for injury to themselves or others through delirium or other cognitive needs, their potential for demise, or the need to keep them close to the nursing station for easy access to extra assistance. This area of nursing practice requires not only critical thinking, but also experience, and it is usually managed by the nurse manager or the unit shift leader/charge nurse.

Once a resident is physically placed in the unit, the charge nurse must also determine the skills needed by the nurse who will care for this resident as well as the current workload of the nursing staff. The most successful unit shift leaders/charge nurses are those who possess an ability to

critically think about multiple factors, the implications of those factors, and their use when making effective decisions. Clearly, this is not a process new graduate nurses are prepared for without extensive experience and learning opportunities. But new graduates will be expected to care for these residents once they are placed in the long-term care unit. That too creates a need for critical thinking in even the least experienced nurses as they determine a plan of care and meet the needs of the residents.

Attributes of critical thinking during resident care

The following examples demonstrate application of the concepts and approaches of critical thinking at the point of care. Strategies and attributes include the following:

Thinks independently

- Analyzes and initiates the written orders as presented with the resident.
- Recognizes when workload associated with resident volume will require more support and notifies nurse manager/charge nurse.
- Reconciles medications ordered with those that the resident is known to be taking and ensures that all are accounted for or ordered if necessary.

Evaluates evidence and facts

- The report from a transferring hospital nurse states that the resident fell down a flight of stairs and broke her hip and arm. Upon initial assessment when the resident arrived, the nurse notes a number of large bruises that are in various stages of resolving. The resident lives with a caregiver who is presently staying very close to the resident.

Explores consequences before making decisions or taking action

- A multiple sclerosis resident's dad takes her to the store, but staff reports that the resident's mom, who has had a severe cardiovascular accident and is unable to communicate, was left in the resident's room unattended while the dad and the resident were gone.

Evaluates policy

- Recognizes that although the visitor is demanding to see the resident now, the resident's chart indicates there is a restraining order against the ex-husband. The charge nurse is contacted prior to allowing any visitors through the door.

Decides confidently

- On admission, the resident reports that she feels nauseated. Rather than beginning an immediate assessment, including a mobility assessment, the nurse decides to administer an ordered anti-emetic and allow the resident to settle in before the full assessment is done.

Asks pertinent questions

- Understands that no assumptions should be made on admission. Every resident is assessed from head to toe and is asked pertinent questions regarding areas of skin breakdown, poor nutritional status, living conditions, or domestic abuse.
- Asks when the resident last had a bowel movement.

Displays curiosity

- At admission, begins to look at the picture of the resident's reported living conditions and starts to think about what will be needed in order for the resident to go home when he or she is ready to leave.

Rejects incorrect information

- Notes that although the caregiver states that the resident has been taking all of his cardiac medications, the resident has +3 edema to the lower extremities and cardiac arrhythmias that would normally be controlled by the medications.

Treatment and Management of Resident Care

There have been many changes in the long-term care setting over the last few years that have resulted in a rapid turnover of residents. Residents used to stay in the hospital for many days as their long-term treatment plans were resolved. Now residents are often shifted to a rehabilitation

or skilled nursing facility for finalization of their care, potential transfer to long-term care, or return to the home environment.

Long-term care facilities vary, but they all offer the opportunity for critical thinking. Because providers, residents, and families are so dependent on the assessment and critical thinking skills of the nurse, these settings offer a great learning opportunity for the nurse. In an environment that faces rapid changes in staffing and varying levels of nursing expertise and experience, the ability to assess and intervene in changes in condition is essential for good resident outcomes.

Attributes of critical thinking during treatment

Strategies and attributes of critical thinking during the care process include the following abilities:

Thinks independently

- Identifies and rationalizes which residents need prioritized attention.
- Recognizes the need to call pharmacy to ensure two medications are compatible.

Evaluates evidence and facts

- Notes critical lab values, reassesses resident, and approaches provider with information and request for orders.

Explores consequences before making decisions or taking action

- A resident who had a knee replacement surgery done three weeks ago has been less mobile than the physical therapist and the provider would like. The resident is to be discharged to home tomorrow and has been in bed all day today except for bathroom visits. The resident is taking anticoagulant therapy and has requested a day of rest before going home tomorrow.

Evaluates policy

- Resident is unable to care for herself and has new bruises of unknown origin. Nurse refers to facility policy requiring all suspected abuse situations be reported.

Decides confidently

- A provider challenges the nurse about contacting him at 3 a.m. about a change in a resident's condition. The nurse is able to refer the provider to the specific changes in vital signs and the subsequent discussions with the unit shift leader/charge nurse that triggered the call. The challenge should be communicated through the chain of command so that the medical director can work with the team, review policy, and assure nurses that they may call 24 hours a day without fear of reprisal from the physician.
- During a resuscitative effort, a physician orders a dose of medication that is twice the dose recommended by the American Heart Association. Despite the urgent needs of the resident, the nurse reads the order back to the physician and questions the dose.

Asks pertinent questions

- The nurse is comfortable saying, "This resident's vital signs are within normal range, but there is something that we have not identified yet that is concerning me. How do you feel about my doing an EKG on her?"

Displays curiosity

- When caring for a resident with chronic pain, the nurse approaches the provider and, while updating him or her on the resident's status, inquires, "Do you know anything about residents with chronic pain being given anti-Parkinson's medications in addition to their usual dose of narcotics? This resident is demonstrating tolerance of his narcotics and we have tried almost all of the narcotics available. Do you think this might work for this resident?"

Rejects incorrect information

- When reviewing laboratory results in the computer, notes a resident has dangerously low blood sugar. After reevaluating the resident, the nurse performs a finger-stick glucose test and finds the resident to have normal-range blood sugar. Upon discussion with the lab, it is determined there is another resident with the same first and last name of this resident on another unit.

Discharge and Implications to Long-Term Outcomes

After the planned treatment has been provided and the resident is ready for discharge, the options for where a resident goes next include:

- Discharged home
- Returned/admitted to another nursing home as resident
- Transferred to another facility for further care (i.e., a Veterans Administration Medical Center)

With more residents waiting for an empty bed, there is always a push to move residents out of the unit as efficiently as possible. The added pressure of moving residents in and out of the unit quickly is an additional obstacle for nurses trying to employ critical thinking. As part of the discharge process, nurses need to consider the following:

- Reevaluate vital signs, pain status, neurological status
- Review documentation to ensure completeness and thoroughness
- Remember that residents with limited English proficiency take longer to discharge
- Understand that some discharge instructions are lengthy or complicated
- Take time to await appropriate person, other than resident, to review discharge information
- Perform ongoing nursing assessments for discharges being held until someone can come to pick him or her up

As mentioned before, the nurse must also consider the home situation of residents and whether or not they have the physical ability to manage stairs and care for themselves once home. Does the nurse manager, Minimum Data Set (MDS) coordinator, or social worker need to be involved in the resident's discharge? The expectation is that the nurse will consider all of the aspects of care needed for a safe management after patients leave the facility. It is important that nurses have the time and resources they need to accomplish everything with critical thinking and critical documenting.

Attributes of critical thinking during discharge

Strategies and attributes of critical thinking during the discharge process include the following:

Thinks independently

- Recognizes the discharge orders from the provider are premature and the resident will need to wait for an evaluation by the mental health worker, social worker, or nurse manager.

Evaluates evidence and facts

- Although resident claims “I can handle this by myself,” nurse notes resident is unable to demonstrate safe use of a walker. Suggests to provider that the resident be seen by physical therapy for a further assessment before discharge.

Explores consequences before making decisions or taking action

- Asks who will be driving the resident home prior to administering a narcotic for pain management.

Decides confidently

- Although a particular dressing is ordered for the resident’s pressure ulcer, the nurse recognizes the fragile skin of the resident and suggests another option that will not require tape on the resident’s skin.

Asks pertinent questions

- Asks elderly resident who lives alone, “Is there someone who can help you with these dressing changes when you get home?”

Displays curiosity

- When discussing the resident’s functional status, determines if there is a specific cause for the functional decline.

Listens to others and is able to give feedback

- Requests a return demonstration from a resident admitted for therapy and newly diagnosed insulin-dependent diabetes mellitus. The resident is going home alone.

Encouraging the Development of Critical Thinking in Long-Term Care Nurses

Much of the critical thinking needed in the long-term care setting comes from work experiences with other nurses and in dealing with particular resident scenarios. Nurses tend to remember specific situations and the cascade of events that occurred to create a particular outcome. It is the shared knowledge of all nurses that can provide the best mentorship to new graduate nurses. Sharing that learned experience with other nurses can increase the critical-thinking abilities of peers and provide excellent learning experiences for others.

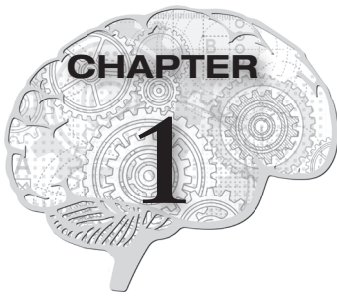
For this reason, all nurses should be actively involved in the orientation and development of both new graduate nurses and experienced nurses who join the unit. Without passing along these clearly remembered cascades, we cannot help others to develop their critical-thinking capabilities.

We want long-term care nurses who are able to:

- Recognize a problem
- Know what to do
- Know when to do it
- Know how to do it
- Know why they are doing it

Long-term care nurses know what outcomes they want for each resident and recognize how they personally and collectively affect those outcomes. Recognizing the role critical thinking plays in achieving these desired outcomes is the first step to creating and achieving an environment that promotes sound judgments.

It is a privilege to be a long-term care nurse and be at the side of a resident and family when they are in need of medical care. It takes a special person and comes with a tremendous responsibility and power to make the best decisions with and for the residents who have entrusted their care to us.



Defining Critical Thinking

After reading this chapter, the reader should be able to identify key aspects of critical thinking and explain how nurses develop competency in critical thinking.

Why Critical Thinking?

For educators and nurse leaders, critical thinking is like the weather: Everybody is talking about it, but nobody seems to know what to do about it. Passing the National Council Licensure Examination (NCLEX) only validates that new graduates have the minimal amount of knowledge needed to provide safe nursing care, but it is the application of clinical critical thinking and judgment that lies at the heart of what makes a healthcare provider a nurse, compared to a role that completes tasks by rote. Critical thinking is at the core of safe nursing practice, and thus encouraging its development in every nurse should be an aim for all educators and nurse leaders.

Becoming a Professional Nurse

Nursing is a hands-on profession for which clinical experience plays a crucial role in professional development. Nurses have to progress through various levels before they reach proficiency. Managers and educators need to appreciate that new graduate nurses are at a different level, with different needs, than experienced nurses in their professional critical thinking.

Benner's stages of growth

Patricia E. Benner is well known for identifying and describing the five stages through which nurses proceed in their professional growth. Benner's stages are:

Beginner: Has little experience and skills, learning by rote, completing education requirements.

Advanced beginner: Can perform adequately with some judgment, usually at this stage upon graduation.

Competent: Able to foresee long-range goals and are mastering skills. Still lack the experience to make instantaneous decisions based on intuition. Most nurses take up to one year to reach this stage.

Proficient: View situation as a whole, rather than its parts. Able to develop a solution.

Expert: Intuition and decision-making are instantaneous. Most nurses take at least five years in an area of practice to reach this stage.

So how do you take your inexperienced graduates and set them on the road to proficiency? And how do you help your more experienced nurses—who may have been practicing for years, yet you would never label them experts—reach that higher level? This book provides information, strategies, and tools to help you coach nurses at all stages of development as they hone their critical thinking skills, improve their judgment, and become better nurses. Chapter 3 discusses teaching critical thinking in a classroom setting, and other chapters include ongoing strategies for developing critical thinking in the clinical environment.

The goal in encouraging and developing critical thinking is to help nurses progress effectively through the stages of development. No one wants 10-year nurse employees who have the equivalent of one year of experience simply repeated 10 times.

What Is Critical Thinking?

The Foundation for Critical Thinking notes the following definitions of critical thinking:

- The disciplined, intellectual process of applying skillful reasoning as a guide to belief or action (Paul, Ennis, & Norris).
- The ability to think in a systematic and logical manner with openness to question and reflect on the reasoning process used to ensure safe nursing practice and quality care
- Adherence to intellectual standards, proficiency in using reasoning, a commitment to develop and maintain intellectual traits of the mind and habits of thought, and the competent use of thinking skills and abilities for sound clinical judgments and safe decision-making

Critical thinking is based on the scientific method; the nursing process; a high level of knowledge, skills, and experience; professional standards; a positive attitude toward learning; and a code of ethics. It includes elements of constant reevaluation, self-correction, and continual striving for improvement.

Some of the characteristics of people who display critical thinking include open-mindedness, the ability to see things from more than one perspective, awareness of one's own strengths and weaknesses, and ongoing striving for improvement. The strategies commonly (and often subconsciously) used in critical thinking include reasoning (inductive reasoning, such as specific to general, or deductive reasoning, such as general to specific), pattern recognition, repetitive hypothesizing, mental representation, and intuition.

In the practical world of clinical nursing, critical thinking is the ability of nurses to see residents' needs uniquely and respond appropriately, beyond or in spite of the orders. The ability to think critically is developed through ongoing knowledge gathering, experience, reading the literature, and continuous quality improvement by reviewing one's own resident charts. For example, a nurse who displays critical thinking will question when a physician orders acetaminophen (Tylenol) for a resident's fever, because she knows the resident has hepatitis C. A critical thinker goes beyond being a robo-nurse who simply does as he or she is told or focuses on tasks only.

In order to help shorten new graduate nurses' on-the-job learning curve, and continuously advance the critical thinking skills of experienced staff, critical thinking must be developed beyond the point of hire or orientation.

Del Bueno's definition of critical thinking

There are many definitions of critical thinking, and one of the most helpful is Dorothy Del Bueno's Performance-Based Development System. Del Bueno determined that nursing competency involves three skills: interpersonal skills, technical skills, and critical thinking.

Del Bueno defines critical thinking in a clinical setting by asking the following four questions:

1. Can the nurse recognize the resident's problem?
2. Can the nurse safely and effectively manage the problem?

3. Does the nurse have a relative sense of urgency?
4. Does the nurse do the right thing for the right reason?

Let's use a scenario to solidify the point. Say a resident becomes more confused than usual, and demonstrates verbally aggressive behavior. The expectation is that nurses will recognize that this could potentially be related to a urinary tract infection, rather than assuming it is appropriate to immediately order an antipsychotic. In addition, the nurse will know to complete a dipstick to assess the resident for other signs and symptoms of urinary tract infection, such as fever, burning on urination, etc. The nurse will know to encourage fluids, especially cranberry juice, obtain a specimen, contact the lab to collect the specimen, and then notify the physician when results arrive.

Overall, Del Bueno found that nurses' greatest limitations were in recognition and management of renal and neurological problems. Inexperienced nurses may only focus on the resident's behavior rather than explore the question of "why?" Without integration of evidence-based and best practices, the nurse is very limited in his or her ability to apply timely critical thinking. With the rapid feed of medical knowledge and research results, it is imperative to ensure that both the novice and experienced nurse bring the most current knowledge and information to each resident. Foundation knowledge must be matched and complemented with science that is current and pertinent in order for the nurse to impact resident outcomes with critical thinking.

Case Study

Susan, the staff development coordinator, has completed the classroom orientation for three newly employed nurses at Tender Loving Healthcare Center. The classroom orientation did not include any individual skills review. Susan assigned each of them to a preceptor, one of the best performing nurses on different units, to shadow and assess their competencies for the next five days. The previously employed nurses were responsible for completing a competency checklist for their assigned preceptor and to report any observed areas of development to Susan, so that she may follow up with an individualized plan for additional training.

Each of the nurses has a different background and varying years of experience. One nurse worked in skilled nursing facilities (SNFs) for 25 years, but has only worked in two different facilities over the years. She proudly shared that she started as a certified nursing assistant

(CNA) and worked her way up to become a registered nurse (RN) 20 years ago. The second nurse worked at the local hospital for nine and a half years, but is new to SNFs. The third nurse graduated in the top of her class in the BSN program at the local university a year ago, and has one year of emergency room experience.

Susan received and evaluated each of the completed competency checklists after five days, but was surprised to find that none of the nursing preceptors recommended any additional training for the newly employed nurses, despite their varying levels of experience. Susan decided to complete a supplemental critical thinking skills assessment to validate the assessments of the preceptors before discontinuing the new hire orientation.

Discussion:

1. In what ways may Susan enhance the onboarding experience for newly hired nurses to better assess critical-thinking skills?
2. What tools might she consider implementing to effectively assess critical-thinking skills?
3. Based on each of the newly hired nurses' backgrounds, would it be assumed that one has greater critical-thinking skills than the other?

Before the nurses complete the classroom training, Susan should consider individual meetings with each new hire to discuss and assess their critical-thinking skills. She should probe each new hire about their knowledge and level of comfort managing various scenarios.

Susan could use a variety of different assessment tools, including:

- An informal interview where the new hire may assess themselves and suggest any personal areas of development
- A critical-thinking case study review
- An enhanced competency checklist where each nurse would be required to demonstrate critical-thinking competency

It should not be assumed that nurses who are older or those with more experience (in SNFs or other settings) have proficient critical thinking skills. All newly hired nurses should receive a thorough assessment and an ongoing, individualized training development plan that should be routinely evaluated to achieve proficiency.

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CRITICAL THINKING IN LONG-TERM CARE NURSING

Shelley Cohen RN, BS, CEN

Resident outcomes have come under growing scrutiny, both through new quality measures and the overall star rating. Nurses are the frontline staff who engage with residents daily, and it's crucial for them to understand how to apply critical thinking. When caring for residents and creating documentation, critical thinking can improve facility and resident outcomes while reducing medical errors, which will ultimately lead to more accurate reimbursement.

Raise the standard of professional nursing practice and teach clinical care providers how to function at a higher level by developing their critical thinking abilities. **Critical Thinking in Long-Term Care Nursing, Second Edition**, provides nurse managers and educators with accessible ways to teach these valuable skills to their staff.

This easy-to-read resource explains the principles of critical thinking and how to encourage nurses to use critical thinking methods. Author **Shelley Cohen, RN, BS, CEN**, provides guidance on how to lead classroom sessions for new graduates and experienced nurses to develop critical thinking skills, including classroom processes and learning strategies. The book includes handouts to supplement classroom training.

This book will help you:

- Determine classroom strategies to teach, promote, and support the development of critical thinking
- Develop strategies for the development of critical thinking skills during the orientation process
- Understand the new quality measures and how nurses' actions and documentation affect a facility's star ratings
- Educate staff by developing a culture of critical thinking
- Apply critical thinking to nursing and documentation to improve resident outcomes

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ISBN-13: 978-1-68308-563-8



9 781683 085638