



# CRITICAL THINKING IN HOME HEALTH

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Skills to Assess, Analyze, and Act

Alison Basmajian, RN, MSN | Shelley Cohen, RN, MSN, CEN | Polly Gerber Zimmermann, RN, MS, MBA, CEN, FAEN

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# About the Authors

**Alison Basmajian, RN, MSN**, has worked in community health nursing for 40 years. She has worked as a staff nurse and a nurse manager and in program development and staff development. Her areas of expertise include infection control and surveillance, medical record management, emergency management, and performance improvement. In addition, Basmajian worked for 10 years as an associate for JLU Health Record Systems in Pembroke, MA, specializing in Joint Commission preparation, state survey preparation, medical records consulting, interim management, and work process flow evaluation and improvement.

Currently, Basmajian works for Home Health VNA and Merrimack Valley Hospice in the role of staff education and development, performance improvement, policy development, risk management, and infection control.

In addition, Basmajian is an adjunct faculty member at University of Massachusetts Lowell, teaching community health to senior nursing students.

**Shelley Cohen, RN, MSN, CEN**, is the founder of Health Resources Unlimited, a Tennessee-based education and consulting company that focuses on teaching triage, new managers, and critical thinking concepts. As the author/co-author of 18 books and more than 50 published articles, Cohen coaches and mentors nurses from the level of novice to expert.

For more than 40 years Cohen has held a variety of roles as both staff nurse and nurse leader. In addition to her role as an international speaker and educator, she continues to work as a staff emergency department nurse in Tennessee when needed.

## About the Authors

Cohen believes that successful transition from nursing student to success as a new graduate nurse is partly in the hands of those who teach critical thinking skills.

Her monthly electronic Manager Tip of the Month and Triage Tip of the Month are read and shared by nurses across the world.

Shelley and her husband Dennis work with our Purple Heart heroes through the Wounded Warriors in Action Foundation ([www.wwiaf.org](http://www.wwiaf.org)). As associates they sponsor outdoor sporting events that serve to heal the emotional challenge of living with life-long enduring injuries at their home in Tennessee.

**Polly Gerber Zimmermann, RN, MS, MBA, CEN, FAEN**, has a background in staff and management, medical-surgical, and emergency nursing experience. She is an associate professor in the Chicago City Colleges, Malcolm X nursing program. Zimmerman is a frequent author on nursing topics, including critical thinking.

# Introduction: Critical Thinking in the Home Health Setting

## Back to Basics

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The complexity of care and increasing patient acuity seen in the home health setting today require critical-thinking skills beyond those required even just five years ago. Since the inception of the hospital diagnosis-related groups (DRGs), home health patients resemble the medical-surgical patient from pre-DRG days.

As nursing schools respond to the shortage of nurses by increasing enrollments, decreasing the length of time it takes to become a nurse, and thus increasing the output of new graduates, organizations are seeing a greater need for nurses to display critical-thinking skills and strong mentors to help nurses develop those skills.

In contrast to reality, there is public sentiment that home health nurses are inferior in knowledge and skill to hospital nurses. The home health nurse actually must be just as sharp as, if not sharper than, acute care nurses, because the home health nurse is responsible for developing a comprehensive plan of care and provides care in an independent manner without the immediate resources of a facility.

This creates the need for the home health nurse to be a strong critical thinker and a strong mentor for new nurses entering the profession and home health nursing. This book provides 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 home health nurses because they must meet the challenges of being a new nurse and being compliant in one of the most heavily regulated industries in the United States.



To make the most of this book as your resource for critical thinking, consider taking time to review all the content before you implement the helpful tools. It may be tempting to just start using the tools immediately, but resist. It sounds strange that you should not immediately use the tools provided, but just as you would not expect a 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 and the Home Health Setting**

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The current home health environment is challenging. Home health nurses are faced with providing care and case management to patients with high acuity and limited resources and supports within the home and family. Nurses will manage patient caseloads with numbers of up to 25 patients. The home health nurse must be organized, be able to set priorities and provide skilled care, and be proficient in patient and family education. The home health nurse must also learn how to work within a highly regulated environment and be aware of the importance of documentation and communication.

The unknowns that make home health an interesting and challenging work environment include:

- What will the nurse encounter when he or she arrives at the patient home?
- Will the nurse be able to assist the patient to achieve independence in his or her care?
- Will the patient have supportive family or others who can become competent caregivers?
- How will the nurse be able to manage risk factors the patient may present?

The three main areas in which the long-term care nurse will need to apply critical thinking are assessment, provision of skilled care, and care coordination and communication.

## Assessment

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Assessment includes the process of obtaining information about the patient and family to identify needs, problems, and strengths. This process is systemized, using an interview, physical assessment, and safety and home environment assessment. The nurse also reviews information from other healthcare providers. The nurse develops the plan of care from this assessment information. Critical-thinking skills are essential to be able to synthesize this information to meet the patient's needs.

### ***Attributes of critical thinking during patient care***

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

#### **Thinks independently**

- Analyzes written information provided by other healthcare providers regarding the patient.
- Recognizes when the caseload is becoming difficult to manage and recognizes need for assistance with setting priorities.
- Initiates case conferences with other members of the interdisciplinary team.

#### **Evaluates evidence and facts**

- The report from the emergency room department states that the patient fell down a flight of stairs and broke her hip and arm. At initial assessment, the nurse notes a number of large bruises that are in various stages of resolving. The patient lives with a caregiver who is presently staying very close to the patient and is verbal regarding the care needed by the patient.

#### **Explores consequences before making decisions or taking action**

- A multiple sclerosis patient's father takes her to a medical appointment, but it is noted that the patient's mother, who has had a severe cardiovascular accident and is unable to communicate, was left unattended in the home during this time.

**Evaluates policy**

- Receives an order from the physician for a medication that is not routinely prescribed for the patient's primary diagnosis.

**Shows confidence in decision-making**

- The nurse is admitting a patient with a venous leg ulcer. The current orders for wound care are not appropriate for this type of wound. The nurse consults the organization's wound care formulary and contacts the physician for an order for the wound care indicated for this type of wound.

**Asks pertinent questions**

- Understands that no assumptions should be made on admission. Every patient 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 questions regarding the ability to obtain needed prescriptions.

**Displays curiosity**

- On admission, asks the patient to describe how he or she manages his or her care and what supports are in place in the home.

**Rejects incorrect information**

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

## **Provision of Skilled Care**

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There have been many changes in the home setting over the past few years that have resulted in an influx of patients who require highly technical care, multiple diagnoses, complex family dynamics, and socio-economic and behavioral health issues. These factors require the nurse to be able to sort and process information, establish priorities, and evaluate the plan of care on an ongoing basis.

***Attributes of critical thinking during treatment***

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

**Thinks independently**

- Identifies and provides rationale for patients who require prioritized attention.
- Recognizes the need to call the physician to ensure two medications are compatible.

**Evaluates evidence and facts**

- Notes critical lab values, assesses patient, and contacts provider with information and request for orders.

**Explores consequences before making decisions or taking action**

- The nurse is performing wound care for a patient three times per week. The orders are for daily wound care, and the nurse has been teaching the patient's wife to perform the wound care on the other days. The nurse notes that the dressing had not been changed over the weekend. The nurse explores with the wife why the wound care was not performed. The wife states she felt that the wound care supplies were too expensive and she was saving money by not performing wound care on a daily basis.

**Evaluates policy**

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

**Shows confidence in decision-making**

- A physician challenges the nurse about contacting him about a change in a patient's condition. The nurse is able to relate to the physician the specific changes in vital signs from baseline and assessment information that triggered the phone call. A physician orders a dose of medication that is twice the dose recommended by the American Heart Association. The nurse reads the order back to the physician and questions the dose.

**Asks pertinent questions**

- The nurse is comfortable saying, “This patient’s vital signs are stable but the patient is experiencing increased shortness of breath.” Would you consider ordering the BNP lab to identify the possibility of congestive heart failure?

**Displays curiosity**

- When caring for a chronic pain patient, the nurse consults with the physical therapist to discuss treatment modalities, such as TENS or ultrasound to supplement the pain management regime.

**Rejects incorrect information**

- When performing a medication reconciliation during the admission visit, the patient states that he has been taking prednisone on a regular basis. The nurse reviews the hospital discharge medication list, and prednisone is not on the list. The nurse asks to see the medication container for the prednisone. The patient presents with a dosing card of prednisone that is two months old and was prescribed for a respiratory infection.

## **Care Coordination and Communication: Essential Components of the Home Health Nurse’s Role to Promote Successful Patient Outcomes**

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Care coordination and communication will occur throughout the patient’s episode of care, including the following:

- Upon admission to the home health agency
- Updating physician of patient’s change in status
- Updating a wound clinic or infusion clinic of patient’s status
- Making a referral to elder services for homemaker services
- Reporting suspicion of patient abuse or neglect
- Discussing the patient’s plan of care with the home health aide

***Attributes of critical thinking related to care coordination and communication***

Strategies and attributes of critical thinking for care coordination and communication include the following.

**Thinks independently**

- Recognizes that the discharge orders from the hospital require clarification to complete the medication reconciliation.
- Evaluates evidence and facts.
- Although patient claims, “I can handle this by myself,” nurse notes that the patient is unable to demonstrate safe use of a walker. The nurse contacts the physician to obtain orders for a physical therapy evaluation.

**Explores consequences before making decisions or taking action**

- For a patient who is new to insulin administration, evaluates if the patient is willing and able to perform this task. The nurse also determines whether there is an available caregiver who will assume responsibility as a backup.

**Shows confidence in decision-making**

- A patient has a diagnosis of lung cancer and is beginning to accumulate fluid in the lungs. As a comfort measure and to prevent rehospitalization, the nurse contacts the physician and explains the benefits of a Pleurex™ catheter to drain fluid and that this can be managed in the home setting.

**Asks pertinent questions**

- For a patient new to a diabetic diet, asks the patient how food shopping is done and how food choices are made.

**Displays curiosity**

- The nurse identifies a steady decline in the patient’s weight. The nurse identifies an undiagnosed swallowing issue. The nurse contacts the physician for a speech therapy evaluation.

Listens to others and is able to give feedback

- Participates in regular interdisciplinary case conferences with other team members to evaluate the patient's plan of care.

## **Encouraging the Development of Critical Thinking in Home Health Nurses**

Much of the critical thinking needed in the home health setting comes from work experiences with other nurses and in dealing with particular patient 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 home health 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 nurses and experienced nurses who join the organization. Without passing along these clearly remembered cascades, we cannot help others to develop their critical-thinking capabilities.

We want home health 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

Home health nurses know what outcomes they want for each patient 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 home health nurse and be at the side of a patient 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 patients who have entrusted their care to us.





# Defining Critical Thinking

## Why Critical Thinking?

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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) validates only that new graduates have the minimal amount of knowledge needed to provide safe nursing care. Application of clinical critical thinking and judgment is at the heart of what makes a healthcare provider a nurse compared to being a technician who completes tasks by rote. Critical thinking is at the core of safe nursing practice.

## Becoming a Professional Nurse

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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***

Benner (1984) is well known for identifying and describing the five stages through which nurses proceed in their professional growth.

### Benner's stages of growth

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

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

**Competent:** Is able to foresee long-range goals and is mastering skills. Still lacks the experience to make instantaneous decisions based on intuition. Most nurses take up to one year to reach this stage.

**Proficient:** Views situation as a whole, rather than its parts. Is 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.

## So What Is Critical Thinking?

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Critical thinking is related to, but has a broader scope, than decision-making and problem solving. Problem solving involves identifying a problem, gathering data, exploring and evaluating alternative solutions, selecting an appropriate solution (decision-making), and implementing and evaluating. Alfaro-LeFevre (1999) defines critical thinking as careful, deliberate, outcome-focused (results-oriented) thinking that is mastered for a context. Critical thinking is based on 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. There is also an essential element of creativity; for example, the ability to consider, develop, and implement new and better solutions.

In the practical world of clinical nursing, critical thinking is the ability of nurses to see patients' 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 participating in continuous quality improvement through record review and committee membership. An example of a nurse who displays critical thinking is when a physician orders acetaminophen (Tylenol®) for a patient's fever, and the nurse questions the order because the patient has hepatitis C. A critical thinker goes beyond being a "robo-nurse" who simply does as he or she is told.

In Croskerry's study (2003), 32 types of misperceptions and biases (cognitive disposition to respond) were identified in clinical decision-making. Everyone is influenced by what they see most often, most recently, or most dramatically. Cognitive errors may be avoided by always striving to consider alternatives; by decreasing reliance on memory (instead, use cognitive aids such as reference books); by using cognitive forcing strategies, such as a protocol; by taking time to think; and by having rapid and reliable feedback and follow-up to avoid repeating errors.

The overarching goal is to help shorten new graduate nurses' on-the-job learning curve and give directed assistance to all nurses in their critical-thinking development.

### ***Evidence-based critical thinking***

A key aspect of making critical thinking decision is current, evidence-based literature to guide decisions, in addition to other literature and networking. Decision-making should be rooted in science and not tradition. You can't apply what you don't know; you can't find what you don't look for.

### ***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 with the following four aspects:

- Can the nurse recognize the patient's problem?
- Can the nurse safely and effectively manage the problem?
- Does the nurse have a relative sense of urgency?
- Does the nurse do the right thing for the right reason?

Let's use a scenario to solidify the point. Say a patient becomes more confused than usual and demonstrates verbally aggressive behavior. The expectation is that nurses will recognize that this behavior change 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 assess the patient for other signs and symptoms of urinary tract infection, such as fever, burning on urination, loss of appetite, etc. The nurse will know to encourage fluids; obtain physician orders for a urinalysis, culture, and sensitivity; collect a specimen and send it to the lab; and then contact the physician for results and obtain appropriate orders as indicated.

Overall, Del Bueno found that nurses' greatest limitations were in recognition and management of renal and neurological problems. Inexperienced nurses may focus only on the patient's behavior.

### **REFERENCES**

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- Alfaro-LeFevre, R. (1999). *Critical thinking in nursing: A practical approach*. Philadelphia: WB Saunders. p. 10
- Ashcraft, T. (2010). Solving the critical thinking puzzle. *Nursing Management* 41(1), p. 8.
- Benner, P. (1984). *From novice to expert*. Menlo Park, CA: Addison-Wesley.
- Bittner, N.P. & Gravlin, G. (2009). Critical thinking, delegation, and missed care in nursing practices. *Journal of Nursing Administration* 39(3), 142–146.

Croskerry, P. (2009). The importance of cognitive errors in diagnosis and strategies to minimize them. *Academy of Medicine* 78(8): 775–780.

Del Bueno, D. (2001). Buyer beware: The cost of competence. *Nursing Economics* 19(6): 257–259.

Moore, B.N. and Parker, R. (2012). *Critical thinking, 10th ed.* New York: McGraw-Hill.

Paul, R. and Elder, L. (2006). *Critical thinking tools for taking charge of your learning and your life.* New Jersey: Prentice Hall Publishing.

Pravikoff, D.S., Tanner, A.B., and Pierce, S.T. (2005). *Readiness of us nurses for evidence-based practice: many don't understand or value research and have had little or no training to help them find evidence on which to base their practice.* *AJN* 105(9): 40–51.

Sullivan, E.J. (2012). *Effective leadership and management innursing, 8th ed.* Boston: Pearson. Zimmermann, P. G., & R. D. Herr. (2006). *Triage nursing secrets.* St. Louis: Elsevier/Mosby.



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## ***Critical Thinking in Home Health: Skills to Assess, Analyze, and Act***

is an easy-to-read resource that explains the principles of critical thinking and how to encourage nurses to use critical thinking methods. This essential book covers how to lead classroom sessions for new graduate nurses and experienced nurses to develop critical thinking skills, including successful classroom processes and learning strategies.

The ability to think critically is crucial to ensure quality patient care and reduce medical errors. Co-authors **Alison Basmajian, RN, MSN; Shelley Cohen, RN, MSN, CEN; and Polly Gerber Zimmermann, RN, MS, MBA, CEN, FAEN**, provide nurse managers and educators with accessible and easy ways to teach these valuable skills to their staff. Learn how to develop a culture of critical thinking, from coaching new grads through bad patient outcomes to encouraging experienced nurses by setting expectations.

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