HeadsUp on Critical Thinking™ comes occasionally to your inbox whenever there are cutting edge issues that prompt repeated questions to be raised in my workshops or via my web page (www.AlfaroTeachSmart.com).

This HeadsUp deals with "Assessing Individual Frontline Nurse Critical Thinking", just published in the April, 2011, issue of the Journal of Nursing Administration. I shared my concerns with the authors and the journal. Now, I'm giving you the heads up. Let me explain. The authors, all from the The Advisory Board Company, describe how they interviewed more than 100 industry experts to develop an instrument to measure nurses' critical thinking skills. I was one of the 100 they interviewed. I was the only nurse in my interview. On the other end, there was an MD and 3 non-nurses. For this reason, I wasn't surprised to find that the diagnostic tool they developed for assessing nurses' critical thinking skills was lacking in content and confusing in words.

There are several issues with this article. Let's look at just two:

1) Nowhere in the 25 core competencies they identified do they address Assessment, the first competency nurses must develop. Assessment errors are major source of adverse outcomes. ANA (2010) Standards of Performance begin with Assessment. Assessment should be a core competency category on its own. At least, it should be addressed under each of their competency categories (problem recognition, clinical decision-making, prioritization, clinical implementation, and reflection).

2) Nowhere do the authors address outcome identification. This is also required by ANA (2010) Standards. Nurses must know how to identify desired and undesired outcomes, and individualize care to each patient accordingly. If the skill is specifically addressed by ANA standards, it needs to be a core competency. When I used "search and find" to locate the following words, I couldn't find them anywhere in the article, never mind in the competencies: patient-centered, nursing process, outcome, informatics, documents, records, patient teaching or education, scope of practice, ethics, standards. Knowing how to identify scope of practice, record key data, apply ethics, and teach patients are key competencies the 21st century nurse must have.

Let's look at the language used in the 25 competencies. The adjectives placed in front of each competency muddies what's expected of the nurse. According to the authors, nurses are supposed to do two of the competencies "accurately"; six of them "appropriately"; two of them "effectively"; seven of them "proactively"; one of them "clearly", and seven of them "consistently". Shouldn't they be doing all of them appropriately, accurately, and consistently? Any expert in competency assessment could have told them that. Another question: under the competency of Reflection, what does it mean that the nurse "proactively initiates professional dialogue around nursing practice?" Is this being reflective or proactive? A tool like this needs clarity so that it can be used for both teaching and evaluation. This one makes me dizzy. I've spent much of my career studying how to promote critical thinking. If it makes me dizzy, what will it to regular staff nurses? I already have enough emails from nurses who struggle with how their organization evaluates their performance. If this tool is used, I can expect a full inbox.
HeadsUp on Critical Thinking™
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The Advisory Board Company explains that they piloted their tool at 5 hospitals to establish validity and reliability. I wonder whether the hospitals simply used the tool or critiqued it. How did they miss that key competencies related to clinical reasoning and nursing standards were not addressed? Were they really OK with skipping competencies related to assessment, outcomes, ethics, informatics, documentation? Are we going back to the competencies of the 80s and 90s?

I don't want to throw the Advisory Board Company under Dr. Phil's proverbial bus. I'm sure they have done some good work. In this case, they bit off more than they can chew. At least one person (me) told them this in the interview.

My colleagues will tell you that I am one of the first to say when something is great. In this case I have to do the opposite. I find this instrument lacking. It bothers me to see "interviews and analysis" promoted as a path to developing something as important as this. I have too much respect for frontline nurses and nursing knowledge to say that this is OK. What level of evidence can this be? Where did ANA standards get dropped? Is it really OK that some interviews were conducted by non-nurses? What message does this send?

Using critical thinking evaluation tools impacts on nursing performance, retention, costs, and patient care. This is much too important to ignore. If you're asked to use this tool, or are thinking about getting this group to do your training, heads up!

References
