

Critical Thinking: Usually Not Rapid-Fire

By Rosalinda Alfaro-LeFevre

All too often in my work as a consultant helping nurses acquire critical thinking skills, I find those who want to equate critical thinking with rapid-fire thinking, creativity, and intuition. They seem to say, "Tell us how to diagnose and treat quicker and easier". They're looking for quick fixes and easy outs, which is exactly what critical thinking is not.

Yes, it's true that when you see expert clinicians in action, critical thinking may seem to present itself as "rapid-fire thinking". And yes, it's true that creativity and intuition are an integral part of critical thinking. But, critical thinking is usually not rapid-fire, and it requires much more than creativity and intuition.

Let me clarify the above three points:

1. **Critical thinking usually isn't rapid-fire.** In fact, experts use rapid-fire thinking only under extreme circumstances. They know that the end result is often "shooting from the hip". As we work to improve performance, we need to be clear that it takes time to accomplish critical thinking skills like checking accuracy and reliability, recognizing inconsistencies, and identifying patterns and missing information. We must stress the importance of making time to reflect as we practice. We need to be constantly evaluating and correcting our thinking, asking questions like, What am I missing? Do I know what I need to know? What else could be going on here? and How can I do this better?"

Too many nurses already are at risk for shooting from the hip because of work overloads and pressure from insurance companies to move patients through the system. Let's not fall into the trap of believing that critical thinking is rapid-fire. Critical thinking requires knowledge, skills, practice, caution, and judgment. It often happens best away from the patient in a quiet place where there are few distractions or in a group, where there is input from various perspectives. We must value the need for time to think.

2. **Creativity and right-brain thinking doesn't necessarily mean critical thinking.** It's true that an essential part of critical thinking is that of

considering many ideas, alternatives, and creative solutions. But if we want to think critically we need to answer questions like, Have I fallen in love with my ideas? Am I re-inventing the wheel? and What peers should I check with to address practical concerns? Too often creativity and brain-storming seminars deal with the creative process, but fail to address the judgment that's required to decide how to use creativity in the clinical setting in a safe, sensible way. Applying creativity requires both producing ideas (right brain function) and evaluating and judging the worth of those ideas (left brain function).

3. **The problem with equating intuitive thinking with critical thinking.** Much has been written on the power of intuition in the diagnostic process and of the "immediate knowing" of experts. But little is said about how to use intuition or about how experts are able to "immediately know" (other than to say they know it intuitively).

As much as possible, critical thinking is based on evidence. When we teach nurses that critical thinking is intuitive thinking, we risk sending the message that it's okay to act on gut feelings without much thought. Rather, we need to teach the value of recognizing when we're experiencing gut feelings, and acting appropriately (e.g., looking for evidence to validate the gut feelings, monitoring more closely, or planning for "what if" scenarios),

Critical thinking requires you to be able to explain how you know what you know. Push any nurse who tells you about a time that he "immediately knew something" to closely examine how he knew it. More likely than not, he will be able to give you some sort of reasonable answer (e.g., I saw it happen before in a similar case, or things were different in subtle ways). The point is that nurses who "know immediately" usually know because they are able to match the present situation with previous knowledge and experience (or perhaps they have taken the time to know the patient better than others have).

We don't serve our profession by teaching nurses that some clinicians "just know" because of the mystery of their intuition. These mysterious instances are the exception. By emphasizing that in most cases, "immediate knowing" is a result of previous experience and getting to know patients and their problems well, we teach the importance of gaining knowledge and experience, of making time to monitor closely and assess comprehensively, and of aiming for continuity of care.

Without respect for the knowledge, experience, caution, judgment and time required to think critically, creativity and intuition are wasted. And we're likely to see more "casualties at the OK Corral" due to shooting from the hip.