1. **Identify 3 major benefits** that you expect to see by improving thinking — share these with all involved. **Examples:** Increased confidence, independence and efficiency; better outcomes, less frustration and wasted time.

2. **Get organizational support from top to bottom.** Find a common reference to talk about CT. To promote and evaluate CT, you can’t use buzzwords. **BE SPECIFIC** about exactly what it means in context of your particular setting. (See Evidence-based Critical Thinking Indicators at [www.AlfaroTeachSmart.com/CTI.htm](http://www.AlfaroTeachSmart.com/CTI.htm))

3. **Uphold Healthy Workplace Standards, and Promote Safety and Learning Cultures.** Get agreement on a code of conduct and stress that safety, teaching, and learning are everyone’s job. Educate preceptors to help novices. **KEEP PATIENT SAFETY #1** and stress that all critical thinking depends on **GOOD COMMUNICATION.** See 1-page Code of Conduct and other related handouts at [www.alfaroteachsmart.com/handouts.html](http://www.alfaroteachsmart.com/handouts.html).

4. **Help everyone to stay focused on Vision, Mission, Values, and Shared Governance.** Teach nurses how to build relationships and involve and empower patients, families, and co-workers. For Shared Governance, see [http://www.sharedgovernance.org/](http://www.sharedgovernance.org/).

5. **Focus on RESULTS (outcomes), but also ask about PROCESS.** For example, check how patients are doing (outcomes). Ask questions like, “Help me understand your goal and what you’re doing to achieve it” (process).

6. **Discuss critical thinking indicators / competencies** with learners / staff **early.** Make the link to critical thinking explicit in performance evaluations and learner assignments.

7. **Be sure all nurses understand principles behind the nursing process.** ANA standards state that the nursing process is a model that promotes an optimum level of care and that underpins all decisions nurses make. (ANA, 2004)

8. **Provide opportunities to explore individual style preferences** (e.g. personality and learning style preferences). Give opportunities to practice using strategies and tools that help make the most of brain power (for example, using structured tools promotes being systematic and frees the brain to think about other important things).

9. **Foster a shared vision of what can be** by inspiring learners / staff to care about improving thinking in their own way.

10. **Include factors that motivate learners / staff** to want to think critically:
   - Refer to expected benefits of improving thinking frequently (see #1 above).
   - Find out what they want to learn first and how they want to learn it (consider using learning contracts).
   - Stress that success in today’s (and tomorrow’s) workplace depends gaining new thinking skills.
   - Point out that we are all vulnerable to human errors. We all learn together --- learning from mistakes and collaborating to develop SAFETY NETS is crucial to improved performance and patient safety.
   - Change the word “learner” to “participant” whenever appropriate (get people engaged in learning).
   - Encourage learners / staff to voice concerns and suggest improvements (use a communications book or suggestion box (consider an electronic one). Look for opportunities for FUN in learning.

11. **Use reflective responses** and encourage learners / staff to do the same. For example, using silence to allow the other person to think, asking for clarification, and using the word **suspect** (“I suspect what may be happening is...”).

12. **Identify what you’re doing right.** Aim for small, incremental changes, rather than quantum leaps or radical change;

13. **Foster collegial and collaborative approaches.** Avoid conveying an evaluative style (nurses will think more about being evaluated than their own thinking). Communicate freely and make all expectations clear verbally and in writing.

14. **Remember the 80 / 20 rule.** Remind everyone to stay focused on the 20% that MUST get done. Re-visit and prioritize.

15. **BE A ROLE MODEL, THINK OUT LOUD, AND PITCH IN AND HELP.** Questioning nurses while they are in action tends to BLOCK their thinking (questions with time to reflect later, AIDS thinking). Learn how to give and take constructive criticism (chapter 6. Alfaro-LeFevre, CT, 2009). Admit human frailties and **KEEP A SENSE OF HUMOR! 😃**
References:


TEACHING SMART / LEARNING EASY PUBLICATIONS

OUR HANDOUTS GIVE EVIDENCE-BASED STRATEGIES IN AN EASY TO GRASP FORMAT

Most handouts are one-page with accompanying references and live links to key resources (like this one).

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1. Creating Healthy Workplaces and Safety and Learning Cultures
2. Clinical Judgment and Decision-making
3. Communicating Bad News (Customer Satisfaction).
4. Communicating Bad News (Health Related)
5. Delegation Principles: When and How to Delegate
6. Ethics Approaches
7. Mapping Critical Thinking: Key Points
8. Nursing Process: Key Principles
9. Preventing Adverse Drug Events (TACIT)
10. Quick Priority Assessment
11. SBAR Example

MORE COMING SOON!

- Using Think, Pair, Share for Meaningful, Efficient, Independent Learning (includes PowerPoint)
- Building Safety Nets to Prevent Mistakes
- How to Help Without Stepping on Toes
- Apologizing in a Way that Gets Positive Results

LET US KNOW IF YOU ARE LOOKING FOR A SPECIFIC TOPIC.

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