Clinical Thinking Tools (CTTs): Practical support for clinical instructors and learners

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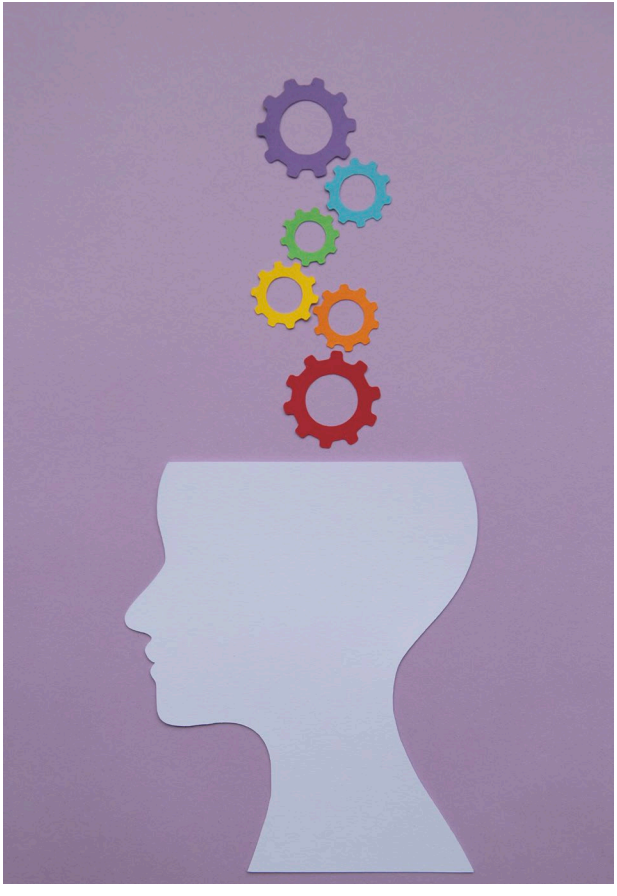
Land Acknowledgement

The British Columbia Institute of Technology acknowledges that our campuses are located on the unceded traditional territories of the Coast Salish Nations, including the territories of SThe British Columbia Institute of Technology acknowledges that our campuses are located on the unceded traditional territories of the Coast Salish Nations, including the territories of Sḵwx̱wú7mesh (Squamish), səlilwətaʔɬ (Tsleil-Waututh), and xwməθkwəyəm (Musqueam), ḵwx̱wú7mesh (Squamish), səlilwətaʔɬ (Tsleil-Waututh), and xwməθkwəyəm (Musqueam).

What are Clinical Thinking Tools (CTTs)?

Specialty Nursing Clinical Thinking Tools are short guided activities that reveal critical thinking processes in clinical education



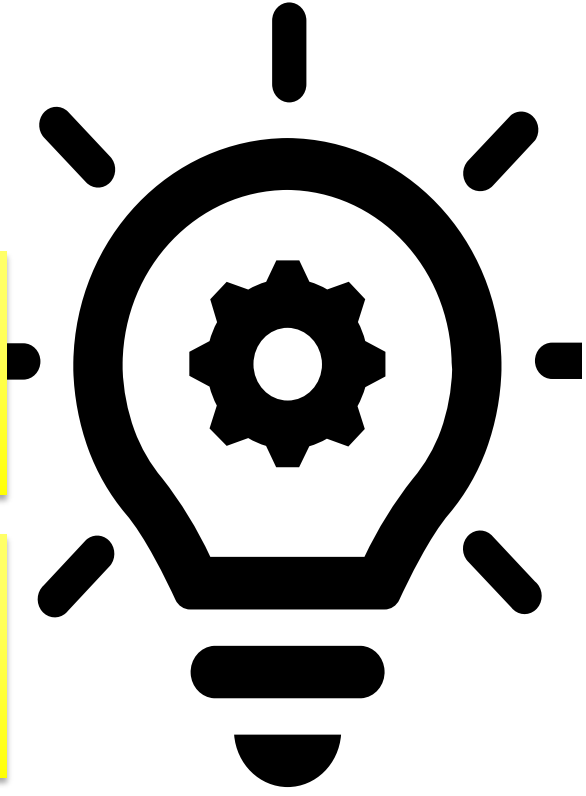
How do CTTs reveal critical thinking?

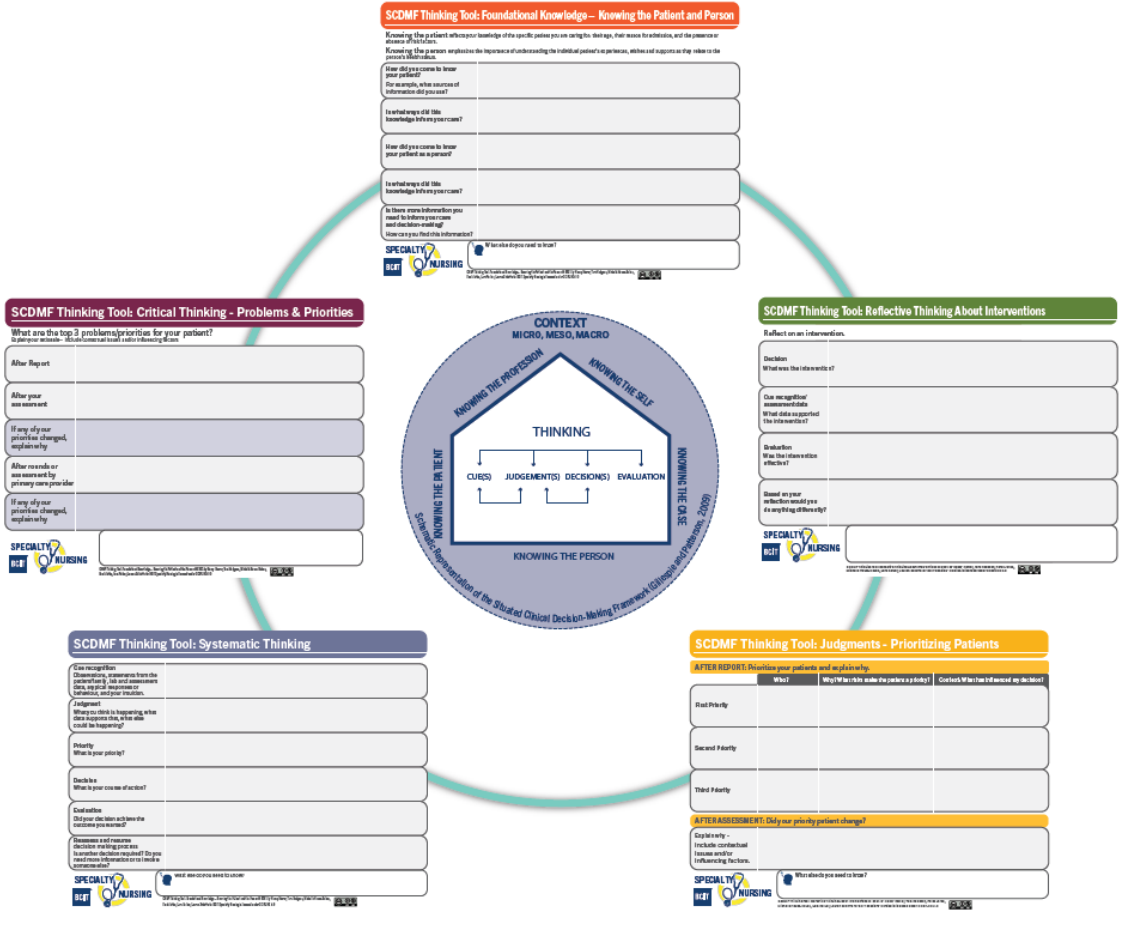
Tools support *thinking with purpose* through dynamic clinical situations to support safe and competent nursing practice

Tools allow *analysis of thinking* in order to understand how and why learners make clinical decisions

Use of tools frequently over time shows *progression of critical thinking* and decision making

Tools provide *objective evidence* of thinking processes




SCDMF Thinking Tool: Foundational Knowledge – Knowing the Patient and Person
Knowing the patient reflects your knowledge of the specific person you are caring for, their age, their reason for admission, and the presence or absence of risk factors.
Knowing the person emphasizes the importance of understanding the individual patient's unique values, abilities and supports as they relate to the person's life/situation.
How did you come to know your patient?
For example, what sources of information did you use?
In what ways did this knowledge inform your care?
How did you come to know your patient as a person?
In what ways did this knowledge inform your care?
Is there more information you need to inform your care and decision-making?
How can you find this information?
What else do you need to know?
SCDMF Thinking Tool: Critical Thinking - Problems & Priorities
What are the top 3 problems/priorities for your patient?
To determine rationale – What do I connect and how? + what is influencing this care
After Report
After your assessment
If any of your priorities changed, explain why
After rounds or assessment by primary care provider
If any of your priorities changed, explain why
CONTEXT
MICRO, MESO, MACRO
KNOWING THE PROFESSION
KNOWING THE SELF
KNOWING THE PATIENT
KNOWING THE USE
KNOWING THE PERSON
THINKING
CUE(S)
JUDGEMENT(S)
DECISION(S)
EVALUATION
Schematic Representation of the Situated Clinical Decision-Making Framework (Ellispie and Pearson, 2009)
SCDMF Thinking Tool: Reflective Thinking About Interventions
Reflect on an intervention.
Decision
What was the intervention?
Cue recognition/ assessment data
What data supported the intervention?
Evaluation
Was the intervention effective?
Based on your reflection would you do anything differently?
SCDMF Thinking Tool: Systematic Thinking
Cue recognition
Observations, assessments from the patient/family, lab and assessment data, physical responses or behaviours, and your intuition.
Judgement
What you think is happening, what data supports this, what else could be happening?
Priority
What is your priority?
Decision
What is your course of action?
Evaluation
Did your decision achieve the outcome you wanted?
Reassess and reassess
decision-making process
Is another decision required? Do you need more information or to involve someone else?
What else do you need to know?
SCDMF Thinking Tool: Judgments - Prioritizing Patients
AFTER REPORT: Prioritize your patients and explain why.
Who?
Why? What in this makes the patient a priority?
Context: What has influenced my decision?
First Priority
Second Priority
Third Priority
AFTER ASSESSMENT: Did your priority patient change?
Explain why -
Include contextual issues and/or influencing factors.
What else do you need to know?

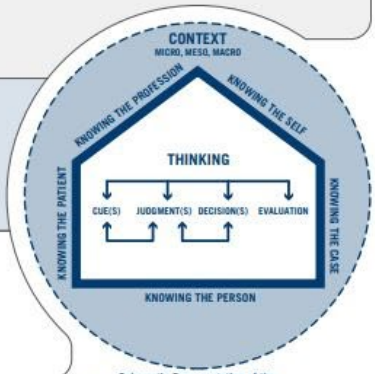
SCDMF Thinking Tool: Critical Thinking - Problems and Priorities

What are the top 3 problems/priorities for your patient?

Explain your rationale – include contextual issues and/or influencing factors

After Report	
After your assessment	
If any of your priorities changed, explain why	
After rounds or assessment by primary care provider	
If any of your priorities changed, explain why	

Further investigations:



Schematic Representation of the Situated Clinical Decision-Making Framework (Gillespie and Paterson, 2009)

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Use in Practice

- Assign a tool at the beginning of the clinical shift for the student to complete and discuss with CI/preceptor.
- As the clinical rotation moves forward, assign the 1-2 tools per clinical shift to demonstrate and articulate prioritizing, critical thinking and decision-making skills

- Use as guided discussion in post conferences, clinical discussions
- Use as part of formative assessment

- Use to showcase development and growth or lack thereof in clinical areas of practice
- Replace journals for CTTs as an alternate reflection strategy

Thank you

House-Kokan, M. & Jetha, F. (2024). Teaching to learn, learning to teach: Clinical thinking tools to support novice clinical educators, preceptors and students. *Journal of Nursing Education & Practice, 14*(5), 23. https://doi.org/10.5430/jnep.v14n5p3