

## IPESL Project Summary Report

### 1. Advancing Critical Thinking in the School of Nursing

Dr. Sandra Eggenberger

Dr. Norma Krumwiede

Dr. Patricia Young

### 2. Purpose

The purpose of the project was to enhance critical thinking in undergraduate nursing students through their clinical nursing courses by developing support mechanisms to cultivate faculty knowledge, skill, and competency in advancing students' critical thinking. In addition, since critical thinking is an undergraduate curricular outcome, we aimed to explicate a new assessment strategy for program evaluation. A comprehensive review of the nursing and higher education literature on critical thinking was undertaken and best practices for teaching critical thinking were identified and incorporated into a "tool kit" of instructional resources for clinical faculty. In our original proposal we indicated that individual course modules would be prepared for faculty specific to nine clinical courses; however, the tool kit that was developed was general in nature, so that it would be applicable or could be adapted by faculty teaching in any clinical context.

### 3. Results

In regard to the outcome to enhance thinking through development of support mechanisms, formative assessment was instrumental in shaping the scope of the project. Nursing faculty members were emailed three questions at the outset of the project: What is critical thinking to you? How do you see critical thinking relating to clinical judgment or clinical decision making—and what is important for nursing students? And, how do you teach critical thinking, clinical judgment or clinical decision making in your clinical courses—what teaching strategies or approaches do you use? Although only four faculty members responded, the responses were incorporated into development of resource material in the tool kit. In addition, feedback from the Undergraduate Curriculum Committee was elicited on a proposal for developing an on-line course on "critical thinking in clinical" in which students from across the curriculum could participate. The proposal was not supported by committee members, who encouraged the team to develop something that faculty members could choose or not choose to incorporate into their existing courses. Thus, a general tool kit was developed and presented in a workshop format to interested MNSCU nursing faculty and also made available in the online environment to all MSM nursing faculty. There were 55 pages of information included in the workshop handouts as resource material for the faculty.

A summative assessment of the workshop at which the tool kit was presented to MNSCU nursing faculty was conducted and of 37 evaluation forms returned, most attendees indicated the workshop as "very good" or "excellent" in all areas (see attached workshop evaluation summary data). Attendees correctly identified several activities they could incorporate into their clinical courses to enhance student critical thinking. Several different formative assessments were also conducted throughout the workshop and the results were used to shape the face of the workshop discussion. These assessments (which we learned about during the presentation by Dr. Stephen Brookfield and included the critical incident questionnaire, a one-minute paper, a muddiest point activity, and a

learning audit) were discussed with participants as examples of how to assess critical thinking in the teaching-learning environment. This is to say that we demonstrated to participants how they can assess critical thinking in their students by assessing the participants' own thinking throughout the workshop. In conclusion, faculty attending the workshop stated that the instructional resources they were obtaining at the workshop would be very helpful to them in advancing critical thinking of students in the clinical setting.

In regard to the outcome of explicating a new assessment strategy for undergraduate nursing program evaluation (and, indeed, assessing student critical thinking after faculty implement the new support mechanisms), assessment will continue over the next two semesters. After conducting a thorough review of the literature, we found no assessment strategy in a quantifiable test format that we would recommend for implementation at MSM. In other words, we could find no test that consistently showed changes in critical thinking in nursing students in a valid and reliable manner. Thus, the assessment strategy we are recommending for development and testing in the SON in fall is one we identified that is grounded in Dr. Stephen Brookfield's activity of checking assumptions—we've adapted it for the context of nursing. We are working specifically with eight N451 clinical educators who teach 64 undergraduate students in the first seven weeks of the semester to hone their skills using this specific tool kit resource and become a core group of expert implementers. We will present our recommendation to the Undergraduate Curriculum Committee and work with them to develop an appropriate evaluation project for testing the recommended assessment strategy in the SON. A similar project will be conducted with interested MNSCU faculty (identified at the workshop) during spring semester. IRB approval will be sought for these projects.

#### 4. Issues

The most challenging aspect of this project was trying and failing to elicit broad interest in the project by School of Nursing faculty in spring. On reflection, this lack of interest may have stemmed from not having an actual tool kit at hand for their consideration; now that we have developed a specific "product" for them to use to enhance critical thinking, we may obtain buy-in by greater numbers of faculty members. The issue is being addressed by working with a smaller group of eight faculty teaching in eight sections of one clinical course (two of whom attended the workshop and are facilitating introduction of the tool kit resources to the whole group). Many of these faculty are adjunct teachers and extremely receptive to learning how to facilitate critical thinking in students and also appreciative of our individual instruction. In addition, faculty who teach in the MNSCU system (but not at MSM) are being asked to become involved in pilot testing the assessment strategy we developed. As well, faculty who learn about the strategy through attendance at a presentation at the National League for Nursing Education Summit in late September will be invited to participate in testing the assessment strategy.

#### 5. Dissemination

As previously described, the support mechanisms we developed for faculty in the form of an instructional tool kit were presented in a MNSCU discipline workshop designed to advance critical thinking in undergraduate nursing education. We were awarded a \$5000+ grant from the MNSCU Center for Excellence in Teaching to present this workshop free of charge for MNSCU employees. The workshop was held at MSM

on August 15<sup>th</sup>. Registrants included 52 nurse faculty members from 16 different institutions—most of whom teach non-baccalaureate undergraduate students. On reflection, we believe this audience composition is significant because it illuminates our role as knowledge developers and disseminators in the MNSCU system.

The tool kit information is being made available on the CETL website at our particular workshop information site in order to provide attendees (or anyone) all of the handouts in electronic format. In addition, the tool kit information has been placed on the Nursing Faculty Organization D2L website for access by MSM nursing faculty.

The tool kit will also be presented to educators at the National League for Nursing Education Summit in Phoenix in late September. We participated in a peer-reviewed application process and we were one of approximately 85 abstracts selected from 324 submissions. Thus far 140 potential attendees have indicated interest in our 45 minute session at the Summit.

**Advancing Thinking in  
Undergraduate Nursing Programs  
Evaluation Form**

**August 15, 2007**

**Minnesota State University,  
Mankato  
220 Centennial Student Union  
Mankato, MN 56001**



**Minnesota  
STATE COLLEGES  
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Minnesota State Colleges & Universities  
Center for Teaching and Learning  
[www.ctl.mnscu.edu](http://www.ctl.mnscu.edu)

**Workshop Evaluation and Feedback**

Total Number of Evaluation Forms: 37

1. Overall, how would you rate the quality of this workshop?

<b>No Excellent</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	
<b>Answer</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
2	2	8	8	17

2. Please rate the [session] in each of the following areas:

Not applicable   Not at all   Somewhat   Adequately   Very  
Extremely

a. Did what was advertised/expected

<b>4</b>	<b>5</b>	<b>N/A</b>	<b>1</b>	<b>2</b>	<b>3</b>
1	0	2	9	15	10

\*But objectives were somewhat vague

\*Didn't know what to expect

b. Level of expertise and pacing of  
Presentation

<b>4</b>	<b>5</b>	<b>N/A</b>	<b>1</b>	<b>2</b>	<b>3</b>
0	0	1	6	18	12

\*Went fast

c. Met my personal needs

<b>5</b>	<b>N/A</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
0	1	3	9	14	10

d. Learning new ideas or strategies  
4

N/A

1

2

3

5

0	1	4	3	15	14
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\*Had heard some last MSU meetings – a few new

### 3. What aspect of this workshop was most beneficial to you?

- None of it. It emphasized the obvious
- Examples of CT activities
- Maes you feel okay about implementing new strategies
- The packet of information was great
- Review of critical thinking
- Some more recent info presented
- TIA's
- Networking→ learning how to do thinking differently – stimulating students – questions that increase the level of critical thinking.
- Questioning and reflection info
- Finally, at the very end, there were specific examples—needed more time on this.
- New ideas about getting students to think and not in nursing language alone
- Time management and critical thinking
- New ideas on critical thinking
- Skills to use to encourage critical thinking
- Assumption portion R/T
- Critical Thinking
- Stimulation of ideas! Thanks.
- Depth of my knowledge was strengthened
- Tanner's model
- Feel challenged to try new things in clinical
- Presenters sharing info that they have gathered. I hate group discussion – I just want the info I came for
- More ideas for teaching critical thinking
- Questioning techniques
- All
- Active learning; handouts in order of use!
- All
- Case study format on making assumptions. Learning new strategies to use in clinical setting.
- Expanding critical thinking evaluation and questions
- Learning the tools for critical thinking
- Examples of students journals in response to assignment

- LALSD discussion of practical situations in clinical of how to assess students medical knowledge
- Working on exercises, especially assumptions
- New info with direction and application
- Volume of excellent, appropriate materials for this subject.
- Reflective journaling. Challenging assumptions
- Entire workshop

#### **4. What ideas would you consider using in your classroom?**

- None
- Use of different questions with higher level thinking required
- Some of the specific ideas (i.e. journaling and some assessment)
- TIA's
- Good idea for journaling – patient critical thinking assessment technique
- Journal ideas, questioning in a different way
- CATS, assessments, clinical journals
- Reflective responses
- Questioning, reflection
- Brookfields questions
- Scenarios, journaling via discussion board
- Case scenarios
- The “quick” assessment techniques to help evaluate my teaching
- More for helping new faculty grow & develop
- Muddiest point – 1” – 5” paper, critical? In reflective journals – reflective journaling online discussion
- Tanner's Model
- Brining questions from a knowledge level to a higher level of thinking
- Journey Paper/Eval
- Classroom assessment
- CIQ
- Learning audit
- Reflective journaling, questioning
- Using questions that help foster reflective thinking
- Questioning, scenarios with assumptions
- Greater structure in clinical self-eval/journaling
- Critical thinking scenarios – assumptions
- Journal ideas, case study and ideas
- Rephrasing questions, more reflections, classroom assessment techniques and clinicals
- Reflection tools – Case Study/assumptions
- Almost all presented.

**5. Please provide feedback on the following items:**

- I understand why new nurses need so much orientation. Their skills are minimal when they graduate
- See attached responses
- Thank you Norma for adding humor, you are able to deliver content in a way that is easy to listen to.
- I could list to Norma talk all day, Thanks!!
- Developing rubric for sub eval!
- Please have bit better control of amount of discussion/keep on better pace to cover material

**6. For future planners of workshops for this group, what suggestions do you have?**

- Find a new concept to explore
- Need for increased info on clinical evaluation tools
- Actually presents it as a tool key
- A little too much time spent with audience talking – some people over and over – felt last part rushed (on assessment)
- Clinical grading tools
- Nursing – Ethics, professionalism, honesty in student (paper copying, stop plagerism,cheating, etc)
- Condense the info into a shorter session
- I expected more concrete specific tools – more of what was at the end
- Too much information/practice on assumptions. Prefer more classroom and clinical ideas/techniques.
- Diversity across cultures. Do we change western standards to accommodate students?
- Short and end a bit earlier in the day
- More sessions like this to help faculty grow!
- Can we bring together best practices for critical thinking?
- D2L discussion in Spring or summer next year
- Good Job! Great Food!
- More time ☺
- Possibly some demo/role play of instructor/student interaction in a simulated clinical setting, “modeling”. Also, this could have been a 1 ½ day or two day workshop – plenty of content to justify more than one day. Great breakfast snacks (healthy options) and lunch! It is obvious that you have done a lot of work to prepare. Thank you!!
- More on this?
- Great job!