Critical Thinking in Clinical Practice and Certification Testing

Objective

• Discuss the role of critical thinking in perianesthesia nursing and in certification testing

ABPANC’s Mission

• “…is to assure a certification process for perianesthesia nurses that validates knowledge gained through professional education and experience, ultimately promoting quality patient care.”

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What is Critical Thinking?

- Analyze information
- Interpret clinical data
- Use reasoning
- Make clinical references

Critical Thinking in Certification Testing

- Nurse is expected to
  - “Analyze a clinical problem, interpret clinically relevant data, and use reasoning in making references based on previous knowledge.”

  Turner, 2005, p. 276

Critical Thinking

- “…involves diagnostic reasoning, using the nursing process in a way that results in a clinical judgment or decision.”

  Turner, 2005
How Do You Test Critical Thinking?

- Questions designed to test
  - Knowledge & Comprehension
  - Application & Analysis
  - Synthesis & Evaluation

How Do You Test Critical Thinking?

- Multiple choice questions
  - Stem
  - Options
  - Attractive distracter v.s. true answer

How Do You Choose the BEST Answer?

- Read the stem VERY carefully
- Read the stem VERY slowly
- Read the options VERY carefully
- Eliminate the options
- Narrow down to Attractive Distracter and Correct Answer
What Will Be on the Test?

- Check the Test Blueprint

www.cpancapa.org

Physiological Needs

- Stability of
  - Respiratory system
  - Cardiovascular system
  - Neuromuscular system
  - Gastrointestinal system
  - Renal system
  - Integumentary system

Behavioral and Cognitive Needs

- Communication
- Cultural and religious respect, awareness
- Psychological, spiritual, emotional support
- Patient/family education
Safety Needs

- Delivery of care based on accepted standards of practice (for example, ASPAN Standards, Safe Medical Device Act, JCAHO, and/or OSHA)
- Effective multidisciplinary discharge planning
- Freedom from harm

Testing Your “Perianesthesia Critical Thinking”

- ASPAN Disclaimer
  - THE QUESTIONS WE ARE ABOUT TO DISCUSS ARE FICTIONAL AND DO NOT IN ANY WAY REPRESENT ANY QUESTIONS TAKEN FROM ANY ABPANC WRITTEN TEST(S)

Mr. H, 82 yo, is scheduled for a cataract extraction. His past medical history includes CABG 3 years ago and atrial fibrillation. Daily medications include: aspirin (325 mg), and metoprolol (50 mg BID.)
The perianesthesia nurse caring for Mr. H. would be concerned about:
1. Stopping his aspirin before surgery
2. Overnight post op hospitalization
3. Continuing daily medications on the day of surgery.
4. Advocating surgery be performed in a hospital setting

Kuchta, A. & Golembiewski, J., 2004

Preeclampsia causes:
1. Early onset labor
2. Braxton-Hicks contractions
3. Reduced organ perfusion
4. Post partum uterine atony

Poole, J.H. & Thompson, J.E., 2010

Ten minutes after receiving an interscalene block, the patient complains of new onset tinnitus. The nurse applies oxygen to the patient in anticipation of
1. Angina
2. Hypoxia
3. Seizures
4. Stroke

Brown, C., 2010
A 52 y/o man is recovering in PACU after a total hip arthroplasty. Because he is suspected to have OSA, the prudent PACU nurse avoids:
1. Bright lighting in the slot/bay
2. Basal opioid PCA infusion
3. I.V. doses of fentanyl
4. Nonsteroidal agents

ASPAN, 2012

The Preop nurse caring for a 35 year old female prior to a Roux-en-Y gastric bypass, will assess:
1. Sodium and potassium
2. BUN and creatinine
3. ECG
4. SpO2 reading

Donohue, K., Andrews, S.M., 2010

PACU nurses caring for adult patients in which clinical areas are required to successfully complete ACLS?
1. Pre op
2. Phase I
3. Phase II
4. All of the above

ASPAN, 2012
Mr. K. a patient in Phase II complains of “chest tightness” and feeling short of breath. He is diaphoretic and pale. You observe ST elevation in Lead II. Your first priority for Mr. K is
1. Pain control
2. Elevating the head of his bed
3. Oxygen supplementation at 4 L/min nasal cannula
4. Aspirin and nitroglycerin

American Heart Association, 2011

A 2 year old patient suddenly goes into asystole. The first drug given to the patient is:
1. Epinephrine 0.01mg/kg (0.1ml/kg) bolus 1:10,000 IV/IO
2. Epinephrine 0.01mg/kg (0.1ml/kg) bolus 1:1,000 IV/IO
3. Epinephrine 0.1 mg/kg (0.1ml/kg) bolus 1:1,000 IV/IO

American Heart Association, 2011

Which patient is at greatest risk to develop post operative nausea and vomiting in the PACU?
1. 82 year old woman after cataract surgery
2. 42 year old man after hernia repair
3. 33 year old woman, nonsmoker, after total abdominal hysterectomy
4. 3 year old girl after adnoidectomy

An 82 y/o patient awakens in Phase I after general anesthesia. He is confused and falls back asleep immediately after verbal stimulation. The preop assessment states the patient was A & O. A prudent nurse would
1. Attempt to improve oxygenation
2. Obtain electrolytes
3. Administer a reversal agent
4. Continue to monitor the patient

Allen, J. 2010
Marley, R. A., & Hoyle, B. L., 2010

According to the Joint Commission National Patient Safety Goal, report or Hand Off from caregivers must
1. Be face to face, in person
2. Be given over the phone
3. Allow the opportunity for questions
4. Use the SBARC format at all times

Schnur, M. & Talbot, K., 2010

A two year old child arrives to Phase I after a tonsillectomy. His eyes are closed. He is restless, thrashing and kicking. He does not respond appropriately to verbal command. The PACU nurse assess the patient for:
1. Hypoxia
2. Hypocarbia
3. Hyperglycemia
4. Hypertension

Schnur, M. & Talbot, K., 2010
Perianesthesia Standards of Practice are established by

1. PACU Nurse Manager
2. Individual PACU Nurse
3. National specialty organization
4. Charge nurse

Odom-Forren, J, 2010

Immediate post anesthesia nursing care priorities for the patient after breast reconstruction that includes muscle flap grafting includes

1. Maintaining a robust HCT
2. Monitoring blood glucose
3. Monitoring patient closely for hypovolemia
4. Promoting hypotension

Clifford, T., 2010

Discharge instructions and printed patient teaching materials should

1. use commonly used medical terminology
2. be given to the patient by the physician
3. be written at a fifth grade level or less
4. give as much detail as possible

Redmond, M.C., 2010
A reliable scale used to assess pain or distress in infants assesses

1. Face, legs, arms, cry, consolability
2. Face, legs, activity, cry, consolability
3. Crying, requires oxygen, increased agitation
4. Crying, requires oxygen, increased expression

Schnur, M. & Talbot, K., 2010
Redmond, M.C., 2010

A 42 year old woman is admitted to PACU after a D & C under propofol sedation. Her BP is 80/50, HR 148, ST. She is anxious, short of breath. Her skin is blotchy in color. She states “I’m having trouble swallowing” and “I’m itching all over.”

Stevenson, 2010

What would the appropriate treatment for this patient be?

1. Crystalloids, oxygen, diphenhydramine
2. Crystalloids, oxygen, dexamethasone
3. Phenylephrine, diphenhydramine, oxygen
4. Diphenhydramine, dexamethasone, epinephrine

Stevenson, 2010
Test Taker vs Test Maker?

- Consider the Blueprint
- Read SLOWLY, CAREFULLY and ONLY what you see on the page
- Check your options

Thank you!

References
- American Academy of Pediatric. 2011 Pediatric Advanced Life Support
- ASPAN, Practice Recommendation 10, Obstructive Sleep Apnea in the Adult Patient, p. 64. In 2012 – 2014 Perianesthesia Nursing Standards, Practice Recommendations and Interpretive Statements, p. 64. ASPAN: Cherry Hill.
### References


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