Example 1: Nine Critical Thinking Exercises

The following two-part exercise is one of nine Critical Thinking Exercises that first-semester nursing students must answer. Each exercise accompanies the concept being studied that week:

1. A 66 year-old male has been admitted to the nursing unit with CHF (congestive heart failure). The physician has ordered oxygen via nasal cannula at a flow rate of 6 L/min. You note that the client continues to be restless, his pulse rate and respiratory rate are increased, and he continues to breathe through his mouth. He keeps pulling the cannula out, complaining that it’s uncomfortable and stating that “no one can breathe with this in their nose”. What actions would you take? What is your rationale?

2. You are caring for a client one day post operatively following abdominal surgery. On your morning assessment, you obtain the following vital sign data: BP 142/80, pulse 84, respirations 12 and shallow, temperature 100.4°F. Pain is well controlled on PCA morphine, breath sounds are diminished at the bases with a few crackles, O2 at 93%. Based on this information, what problems/or potential problems can you identify? How will you individualize your plan of care for this client?

The following is a “model answer” to #2:

This patient’s systolic BP is slightly high, her pulse is normal, her temperature is at the high end of normal, but the thing that strikes my immediate attention is her shallow respiration rate of 12 breaths per minute, also the patient’s diminished vital sounds at the base, crackles, and relatively low O2 saturation. These assessments would all raise the question; is this patient receiving enough oxygen? The main problem right now would be impaired gas exchange that has the potential to progress and worsen the client’s condition. She seems to be having a deficit of oxygenation. My main concern in developing a care plan for this patient would be to improve her gas exchange, therefore improving her respiration depth and oxygen saturation. Since this person is recovering from abdominal surgery her abdominal muscles are most likely weak therefore making her ability to take deep breaths more difficult than usual. Therefore I might have her sit up and support her stomach with a pillow and have her take some deep breaths, if she can tolerate it. I would also pay close attention to the patient’s crackles and slightly elevated temperature, as these could be early signs of pneumonia. This could lead to a more serious problem with impaired gas exchange. If the patient produced any sputum I would evaluate it, and/or send it to the lab to be tested. If the client’s fever got any higher I would also order a chest x-ray. But my action as for right now would be to raise the bed to allow for complete lung expansion, encourage deep breathing while supporting her abdomen, and encouraging her to cough and release some sputum that is causing the crackles in her lungs. Also, since she is on a PCA morphine this narcotic could be contributing to her shallow, slow respiration rate. I would get an order to take her off of the PCA and get pain medication administered orally, so that I could see if her respiration rate went back up after the drug was stopped for a little. I would still be concerned with keeping this woman’s pain at a manageable level and administering pain medication as it was needed. Depending on the results of the above actions I would move on from there in developing a more appropriate, focused care plan. (386 words)

Workshop Questions:

1. What features of this assignment seem especially helpful to the student?
2. How could the professor cut the paper load for this assignment?
3. How might the assignment be changed to make feedback—or perhaps revision—easier?
4. What instructional uses might the “model answer” serve?
5. What kinds of reflection might be added to this exercise?
6. How could the “Nine Critical Thinking Exercises” be shaped into a portfolio submission?
Example 2: Major Nursing Care Plan

**PATIENT PROFILE DATABASE:** Refer to pg. 21 in the Schuster book on Concept Mapping. Every patient must have the laboratory data included on p. 21 as well as: red blood cells, sodium, BUN, creatinine, magnesium. Be sure to include all the laboratory data listed on page 21 in the text.

Explain why your patient’s lab values/diagnostic tests are abnormal. List the medication, classification and reason for the medication. Hand in drug cards only when passing medications.

**CONCEPT MAP:** Develop a concept map. Use the patient’s primary problem as the circle in the middle. The patient’s nursing diagnoses/problem should evolve from the primary problem. Draw lines of connection among the diagnoses/problem to indicate how they are related. Refer to pg. 73 or pg. 115 in the Schuster book.

**NURSING CARE PLAN:** List all the major nursing diagnoses, nursing goal, nursing interventions, nursing evaluation associated with the patient’s care. You need to have at least on physical and one psychosocial nursing diagnosis.

**SELF EVALUATION:** Evaluate your performance utilizing the course objectives found on the clinical evaluation tool. Were you able to meet your goals identified the previous week? How would you evaluate your preparation, ability to verbalize scientific rationale, professionalism, communication (written and verbal), and use of the nursing process. This should be insightful and demonstrate meaningful reflection of the day. Last, identify your goals for the next week.

**Concept Map and Major Nursing Careplan Rubric:**

<table>
<thead>
<tr>
<th><strong>PATIENT DATA BASE</strong></th>
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<tbody>
<tr>
<td>Data base is complete</td>
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<tr>
<td>Appropriate lab. data listed and explained</td>
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<td>Appropriate diagnostics listed and explained</td>
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<td>Medications and actions of drugs listed</td>
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<tr>
<th><strong>CONCEPT MAP</strong></th>
<th>20 points</th>
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<tbody>
<tr>
<td>Major concept identified</td>
<td></td>
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<tr>
<td>Appropriate relationship between concepts</td>
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<tr>
<td>Appropriate subconcepts identified</td>
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<table>
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<tr>
<th><strong>NURSING DIAGNOSES</strong></th>
<th>10 points</th>
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<tbody>
<tr>
<td>Stated correctly</td>
<td></td>
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<tr>
<td>Objective &amp; subjective data</td>
<td></td>
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<tr>
<td>Individualized to patient</td>
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**PATIENT OUTCOMES**

5 points  
- Goal identified  
- Patient oriented  
- Time frame  
- Measurable

**NURSING INTERVENTIONS**

15 points  
- Thorough  
- Concise  
- Specific (what, when, where, how)  
- Prioritized  
- Individualized to patient

**RATIONALE**

15 points  
- Rationale for each intervention  
- Thorough

**EVALUATION**

10 points  
- Evaluates whether goals are achieved  
- Develop interventions, if necessary  
- Describe conclusion

**SOURCES**

2.5 points  
- Includes sources in careplan  
- Include complete reference of source

**FORMAT**

2.5 points  
- Neat, legible and staple  
- Follows format

**Workshop Questions:**

1. What features of this assignment seem especially helpful to the student?  
2. How feasibly could this assignment be converted into a student-team project—and what would be the advantages/disadvantages of requiring a collaborative paper?  
3. How representative of nursing practice would a collaborative paper be?  
4. What changes would the professor need to make to turn this assignment into a collaborative paper?  
5. How might the self-evaluation be revised and assigned so that each student-team member demonstrated satisfactory completion of course objectives and personal contributions to the project?  
6. What considerations would faculty have to make in accepting a collaborative paper as a portfolio submission?
Example 3: Nursing Theorist

Purpose: The purpose of this paper is to assist the student to explore the initial steps of the theory and practice of nursing by examining a nursing theorist.

Content:
1. The student will select a nurse theorist. The instructor must approve this choice as no more than two students can select the same theorist.
2. The student will write an outline of the literature reviewed.
   A. The student will complete a search for information related to the theorist.
   B. The student will read the information gathered.
   C. The student will organize the information collected.
3. The student will develop a scholarly paper that includes the following sections:
   A. Introduction: Overview of the nurse theorist: What were the contributions? Why is this theory of any value? What is the significance of this theory?
   B. Background/Historical Perspective: Develop the nurse theorist as a real person. Where was she raised? What are her personal values? Where did this person attend school?
   C. Theory: Define and explain the nursing theory.
   D. Summary: General overall summary of the paper. Is this theory implemented in nursing practice today? What are the strengths and weaknesses of this theory? As a result of this literature review, what have you, the writer, realized? How can you implement this in your current practice?
   E. References: List all references (minimum of three) that were cited within the paper in APA format.

General Guidelines:
For paper:
1. Limit paper to five (5) pages of text (Title page and reference do not count.)
2. Follow APA guidelines with 1” margins and doubled spaced. Staple paper in the upper left-hand corner.

For presentation:
1. Be creative as well as educational.
2. Limit presentation to no more that 10 minutes.

Evaluation of Nursing Theorist Paper Evaluation:
Total Possible Points = 100
- Introduction (15%) 15 points:
- Background/ History of theorist (15%) 15 points:
- Theory (25%) 20 points:
- Summary (15%) 20%:
- Format (15%) 15 points:
  - APA Format
  - Grammar and Spelling
  - Structure and Organization

Evaluation of Nursing Theorist Presentation:
- Total Possible Points = 50
- Clarity (20%) 10 points
- Organization (20%) 10 points
- Creativity (20%) 10 points
- Information Shared (40%) 20 points
  - Overview of the Nurse Theorist (5 points)
  - Theory Explanation (7 points)
  - Implementation into your Practice (8 points)

Workshop Questions:
1. What features of this assignment seem especially helpful to the student?
2. How practically could this assignment be turned into a series of multiple short assignments—and what might be the advantages/ disadvantages?
3. Where would revision strategically benefit the student most, if this assignment were converted into a series of shorter ones?
4. Would it be necessary for the theorist presentation to occur after the project was completed? If not, why?
5. How—and where—might peer review fit into this project?
6. Why would—or wouldn’t—it be acceptable to submit a “split up” paper to the portfolio? Or would it be acceptable only to submit a portion (e.g., the summary)?

Example 3: Nursing Theorist

Please put yourself into groups of 3-4. You may want to choose to form groups of faculty who teach courses at the same level objectives in the nursing program. Or you may want to group yourselves among those who teach at different level objectives. Elect someone to keep notes and please do the following:

1. Consider a writing assignment you require in one of your courses—an assignment that you feel you need to shorten in some way, or replace with a shorter assignments or exercises.
2. OR... if you teach a course where you do not currently assign writing, consider how you might integrate informal writing exercises that could help students maintain practice for writing tasks in other courses.
3. Talk about the impact writing tasks in your classes might have on program objectives and the nursing portfolio.
4. When everyone in your group has finished sharing ideas, sum up at least three points or questions your group raised.

If time permits, it would be useful for a spokesperson in each group to share the three points they felt were particularly important with the rest of the workshop participants.
Boilerplate Comments and Questions

To save time, make a list of common comments and questions you use as feedback on students’ drafts. Here are examples:

Revision oriented:
- What’s your main point?
- Summarize your discussion before you begin.
- How does this part relate to the previous?
- You contradict yourself here.
- Rewrite this paragraph more logically.
- Why do you come to this conclusion?
- What other evidence can you give?
- Support this claim.
- Reread your source—this seems inaccurate.
- How could you introduce this quotation?
- Is this repetition?
- Please define this term.
- Choose another word.

- Write more concisely here.
- Are you paraphrasing or quoting?
- How do you interpret this point?
- Give an example.
- How can you answer those who disagree with this idea?
- This passage confuses me.

Encouragement oriented:
- Wonderful insight!
- Good explanation—can you do the same in section three?
- Well-chosen quotation.
- Your idea has strong potential. Elaborate.
- This passage ties back directly to your introduction.
- Thoughtful critique of your source—do more of this!
- You use this term precisely.
- This section of the paper demonstrates a real mastery.
- Could I share this draft with the class?

Writers often repeat 3 or 4 common types of errors. This list can help them edit. Pair this sheet with the idea of minimal marking:

1. Missing comma after introductory element: Frankly I don’t know. (Frankly, I don’t know.)
2. Vague pronoun reference: They’re going with them in their car. (The Phillips are going with the Smiths in the Jackson’s car.)
3. Missing comma in a compound sentence: She walked but I rode. (She walked, but I rode.)
4. Wrong word: There costing us a nominal leg. (They’re costing us an arm and a leg.)
5. Missing commas with a restrictive element: Jo who’s the boss quit. (Jo, who’s the boss, quit.)
6. Wrong/missing verb ending: Yesterday, he walk the dog. (Yesterday, he walked the dog.)
7. Wrong/missing preposition: We met in Michigan Street at Chicago. (We met on Michigan Street in Chicago.)
8. Comma splice: She danced for hours, she never stopped. (She danced for hours. She never stopped)
9. Missing/misplaced possessive apostrophe: Toms mom took his two friend’s cigarettes away. (Tom’s mom took his two friends’ cigarettes away.)
10. Unnecessary tense shift: Cary was laughing until she slips and falls. (Cary was laughing until she slipped and fell.)

11. Unnecessary pronoun shift: If a person tries, they’ll get ahead. (If a person tries, she’ll get ahead.)
12. Sentence fragment: All gone. (The cake is all gone.)
13. Wrong tense/verb form: If I saw the police, I would of drove slower. (If I’d seen the police, I would have driven slower.)
14. Lack of subject-verb agreement: The biggest part of the chores are done. (The biggest part of the chores is done.)
15. Faulty parallelism: She’ll leave after she will fire Jones, calls Newman, and has interviewed Miller. (She’ll leave after she fires Jones, calls Newman, and interviews Miller.)
16. Non-agreement between pronoun/antecedent: To each their own. (To each her own.)
17. Unnecessary comma(s) with a restrictive element: The play, Othello, moved him. (The play Othello moved him.)
18. Fused sentence: I liked it I laughed. (I liked it. I laughed.)
19. Misplaced/dangling modifier: Approaching the ship, we watched whales with binoculars. (Whales approached the ship as we watched them through our binoculars.)
20. Its/it’s confusion: Its a red car on it’s side. (It’s a red car on its side.)
21. There/they’re/their confusion: Their driving they’re in there own sweet time. (They’re driving there in their own sweet time.)
22. Misplaced comma in a quotation. “I’m tired”, she said. (“I’m tired,” she said.)