

CRITICAL THINKING IN PATIENT CENTERED CARE

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SORT SCORE			
A	B	C	NA

SORT, Strength of Recommendation Taxonomy

LEVEL OF EVIDENCE		
1	2	3

See page AB for complete details regarding SORT and LEVEL OF EVIDENCE grading system

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ABSTRACT

Health care providers can enhance their critical thinking skills, essential to providing patient centered care, by use of motivational interviewing and evidence-based decision making techniques.

Background and Purpose

The need for critical thinking skills to foster optimal patient centered care is being emphasized in educational curricula for health care professions. The theme of this paper is that evidence-based decision making (EBDM) and motivational interviewing (MI) are tools that when taught in health professions educational programs can aid in the development of critical thinking skills. This paper reviews the MI and EBDM literature for evidence regarding these patient-centered care techniques as they relate to improved oral health outcomes.

Methods

Comparisons between critical thinking and EBDM skills are presented and the EBDM model and the MI technique are briefly described followed by a discussion of the research to date.

Conclusions

The evidence suggests that EBDM and MI are valuable tools; however, further studies are needed regarding the effectiveness of EBDM and MI and the ways that health care providers can best develop critical thinking skills to facilitate improved patient care outcomes.

Key words: patient centered care, evidence-based decision making, critical thinking skills, motivational interviewing

Provision of patient centered health care requires providers to possess more than clinical skills. Ethical decision-making and effective communication skills in a multicultural environment are essential competencies for health care providers, as are problem solving and clinical reasoning. Patient-centered care requires critical thinking expertise. John Dewey, an early proponent of critical thinking, suggested that critical thinking involves suspension of judgment and healthy skepticism.¹ A more formal definition of critical thinking is the process of determining the authenticity, accuracy, and worth of information or knowledge claims.²

EDUCATIONAL FOUNDATION

Evidence-Based Decision Making

Routinized dental hygiene care performed without reflection and critical thought can result in poor quality care. Critical thinking skills are an essential component in the educational curriculum so that the clinical decisions made by future health care providers can result in optimal care provision. One educational approach for helping students develop critical thinking skills is inclusion of evidence-based decision making (EBDM) in the curriculum. EBDM has evolved over the past decade to be defined as

“the integration of best research evidence with our clinical expertise and our patient’s unique values and circumstances.”³ Thus, EBDM is synonymous with patient-centered care and optimal decisions are made when all components are considered (Figure 1).

EBDM requires that clinicians keep current with new concepts and master skills such as determining the most appropriate clinical questions, conducting efficient computerized searches to answer those questions, critically appraising the evidence and applying the results in clinical practice, and then evaluating the outcomes. Table 1 illustrates how these abilities parallel those of a critical thinker as identified by Scriven and Paul.⁴

Theoretically, mastering EBDM skills can help dental hygienists identify the best evidence to address patient problems, manage the information overload, and distinguish between claims that are supported by evidence and those that are not. Thus, EBDM and critical thinking skills are intertwined and mutually inclusive.

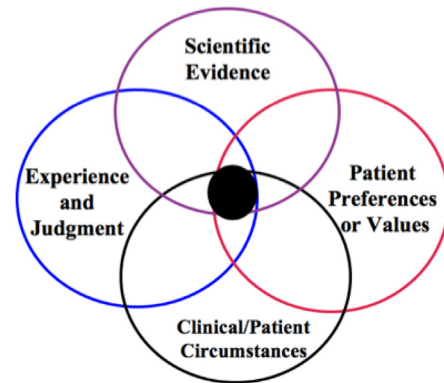
Motivational Interviewing

Utilizing a motivational interviewing (MI) approach to guide patients toward implementing optimal oral health care behaviors provides an opportunity for a health care provider to apply critical thinking skills. Historically, Rollnick and Miller developed MI counseling techniques for addictive behaviors such as alcohol and drug abuse when methods of conventional patient education did not result in desired behavior changes or empower people to adopt healthier behaviors.⁵ The principles of MI followed the work of Carl Rogers, well known for the concept of client-centered therapy.⁶ MI incorporates aspects of The Transtheoretical Model (TM) of health behavior which describes behavior change as a process of moving through a series of stages on the path toward readiness for change. TM was developed by Prochaska and colleagues who compared the smoking cessation processes used by self-changers to those of smokers in professional treatment.⁷ The researchers observed that behavior change unfolds through a series of stages; it was on this basis that they developed their theory of behavior change.⁷ Rollnick and Miller defined MI as a “patient-centered directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.”⁵ Ambivalence occurs when the verbalized desire to change does not match one’s actions. Compared with conventional behavior change approaches, MI is more focused on the patient’s goals and the behaviors needed to achieve them. Although MI was first used in treating addiction, it has since been used in other health care areas where traditional patient education was not effective and there was ambivalence to change.^{8,9} The goal of MI is to trigger a patient’s own motivation for change and adherence to a mutually agreed upon treatment plan.⁵ The most significant

Figure 1. Evidence-based decision making.

Evidence-Based Decision Making

Integrating the Most Current Knowledge into Clinical Decision Making



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Table 1. Comparison of critical thinking and EBDM skills

Critical thinking skills ⁴	EBDM skills ³
Raises questions and problems, formulating them clearly and precisely	Asks a specific clinical question
Gathers relevant information	Accesses the most current scientific information via a computerized search
Assesses relevant information, comes to well-reasoned conclusions	Critically appraises the evidence to determine its validity and usefulness
Tests against relevant standards, thinks openly about alternative systems of thought or alternative perspectives	Applies the results of the appraisal as appropriate
Assesses assumptions, implications, and practical consequences and communicates effectively with others in determining solutions to complex problems	Evaluates the process and patient care outcomes

aspect of motivational interviewing is that the clinician does not approach patient education with a firm formula but rather conducts a therapeutic conversation and then uses the ‘spirit’ of the therapeutic conversation to guide the communication exchange. This changes the style of the clinician from a ‘power figure’ who can ‘fix’ the patient’s problems to a collaborator and coach, allowing the patient to examine solutions to their oral health problems based on their lifestyle, values and preferences.⁵ The clinician-coach is non-authoritative and non-judgmental. The patient is considered as ‘the expert’ in determining how their values,

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