What is ‘critical thinking’ and why is it important?

Introduction to critical thinking: what it is and why it is important in health and social care • Defining critical thinking • Is critical thinking a new idea? • Critical thinking is not as common as you may think • An example of critical thinking in action • How you can think more critically – using ‘six questions to trigger critical thinking’ • The need to think critically has never been more important . . . • How critical thinking can help you in your academic assignments and professional decision-making • In summary • Key points

In this chapter we will:

• Introduce and define critical thinking and say why it is important.
• Give an example of critical thinking in action.
• Introduce ‘six questions to trigger critical thinking’.
• Explore why critical thinking has become more important in recent years.
• Explore how critical thinking can help you in your academic assignments and professional decision-making.
Introduction to critical thinking: what it is and why it is important in health and social care

In short, critical thinking is about taking a step back and thinking logically and carefully about the information you have, rather than believing everything you read, see and hear. Critical thinking is about questioning and evaluating the information available to you.

Critical thinking is probably what you already do when you read a newspaper. You question what you read and often take what you read with a ‘pinch of salt’. There is often good reason for this. Take the headline ‘Freddie Starr Ate My Hamster’ from *The Sun* newspaper back in 1986 which created much publicity, but the facts behind the headline were hotly disputed (Starr 2001). Critical thinking is probably also something you already do when you listen to and take part in discussions in your day-to-day life. You listen and probably join in, but inside you start wondering if there is any evidence behind the claims being made or whether it is all ‘hype’. Or maybe you are not always critical of what you read, see and hear. Sometimes our own experiences make us biased and prevent us from being logical.

To give an extreme example: someone who has just survived a plane crash is likely to perceive plane travel as dangerous, even though it is often quoted to be the safest form of travel. There are many times when we need to examine our perceptions and biases if we want to make logical choices. You may have heard of the term reflection. We discuss this in more detail in Chapters 4 and 5 but in principle when you take the time to reflect you consider your thoughts and feelings and how they impact on the decisions you make.

Consider what preconceived ideas and misconceptions about everyday life might affect what you think, do, and how you do it.

You might think that in professional life, everybody is rational; that professional literature and conversations you hear among professionals are different and you can believe all that you read, see and hear. Unfortunately this is not always the case. Even professional literature varies a lot in quality and it is essential that you can make sense of what you read. There is also a vast amount of evidence, some of it good and some less good. The quality of the dialogue you hear in professional practice will also vary.

The implications of this within health and social care are enormous. Kamhi (2011) describes how false beliefs that we develop can lead to the making of wrong or badly judged decisions. In other words, if we are not critical of the beliefs we hold, this can lead to poor decision-making. In our personal lives, we take the consequences of this ourselves. In our professional
INTRODUCTION TO CRITICAL THINKING

Kida (2006) provides a summary of the most common thinking errors. These include: being persuaded by personal experience rather than objective evidence and preferring evidence that supports our ideas rather than objective evidence. Critical thinking, and in particular using reflection (as we discuss in Chapters 4 and 5), helps us to avoid these thinking errors. Critical thinking involves taking a step back and thinking logically about the evidence that you have. Facione (1990: 2) explains why critical thinking is important:

"Critical thinking is essential as a tool of inquiry. As such, critical thinking is a liberating force in education and a powerful resource in one’s personal and civic life. While not synonymous with good thinking, critical thinking is a pervasive and self-rectifying human phenomenon."

This is very important in health and social care. You cannot help bringing your own experiences with you into practice. What is important is that you acknowledge these and examine your beliefs in a critical way. You will hear a large amount of professional dialogue and have access to a vast amount of professional literature, and you need to work out what is useful and relevant and what is not; you need to make sure you are using reliable information wisely, both in your academic assignments and to inform your practice. In this book we will explain how you do this.

Imagine you experienced severe sickness many years ago when you were given the pain-killing drug morphine after an operation. You were intolerant of the drug and this is an extreme side effect that affects a very small proportion of people who receive the drug. Now, as a practitioner, you do not routinely offer the drug even though it is written up ‘as required’ and you try to dissuade people from consenting to this drug, even when they are in severe pain and morphine is the drug of choice. In this situation, lack of critical thinking can lead to the delivery of inappropriate care. This is an example of how a false belief can lead to a badly judged decision.

or

Imagine you are a social worker who experienced severe bullying as a child at nursery school. You now find yourself reluctant to advise mothers in your care to send their children to nursery even when the social situation recommends that this is the best arrangement for the child concerned.

life, it is our patients and clients who will be affected if our care is based on false beliefs.
Defining critical thinking

There are many definitions of critical thinking, but if you look at them carefully the message is largely consistent.

Price and Harrington (2010: 8) have recently defined critical thinking as the gathering, sifting, synthesizing and evaluating of information which enables the practitioner to act as a:

*knowledgeable doer – someone who selects, combines, judges and uses information in order to proceed in a professional manner.*

Wade and Tarvis (2008: 7) define critical thinking as:

*the ability to assess claims and make objective judgements on the basis of well supported reasons and evidence rather than emotion and anecdote. Critical thinkers are able to look for flaws in argument and resist claims that have no support.*

In other words, if you are a critical thinker, you think carefully about what you read, see and hear. When you hear a news story or listen to a discussion among friends, you question the quality of the evidence and the conclusions drawn from that evidence. If the topic is important to you, you endeavour to find out more information which will help to make sense of the facts. This enables you to form an overall view and then apply it to the situation at hand.

**Have you been a critical thinker in the past?**

*Refer back to how you have used information in the past and consider the potential problems with your approach. Did you:*

- Scan read written information?
- Only use readily available sources?
- Ignore research that didn’t agree with your current practice?
- Listen to advice from colleagues without questioning?
- Copy what you observed without question?
- Believe everything that you read without questioning the authority of the writers or the quality of the arguments or evidence?
- Use only one or two sources?
- Only use sources that supported your view?
Is critical thinking a new idea?

Critical thinking is not a new idea in health and social care and many professionals have always questioned what they read, see and hear. The ancient roots of critical thinking date back to the ideas of the Greek philosopher Socrates, who is credited with pioneering a questioning and rational approach to problem-solving and encouraging people to reject statements made on the basis of confused meaning and inadequate evidence. We can see then that the concept of critical thinking has stood the test of time, however, as shown by Examples 1 and 2 below, the concept is neither universally nor routinely applied.

Example 1: evidence of a lack of critical thinking

Take for example a recent media story which was running in early January 2011. Newspaper and television reports (Daily Mail, The Guardian, The Daily Telegraph, Channel 4 News, 3–6 January 2011) documented that:

- **hundreds of women have become pregnant whilst using a particular contraceptive device**

Almost every newspaper and news programme in the UK carried this story at this time. The reports carried the news that 584 women had become pregnant while using the ‘Implanon’ contraceptive device. While these numbers are not disputed and many women may well have got pregnant while using the device, what the report didn’t tell us was the overall context – that is how many women used the device in total and hence whether the failure rate was higher than would be expected (given that no contraception is 100 per cent effective). Media reports implied that the number of unwanted pregnancies associated with this device was excessively high and exceeded the number of unwanted pregnancies associated with other contraceptive devices. Yet when Radio 4’s More or Less picked up this story on 7 January 2011, it...
Critical thinking requires that you look beyond the initial headline that catches your eye. In the examples cited above, critical thinking was required to question the source of the evidence and look further afield, considering the huge numbers of people successfully using the device compared to those experiencing problems.

Example 2: further evidence of a lack of critical thinking

The controversy over the measles, mumps and rubella vaccination (MMR) gives us another good example of why it is so important to be critical of what you read, see and hear – in other words, to critically appraise. The original research by Wakefield et al. (1998) was hugely influential.

This research paper has now been retracted by the publishing journal, The Lancet. This was because the evidence presented was later found to be flawed. However, before it was retracted, it attracted wide publicity. The paper described how 12 children who had received the MMR vaccination also went on to develop either autism or bowel disease. Yet millions of children have had the MMR vaccination and suffered no ill effects. Also, children who have not been given the MMR vaccination have developed autism and/or bowel disease. Anyone looking critically at Wakefield et al.’s paper can see that the evidence it provides is not strong; in fact it is very weak indeed, and as in the previous example, critical thinking is required to consider the method in which the data about the vaccination was collected and presented. A critical thinker would have used rational judgement and critical appraisal to explore the quality of the paper and to expose its weaknesses. Yet somehow, this paper was so well publicized, and not critically evaluated, that vaccination rates plummeted as parents feared for the safety of the vaccination. In a further twist to this story, not only was the study very weak, but much later on it was found to be fraudulent – there is evidence that the details of some of the 12 children described in the study were fabricated (Deer 2011).
Critical thinking is not as common as you may think

Having read Examples 1 and 2, you might not be surprised to read that we argue that critical thinking is not as common as we might like to think (which is why we have written this book). We have given the examples of the misleading newspaper headlines and misinterpreted poor quality journal article. Indeed there is evidence that many professionals do not always think critically about the evidence they use. When researchers (Petrovic et al. 2001) undertook a survey of health care providers to establish whether their practice had changed in the light of the MMR vaccination scare, they found that a large number of health care professionals expressed reservations about giving the vaccination because of Wakefield et al.’s study. This suggests that these health care professionals had either not read or thought critically about the evidence relating to this aspect of their practice.

Unfortunately there are many other such examples. On his ‘Bad Science’ website (www.badscience.net) and in his book, Goldacre (2009) illustrates what can happen when people are not critical of information that is presented to them; he explores many commonly held ideas about popular culture, most of which involve health and social care. Using a critical approach, he examines the minimal evidence on which many of these ideas are based and yet which attract huge popular interest. For example: so called ‘miracle cures’ such as herbal remedies or fruit drinks are advertised and sold and yet the evidence underpinning their medicinal qualities is often unproven. Goldacre is particularly vocal on the ‘science’ of detoxification and outlines the lack of good quality evidence proving any benefits of this widely used practice. Goldacre’s examples illustrate how ‘weighing up’ or critical appraisal of the evidence has not been carried out and as a result many people are adhering to practices or beliefs that have no scientific underpinning. In other words, there is very little evidence behind some of these popular ‘remedies’ and it is important that people think critically and question this, rather than take at face value the claims made by those who will profit financially from their use.

An example of critical thinking in action

In order to be a critical thinker you need to be able to understand and make sense of what you read, see and hear. As a professional, inundated with a vast amount of information, you are very likely to come across sources of information that conflict with each other. You need to understand why this is the case in order to make sense of what you read, see and hear. This is a long-term goal.
and you are not expected to understand all the complex information, literature and evidence you come across right from the start. However, if you start off by developing the right skills, you will become more and more able to do this.

In Example 3, we consider Facione’s (1990: 2) criteria for a critical thinker and apply these to the situation described. Facione describes the characteristics of a critical thinker as being someone who does not accept things at face value:

*The ideal critical thinker is habitually inquisitive, well-informed, trustful of reason, open-minded, flexible, fair-minded in evaluation, honest in facing personal biases, prudent in making judgements, willing to reconsider, clear about issues, orderly in complex matters, diligent in seeking relevant information, reasonable in the selection of criteria, focused in inquiry, and persistent in seeking results which are as precise as the subject and the circumstances of inquiry permit.*

In Example 3 we will highlight the characteristics demonstrated from the above quote in bold.

**Example 3: critical thinking in action**

In this example we demonstrate how you can take a critical approach. We will consider the information provided by a letter printed in a health care journal:


We will consider how you should judge the quality of evidence provided by the letter and how you should act on it.

Let’s imagine you meet a patient or client who has read a letter which seems to cast doubt on the health benefits of taking omega 3 fat supplements. The patient/client shows you the letter and asks you about the benefit of taking these supplements.

You read the letter. **Inquisitive and open minded**, you remember attending a lecture about food supplements and have heard about the potential benefits of omega 3 fat supplements. You remember that omega 3 fats are used to prevent or alleviate a variety of illnesses. This letter seems to question their benefits. Feeling somewhat confused yourself, you promise to find out more information. You realize you cannot answer your patient/client from the information presented, and demonstrating Facione’s requirement of **persistence**, you decide to seek further information in order to be **well informed**.
The first thing to do is to consider the quality of the evidence you have been presented with. Don’t be tempted just to accept the headline that you have been shown as fact. You need further information. Indeed Facione tells us to be **diligent in seeking further information**. Remember that a letter – even one printed in a reputable journal – simply represents someone’s opinion. It does not provide sufficient evidence upon which to base any firm conclusions although it could trigger further action on your part.

The evidence that is generally most useful in guiding our professional practice is research evidence. We will discuss what research is and how you recognize it in later chapters of this book; however at this stage you can see how a systematic scientific investigation or project (which is generally what research is) is likely to be stronger evidence than someone’s views as printed in a letter.

When you read the letter more closely, you discover that it is referring to the use of omega 3 fats for the prevention of cardiovascular disease and cancer in particular. You then read on and discover out that the writers of the letter are referring to a recently published piece of research:


Given that the letter itself is not good evidence upon which to base your practice, your next step should be to search for and find the article to which the letter is referring using subject-specific search engines (we will discuss how to do this in Chapter 3). This is demonstrating Facione’s characteristic of **persistence**.

When you locate the research you find that it is a **systematic review**. A systematic review is usually very strong evidence indeed. Whereas one piece of research gives you results from one study, a review of results looks at the results of all studies that have been undertaken in a particular area. In a systematic review, all the relevant papers that have been published on a particular topic are collated and reviewed so that all the evidence can be seen together – we will discuss more about this approach in the next chapter.

In this case, the researchers examined research which explored the role of omega 3 fats in the prevention of cardiovascular disease, cancer and overall morbidity. The authors concluded that there is little evidence that omega 3 fats play an effective part in the prevention of these diseases. However, when you look at this piece of research in more detail, you find that the researchers included in their review not only studies of omega 3 fats but also of another acid (linolenic acid, a vegetable oil not to be confused with alpha linolenic acid). In other words, the results of studies using non-omega 3 fats were combined with studies of using omega 3 fats only, and the review did not focus solely on omega 3 fats. The finding that there is little evidence that omega 3 fats are effective in prevention of disease is therefore somewhat
misleading, as we do not actually know what the findings would have been if omega 3 fats only had been studied, rather than omega 3 fats and linolenic acid. In order to establish the effectiveness of omega 3 fats in the prevention of disease, researchers would need to review research papers relating only to the effects of taking omega 3 fat supplements.

Your response to the patient/client would probably be to explain that the research (systematic review) referred to in the letter was a review of the effects of other substances in addition to omega 3 fats and that we cannot really tell from this review how effective omega 3 fat supplements alone are in this respect. You could go on to say that the benefits of omega 3 fats are still being explored.

From Example 3, you can see why it is so important to be a critical thinker and a critical reader. In working through this example, you have demonstrated that you can make sense of complex issues (Facione 1990). This enables you to get behind the headlines to see what the evidence is really telling you. You can see how a letter alone is not sufficient evidence upon which to base practice or recommendations to patients or clients. It is important to dig beneath titles and headlines to find out what the information is really about.

How you can think more critically – using ‘six questions to trigger critical thinking’

We cannot stress enough how important it is to challenge your own assumptions and consider whether you hold any biases that might affect your views or perspectives on a topic. It is also important to read and ask questions about what people tell you, and also to make sense of what you read, see or hear. You will often come across the following terms:

- **Critical thinking** is when you adopt a questioning approach and thoughtful attitude to what you read, see or hear, rather than accepting things at face value. It relates to both academic work and professional practice. Critical thinking involves a **critical appraisal** of the information available to you.

- **Critical appraisal** is when you consider the strengths and limitations of the evidence you read see and hear, depending on the type of evidence you have. The types of questions you need to ask yourself are:
• **Where** does this information come from?
• **What** is being said?
• **How** did they write this?
• **Who** is telling me this?
• **When** was this written?
• **Why** has this been written?

This means making a judgement about the facts and the quality of evidence on which these facts are based. Critical appraisal involves **critical analysis**.

**Critical analysis** is when you break down or explore in depth all the information available relating to an issue or question. This may involve exploring what is happening and the reasons why (see Examples 1, 2 and 3). You may need to consider and access alternative perspectives, including theory.

**Introducing our ‘six questions to trigger critical thinking’**

The following six questions have been adapted from a tool devised by Woolliams *et al.* (2009). You can use these questions to help you consider the

| **Where** did you find the information? | **What** is it and **what** are the key messages or results/findings? |
| Did you just ‘come across’ it? Or did you access it through a systematic search? | Is it a research study, professional opinion, discussion, website or other? |
| **How** has the author/speaker come to their conclusions? | **Who** has written/said this? |
| Is their line of reasoning logical and understandable? | Is the author/speaker an organization or an individual? |
| If it is research or a review of research, how was it carried out, was it done well and do the conclusions reflect the findings? | Are they an expert in the topic? |
| **When** was this written/said? | Could they have any bias? |
| Older key information may still be valid, but you need to check if there has been more recent work. | How do you know? |
| **Why** has this been written/said? | **Who** is the information aimed at – professionals or patient/client groups? |
| | What is the aim of the information? |
strengths and weaknesses of any piece of evidence you come across (for example: news items, research reports, discussion with colleagues and so on).

You can use these questions as a prompt to help you ask questions about any information you have; to make a judgement about its quality and therefore how you use it in your practice or academic work. Unfortunately, there is no exact way to judge the relevance of information – this remains your judgement. However, as a general rule, research studies will provide you with stronger evidence than more anecdotal literature and information from experts will be stronger than information from people with less experience or who are less well known. Also, recent high-quality literature will be stronger than older literature, but no literature is perfect.

Identifying the type of information you use

We suggest that you get used to citing some detail about the information that you use in your academic work and be prepared to present the information in your practice environment. For example: if the information you use in an assignment is a research report, say this. If it is anecdotal information or professional opinion, say this as well. This lets your audience know that you are aware of the quality of the literature you use. In general, you can use as many different sources of information as you like in your written work as long as you let the reader know that you are aware of the strengths and weaknesses of each source of information and remember not to use weaker sources to make critical points.

The need to think critically has never been more important . . .

There are two reasons for this. First, there has been a vast increase in our professional knowledge due to the rise in the concept of evidence-based practice and secondly, health and social care professionals are increasingly accountable for the practice they deliver.

Critical thinking and the increase in professional knowledge

Many writers such as Moyer and Elliott (2004) have commented on the continual state of change in the modern world; the pace of change is so fast that what is published today may be out of date by the time you read it. This is just as true in health and social care as in any other setting. What you learn today in a lecture or in the workplace one day might be out of date tomorrow.
or indeed by the time you encounter a situation in which you put this new knowledge into practice. It is certainly true that ‘change is happening all the time’ and we would argue that you should embrace change. One reason why there is constant change is that we are continuously acquiring new information about health and social care topics and this is mostly due to the increase in evidence-based practice.

**What is evidence-based practice?**

You may have heard of the term ‘evidence-based practice’. Evidence-based practice is about being able to provide a strong rationale for your health or social care practice. Simply put:

*evidence based practice is practice that is supported by clear reasoning, taking into account the patient’s/client’s preferences and using your own judgement.*

(Aveyard and Sharp 2009: 7)

The importance of the concept of evidence-based practice is that it emphasizes the need for the best possible evidence to underpin practice. The concept of evidence-based practice has replaced the concept of practice based on tradition and ritual. Most definitions of evidence-based practice argue that in addition to evidence, professionals should use their professional judgement alongside consideration of patient or client preferences (Aveyard and Sharp 2009).

**Information overload**

Along with the rise in interest in evidence-based practice, there has been a vast increase in knowledge and evidence relating to professional practice. Some information is useful and some less useful. There is so much information available on any one health or social care topic that it can be difficult to read and comprehend everything related to your topic of study, let alone work out if the information is of good quality. This is why you need to be a critical thinker; so that you can work out what is useful information and what is less useful for your practice and academic writing.

**Example**

Writing in the *British Medical Journal* in 2010, Fraser and Dunstan cite the example of a cardiac surgeon who would need to read 40 papers each day, every day for 11 years to keep abreast of new developments in the field. Of course, at the end of these 11 years, these developments are already out of date!
This situation is roughly the same in every health and social care field. In addition to published academic papers, there are new websites, blogs and information resources for patients/clients. If you do a quick internet search using a search engine such as Google or Yahoo! on any health or social care topic, you will get many thousands of hits. This will be far too many to make any sense of. This is why you need a **more specific professional health or social care database** (which we will discuss in Chapter 3) rather than a general internet search engine when you are searching more seriously for health or social care topics. Using a more specific database will reduce the number of unwanted hits you get; however, you will still access many thousands of hits unless you are very focused in your search.

Let's take for example the topic of dementia, one that is potentially relevant to many health and social care professionals. CINAHL is the abbreviated title of a well-used database containing references for health and social care. A general search for information about dementia using this subject-specific database will yield you over 18,000 hits. If you are more specific and request only **research papers** about dementia, you will still get a few thousand hits. Reducing this further to a **particular aspect** of dementia care will reduce the number of hits further still, but they are still likely to run into many hundreds or a few thousand. Clearly this is a daunting number but it illustrates the point we are trying to make – the more focused your search is, the more you can narrow down your search and reduce the number of unwanted hits you get.

Consider one area of your professional or clinical practice (it may be a patient/client problem or intervention). Enter the key phrase into a database or search engine and see how many results (hits) you get. How do you think this would compare with 10 or 20 years ago?

You can see that if you are going to use evidence in your professional practice and academic writing you need to seek out the best available information for your studies and practice. You also need to focus on the specific aspect of the topic you are interested in so that you do not get sidetracked with more general information and therefore fail to find out what you really need to know. You also need to be selective about what you read, see and hear and be able to recognize good quality evidence when you come across it. It is important to make sense of what you read, see and hear so that you can work out what information is good quality and should influence your practice, and what isn’t and should not. In general, **research** will be stronger evidence than more **anecdotal** sources and **reviews of research** will be stronger still. We will discuss these in more detail in Chapter 3.

Smith (2010) describes the responses from some health and social care workers to managing vast amounts of information. He points to the ‘ostrich strategy’ that is adopted by those who do not try to keep up to date, and the
THE NEED TO THINK CRITICALLY HAS NEVER BEEN MORE IMPORTANT . . .

‘pigeon strategy’ in which professionals ‘cherry pick’ what they want to believe from all the available information. This might include listening only to what they hear from colleagues in practice and not finding out more from a range of sources. In this book we argue that it is not good practice to accept the first thing you read, see or are told in practice without further investigation. You need to be more critical than this.

Professional knowledge is changing and expanding all the time. It is not possible to teach everyone how to respond in every given situation. As knowledge is increasing at such a fast pace, all students/learners and practitioners need to be confident in accessing new knowledge, and they need to be able to think critically about it. Professionals need skills to access and interpret the knowledge they require when they require it. We will not survive in professional life if we just try and remember facts or learn from experience, as we will quickly become out of date. Not only that, but we will then be role-modelling out of date practice for others to learn from. It doesn’t take much imagination to see how practice can quickly become outdated if people learn from others who are not up to date. We need to be able to continue to keep up to date, and respond flexibly and creatively to solve problems in fast-changing health and social care environments.

In response to this information overload, the best strategy is not only to keep reading and accessing up-to-date information but also to be critical of the information you read so that you know which information is useful to you and which is less useful. The aim of this book is to show you how to do this most effectively.

It is not appropriate in the world of health and social care to accept everything you are told by lecturers and practice assessor/mentors or to learn just by observing role models and building up experience. You also need to:

- **Read widely** about your topic and appraise the quality of what you are reading.
- **Think critically** about what you see and hear in practice.
- **Think critically** about how you seek out and use good quality information from a variety of sources.
- **Think critically** about how the best new evidence can be applied to your practice.

**Professional accountability**

As a health or social care professional or student/learner you have a representative professional governing body. All of the professional bodies emphasize the importance of professional accountability for practice. As a practitioner, you must be able to justify and give a clear account of and rationale for your practice (Dimond 2008). According to Griffiths and Tengnah (2008), to be accountable is to be answerable for your acts and your omissions. This involves a duty
to provide the most up-to-date care, based on the best available evidence. It is the role of the professional to incorporate relevant information into everyday practice in order to provide **safe and effective** patient/client care and to ensure that the best care is delivered. A key component of accountability is using evidence-based practice as a justification for the care or practice you give.

One reason it is so important to make sense of the information you come across is because as a health or social care professional, you are **accountable** for the care you give.

The complicated part comes when you consider that most aspects of care are informed by a wealth of information – recent developments, research, policy documents, standards of practice and so on. For any one aspect of care that you consider, there is a vast amount of related literature. Not only is there a lot of reading to do, you also need to be critical of what you read and you need to make a judgement about it if you are to be able to account for your care or practice if called to do so.

**Who are you accountable to?**

- Students are accountable to their higher education institution, and when they are in practice settings they should be supervised by a registered professional.
- Registered practitioners are accountable to their professional body and their employers.
- All registered health and social care practitioners are accountable to the law.

**Different professional bodies**

In the United Kingdom, the **Health Professions Council** (HPC) currently regulates 15 professional groups (at the time of writing) including occupational therapists, physiotherapists, operating department practitioners, dietitians, paramedics, radiographers, speech and language therapists, art therapists, chiropodists/podiatrists, clinical scientists, orthoptists, prosthetists and orthotists. Their **Standards of Conduct, Performance and Ethics** (HPC 2008) are available at www.hpc-uk.org/aboutregistration/standards.

There are plans to transfer the General Social Care Council (GSCC) functions to the HPC in 2012 but currently social workers have a **Code of Practice for Employers of Social Care Workers** (GSCC 2010), available at www.gscc.org.uk/page/35/Codes+of+practice.html.

All branches of nursing and midwifery are accountable to the **Nursing and Midwifery Council** (NMC) which publishes **The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives** (NMC 2008), available at www.nmc-uk.org/Nurses-and-midwives/The-code.
All these professional organizations emphasize that those accountable to them should:

- Provide a high standard of practice at all times.
- Provide care that is based on the best available evidence.

Access your professional body’s standards or code of conduct, performance and ethics. See if you can identify any parts of it which require you to be a critical thinker.

When you are called to account for your practice, you will only be able to do so if you have administered care that you can justify. It is no good trying to defend yourself by saying ‘my colleague advised me to do this’ or ‘my lecturer told me to do this’. This will not be seen as a good justification for your actions, and would certainly not be seen as a strong defence. It is not difficult to see where these points are taking us. There is an ever increasing amount of information available for health and social care professionals to make sense of, and each professional has an obligation to make decisions based on the best available evidence in order to provide optimum care and remain accountable to their professional body. The best way to defend your practice is to provide appropriate evidence to justify your actions – you need to be able to think critically to be able to do this.

What about your legal responsibilities?

All professionals owe a legal duty of care to those they look after and this duty involves delivering care that is based on the best available evidence. Recent case law has supported the role of evidence, and using the best available evidence, to determine the standard of care professionals have to deliver rather than allowing professionals to disregard evidence and set their own standards.

However, this has been the case only recently. Not many years ago, the standard of care was largely set by professionals. This norm was established in a case frequently referred to as the Bolam case (Bolam v. Friern Hospital Management Committee [1957] 2 All ER 118 per McNair J.). This case focused on the care of a patient who was given electro-convulsive therapy (ECT) without the administration of muscle relaxant. He sustained an injury which he claimed was due to the failure to administer the muscle relaxant and the court considered whether there had been a breach of duty when the doctor decided not to administer the relaxant. In other words, did the doctor owe a duty to the patient to administer the relaxant? In order to answer this question, the court referred to other psychiatrists to see what the common practice was in respect of the administration of muscle relaxant. Because the court was informed that other psychiatrists would not have given the muscle relaxant,
it ruled that this was not an essential practice and the patient lost his case. Thus at the time, the standard of care was set by the opinion of professional groups who did not have to rely on evidence to defend their practice. It was enough that other professionals would back them up, irrespective of what the evidence advised was best practice. This was known as the ‘Bolam principle’.

You can see that the ‘Bolam principle’ did not demand that practice was evidence based; it only demanded that it was in accordance with what other professionals would do. Gradually this principle has been replaced by a requirement for professionals to be able to justify their actions with reference to evidence. In the case of Bolitho v. City & Hackney Health Authority [1993] 13 BMLR 111, CA, the court held that the body of expert opinion relied upon to judge good practice should be logical and evidence based, thus establishing a legal duty to provide care that is based on the best available evidence, rather than a repetition of other professionals’ action or advice.

How critical thinking can help you in your academic assignments and professional decision-making

We have illustrated how we are often inundated with information, but a lot of it is poor quality and we therefore need to think critically about the information we are presented with. We have also illustrated with Example 1 and Example 2 earlier in this chapter that it is easy for a critical approach to be lost within a ‘good story’. If this is considered to be unfortunate within everyday life, it is far worse and potentially far more serious within health and social care practice as professionals risk making poor decisions if they are not critical about the information upon which they base their practice. You can see how critical thinking is a skill that is essential to acquire and one which will enhance your academic writing and practice. We have illustrated this in Example 3.

If you examine the marking criteria for your academic assignments, you will see that you are marked on your ability to demonstrate that you can be critical of the literature you include. This involves using the best available evidence relating to the points you are making. In principle this generally means looking for research evidence rather than anecdotal sources. We also have to be aware of what constitutes good quality research and if at all possible look for reviews of research rather than single papers. It is also necessary to make a judgement about the quality of the research, which we will explain in later chapters. In your professional practice, this means questioning what you are told and looking up information to inform your care. Taking information
at face value and out of context – even if it is published in a reputable professional journal – is not the way to attain academic or professional credibility.

The need for health and social care professionals to keep up to date with information regarding new developments and appraise the merits of new research and proposals in relation to their own practice is one of the main drivers behind the current move towards an ‘all graduate’ health and social care professional body and specialist and advanced roles. The need to be able to think critically as a safe, effective and independent practitioner has never been greater. It is likely that qualified professionals will be those who assess the patient/client and plan evidence-based care which may then be implemented by assistant practitioners, care assistants and those in supportive roles. As professionals we need to be critical thinkers in order to plan and evaluate the effectiveness of the interventions we deliver rather than carrying out care unquestioningly.

Before you move on to the rest of the book, can you identify how you might become more critical?

Because there is so much information available, in this book we make a distinction between information that is readily available – for example, lecture notes, recommended textbooks (which we discuss in Chapter 2) – and information for which you need to search a bit harder – for example, through a literature search to locate relevant journal articles (which we discuss in Chapter 3).

It is important to note that we will be discussing critical thinking in relation to both your academic studies and your professional practice. This is because practice and theory are closely interconnected. Sometimes you may be writing about what you have done in your workplace, or you may be applying knowledge or research gained from writing in relation to your management of care for a patient/client. It is hoped that this book will assist you in developing your skills as a critical thinker within health and social care. Read on . . .

In summary

We have discussed why it is important to be a critical thinker as this helps us to make rational decisions in our professional lives. We need to examine our own beliefs in order to do this and then think critically about the information we come across. There is a vast amount of literature and other information that you will encounter and you will need to make sense of what you read and
not accept arguments at face value. We have suggested an approach to being
critical of what you read, see or hear using the ‘six questions to trigger crit-
ical thinking’ given earlier. As a professional, you are accountable and you
should ensure that the practice you deliver is evidence based. Critical thinking
helps us to work out which evidence to use.

Key points

1 Critical thinking is essential to promote reasonable decision-making.
2 Critical thinking means being critical about the information we receive and
how we use it.
3 Information is expanding in all areas of health and social care – some infor-
mation is useful and relevant, some less so, and some can be inaccurate or
misleading.
4 As professionals we need to be able to work out which information is useful
to us and use it appropriately.
5 We suggest using the ‘six questions to trigger critical thinking’ approach
to do this – this should help you to identify the most appropriate sources
and enable you to be more critical of the information you use in your
academic work and professional practice.