



9 traps that block you thinking like a nurse.

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Here is a useful table identifying some of the more common thinking errors (and checks to help you flag them) that nurses are prone to make during their clinical reasoning processes.

Error	Definition	Check!
Anchoring	Tendency to lock onto features of the patient's presentation <i>too early</i> during the clinical reasoning process	Have I considered all the factors yet?

Ascertainment Bias	Thinking coloured by prior assumptions and preconceptions.	Am I stereotyping, stigmatising or labelling my patient?
Confirmation Bias	Looking for evidence to confirm what you think is going on rather than looking for evidence to refute it.	What else might be going on here?
Diagnostic momentum	Once you begin to think you know what is going on, it becomes harder and harder to change track. Even when the evidence suggests otherwise	Am I remaining open to other alternatives?
Fundamental attribution error	The tendency to be attribute blame to the patient for their situation instead of focusing on root causes	Am I behaving judgementally here?
Overconfidence bias	Placing too much emphasis on hunches, opinion or prior experience	Does the evidence support my reasoning? Am I looking at this through beginner's eyes?
Premature closure	Closing down your thinking processes, accepting a diagnosis before it has been fully verified	Am I still paying attention to what is going on right now?
Psych-out-error	When clinical conditions are wrongly attributed to mental health issues	Could this situation be due to a medical condition (hypoxia, delirium, electrolyte imbalance, head injury etc.)

Unpacking principle	Failure to 'unpack' all the medical history and clinical signs (for example: rushed assessment, poor handover, poor documentation)	Do I have everything I need to see the complete picture?
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If you are interested in reading a little deeper into clinical reasoning as nursing practice, I recommend you read this paper by Tracy Levett-Jones *et al* (pdf): Learning to Think Like a Nurse - from which this table has been modified.

[\[http://journals.sfu.ca/hneh/index.php/hneh/article/viewFile/65/56\]](http://journals.sfu.ca/hneh/index.php/hneh/article/viewFile/65/56)

Competent professional practice requires not only psychomotor and affective skills but also sophisticated thinking abilities. Nurses are responsible for a significant proportion of the judgments and decisions made in healthcare. Even new graduate nurses are required to make increasingly complex decisions about patients with diverse health needs. Effective clinical reasoning skills are a key factor in the prevention of iatrogenic harm. When cognitive errors occur nurses', clinical decisions may be inaccurate and associated with inappropriate interventions that can lead to increased and untimely patient mortality.

Reference: Levett-Jones, T., Sundin, D., Bagnall, M., Hague, K., Schumann, W., Taylor, C., & Wink, J. (2010). Learning to Think Like a Nurse. HNE Handover: For Nurses and Midwives, 3(1). Retrieved from <http://journals.sfu.ca/hneh/index.php/hneh/article/view/65>



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