Therefore, critical thinking is an essential skill for midwives.

A critical analysis and understanding of holistic care for a woman must be in line with RCOG (2012) recommendations. They state the MIDOWS chart must not be an isolated assessment, but a trigger for the appropriate professional to review and to ensure there is continuous observation to prevent further deterioration.

Wider observation and critical thinking can be supported by a variety of tools (Sepsis Six Plus Two, Think Sepsis, SBAR, PROMPT and escalation policies). In isolation, the tools are poor predictors (Sidwars et al, 2014) so, to care for women safely, a prompt response will provide a clear pathway for a multidisciplinary approach.

Critical Thinking – defined by Buckley et al (2015) as critical thinking applied to contents of evaluation – can be a complex skill and difficult to develop, especially if it is linked to an event, such as caring for a woman with a deteriorating condition.

For educators and mentors, it is imperative to create a critical analysis and understanding of holistic care for a woman with a deteriorating condition. Raskoff and Matsumoto (2015) discuss the perils of ‘outside the box’ thinking and cultivate evaluative thinkers in student midwives.

For educators and mentors, it is imperative to create a learning environment that promotes reflection and critical thinking, which is what we must teach our students.

Jo Killingley, senior midwifery lecturer, Middlesex University

**TABLE 1**

<table>
<thead>
<tr>
<th>Basic clinical indicators of oxygen delivery and tissue perfusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen saturation</td>
</tr>
<tr>
<td>Capillary refill time</td>
</tr>
<tr>
<td>Blood pressure</td>
</tr>
</tbody>
</table>

**TABLE 2**

<table>
<thead>
<tr>
<th>Some of the symptoms of sepsis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pyrexia</td>
</tr>
<tr>
<td>Fever</td>
</tr>
<tr>
<td>Diazotaxis</td>
</tr>
<tr>
<td>Vomiting</td>
</tr>
<tr>
<td>Abdominal pain</td>
</tr>
<tr>
<td>Tachycardia</td>
</tr>
<tr>
<td>Hypotension</td>
</tr>
<tr>
<td>Tachypnoea</td>
</tr>
</tbody>
</table>

**TABLE 3**

Potential symptoms which should not be disregarded

A mother feeling warm as a result of full breast milk and therefore her temperature is dismissed

Abdominal discomfort – contributing factor to the uterus involuting and therefore no further investigations

Tiredness and lethargy – assumed due to the physical demands of birth and feeding a newborn baby

**TABLE 3**

Wound infection

**THINKING CRITICALLY IN THE WORKPLACE**

**Practical strategies examples of activities (Buckley, 2015)**

1. Create an intentional evaluative thinking (ET) learning environment
   - (a) Display logic models in the workplace, for example, in meeting rooms and newsletters.
   - (b) Create public spaces to record and display questions and assumptions.
   - (c) Post questions, such as: How do we know what we think we know?
   - (d) Highlight the learning that comes from successful evaluations and also from ‘failures’ or dead ends.

2. Establish a habit of scheduling meetings to focus on ET practice
   - (a) Have participants ‘mine’ their logic models for information about assumptions and how to focus evaluation work. For example, categorising outcomes according to stakeholder priorities.
   - (b) Use opening questions to start an ET discussion, such as: ‘How can we check these assumptions on accuracy and validity?’ and ‘What plausible alternative explanations are there for this finding?’
   - (c) Engage in critical debate on a neutral topic.
   - (d) Critically review and identify assumptions in a published article.

3. Use role-play when planning evaluation work
   - (a) Conduct a scenario analysis. Have individuals or groups analyse and identify assumptions embedded in a written description of a fictional scenario.
   - (b) Take on various stakeholder perspectives using the ‘thinking hats’ method in which participants role-play as a particular stakeholder (Den Boin, 1999).

4. Diagram or illustrate thinking with colleagues
   - (a) Have teams or groups create logic and pathway models (theory of change diagrams or causal loop diagrams).
   - (b) Diagram the programme’s history.
   - (c) Create a system, context, and/or organisation diagram.

5. Engage in supportive, critical peer review
   - (a) Review peer logic models – help identify assumptions in their theory of change.
   - (b) Use the critical conversation protocol – a structured approach to critically reviewing a peer’s work through discussion.
   - (c) Take an appreciative pause – stop to point out the positive contributions and have individuals thank each other for specific ideas or support.

6. Engage in evaluation
   - (a) Ensure that all evaluation work is participatory and that members of the organisation all at levels are offered the opportunity to contribute their perspectives.
   - (b) Encourage members of the organisation to engage in informal, self-guided evaluation work.
   - (c) Access tools and resources necessary to support all formal and informal evaluation efforts, including the support of external evaluators. ECB professionals, data analysers.