Critical vs. Analytical Thinking

A Guide for New Legal Nurse Consultants

CRITICAL VS. ANALYTICAL THINKING

Some of the most unfortunate malpractice cases happen when a patient's condition changes gradually. Early in my surgical ICU career, I cared for a patient who had a routine surgery but remained unresponsive hours after anesthesia reversal. His vital signs and neuro checks were unchanged throughout my shift.

The next morning during walking rounds, I noticed facial drooping and right-sided flaccidity. When I asked the night nurse when the patient "stroked out," she said, "What stroke?"

She had documented small changes, compared them only to her *own* last charting, and took no action. Subtle changes accumulated until the stroke was undeniable.

If she had used **critical thinking**, this likely wouldn't have happened. Critical thinking requires stepping back, looking at trends across the entire shift (and perhaps the previous one), and asking what those trends *mean* for the patient in front of you.

New Legal Nurse Consultants must make a similar shift — but in a different direction.

LNCs must move from **critical thinking** to **analytical thinking**.

Where critical thinking is real-time and action-oriented, analytical thinking is retrospective and structured. It asks whether the care provided met the standard of care and whether any failures contributed to harm. And it always keeps the four elements of malpractice in mind: **duty, breach, causation, and damages**.

Here's the difference:

Critical thinking

- Real-time care
- Rapid assessment and intervention
- Protecting the patient in the moment

Analytical thinking

- Retrospective review
- Comparing care to standards relevant to the time of the event
- Determining whether actions (or inactions) contributed to damages

Analytical thinking asks:

- What does this mean in the context of the case?
- What stands out - or doesn't?
- What would an attorney need to notice here?
- Does missing documentation have meaning?

• Are there alternative explanations?
• Does this represent a breach?
• Did that breach cause damages?

The shift happens when you move from **reviewing** documentation to **interpreting** it.

Instead of:
"Chest pain reported at 14:00,"
you begin to think:
"Chest pain reported at 14:00 - but no cardiac workup was initiated for several hours."

Attorneys aren't looking for a rewritten medical record. They're looking for:
• Patterns
• Gaps
• Timing issues
• Missed opportunities
• Damages linked to lapses in standards of care

A simple way to practice analytical thinking: after summarizing a section of records, pause and ask yourself:
• Why does this matter?
• What would I flag if I were discussing this case?

If you can answer those questions, you're no longer just reviewing - you're **analyzing**. And that shift is what turns a timeline into something an attorney can actually use.