Six Thinking Hats Applied in the Course of Clinical Case Study and Practicum III
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Abstract
This paper is to apply the six thinking hats teaching method with role playing of nursing students in the course of Clinical Case Study and Practicum III to reflect their own creative process. Literature on six thinking hats has been more focused on educational areas, with a lack of studies on the nursing field. In nursing, only descriptive studies of merging six thinking hats with the curriculum have been done, and they did not prove the contribution of this method to nursing education. In this study, one group of nursing students used role playing with six thinking hats in a simulation representing the unique nursing activities for an AIDS patient on the infection control unit. The feedback from the nursing students involved in the study indicated that using six thinking hats stimulated their ability to think creatively about the situation. Adding the CoRT training course connecting six thinking hats with six action shoes to the nursing curriculum to inspire the creative thinking abilities of nursing students could be the direction of the future for creative nursing research, though no studies have yet been done involving the application of both methods to practical nursing education. Creativity of nursing students is expected to be promoted through the diversity of creative teaching strategies.

Keywords: Six Thinking Hats, Nursing Education
Introduction

For a long time, nursing education has been more focused on critical thinking; however, there is lack of focus on creative thinking, which is also important for nursing education since the 21st century has been a creative era. Not until the early 2000s, did the Taiwan Nurses Association (2005) and The National Union of Nurses’ Associations (2003) start to develop competitive activities of creativity for encouraging nurses to create the unique and essential products for clinical patients to improve the quality of care in clinical settings.

Ku, Kao, and Sheu (2003) wrote an article to introduce many different kinds of creative teaching strategies for nursing education and the process of applying Asking, Thinking, Doing, and Evaluation (ATDE, Chen, 1990) in the course of professional nursing concepts. Later, Ku (2002) conducted a research grant to apply ATDE in the course of professional nursing concept III to improve the creativity of nursing students, including fluency, flexibility, and uniqueness. Although fluency and flexibility of creativity have improved through ATDE teaching, uniqueness has not improved yet and is the most difficult to develop for nursing students.

Purpose of the Study

The purpose of this study is to apply six thinking hats as a creative teaching strategy in the course of clinical case study and practicum III. Through the creative
process designed by Taipei Veterans General Hospital, nursing students developed a unique product for a given clinical case. Lately, six thinking hats have been applied by having nursing students play different roles for reflection of their creative thinking process. Ramalingam (2009) described the benefits of using six thinking hats as a teaching strategy as including first, allowing students to speak their different perspectives concerning an issue; then, probing the students’ perspectives to stimulate diversity and creativity in thinking; and finally, helping students transform their thought processes to higher-order thinking.

**Literature Review**

de Bono (1970) was the first person to propose the idea of lateral thinking, which is different from the traditional vertical thinking. According to de Bono (1970) lateral thinking, the philosophy of six thinking hats, was developed to include red, black, white, yellow, green, and blue hats. Following the de Bono (1970) philosophy, Chen (2000) applied six thinking hats to cultivate diversity of thinking in students in Taiwan. The red hat represents the subjective feelings and emotion of a person; the black hat represents the criticisms and judgments of a person; the white hat represents objective and neutral thinking; the yellow hat represents positive thinking; the green hat represents creative thinking, and the blue hat represents the integration of all the above categories of thought represented by the other five hats in order to come to a
conclusion. According to the research about six thinking hats in the education field, Tamura and Furukawa (2007) merged Edward de Bono’s six thinking hats into internet learning to train students in problem-solving, and the study indicated that including six thinking hats decreased the teaching load of the instructors and increased the quantitative and qualitative problem solving strategies of the students as compared with students not trained using six thinking hats. Wang (2003) compared 14 elementary students who took six thinking hats training with another 14 as a control group regarding the difference of problem-solving abilities. The study included 11 teaching units with six thinking hats, and results indicated that the experimental group had higher scores in explaining inference, casual thinking, and deciding solving methods as compared with the control groups.

However, six thinking hats only trained students in diversity of thinking, but the lack of action led de Bono (1992) to propose that the essence of serious creativity is to design systematically and prudently creative skills which can identify the action of creativity (Hwang, 2002). Following this action, Hwang (2002) proposed the CoRT training course consisting of six thinking hats and six action shoes that Luh (1995), Chang (1998), and Chen (1990) had also applied the CoRT course in training the creative thinking ability of students. Additionally, Chang (2002) draw a mind map framework according to six thinking hats with six action shoes, including blue, grey,
brown, orange, pink, and purpose shoes. Chen (2005) explained that the blue shoe stands for routine and regular behaviors; the grey shoe for acquiring information related to inquiry, investigation, and collecting data; the brown shoe for practical and stable behaviors; the orange shoe for crisis and dangerous situations which need emergency interventions for security issues; the pink shoe for caring, compassion, and sensitivity toward human beings; and the purpose shoe for authority as characters of leader and demanding.

In nursing education, Lewis (1998) first discussed and applied the de Bono (1970) philosophy of six thinking hats in nursing clinics, administration, education, and research fields. Kenny (2003), Sally (2008), and Karadag, Saritas, Erginer (2009) applied six thinking hats as a reflection tool in the courses of hospice care, midwifery and surgery nursing to assist nursing students to think with diversity and creativity. In the study results of Karadag, Saritas, Erginer (2009), 90.2% of nursing students reported that the course using six thinking hats helped them learn thinking from different perspectives; more than 80% of them expressed that the course helped them share different opinions and thoughts with others, using empathy and a holistic way of thinking about patients; and finally 75.5% of them indicated that the course helped them produce creative ideas.
Methodology

The course of clinical case study and practicum III was designed as a group discussion with the instructor leading and probing clinical scenarios. The sample group consisted of almost 100 nursing students who have worked in different hospitals with 3-5 years of experience, divided into 8 groups with three instructors guiding. This study was approved by the school committee as a project of Taiwan’s Ministry of Education and conducted from September, 2008 to January, 2009. First the group discussion focused on the nursing process to identify the case’s health problems and design his/her nursing interventions. Secondly, according to the nursing interventions the group designed, the instructor followed the Wu (1985) proposed Torrance (1974) concepts of fluency, flexibility, and uniqueness and transformed them for the nursing students to analyze their nursing interventions.

Fluency refers to the total amount of nursing interventions the group of nursing students designed. Flexibility refers to the categories of nursing interventions the group of nursing students designed. Uniqueness means that after discussion the group of nursing students made the decision to choose a special nursing intervention to modify as the creative nursing product. According to the special nursing intervention, there are five steps in the guiding process, including naming the nursing intervention, motivation of creation, literature review, procedure of creation, and appropriation and
application in the nursing profession.

Results

The result used one group project as an example of unique nursing intervention with the simulation of role playing using six thinking hats. The simulation came from an AIDS patient in the unit of infection control.

Unit: Infection Control
Red hat: the patient
Black hat: the patient’s sister
White hat: doctor, chief nurse, head nurse
White hat: supervise nurse
Green hat: case manager
Blue hat: observer
Doctor: Who is the nurse to take care of case 88?
Chief nurse: It is me.
Doctor: Is the patient here?
Chief nurse: Yes, he is here.
Doctor: His data is coming and I would like to explain his illness.
Chief Nurse: OK.
Observer: Chief doctor, head nurse, and nurse are walking to the bed for #88.
Doctor: Sir, how are you? Because you have a fever during hospitalization, your blood test identified that you have AIDS.
The patient: Really?... Is it really true?... How come?... I always used a condom! You are cheating me? That report is real?
Doctor: I know this is difficult to accept, but the report shows that you have AIDS. The patient: It is impossible.
Doctor: I will find a nurse to tell you the principles for taking care of yourself.
Observer: The patient did not care about whatever the doctor said and kept silent. The patient’s sister walked into the unit as the chief doctor, head nurse and chief nurse left.
The patient’s sister: What is up?
The patient: The doctor told me that I have AIDS (small voice).
The patient’s sister: What? What are you talking about?
The patients: AIDS.
The patient’s sister: How come? It must be a mistake! I will call the nurse to explain clearly.
Observer: The patient’s sister called for the head nurse.
Head nurse: What is the matter?
The patient’s sister: Head nurse, excuse me! I would like to ask about my younger brother’s illness. The doctor told him he has AIDS? Is something wrong? He was here because of a fever and maybe you took the wrong chart? If it is AIDS, it means that he does not have a future? Should we prepare his funeral?
Head nurse: Relax! Do not worry!
The patient’s sister: How can I relax? AIDS!
Head nurse: Our examination report identified that your younger brother has AIDS.
The patient’s sister: How come?
Head nurse: Please, you must accept the fact. In reality, you do not have to worry too much because AIDS and hypertension and DM are all chronic illnesses. If you follow up regularly and treat the illness and take the medicines, AIDS is just like a chronic illness. It is just taking pills for a long time so that you do not have to worry too much. Later I will ask a case manger and chief nurse to tell you some principles of daily living, including eating, clothing, living, and transportation. When your younger brother is stable, we will refer him to a support group. Please calm down because we will be here for you, and if you still have any questions, you can find us at any time…so do not worry too much. OK?
Observer: After the head nurse’s explanations, the sister’s emotions became stable.
Then the case manger and chief nurse came into the unit to give the case education on dealing with AIDS.
Chief nurse: Sir, this is our case manger and we plan to tell you how to take care of yourself. We hope you will obey whatever we teach you, then your condition can be controlled.
The patient: Fine.
Observer: The case manager gave the case some information related to daily living with AIDS and explained it to him.
The patient: Now I cannot go out and have fun? And I cannot have sex? How is life going to have any meaning for me? I am still very young!
The case manager: Sir! Do not worry! You can still go out and have fun with your friends and have sex.
The patient: But you did not teach me about such things?
The case manager: Later I will explain such things to you. We will discuss these
things and explain them to you. You just pay more careful attention! Just do not worry!

Observer: The case manager and nurse found that the patient was concerned and had questions about going out to have fun and having sex. Therefore, they decided to have a unique educational brochure made for the case. Two days later, the case manager brought an educational brochure to the AIDS patient and discussed the content with him.

The case manager: Sir! We have designed an educational brochure for you to take with you. The content includes AIDS related questions and information. For instance, the principles for travelling outside and for sexual behavior, and how to take the pills are included. Plus the brochure can help you with your spiritual well-being; for example, you are a designer by profession, so you can draw pictures on the brochure and write down your feelings. In addition, if you want to attend an AIDS support group, we will find and contact such groups for you.

The patient: Thanks!

Observer: The next morning the supervising nurse participated in the morning meeting and discussed the case. She said that the AIDS educational brochure was designed well and was a very good creative product. We often ignored the problems of education and entertainment, but through this brochure, we can give out educational principles concerning eating, clothing, living, transportation, education and entertainment for daily living. You all have done a good job!

Following is the creative AIDS educational brochure.

<Figure 一>  <Figure 二>  <Figure 三>

<Figure 一> Chao Thoughts: During the sorrow period, hurt marks as one line piled with the other, and when the fire is blowing, the hurt marks suddenly disappeared and became the feeling of joy.
Closed Church: In reality my heart as a serious and closed church, and I would like to release my repentance, but somehow it is always closed.

Isolated Appreciated: I feel myself as a flower in a cliff, although blooming it is beautiful, it is always lonely.

**Students’ Feedback**

Student A said: “Our group designed an AIDS education and recreation brochure. It is unique and it shortens the distance between the nurses and the case. Whenever this case is in for follow-up, he likes to chat with this nurse and this has touched the nurse’s heart.” “The creative thinking training has inspired our numb brain so that we all work hard, and we have made an improvement.” Student B said: “Under the teacher’s leading, I understood that creativity is simple, and an ordinary clinical educational brochure can be made into a creative educational brochure. Creativity is not difficult, and we can incorporate it into daily life if we have the heart to do so!” Student C said: “We have worked in clinics for a long time, doing nursing interventions by intuition. However, through discussion, the teachers led and inspired us to think, ‘What else we can still do for the patient?’” “[It only took a little creativity to come up with a very useful product.] Our group just designed an AIDS education and recreation brochure which invited the case to draw his own pictures which let him participate in this process of creation!” Student D said: “In clinical routine care, we never think about creative activities. This semester for us involved trying something new. I feel that creativity requires ideas from groups of people, and
one person cannot produce creativity.” Student E said: “Through discussion with the teacher, I found that my own thinking was not broad and comprehensive. Because of instruction from the teacher, I will be able to view and handle the different points of a case whenever I work in the clinics.”

**Conclusion and Suggestion**

Overall, although de Bono (1970) proposed the philosophy of lateral thinking and developed the six thinking hats teaching strategy a long time ago, literature on six thinking hats has been more focused on educational areas, with a lack of studies on the nursing field. In nursing, only descriptive studies of merging six thinking hats with the curriculum have been done, and they did not prove the contribution of this method to nursing education. Adding the CoRT training course connecting six thinking hats with six action shoes to the nursing curriculum to inspire the creative thinking abilities of nursing students could be the direction of the future for creative nursing research, though no studies have yet been done involving the application of both methods to practical nursing education.

Six thinking hats has most often been used in nursing education to reflect the nursing process by playing different roles. However, reflection is not equal to creativity. Therefore, it is suggested that nursing teachers can incorporate more creative teaching strategies such as brainstorming, ATDE, six thinking hats, and the
skills of imagination, association, replacement, transformation…etc., into nursing courses to cultivate the creativity of nursing students in the future. Hopefully the nursing students will be inspired creatively to produce creative nursing procedures or products to improve the quality of care for the patients.

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References


