

EDITORIAL

Give and Take: Integrating the Skills of Critique Into Doctoral Nursing Curricula

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Critique resides at the heart of the development, quality, and relevance of nursing science. Nurses prepared at the doctoral level can maximize their contribution to the science of the discipline by learning the skills of critique. Expansion of the discipline's knowledge base increases demands on doctorally-prepared nurses to assess scientific proposals and products, invite critique of their own work, and respond to critical review, with the common goal of improved practice and outcome. Thus, to fulfill their potential, nurse scholars must develop proficiency in the give and take of critique.

Doctorally-prepared nurses function in a variety of roles enhanced by effective skills of critique. First, the capacity to critique is the *sine qua non* in the early stages of developing a program of research. Building a foundation for an area of investigation requires one to possess the skills to identify and differentiate strengths and weakness of extant theories, models, designs, and protocols, prior to assessing the worthiness of findings. The ability to respond to critique offered by peers, colleagues, and experts also hastens the trajectory of a successful research program. Second, effective use of research requires the ability to critique the scientific literature prior to considering the application of findings to practice. Devoid of careful critique, practice could be guided by false evidence and unsound science (Duffy, 2005; Veeramah, 2004). In other words, rigorous critique must precede application to and adaptation of practice. Third, doctorally-prepared nurses must contribute to the science of the discipline by serving as reviewers for journals and funding panels, referees for awards and tenure, and decision makers for evidence-

based interventions. Not limited to research manuscripts, many other aspects of scholarly work benefit from critique (e.g., theories), models, designs, and proposals as well as completed research, Institutional Review Board applications, scholarly posters, and platform presentations, to name a few. Without the skills for conducting systematic and sound critique, doctorally-prepared nurses remain limited in their ability to contribute to building the science of the discipline, as researchers, users of research, and peer reviewers of research.

Perhaps one of the greatest challenges to teaching critique in doctoral programs in nursing involves creating and nurturing a climate for critique. Why might this be the case? Too often nurse educators have created an expectation of "doing it right the first time" without the opportunity for input and revision. However, this norm is not unique to nursing. Prior to entering a doctoral program, the typical pattern is "write a paper, turn in the paper, get a grade (while perhaps noting for future reference a few of the teacher's comments made in the margins), write the next paper, turn in the paper, get a grade. . ." Instructors rarely require students to revise a paper based on feedback and resubmit the paper for a second round of critique and grading. Rather, students' initial experience of rewriting in response to critique usually occurs at the dissertation phase of their doctoral education.

Given the salience of critique for conducting sound science and scientific reviews, advancing the knowledge base, and guiding evidence-based practice, graduate nursing programs of all types must consider effective ways to teach the skills of critique, as both a giver and a receiver. Critique is a

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learned skill (Harris, 2006; Jones, Crookes, & Johnson, 2011; Lehna & Pfoutz, 1999) and, as a core skill, critique should become a curricular thread woven throughout all aspects of doctoral education. Yet, strategies for facilitating learning experiences in which students can develop, use, and practice the skills of critique in their graduate programs remain less clear. In other words, how can faculty incorporate effective experiences and opportunities for learning and practicing the critical components of critique throughout a student's education?

Learning the skills of providing and responding to critique requires didactic and experiential curricular components. Most graduate nursing programs include at least one assignment or perhaps a course directed to developing critique skills (e.g., critique of research articles). Extant publications describe the elements and strategies of manuscript reviews, including how to provide constructive feedback (Bearinger, 2006; Ganong & Coleman, 1993; Harris, 2006). However, elements of critique are often limited to the more concrete components such as methods, data analysis, and results. Instead, research critique should span the gamut from the purpose statement and specific aims to interpretation of findings, the conclusions, and recommendations. Too often, critique of theoretical frameworks and the correspondence of design and findings to the framework and the breadth and depth of the literature review and discussion are neglected (Lehna & Pfoutz, 1999).

Formal journal clubs represent a method of enhancing students' knowledge of the research process, teaching critique skills, and demonstrating how to evaluate research findings for use in nursing practice (Thompson, 2006). Instructors could modify the traditional journal club experience by incorporating an online component that enables students to engage in discussions with participants from other universities (Steenbeek et al., 2009) or by having students present their critique in pairs to classmates and receive feedback (Norbeck, 1979).

Planned forums and other mechanisms for experiential learning remain the exception, not the norm. Yet, faculty could select from a broad array of strategies to offer experiential learning. They can incorporate opportunities to practice the skills of critique into classroom assignments, during research team meetings, throughout the process of grant proposal writing, in early dissertation writing, at required meetings in which students give research presentations and discuss posters, and into peer review sessions

for manuscripts being readied for submission. These activities provide students opportunities to experience both the giving and receiving of critique.

Faculty have not socialized students to present their work to others for critique or to provide critique of others' work. In fact, some may view the latter as "negative." To address such norms, course faculty should require students to present their work to classmates during the creation process and at the final stage. Following these presentations, students would receive a formal critique from classmates describing strengths of their work, as well as detailing concrete suggestions for enhancing areas of weakness (Reynolds, 2009). Faculty members could incorporate a similar process into courses that teach grant writing skills by simulating a study section during which peer reviewers present a written and an oral critique of a classmate's proposal. Students' grades on these assignments would partially reflect how thoroughly they responded to instructor and peer critiques when developing the final paper/proposal.

Witnessing a seasoned researcher and expert in one's field receive and respond to feedback can change the life of an early career nurse scientist. If, after receiving a detailed critique requiring extensive revision, a senior mentor models that she/he can "get over it and get on with it," learners can begin to understand that a core activity in a productive scholarly career includes responding to feedback. A strategy for creating practice at receiving feedback might involve asking students to discuss a plan for responding to a review, after reading the first submission of the faculty's manuscript and the journal reviewers' critiques. In seminar, students could engage in planning the response to the critique and subsequently receive a copy of the resubmitted manuscript along with the senior author's response submitted to the editor. Likewise, grant proposals present opportunities for students to observe their faculty engaged in the give and take of critique. Instructors could include the summary statement for a grant proposal in a course's required reading, and plan with students how to prepare the "introduction" or "response to review" for a grant submission. In addition, inviting students to participate in "critique groups," where faculty critique each other's working manuscripts and grant proposals (Hegyvary, 2005) would offer faculty opportunities to model the give and take of critique between peers. Faculty also could facilitate such groups for students seeking feedback on their works in progress. Perhaps the most valuable method for

helping students learn to respond to feedback involves inviting them to be co-authors on manuscripts, thereby, engaging them in developing the paper and carefully tracking the editorial changes made by senior authors. All these experiences shape norms for welcoming feedback and catapulting one's research trajectory forward as a result of embracing the potential of critique.

Although critical to the development and success of a scholarly career, graduate nursing programs often neglect opportunities to enhance students' skills to receive and respond to critique. Productive academic climates should assure ample opportunities for learning and practicing the "give and take" of critique.

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References

- Bearinger, L. B. (2006). Beyond objective and balanced: Writing constructive manuscript reviews. *Research in Nursing & Health, 29*, 71–73.
- Duffy, J. R. (2005). Critically appraising quantitative research. *Nursing and Health Sciences, 7*, 281–283.
- Ganong, L. H., & Coleman, M. (1993). Teaching students how to evaluate family research. *Family Relations, 42*, 407–415.
- Harris, M. J. (2006). Three steps to teaching abstract and critique writing. *International Journal of Teaching and Learning in Higher Education, 17*, 136–146.
- Hegyvary, S. T. (2005). Writing that matters. *Journal of Nursing Scholarship, 37*, 193–194.
- Jones, S. C., Crookes, P. A., & Johnson, K. M. (2011). Teaching critical appraisal skills for nursing research. *Nurse Education in Practice, 11*, 327–332.
- Lehna, C., & Pfoutz, S. (1999). Teaching nursing research: Integrating quantitative and qualitative methods. *Nurse Educator, 24*, 24–27.
- Norbeck, J. S. (1979). The research critique: A theoretical approach to skill development and consolidation. *Western Journal of Nursing Research, 1*, 296–306.
- Reynolds, A. (2009). Why every student needs critical friends. *Educational Leadership, 67*, 54–56.
- Steenbeek, A., Edgecombe, N., Durling, J., LeBlanc, A., Anderson, R., & Bainbridge, R. (2009). Using an interactive journal club to enhance nursing research knowledge acquisition, appraisal, and application. *International Journal of Nursing Education Scholarship, 6*, 1–8.
- Thompson, C. J. (2006). Fostering skills for evidence-based practice: The study journal club. *Nurse Education in Practice, 6*, 69–77.
- Veeramah, V. (2004). Utilization of research findings by graduate nurses and midwives. *Journal of Advanced Nursing, 47*, 183–191.