

Critical Thinking in Occupational Health Practice

1) Definition

Critical thinking is actively analysing, synthesising, and evaluating information to make occupational health recommendations (work capability, adjustments, and next steps).

4) Use in everyday practice

- Case review: revisit decisions to understand and improve reasoning.
- Guidelines: use evidence-based guidance; adapt to the individual and workplace context.
- Escalate: if uncertainty/risk/red flags exist, seek senior input/referral/escalation.

2) Core Components (critical thinking cycle)

- Observation: gather relevant health information and work context.
- Analysis: examine data; identify patterns/trends/anomalies.
- Interpretation: understand clinical/functional meaning for work.
- Evaluation: check credibility and relevance of evidence/sources.
- Inference: draw logical conclusions, noting uncertainty.

5) Common barriers

- Cognitive bias: confirmation bias, overconfidence, selective attention.
- Emotional influence: recognise when emotions cloud judgement.
- Time pressure: prioritise evidence, alternatives, and implications.

3) Practical prompts (to strengthen thinking)

- Ask: What is the evidence?
- What are alternative explanations?
- What are the implications for function/work?
- Reflect: challenge assumptions and personal biases.
 - Dialogue: discuss cases; seek feedback; consider differing viewpoints.

6) Tools & techniques

- SWOT (strengths/weaknesses/opportunities/threats).
- Flowcharts (options and consequences).
- Mind maps (organise information; explore links).

7) Reflective practice

Reflect on decisions and outcomes to improve future recommendations.

Final takeaway

Consistent critical thinking supports safer, clearer, and higher-quality occupational health outcomes.