**Fall Prevention**

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NURS2622-15

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**Student statement:** By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

Student Name: Reem Boudali Student Number: 110007510 Date: May 12, 2021

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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back**  **(L)** | * Identifies **ONE** relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences. * Describes this **ONE** clinical event so that the reader can gain an understanding of what occurred. * Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience. | * Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity. * Does not provide own feelings related to the clinical experience. * Identified event, experience, or learning opportunity is not relevant to clinical practice. | On May 11, when transferring a patient from her chair to her bed with two other students, her knees gave out and we had to try and safely put her on the ground to avoid injury. With the help of 6 people total, we finally were able to put her back in bed, but the patient’s knee was slightly bloody afterwards.  Although I know it isn’t completely my fault because I took the necessary precautions and this was spontaneous given the patient’s medical history (rhabdomyolysis, ataxia, excessive alcohol/drug use), I was still very scared in the moment. We often discuss fall prevention in call and what should be done in the moment, but my mind completely blanked to the point that I didn’t even think to call for help until the primary nurse did it. |
| **Examine Experience**  **(E)** | * Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article). * Briefly summarizes key ideas/findings of the article. * Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation. | * Does not incorporate a scholarly article. * Summary of the key ideas/findings of the article are not included.      * No explanation of the author’s ideas/thoughts compared/contrasted with own. | The article I found was a qualitative study done that interviewed patients on their view of fall prevention in the hospital. Radecki et al. (2018) group the results into 3 common themes: how the patient sees themselves as a fall risk, how they view the interventions and think about their usefulness, and what barrier they see to participating in a plan. The researchers concluded that fall assessments and plan creation need to shift more towards patient involvement than solely being made by the care team.  While I do agree that the patient needs to be involved, I do think that the clinician’s assessment has great value. In some cases, the patient is not aware of their limits or doesn’t believe there to be a risk when objectively there is. For example, a healthy teenager may have just had surgery and be placed on some medication. While they may feel fine, the medication may cause weakness or impair their ability to walk like the normally do. This poses a great risk to their safety. |
| **Appraise**  **and**  **Analyse**  **(A)** | * Discusses at least **two** other people’s ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.).   **\*\***A reflection graded as ***excellent would also include the following:***   * Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians). * Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things). * Poses questions that should be considered due to their significance to nursing practice. | * No other perspectives are discussed. * Only one other perspective is discussed | Two other perspectives that should be considered are the opinions of the family and the care team (specifically physiotherapists). Falls are a common incident in the care setting and they can create distrust from families (Radecki et al., 2018). If care teams want the family to trust that they are caring for their family member to the best of their ability, they need to ensure they openly discuss safety plans with the family, as well as inform them when an incident does occur. The perspective of the physiotherapist is also very important because they are the member of the care team that understands the patient’s mobility ability the best and therefore, are most capable of suggesting possible fall interventions for specific patient cases.  As mentioned before, falls are common incidents which is why there is a great importance of prevention. In nursing, fall prevention is first taught in the classroom, but is also heavily advocated in research and conferences run by various governing bodies like the CNO. The importance of falls in also recognized in the general population through various adverts for fall-related devices such as med-alerts.  I think further research and training needs to be done on how to prepare nurses for when they are in the middle of an active fall. Oftentimes, we put ourselves at risk to save the patient. With training and the implementation of certain interventions, there is a potential to resolve this concern. |
| **Research**  **and**  **Revision**  **(R)** | * Provides summary of learning from this clinical experience and from the article findings. * Identifies what they could have done differently in this clinical experience. | * Summary not provided * Does not identify what they could have changed about their own role/actions/performance in this clinical experience. | Overall, I learned that fall prevention and any type of safety measures should be patient-focused and not clinician-based. Although there are agency policies and best-practice guidelines, the patient needs to be consulted and involved in planning what intervention will best fit their needs.  While I think I did a good job of having 2 other students assist me in the transfer, I think in the future I could use other resources like fall mats as a safety net in case something does go wrong. I should also ensure someone is nearby if additional assistance is required. |
| **New Perspective**  **(N)** | * Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse. * Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.). | * No specific examples for implementation into future practice are incorporated. * Does not identify a nursing resource to assist with learning | In the future, I will ensure I analyze any potential safety risks that may occur when providing nursing care. I can talk to my patients about implementing specific plans to ensure that they feel safe. One specific nursing resource in this case are physiotherapists. Staying in touch with all members of the interprofessional team allows all the members to be notified about potential alerts/issues that may be a risk for the patient. |
| **Concept Identification** | * Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year)   (critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection. | Evidence-informed decision making – using research to improve patient safety  Safety – fall/injury prevention |
| **References and APA Format** | * Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format. * Title page in correct APA format * Reference in correct APA format | * Incorrect APA format throughout reflection * Incorrect APA format on title page * Incorrect APA format for article(s) and/or other sources. | **Student Reference(s) in APA Format:**  Radecki, B., Reynolds, S., & Kara, A. (2018). Inpatient fall prevention from the patient's perspective: A qualitative study. *Applied nursing research: ANR*, *43*, 114–119. https://doi.org/10.1016/j.apnr.2018.08.001 |
| **Grade:** | **□ Satisfactory □ Excellent** | **□ Unsatisfactory** |  |
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