Introduction

In practice staff ruminate over a critical incident with or without guidance. A reflective framework can provide structure and purpose to enable a deeper analysis of a situation and encourage critical thinking. Reflection is more than simply mulling over a situation or pausing for thought. It is more than a description of an event; it is a process by which we find meaning of a situation by making sense of the complexities involved in challenging situations encountered in practice.1

There is global evidence of reflective practice being mandated by professional registration bodies as an essential attribute for demonstrating professional competence and development. Reflective thinking “contributes to better contextual understandings and as such may influence behaviour” allowing an individual to make sense of an experience and learn from it.2 Practitioners who learn to scrutinise their practice are able to improve their professional skills. In contrast those without this ability to self-reflective maintain ineffective habits.3

Methods

1. Discussion with Emergency Nursing Staff

Discussions with staff and an in-depth knowledge of the current state of the PED informed the need for an intervention of support.

2. Literature Review

A review of literature was conducted to develop an understanding of the frameworks of debrief and reflection following a critical incident and to identify reflective practice models.

3. Reflective models selected to develop the aide-memoir

Published reflective practice models were reviewed and the work of Borton, Driscoll, Johns, & Gibbs appraised for suitability. A further study defined why reflection is so important in nursing was identified. This representation considers reflection from the perspective of the individual, with consideration of colleagues, patient and family, the successful practice, the problems, the challenging of assumptions and including the understanding of this unique profession.4

4. Development of the Framework

Brian’s malleability was the reason for its simplicity, questions under three stems – What? So what? and Now what?5

• What? directs staff to describe the situation or incident.
• So what? directs staff to deliberate the context and situation within the framework of their own knowledge, skills and attitude to manage future critical incidents, and an element of protection for staff from burnout and post-traumatic stress.
• Now what? or now what? guides the follow-up to help staff determine future actions, how to explore and establish an understanding of self-knowledge.

Discussion

Caring for families and children following trauma or life-threatening illnesses has a profound effect on health care professionals. Grief and distress is experienced following the death of a child. A reflective practice model can assist individuals to view alternative perspectives of a situation rather than focusing on the initial reaction to it.

Guided reflection following a critical incident can ensure that emotions and feelings are explored in relation to the experience. This process can help to establish meaning and clarify the situation. Emotions are closely related to values. Knowledge of our own values and the values that guide our practice help to identify and evaluate conflicts of interest following a challenging practice situation.

The Framework as an aide-memoir is intended to assist staff to ‘frame’ the incident and guide reflection in the pursuit of understanding and meaning. Framing, is the “cognitive activity of building mental constructs that enable the person to further analyse a particular situation for increased understanding”.

Conclusion

Reflective practice is inextricably linked with nursing and other health professions. PED employees are exposed to confronting and challenging critical incidents in a chaotic work environment. A resuscitation of a child requires a multidisciplinary team with expertise in clinical knowledge, skills, attitudes and behaviours that are modelled on crisis resource management (CRM) principles. Staff invariably reflect and mull over the resuscitation of a child with feelings of grief and fear of the future and for face-to-face debrief sessions are variable and inconsistent.

The Critical Incident Reflective Practice Framework is anticipated to enable staff to review a clinical situation with purpose and to develop reflective writing skills. The framework is designed to provide structure and guidance to support staff. In addition it is created to acknowledge both individual and team professional practice. To celebrate success, to honour the uniqueness of the profession and the children and families in their care, to identify areas for improvement, to manage grief, and to plan and action professional development.

Recommendations for Practice

This framework is designed to be used in conjunction with already established debrief sessions, or to guide individual reflective practice when a face to face debrief is not possible.

Future Directions

Following ethics approval the framework will be implemented as a trial in the PED. Pre-post implementation focus groups will be arranged for staff and a questionnaire designed to identify the contribution of the framework on staff following a critical incident.

This framework is potentially suitable for multidisciplinary health professional use in a variety of critical care areas.

Critical Incident Reflective Practice Framework

What? - A description of the event
• What happened?
• What did I do? What was my role? What did I see?
• What were the roles of the team members?
• What was my reaction to it?

So what? - An analysis of the event
• What were the effects of my actions?
• What were the effects of actions of others? Focus on the nursing and multidisciplinary team involvement.
• Did the team demonstrate crisis resource management principles?
• What went well? Celebrate and acknowledge the accomplishments
• How were others’ feeling (staff, family)? What do you think made them feel like that?
• How did I feel at the time of the event? How do I feel now?
• Do I feel troubled? If so, in what way?
• Do I have any “gaps” or unanswered questions regarding the situation?

What now? - Proposed actions following the event
• Where can I get more information?
• How I identified any knowledge deficits (practical or theoretical)?
• How could I modify my practice if I was in a similar situation?
• What help do I need (induction, equipment, facilitated support, counselling, graded assertiveness training etc.)?
• What value and assistance can I offer to my work colleagues?
• What is the main learning I take from reflecting on my practice?
• How do I now feel about this experience or event?