Reflection in Nursing Education
Philip Gimber, Natural and Applied Sciences

It was a Tuesday, and I was on clinical rounds with a group of nine senior LaGuardia nursing students on the medical-surgical floor at Jamaica Hospital Medical Center. Suddenly, through the overhead speakers came the announcement of a “code blue,” a hospital’s way of signaling an imminent loss of life—someone has stopped breathing, or a heart has stopped beating. Only a moment earlier, I had been in a patient’s room observing a nervous student nurse administer an injection; now as I stepped into the corridor, the hospital’s director of nursing rushed by me. Flying past, she asked over her shoulder if any of my students would like to observe the code. “I would!” shouted Tiara (not her real name), one of my most motivated students. Before I could utter a word, Tiara flew after the nursing director, following her down the hall and disappearing into the stairwell. Based on my work with Tiara, I knew that she hoped that this new clinical experience would offer the chance to get her feet wet. But I knew something that Tiara did not know— that the code blue would send her back as a changed person.

Fifteen minutes later, a student came to tell me that Tiara was not well. “Tiara is in the nursing conference room,” she said. “She’s crying. She looks sick.” Once in the room, I saw several classmates holding and reassuring Tiara. As we talked, I discovered that the code blue patient had been resuscitated by the code team, but only briefly. Minutes later, the person died before Tiara’s eyes.

Gradually, Tiara composed herself, aware that three patients needed her care before the day was over. But Tiara was aware of something else, too; she knew, as I did, that she had crossed a threshold. She was now a student nurse who had witnessed the death of a patient. In the clinical experiences of nursing students, confronting death is a milestone. Each clinical experience encountered by students has the potential to increase knowledge and change perspectives. But witnessing a death is an event of particularly significant power, one that may shape a nursing student’s future career. During the time that Tiara, her classmates and I were together after the code blue, the quality of their conversation persuaded me that the process of reflection should be fundamental to the education of nursing students.

In the nursing conference room, we listened as Tiara expressed her feelings about the patient’s death. Its swift surprise had clearly frightened Tiara. Brought back to life and seemingly stable, the patient suddenly worsened and died. As she spoke, I watched the experience of loss heighten Tiara’s awareness of the unexpected—for the first time, she faced one of nursing’s most important “never’s”: never assume a patient is stable; always check. Observing Tiara, I was learning, too; I saw that the lesson of the unexpected had two sources: direct practice on the floor and reflection upon the experience afterwards. I realized that her important teachers in this moment were practice and reflection; they were not my lectures in our classroom. That “code blue” afternoon and the intensity of Tiara’s experience had unexpectedly affected me too, ultimately transforming the ways I approach teaching and learning.

As a first step, using real hospital situations as the basis for classroom activities, I brought the practice of reflection into the classroom. My early clinical experiences provided a wealth of material for assignments; from these, I eliminated any trace of my own solutions to the medical cases or their final outcomes. Instead, students were responsible for determining how they would react to and resolve a specific case. The first assignment focused on a controversial case related to death and dying and drew on my own past experiences as a new nurse in an oncology unit. Students were asked to imagine that Mrs. J. was a patient in their care:
Mrs. J. is eighty years old and has late-stage breast cancer. Some chemotherapy treatments are available to her but they are rigorous and have a small success rate. She confides in you that she is ready to die and is only taking the treatment because her daughters want her to fight the disease. Mrs. J. tells you that the only reason she has said yes to the treatment is not to upset her daughters.

As a new nurse, what would you do with the information the patient confided in you? What might you say to the daughters? Would you administer the treatment as ordered?

The assignment worked beautifully! In small groups, students briefly described the case and responded to the small set of related questions. Each group then determined a general plan of care for Mrs. J., and each member jotted down any additional personal feelings.

Group discussions were thoughtful and passionate. Divided by opposing views, the members of one group debated the nurse’s role in the patient’s care. One side wanted to break patient confidentiality and inform the daughters of the patient’s desire to terminate treatment; the other side wanted to protect the patient’s confidentiality and not tell the daughters. In the end, all the groups reached a consensus position supported by sound nursing ethics: the nurse’s responsibility was to encourage more communication between the mother and her daughters and to provide the counseling that would help the family members understand each other’s needs.

As the discussion continued, points of view changed. Wanting to emphasize the implications and process of these changes, I asked that the students step back to reflect not only on their own ways of thinking, but also on the thinking of others. For me, this “stepping back” was the key to reflection, which in this activity unfolded in three stages: First, students reflected upon the ways group discussion affected their initial perceptions of the case. Second, in an activity that many found extremely beneficial, pairs of students read each other’s “reflection on perception” pieces, and responded in writing. Finally, students reported out on how these several layers of reflection helped them to think critically about their first reactions to the case of Mrs. J. By exchanging and reframing perceptions within a relatively short period of time, students confronted biases and judgments related to death and dying that could never have been so directly and quickly addressed in a lecture.

A second change in my approach to nursing training took place outside of the classroom. Motivated by the positive effects of the assignment, I decided to recreate the reflection interaction with the key modification that we would practice reflection in the clinical setting, on the hospital floor itself. I thought back to Tiara’s pained response to the code blue, the way her classmates held her hands in the conference room, and my own responses to Tiara’s distress. I considered other kinds of questions, additional guidance, that I might have offered Tiara and her classmates during our brief conversation. Unlike the classroom, most days in a fast-paced hospital do not allow a nurse time to reflect on experiences, even those that are life-altering. But I was committed to directing my students towards this new phase in our teaching and learning. I knew, too that this evolving process of identifying and reflecting upon their fears, strengths, and weaknesses had to be fast and effective.

Thus, in the midst of student nursing rotations, I began to spur different types of dialogues by asking more open-ended questions, for example: “What experiences were ‘firsts’ for you today?” “What worked best and was most useful in the patient encounters that followed?” “What did you fear most or avoid today?” “What would you have done if your worst fears about a particular medical case had been realized?” Accepting that prolonged give and take is impossible in the clinical setting, I asked for brief “free writes” in response to my questions – right there in the hospital on any paper they had at hand.
My nursing students wrote about their fears, but they also described the strengths that helped them overcome those fears. One student wrote about being afraid that she could not handle more than a single patient; she felt that administering medications to several patients at a time would confuse her. However, when asked to identify her positive attributes as a nurse, she wrote, “I pride myself most that I am organized. Maybe I am afraid to make a mistake because being unorganized is my biggest fear. Therefore, since I am so organized in my life, I am the most unlikely person to make a mistake!” Even brief spurts of reflection can result in crucial insights; in this case, the student found in herself the confidence to care successfully for the full number of patients assigned to her. Thinking inwardly, recognizing and acknowledging personal abilities and limits, asking questions and looking for bias or incomplete information in the answers are reflective stages that lay the foundation for the kind of learning necessary to nursing education and practice.

As Tiara progressed through her clinical rotation at Jamaica Hospital, I observed that the experience of the code blue had stayed with her. It was her last semester in the hospital. I assigned her two additional patients for whom, under my guidance, she had full responsibility. In both cases, Tiara was always prepared to accurately describe the conditions of the patient and the care she provided. I realized that Tiara’s attentiveness to possible variations and fluctuations in her patients’ conditions were the result of the code blue and the shared expression of feeling afterwards. These had been her strongest teachers.

I am grateful to Tiara and her fellow students for the conversation following the code, and to the students who voiced passionate responses to the assignment about Mrs. J. and her daughters. I am grateful as well to the student whose reflection on her organizational skills calmed her fears and helped her to see that she didn’t have to do less than her best in caring for patients. From these individuals and others, I’ve learned the value of reflection in nursing education and remain convinced that, as a learning tool, reflection will make a significant contribution to the education of nurses.

**NOTE**

For information about the role of reflection in LaGuardia’s ePortfolio project, see the ePortfolio section of the La Guardia Center for Teaching and Learning website at <http://www.ePortfolio.lagcc.cuny.edu>.