

Therapeutic Falls

Informed Risk-Taking and Falls: A Personal Reflection Tool for Healthcare Providers

The purpose of this reflection tool is to encourage healthcare providers to reflect upon their own conceptions of risk, safety, and well-being as they relate to mobility and falls. Determining our comfort-level, hesitations, and concerns around these concepts may help providers to: (1) better understand their feelings in relation to mobility and falls, (2) anticipate possible obstacles to engaging in aspects of clinical care where there is a greater risk of falling, and (3) contemplate possible responses to such obstacles (such as asking for support).

Reflection Probes: Patient Consent

These scenarios involve patients who may have cognitive, communication or physical impairments, but can provide informed consent. Consider your **willingness** to:

Activity	Very willing	Willing	Neutral	Unwilling	Very unwilling
1. Initiate a conversation with a patient about performing activities <u>in therapy</u> that may increase their mobility and overall independence, but that may also <u>increase their risk of harm</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Initiate a conversation with a patient about performing activities that may increase their mobility and overall independence, <u>supervised by non-clinicians</u> (e.g., family, friends), but that may also <u>increase their risk of harm</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Initiate a conversation with a patient about performing activities <u>on their own</u> that may increase their mobility and overall independence, but that may also <u>increase their risk of harm</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. If a <u>patient initiates the conversation</u> , discuss the possibility of performing activities <u>in therapy</u> that may increase their mobility and overall independence, but that may also <u>increase their risk of harm</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. If a <u>patient initiates the conversation</u> , discuss the possibility of performing activities that may increase their mobility and overall independence, <u>supervised by non-clinicians</u> (e.g., family, friends), but that may also <u>increase their risk of harm</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If a <u>patient initiates the conversation</u> , discuss the possibility of performing activities <u>on their own</u> that may increase their mobility and overall independence, but that may also <u>increase their risk of harm</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity	Very willing	Willing	Neutral	Unwilling	Very unwilling
7. Teach a patient strategies to reduce their risk of falling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Teach a patient how to get up from a fall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reflection Probes: Substitute Decision Maker (SDM)/Family Member Consent

These scenarios involve patients who may have cognitive, communication or physical impairments and cannot provide informed consent. Consider your **willingness** to:

Activity	Very willing	Willing	Neutral	Unwilling	Very unwilling
1. Initiate a conversation with an SDM/family member about performing activities <u>on the unit</u> that may increase/maintain the patient's mobility and overall independence, but that may also <u>increase their risk of harm</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Initiate a conversation with an SDM about performing activities that may increase/maintain the patient's mobility and overall independence, <u>supervised by non-clinicians</u> (e.g., family, friends), but that may also <u>increase their risk of harm</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If an SDM <u>initiates the conversation</u> , discuss the possibility of performing activities <u>in therapy/on the unit</u> that may increase/maintain the patient's mobility and overall independence, but that may also <u>increase their risk of harm</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Teach an SDM strategies to reduce the patient's risk of falling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Teach an SDM how to get a patient up from a fall.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Role: _____

Date: _____

The structure of this personal reflection tool is based on a tool developed by Peter Allatt, Clinical Ethicist, Toronto, ON. The purpose of this tool is to assist healthcare providers to reflect upon Medical Assistance in Dying. The authors of this reflection tool acknowledge Peter's work.

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