



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice.” (Tsingos et al., 2014)

Using the Reflective Practice template, document each step. The suggestions in the boxes may help you as you reflect on the incident. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description A description of the incident, with relevant details. <u>Remember to maintain patient confidentiality.</u> Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice? about yourself? • How will you use this experience to further improve your practice in the future?

Use this template to complete the Reflective Practice documentation. Do not exceed the space in each box. Any information not visible to you is lost.

<p>Step 1 Description</p> <p>During my time at the Sunrise Canyon Outpatient Clinic, I was sitting at the nurse's station with the other nurses when a patient abruptly came out of the exam room. The patient was in for their first evaluation with the provider and was not on any medication regimen at the time. She was staring at the nurse closest to her and when asked if she needed help with anything, she began to explain how we were "out to get her" and were "telling the people where she was". The nurse handled the situation by escorting her calmly back into the exam room and reassuring her that she was safe, and the doctor would be in to talk to her soon. I was sitting across on the opposite side of the nursing station, so I played an observer role in the situation.</p>	<p>Step 4 Analysis</p> <p>I found out during our conversation/debrief after the patient was back in the room that the patient was in for a schizophrenia eval and hears negative voices which influenced her to believe we were "out to get her". We have not learned much about psychiatric diseases/ mental health nursing yet besides therapeutic communication and some general pharmacology but based on previously knowledge I know that the patient was not in control of her actions/thoughts. Though we know that no one was coming for her, to the patient the feelings are all too real and scary so we cannot dismiss them. Having different perspectives of this event allowed for quick intervention. Understanding other perspectives makes the event and communication between staff and patient more therapeutic.</p>
<p>Step 2 Feelings</p> <p>At the beginning I was a little frightened and caught off guard as this was my first direct experience with mental health patients and I wasn't sure where it would go. At the time I was thinking about role I would play if things were to escalate any further. This event made me anxious and definitely kept me on my toes for the rest of the shift when new patients would enter the clinic. The nurses made me feel more comfortable as their reactions were greatly less worried than mine as they encounter situations similar to this often. The most important feeling I felt was awareness as awareness of surroundings and patients means safety for not just me and the other nurses but for the patient themselves.</p>	<p>Step 5 Conclusion</p> <p>I learned about the importance of believing and caring for your patients, despite seeing/hearing the same things. The patient was clearly distressed and if the nurse dismissed her feelings of worry, the event could have escalated and been hard to bring the patient back down to a calm state of mind. I learned how everyone has different perspectives about mental health and the amount of intervention that goes on at a place like Sunrise Canyon. The patients aren't there to just manage blood pressure or their new diabetes diagnosis, they are there attempting to gain control of their lives.</p>
<p>Step 3 Evaluation</p> <p>The good in the event was how quickly and calmly the nurse responded to the patient. There were not any bad parts of the event as the patient was calmed down and remained in the exam room without issues. It seemed so easy and not as big of a deal to the nurse as it seemed to me. At the time of the event, I was not sure what the outcome was going to be but after conversating once the patient was back in their room, the nurses reassured me incidents like that are not out of the norm and usually resolve without issue. I did not contribute to the event directly but was a part of the debrief/conversation after the event was over.</p>	<p>Step 6 Action Plan</p> <p>I thought this situation was important to my understanding of psych patients as it put into perspective how distressing mental illness can be on an individual. The biggest lesson I learned from this was how quick and calm intervention can deescalate an issue and calm a patient. I can apply this to my future time at my PMH rotations. My professional practice is also greatly impacted as I will likely interact with psych patients regardless of what unit I work in. Understanding the patient from their perspective of the world and providing empathy can make the world of difference.</p>