



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

*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><b>Step 1 Description</b>                  In clinical I administered an IVP with Rocephin to an elderly patient and it took about 10 minutes due to patient complaints of the medicine hurting for a second so I had to go slower. While I gave the IVP medication I was able to get to know the patient a little better and we talked about various things like where he grew up and his family. The nurse I was with also joined in the conversation and helped him feel comfortable. This happened at 1000 and I was at the patient's bedside. I was trying to take distract the patient while making him feel comfortable and he enjoyed the conversation.</p>	<p><b>Step 4 Analysis</b>                  Something I can apply with this situation is that even though the rate may be recommended over a certain time, it all depends on the patient's tolerance of the medication. IVP medications can hurt the veins so it's important to pay attention to how your patient responds to them. The patient's response to the medication is relevant to this situation because not everyone will respond the same especially in the elderly. A broader issue that can arise from this event is damaging the patient's veins. The patient was in pain, and I was trying to make him feel more comfortable. Different perspectives are important because they can help you understand a patient more and be able to help them in different ways, there's never just one right or wrong answer.</p>
<p><b>Step 2 Feelings</b>                  At the beginning I was confident in what I was doing and knew to go slow with the type of medication I was administering. The event made me feel good because I was able to help the patient. When the patient complained of pain, I was thinking I needed to go even slower and start conversation with him, so he wasn't focused on the medication. I felt great at the end of the event because the patient seemed to have really enjoyed having a conversation and I was still able to finish his med. The most important emotion for me was confidence in handling a situation where the patient felt uncomfortable for a second.</p>	<p><b>Step 5 Conclusion</b>                  I could have made the situation better by starting off very slow with the IVP. I don't think anyone else could have made the situation better. Something different I could have done is start off very slow with my IVP. This event has taught me to be mindful of older patients possible sensitivity to a medication.</p>
<p><b>Step 3 Evaluation</b>                  The good thing about the event is I was able to help the patient. The bad was the patient was in pain at the beginning of the IVP administration. Talking to the patient felt easy. Going slower during IVP was difficult at first because I had to really take my time with each ml I administered. I feel like the whole event went well, and I was able to go slower with the rate of administration and help the patient feel more comfortable. The nurse I was with did a good job joining in the conversation. I did not expect a different outcome, but I was not expecting the patient to complain of pain while I was already administering the med slowly. I contributed by talking to the patient and making sure to make him feel as comfortable as possible.</p>	<p><b>Step 6 Action Plan</b>                  Overall, this situation was a good lesson for me. I feel like this taught me to be more mindful of the unexpected even when I'm being cautious. Next time I would definitely do something different because it's never fun to see your patient in pain even if it's for a split second. I can use these lessons to be more cautious in the future, and I can apply them to other types of medication administration. This event has taught me that I can handle unexpected outcomes, and I will use this experience to help myself understand patients more and how each patient is different to further improve my practice in the future.</p>