



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. personnel / 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>

## Covenant School of Nursing Reflective

*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>                  My patient was sitting in his chair. It happened an hour after lunch, around 1330. I was walking down the hall making sure no one needed any help. My friend, the patient and I were involved in the situation. I was comforting my patient and getting him some water. My friend was feeding the patient. The patient ate all his food and drank his tea and some water.</p>	<p><b>Step 4 Analysis</b>                  I can apply the compassion I have learned within this program. If a patient is left alone all day and no one is there to care for the patient, the patient is going to get upset. Sometimes all patients want is company and someone to talk to. The broader issue the arise from this is who is going to care for the patient when we leave. I hope he gets feed properly. My friend's experience was the same because we both felt sad for the patient. My friend was feeding the patient and I was rubbing the patients back as he was crying.</p>
<p><b>Step 2 Feelings</b>                  I was feeling concerned about the patient because his covers where on the floor and his food was hard and out of reach. I was thinking why his food tray is so far, knowing he can barely move. The event made me sad because the man could not even reach his food to eat. The patient saying, he was hungry made me upset because his food was sitting right in front of him the whole time and he could not reach it. The most important feeling I had with this situation is feeling sad and kind of mad because the patient is charted as a feeder, but his food was right in front of him cold and hard. No one was feeding him, and it did not look like anyone tried to feed him.</p>	<p><b>Step 5 Conclusion</b>                  I could have made this situation better by getting to the patient sooner, however, it was not my patient. I did not know he was on a dysphagia diet or that he was a feeder. I learned to always check on other patients even if they are not your own. Of course, I usually do that, but I realized today just how important it is.</p>
<p><b>Step 3 Evaluation</b>                  The good thing out of this event was that my friend was there to see the man needed to be taken care of the bad thing is the patient's food was hard and cold. The patient communicated to us and was eating his food fast and he drank his fluids fast as well. The patient started to cry saying he wants to get better. It made me sad because I know he wants to get better, and I hate to see a patient sitting there helpless. I wanted him to know we were there to help him and to not worry.</p>	<p><b>Step 6 Action Plan</b>                  Overall, this situation was sad and made me mad. The poor man was sitting there with food right in front of his face starving. I could not imagine doing that to anyone I loved or cared for, much less personally experiencing a situation like that. I can apply this to future knowledge because I will always carry this feeling with me. I will use this in my own professional performance. I will always check on my patients around mealtimes, I know we must do that anyways, but I will do it more than once to make sure my patient is eating and drinking.</p>