



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.

**Step 1 Description**

A description of the incident, with relevant details. Remember to maintain patient confidentiality. 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

- 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?

**Step 4 Analysis**

- 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 (e.g. personnel / patients / colleagues)?

**Step 2 Feelings**

Don't move on to analyzing these yet, simply describe them.

- 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?

**Step 5 Conclusion**

- 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?

**Step 3 Evaluation**

- 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?

**Step 6 Action Plan**

- 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>I had a patient come into the emergency department with C/O decreased level of consciousness, fatigue, and urine that was malodorous. The patient was diagnosed with urosepsis and was transferred from Emergency Department to Med-surg unit to me, I was the nurse for this patient. I had to give meds based on my patient's laboratory studies and previous assessments. My patient had Sodium chloride running and was due to take levofloxacin, lisinopril, and clopidogrel based on my labs and assessments as previously stated. Patient's platelets were within normal limits, so I was able to give clopidogrel and I also was able to give levofloxacin. I did have to withhold lisinopril due to blood pressure being too low for the client.</p>	<p>Step 4 Analysis</p> <p>One thing I can get from this is to remember the little details because sometimes those are the most important. I can pull all the meds and pass them but if my patient is not safe then am I really being helpful to that patient. The lectures we have been taught this module really coincided with the examination and I really liked that because it seemed like something that could really happen in real life. I think we all have the same feelings towards this, and we were all very nervous and scared almost.</p>
<p>Step 2 Feelings</p> <p>I was very nervous going into the examination, not really knowing what to expect so I got into my own head at first. The event made me feel scared like I was going to forget something even though I have gone through the motions numerous times. I don't really have any certain words that made me feel anything, I just received constructive criticism. The most important feeling I feel is relief, and I feel this because as I stated earlier, I didn't know what to expect and this mentality kind of had me chasing that rabbit hole that I should not have been chasing. This is the most important feeling because it made me realize it was not as bad as I was making it out to be.</p>	<p>Step 5 Conclusion</p> <p>I could have made the situation better by not being so nervous going into it. It's never as bad as we make it out to be. I don't really think anyone else could have made the situation better, I just feel I could have made it easier on myself by not overthinking it. After having to repeat my examination I remembered about not putting all bed rails up and now it will forever be ingrained in my head. Again, the little things are something I will work on for the future because those things matter as well.</p>
<p>Step 3 Evaluation</p> <p>Some things that were good about the event were that I knew exactly how to give meds just like we practiced in clinical. It's becoming second nature almost. Something that was bad was that I raised all four bed rails up and forgetting that it is a form of restraint. The easy part for me again would be getting the meds gathered in med room. Something difficult was not remembering the little stuff, like that we shouldn't raise all four rails up. Determining what meds to hold and what meds to give went well for me and it was easier than what I had imagined in my head. I feel like I passed meds very well and provided teaching well, I tried to simplify it in a way a patient could understand. The thing that wrong was the bed rails again, and at the time that was the last thing on my mind that I was going to get wrong, and it ended up being the very thing I got wrong.</p>	<p>Step 6 Action Plan</p> <p>Overall, this was amazing practice because it helps so much before having to do this on a real patient. Some conclusions I can draw from this is to slow down and not be so nervous, remember the simple stuff that keeps our patients safe. In hindsight, I would make sure I am relaxed and know my stuff for next time. The lessons I learned from this is going to help me so much in the future. For one, I will never put all four bed rails up again. This has taught me to always keep my patient safe first and foremost. I will continue to practice this now and in the future. Having to repeat my examination, as bad as I felt in the moment, really opened up my eyes because I tend to forget the little things that are just as important as passing meds.</p>