



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 <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 • 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 eg. 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.

Step 1 Description -A patient was receiving care for urosepsis -Monday, 02/21/2023 -My role was being the nurse -The patient and myself were the people involved along with the two instructors observing and grading -I was providing care -The mannikin played the role of the physical patient, the instructors played the role of the cognitive functions of the patient -The result was a simulation of a patient experience	Step 4 Analysis -I can apply knowledge of when to hold certain meds like clopidogrel for low platelets or any HTN meds for low BP -Recent evidence includes that it is in the best interest of the patient that the nurse exercises critical thinking and holds meds when there is a risk for injury -The theory that is relevant is that simulation training increases critical thinking and aids to reduce medication errors in a clinical setting -A broader issue that arises is speed- there is a timeframe to give meds in the clinical setting and nurses may go too fast and miss patient teachings and not think critically about their lab values and VS when giving meds because they feel rushed -The sense I make is that nurses need to be able to think critically -In the CPE as a whole what was going on what I was giving meds, doing patient teaching, and trying to give care how I saw fit -Other people struggled like I did with determining what meds to give and also with what assessments to do -The impact is that not everyone could have had the same experience and in hearing from others that can increase the learning opportunity
Step 2 Feelings -I was feeling stressed at the beginning -I was thinking that I was being observed very closely and that I needed to do everything perfectly -The CPE made me feel stressed -The words of the patient made me think that the patient was stable and no new things were going on that I hadn't prepared for -This made me feel more calm -I felt pretty good about the final outcome -Confidence is the most important feeling -This is because I know I can do all of the skills I have learned up to this point and the only thing that has held me back has been my lack of confidence in myself	Step 5 Conclusion -For the CPE, I believe I prepared adequately because I had the meds I needed to reference ready to go but I think what could have made it better was me determining FOR CPE PURPOSES what the priorities were for the situation so that I didn't end up running out of time the first time -Others could have included what the pain level was as part of the assessment already done (since I had all of the data for the other assessments) so I could have been more prepared with the pain meds I was planning on giving -I could have come up with more of a plan for what to do for what pain level before I went into the med cart -I have learned that you need to prioritize your time! Even when it seems like you are doing good at time management!
Step 3 Evaluation -I think that what was good was my patient teaching -What was bad was my time management -What was easy was setting up the IV piggyback because in the past that has given me trouble but not this time! -What was difficult was determining which pain meds to give, if any (I didn't want to give any for a pain level of 2 and I kept going back and forth on it) -I expected for myself to be cleaner in my applications (like cleaning the IV hob) because of the amount of time we spend learning not to rush -I ran out of time is what went wrong in the first situation and when I came back I went too fast -I contributed to the patient's condition being managed and further improving my critical thinking skills	Step 6 Action Plan -I think that CPEs are a useful tool but I do think that in the clinical setting you will have more time to give meds and do patient care and teaching and obviously not taking too long on purpose in patient rooms is preferred but you won't always have a 20 minute clock haunting you when you are giving medications. -I can conclude that prioritization is a big part of patient care because some things are just more important than others -I would next time find out if I need to reassess the urinary foley before redoing the scenario in the afternoon because I did in the morning scenario and ran out of time for meds so I thought I was only picking up from where I didn't get to finish.. not having to redo an assessment that I had already done and then getting dinged for not doing it. -I will be better at keeping an eye on the clock and prioritizing care because those are important skills -I can apply them to situations such as charting (prioritizing when to do it) and balancing giving meds to patients while not neglecting the care for the others -This has taught me that situations will not always go as planned and you have to come up with other plans, sometimes on the spot -I will use this CPE experience to not spend too long on one thing in the future