



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. 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"> • 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 (e.g. personnel / patients / colleagues)?
<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>The patient that I received was an 84 year old male that presented to the ER with urosepsis. I completed all of my assessments at 0740. The only assessment out of the ordinary was this patients LOC. When I walked into the room the patient thought that he was in a jail cell. Dr. Nesbitt was the voice of the patient and I was the nurse. From the patients assessments at 0740 I realized that I was not able to give some of the medications. I went ahead and held the Clopidogrel seeing as how the patients platelet levels were 86,000. To give this medication the platelet count had to be 100,000 or greater. I ended up giving the Levofloxacin IVPB to treat his infection as well as Hydrocodone/Acetaminophen because when I did a pain assessment the patient stated his pain was at a 5 out of 10 on the pain scale.</p>	<p>Step 4 Analysis</p> <p>We just went over the kidneys and their functions. It was easy for me to know what to assess and how to handle the situation with the information that we had received in lecture. I knew right off the bat that I needed to walk in the room and perform a GU assessment. Urosepsis pertains to an infection that started in the kidneys and is now in the blood. This was the reason I gave the antibiotic. I knew that we had to continue to give that antibiotics in order to get this patient back to where he needed to be.</p>
<p>Step 2 Feelings</p> <p>Walking in I was feeling very nervous and anxious. I have done so many medication passes since starting nursing school, but for some reason when we are in this setting it makes me nervous. The instructors that I had in my room were great! Made me take a deep breath and take a moment before I started my scenario. This helped me to relax and take a minute to remind myself that I knew what I was doing. I ended up making a 100 on my CPE which was great! Usually after CPE I feel very proud of myself. It feels like I have accomplished something big and it helps reinforce the fact that I know what I'm doing, and that I will be a great nurse one day.</p>	<p>Step 5 Conclusion</p> <p>Something that I think that I could have done better was to work on programming the pump. I have only done it a handful of times so I tend to stress a little bit when it comes to that. Other than that I think my scenario went fairly well.</p>
<p>Step 3 Evaluation</p> <p>Something that I thought was good was that I felt very prepared walking in there. Yes, it gets a little nerve wracking having two people watching your every move, but at the end of the day this is very important stuff. It's so important to be able to do our jobs correctly and be able to keep our patients safe. I did not really think anything was particularly "bad". Things like med passes seem to get easier and easier the more that we do them. I feel that my confidence in my education and being able to give my patients the best care that I can is a strong suit of mine. I contributed to my learning by feeling nervous but knowing this was something that I had to do. Being in stressful situations in the hospital is not a rare occurrence so being able to push through the anxiety and fear of failure is a must.</p>	<p>Step 6 Action Plan</p> <p>Overall I feel that this was a very great learning experience. Looking back the only thing that I can recommend or that I wish was different was the time that we spent in the SIM lab. Yes, being at the bedside is going to be where we see the most but 9/10 times the nurses are taking shortcuts and not really explaining what they are doing. I feel that I learn the best in the SIM lab because everything is by the book and there is no real risk of injuring the patient while we take the time to learn what we need to.</p>