



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 (e.g. 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>

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>                  Patient was diagnosed with urosepsis. He is slightly confused. I was the nurse for the patient, I provided him with his medication, and did a pain assessment on him. He had back pain with a level of a 2. No one was involved in the patient receiving urosepsis. The ED diagnosed him with urosepsis the night before. A complete assessment was done at 0800 that morning. All labs are within normal range, except white blood cells.</p>	<p><b>Step 4 Analysis</b>                  Renal education is relevant to this situation, because urosepsis can cause acute renal failure.                  Like said above acute renal failure can occur from urosepsis, shock from urosepsis can also result in death.                  Level of consciousness can deteriorate from urosepsis.</p>
<p><b>Step 2 Feelings</b>                  I was thinking: is he taking antibiotics? , is he dehydrated? , is he on fluids? , when was the onset of his symptoms?</p> <p>My feeling is frustration that the patient did not receive treatment before the infection became septic. And disappointed that no one in the patients life advocated for him to seek medical treatment before he reached a septic state.</p>	<p><b>Step 5 Conclusion</b>                  The only option we could do as health care workers to prevent the patient from urosepsis is offering education on urinary tract infections.                  The reason the patient has deteriorated so much is because he had no treatment when the infection was easily treatable.                  I've learned that men need more education on the signs of a urinary tract infection.</p>
<p><b>Step 3 Evaluation</b>                  What was good? :                  I was able to give the patient his levofloxacin for his infection.                  The patient had sodium chloride running, to improve his state.                  The patient only had a pain rate of 2.                  What went wrong? :                  The patients blood pressure was too low for his lisinopril.                  The patient was confused.                  The patient still had a catheter.</p>	<p><b>Step 6 Action Plan</b>                  I think that the patient is being treated correctly.                  The conclusions I've drawn is that the patient will need to be oriented to time and place often. Why? – the patient was unaware of where he was when I entered the room and is on neuro check q5h.                  I can use this to easily make a nursing diagnosis of urosepsis and be able to advocate for future patients.</p>