



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 During my CPE, my patient was admitted with urosepsis. The patient also had a history of hypertension and a CVA 3 months ago. My position during the CPE, was that the patient was just admitted to my floor and I was their nurse. I had to decide what medications to give and what medications to hold regarding the most recent information provided to me from either the latest vital signs or subjective data I gained. During my CPE, Mrs. Coulombe and Mrs. Leavell played the role of my patient and were the two instructors who graded my critical thinking skills and overall performance.</p>	<p>Step 4 Analysis What I applied during this situation from my previous knowledge was: making sure the continuous fluid was running through the pump as directed in the Emar, give the antibiotic to my patient as directed in the Emar, give the blood pressure medication as the blood pressure of my patient was within range to do so, I did not give any pain medications as my patient was not experiencing a high pain rate, I held the anti-platelet medication as it was contraindicated due to my patients low count and I held our antipyretic medication as my patient did not have a fever. Through my critical thinking skills, I was able to demonstrate my knowledge on whether medications were indicated to give or not. In terms of different perspectives during the CPE, once I had completed, we discussed the difference in opinion on how many bedrails to put up for a fall patient and what is largely done in a hospital setting.</p>
<p>Step 2 Feelings In the beginning of my CPE, I was very anxious, it's not that I don't know the information, however, in a simulation setting it can be very awkward trying to play the role with a client who is just a mannequin. In addition, it can cause anxiety due to the performance being a grade. In terms of the final outcome, towards the end of my CPE, I noticed that I did not do my full checks regarding call light, side rails up and checking the floor for clutter. I demonstrated these tasks at the end when asked to do so. I was very nervous towards the end my CPE; however, I ended up leaving relieved as I had passed.</p>	<p>Step 5 Conclusion I don't think there is anything I could have done to make the situation better, it's pretty straightforward from being given the doctors' orders and latest lab findings to then determining what medications to give to our patient. The two instructors in my situation answered questions I asked the patient and were very helpful in discussion afterwards, I do not believe they need to change anything to make the situation better. Something I could have done differently was to take a deep breath and not let the nerves get to me during the CPE. From this event, I have learned that I know important information regarding certain drugs and knowing how to critically think on whether to hold them or not. I learned that I understand safety precautions on when leaving and entering a patient room.</p>
<p>Step 3 Evaluation In terms of good things occurring during the event, I was able to demonstrate which medications to give and to hold. In terms of bad things occurring during the event, I did forget to look at call light and bedrails, however, at the end, I was able to demonstrate these things by voicing I was not done with my CPE. CPE is not difficult; I believe it is just an anxious situation to be in. In terms of what went well, I was able to accurately show medication administration, making sure to ask name, DOB and allergies. I made sure to include all 7 rights of medication administration and save my documentation. I was also well-able to demonstrate giving a PO medication and an IVPB.</p>	<p>Step 6 Action Plan Overall, this situation was easy to follow and it is easy to understand what is needed from me during the CPE. In terms of conclusions, I had to draw, they were justified by the doctor's orders and overall medication administration instructions given in our NII's. Something I would do differently next time is to take my time and just take a deep breath before beginning my scenario. I can apply my CPE to real life situations regarding patients and understanding medications to give or not to give based on their vital signs and subjective data. This experience will help further improve my medication administration while in future clinicals.</p>