



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 My patient was admitted with Urosepsis. His history was reflective of a cardiovascular event. He was alert and oriented per report. His orders reflected treatment for preventing clots, antibiotics, pain management, and antihypertensive medication therapy. Review of his vitals temperature was elevated upon admission which was expected. His other vital signs did not stand out as much as the fever. I reviewed the rest of the SBAR information and acknowledged age, IV notation/location, diagnosis, providers overseeing his care, vitals, medications, general assessment provided. I was in the role of the investigator solving the patient puzzle in front of me.</p>	<p>Step 4 Analysis Getting to know the patient on a more personal level throughout his stay I felt is important to avoid future high-risk behaviors that might lead him back to the hospital since he reported he was in the hospital often. Sharing my genuine curiosity and communicating with him my goal to help him learn on his terms how to avoid systemic infection seemed necessary for the patient. Remembering other patients that I have helped in the past to recover from the type of illness he was faced with could open the door to a new experience and new opportunity to learn from Mr. Dunn. Maybe he had trouble at home. Maybe he has a mental core belief that no one cares for him, so why should he complain? Maybe he is living the fast life and doesn't slow down until his body slows him down. I only can gain from getting to know this patient and teaching what he is willing to learn.</p>
<p>Step 2 Feelings I felt when I got the chart to review of updates from the patient status, I was looking for clues. I was hopeful for progress in all aspects and was given a report of some changes of the patient status. This set my alarm bells off. I knew because of the diagnosis upon admission the patient was in a critical state because of a systemic infection. I wanted to be sure to meet the orders given by the HCP and document updates as the nurse assessing him in my care. While in the patient's room, I felt I needed to keep communication ongoing with him since he was having some orientation deficits. Talking with him and keeping that feedback going helped me stay aware of his mental awareness. Safety, I felt was the most important aspect of my simulation encounter with him. Before reviewing his chart I was anxious to see what was in store for my patient today. During the encounter I felt empowered to take action of what the patient was reporting as issues that needed to be addressed. After simulation, I felt accomplishment and relief. I impressed myself with my capability of caring for the patient and critically thinking about his interventions as the situation had changed.</p>	<p>Step 5 Conclusion I can always trust myself to make safe decisions based on the knowledge I am dedicating my time to learn. Remembering that notes are just friendly reminders of what I already know and practice can help me build my confidence no matter what situation arises in the field. I can assure myself that if I do not know, I am willing to find out for the patient's better interest. I can trust I know how to keep myself safe and the patient's safety in mind. I have learned to always trust my instinct. If something feels wrong never be scared to double check and take the extra minute or two it may take.</p>
<p>Step 3 Evaluation I felt I almost let my nerves get the best of me. What went well is me remembering I took notes of what I needed to address as critical key points of care and safety measures for the patient. The interaction and feedback from the patient and willingness to interact with him myself helped the visit overall with settling my nerves. Though progress was not happening in all aspects as I had hoped for, I was able to take care of the patient effectively and efficiently in a safe and responsible manner. I really cared and that helped me continue despite my nerves. I almost forgot the critical responsibility of universal precautions. I trusted my gut instinct and stopped before leaving the room. I caught my mistake and was able to correct it prior to the end of my simulation.</p>	<p>Step 6 Action Plan For the next step. I will continue to nurse in my head and practice mindful awareness while in patient presence. I will acknowledge my actions and continue to document my findings. I will trust my instinct and practice safely for the patient, their families, myself, and our team. I will continue to practice safe and effective nursing skills to master my own flow of safety measures for positive outcomes.</p>