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 eg. personal / patients / colleagues' perspectives?
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?

Midterm Clinical Reflection

Step 1: **Description**
During my clinical rotations at the hospital, each day brought its own experiences and challenges that contributed to my growth as a nursing student. On my first day, I followed my preceptor, who was also the charge nurse. It was an eye-opening experience to witness the duties and responsibilities of a charge nurse and to understand what distinguishes an effective charge nurse from others. I participated in rounds with the doctor, nurse practitioner, respiratory therapist, and pharmacist, gaining valuable insights into patient care from multiple perspectives. It was exciting to begin familiarizing myself with the team on the unit, knowing that I would be spending several weeks there.

One of the most intense experiences involved during my first 5 shifts was a psychiatric patient who suddenly became manic. Having just spent an hour providing care for this patient, it was startling to see such a drastic change in behavior. This incident taught me the importance of always having a plan and knowing the exits in any situation, as circumstances can shift rapidly in a hospital setting.

Another critical moment was when a patient from another floor, who had recently coded, was transferred to our unit. Shortly after arriving, the patient coded again, and I was able to perform chest compressions, completing four rounds before the patient regained a pulse. This experience boosted my confidence in handling future code situations and provided a firsthand look at the organized chaos that defines such emergencies.

Throughout my first five preceptor shifts, I have refreshed my skills in medication administration, tube feeding, and inserting various tubes, including foley, rectal, and nasogastric tubes. Additionally, I had the opportunity to explain complex medical information to a patient's family, ensuring they understood the situation clearly. After my explanation, they made the difficult decision to withdraw life support, which ultimately led to the patient's passing. Although this was a deeply emotional experience, I knew it was the best decision for the patient's comfort.

I also cared for a patient receiving palliative care, and I noticed that the medical team seemed to have resigned to the patient's condition. I took the initiative to engage with the patient, and to my surprise, she began to show responses to stimuli, such as following movement with her eyes, nodding to my questions, and even squeezing my hand. This experience reinforced my belief in advocating for every patient as long as they continue to fight.

Step 2: **Feelings**
At the beginning of my clinical rotation, I felt a mixture of excitement and anxiety. The opportunity to observe a charge nurse in action was inspiring and gave me a deeper appreciation for the role. However, the unexpected manic episode of the psychiatric patient left me feeling frightened and uncertain, but it also highlighted the importance of being prepared for sudden changes.

The experience of performing chest compressions during a code was exhilarating yet terrifying. I was proud of my ability to contribute effectively, but the gravity of the situation was not lost on me. When explaining the medical situation to a patient's family, I felt a deep sense of responsibility to communicate clearly and compassionately about the patient's status in a simple way. It was important that the family was not sure the patient was not on any sedation, they only saw medications given not knowing for what, I educated them that the medications given "were to keep her heart beating strong and effectively, not to make her tired or sleepy."

Finally, when I saw the palliative care patient respond to my efforts, I felt a surge of hope and determination. It was a reminder that every patient deserves our full attention and care, regardless of their prognosis.

Step 3: **Evaluation**
There were many positives during this rotation. I gained experience in various procedures, improved my communication skills, and built confidence in emergency situations. The challenges, such as handling a manic episode and dealing with the emotional toll of end-of-life care, were difficult but ultimately rewarding.

I believe I performed well in maintaining composure during stressful situations and advocating for my patients. However, I realized the importance of emotional resilience in this profession, as some experiences were emotionally draining. In hindsight,

I could have been better prepared for the psychological impact of witnessing a patient's death.

Step 4: **Analysis**
My previous studies and knowledge of nursing theory were crucial in these situations. Understanding the roles of different healthcare professionals helped me appreciate the collaborative nature of patient care. The manic episode and subsequent code reminded me of the unpredictable nature of healthcare, where the best-laid plans can quickly change.

The literature on patient-centered care emphasizes the importance of communication, which was evident when I explained the situation to the family. The experience with the palliative care patient underscored the significance of not giving up on patients, aligning with the ethical principles of nursing.

Different perspectives, whether from the healthcare team or the patients' families, played a significant role in shaping the outcomes of these events. It was crucial to consider these perspectives to provide holistic care.

Step 5: **Conclusion**
Reflecting on these experiences, I realize there are areas where I could improve. I could have been more proactive in preparing for the emotional challenges of clinical practice. Additionally, while I handled the manic episode well, I could have debriefed with my preceptor afterward to process the experience fully.

I've learned that flexibility, communication, and emotional resilience are key to being an effective nurse. These experiences have also taught me the value of teamwork and the importance of advocating for every patient.

Step 6: **Action Plan**
Moving forward, I plan to be more mindful of my emotional well-being, ensuring that I seek support when needed. I will also continue to build my skills in emergency situations, recognizing the importance of staying calm under pressure.

I will apply these learnings to future clinical experiences by remaining vigilant, prepared for sudden changes, and committed to patient advocacy. This reflection has taught me about the complexities of professional practice and reinforced my dedication to nursing. I will use these insights to continually improve my practice and provide the best care possible to my patients.