



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><b>Step 1 Description</b></p> <p>Patient was admitted to the hospital after being seen in the ED. Patient was brought in from a health care facility with flu- like symptoms, and malodorous urine. My role in this scenario was the nurse at bedside on the unit, providing physician ordered medications. The medications that were due at the time of my visit with the patient were IV levofloxacin 500mg/100ml over 60 minutes, and PO pain medication for a pain level of 2 on the pain scale 0-10. Anti- platelet medication was held due to a platelet count of 84,000-86,000. Blood pressure medication was also held because the systolic pressure was below the threshold. Patient was also receiving NS @ 80ml/hour continuous. Patients primary dx was urosepsis.</p>	<p><b>Step 4 Analysis</b></p> <p>Application of previous knowledge helped things make sense as far as clinical manifestations that come with urosepsis and UTI's in general and how it effects the body and the neuro system. It made more sense of the medications that this patient needed, and I knew the safety parameters for the medications due to using them frequently for a lot of different illnesses. Sense of the situation could have been the patient's hygiene patterns, quality of care he receives or doesn't from the facility he resides in. UTI's are an infection, which means to an extent its preventable. He also had a catheter in place which did not make much sense due to him already having a big infection. Patient was at a greater risk for CAUTI, leading to death from sepsis.</p>
<p><b>Step 2 Feelings</b></p> <p>In the beginning I felt nervous because the notes in the patients file regarding the infusion rate of the IVF did not match what the physician ordered so I was afraid to miss a key detail somewhere. I felt nervous having an instructor in the room from another further ahead module, just because they have higher standards than where we are currently. That made me feel like I had to overthink everything when I knew that I know the appropriate actions and steps. The final outcome was okay, I felt I did really well, on day 2 I had a different instructor, and that instructor provided me with a timer to be able to watch. Had I of had that on the first day, I 100% would not have run out of time. Being nervous was the most important feeling because it is an emotion I am trying to work on when in patient care, I would like to be confident and calm so that my patient and their families at bedside feel the same way about the care of their loved one.</p>	<p><b>Step 5 Conclusion</b></p> <p>I think in order to make this situation better, we the students should still do a full assessment instead of that being on the chart already. It would help us learn how to identify dangerous VS and how it effects the person immediately. As well as it could prevent medication adverse reactions for the patient if we make sure that the body systems are perfusing adequately. If possible, I think it would be great to be in the room without an instructor facing us. Or maybe in a different room like the high fidelity. I would make the scenario a little bit harder in order to make sure that we as the students are adequately building on the things we learned this module and applying them in a manner that shows we either deserve to move on, or we need more help and aren't there yet.</p>
<p><b>Step 3 Evaluation</b></p> <p>The good thing about the situation given was that there was not very many distractors or complications going on to impair or slow the thought process and critical thinking. it was a stable situation that did not require changes. I did well on communication, teaching, working in a calm thorough matter. I felt I did bad on time because I was still trying to assess the patient for myself which took up extra time. I was still trying to listen for things and confirm patients physical state for myself instead of going off a chart. I learned this habit being on the neuro floor in clinical. When I introduce myself, I also would like to do an assessment at that time as well instead of coming back later or at med pass. It is something I think that will stick with me throughout my nursing career. I contributed by taking the criticism positively and learning from my error.</p>	<p><b>Step 6 Action Plan</b></p> <p>Practice will make me a better functioning nurse in the future, so the ability to be given a scenario is a fun way to learn more and gain an idea of how things will look in the actual hospital. I think what would improve the experience is to not give us the scenario of the patient's illness until CPE prep. Being given something at random would make our critical thinking skills sharper. I think I feel this way because I have a fear of not knowing how to help someone when I am done with school. Afterall it is someone's somebody. Professional practice is important in order to make sure we don't make medication errors, using aseptic techniques when appropriate, this also keeps our patient safe. A human life relies on us, so all the overwhelming rules, make sense. That is what this experience has shown me</p>