



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>                  During my clinical hours I had a patient whose room the nurse and I walked into because the nurse aid asked the nurse if she could check on the patient. She stated he was acting very strange and was not letting the nurse aid get him up and dressed. She mentioned he kept screaming and so we walked into his room. I stood at the foot of the bed. His Dr., two aides were in there, the charge nurse, and the nurse I was following, surrounded the bed. We watched as the Dr. tried asking him questions to see if he was oriented or if he would cooperate. She raised his arms and we watched as they stayed up a little then drop. The aides put his back brace on to see if that would help get him sitting up which is what the doctor wanted to see. He yelled in pain, eyes were wide open in a blank stare, continued yelling as the doctor asked if he wanted to go to therapy.</p>	<p><b>Step 4 Analysis</b>                  To my knowledge the patient may have been experiencing some sort of delirium, restlessness, and confusion due to some cognitive deficits related to maybe seizures or previous stroke or trauma to the head.                   Some of the staff was a little dismissive of the patient's reactions to the care just kind of saying he was acting like a kid every time they mention "therapy" because he don't want to go—which once one said it, the other passed it on and watched his behavior and would agree.                  I think however, what was really going on was that he was really in pain every time they tried to move him and so his reactions were appropriate for his LOC? Or his cognitive level.</p>
<p><b>Step 2 Feelings</b>                  I was feeling like I needed some answers.                  I was thinking "is he having a seizure? Well the doctor is checking for stroke—guess she knows, but why is he screaming like that? Sir calm down we are here to help. Is there too many of us here? Should we clear the room? Maybe we are making him feel riled up."</p>	<p><b>Step 5 Conclusion</b>                  I would have asked the Dr. what she thinks is happening so I could have a better understanding of the patients behavior.                   I think others could make the situation better by maybe finding better ways to help the patient rather than assume he is not in pain and is just acting out because he doesn't want to do therapy.</p>
<p><b>Step 3 Evaluation</b>                   I think the only good thing was that the Dr. was in there and she was able to see for herself the behaviors and what was happening with the patient.                   Something I think was bad is too many people in there. I think what was difficult for me was not knowing why the patient was in distress and not knowing what to do if it were me the nurse on duty.</p>	<p><b>Step 6 Action Plan</b>                  I think over all the situation taught me that I really need to find out why the patient is there in the first place. So taking the time to read his chart or ask probing questions to the handoff nurse when I arrive.                  With hindsight I think I would ask the nurse or my instructor for permission to be able to go into the patients chart and read or ask why the patient is there. There was no report to me but also the nurse she said sometimes she gets so busy there's not a lot of time to see why they are there so she just does what she is supposed to and gives the meds she is ordered to give.</p>