



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>This morning there was an incident that made me feel uncomfortable. The nurse that I followed showed me how to chart the medications into their system and how to look at and chart care plans. As we were in the hallway, a patient was being discharged home. The patient was going down the hallway as the aide followed behind her with her belongings. As the aide passed by, she expressed how grateful she was that the patient was leaving and that she was ready for the patient to be gone already.</p>	<p><b>Step 4 Analysis</b></p> <p>From my previous knowledge, things should be said in a confidential setting or not at all. Broader issues can arise from this situation, for example, patients, staff, or family members hearing what you say. Once they hear what you say, how does that make you look as a person providing care? How does that make the hospital look? If you have issues with a patient or feel as if though you can't provide quality care due to whatever situations arise, that should be discussed with the charge nurse. Not only is it unprofessional, but it shows that you are not there to provide patient-centered care.</p>
<p><b>Step 2 Feelings</b></p> <p>At that moment, I was shocked, frustrated, and embarrassed. I felt like I was put into a situation that I didn't need to be in. I just couldn't believe that she said that out loud, in the hallway, and in front of the patient. If other patients were around, or family members how would they have felt hearing that from a staff member?</p>	<p><b>Step 5 Conclusion</b></p> <p>The nurse and I discussed unprofessionalism and how things within that nature should be discussed elsewhere. The nurse said that she was going to talk to her later about the incident that took place. I learned very quickly you cannot control what others say, so be cautious of those around you.</p>
<p><b>Step 3 Evaluation</b></p> <p>I quickly took a glance at my surroundings to see who was all around and if the doors were open to other patients' rooms. I was afraid that others might have heard the statement. Within that setting, there are always patients, family members, and therapists in the hallways. The nurse didn't reply to the aide. Once the aid and patient were further down the hallway, the nurse and I discussed how unprofessional that was. I felt as if the nurse could see the look on my face and knew that I felt very uncomfortable. I noticed throughout the day many inappropriate things were being said in the hallway and at the entrance of patients' rooms.</p>	<p><b>Step 6 Action Plan</b></p> <p>In my opinion, I feel as if this isn't a "first-time" occurrence. Just being there today and soaking everything in, I heard many things that caught me off guard. This was one of the incidents that just really took me by surprise. As I continue throughout my nursing school journey and when I am working as an RN, I will always be cautious of what I say, who I say it to, and who I am around. I understand that sometimes there is frustration, but there are better ways to let out frustration and people you can reach out to if you need to vent, so it will prevent things from being said in the hallway. Conversations about patients need to be kept therapeutically. This includes language, privacy, and topics of conversation. Always be mindful that people can hear you whether it is in the hallway, walking out of a patient's room, or even at the nurse's station. If you have an issue with a patient or need a break from assignments, have a private conversation with your charge nurse or nurse manager. Always be kind, compassionate, and empathic.</p>