

Katelyn Bowman



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>Step 1 Description A description of the incident, with relevant details. <u>Remember to 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"> • 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? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • 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)?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • 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? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • 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?

Katelyn Bowman

<p>Step 3 Evaluation</p> <ul style="list-style-type: none">• 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?	<p>Step 6 Action Plan</p> <ul style="list-style-type: none">• 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?
--	--

Katelyn Bowman

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</p> <p>Event happened at Trustpoint Rehabilitation hospital during morning med pass. Patient was elderly and admitted for recurrent falls, confusion and overall weakness. The nurse, the therapist and I were in the room during the med pass. The patient was struggling to take her PO meds, which included two potassium pills, and the nurse left them in the room for the patient to work on taking at her own pace.</p>	<p>Step 4 Analysis</p> <p>From previous knowledge I may get a consultation from a speech to see if crushing pills would be an option. If that is not possible, I would consult the Dr. about changing the potassium pills to the powder form and combining vitamins if possible. The rest of my patients had a similar experience with leaving medications in the room to take at their own pace, but they did not have any issues with swallowing.</p>
<p>Step 2 Feelings</p> <p>In the beginning I felt okay because I was controlling handing her one pill at a time and verifying that she was able to get it down. When the nurse and Therapist suggested taking a break and we left the medications in the room I felt uneasy. I was nervous about possible choking, especially with the potassium pills still left to take.</p>	<p>Step 5 Conclusion</p> <p>We could have discussed crushing some pills or reducing her total med load. My nurse explained that some of the vitamins could be combined by having her take a multivitamin. I think if she had less to take at one time it would not be as big of an issue.</p>
<p>Step 3 Evaluation</p> <p>What was good about the event was I saw the therapist actively watching her swallow from a few angles to see how much she was struggling. I also liked letting her take the freedom of taking them herself, because she will have to eventually at home. I just wish we would have been there to at least have eyes on her while she was taking all meds.</p>	<p>Step 6 Action Plan</p> <p>Next time I would like to be better about speaking up and suggesting staying in the room with the patient. I can apply this issue to many future events during med pass and making sure my patient has the most simplified or easy routine for them to help increase compliance once discharged.</p>

Katelyn Bowman