



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. 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"> • 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 eg. 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?
<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?

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>February 23rd, 2026, I played the nurse's role in a CPE as my instructor, Mrs. Burnett, graded me and acted as the voice of the patient. The SBAR report was given to me by Mrs. Coulombe 20 minutes prior to the scenario beginning, as a pre-briefing. I was able to look over the report, and after having some experience with bed-side report in clinicals, I was able to understand what the patient's situation was like at that time, what medications to administer, and what parameters to monitor. The patient was suffering from urosepsis, low blood pressure, and pain 2 out of 10. I was able to administer Levofloxacin 500 mg via IV for the infection and Clopidagrel PO due to the patient's platelets being within normal limits and the history of CVA. I was unable to address the patient's pain with medication because the PRN analgesic available for pain of 2, was ordered for a temperature greater than 99.9, so I verbalized calling the physician to include pain in the order and let the patient know that their pain would be addressed with medication as soon as the physician placed the order.</p>	<p>Step 4 Analysis</p> <p>After explaining and ensuring my understanding of the proper way to handle a patient's bed rails and placement of a bedside table, Mrs. Coulombe and Mrs. Burnett spoke and educated me on a recent study that was done and a patient incident that happened due to the positioning of these safety elements. When I stated I was finished with my CPE, the patient had the potential of sliding the bedside table away from the bed and slipping out. Massive head trauma, fractures, bleeding, and other potential medical emergencies are not uncommon if a weak or unstable patient can fall out of bed. Safety rails are a crucial aspect in ensuring patient safety.</p>
<p>Step 2 Feelings</p> <p>Walking into the patient's room, I was aware of what I needed to do, and I felt confident, mostly because I knew the patient was stable, and I was not under the impression that the patient was at risk for coding. I knew that I needed to assess the IV pump to ensure fluids were running at a correct rate, because an incorrect fluid rate can cause multiple issues for a patient, and ensure that the IV site was not showing signs of infiltration or infection. I knew that the patient had a urinary catheter, so that was assessed, and proper gravity hanging was ensured. I knew the medications that I needed to give and also those that I could not give, based on vital signs and the doctor's orders. I believe I did a good job at patient education, medication administration, universal competencies, and most safety targets; however, the bed rails got the best of me.</p>	<p>Step 5 Conclusion</p> <p>Initially, I let my emotions get the best of me and became teary-eyed when I realized I could have harmed an actual patient by leaving their bed the way I left this one, and not passing the first attempt was discouraging. However, the education and encouragement I was given by each IM4 instructor were uplifting and supportive. I have allowed myself to be humbled by these mistakes and can accept them as an opportunity to grow. I wish I had held up a more professional standard and attitude, but after reflection, and education, encouragement, and support from the IM4 instructors, I can appreciate my mistake, and I now understand the benefits of learning from said mistakes and growing skills and lessons from them.</p>
<p>Step 3 Evaluation</p> <p>The entire CPE was a valuable learning experience. I was nervous about the 20-minute timeframe that we had to work with. I spend more than 20 minutes in patients' rooms during clinical, and I realize that, unfortunately, that is not always possible as an RN, so having a time limit is helpful in the learning experience. I was incredibly disappointed in myself for not understanding the bedrail/restraint guidelines prior to the CPE, because I know better than that, and more importantly, if this had not been a simulation, I could have put a human life in danger. Each IM4 instructor encouraged me to let this be a learning opportunity. I was educated and understood the proper way to leave a patient's bed without restraining them and without potential risk of injury, before retaking the safety portion of the CPE.</p>	<p>Step 6 Action Plan</p> <p>After reflecting on this CPE simulation experience, I am humbled by mistakes and grateful for the education and encouragement I receive from the instructors. I finally have the feeling that I can become a confident and competent nurse when the time comes. I was able to read the patient's chart and go into the room with an educated and confident plan of action. I can apply what I have learned about learning and growing from mistakes into further situations because I know that this will not be the last. And of course, I will never question the proper way to have a patient's bed set up for safety again. I believe that this CPE experience will allow me to be more confident in clinicals and also inspire me to handle mistakes with grace and this can also help me to support those who take making mistakes as hard as I do.</p>