NPU3505 Reflective Writing

1. What is reflective practice?
2. Assessment 3: Reflective practice Part A
   – Using Gibbs’ model for reflective writing
   – Reflective Practice Marking Rubric
   – Exemplar
3. Style and language
4. Qualities for reflecting
5. Referencing
6. Assessment 3: Part B
7. Learning support
Reflecting is a key aspect of nursing

“Reflective practice is the ability to examine one’s actions and experiences with the aim of developing their practice and enhancing clinical knowledge” (Caldwell & Grobbel, 2013, p. 319).

Reflections are the written recording and end product of your reflective practice.

Reflective practice affects all levels of nursing – from Stage 1 students to practising nurses (Caldwell & Grobbel, 2013).
Registered nurse standards

**Standard 1: Thinks critically and analyses nursing practice**

RNs use a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centred and evidence-based frameworks.

The registered nurse:

| 1.1 | accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice |
| 1.2 | develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice |
| 1.3 | respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures |
| 1.4 | complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions |
| 1.5 | uses ethical frameworks when making decisions |
| 1.6 | maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations, and |
Why reflect?

- To better understand your experiences and learn from them
- To create links between your learning and professional experiences and evidence based practice (past, present, future)
- To consider which strategies were successful/require improvement
- To be an active life-long learner/participant in your field (“reflective practitioner”).
Reflection is more than just revisiting or describing what you have done in practice.

“Authentic reflection requires not only providing rationales for our actions, but also constantly exploring and examining ourselves and our own growth. This includes every aspect of our nursing practice, from skills to communication to interactions with others” (Jacobs, 2016, p. 62).
Reflective practice: Part A due week 6

**Part A- Reflection:** Write a 750-word reflection on the following reflection topic:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Reflective practice topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPU3505</td>
<td>Using an example from your previous clinical placement experience, reflect on your demonstrated ability to recognise and respond to a patient’s clinical deterioration.</td>
</tr>
</tbody>
</table>

Gibbs Model for reflective writing should be adopted to guide your reflection. Your reflection must include a Minimum Three references demonstrating your application of the evidence-base to your learning experience. Many guidelines and resources on reflective writing are located on the Clinical Placement Community Blackboard site under the menu item ‘Reflective practice’.
Using Gibbs’ model for reflective writing

1. Description: what happened?
2. Action plan: if situation arose again, what would you do?
3. Feelings: what were you thinking or feeling?
4. Evaluation: what was good/bad about the situation?
5. Analysis: what sense can you make of the situation?
6. Conclusion: what else could you have done?
Using Gibbs’ reflective model to write your reflection

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Recommended words:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Description</td>
<td>Provide a brief description of the experience to establish the scene and context.</td>
<td>100</td>
</tr>
<tr>
<td>2 Feelings</td>
<td>Describe what you were thinking and how you felt before, during and after the event.</td>
<td></td>
</tr>
</tbody>
</table>
Using Gibbs’ reflective model to write your reflection

| 3 Evaluation | Consider both positive and negative aspects of the experience. Detail key elements that went well or turned out badly. Steps 3 & 4 link theory to practices and should contain references to NMBA standards, as well as pertinent skills and/or theory sources (such as ACSQHC standards; Tollefson & Hillman; Crisp, Douglas, Rebeiro & Waters; Brown, Edwards, Seaton & Buckley; pathophysiology sources; or pharmacology sources as appropriate). References are pertinent in the evaluation section. | 100 |
Using Gibbs’ reflective model to write your reflection

| 4 Analysis | This step forms the largest section of your reflection. Provide an analysis and explanation of why the experience was positive or negative. Remember to account for the points you made in steps 1 – 3. Also identify any factors which helped you, for instance previous experiences, consulting with others or carrying out research. What was your role? How did you contribute to the success of this experience? If things did not go to plan, why do you think this was? For example, was it due to lack of preparation or because of external factors beyond your control? It can be useful to consider other people who were involved in the experience. Did they have similar views or reactions to you? If not, why? References are pertinent in the analysis section. | 300 |
Using Gibbs’ reflective model to write your reflection

| Conclusion | What have you learned? What skills did you develop as a result of the experience? How would you apply them in future? Which strategies were successful and which require improvement? Are there areas of knowledge or particular skills you need to develop? Would you do anything differently next time? Try to give specific examples. | 100 |
Using Gibbs’ reflective model to write your reflection

<table>
<thead>
<tr>
<th>6 Action Plan</th>
<th>150</th>
</tr>
</thead>
<tbody>
<tr>
<td>The action plan sums up what you would like to work on or do differently next time. What will you do if you encounter this kind of situation again? What will you do in the future to increase the likelihood of similar positive outcomes and minimise the likelihood of similar negative outcomes? What do you need to learn? How might you learn this? Perhaps you feel that you need to attend some training or ask your tutor or placement supervisor for some advice. What can you do to be better equipped to cope with a similar event? References are pertinent in the action plan.</td>
<td><em>Remember to link this section to your references - that is, the theory behind your improvement strategy.</em></td>
</tr>
</tbody>
</table>

| Recommended total word count | 750 |
In preparing your reflection, you should:

• Find sufficient, current and relevant sources to support your points;
• Remember that references are pertinent in the evaluation, analysis and action plan sections;
• Include in-text citations and an end-text reference list using APA 7 referencing style at the end of the reflection; and
• Refer to the SNM Reflective Practice Marking Rubric.
# Reflective Practice Part A Marking Rubric

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Description and feelings</td>
<td>Unclear and/or verbose description of the event. Expression of emotions or feelings was poor, insufficiently detailed and/or not professional.</td>
<td>A clear description of the event. Expression of emotions or feelings was considered, sufficiently detailed and professional.</td>
<td>An objective, clear and concise description of the event. Expression of emotions or feelings was considered, insightful and professional.</td>
</tr>
<tr>
<td>2. Evaluation</td>
<td>Insufficiently detailed evaluation of the positive and negative aspects of the events. Poor insight and objectivity demonstrated in evaluation of the event. Insufficient or inappropriate references used to support discussion points.</td>
<td>Objective and sufficiently detailed evaluation of the positive and negative aspects of the event. Appropriate and sufficient use of references to support discussion points.</td>
<td>Objective and insightful evaluation of the positive and negative aspects of the event. Appropriate and highly relevant references used to support discussion points.</td>
</tr>
<tr>
<td>3. Analysis</td>
<td>Poor analysis of the potential causes or contributing factors to positive and negative aspects of the event. Insufficient or inappropriate references used to support discussion points.</td>
<td>Reasonable analysis of the potential causes or contributing factors to positive and negative aspects of the event. Appropriate and sufficient use of references to support discussion points.</td>
<td>Considered and comprehensive analysis of the potential causes or contributing factors to positive and negative aspects of the event. Appropriate and highly relevant references used to support discussion points.</td>
</tr>
<tr>
<td>4. Conclusion</td>
<td>Unclear or limited summary of the insights and knowledge gained from the event.</td>
<td>Clear summary of the insights and knowledge gained from the event.</td>
<td>Clear and comprehensive summary of the insights and knowledge gained from the event.</td>
</tr>
<tr>
<td>5. Action plan</td>
<td>Unclear or limited summary of what could have been done differently and how these learnings may be applied in future practice.</td>
<td>Clear summary of what could have been done differently and how these learnings may be applied in future practice.</td>
<td>Clear and concise summary of what could have been done differently and how these learnings may be applied in future practice. Demonstrated application of linking theory into practice.</td>
</tr>
<tr>
<td>6. Structure and presentation</td>
<td>The assignment does not conform to the structure of the assessment item. Poor or non-existent paragraphing. Poor compliance with APA style.</td>
<td>Most aspects conform to the structure of the assessment item. Minimal paragraphing. Mostly complies to APA style with minor omissions.</td>
<td>All aspects conform to the structure of the assessment item. Paragraphing is evident. Complies to APA style.</td>
</tr>
<tr>
<td>7. English Language Proficiency</td>
<td>Many grammatical spelling and punctuation errors were present throughout. Sentence structure poor making it difficult to determine meaning.</td>
<td>Mostly correct grammar, spelling and punctuation evident throughout, with minor errors. Sentence structure of an acceptable standard, however, could be improved.</td>
<td>Grammar, spelling and punctuation were error free. Sentence structure of a high standard. Effective use of sentence and paragraph writing conventions were clearly demonstrated.</td>
</tr>
<tr>
<td>8. Referencing</td>
<td>Insufficient or inappropriate references cited. In text and/or end-text referencing has multiple errors and/or omissions.</td>
<td>Sufficient and relevant references cited. In text and/or end-text referencing mostly complies to APA style with minor errors.</td>
<td>Sufficient current and highly relevant references cited. In text and/or end-text referencing complies to APA style.</td>
</tr>
</tbody>
</table>

Students must be rated satisfactory in criterion 1-5 to pass the assessment.
# Reflective Practice Marking Rubric: Excellent

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Description and feelings</td>
<td>An objective, clear and concise description of the event. Expression of emotions or feelings was considered, insightful and professional.</td>
</tr>
<tr>
<td>2. Evaluation</td>
<td>Objective and insightful evaluation of the positive and negative aspects of the event. Appropriate and highly relevant references used to support discussion points.</td>
</tr>
<tr>
<td>3. Analysis</td>
<td>Considered and comprehensive analysis of the potential causes or contributing factors to positive and negative aspects of the event. Appropriate and highly relevant references used to support discussion points.</td>
</tr>
<tr>
<td>4. Conclusion</td>
<td>Clear and comprehensive summary of the insights and knowledge gained from the event.</td>
</tr>
<tr>
<td>5. Action plan</td>
<td>Clear and concise summary of what could have been done differently and how these learnings may be applied in future practice. Demonstrated application of linking theory into practice.</td>
</tr>
<tr>
<td>6. Structure and presentation</td>
<td>All aspects conform to the structure of the assessment item. Paragraphing is evident. Complies to APA style.</td>
</tr>
<tr>
<td>7. English Language Proficiency</td>
<td>Grammar, spelling and punctuation were error free. Sentence structure of a high standard. Effective use of sentence and paragraph writing conventions were clearly demonstrated.</td>
</tr>
<tr>
<td>8. Referencing</td>
<td>Sufficient current and highly relevant references cited. In text and/or end-text referencing complies to APA style.</td>
</tr>
</tbody>
</table>

* Students must be rated satisfactory in criterion 1-5 to pass the assessment.
Exemplars (Clinical Placement Bb site)

This folder contains resources to assist you with writing reflections whilst on clinical placement.

**Reflective practice exemplars**

Enabled: Statistics Tracking

This folder contains several reflective practice exemplars for each stage of the course. While these do not necessarily focus on the specific reflection topic of your unit, they have been selected by the unit coordinators as exemplars of sound reflective practice. The students have all provided consent for their assignment to be used as an exemplar for other students.

**Reflective writing workshops and drop-in sessions**

Enabled: Statistics Tracking

The Senior Learning Adviser has reflective writing workshops scheduled for students to attend. In addition, students can attend weekly drop-in sessions with the Senior Learning Adviser.

For students who do not pass their first reflective practice Part A submission, it is strongly recommended you attend a reflective practice drop-in session prior to your resubmission.

**STAR framework resources**

This folder contains guidelines and exemplars of how the STAR framework has been applied to selection criteria.
<table>
<thead>
<tr>
<th>Assignment title:</th>
<th>Assessment 1: Case Based Reflective Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit code and Title:</td>
<td>NPU3505 Nursing Practice 5</td>
</tr>
<tr>
<td>Lecturer:</td>
<td>Tulip Jones</td>
</tr>
<tr>
<td>Student Name:</td>
<td></td>
</tr>
<tr>
<td>Student Number:</td>
<td></td>
</tr>
<tr>
<td>Date of Submission:</td>
<td>15/05/2020</td>
</tr>
<tr>
<td>Word Count:</td>
<td>988</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table of Contents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>....................................................................................1</td>
</tr>
<tr>
<td>Feelings</td>
<td>....................................................................................1</td>
</tr>
<tr>
<td>Evaluation</td>
<td>....................................................................................1</td>
</tr>
<tr>
<td>Analysis</td>
<td>....................................................................................2</td>
</tr>
<tr>
<td>Conclusion</td>
<td>....................................................................................2</td>
</tr>
<tr>
<td>Action Plan</td>
<td>....................................................................................2</td>
</tr>
<tr>
<td>References</td>
<td>....................................................................................4</td>
</tr>
</tbody>
</table>
Using Gibbs (1998) Reflective Cycle, I will be reflecting on completing the monitoring and responding to a change in patient condition competency while on shift on the second week of my stage 5 placement at Perth Children’s Hospital.

Provide a brief description of the experience to establish the scene and context.

(100 words for description and feelings sections combined)
Feelings

Whilst completing routine respiratory observations and noticing an increased respiratory rate and increased work of breath, I developed concern for the patient. I felt relieved and happy after the situation was resolved and I escalated their care because my preceptor and I assessed the patient and initiated the appropriate steps to prevent further deterioration. This situation has made me feel more confident and competent in how to respond to a deteriorating patient like this in the future.
Further insight into respiratory assessment skills would have given me more confidence to assess the patient during the event. By following the children’s early warning tool (CEWT) correctly the appropriate actions were implemented according to the total CEWT score in a timely manner (Mclellan et al., 2013). This involved completing a full set of CEWT observations and increasing the frequency of observations, informing the shift coordinator and consulting the ward doctor for a patient review (NMBA standards 4.2, 5.1, 7.1, 3.1). I also took into consideration the patient’s respiratory rate modifications as it is common for patients with congenital heart defects to have an increased respiratory rate (Miall et al., 2013). Improvement to this situation would have included a respiratory assessment after the initial notice of patient deterioration to provide information on oxygenation status and gain insight on the patients condition to assist me in escalating the care (Crisp et al., 2017). This is because the crackles were important findings to help the team to determine the interventions and fluid build-up in the lungs. Although I did not perform a respiratory assessment, my vital sign observations proved helpful when the doctor reviewed the patient (NMBA standards 1.2, 1.6, 4.2, 5.1, 2.5).
Respiratory changes are often the first sign of patient deterioration, therefore RNs must assess and respond to early warning signs quickly in respiratory deterioration and prevent respiratory distress (Crisp et al., 2017). Patients of high concern with Congenital heart defects that are receiving oxygen therapy require frequent respiratory observations in order to detect signs of deterioration such as increased respiratory rate and increased work of breath (Miall et al., 2012). Vincent et al (2018) Emphasises that identifying deteriorating respiratory function is essential in reducing further deterioration and further complications such as desaturation, respiratory depression and in severe cases brain damage and death. Auscultating the patient’s chest in this situation was particularly important as pulmonary hypertension can cause fluid build-up in the air spaces of the lungs.
leading to further complications such as pulmonary oedema or infection (Gan, 2012). The efficiency of initiating a patient review, monitoring pre and post review administering frusemide and increased monitoring was effective in the patients recovery (NMBA standards 6.5, 5.1,3.1,2.6). This situation allowed me to reflect by prompting me enhance my respiratory assessment skills and how to manage/respond a change in a patient’s respiratory rate and work of breath (NMBA standards 1.2, 3.3, 3.5).

Provide an analysis and explanation of why the experience was positive or negative. Remember to account for the points you made in steps 1 – 3. Also identify any factors which helped you, for instance previous experiences, consulting with others or carrying out research.

What was your role? How did you contribute to the success of this experience? If it did not go to plan, why? (i.e., was it due to lack of preparation? external factors beyond your control?)
A patient change in respiratory rate and work of breath requires early assessment and intervention to prevent further deterioration occurring. By experiencing this situation and observing registered nurses responding to the situation I have recognised the importance of responding to and monitoring changes in observations. Also performing an accurate respiratory assessment when these changes occur to detect abnormal findings, particularly in patients with heart defects and pulmonary hypertension. Detecting a change in condition from my respiratory observation findings proved useful when the doctor came to review. This situation has better prepared me as a nurse as I have gained confidence in how to respond to 4 similar situations in the future and has taught me effective critical thinking skills. In the future I will remember to initiate a respiratory assessment when respiratory observations change.

Areas of knowledge or skills you need to develop? Would you do anything differently next time? Try to give specific examples. (100 words)
Based on my conclusions, as a student, the actions I implemented under supervision of my preceptor were appropriate and within my scope of practice. In future, to achieve similar positive outcomes I know to follow the appropriate actions through following the policy and interventions on a observation chart (adult and CEWT) and initiating an accurate respiratory assessment when a patient’s respiratory observations change (NMBA standard 1.2, 4.1, 6.2, 7.1) To achieve this goal, I will research how to perform an accurate respiratory assessment to better improve my skills as well as researching how to manage a change in respiratory rate and increased WOB. I will also further my learning by reading respiratory distress policies at the facility while alerting my preceptor of any abnormal findings (Vincent, 2018).

What do you need to learn? How? Attend training? Ask your tutor or placement supervisor for some advice? What can you do to be better equipped to cope with a similar event? References are pertinent. (150 words)


Language of reflective writing

• The style and language of reflective writing differs from that expected in an academic essay or report.

• In general, there is a greater degree of informality than is usually allowed in academic writing, but there are also a number of common features which are important to a well written reflection.

(Henderson, 2009)
Style and language

- Use of first person
- Informal register
- Complete sentences
- Clear language
- Description – only a small component of your reflection
- Key focus is on analysis!
- Do not generalise or be vague

(Grellier & Goerke, 2006)
Useful reflective phrases

• At first, I thought ______. Later, I realised ______.

• During this experience, I have improved my understanding of ______; however, I still need to develop my practical skills in ______.

• This skill could be useful to me as a ______ because of ______.

• This experience will inform how I think about ______ in the future.

• As I am not yet confident in ______, I plan to ______.

• On reflection, I think I should ______.

• I felt ______.

• In future, I will ______.
Qualities for reflecting

- A commitment to learning and self development
- Honesty with yourself
- Willingness to listen to feedback from others
- Realistic ideas about what needs to change
- An understanding that learning is lifelong in professional careers
- Motivation to reach your potential as a person and therefore as a health professional.
- Valuing excellence in practice for the benefit of others.
Referencing APA7

Lisa Webb: SNM Librarian
Quick Guide to APA Referencing (PDF)

Check under the tabs for more examples and information, including for less common information sources.

Referencing guide

In-text citations

Reference list

https://ecu.au.libguides.com/referencing
An end-text reference is the **full reference**. It should contain all information needed to find the source you used. There are four main elements included in an end-text reference.

- **Who?** Author’s name (including initials)
- **When?** Date of publication
- **What?** Title of the work (check for italics and capitalisation)
- **Where?** Publisher name and URL

**Author, A. A.** (Date). *Title*. *Source*. Note the use of punctuation and italics.

[https://doi.org/10.1001/1342547979.88.6.45](https://doi.org/10.1001/1342547979.88.6.45)
Journal articles: DOI

A digital object identifier provides a permanent link to an article.

https://doi.org/10.1000/182

✔ DOI:10.1515/ijnes-2019-0074
✔ https://doi.org/10.1515/ijnes-2019-0074
✖ http://dx.doi.org.ezproxy.ecu.edu.au/10.7748/ns.31.27.33.s40
✖http://doi.org/10.7748/ns.31.27.33.s40

If there is no DOI, just reference as though it is a print article.
Format for in-text citations

There is more than one way to correctly format an in-text citation:

Standard “parenthetical” formatting, placed directly after the idea being referenced, within the punctuation of the sentence:

- 2 authors: (Stans & Jubina, 2013).
- 3 or more authors: (Camara et al., 2018).

The ampersand (&) is used in place of ‘and’ in parenthetical citations. The phrase et al. (meaning “and others”) is used where 2 or more names are not shown.

“Narrative citation” includes some or all of the citation details (author or date) in your own writing:

Stans and Jubina (2013) found …
According to a 2014 study by Camara et al. …

Note the use of and instead of the ampersand within the body of the text.
Nursing references

Use the Nursing specific reference page for:

- Johanna Briggs Institute
- Cochrane library

Include the database name in Title Case and *italics*.

Include the homepage URL (JBI) DOI (Cochrane library).

There are also examples for Nursing standards, clinical guidelines, and medication.
Further help

Library Referencing Guide: https://ecu.au.libguides.com/referencing

Quick Guide to APA 7th Referencing

Specific Nursing Reference Examples:

Assignment and Referencing drop-in sessions (Librarian and Senior Learning Adviser)

<table>
<thead>
<tr>
<th>WEEKS</th>
<th>DAY</th>
<th>TIME</th>
<th>ROOM</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-13</td>
<td>Thursdays</td>
<td>10.00-11.30am</td>
<td>JO 31.106</td>
</tr>
</tbody>
</table>

Contact: library@ecu.edu.au
Book an appointment: AskUs
Part B - STAR Framework to address selection criteria: Selection criteria represent the skills and abilities, knowledge, experience, qualifications and work-related qualities a person needs to perform a role effectively. They set out the standards by which each candidate will be assessed. Using your reflective practice example from Part A, use the STAR framework template below to address the following selection criteria:

<table>
<thead>
<tr>
<th>Unit</th>
<th>Selection criteria to be addressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPU3505</td>
<td>Demonstrated effective assessment, critical thinking and clinical reasoning skills in the management of a deteriorating patient.</td>
</tr>
</tbody>
</table>

Examine the key phrases of the selection criteria to find out what the criterion is asking. Then identify key words which describe the level of knowledge, skills or ability that is required. Utilising a clinical example in your answer, show how you have applied your knowledge, skills and ability to prove that you are competent.
Formulate your selection criteria example in the STAR template below (250 words limit)

<table>
<thead>
<tr>
<th>STAR</th>
<th>Questions to frame your example</th>
<th>Clinical Example/Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening</td>
<td>Brief statement to demonstrate you understand the question.</td>
<td></td>
</tr>
<tr>
<td>Situation</td>
<td>Where did you do it? (location)</td>
<td></td>
</tr>
<tr>
<td>Task</td>
<td>What did you do? (the task)</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>How did you do it? (the method) and Why did you do it? (the purpose or the value you brought)</td>
<td>The action area of your example/experience will be up to 70% of your answer. Focus on action verbs and 'I' to demonstrate what actions you undertook.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Result</td>
<td>What were the results? (positive outcome and what you learned)</td>
<td></td>
</tr>
<tr>
<td>Standards</td>
<td>Now link your STAR clinical example to your standards for practice.</td>
<td></td>
</tr>
</tbody>
</table>
Key phrases used in selection criteria:

**Demonstrated**: Proven ability that you have performed the actively successfully. Provide specific examples of performing the function.

**Understanding**: Means more than knowledge. Requires you to comprehend and show significant understanding. If you understand something you know how it works or know what it means.

**Effective**: Successful in producing a desired or intended result

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<tr>
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<tr>
<td></td>
<td>and</td>
</tr>
<tr>
<td></td>
<td>Why did you do it? (the purpose or the value you brought)</td>
</tr>
<tr>
<td></td>
<td>The action area of your example/experience will be up to 70% of your answer.</td>
</tr>
<tr>
<td></td>
<td>Focus on action verbs and ‘I’ to demonstrate what actions you undertook.</td>
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<tr>
<td>Result</td>
<td>What were the results? (positive outcome and what you learned)</td>
</tr>
<tr>
<td>Standards</td>
<td>Now link your STAR clinical example to the RN Standards for Practice.</td>
</tr>
</tbody>
</table>

Part B should be completed in the template available on your unit Blackboard site.
CRITERIA: Demonstrated effective interpersonal, negotiation, and conflict resolution skills

During my part-time employment as a supervisor at Woolworths I have developed strong interpersonal, negotiation and conflict resolution skills. As a student nurse I have been able to translate these skills into developing effective therapeutic relationships with patients and their significant others.

For example, I was helping the RN to care for a post-operative patient. His mother was very concerned and anxious. I was assigned to monitor the patient’s vital signs, wound drainage and intravenous therapy. The mother of the patient would question me each time as to what I was doing and if there had been any change to his situation. I appreciated that the questioning was due to her anxiety and concern for her child. I supported the mother by explaining what I was doing and answered her questions in a professional manner. I also organised for my buddy RN and the doctor to discuss the patient’s progress. After the mother had talked to the RN and the Dr and had her queries answered she was more settled. I had also noticed that the mother was holding rosary beads and I offered to organise for the hospital chaplain to visit, for which she was grateful.

Throughout the shift and the days ahead I continued to check in on her to see if there was anything further that we could do to help her. When her son was discharged a few days later she took the time to thank both myself and my buddy nurse for the care and support we had provided to her and her son.

Linked to RN standards for practice: 2.2, 2.4, 6.2

This is the CRITERIA that you are answering

This is your INTRODUCTION. It shows the reader that you understand the criteria – it is not just restating the criteria.

This is the SITUATION and the TASK.
Situation: Outline a specific circumstance where you developed the particular experience or used the required skills or qualities. Set the context of the situation.
Task: What was your role? What did you have to do?

This is the ACTION you completed.
What was it that you did to demonstrate your knowledge / abilities or to respond to and resolve the issue? Identify the steps you took and the skills you used. Were there any unexpected challenges.

This is your RESULT.
What was the overall outcome from your actions? How did the experience or results affect your knowledge / understanding and your skill development? Were outcomes met? Was the situation resolved or improved?
# Reflective Practice Part B Marking Rubric

## Reflective Practice - Part B Marking Rubric

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opening</strong></td>
<td>Does not demonstrate understanding of the topic.</td>
<td>Demonstrates understanding of the topic.</td>
<td>Demonstrates understanding of the topic and its relevance to professional practice.</td>
</tr>
<tr>
<td><strong>Situation</strong></td>
<td>Unclear description of the situation.</td>
<td>Clear description of the situation (when, where, who, context).</td>
<td>Clear and detailed, yet concise description of the situation (when, where, who, context).</td>
</tr>
<tr>
<td><strong>Result</strong></td>
<td>Unclear description of the outcomes. Poor or omitted description of what was learned.</td>
<td>Clear description of the outcomes (positive and negative) and what was learned.</td>
<td>Clear description of the outcomes (positive and negative), what was learned and how learning will be applied to future practice.</td>
</tr>
<tr>
<td><strong>Standards</strong></td>
<td>No reference to relevant guidelines, standards, policies and evidence-base.</td>
<td>Refers to relevant guidelines, standards, policies and evidence-base.</td>
<td>Refers to relevant guidelines, standards, policies and evidence-base. Details how this information informs professional practice.</td>
</tr>
<tr>
<td><strong>English Language Proficiency</strong></td>
<td>Many grammatical spelling and punctuation errors were present throughout. Sentence structure poor making it difficult to determine meaning. Poor or nonexistent paragraphing.</td>
<td>Mostly correct grammar, spelling and punctuation evident throughout, with minor errors. Sentence structure of an acceptable standard, however, could be improved. Minimal paragraphing.</td>
<td>Grammar, spelling and punctuation were error free. Sentence structure of a high standard. Effective use of sentence and paragraph writing conventions were clearly demonstrated. Paragraphing is evident.</td>
</tr>
</tbody>
</table>

Students must be rated satisfactory in each criterion to pass the assessment.
See STAR framework resources

The presentation recording can be accessed at the following link:
https://ecu.ap.panopto.com/Panopto/Pages/Viewer.aspx?id=2665015d-e680-4677-956c-ac130091e497

Reflective practice exemplars
This folder contains several reflective practice exemplars for each stage of the course. While these do not necessarily focus on the specific reflection topic of your unit, they have been selected by the unit coordinators as exemplars of sound reflective practice. The students have all provided consent for their assignment to be used as an exemplar for other students.

Reflective writing workshops and drop-in sessions
The Senior Learning Adviser has reflective writing workshops scheduled for students to attend.
In addition, students can attend weekly drop-in sessions with the Senior Learning Adviser.
For students who do not pass their first reflective practice Part A submission, it is strongly recommended that they attend sessions prior to their resubmission.

STAR framework resources
This folder contains guidelines and exemplars of how the STAR framework has been applied to selection criteria.
Reflective Writing for Nursing and Midwifery Tip Sheet

Reflective practice

Reflective Writing guidelines

1. What is reflective practice?
2. Reflecting is a key aspect of nursing
3. NPU1101 Reflective Practice
   • Using Gibb’s model for reflective writing
   • Reflective Practice Marking Rubric
   • Exemplars
4. Style and language
5. Qualities for reflecting
6. Learning support

The below guidelines have been developed to provide guidance to students on how to develop reflective writing skills.

Reflective Writing for Nursing and Midwifery Tip Sheet S220.pdf

TIP SHEET
Reflective Writing for Nursing and Midwifery

Reflective practice is the capacity to think critically and analyze one's actions and experiences in order to improve one's professional and academic knowledge. It is essential in the development of a professional identity. Reflective practice is an essential component of professional growth and development. The RANZCOG recommends that medical students engage in reflective practice to develop their critical thinking skills.

How to write a reflection:

Before writing your reflection:
1. Think about the experience:
   • Consider the positive and negative aspects of the experience.
   • Reflect on what you learned from the experience.
   • Identify what you would do differently in the future.

Reflecting on the experience:
1. Consider the context:
   • Think about the environment in which the experience took place.
   • Consider how the context influenced your actions.

Reflecting on the reflection:
1. Think about the feedback you received from others:
   • Consider what you learned from the feedback.
   • Reflect on how you can use the feedback to improve your practice.

Reflective practice is an important part of the learning process. It allows you to reflect on your experiences and learn from them. Reflective practice is an ongoing process that requires you to be open to new ideas and willing to challenge your own assumptions. It is a way of making sense of your experiences and understanding how you can improve your practice.

Using Gibb’s reflective model (see below), write your reflection on your computer/project/assignment:

1. Consider how the experience was positive or negative.
2. Consider how the experience affected you personally.
3. Consider how the experience affected your professional development.

The reflection should be not more than one page of Gibb’s reflective cycle. Each section should provide a paragraph of discussion, addressing the topic within each step.

GIBB’S REFLECTIVE CYCLE:

- Description
- Implication
- Reflection
- Action Plan

Reflective writing is a personal style of writing that engages a thinking phase, where new thinking and learning take place. Reflective writing helps students to reflect on their experiences and evaluate them for their own development. It involves critical thinking and writing skills, which are important for nurses and midwives.

Academic Skills Centre
Edith Cowan University
• Good luck with your reflective practice and writing your reflection!
• Remember there’s plenty of support too from the library and Academic Skills Centre.


