

**Reflective Summary (RS)**

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| **Learner Details**  |
| **Full Name**:   |

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| **Overview**  |
| **Title of RS**:  |
| **Date of RS:**   |

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| **Summary**  |
| Situation or event (Summarise the situation or event that prompted your reflection. Include your main learning points, what went well and what you would do differently, if anything, in the future):       |
| Reflections (Summarise your reflections of a patient case, learning event or activity, or critical incident. State how your learning has changed (or will change) your future working):       |
| Agreed action (Outline your actions from this reflection summary. Make your actions SMART - Specific, Measurable, Achievable, Realistic, Time bound):       |

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| **Collaborator Comments**  |
| Add in additional comments for your learner such as areas for future learning and improvement):      |

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| **Mapping** |
| **Professional Practice** | **Communication & collaborative working** | **Leadership & Management** | **Education** | **Research** |
| 1.1 | [ ]  | 2.1 | [ ]  | 3.1 | [ ]  | 4.1 | [ ]  | 5.1 | [ ]  |
| 1.2 | [ ]  | 2.2 | [ ]  | 3.2 | [ ]  | 4.2 | [ ]  | 5.2 | [ ]  |
| 1.3 | [ ]  | 2.3 | [ ]  | 3.3 | [ ]  | 4.3 | [ ]  |  |  |
| 1.4 | [ ]  | 2.4 | [ ]  | 3.4 | [ ]  | 4.4 | [ ]  |  |  |
| 1.5 | [ ]  | 2.5 | [ ]  | 3.5 | [ ]  | 4.5 | [ ]  |  |  |
| 1.6 | [ ]  | 2.6 | [ ]  | 3.6 | [ ]  | 4.6 | [ ]  |  |  |
| 1.7 | [ ]  | 2.7 | [ ]  | 3.7 | [ ]  |  |  |  |  |
| 1.8 | [ ]  | 2.8 | [ ]  | 3.8 | [ ]  |  |  |  |  |
| 1.9 | [ ]  |  |  | 3.9 | [ ]  |  |  |  |  |
| 1.10 | [ ]  |  |  |  |  |  |  |  |  |
| 1.11 | [ ]  |  |  |  |  |  |  |  |  |
| 1.12 | [ ]  |  |  |  |  |  |  |  |  |
| 1.3 | [ ]  |  |  |  |  |  |  |  |  |
| 1.14 | [ ]  |  |  |  |  |  |  |  |  |

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| **Collaborator Details** |
| **Collaborator Name**:  |
| **Collaborator Role:** | Educational supervisor / tutor | [ ]  |
|  | Employer | [ ]  |
|  | Practice supervisor | [ ]  |
|  | Senior pharmacist | [ ]  |
|  | Workplace facilitator | [ ]  |
|  | Other | [ ]  |
| **Collaborator Signature:**   |
| **Date:**   |