**Medication Error Reflection Account**

The aims of completing this form is:-

* To assist staff who have made an error to reflect on why the error occurred and learn from it
* To develop an action plan with their manager.
* To enable the learning from incidents to be shared (anonymously)
* To inform risk management strategies for reducing medication errors

**All Medication errors should be recorded on an Incident form**

This reflection form should be completed by the person involved in the incident as soon as practical after they are aware of making the error. This will then be used to form the basis of discussion with the Manager.

A copy of the completed form will be held in the personnel file on completion.

Date and Time **of incident:**

|  |
| --- |
| **1. Describe what happened:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Can you identify any factors which may have contributed to the error?** *Please tick as many factors which apply.* | | | |
| *1.* **Communication:** |  | 11. Arithmetic error/miscalculation |  |
| 2. Communication: Verbal — with GP, nursing team |  | 12. Knowledge deficit |  |
| 3. Communication: written — in notes |  | 13. Knowledge of misapplied |  |
| 4. incorrect labeled mar chart |  | 14. Inexperienced staff |  |
| 5. Labelling error |  | 15. Skill mix poor |  |
| 6. Variable strength medication |  | 16. Workload high |  |
| 7. Similar medication name |  | 17. Staffing levels low |  |
| 8. Similar/same patient name |  | 18. Personal stress |  |
| 9. Policy not followed |  | 1. None identified |  |
| 10.Interuption/distraction |  | 1. Lapse in concentration |  |

|  |
| --- |
| 1. **How did you feel when you were aware you had made an error?** 2. **What were the consequences or potential consequences of your actions on:**   *The patient. Others (staff, self etc)*   1. **On reflection, what might you have done differently?** |

|  |
| --- |
| 1. **What factors influenced the way you were thinking, feeling or responding?** |
| 1. **To what extent does this experience connect with previous experiences of medication errors?**   . . |
| 1. **What improvements can you make to your working practices? Could something be** **learnt from this experience?** |
| 1. **What learning or development need has this experience highlighted for you?** |
| **Date completed:** |
| *Next session to be completed by Manager.* |
|  |

**10: Action plan:**

**Date and time action plan Name of manager:**

**Signature:**

**Name of person involved in incident:**