Case reviews are retrospective. They are an effective way of reflecting on practice. Review of patient outcomes allows nursing teams/ Interdisciplinary teams to confirm practice strengths, as well as identify alternative approaches to future care.

The Reflective cycle approach to case allows for health professionals to identify a situation that provides a learning opportunity and comprehensive reflection of client events. It is usually presented at the end of episode of care. It may also identify when debriefing may be required to support members of the health care team.

A reflective design considers all aspects of patient care, and history and identifies actual and potential health risk.
Figure 1. Reflective Patient Case Review Cycle

**Patient Details**
- Age, gender, length of time in facility
- Cultural identity
- Religious affiliation
- Significant spiritual beliefs
- Genogram
- Marital status
- GP
- ACP/ EPOA/ Advanced directive

**Demographics**
- Previous occupation, and previous place of residency
- Family hx
- Social hx (coping mechanisms)

**Medical history**
- Include last GP visit
- Include all significant hx, in chronological order. Quality, quantity and location of symptoms, date of onset, character of symptoms, previous tx and meds

**Presenting problems/ clinical impression/ findings**
- Medical problems, and self reported verbalised problems. Findings on examination

**Holistic assessment**
- Te Whare Tapa Wha...spiritual, physical, psychosocial, emotional issues pt and/ or whanau identified
- Holistic approach to assessment, and identification of palliative care needs

**Resolution of issues identified**
- LDOL care plan, improvement with medical treatment, unexpected or sudden death, admission to hospital

**Unresolved issues for patient/ family/ staff**
- Complicated grief

**Summary of events and learnings**

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