Reflective Case de-brief

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| Date completed: |  |
| Name of worker: |  |
| Name of Manager |  |

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| Overview of situation |
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| Where there any unexpected events  |
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| Risks identified  |
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| What went well |
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| What would be done differently  |
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| Overall reflections  |
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| Is there any ongoing support required  |
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| Outcome  |
| Any action agreed for practice development or service improvements.  |  |

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| --- | --- | --- |
| Record Distributed to:  |  | Tick to confirm distribution |
| Worker (Name): |  |  |
| Line Manager (Name): |  |  |
| Service Manager (Name): |  |  |
| Please detail other relevant parties: |  |  |
| Date:  |  |  |