

Covenant School of Nursing Reflective



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice.” (Tsingos et al., 2014)

Using the Reflective Practice template, document each step. The suggestions in the boxes may help you as you reflect on the incident. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description A description of the incident, with relevant details. Remember to <u>maintain patient confidentiality</u>. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personnel / patients / colleagues?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice about yourself? • How will you use this experience to further improve your practice in the future?

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Callie Yarbrough

Kilpatrick

ICU Reflection

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This week I was in my second week of clinical in the ICU. I spent both days of clinical on the 3rd floor for the Surgical Intensive Care Unit. Both days I was with nurses who taught me a lot about how to care for critical patients like the ones I was taking care of. The first day as a student nurse, I had a patient who had necrotizing fasciitis on their right leg and foot from a diabetic foot ulcer. While I was there from 6:30 to 11:30 AM, we began to wean this patient off of the sedation that they were on in order to evaluate their level of consciousness. For me, that was my first experience with a patient who was on a ventilator. In the beginning of the shift, I was unsure of the ventilator setting the patient was on so I learned a lot about how the ventilator was helping the patient breathe, but also allowing the patient to breathe on their own if they could. My patient had family members there with them so I also got to experience how to talk to family members and update them on their family member's care. In previous clinicals, all of my patients that I cared for never had family members show up so I had never had to talk to anyone else other than the patient. During nursing school, we are taught to involve the family members as much as possible and in this case, we did just that. We offered the family member to help with oral care and to provide a bath if they wanted. Every step in care that we provided, the family member had questions that we had answers too. However, the family member did ask me a question that I was unsure of the answer, so I had to refer to my nurse and have her help answer the question correctly. Also while caring for this patient, we were performing safety checks in the room to make sure all supplies were there and working including: suction, bag valve mask, oral care instruments, skin integrity checks, and tracing all lines that had medication running. While we were performing this safety check, we noticed that the mask was missing for the bag valve. While the patient was intubated and could be provided with breaths with just the mask, there was still a possibility of the patient becoming extubated and needing a mask. I had to take an initiative and ask my nurse where the masks were to make sure I could put one in the patient's room.

My second day of clinical, I had a patient who suffered from a brain hemorrhage and had non-reactive corneal reflexes. My nurse informed me that we were providing comfort care while waiting on family members to arrive to say the final goodbyes. This was also my first experience caring for a patient in this situation and just providing comfort care. While the family was not there in the morning, we provided oral care and position changes in order to prevent skin breakdown. My nurse also showed me the patient's chest x-ray and explained all of the landmarks that were supposed to be seen and what was actually being seen on the x-ray. While I had some experience the previous day with speaking to a patient's family, this situation was completely different for me. While talking to the other patient's family, we were informing them on the plan of care and what was being done. However, for this patient, we switched the focus of the care on the family and catered to their needs as well. I spent most of my morning talking to the patient's daughter about things that the patient had done during their life. We were waiting for the family to come from different parts of the country and also waiting for a grandson that was deployed and might not be able to make it. For me, this was a very difficult thing to deal with because it was my first patient that I have taken care of while doing comfort care. However, after both of my days in the ICU, I have become more comfortable and assertive while taking care of patients in these situations. For me, seeing the family come together and say their final goodbyes was very difficult for me as well. Seeing all of their emotions of sadness made me feel very emotional as well. It also made me happy to see them come together and be able to share found memories of their loved one with each other.

To be honest, my feelings coming into clinical days in the SICU were that I was scared to take care of such critical patients. However, after spending the past two days with these nurses, patients, and staff, I have become more comfortable with this type of care and have gained a new respect for SICU nurses. The teamwork that I witnessed on this floor was different than any other floor I have been on before. In my future career, I will take this experience and use it to help myself with communication with family members and to make sure I double check all

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of the safety equipment/checks before starting my shift.