

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.

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 • 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?	Step 4 Analysis • 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?
Step 2 Feelings Don't move on to analyzing these yet, simply describe them. • 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?	Step 5 Conclusion • 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?
Step 3 Evaluation • 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?	Step 6 Action Plan • 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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Use this template to complete the Reflective Practice documentation. Do not exceed the space in each box. Any information not visible to you is lost.

Step 1 Description The patient was admitted to the hospital for an infected sacral wound and type 2 diabetes mellitus. He was admitted to the hospital on Wednesday. A fellow RN classmate and I took care of the pt. The pt's daughter was in the room at the time of care. The pt became clammy, nauseated, and confused so we checked his blood sugar and it was low. We tried to give him oral sugar but he could not keep anything down, so we decided to phone the physician. The physician gave us an order for 1 amp of IV D50. The pt's blood sugar will be closely monitored after the D50 was given. The pt's daughter was very talkative through the whole encounter.	Step 4 Analysis Module 3 did a good job of teaching us about diabetes so that knowledge was extremely helpful, especially when they taught us the saying "cold and clammy need some candy & hot and dry sugar high". The material that they provided for us in module 3 states that IV dextrose is a great way to bring a hypoglycemic pt back into normal range. The theory of hypoglycemia and it's effects on all body systems is relevant in this situation. Another issue that this pt is suffering from is the sacral wound. The fact that he has T2DM means that his healing time will take even longer. Diabetes causes damage to blood vessels which impedes blood flow to the pt's wound which prolongs healing. The impact of different perspectives in this situation was observed when we were having our debriefing. My fellow nurse and I were stumped on how to treat the hypoglycemia in the pt room but once our instructor reminded us of D50 and it's ability to be put through the pt's IV and to rapidly bring up the blood glucose, we had a light bulb moment and knew that is the route we should have taken.
Step 2 Feelings At the beginning I was feeling pretty good, but then the pt started throwing everything up. I was very nervous and felt like I did not know what I was doing in the heat of the moment. I could not think straight in the moment about thinking to call the physician. I feel good about the final outcome to give the pt D50 because his blood sugar was too low for oral glucose to make a drastic enough difference. I have clarity now that our instructor has taught us the importance of D50 and phoning the physician for help. This is the most important feeling because it will help me be a better nurse and make better discissions concerning my pt.	Step 5 Conclusion I think I could have made the situation better by being more calm and thinking critically. I got flustered in the room when everything was not going the way I thought it should have. I think if me and my classmate/fellow RN would have taken a second to collaborate and talk about the situation and what was going on we could have thought up better ideas on how to improve our pt's status. I should have paid more attention to the pt's family present in the room and heard what she was saying. I was too focused on just the pt and I was not calming or reassuring to the family. I have learned that I need to take my time, evaluate the room, take advantage of what the vital signs are telling me, and put all the pieces together.
Step 3 Evaluation Me and my fellow nurse had very good communication throughout the whole encounter so that was really good. We did get a little flustered when the pt could not keep any of the oral glucose down because we did not really know what next step to take. We did not anticipate that the pt would not be able to take the oral glucose and that stumped us. The daughter had good information about her father but was distracting while we were trying to figure out what was wrong with her father. I did not know when the best time was to call physicians or when it was okay, so this was good learning experience.	Step 6 Action Plan I think this situation was a great learning environment. The conclusions that I can draw from this is that I should not pay attention to my own nervousness but rather put all my energy into caring for my patient. I also realized that I should rely on those around me to get the job done too because I have some very smart and helpful classmates that I know will help me out. Next time, I will definitely be calling the physician sooner. I was scared to call them before but now that I realize that this is their job and their pt too I will have the confidence to make the call. I will use the lessons I learned from this event to take better care of my pt and stay calm. I can apply this to other events by taking deep breaths, gathering all the information, and confiding in those around me if I need help. I'm very thankful for the simulation center to help us learn because it is a safe environment to make mistakes and learn from them. This experience will further improve my practice in the future because I will pay attention to all the little details, trust my coworkers, call the physician if need be, and have confidence in myself as a competent nurse.