Lee Ico

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 maintain patient confidentiality. 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 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 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 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 personal / patients / colleagues'

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 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 On my second day of clinicals, the hand-off from the night staff reports my primary patient had woken up and experienced hallucinations. Night staff had to get a patient's relative on the line to talk the patient into calming down. When calmed down, the patient would be reoriented and go back to sleep, only to wake up and experience hallucinations again. I provided care for this patient with a different nurse, the day before, and at that time, the daily assessment showed the patient was oriented to person, place, and time, and had a relaxed, friendly mood. This time the patient's mood was quiet and temperamental, and would refuse taking morning medications from the current nurse I was with. As time passed, and patient was visited by the doctor to talk about last night, the same relative came by to be at the bedside, and the patient was eventually back to the relaxed, friendly mood. The nurse was able to administer the morning medications, while I got to do the daily assessment again. The patient was able to eat breakfast, but had not eaten lunch, because the patient wanted to rest first. The patient was still resting in bed, and the relative already left the hospital by the time my clinical ended.	Step 4 Analysis Based on recent lessons on neurological disorders, I would apply nursing management of delirium. Because delirium can be secondary to specific diseases, treating the symptoms of the disease important in the plan of care. The patient, who was admitted for syncopal episodes and has a history of both cardiac and respiratory conditions, had heart surgery, and recovery process included treating orthostatic hypotension. The low blood pressure slowed down blood flow to the nervous system, and causing the delirium. The patient's room was one of the closest rooms to the nurse's station, so answering the call light was a high priority. Having family present at the bedside helped promote a therapeutic environment, so the relative being at the bedside was effective at keeping the patient oriented to person, time, and place during the morning.
Step 2 Feelings After hearing what happened last night, I did not believe it at first. I was thinking "there was no way my patient could act like this." The event made me feel doubtful whether or not I would be able to treat the patient the same as I did the day before. When it was time to administer meds and do assessments, the nurse and I were relieved to see that the patient was relaxed, friendly, and cooperative. We felt so relieved that we reassured staff the patient was not acting like last night, as if last night never happened. I felt sorry for the relative who had to calm the patient all night, but seeing them both in person again for the day gave me hope that the plan of care would get back on track. Seeing the patient in bed was reassuring, even though I felt uncertain over what would happen during the next night shift. The most important emotion I had about the incident was one of relief, the feeling of "thank goodness the patient was not harmed while I was away." This feeling is important because I am an advocate for my patients, and what matters the most for my patients is good wellbeing.	Step 5 Conclusion I think the situation was handled appropriately, as far as keeping the relative informed and reporting all the main issues during the hand-off process. I think the patient could have benefited from having the relative spending the night with the patient. However there may have been other factors present, that prevented that from happening. So I learned ideal solutions to problems are not always possible for all patients. I also learned not to assume anything about patients until I am there to assess them. Just because I was told about an issue during the night does not always mean it has to continue during the day, and that first impressions really matter for both the patient and those providing care.
Step 3 Evaluation Some good things about the event were that patient did not fall or suffer any physical injuries, and that the patient and relative remembered me from the day before. Some bad things were that the patient did not get much sleep last night, and that hallucinations were still occurring, as well as me not taking the time to get a better understanding of the patient's history the day before. The easy parts were providing care and communicating with the patient, while administering medications and performing assessment went well. The difficult part was not knowing every single factor that caused the hallucinations to occur at night, but the night staff did a good job keeping the relative informed of what happened, even in the middle of the night. The relative also did well, taking time to visit and provide company while keeping the patient oriented. I did expect the patient to be confused and have hallucinations because I took the hand-off report seriously, and expected the patient to retain the same behavior as last night's due to the lack of sleep. In the end I was able to contribute to the patient's overall wellbeing. The patient remembered me from yesterday, so it was a good indication that providing care was going to work out for the day.	Step 6 Action Plan This experience taught me that patients can be unpredictable, and nurses have to be ready to respond to the changes presented at them. I can apply this lesson to future clinicals by keeping an open mind, not only future patients, but future nurses, coworkers, and instructors. I will use this experience to improve my practice by remembering to leave a good first impression, because it sets a foundation on how future patients will perceive and respond to me. If I could do something differently, it would be taking the time to look up the patient's health history the first day I am assigned to that patient, just so I could clear any confusions I would have during the first day hand-off, and also understand the admitting diagnosis and how it ties in with the overall care.