

Covenant School of Nursing Reflective

Taylor Burris – S6, Clinical (Week 3)



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. <u>Remember to 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 on personal / 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?

Covenant School of Nursing Reflective

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?

Covenant School of Nursing Reflective

Taylor Burris – S6, Clinical (Week 3)

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.

<p>Step 1 Description</p> <p>While at the hospital for clinical week 3, I was working with my nurse on patient that had low H&H on her labs. Since these labs were not getting better, the HCP prescribed that she be given blood. The patient only had an 22 gauge INT, so in order to give the blood the patient was needing a new IV access, but in an 18 or 20 gauge. The new orientation nurse first tried putting on the tourniquet to find a vein. After being unable to find a good vein on either arm, she called the main nurse. The main nurse then tried both arms as well. After quite a few minutes, she could see a faint vein but could not feel it; however, she decided to try and start the IV with an 18 gauge on this vein. After not being able to get any blood return, the main nurse just did a blood draw to get the patients type. The HCP and main nurse decided to put in a PICC line for the patient in order to get the blood to the patient.</p>	<p>Step 4 Analysis</p> <p>I know from previous learning that a couple of things could have been done to possibly help a vein become more visible. One thing would be to tap on the vein to that it pops out more, and another is to maybe tighten the tourniquet. However, the fact that the main nurse noticed the patient was already bruised on the arms from blood draws and decided to not do the IV line, but rather a PICC was a good decision. Continuing to try to find a vein could have left the patient with many bruises at sites of failed attempts, and also could have ruptured a vein.</p>
<p>Step 2 Feelings</p> <p>In the start of this incidence, there was a possibility that I could have started the IV and I was very excited as this would be my first one. However, after realizing how hard the veins were to find the main nurse took over, and ultimately I was ready to learn from her the tricks of finding difficult veins. Seeing how the main nurse could not find the vein, this made me feel better. I realized that even experienced nurses can have difficulty sometimes, and if I do in the future it is okay.</p>	<p>Step 5 Conclusion</p> <p>I have learned a good lesson from this incident. I have learned that it is okay to not continue an order if I feel that it puts the patient at risk. In this case not doing the IV start, and instead advocating for a PICC was done the safety of the patient. I now know that I should not feel ashamed if I can't complete a blood draw or IV start right away.</p>
<p>Step 3 Evaluation</p> <p>The main thing that could have gone better with the incident was if one the nurses could have hit a vein and started the IV for the blood transfusion. This would have allowed a less invasive IV rather than a PICC line for the patient. However, a really great thing that happened was the nurse was still able to get a blood draw in order to get the blood type and crossmatch for the patient, so that the blood transfusion would be safe.</p>	<p>Step 6 Action Plan</p> <p>I thought the main nurse handled the situation greatly. Knowing the IV start was not safe for the patient and making sure to get the blood draw to ensure a safe transfusion as well as advocating for the PICC line, the nurse acted accordingly. I can use this in the future because this incident has shown me to be brave in advocating for the patient and doing what is right for them.</p>