

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. 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?
<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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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 Upon my assessment on my patient, in clinical on October 14, 2020, I noticed that my patient still had an IV in her Right AC that was no longer accessible since the day before. The patient had a new line put in on the left AC. After assessing the site, I approached the primary nurse that I was following, and I had asked if they were planning on taking that access site out. The nurse said yes and asked if I would like to do it. I told the nurse that I would get my instructor to get it out with me. I asked my instructor to come with me to take out the IV. The instructor and I then went to grab the supplies needed. We got a cotton ball, a band aid, and adhesive remover spray. After my instructor gave me a teaching on how to use the spray, I applied it to the patient's skin/dressing. The pt had very minimal discomfort while removing the dressing. Once the dressing was completely removed from the IV/skin, I slowly but steadily pulled out the IV. As soon as it was out I immediately applied pressure to the site with the cotton ball. I then checked the catheter of the IV to make sure it was all intact and none had broken off inside the pt. I then assessed the pt for any s/s of distress. I then took my glove off with the line wrapped in it and disposed of it in the sharps disposal container.</p>	<p>Step 4 Analysis I can apply my knowledge of risk infection to this situation. I could see how improper care of any impairment of the skin can lead to an infection for the patient. Although it is very rare, it is out there that there is a possibility for infection from IV line removal. The most common infection from IV line removal sites come from central line removals. This is partly do to how much bigger the site of insertion is, and how easily there is access to the main bloodstream. This is an extremely important issue, as a patient could easily develop sepsis from this type of infection as it goes directly into the blood stream. Sepsis is extremely dangerous, and if not treated promptly and appropriately could lead to death. What is really going on in these situations to cause these, is the fact that there is no proper time and care being implemented upon removal of these sites. Whether it be proper care, or proper aseptic technique, or even proper dressing and teaching to the patient. Other people's situations are similar in leading to sepsis, but can differ in outcome of the patient, depending on promptness of treatment and promptness in identifying the infection. The impact is huge as these things may lead to extreme harm such as death, and this leaves us caregivers at fault for improper care.</p>
<p>Step 2 Feelings I was feeling excited to get to do a task to bring my patient some comfort. I had known from the day before that particular site had been bothering my patient. I was going through in my head all of the steps necessary to make sure the line comes out properly and successfully, without any pain or adverse affects from the patient. The event made me feel grateful for my position to be able to provide care to a patient in need. It gave me the encouragement for continuing on in this care to continue to experience this same give and take relationship between patient and caregiver, which goes both ways. Providing care to someone in need is truly a fulfilling experience. The support from my instructor was reassuring and very helpful. This made me feel confident, and safe at the same time in the nursing skill I was performing. I felt very pleased with the outcome being completed safely and without harm. The most important feeling that I has was gratefulness. I had gratefulness for my patient, and the opportunity to provide care for them. This is the most important feeling to me, because it brings me humbleness and reminds me the important duties of my role. I play a part in someone's health and well-being. That is so fragile and important and should never be taken for granted.</p>	<p>Step 5 Conclusion I could have made the situation better by spraying the spray a little more how my instructor told me, instead of all over and getting it everywhere on the patient's arm. I also could have remembered to take the time to clean the patient's arm off once the IV line was out. I feel that my instructor did a fantastic job teaching me and supporting me while taking this access site out of the patient. I don't feel there is anything anyone could have done more to make this removal smoother than it was. The nurse also taught me how it should be charted afterward, and that was extremely helpful and nice to learn for future reference. I could have explained the process a little more in detail more the patient's knowledge and extended comfort. I also could have used a bigger dressing than just a band-aid to cover the point that the line had been accessed. I could have possibly used coban. This might have made the patient feel a little more secured, if they felt at all uneasy about any bleeding or discomfort from the site. I learned of a great tool to help in minimal discomfort IV removal, which is the spray. I had no idea. I also was reminded that proper inspection of the IV catheter could give us small clues, even as to why the line might have bothered the pt so much.</p>
<p>Step 3 Evaluation The good that from this event was that the line was able to be removed with the least amount of discomfort possible from the patient. The bad would be that I used so much spray the patient might have been agitated by their arm being completely saturated with the substance in the spray. The removal of the dressing from the skin was fairly easy due to the spray. What was a little difficult was making sure to remove the sticky part of the dressing from the actual IV without pulling the line out of the patient's arm incorrectly. What went well was that the line came out well and intact, and no part of it broke off inside of the patient. What I did well was talking with the patient and making sure that they stayed calm and distress free. I pulled the line out with confidence as not to worry the patient for any reason. My instructor was very helpful in showing me how to use the spray. I expected nothing more than the pt to be pain free, and for the line to come out of the patient smoothly and completely intact. I was glad to finally get the line out of the patient, since it had been causing them some discomfort having it in still. The patient expressed relief that it was finally out. When it did come out, my instructor noted how bent it was, which was why it was probably bothering the patient so much. It was a great learning experience to see that.</p>	<p>Step 6 Action Plan Overall, I think this situation was a great learning experience, and I am glad to grow in these areas to be able to provide the absolute best care to my patients. I can conclude that prompt IV removal of unnecessary/not functioning lines extremely benefits the patient. I come to this conclusion because of how much relief the patient expressed upon removal of the IV line. Yes, I would do something different, as far as make sure the patient's arm is clean and that they feel comfortable and happy with the outcome of the situation. I can use lessons learned from this even to provide even better care to my future patients. This will bring them even more comfort to have the extra time being taken for their care. This has taught me the importance of professional practice, as we keep the health and well-beings of these being in our care. Our professionalism plays a big part in whether their health and well-being will have a positive outcome or a negative one. This has taught me to take the time needed for these patients to make sure every need of theirs is met, no matter how big or small that may be. I shouldn't overlook the small stuff, because in the ended someone small that was missed can turn out to have a big effect. I will use this experience in every patient I come upon next to continue to better my care for them.</p>