

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

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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><b>Step 1 Description</b></p> <p>During the first half of my preceptorship, I was able to care for a patient that was withdrawing from alcohol. The first day that I had the patient, they were very confused. They had tremors, hallucinations, headaches, anxiety, and was nauseous while they were detoxing. We had to use the CIWA protocol which meant every two hours, we had to go into the patient's room and assess all the symptoms that I previously stated: the tremors, the hallucinations, the headache, their anxiety level, their nausea level, and if they were hearing or seeing anything that wasn't real. After I filled out the assessment, a score was generated, and depending on the score, it would determine how much Ativan that patient would receive.</p>	<p><b>Step 4 Analysis</b></p> <p>This patient and their alcohol abuse had been going on for a while. This patient suffers from depression and I believe had started drinking when they were 15 years old. This patient lives with their older sibling, and according to this sibling, this isn't the first time this has happened. The patient knew all of the protocols and what to do. The patient also told the doctor that he was not going to stop drinking either. It's sad that we have patients who know that they're hurting their bodies and will continue to hurt their bodies. I could only assume that this is stemming from his depression, but in nursing you can never assume. This situation just kind of hit home for me because I have a family member who is an alcoholic and refuses help. In times that it was very easy to become irritated with this patient, I could only imagine that being my family member, and that helped with my patience. I could only hope that if this was my family member, that their nurse would have a little more grace with these type of patients.</p>
<p><b>Step 2 Feelings</b></p> <p>I was shocked when I saw what this patient was going through. This patient would drink a gallon of vodka every 4 days, which is a good amount of vodka. It amazes me how our bodies can develop a dependency of substances, that before introduced to this substance, the body was perfectly fine without. Our bodies can adapt to many different things, and gain dependencies on them, rather good or bad.</p>	<p><b>Step 5 Conclusion</b></p> <p>I don't think anyone could have really done anything different in this situation. We assessed the patient according to the CIWA protocol, administered Ativan to keep the patient calm and relaxed. He blatantly told the doctor he had no plans of stopping drinking, so all we could really do at this time, is just give him the care we could while he was there. As nurses we are there to help or "fix" people, but in this instance the patient didn't want "fixing" or help. He was there to detox and return home until he came back again. As a nurse, this is a hard concept because we would like to get this patient the help they need to prevent this from happening again, but as the saying goes, "You can't help people who don't want help". So all I could do was give this patient the best patient care I could while he was there, and pray for him afterwards.</p>
<p><b>Step 3 Evaluation</b></p> <p>Depending on the patient's CIWA score, we were to give them Ativan, which every time I assessed the patient, we had to give them 1 mg of Ativan PO. At first, we weren't giving the patient Ativan q2h, but we could definitely see the difference within the patient when we didn't give the patient it as often. They would be so weak, irritated, and restless. They were adamant about going outside to smoke or leave, due to the withdrawal. We would offer the Ativan, and they would accept. After we administered the medication, the patient would calm down and relax a bit more.</p>	<p><b>Step 6 Action Plan</b></p> <p>As a nurse who will work in the Emergency Department, I will be able see patients that are coming in for detox from alcohol or other drugs. Getting them help will be more of something that will happen once their on the floor and case management is able to talk with the patient and rehab treatment centers. In the ED, all I can do is try to understand this patients, not judge their actions and choices, and try to show a little more grace to those who desperately need it.</p>