

# 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>Today in clinicals, one of my patients fell while another student nurse was attempting to move her to the bedside commode alone. My nurse and I were in the medicine room pulling the supplies for another patient's blood draw and were not notified that the patient needed to use the restroom. The patient had a tele-sitter and seizure pads in place on the bedrails. After the fall, the patient had a seizure lasting approximately one minute. After the end of the seizure, the charge nurse, three nurse aids, my nurse and myself entered the room to help the patient back into bed after ensuring that the situation didn't include head trauma (the first nursing student caught the patient before her head could reach the ground).</p>	<p><b>Step 4 Analysis</b></p> <p>Based on previous knowledge had from taking care of this same patient the day prior to this incident, I would have liked to communicate to others assisting this patient that she required at least two people to assist her when she gets up, that she has a history of seizures when she gets up, and also that I would be more than happy to assist when this patient was needing to be moved. The presence of seizure guards, a tele-sitter, and fall risk signage should have been applicable and used to prevent falls or create a moment of pause for any trying to move the patient alone, however the broader issue that arises from this situation could be the ineffectiveness of these safety precautions or insufficient emphasis on the need to actually be aware of and abide by said precautionary signage in later nursing school segments. The post fall experience had by the charge nurse versus the student nurse, present during the fall, were understandable very different. The charge nurse was calm, composed, and meticulous in her handling of the situation and documentation of the situation. In contrast, the student nurse was adamantly vocal stating that "it wasn't her fault" to which the charge nurse calmly assured her that it wasn't twice. I was glad that the charge nurse was so calm and collected and I could see how that resound reassurance positively impacted my fellow nursing student.</p>
<p><b>Step 2 Feelings</b></p> <p>During the situation, I was focused on helping the nurses and aids get the patient back into bed safely. Afterwards, I felt relieved that the patient was safe and seemingly stable. I believe the determination to get the patient back to safety was the most important feeling in the high stress situation because it put the focus on the safety of the patient as opposed to a potentially stress fueled conversation focusing on pinning blame on a single individual.</p>	<p><b>Step 5 Conclusion</b></p> <p>I could have lessened my internal frustration with my fellow nursing after the fact which would have in turn helped me empathize and remember that we are all continuously learning and here to keep our patients safe and help each other along the way, as a team. I do think that instead of apologizing and seeking reassurance from the charge nurse during the patient's fall, seizure, and return to bed, my fellow student could have helped return the patient to bed. This situation has taught me the importance of forgiveness and understanding in problematic situations that we may view as unnecessary because of our guarantee to mess up sometime somewhere and then require the same understanding and forgiveness.</p>

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### Step 3 Evaluation

The teamwork displayed by the aids and nurses was a positive portion of the situation. It was easy to see that the charge nurse was the leader in the high intensity setting and that the other helpers were respecting her lead. The student who was with the patient when she fell was very vocally apologetic to all involved but was very hesitant to help put the patient back in bed. I helped lift the patient back into bed after holding her head while she seized on the floor post fall. I didn't expect the patient's seizure post fall to last a full minute since I only witnessed ones that didn't exceed ten seconds.

### Step 6 Action Plan

In hindsight, I will notify my fellow nursing students of any similar fall risk patients and readily offer my assistance if they are informed of a need and I am not there to take care of it. I believe that this will aid in communication that today's situation lacked. This experience has highlighted the importance of communication between team members, compassion, and forgiveness. I know that this will be a lesson that will remain applicable throughout my future nursing school/nursing career!