

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><u>Step 1 Description</u></p> <p>During my second day of clinical this week, I was alone in the room with my secondary patient. The patient used their call light to ask for assistance to use the bathroom. While in the bathroom, they told me they'd like to brush their teeth and do other personal hygiene while I was in the room with them. I assisted the patient to the sink with their walker. During the time they were cleaning their dentures, the patient expressed their concern that they felt as if they were going to have another seizure and feared they wouldn't be able to make it to the bed. I sat the patient in their walker, locked, and stood by them. A CNA joined me in the room and shortly after, the patient began to have a seizure sitting in their walker. The CNA and myself stayed at their side while trying to calm the patient down. The CNA used their Vocera to notify the nurse. The nurse came into the room after the patient's seizure. I then left the room to get a vitals machine while the CNA and nurse stayed with the patient. While I was getting vitals, the nurse was assessing the patient. After the assessment, I helped the CNA assist our patient back into bed.</p>	<p><u>Step 4 Analysis</u></p> <p>Safety is always a priority when providing care for a patient but especially when attending to a patient who is being assessed in the epilepsy monitoring unit. Seizure precautions that should be implemented include side rails pads, suction and oxygen equipment in the patient's room at all times. While in bed, the patient's bed should be free of clutter and in the lowest, locked position with padded rails up. When a patient has a seizure, the nurse should note the start time of the seizure, remove any clutter or potentially hazardous items from the patient's surroundings, help maintain the patient's airway/administer oxygen, and stay at the patient's side at all times unless other personnel is available to assist. The nurse should refrain from putting anything in a patient's mouth or attempt to hold a patient down/stop convulsive movements. It is important to note the duration, what the patient was doing before, during, and after a seizure. The patient's vitals should be obtained, assess their level of consciousness after an episode, and document accordingly.</p>
<p><u>Step 2 Feelings</u></p> <p>At the beginning when I was alone with the patient in the room and they expressed their fear that they felt another seizure coming on while at the sink, I was scared to be by myself because I've never been in the room with a patient while they had a seizure, nonetheless alone. I was then concerned for my patient's safety as the best option was sitting in their walker. I was worried about the potential for them to hit their head on the counter but also was scared to unlock their walker to move them from the counter if they happened to have a seizure while the walker was unlocked. I was relieved when the CNA joined me in the room to have someone else help me. Though I was not relieved that my patient did have a seizure, I was comforted to know someone else was in the room with me. During the entire situation, I lacked confidence and self-reassurance that I was providing my patient the best care from my lack of experience. Though I appeared calm, I was questioning what the smartest way to approach the situation and what the next step was.</p>	<p><u>Step 5 Conclusion</u></p> <p>I will use this experience to further my practice in the future. First I will note the time at onset of the seizure and meet basic safety needs. At the counter, I could have put towels down to soften the impact had the patient hit their head. If I feel that I need additional help in a situation, I could possibly use the call light if it is within reach as a student nurse without a Vocera; as a practicing nurse, I would have used my Vocera. If the call light is not obtainable, I could have asked the observer in the EMU to call someone else to go in the room with me. Though the observer wasn't directly in the room, they are an additional tool I could have implemented to answer any questions or hesitations. Once the seizure has stopped, I will note the time. I will utilize the pictures on the paper in the patient's room to better enhance my assessment of my patient. This situation provided a practical scenario of responding to a critical situation when a patient is not in bed. As a nurse, you must think about how to respond when your patient is showering, on the toilet or even at the sink. A competent nurse provides optimal care to their patient even when they are out of bed.</p>
<p><u>Step 3 Evaluation</u></p> <p>Everyone involved did a great job keeping the patient calm. The patient recognized and vocalized her prodromal signs. The patient was very anxious during the entire situation. Though it is not ideal for a patient to have a seizure, their safety was kept during it and for that I am thankful. There's a transition in taking the knowledge I have learned in lecture and applying it to my nursing practice as a student. The situation turned out better than I expected, as both the CNA and nurse were involved. Had I been alone, I would have been more worried for my patient. I felt that I was quick and responsive regarding my patient's safety as I immediately sat them in their walker and locked it. My nurse also agreed that it was best to keep the walker locked and not attempt to unlock it and move her away from the counter due to advancing her risk for injury. Despite my insecurity from lack of experience, I felt that I did the best I could in the situation. In hindsight, I could have added other interventions to further her safety but I am proud that I did not act incorrectly when I was alone. The nurse and CNA acted appropriately and were on time in their response to the situation once they were made aware.</p>	<p><u>Step 6 Action Plan</u></p> <p>In conclusion, I cannot be insecure of my nursing abilities for being concerned for a patient and unsure of how to provide best care in a situation I haven't experienced as a student. Clinicals allow me the opportunity to use my knowledge from lecture and apply them in a hospital setting. Providing best care for a patient requires practice. It is reasonable to be worried when a patient in EMU expresses their fear that they are about to have a seizure when I am alone with them. Though I was not alone when the patient had the seizure, I did not directly place the patient in harm anticipating the seizure. I met their basic safety needs. I can learn from how the nurse and CNA responded in this situation and apply it in my career. This circumstance allowed me the opportunity to reflect on ways that I can enhance my care for a patient. I will not hesitate in my thoughts; instead I will be thinking of the next step of what to do. As a student nurse the next time I encounter an incident like this, I will go beyond providing basic safety to my patient. It's impractical to assume a patient will always be in bed while they have a seizure and as a nurse you must adapt.</p>