

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 was on S5 floor and was designated a patient. The nurse I was following had four other patients who were pretty stable. The moment I walked into the room of my patient with my nurse, I felt comfortable because my patient was stable and was not critically ill at the moment. She was also very nice and was in a great mood. She was planning on being discharged that morning. I felt like I was benefiting to her care even though I was not doing any RN tasks. There were also nine employees out due to COVID reasons and I am glad I was able to help other out, big or small task.</p> | <p>Step 4 Analysis Recently we have been tested over cardiac issue/code emergency. With this background, I was able to look into her lab levels and see that she had an increase in Troponin level and know her levels were way to high and causing her to have heart issues. Realizing that her heart was not working correctly due to a blockage, so they had to get her to the cath lab and do an angiogram. During the angiogram they put a stent in on the left side of her heart to clear the blockage. Also, looking into her EMAR she was given Atropine for her chest pain. So, in that case, I am guessing she was in bradycardia and needed her heart to speed up and that's why she was getting that medication.</p> |
| <p>Step 2 Feelings I felt pretty good with the patient that I had been assigned. Since my patient was pretty stable and just waiting to be discharged, I helped my nurse with other patients that he had. The other three patients were pretty stable as well, so I just helped with telemetry devices and minor tasks. I felt like I was able to at least help my nurse with minor tasks and felt confident doing them. With not having many in person clinical, I was glad that I knew the floor pretty well and was able to help my nurse without bomb barding him with simple questions. Throughout the whole day, he would stop me and say thank you for helping me and it made me feel good because I felt like I my clinical day was actually beneficial even though I did do very many RN tasks.</p> | <p>Step 5 Conclusion Overall, my time spent on floor S5 was not a waste. I was able to dig deep into the details as to why my patient was admitted to the hospital and I was able to why she was prescribed certain medications. I also was able to assess my patient due to her cardiac issues. Even though I did not do many RN tasks, I still put my time to use while on the floor. It was slow paced, but I was able to get to know my patient and connect the dots on a lot of her treatment and to me that is a win.</p> |
| <p>Step 3 Evaluation At first, I felt like my clinical experience was going to be wasteful because I was just doing “CNA” tasks and I wanted to learn more about the RN side of nursing. But the more I got to know my patient the more I learned more about her history and learned more about her condition as to why she was in the hospital. If I was filled with busy tasks I would of not been able to get to know my patient and dig deep into why she needed the care that she did. To me, that's the RN part of my clinical experience that I got today.</p> | <p>Step 6 Action Plan My plan for future clinicals is to make sure and understand why my patient is admitted to the hospital and understand exactly why they prescribed certain medications. As a future RN, I feel like these tasks are very important in keeping the patient safe and to give them the treatment that they need to get better. Usually I am so busy on the floor at clinical that I am not able to look through my patients EMAR, talk with my patient and understand her symptoms, do a focused cardiac assessment, and look at her lab levels.</p> |

Covenant School of Nursing Reflective