



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. personnel / 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>

## Covenant School of Nursing Reflective

*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>                  On my third day at clinicals, a patient was being discharged that day, and wanted to shower before going home. All morning the patient was calm, relaxed and friendly, during morning assessments and medication administration. Staff were advised to have at least one person present in the patient's room, whenever the patient was in the bathroom, so I offered to stay with the patient, and assist with bathing as needed. A few minutes in, the patient asked me come into the bathroom and help. When I opened the door, the patient was not seated using the shower head to perform self-bathing, but instead stood holding the shower head over the toilet, letting the water flow into the toilet bowl. The patient then instructed me, in a more serious tone, to take a towel, get on my knees and wipe the bathroom floor until it was clean and dry, and I did as instructed without question. The patient refused to bathe, and advised me not to worry about getting my uniform wet and to really remember that in the future. Shortly after, a nurse aide came in to tell me to meet up with my instructor and the rest of my colleagues for lunch, and relieved me of my duty. Returning to the floor after lunch, the aide informed me the patient had acted confused while showering, and that it was not the first time it happened.</p>	<p><b>Step 4 Analysis</b>                  What really happened was the patient was admitted for altered mental status with a medical history of cirrhosis of the liver and other liver related conditions including chronic alcoholism. The staff, including the aide, was familiar with the patient having confusions and wanted to make sure someone accompanies the patient to the bathroom to prevent injury that could result from confusing actions. The patient was hard of hearing and also wore glasses, and the patient bathed with the glasses removed, so it may have been possible that the changes in sensory perception caused the confusion while showering. The aide informed me the patient was in fact holding the shower head like a watering can, watering the toilet bowl like a potted plant, so it may be possible the patient was attempting to teach me things not necessarily related to nursing, like housekeeping. The different perspectives help me make sense of the situation, especially from the aide, who was able to recognize the confusion taking place, and remind me that what seems odd to me is common to the staff working on the floor.</p>
<p><b>Step 2 Feelings</b>                  In the beginning I felt confident and thought I would be able to do a routine patient bath, without any issues. During the shower, the patient's change in behavior made me feel a little confused, but I decided not to question the patient's requests. The patient's words made me think they were relevant lessons that I can learn as a nurse, and made me feel humble because I thought I was learning from the patient. When the aide informed me later about the patient acting confused, I felt a little silly, like I was being played with by the patient, but I still thought there was truth to what was being said by the patient. The most important feeling I had about this incident was the feeling of uncertainty, because I was not sure if what I was doing was actually helpful to the patient, or if I had made the right decision.</p>	<p><b>Step 5 Conclusion</b>                  I could have made the situation better by recognizing the signs of confusion earlier, as well as the causes, and addressing them. If I had the option, I would let the patient bathe with the glasses on, to help maintain sensory perception. If I could do something differently, it would be to speak up in response to the patient's change in behavior, and possibly have the patient reiterate the meaning of what was being said to me. I have learned that when an opportunity presents itself, don't hesitate to get in and do it, because you will learn by doing. And I would not have been able to experience all of this, if I did not offer to help bathe the patient in the first place.</p>
<p><b>Step 3 Evaluation</b>                  Some good things about the event were that the patient eventually finished bathing, was back in civilian clothing, and was not harmed while I was gone. When I checked on the patient, the patient's behavior was back to normal and looked ready to go home. Some bad things were having to witness the sudden change in behavior when I was with the patient, and not realize the patient was acting confused right in front of me. The easy parts were providing care, administering medications, and communicating with the patient before bathing. The difficult parts were not knowing what to do or say to the patient when addressing the patient's confusion during the bathing. Besides the patient acting confused, overall the bathing went well. I did well staying with the patient during the initial process. The aide did well taking over the bathing, as well as letting me know what happened.</p>	<p><b>Step 6 Action Plan</b>                  This experience taught me the importance of having initiative, and how nurses are expected to take action at a moment's notice, because there are many opportunities in a patient, and each missed opportunity could be the difference between life and death. In hindsight there have been times in other clinicals where I had the opportunity to provide to care for other patients, but did not take initiative, like I did with this scenario. I can apply this lesson to future clinicals by asking staff if they need help with anything, and offering assistance even when they do not ask. If I had downtime between caring for my patients, I can take the opportunity to respond to call lights by other patients I am not assigned to. Ultimately I cannot take back missed opportunities, but I will move forward to taking advantage of new ones in the future.</p>