

Covenant School of Nursing Reflective

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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 <i>eg. personal / patients / colleagues?</i>
<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?

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Step 3 Evaluation

- 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?

Step 6 Action Plan

- 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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This week, I had my clinical in the surgical intensive care unit. This was my second clinical week in this unit, so I wasn't as nervous as I was the first week. Things are always changing, and new patients are getting admitted everyday with new diagnosis, so you never know what to expect. My nurse was really helpful through the entire shift and really made my experience in the SICU enjoyable. He did a great job of explaining diagnosis and medications and assessment tips that were crucial in the SICU. He enforced how important charting on your patient was in the SICU because things can go wrong in any second and you need to have thorough documentation incase others need information on what has happened. The patient I was looking after today was a 38-year-old man who had hydrocephalus secondary to fungal meningitis. The meningitis started in his lungs and spread to his brain from lack of taking his antibiotics routinely. Two days ago, he had a fall and now is unresponsive. I'm assuming he hit his head when he fell, and it altered his level of consciousness. It was a very sad situation. His family was in the room and they were very heartbroken. They had just signed a DNR for this patient when my shift was ending, and the family got very emotional. They assumed that signing a DNR meant that we wouldn't care for him anymore and that we wouldn't give the medications anymore. I think it's important that we explain everything. Even though DNR's are seen all the time in the medical field, it's important to recognize that people who are not familiar with the medical field don't fully understand what all DNR's entail. Caring for this patient was also eye opening in providing comfort and care. Because he was unresponsive, it was different introducing myself and talking to him about what I was doing. It really made me feel how truly important it is to treat all patients the same. Just because my patient was unresponsive doesn't mean he couldn't hear me. I talked him through my assessments and tried to make him feel aware of everything I was doing. Overall, my time in the SICU was very beneficial. I learned a lot and got to see a lot. Although it was sad at times, I definitely enjoyed my time in the surgical intensive care unit and I'm glad that we were able to experience it as students. There are definitely a lot of learning opportunities working in the ICU and there's a lot of areas to grow. I'm glad that I was able to experience a day on the SICU floor.