

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>Step 1 Description On November 3, 2020 during my clinical rotations, I was able to assist my nurse in administering blood through a transfusion, for my first time. While the nurse was teaching me the process of getting the blood scanned into the system, and verifying it with another nurse, the pt stated that they had to have a bowel movement. She wanted us to help her get up to the toilet before the infusion started. Once we got the patient to the toilet, they proceeded to have a BM. When they finished, they insisted on cleaning themselves and refused help from either me or the nurse. They were taking a while to clean themselves, due to being weak with slow movements. They kept refusing help and the we informed them that we could help, because the blood had to be administered in a time sensitive manner, which was within 30 mins of receiving it. Once the pt learned this information, they became concerned and asked how long they had been on the toilet. I assured them not long, however from the time we had received the blood and gone through the process of verifying it and getting the pump set up, it had been a while. They understood the need to get the blood transfusion started and accepted our help to clean themselves. We were then able to get them back to bed to start the transfusion.</p>	<p>Step 4 Analysis I know that through previous experience improper communication and education between pt and nurse causes stress and harm on both the nurse and patient side. It takes away trust in the relationship and creates tension and stress that is a barrier to giving proper care to the pt. I see now why these are the basic thing we first learn when being introduced to nursing school. These fundamental nursing concepts may seem so small and unimportant when up next to skills, but when a part or more of this process fails it can do more harm to patient care than any one skill could do. If we cant set up and deliver proper care to our patient without any barriers, then we have put our patient at risk. Other people's experiences in these situations are similar. Whether it be from a learning experience from doing it the wrong way the first time and getting a bad patient outcome, or finding the right resolution at the time, the finding is the same. These basic fundamental nursing practices are extremely crucial within our everyday duties as nurses. The impact from other nurses or patients in this situation in so huge, because the nurse is able to voice how what they did or didn't do helped or didn't help and nurses can learn from this. Vice-versa when a pt shares how these experiences impact them.</p>
<p>Step 2 Feelings At the beginning I was feeling happy and grateful that for one, the pt was able to get up and ambulate to the restroom and two, I was learning how to administer a blood transfusion for the first time. I was worried about making sure that the patient kept their independence in going to the bathroom alone, and also being able to clean themself without assistance, especially if that's what they wanted. I was wondering why the nurse was concerned with trying to get them off of the toilet quickly, because I thought it was great that they wanted to do everything themself. Then when the nurse explained the need to give the blood within 30 mins, I realized they were not rushing the patient, but trying to keep the blood product viable. The most important feeling that I felt was the feeling to give the best care possible to the pt, which included allowing them to keep independence, while also educating, and offering my help in order to give them the other care that they needed. I think this is important, because it proves that I was giving pt centered care. I felt very glad and pleased with the final outcome. I was happy that we didn't take away the pts dignity, but we were also able to level with them about the kind of care that they needed, and no one was hurt or offended. Everything was smooth.</p>	<p>Step 5 Conclusion I could have made the situation better by offering up education to the patient beforehand about the need for prompt administration of the blood product once it was received. I could have also suggested, or asked the nurse, if it was okay to start the transfusion before the patient had gone to the bathroom. What I could have done better is get all the information, and ask all the questions, about blood transfusions before the product was on the floor so that I was prepared for multiple outcomes once it got there. I could have let the patient know once we knew that they were going to get blood products all of the information that I had available on it. Once I educated myself and the patient on the administration and dealings with blood transfusions, I could have then suggested that this be a time where she doesn't get up. Then maybe at that moment I could have offered if they needed to go to the restroom, so that the problem of needing to go to the restroom didn't come up once the blood was already on the floor and ready to go. I might have taken some specific time to make sure the patient, and the patient's room, was set up and ready in every way possible to receive the blood once we had gotten it on the floor.</p>
<p>Step 3 Evaluation The good thing about this event was that we were able to avoid making the pt upset, as well as allow them to keep independence and get our job done properly. What was bad, or should I say worrisome, was thinking that we might not make it before the time stamp was up, and then we would have a wasted blood product and the patient would have had to wait even longer to receive their infusion. What was easy was allowing the patient to accomplish what they wanted to, because it made me extremely happy to have a patient who was willing and motivated, ironically this is what was also the hard thing. It was hard because in order to allow them to accomplish what they wanted, it also required us to be a bit forceful, in regard to hurrying them along, so that we could get our nursing care done properly and without further harm to the pt. What we did well was keep our patience, but also be assertive as well. Explaining to the patient the issue with allowing them to continue on alone really helped them because then they knew we weren't just pushing them to finish up just because. The peace and the respect was kept between patient and nurse. I expected the pt to be upset that we were in a sense rushing them, and therefore delaying the care even further. I did my best to offer humble help to the patient, as well as being open with what was best for their care.</p>	<p>Step 6 Action Plan What I think overall about this situation was that it had a good outcome. The patient was not upset about anything, and the nurse and I did not allow the situation to stress us out therefore causing what would have been potential tension toward the patient. I can conclude that communication and pt education is an extremely useful tool in patient care and establishing nurse patient relationships. I justify this with the situation and the great outcome on both sides, as well as the smooth process. I can use this further in my career of nursing to remember to handle all patients like this, in order to decrease instances of stress or harm on both the nurse and the patient's side. What this has taught me about professional practice is that this type of communication and education really is best practice. Allowing the patient to be involved in their care, as well as do my part as an assertive nurse, the proper care was able to be provided and an easily resolution was able to be found. I know now that when I forget or refuse to use this practice then I would be at fault, because I would not be doing what's best in my ability, as well as experience, to care for the patient. I will use this experience to further sharpen my communication skills and remember that peace and resolution between patient and nurse is an easy thing to get to.</p>