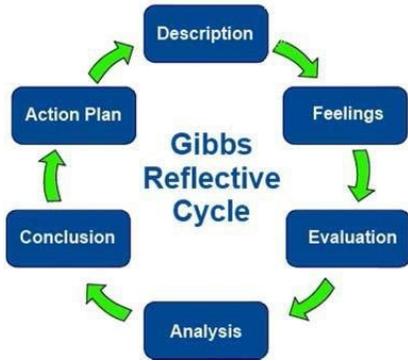


Covenant School of Nursing Reflective

Taylor Burris - CPE



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</p> <p>This week in the graded CPE, I had a patient named Mr. Dunn. I first was given a folder with HCP orders, EMAR, and his new vitals. Based on the vitals I was not able to give lisinopril, acetaminophen, morphine, or Norco. This was because his pain level was level 2, so no need for pain meds. His BP was 88/58 so no lisinopril. Also, the fever was 98.7 so too low for acetaminophen. I was able to give levofloxacin for his infection and clopidogrel for preventing blood clots. I first went into the room and asked for pain level. I then did a focused neurologic assessment, GU assessment, and cardiac assessment. Everything looked good so I went to get the medications and came back to administer.</p> <p>I made sure to follow all universal competencies, teachings, and medical administration and passed my graded CPE!</p>	<p>Step 4 Analysis</p> <p>I knew from previous lessons, to always check the HCP orders against the EMAR. This was very important in this CPE since I had to hold some of them medications. If I would have given these medications, it would not have been good for the patient. Giving lisinopril would have been dangerous to give with a already very low blood pressure, so it was good that I remembered the correct thing to do.</p>
<p>Step 2 Feelings</p> <p>I was extremely nervous at the start of the CPE. I was worried that I wouldn't choose the correct assessments to do on the patient among forgetting other things that would prevent me from passing the CPE. Once I was given the folder for the scenario, I planned what meds to give and assessments to give, but I was still extremely nervous. However, once I got into the room a lot of my nerves went away and I just had to take deep breaths and remind myself I knew what to do. Once it started, my nerves went away and I just did what I needed to do. However, I felt like it was very fast and easier than I thought it was going to be, so the nerves came back once I was finished. Finally, once I found out that I passed I was very elated and extremely happy. I was happy that I passed and happy that it was over.</p>	<p>Step 5 Conclusion</p> <p>I learned so much from this situation. I learned that I do know what to do as a nurse and I am learning so much in school that I have remembered and will continue to use. I learned that vitals are very important when it comes to medications as well as focused assessments.</p>
<p>Step 3 Evaluation</p> <p>I thought that I did really well in the prep section, on looking at the HCP orders and EMAR to decide which medications I should hold and give. I also thought that I did really good on all of my universal competencies, and made sure that the patient was comfortable and safe. I also did a good job on hand hygiene and wearing gloves when appropriate. I did well on medication administration and made sure to do the correct teaching and look at the correct vitals. I could have done a better job on picking and choosing the correct assessments, but I wanted to go above and beyond rather than not do enough.</p>	<p>Step 6 Action Plan</p> <p>I will use what I learned from this CPE in future clinicals and future CPEs. I will always remember to check HCP orders. Always remember that vitals are super important. Next time I will remember that I know what I need to know and try and be more confident going into the CPE.</p>