

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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Emergency Department Reflection

An older adult male patient came to the ED by EMS on my first clinical day. His vital signs on arrival were low blood pressure, poor MAP, high heart rate, and a high respiratory rate. I helped apply his telemetry leads and listened to report. He has a history of CHF, and the doctor stated that he thought the patient's difficulty breathing was a result of fluid buildup in the chest. He was receiving oxygen via BiPAP and the physician believed that it was causing the low blood pressure, so it was discontinued. The physician also discontinued all of this patient's IV fluids. Afterwards, the respiratory rate fluctuated between 10-12 breaths per minute, but the blood pressure was still very low with a poor MAP. His labs showed potassium of 2.7, lactate over 7, and all other values were close to normal. His nurse assessed that he was deteriorating and notified the physician. The physician told her that the patient was stable for now and needed to wait for a bed to be admitted to the hospital. The nurse followed up with the physician later that day to notify him that the patient was still doing poorly. The physician gave her the same response as before, so she went up the chain of command to report this patient's condition.

Through the day, I observed this nurse perform multiple assessments and continuously advocated for her patient. She believed that he was experiencing sepsis and needed fluid resuscitation to help the low blood pressure. She thought that her patient wasn't doing well, and she did her best to get him more help. I learned that assertiveness and being attentive are important skills to have as a nurse. It is our job to know when our patient's status is deteriorating and to be able to report it. In post-clinical we were asked to research how to treat a patient with sepsis and CHF. I read a study conducted by the American Heart Association about how fluid resuscitation for sepsis affects a person with CHF (30mL/kg in 3 hours). The study showed that fluid resuscitation resulted in a higher risk for intubation but a lower mortality rate, while fluid

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restrictions had a higher mortality rate and a lower rate for intubation. Therefore, in this case the benefit outweighs the risk with implementing fluid resuscitation.