

Covenant School of Nursing Reflective Practice



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. <u>Remember to 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' perspectives?
<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 December 16, 2020, I was on my second day of clinicals. The morning started off very busy. As I was following my nurse give medications, she checked the patients intravenous site for patency. Two out of our four patients intravenous sites had infiltrated. Both complained of pain not and a burning sensation. One patient was a new admit, so she needed labs and asked if I wanted to do the patient we had already had with my instructor. I told her yes and I went to go fine one of my instructors. The patient had a "no, no band" on is left arm, so we only had one arm to try to start an IV. Patient's skin was very rough and dry. It was hard to find a vein, but I found one. My instructor was looking as well, but she let me choose the one I felt comfortable doing. I prepared my supplies and attempted the stick. I had blood return and when I tried to stick the needle forward I hit a valve. I had trouble pushing the catheter through and bringing the needle out. We put a cotton ball on the patient took off the tourniquet and talked about what had happened. After we controlled the small little bleed from the stick, we put the tourniquet back on and helped me find another one. We chose another one, and she told me that I can try again, but if I do not get it she will do it next time and had a vein she liked. Once again, we prepared the supplies. This time the vein was in the outer side of his arm. So instead of laying his arm flat, we had him bend at the elbow at a ninety degree angle. She talked to me about the way I should approach the vein because this time we could feel the valve. I was able to get the IV to go through but once again I had trouble inserting the catheter, but she helped me. We got the IV site and it was patent. It flushed very well. My instructor informed me that people who are on dialysis usually are a hard stick.</p>	<p>Step 4 Analysis I usually do not like to stick more than once especially if I feel like I am not comfortable. If I would have missed the second time I would have been more discouraged. I do not like to keep trying because I know the more you stick a person, the greater there are at risk for infection because the skin barrier is being broken. Even though we are putting the patient at risk for infection, we also need to the iv site to give the patient the medications he needs to get better.</p>
<p>Step 2 Feelings When the nurse I was following asked if I wanted to do it, I was a little hesitant because I knew she was busy, but I have not had a lot of practice especially in a clinical setting to try an IV. I thought she would be there with me, but she said you can do it with your instructor, and I will go work with the other patient who needs an IV and blood cultures. To me, it is always scarier to practice things in front of an instructor, but I knew that I needed to do this. My instructor made me feel at ease because she talked to me through it. She asked me questions on what I was doing to see if I understood. The past IV attempts or blood draw I have had have not been the best. After the first time, I got a little discouraged and thought she would be like everyone else and say okay I will do this next one. Instead, she talked about what happened and made me feel better. She did not give up on me and let me try one more time. Her having confidence in me to do it again made the second time easier. She did not give up on me and let me try it again.</p>	<p>Step 5 Conclusion What I love is that after we walked out of the room my instructor asked what could I have done better and what went wrong. I told her that maybe I could have relaxed a little more and especially my shoulders instead of being so tense. I told her maybe feeling more to see if I could feel the valve. She informed me that she thinks she did I did very well on both and it is usually hard to feel the valves and sometimes you may be able to feel it like we did in the second one.</p>

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Step 3 Evaluation

During the task we faced many problems. We were only able to work with one arm, the patient had rough and dry skin, and was a hard stick. Another thing that was different for me was the placement of the patient's arm and the way I had to go into the vein. Since the vein was in the outer part. The patient's arm was bent at the elbow at a ninety degree angle. When learning and practicing blood we only learned the "perfect world scenario." When on the floor we encounter different situations. I had to go from the top down. It was different and challenging, but I learned a different nursing intervention when given the scenario we are in.

Step 6 Action Plan

This day was one of the best clinical experiences I have had so far. My instructor talked to me and asked questions. Afterwards she asked what I thought I did well and gave me instructive criticism. I am learning how to better critically think. I enjoy working with someone around me to see their perspective of things. In the future, I can look for better veins even if it is not in the same straight arm position. I could help further students if I work with them and show them a new way as well.