



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?

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 During my clinical day after 0900 medication's, I thought it would be an appropriate time to perform my head-to-toe assessment. The patient I was assessing was on a ventilator and was being treated with a sedative that had the patient temporarily unconscious. In this specific situation, the only people in the room was the patient and me. The point of the head-to-toe assessment was to get a better understanding of how my patient was doing physically and physiologically. Since the patient was under sedation, there was little to no communication between the patient and I. Specifically, there was little communication from me while performing my assessment even though communication is necessary regardless of the patient's conscious state. Eventually, I completed the assessment and left the room to go help the nurse I was following.</p>	<p>Step 4 Analysis The issues that arise from this incident is that you can easily forget to provide wholistic care to your patient if there is no verbal communication. Even when the patient is on a sedation vacation, the verbal communication is minimal therefore providing the emotional care that is needed for a patient, especially one on a ventilator because of an increase in anxiety, can be diminished. I just realized later in the day that communication is so important regarding every aspect patient care. It's important to understand the patient is in an extremely vulnerable position and providing the most amount of comfort as possible is a huge priority.</p>
<p>Step 2 Feelings At the beginning I thought the assessment was going to go by a lot quicker and more efficiently and overall, the assessment was going to be a lot easier. I started to feel a little invasive because I was performing an assessment on a patient that could not even give me feedback because she was under sedation. The fact that nothing was being said made me feel like I was invading the patient's personal space. Eventually, I realized that regardless of the patient's state an accurate assessment needs to be done to give the patient the best care possible. This is important because getting an understanding of the patient's condition is extremely vital especially since the patient cannot verbally tell you if something is wrong.</p>	<p>Step 5 Conclusion If I would have focused more on the wholistic care of the patient then I feel that my assessment would have gone more of the way I wanted it to go, which was make the patient as comfortable as possible. I could have verbally told the patient what I was going to do before I did it. Specifically, before I place the stethoscope of the skin because this is probably the most invasive part of the assessment, especially once the assessment gets around the abdomen and peritoneal area. I learned that regardless of the patient's conscious state, verbal communication should still be a priority to ensure the patient is receiving the best wholistic care possible.</p>
<p>Step 3 Evaluation The best thing about the about the event was that I got an accurate assessment which helped me understand the patients condition better. The thing I realized I did not do was communicated with the patient throughout the assessment. I introduced myself, but I consistently continued with my assessment without letting the patient know what I was doing. Just because the patient is sedated does not mean you do not have to communicate just like you would if the patient were conscious. I completed the assessment thoroughly and even went over some things twice just to make sure my assessment was accurate. I expected that I would continue to communicate normally but I just ended up focusing more on the physical and less on the emotional side of the patient even if they were sedated.</p>	<p>Step 6 Action Plan Making the patients you care for have a great hospital experience is particularly important for the patient's overall health improvement. Being in the hospital is a very dehumanizing experience therefore providing wholistic care to the patient is helpful and therapeutic. I have learned just how important verbal communication is in all aspects of nursing care. I cannot decide for my patient like choosing not to communicate with them just because I think that they cannot hear me. This experience has really opened my eyes to treat all my patients with the best care I can possibly give and that includes the little things such as communicating with a sedated patient during a routine physical assessment.</p>