

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 Today my patient needed a bed bath. She refused to get one in the morning, so I told her we could wait until after lunch. An aid and I went into my patient's room with all the supplies needed for a bed bath. She still refused and did not want to be touched. My aid, who had been given the initial orders for a bath, knew we had to continue despite the patient's disapproval. It was difficult to get any cooperation with the patient, but we stayed calm and worked slowly. Our patient had a visitor who also helped speaking to our patient and getting her to help in various movements or repositions.</p>	<p>Step 4 Analysis I had given a bed bath before and I have even assisted in a shower. I know it is not always easy cleaning others especially when they do not want to be cleaned. I had never experienced having a patient deny my care. It was a new challenge for me, and I did not know how to handle the situation. Because my aid expressed the importance of my patient's bath, I was more concerned and determined to get it done.</p>
<p>Step 2 Feelings At first, I felt very uncomfortable undressing my patient when she did not want to be touched. I was trying to be very gentle, but because she was resisting it was difficult to pick up her arms, so I realized in order to keep her from getting too cold, I had to use a little more force. In the end, it helped progress the bath. I spoke to my patient throughout the entire process trying to comfort her and alleviate any discomfort.</p>	<p>Step 5 Conclusion Although my patient refused to be cleaned, we gave her a bed bath anyway. She had had a bowel movement and needed new linens, along with many other factors. I learned that sometimes patients can refuse nurse's care and that is okay... sometimes. But other times care must still be done. In the end, I know we did what was best for the patient even if she may not have seen it that way in the beginning. I am sure she felt much better after being washed and having new clean and dry clothes and sheets.</p>
<p>Step 3 Evaluation This task was difficult because my patient would lock her arms or legs and make it tough for me and the aid to wash her. However, my patient's visitor and aid spoke comfortingly and assertively which in return help the patient be more cooperative.</p>	<p>Step 6 Action Plan I was concerned at the beginning of the bed bath because I did not want to further upset my patient, but once I learned the reason and importance, I knew the care must go on. My aid and my patient's visitor were very helpful in getting the patient to follow simple commands. I learned how to take a "no" and handle it in a calm and appropriate manner. I realized that speaking with my patient throughout the bath helped reassure her that our intentions were prioritizing her overall health. I will definitely remember my first "no" and use this experience to guide me in not other bed baths, but other situations, such as administering medications, drawing blood, and even starting an IV.</p>