

## 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><b>Step 1 Description</b> 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"> <li>• What happened?</li> <li>• When did it happen?</li> <li>• Where were you?</li> <li>• Who was involved?</li> <li>• What were you doing?</li> <li>• What role did you play?</li> <li>• What roles did others play?</li> <li>• What was the result?</li> </ul>	<p><b>Step 4 Analysis</b></p> <ul style="list-style-type: none"> <li>• What can you apply to this situation from your previous knowledge, studies or research?</li> <li>• What recent evidence is in the literature surrounding this situation, if any?</li> <li>• Which theories or bodies of knowledge are relevant to the situation – and in what ways?</li> <li>• What broader issues arise from this event?</li> <li>• What sense can you make of the situation?</li> <li>• What was really going on?</li> <li>• Were other people's experiences similar or different in important ways?</li> <li>• What is the impact of different perspectives eg. personal / patients / colleagues?</li> </ul>
<p><b>Step 2 Feelings</b> Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> <li>• How were you feeling at the beginning?</li> <li>• What were you thinking at the time?</li> <li>• How did the event make you feel?</li> <li>• What did the words or actions of others make you think?</li> <li>• How did this make you feel?</li> <li>• How did you feel about the final outcome?</li> <li>• What is the most important emotion or feeling you have about the incident?</li> <li>• Why is this the most important feeling?</li> </ul>	<p><b>Step 5 Conclusion</b></p> <ul style="list-style-type: none"> <li>• How could you have made the situation better?</li> <li>• How could others have made the situation better?</li> <li>• What could you have done differently?</li> <li>• What have you learned from this event?</li> </ul>
<p><b>Step 3 Evaluation</b></p> <ul style="list-style-type: none"> <li>• What was good about the event?</li> <li>• What was bad?</li> <li>• What was easy?</li> <li>• What was difficult?</li> <li>• What went well?</li> <li>• What did you do well?</li> <li>• What did others do well?</li> <li>• Did you expect a different outcome? If so, why?</li> <li>• What went wrong, or not as expected? Why?</li> <li>• How did you contribute?</li> </ul>	<p><b>Step 6 Action Plan</b></p> <ul style="list-style-type: none"> <li>• What do you think overall about this situation?</li> <li>• What conclusions can you draw? How do you justify these?</li> <li>• With hindsight, would you do something differently next time and why?</li> <li>• How can you use the lessons learned from this event in future?</li> <li>• Can you apply these learnings to other events?</li> <li>• What has this taught you about professional practice about yourself?</li> <li>• How will you use this experience to further improve your practice in the future?</li> </ul>

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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><b>Step 1 Description</b>                  The Pharmacy wasn't communicating well with the nurse. This happened between the morning med pass and afternoon med pass. I was following my nurse while she was trying to contact them. The pharmacy and primary nurse of the patient were involved. The nurse did not receive the med she needed before I left for the day.</p>	<p><b>Step 4 Analysis</b>                  From previous knowledge I know that the nurse was doing her job by being the patients advocate. The broader issue is the lack of putting the patient first from the pharmacy. The difference in perspectives of putting the patient first had an impact on the patient not getting her meds.</p>
<p><b>Step 2 Feelings</b>                  I felt like the pharmacy could have done a better job of communicating and listening to the nurse. I thought other people didn't know what the nurse was looking for when she continually went to the front to check if the med was available yet. I felt the outcome could have been better if the pharmacy would have listened to the nurse's concerns. I feel like the most important thing in this situation is that the patient gets the medication they needed and that didn't happen before I left a little more than halfway through the shift.</p>	<p><b>Step 5 Conclusion</b>                  The pharmacy could have stayed on the phone with the nurse until the situation was solved. I have learned to stick to being the patients advocate no matter the situation because they are the priority over staff disputes.</p>
<p><b>Step 3 Evaluation</b>                  The good part about the event was the primary nurse did not give up on getting the med she was being a wonderful patient advocate in this situation. The bad thing was the lack of communication between pharmacy and the nurse. It was difficult for the nurse to try and talk to pharmacy when they were telling her the med was already on the floor when it wasn't. I helped by checking the front station for the meds arrival while the primary nurse was busy with other patients. Yes, I expected after the nurse called down to pharmacy multiple times that the med would arrive.</p>	<p><b>Step 6 Action Plan</b>                  I think this situation should have never happened they should have sent the med when they got the request or as soon as they had time instead of wasting the nurses time having to call several times. I wouldn't personally do anything differently. I can use the lesson learned to be a good nurse someday. I can use this in other events by sticking to what I know I need for my patient. This has taught me there are people that aren't always professional in a professional practice.</p>