

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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My patient was found unresponsive for four days and they brought him in the Emergency Department. They intubated him, put an arterial line, and they started him on Zosyn and Levophed the day before I have him. He's diagnosis is respiratory failure and severe shock. His history is dementia, Alzheimer, congestive heart failure, coronary artery disease, myocardial infarction, hypertension, and coronary stents. He has an endotracheal tube in and on a ventilator – PRVC/AC mode. Settings: VT – 450, FiO2 – 40, Rate – 20, Peep – 5. He has an OG tube on and we started a tube feeding that afternoon (Isosource 1.5) and he also has a foley in. He has a central line and Piperacillin + Tazobactam and Potassium Phosphate are running because of his pneumonia and because of his low potassium level.

It was our first/and second day back in clinicals after Christmas break so I feel like I'm rusty because it's been a while since the ART line lectures and my nurse asked me what position you put the ART line, it's on the back of my mouth, and I know it as midaxillary line, but I can't put a word on it, which is the Phlebostatic axis. It's also not my first patient that have an arterial line so kind of feel stupid of why I forget that. As far as I remember, this is my third- or fourth time getting blood in the arterial line – it's a good experience, getting used to it now. I did assessments, gave medications – Offirmev, Zosyn, and just clearing tube lines. My patient is more responsive today than yesterday – he's opening his eyes, lifting his arms, and wiggling his toes when asked to. Furthermore, my patient also had a bowel movement, it was all over on his lower body, and so we gave him a bath. My nurse's other patient also did have bowel movement, so we also cleaned her up. I also saw PEG tube put in on another patient, which was chaotic because there's a lot of people but it's an interesting to see most of it.

My first patient was on BiPAP. My first time seeing it on real life/clinicals. I was doing my assessments and when I was done, I asked her if she needs anything and she asked for water, so I have to remove the mask and it startled me because the alarm started going off and I don't know if it's alright to do that and I started thinking if I did something wrong, but it was fine. I also that day I saw Bair Hugger, it is a warming blanket. We also went down for endoscopy that day for a patient that was getting a stent and a PEG. I saw what they do when the patient gets there – checking all the consent forms and a time out. I also got to remove a flexiseal that day – remove the sterile water, and the air then I pulled it out.

I learned to be very organized if you're going to be in ICU because there's a lot of tubing/lines, foley, advance airway, suctioning. It's about to be all over the place/mess when you don't organize it. First day was slower, had a lot of downtime and second day was kind of slow too, but I did more than the first day. Comparing my morning shift last month and this afternoon shift, it's busier in the morning than in the afternoon based on what I experienced.

Also, teamwork is really important. A nurse and CNA help us when we cleaned/turned our patient when they had a bowel movement. When someone is beeping on the other side, and the nurse is not there, the nurse that I was with checked what it is and passing on information when someone came by.

Overall, it was a good day even though it's slow. I still learned a lot by being there. Checking for safety measures, learning about the medications that they are getting, their situation. I can definitely apply what I learned on to other events.