

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</p> <p>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</p> <p>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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For our clinical experience for Ponder we had two case studies to complete over hypovolemic shock and electrolyte imbalance. I thought this was a good activity to get us really thinking about our patient in a clinical setting without actually being there. For hypovolemic shock I actually thought the chart was a better way than giving questions because it gave us an opportunity to think about what interventions were actually necessary and how we would perform them as the nurse taking care of this patient. For the scenario about electrolyte imbalance, I think one of the most beneficial things I learned was about furosemide and digoxin interacting together. I wasn't sure about that question and had to look really deep into it. I was very interested to learn that the depletion of potassium from furosemide can directly affect the chances of getting digitalis toxicity. I think case studies are definitely more challenging than being in clinical and taking care of the patient because we have to picture a patient in our mind instead of being able to actually interact with someone. I also liked that the case studies were over something that we have coming up on our future test instead of something we have already learned because in order to answer most of the questions I had to go back and look at our notes which helped me to study in a way. Our tests are extremely critical thinking and that's something that I honestly have a hard time doing when it's on paper instead of with a patient, so this was good practice for thinking about questions in the same format that they are going to be on exam 4. There were also a few new questions on the case study for electrolyte imbalance that made me think because we haven't done it in a while such as interprofessional care we would provide and nursing diagnoses appropriate for our patient. I had to think back a few modules in order to remember some good nursing diagnoses because we haven't practiced that in a few months. Overall, this activity made me think a lot and use skills that we haven't practiced in a while, so I think it was a fair alternative to actually going to the hospital and I did prefer the chart that was in hypovolemic shock versus the questions in the electrolyte imbalance case study.