

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. personnel / 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</p> <p>During one of my last shifts of my preceptorship we had a patient that was had been in the Neonatal Intensive Care Unit. This infant had choanal atresia. This is a congenital narrowing of the back of the nasal cavity that causes difficulty breathing and is rare. On the first day I saw this baby, he was not our baby but the nurse's next to us in our pod. My role in this situation wasn't much since he wasn't our baby, but the other nurse and my preceptor were kind of taking me under their wing and teaching me about something that is rare. The baby was basically getting worse and ended up needing a blood transfusion on the day after. When my nurse and I came back he was in the pod with the sicker babies where he was then assigned to us.</p>	<p>Step 4 Analysis</p> <p>When we brought the baby back to his original room, we assessed him thoroughly. Since the mom was worried about the baby having difficulty breathing, we made sure to do a focused respiratory assessment. After we assessed him, we came to the conclusion that this was the baby's normal response because of his choanal atresia. After we assessed the baby, we made sure to call the charge nurse to get her input on the situation. After the charge nurse was informed, we made sure to communicate with the mother what was happening.</p>
<p>Step 2 Feelings</p> <p>At the beginning, I was really worried on why he moved back to the sicker babies pod since he was getting close to getting discharged home. The most important feeling I had about this situation was the feeling of anticipation that this baby was going to improve by the end of our shift. I think this was the most important feeling because it really made me look forward to seeing the improvement of this baby.</p>	<p>Step 5 Conclusion</p> <p>What I learned from this event is that it is better to be safe than sorry. I also understood the reason behind rooming-in the baby with the parents. This was also a great opportunity for me to see how the communication with the mother was very important, especially when she started crying because she thought her baby was going downhill again.</p>
<p>Step 3 Evaluation</p> <p>The good thing about this event was that halfway through our shift, we were able to move our baby and mom to room-in together. I believe that I did well as assist the parents in anything they needed when they called for assistance. Since they were rooming-in, the nurse doesn't do much for the patient. What went wrong was when the patient and mom were rooming-in because the mom called us saying she thought something was wrong with her baby. We immediately went to the rooming-in room and checked on the baby.</p>	<p>Step 6 Action Plan</p> <p>Overall, I think this situation was handled pretty well by me, my nurse, and the charge nurse. I think that we were very calm when assessing the baby so that we didn't scare the mother more. We had good communication skills with the mother when explaining to her what was going on with her baby even though she was crying and scared. I could tell that our calmness really reassured her during such a difficult time in her life. I will definitely be using this experience to further improve my career as a nurse.</p>