

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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Yesterday, I had a patient who was admitted for respiratory failure post Covid. She was intubated, on intense pain medication, and being fed through an OG tube. She had been in hospital for 3 days, and her son was at the bedside with her. Throughout the day, we gave medications, performed a sedation vacation, and eventually changed her mechanical ventilation from PRVC-AC to CPAP in hopes to wean to eventually extubate. My patient had extremely high levels of anxiety; so we tried to keep her calm to the best of our ability by playing music, clustering our care, and providing low stimulation and encouraging words while in the room.

It was a very emotional day taking care of this particular patient. At the beginning of the shift, I remember being surprised that this patient had her eyes open and was alert, because I have only taken care of patients that were completely sedated and paralyzed while on a vent before her. I put myself in this patient's shoes and imagined how I would feel if I had a tube down my throat while being almost completely awake. I would feel scared, worried, and uncomfortable, which is exactly how I think my patient felt. Multiple times throughout the day my patient would get tears in her eyes because of anxiety and fear, and it broke my heart to see someone so vulnerable and afraid for their future.

My nurse that I was following did a great job of providing positivity and calming my patient down during her time of need. My nurse even played my patient's favorite music in order to lift her spirits. It was difficult seeing not only my patient so emotional, but her son who was at the bedside as well. We explained to him everything that we did and did our best to make him feel confident in the care that his mom was receiving. I think that my nurse and I did a good job of performing family education and therapeutic care to our patient.

I applied my knowledge from our critical care lectures to yesterday's patient by using the therapeutic communication that we were taught. I would tell my patient that she was okay and that we were there for her. I could see that us showing her that we cared helped decrease her anxiety. I think that that patient had a high chance of recovering and getting out of the hospital, so myself, my nurse, and the interprofessional team that was involved was very hopeful and doing everything we could to get her extubated, and on her way to healing.

In conclusion, I could have made the situation better by finding better ways to communicate with my patient while intubated. She kept expressing to us that she wanted something that started with a "L". We tried helping her write on a piece of paper, and we even tried going through the dictionary and looking at every "L" word to see if we could figure it out. It has bothered me ever since that we could not understand what she was wanting, and that we were unable to do something for her that she was asking for.

Overall, I think that the situation was heartbreaking to see my patient with tears and fear in her eyes. I wish that there was more I could do for her to decrease her anxiety. Next time, I would recommend to the doctor that my patient be put on some type of antidepressant or benzodiazepines. This experience will always hold a place in my mind and heart, and I will be praying for that patient's full recovery. Also, I can use this situation for the future of my nursing career and to be able to perform best practice and care for my patients.