

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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First day, I have a 62-year-old female patient who had perforated peptic ulcer on the 5th of January, and they did laparotomy on her. She got discharged on the 11th but she got admitted again on the 18th for abdominal pain. They did a CT scan and a laparotomy on her again. They found out that she has a bowel perforation. When I come in, she was intubated and on a vent in a PRVC AC mode. Ventilation settings: Tidal volume – 420 mL, Rate – 20, Peep – 5, FiO₂ – 40%. Around the time when the doctors round, the respiratory therapist change the settings to CPAP/PSV mode. They were trying to wean her off the ventilation. Almost at the end of my shift, the respiratory therapist came in and extubate her and put her on a nasal cannula. I'm happy that I got to see that I thought it was going to be complicated but it's not really. She has an ART line in right femoral – I draw blood from that for Accu-checks, I am comfortable on that now because most of my patients that I had on SI had one. They have a planned to changed it to radial because she cannot sit up and we cannot really move her because of the ART line.

Second day, I have a 64-year-old male patient who's been there for 2 weeks now. He came in because of chest pain for 2 to 3 weeks and from what I read; they treat it with sublingual nitroglycerin in the ED. They put him on Cath Lab and did bilateral carotid doppler. They found that he has a multi vessel coronary artery disease. So, they did an aortocoronary bypass – basically they got a healthy blood vessel on his left calf area (saphenous vein graft) and create a path around the narrowed coronary arteries to improve blood flow in the heart. After a few days, they found out that he has an increased abdominal swelling, they did CT scan, and found out that he has a perforated diverticulitis. They did a laparotomy and put a trocar in to withdraw fluid. So, he has a 2 JP drains – one in anterior and one in posterior. The night nurse really did a very detailed report and she's been saying that he is way more confused in the night especially when he is tired and when we came in, he is a bit confused but throughout the day, he is more alert and oriented. He has a blue, kind of purplish tip of the fingers and he's cool to the touch. They don't why that's happening, but the doctor ordered a nitroglycerin paste to put on his fingers. Mrs. Kilpatrick and I talked about what contributed to it/what to check like MAP, perfusion issues and heparin induced thrombocytopenia (he is on Enoxaparin). I just remembered that I gave my first suppository on him today, so that's a good experience. We just asked him to cough more because he kind of hold it in, and to hold his pillow heart when he coughs or stand up and change positions because he forgets about it. At the end of my shift, he is really stress, he wants to call someone, the wife doesn't want him to/doesn't let him use phone, then he blames his wife because he wants to go home and not be transfer to LTAC. The nurse that I was with did a really good job on communicating/explaining, being patient, and to try to calm him down.

Both patients are at risk for sepsis. The night nurse said that the second day patient that I had can go into sepsis really quick. I gave medications and assist my nurse's patients. I'm kind of proud of myself that I'm able to answer pharmacology questions when the nurse asked – what's its use for, what labs do you look at, etc. I'm also grateful that we are the group that is able to do two more days on SI but I kind of wish it's in the morning because my experience on the afternoon is that it's really slow and there's not much to do – so a lot of downtime. Overall, I have really good experience on SI, and I learned a lot – the environment is good, there's teamwork, everyone's helping you learn.