

Covenant School of Nursing Reflective Practice



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. <u>Remember to 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' perspectives?
<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 Patient was being ready to be discharged. The nurse wanted to take out her central line, but needed to make sure the patient's discharge papers were put in. She did not want to take out the central line and need it in the future. The nurse prepared the supplies, and she asked if we would like to help. I wanted to jump in at the opportunity, but before leaving the supply room the nurse said she was forgetting the suture removal quick. After I heard that, I became a little nervous because I have never dealt with stiches before. I told the nurse I would rather watch. We raised the patient's bed and laid them flat. Patient turned her head and the nurse prepared her equipment. The nurse was preparing her sterile field, and she did a very great job not touching the sterile environment but she did turn her back against her sterile field once. She did a great job talking us through the procedure and the equipment. We noticed the CVAD dressing kit was different and she explained that as well. After removing the line, she held pressure for 5 minutes, and the bleeding stopped. She taught the patient about leaving the bandage on for 24 hours. We set a timer on the patients phone so she knows to lay there for 30 minutes.</p>	<p>Step 4 Analysis The nurse did everything important to keep the patient safe. She had the patient lay flat and not to get up to prevent an air embolism. She also put a mask on the patient and have her turn her head to prevent any microorganism going into the open area and preventing CLABSI.</p>
<p>Step 2 Feelings As usual, I always get nervous about doing something for the first time. I try to be confident, but it is hard to especially since we have not had much clinical experience or chance to practice some of these skills. I get mad at myself for not trying to jump at these experiences because my biggest fer is to fail. I know I have to get out of this feeling because when I become a new nurse, I will be doing everything for the first time.</p>	<p>Step 5 Conclusion I wish I would have taken advantage of the opportunity to perform this skill. One thing I would have done differently than the nurse is be more aware of my sterile field. I would also remember to do it in a timely manner because the more the open there is not a dressing on it the more likely it is susceptible to infection.</p>
<p>Step 3 Evaluation I realized that the procedure was not as bad as I thought it would be, and I probably could have handled it perfectly. I overthink and it is something that I have done similar to just not removing the sutures. It was scary to watch her pull out the sutures because they were so close to the skin. If I was doing the procedure, I would have been scared that I was getting too close to the skin. The nurse explained how it is very important to only cut the sutures. She explained how the blood would come out bad if you cut the lumen.</p>	<p>Step 6 Action Plan I always enjoy being able to see more things in the clinical environment because it makes me feel like I will be more prepared for the future. I know I need to stop being fearful of things when I know the nurse will be able to guide me if I have questions. I know that I will not learn or see everything, so I will have to learn to face every knew challenge with confidence and without fear.</p>