

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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I have a patient who came in with a headache and she describe it as shocking or electrical pain. They did a CT scan and found aneurysm. Then they did cerebral angiogram with coil placement but while doing that, it ruptured, so they did EVD emergency. She has a history of hypertension, hyperlipidemia, and smoking. Propofol and prece dex was running – we titrate it down / weaning her off of sedation. She has that two sedation because she's having a seizure like activity and it helps lessens it, but they did check it on EEG last night, and they said it is not a seizure. She is also on PRVC AC ventilation mode – VT: 450 mL, R 16 but she's doing spontaneous breath, Peep 5, FiO2 35%. I just learned that there is a mark for being on a ventilation which is 14 days – and that's going to be on Thursday this week for her. When I was reading reports on Meditech, one of the daughters or sisters doesn't want to end the treatment and feels like the healthcare team are rushing her to make a decision but the other one is agreeing with the doctor. The charge nurse was also around in our station and called the family member – I'm not good at expressing myself and I admired how good they are at being able to convey the message. The plan for her is either they withdraw care or put a tracheostomy and a peg tube and move her to a nursing home. They really just waiting for the one person who makes the decision for the patient to decide on what to do to the patient. I also saw an EVD for the first time today and able to measure ICP and know how it works – where you level it, how to drain, etc. I just gave Nimodipine, draw blood, check sugars, and measure ICP. They hold off the sodium tablets this morning and we also hold it off because the patient sodium levels are 154 (morning) and 152 (afternoon) – they want it around 145 to 150 because the nurse that I was with said that they gave too many 3% sodium, so now we are trying to get her back to normal level. Overall, it was good day and a little bit slow, but I learned a lot on the process, or I guess pathophysiology of the aneurysm, interventions that you will do, and EVD – seeing on an actual patient.