

## 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><b>Step 1 Description</b> 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"> <li>• What happened?</li> <li>• When did it happen?</li> <li>• Where were you?</li> <li>• Who was involved?</li> <li>• What were you doing?</li> <li>• What role did you play?</li> <li>• What roles did others play?</li> <li>• What was the result?</li> </ul>	<p><b>Step 4 Analysis</b></p> <ul style="list-style-type: none"> <li>• What can you apply to this situation from your previous knowledge, studies or research?</li> <li>• What recent evidence is in the literature surrounding this situation, if any?</li> <li>• Which theories or bodies of knowledge are relevant to the situation – and in what ways?</li> <li>• What broader issues arise from this event?</li> <li>• What sense can you make of the situation?</li> <li>• What was really going on?</li> <li>• Were other people's experiences similar or different in important ways?</li> <li>• What is the impact of different perspectives eg. personal / patients / colleagues?</li> </ul>
<p><b>Step 2 Feelings</b> Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> <li>• How were you feeling at the beginning?</li> <li>• What were you thinking at the time?</li> <li>• How did the event make you feel?</li> <li>• What did the words or actions of others make you think?</li> <li>• How did this make you feel?</li> <li>• How did you feel about the final outcome?</li> <li>• What is the most important emotion or feeling you have about the incident?</li> <li>• Why is this the most important feeling?</li> </ul>	<p><b>Step 5 Conclusion</b></p> <ul style="list-style-type: none"> <li>• How could you have made the situation better?</li> <li>• How could others have made the situation better?</li> <li>• What could you have done differently?</li> <li>• What have you learned from this event?</li> </ul>
<p><b>Step 3 Evaluation</b></p> <ul style="list-style-type: none"> <li>• What was good about the event?</li> <li>• What was bad?</li> <li>• What was easy?</li> <li>• What was difficult?</li> <li>• What went well?</li> <li>• What did you do well?</li> <li>• What did others do well?</li> <li>• Did you expect a different outcome? If so, why?</li> <li>• What went wrong, or not as expected? Why?</li> <li>• How did you contribute?</li> </ul>	<p><b>Step 6 Action Plan</b></p> <ul style="list-style-type: none"> <li>• What do you think overall about this situation?</li> <li>• What conclusions can you draw? How do you justify these?</li> <li>• With hindsight, would you do something differently next time and why?</li> <li>• How can you use the lessons learned from this event in future?</li> <li>• Can you apply these learnings to other events?</li> <li>• What has this taught you about professional practice about yourself?</li> <li>• How will you use this experience to further improve your practice in the future?</li> </ul>

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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><b>Step 1 Description</b></p> <p>During my clinical rounds with my nurse, I came across a patient who had mental illness and physical impairment. The patient was mostly nonverbal, but could understand commands and was responsive to them when they deemed the commands important. Despite being mostly nonverbal, the patient often stated that they “can’t do anything,” and had a 24-hour sitter in the room for suicide watch. The nurse and I interacted with the patient as best we could, but interaction with a partially noncompliant and nonverbal patient was difficult at times.</p>	<p><b>Step 4 Analysis</b></p> <p>I have seen through my clinical experiences that most nonverbal patients can still communicate very effectively, and it is up to the caregivers to listen and interpret it properly. People communicate nonverbally every day. In fact, research indicates that an estimated 60 to 65 percent of communication is nonverbal. (<i>Burgeon et al. Nonverbal Communication, 2009</i>) However, a lot of communication in a clinical setting is focused on verbal cues. When a patient cannot communicate verbally, they may feel unheard. In my patient’s case, I believe the lack of effective communication between my patient and the staff contributed to a broader issue of my patient’s suicidal tendencies, and that they may have just wanted someone to take the time to understand what they were trying to say.</p>
<p><b>Step 2 Feelings</b></p> <p>When I was first briefed on the patient, I was intimidated by their case. I am not used to dealing with patients with a history of mental illness and therefore I was a bit frightened to interact with this patient. However, when I began to interact with the patient I became somewhat sad and frustrated on the patient’s behalf because it seemed like they were trapped in their own body. The patient’s only response of “I can’t do anything,” touched a cord for me and made me reevaluate the impact that nurses have on a patient’s life.</p>	<p><b>Step 5 Conclusion</b></p> <p>I believe that there should be increased staff education over how to reply in a positive manner to patients with mental illness. Answering the patient’s worried statement of “I can’t do anything” with “neither can I” or “why can’t you” is somewhat inappropriate as it tries to brush off the statement rather than addressing the patient’s worries. I also believe that I as the student should have taken the time to sit and talk to the patient one on one to get to know them and address their issues. As the patient has a history of mental illnesses and was previously able to communicate verbally before her health event, I believe that the patient should also receive therapy or counseling. Therapists are trained more adeptly to notice nonverbal cues and this may help influence the patient greatly.</p>
<p><b>Step 3 Evaluation</b></p> <p>When I first entered the patient’s room, I expected to see a mostly nonverbal patient who was somewhat “checked out” mentally, much like an older dementia patient. However, I met a patient who I felt was clearly mentally present but could not express their answers and actions. I noticed that the patient may have felt as if they weren’t being understood properly or clearly.</p> <p>I did not notice any staff talk to the patient about their reservations or issues with the care they are receiving. Most outbursts of “I can’t do anything” were ignored or answered by staff with “why can’t you?” or “I can’t do anything either.” I believe this may have frustrated the patient, but I do also believe that the nurse and staff weren’t sure how to reply and did so to the best of their ability. With that being said, A nurse’s priority is the overall health of the patient, and the patient should feel as though they are being heard and well treated in all aspects of care.</p>	<p><b>Step 6 Action Plan</b></p> <p>This event has affected me greatly and will influence how I interact with other nonverbal and mentally ill patients in the future. I have come to realize that they are people too, not something to be afraid of. I will take the time to listen to the patient thoroughly, even if they can’t communicate well. Even a student can be a patient advocate. I think that events like these are important to experience and understand because they truly make you realize how to be a better nurse and make you understand what is going on through the patient’s eyes.</p>