

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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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 At 1:50 I was asked by a fellow classmate to assist with someone needing to use the bedside commode. Upon entering the room, I notice patients left arm is bleeding. "I state did you know that the patient's arm is bleeding" Classmate, says yes, wound care came, and they are not putting any dressing on it in order to let it air out. I put a pair of gloves on and prepare to assist it wiping patient. Upon wiping patients buttocks I notice a severe fecal impaction. I tell my classmate "this is really bad I think I am going to go get someone to help us". I go grab the aid on the floor and she says we have to do something about it. So, I exit the patient's room to find professor about the fecal impaction. Our professor, myself and classmate proceed to assist patient. Suddenly, patient starts to go in and out of consciousness. Patients left arm seems to be bleeding worse. We start speaking to patient to see if she will respond. Patient is unresponsive, I reach down to feel for a pulse. There is not a palpable pulse. Our instructor calls for help and several other nurses come to assist with this patient. Finally, after all of the fecal impaction is removed, patient seems to be coming back into reality. The blood is all cleaned up and patient is put on her bed and is speaking and making eye contact.</p>	<p>Step 4 Analysis I could apply that we do not do fecal decompaction of patients with heart issues due to the vagal response and that is what is suspected in this case. I could also apply the fact that we can always use the assistance of others and doing things alone can cause harm to patients if we are not safe and careful about our actions. The broader issues that arose from this situation would be the patient having a vagal response. This was just supposed to be a simple assist to the bedside commode, and it turned out to be more serious.</p>
<p>Step 2 Feelings At the beginning I was feeling concerned that her arm was bleeding. I thought it was odd that wound care would leave it out to dry with that much excess blood coming from the wound. I also felt concern when I noticed the severity of the fecal impaction. I did not feel comfortable decompacting the patient due to the pain it would have caused her. I felt relief with the final outcome because I did not want anything bad to happen to this patient. I felt anxiety after leaving the situation even though the patient was fine.</p>	<p>Step 5 Conclusion I think I could have made the situation better by going to get the professor right when I saw the blood dripping from the arm. However, I thought "okay, this is bleeding because of wound care". In this situation I would not go off of subjective information. I have learned a great deal from this event. In the future I believe that objective information is very important and what I am seeing. However, in this particular situation I went off of subjective information.</p>
<p>Step 3 Evaluation The good thing about this even was that our professor was involved soon after I noticed that this situation was odd. She assisted and helped us do the right thing in this particular situation and that gave me comfort knowing that since she was present, she would be telling us what to do. This particular situation could have turned bad fast, it did not because we acted fast. So, I think since the patient survived and is fine now, that this was a bad situation but turned out good. I think I contributed by getting two people to assist when I noticed that this was not a normal occurrence. I also, assisted in judgment call that myself and classmate should not be the ones to remove the fecal compaction. I also assisted in the clean-up and speaking to the patient to see if she would respond.</p>	<p>Step 6 Action Plan I can apply a great deal of information and knowledge to this situation. I learned that the Vagal response does happen and something as simple as decompaction can cause it. I also learned that with elderly people if is very important that we be gentle with them even in an emergency situation. This patient's skin was already very frail. This particular situation taught me that things can go bad quickly and that I need to be aware of every situation I walk into. This was a great learning opportunity, and I am pleased that it turned out good for myself as a student but also for the patient.</p>