

# 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>                  During the afternoon a patient, who had double pneumonia, started to losing oxygen. Her O2 sat went from a 97 to 88. The nurse first increased her oxygen from 2.5 L to 4L. At this point there was no change, so the nurse then switched the patient from a nasal cannula to a venturi mask and got the patient's O2 sat to go back up to 97. The nurse then asked the patient if she had been using her Incentive Spirometer. The patient then stated that she "hated" using the IS because it only made her cough which then made her O2 sat go back down. The nurse and I then did some patient teaching and told the patient that the IS was essential for helping her lungs expel some of the fluid that was contributing to her difficulty breathing. I also advised her that she should be doing this exercise at least 10 times every hour. After the patient expressed that she would not be using it regardless of what anyone said, the nurse then told the patient that she would be willing to do the exercise with the patient. The patient loved this idea and ended up doing the exercises with the nurse while I kept track of how high she got the meter to go up while encouraging her. Although the patient continued to cough and struggle with the IS, she kept trying and made it through the first 4 rounds of the IS without stopping for a break.</p>	<p><b>Step 4 Analysis</b>                  I remember from previous lessons that the teach back method is the most effective method when trying to get a patient to do a certain task. In this case, we had the patient not only teach the task back to us, but we also sat down and did the task with her. Although we did the IS together, I do not think that she would have done anything incorrectly if we were not there. I think that she solely did not want to feel like she was doing this alone. I think having the nurse and I there not only encouraged her to do the IS, but it also helped to motivate her to keep going. It gave her a sort of strength that she did not have without us there in that room. I find it absolutely amazing that all it took was for a nurse to go into a supply closet and grab an IS, sit down with a patient and tell the patient, "let's do this together." This particular experience helped me realize that even the smallest things a nurse does for a patient can make a huge impact on the patient's outcome.</p>
<p><b>Step 2 Feelings</b>                  At first, I felt very sad that the patient was refusing to use the IS. It was very evident that she needed to use it. I was definitely caught off guard when the nurse volunteered to do the IS with the patient. When the patient ended up saying that she would use it I felt so excited but at the same time dumbfounded at the fact that something so simple convinced the patient to use it. It really made me realize that I should never underestimate the fact that some patients are just wanting to feel like someone is there and willing to go through some things right alongside them.</p>	<p><b>Step 5 Conclusion</b>                  I honestly do not think that this particular situation could have gone better in any other way. The nurse handled everything so well. At the time that this all occurred there were also other patients that needed things such as pain medication or their IVs needed to be checked on because their antibiotics had finished. Another patient even needed to go to the bathroom. The nurse did not once start to panic. It was so amazing to see how great she was at multitasking and it really made me hope to be exactly like her when I become a nurse. She used her critical thinking skills to determine that the pneumonia patient was top priority and used her multitasking skills to be able to give the pneumonia patient breaks while using those break times to help tend to other patients or be able to document. I would have not done anything any different than this nurse did in this situation.</p>
<p><b>Step 3 Evaluation</b>                  The good thing was that we actually got the patient to use the IS. The only bad thing that I can think of that came out of this situation was the amount of time we spent in the patient's room. We spent most of our time in that patient's room due to practicing using the IS and struggling to keep her O2 sat up however, the nurse managed her time very well even when under pressure. I honestly was not expecting the patient to agree using the IS after the nurse volunteered to do it with her. I thought for sure, by the tone in the patient's voice, that there would be absolutely no way of convincing her to use the IS. While taking report on this patient we were told that even the night nurse struggled to get her to use the IS so much so that the patient would even start to cry when told to use it. When we asked the patient to use the IS with the nurse, the patient did not cry once and actually seemed as if she had an increased amount of motivation to keep trying.</p>	<p><b>Step 6 Action Plan</b>                  I will definitely be using this kind of technique when I become a nurse. I have a feeling that when a patient is refusing to do something that will help their improvement, like the IS, I will immediately think back to this specific situation and ask the patient if they would like for me to practice with them. Whether it is trying to get the patient to get up out of bed and walk, or use the IS, or even eat, I will always consider volunteering to try and do these tasks with them because I witnessed with my own eyes just how impactful this method is.</p>