

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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Pooja P

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</p> <p>I went into my patients room and did my assessment and saw the iv dressing with not intact to skin and needed new dressing. Before I took the dressing off, I flushed the iv to see if it was still okay to use, and that is when I saw that the iv was infiltrated. The nurse and I went to go get a new iv starting kit and I placed an 16g iv on left arm. Also this week I got to do a blood draw thru a butterfly needle.</p>	<p>Step 4 Analysis</p> <p>I am glad we caught the Iv not being good, because the patient had surgery that morning and would have not been prepared for them. 30 minutes after the iv was placed, transportation came and got the patient to go to surgery, so we caught just in time. Also the tapping on the veins for them to engorge, I remembered seeing that done in day surgery a lot.</p>
<p>Step 2 Feelings</p> <p>When the nurse asked me if I wanted to start the new Iv on the patient was excited to do it but then got really nervous when we gathered all of our supplies. The nurse made me feel better when she helped me organize the order of starting the process and it helped me be successful in the iv stick.</p> <p>During the blood draw I was a bit nervous because I was not able to see the vein very well and the nurse told me to go at a certain angle in, and we got lucky and got into the vein.</p>	<p>Step 5 Conclusion</p> <p>The patient is confused, and he was very active in the bed and did not sit still. That is why the iv dressing was coming off, he kept picking at it and was a not aware of surrounding and that is when the iv probably pulled out a bit.</p> <p>I do not think this situation could have been any better, he already has a tele sitter in the room watching him, and he was not doing anything wrong, it is not his fault he is confused.</p>
<p>Step 3 Evaluation</p> <p>The process went smoothly and helped a lot with the patient being patient, because his veins were very hard to find. The nurse taught me how to apply the tourniquet a little bit tighter that way I can see the veins engorge a bit more. Also she taught me tapping on the veins help them stick out a bit more and that helped me more to see the vein. The good outcome of this was I barely stuck the needle in, and I got it right away, so I was pretty excited and feeling more confident about that.</p> <p>During the blood draw I did not think I was going to get it the first time due to not being able to see the vein, but I got it going at a diagonal position, because he has a history of rolling veins.</p>	<p>Step 6 Action Plan</p> <p>I have learned that there a different techniques when it comes to starting and iv or doing a blood draw. Not every time it is going to be a perfect vein and be easy. I really had to adjust and go with my gut that this is the right place I am sticking the patient. I am glad I had two great nurses there with me at bedside. This will help when I have another patient that is a hard stick and how to critical think for it.</p>