

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 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</p> <p>One of my designated patients during clinical was Spanish speaking only and did not understand any English. While their family is usually present to help translate between the patient and hospital staff, they were not there today. The language barrier served as a big communication and overall quality of care issue for my nurse and me.</p>	<p>Step 4 Analysis</p> <p>While I was unable to communicate with the patient using typical conversation, the language barrier certainly also affected his quality of care, even if it was minimally. You never realize how important language and communication are until you are without it. Thankfully this patient was very easy going, demonstrated patience with us, and was recovering from his illness. The situation could have caused a much bigger issue if the patient had been in more critical shape.</p>
<p>Step 2 Feelings</p> <p>Throughout the shift I felt frustrated that I was unable to communicate with this patient or form any type of relationship due to the language barrier. It was concerning to me that I was unable to ask simple and quick questions such as rating his pain on a scale of 0-10 which can help me meet his priority comfort needs. It was clear my patient was frustrated with the situation as well.</p>	<p>Step 5 Conclusion</p> <p>Overall, I believe I have taken easy communication with patients for granted until this situation. Patient care certainly does not depend on speaking the same language, but it does impact the extremely vital concepts of helping a patient understand their medications, disease process, or simply answering to their needs. Being there for your patient emotionally is just as crucial as being there for them physically. Being unable to discuss their feelings as openly as usual was an eye opener for how important building relationships with your patients is during the care process.</p>
<p>Step 3 Evaluation</p> <p>While this situation was a great learning experience, the lack of communication was unfortunate. Translators are not able to stay in a patient's room 24/7 which makes even the simplest of tasks more complicated. I decided to focus on his facial expressions and physical affect when the translator was not available to be able to better understand his needs without words. I was able to notice any pain, discomfort, or distress easily. It was very difficult when he was trying to describe how he felt emotionally or what he was wanting to people who did not understand what he was saying, including myself.</p>	<p>Step 6 Action Plan</p> <p>In hindsight I would have been more prepared and creative by using a translation app on my phone to help improve my communication with the patient. In the future I will use this experience to further better my practice by not relying on a translator for every tiny question and prepare myself to be more equipped in communicating with patients without words. This situation has taught me how important translators are in the hospital, but that you cannot rely on them every second- therefor it is important to work as a team to ensure this patient is receiving quality care despite the language barrier.</p>

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