

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.

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| <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.

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| <p>Step 1 Description After lunch around 1300 a patient was moved from the bed into a chair by physical therapists. The patient had been lying in bed all day sleeping. The patient needed to be sat up in a chair for a certain amount of time per physician orders. PT moved the patient and I arrived in the room after the patient had reached the chair. I watched as PT and the nurse I was assigned talked to the patient and assessing his mental status. The patient gave incoherent single-word responses and began to cry. The patient continued to point at the bed, but the healthcare team explained to the patient that he must remain in the chair for a short amount of time. The result was that PT tied the patient to the chair with a bed sheet.</p> | <p>Step 4 Analysis From previous knowledge I can apply comfort measures such as warm blankets and continuously checking on the patient to help with the emotional distress. Physical comfort can sometimes help lessen emotional turmoil in the patient. A broader issue that is prevalent is that reduced happiness can lead to impaired healing. The situation makes sense as the patient is going through a hard time so emotional distress is understandable. I believe the patient was already dealing with emotional distress and inconvenience of changing positions led to a worsening of the patients emotional state. Having different perspectives from the nurse I was assigned too helped me understand that the change of position was essential for the patients health.</p> |
| <p>Step 2 Feelings When this situation started, I simply saw it as a routine part of patient care. A simple move from one spot to another. However, as the situation progressed, and the patient began to cry my feelings of normalcy turned into sadness. As the healthcare team continued to try and comfort the patient with no success, I grew even more sad. The sadness I felt was the most important feeling of this experience. It proved the fact that sometimes there is nothing we can do for a patient. Whether that be emotionally or physiologically. This realization was a hard truth to accept.</p> | <p>Step 5 Conclusion I could help the situation by offering the patient comfort measures such as blankets or beverages to ensure the patient is physically comfortable. Others could have helped the situation by doing the same thing. I could have contributed differently to the situation by being there earlier to help move the patient. This situation taught me that sometimes we cannot help a patient despite our best efforts</p> |
| <p>Step 3 Evaluation The fact the patient moved to another position was good that came from the situation. However, the bad that came from this situation was the effect on the patients emotional state. It was easy to sit and observe. However, it was hard to accept the hard truth that sometimes we can not help a patient. I did well at remaining silent and observing. The healthcare team did well at explaining the importance of changing positions to the patient. I expected the change in position to be a normal process that would be a welcomed change. However, it became an extreme burden for the patient. I simply observed and soaked in the situation as there was a large amount of healthcare professionals already working with the patient. The nurse and I retrieved blankets for the patient and turned up the thermostat after the situation was finished and the patient complained of feeling cold.</p> | <p>Step 6 Action Plan Overall, I believe this situation provided a hard truth of nursing. I conclude that sometimes we cannot help a patient. Not every problem has a solution. Next time I would get to the room faster to help move the patient. I can use the lesson I learned in the future when I feel that I every patient can be helped. This has taught me that sometimes in professional practice we cannot help a patient. I will further improve my practice by taking what I have learned and continue to put my best effort to find a solution but not allow myself to be disheartened if there is not one.</p> |