

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?

Covenant School of Nursing Reflective

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 My primary patient was admitted to the hospital for a post-op infection from staph due to a knee replacement surgery. The patient's infection was severe enough that it required another surgery and the placement of an intravenous jugular catheter during the hospital stay. In the discharge care planning, the physician ordered for a Hahn catheter (or subclavian central line) to be placed in the patient for at home administration of antibiotics for the post-op infection. The nurse I was assigned with had an order to remove the IJ after the patient returned from getting the Hahn catheter placed into her subclavian artery. Once the patient returned, the nurse asked me vaguely if I had ever discontinued/removed an IV before. It was a simple question, when she mentioned removing an IV, my mind immediately thought of a peripheral IV because those are the only kinds I have discontinued so far in my student nursing career, so I said "yes I can remove it." Fast forward, I am in the patient's room and my nurse meets me in the room with a CVAD dressing kit, 2 packs of sterile gloves, and another package of sterile equipment I had never seen before. Essentially, she wanted me to remove the IJ, which I did with the help of her guidance and instruction.</p>	<p>Step 4 Analysis Upon removing the IJ, I remembered that when removing any IV from an artery, you must hold pressure for at least 5 minutes to prevent hemorrhaging. That was something I learned from IM2 about venipunctures and IV's. I think I was not the only person in the room who was nervous about the removal of the IV. I am sure the nurse was a but nervous because if anything had gone wrong, she would have been responsible. The patient was definitely nervous and scared because they have never had this done on them before. Everyone seemed to have the same emotion, but at different levels.</p>
<p>Step 2 Feelings When my nurse asked me about removing an IV line, I thought nothing of it. It's something simple and a very common thing done. Once my nurse showed up with all of that sterile equipment, I got so confused and asked myself why she would bring all of that for a simple peripheral IV site removal. Turns out when she said IV removal, she meant all and any kind of IV... Clearly, I was caught off guard a bit. I was surprised, but also a bit disappointed in myself because I forgot my primary patient had a central line!! I should have known that prior! I had never removed a central line before, I was nervous to say the least. Of course, I told her I had never removed one before, and that since I had never pulled one out before she could do it or have the orientee do it. She insisted I do it and encouraged me to not be nervous. With her positive attitude and helpful instruction, I was able to remove my first IJ, the sutures used to keep it in place, and dress the site after all while maintaining sterility.</p>	<p>Step 5 Conclusion I do not think there is anything I could have done to make the situation better for my nurse and the patient. For myself, I probably could have approached the procedure with more confidence because I have the guidance of not only the staff RN, but also the orientee GN. I had very knowledgeable people with me, I should not have been so doubtful of myself.</p>
<p>Step 3 Evaluation I think the most important thing about doing this procedure is that it reminded me that there will always be a first time for everything. Although I have never done something like this, I should not let lack of skills practice or exposure get in the way of learning and gaining an experience that I will be implementing in my professional career. At this point in my nursing education, I feel like the only way to truly learn is to actually do. I felt like this procedure went really well because I successfully removed the IJ. It was not a difficult thing to do at all, the only thing I feel like that could have gone better was my nervousness. The patient could tell I was nervous, and I think that affected me as well.</p>	<p>Step 6 Action Plan Overall, this was a very positive learning experience. Positive in the way that the whole procedure went smoothly. There were no complications nor harm to the patient. I did something new, and it is something that I feel I will be doing in the future. Just from how I approached this, I think next time I will approach new opportunities with a more "I can do it" attitude versus doubting myself.</p>