

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</p> <p>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</p> <p>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.

<p>Step 1 Description There was a patient who was admitted for a very severe finger infection from the ED. He has been seen by many doctors before coming to the ED, then being admitted onto the south 6 floor. After his admission, they did surgery on his index finger to debride and clean his infected finger. When our clinical week began, this patient had been 2 days post op. On our first day of clinical, I did an assessment on him and asked when his last BM was, and he said Saturday. I had noticed earlier when reviewing his eMAR that he was prescribed docusate sodium (a stool softener) and asked if he wanted to take it with his other medications when it was time. He said no. At this point in time, it had been 3 days since his last BM. When I came back in on the second day of clinical, the patient still had not had a bowel movement. This time after telling my nurse, she came into his room with me and told him that if he did not have a bowel movement his hospital stay would be prolonged. After being told that, he agreed to taking the docusate sodium and ended up having a bowl movement 4 hours later.</p>	<p>Step 4 Analysis Like I had mentioned earlier, I personally knew/remembered the side effects of being medicated with narcotics and general anesthesia. They cause constipation. If the patient had not had a bowel movement before being discharged, it could have led to so many more severe issues like sepsis from the colon being obstructed by fecal build up.</p>
<p>Step 2 Feelings I did not really have any particular feeling, except a feeling of confusion. I was confused cause why wouldn't he want something to help produce a bowel movement? From personal experience, being unable to pass a stool is so uncomfortable and frustrating. I guess when he finally was able to have a bowel movement, it was a sense of relief because it is one less thing to worry about regarding the patient's overall health.</p>	<p>Step 5 Conclusion In this specific situation, the patient's nurse made the situation better with some blunt orders. By saying he would not be discharged without passing a bowel, it really changed his perspective on what taking stool softener could do negatively versus what it did positively. From this event, I learned that bowel movements are so important, and patients may not think so because they do not understand or know the detrimental effects of it.</p>
<p>Step 3 Evaluation I think the patient was more worried about having watery stools, instead of just passing a stool in general. Also, he was on narcotics for pain, which may cause constipation. I don't think he understood how much medication can effect those your GI tract, along with going under anesthesia for surgery. My contribution to this was letting the patient know that his discomfort could be relieved after having a bowel movement, but also by telling his nurse to intervene in a more stern way for care plan compliance.</p>	<p>Step 6 Action Plan This situation will most likely occur again sometime either in the near or far future. Patients have the right to refuse anything and everything, so I truly think it is so crucial to educate patients on the how, why, what, and with that they are getting treated with. Education precedes compliance!</p>