

## 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><b>Step 1 Description</b></p> <p>A description of the incident, with relevant details. <u>Remember to 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"> <li>• What happened?</li> <li>• When did it happen?</li> <li>• Where were you?</li> <li>• Who was involved?</li> <li>• What were you doing?</li> <li>• What role did you play?</li> <li>• What roles did others play?</li> <li>• What was the result?</li> </ul>	<p><b>Step 4 Analysis</b></p> <ul style="list-style-type: none"> <li>• What can you apply to this situation from your previous knowledge, studies or research?</li> <li>• What recent evidence is in the literature surrounding this situation, if any?</li> <li>• Which theories or bodies of knowledge are relevant to the situation – and in what ways?</li> <li>• What broader issues arise from this event?</li> <li>• What sense can you make of the situation?</li> <li>• What was really going on?</li> <li>• Were other people's experiences similar or different in important ways?</li> <li>• What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?</li> </ul>
<p><b>Step 2 Feelings</b></p> <p>Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> <li>• How were you feeling at the beginning?</li> <li>• What were you thinking at the time?</li> <li>• How did the event make you feel?</li> <li>• What did the words or actions of others make you think?</li> <li>• How did this make you feel?</li> <li>• How did you feel about the final outcome?</li> <li>• What is the most important emotion or feeling you have about the incident?</li> <li>• Why is this the most important feeling?</li> </ul>	<p><b>Step 5 Conclusion</b></p> <ul style="list-style-type: none"> <li>• How could you have made the situation better?</li> <li>• How could others have made the situation better?</li> <li>• What could you have done differently?</li> <li>• What have you learned from this event?</li> </ul>

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### **Step 3 Evaluation**

- 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?

### **Step 6 Action Plan**

- 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.*

## Step 1 Description

I was assisting the charge nurse making rounds in the morning for the patients. The RN got a call via vocera that one of the patients' O2 sat was at 55% on high flow NC after his shower. We then rushed over into his room immediately checking his NC and obtaining his O2 sat again. The patient was very blue and purple in the face indicating very low oxygen. We instructed the patient to take deep breaths hoping to get his O2 levels up. They did not increase, so the nurse called for a rapid response. Doctors, lab, and respiratory came up. I helped draw labs on the patient. Respiratory assessed the patient and saw that his oxygen was running, but not plugged in correctly.

## Step 4 Analysis

I recall instructors always telling us to follow the lines to an IV or to a patient's O2 to make sure everything is attached and running correctly. The charge nurse felt bad for calling a rapid response for something as simple as the O2 not being plugged in, but it would have definitely been worse had he not. The patient also needed an IV, but had been refusing so another RN got it in his hand during the rapid response which had a beneficial outcome considering the patient needed antibiotics via IV.

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<p><b>Step 2 Feelings</b></p> <p>At the beginning, I felt anxious and my heart was beating fast because we just had a code last week. I was hoping he did not crash in the process of trying to get his O2 levels up. Seeing him blue and purple in the face made me very nervous. Once I started drawing labs my adrenaline calmed down and thought to myself, "Let's do what we have to do to keep this patient from crashing." I was happy seeing everyone work as a team and glad that the final outcome was only that his oxygen was not plugged in correctly after his shower.</p>	<p style="text-align: center;"><b>Step 5 Conclusion</b></p> <p>I have learned that patient's can crash in an instant, so think and act quickly as I am troubleshooting the issue. The patients NC could have been assessed to make sure oxygen was actually flowing. Some of the aids were also being very sassy towards the other team members, so this caused some tension. The aids could have helped better by remaining calm even though they were in a panic.</p>
<p><b>Step 3 Evaluation</b></p> <p>It was bad that the patient's O2 sat was at 55%, but luckily once we got the high flow NC working again he went up to 95%. Everyone was communicating effectively as a team to troubleshoot the problem. I expected the patient to possibly crash because of how low his O2 and the color of his skin. He was also coughing profusely. I did not expect it to be something as simple as just needing to plug in his O2 correctly, but thankfully it was only something minor that could be fixed quickly.</p>	<p><b>Step 6 Action Plan</b></p> <p>I think overall this was a good learning experience because I was able to see what a patient who has hypoxia looks like. It happens very fast and now I know why assessing airway first or administering oxygen is extremely important. We have to keep the patient breathing! I can use the lesson of doing what's best for my patient in that moment despite the issue being something simple that can be easily fixed. It is better to always be safe than sorry. Patients safety and health is the main priority especially in these rapid response situations.</p>