

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</p> <p>So my pt this week for SIM WK 6, was Wallace Peterson, who was in for Pneumonia however he also had COPD, that resulted in yellow sputum with a cough throughout our visit. At his age of 69 years old, with his lungs already impaired, it was critical to provide care this help him fixed his impaired gas problem. It was noted that he quit smoking around 5 years, but still had a hx of bronchitis here and there as well.</p>	<p>Step 4 Analysis</p> <p>From his original O2 sat of 86%, even with 2L on NC, it was interesting to see how it was maintaining but not improving. The intervention of calling the PHCP to order a VM at 40% 8L was indeed the right call to increase the o2 up to 90%. This ultimately helped the pt to achieve optimal supplemental O2 to meet his demand while having a lung infection.</p>
<p>Step 2 Feelings</p> <p>While observing his medical hx, it was upsetting to know his mother had died of lung cancer at the age of 72. This led me to think that this pt maybe going down the same road since he has COPD and used to smoke a 70-pack-year. Even with him stopping the smoking, the damage was already done since he has issues with his respiratory system.</p>	<p>Step 5 Conclusion</p> <p>I learned from this experience that it is ok to trust your gut and make the shots even when there are no orders to do so. Especially if it helps save your pt's life and or improve a certain situation. What I would have done differently was make sure the IV infusion rate was matching the orders as soon as I walk into the room to avoid fluid overload. And correctly admin a secondary medication at slow rate to avoid possible reactions and or phlebitis.</p>
<p>Step 3 Evaluation</p> <p>Since he had COPD and now admitted with pneumonia, I knew he was at more at risk to respiratory infections, and at his age, fluids that build up and sputum due to the inflammation would impair his breathing and potentially drop his O2 to dangerous levels. Some things I did well consisted of raising my pt to a high fowlers positions, applying O2 at correct rate, and calling DR to formulate a plan to help increase his O2 to optimal levels.</p>	<p>Step 6 Action Plan</p> <p>Overall, this Sim experience allowed me to exercise that critical thinking aspect of nursing care. It really allowed me to not just connect the dots of nursing care, but what do to when and adverse result/action occurs that relies a nurse to think on their feet and correctly utilize all resources available and correct the situation as soon as possible.</p>