

## 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><b>Step 1 Description</b><br/>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"> <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<br/>eg. personal / patients / colleagues?</li> </ul> |
| <p><b>Step 2 Feelings</b><br/>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>   |
| <p><b>Step 3 Evaluation</b></p> <ul style="list-style-type: none"> <li>• What was good about the event?</li> <li>• What was bad?</li> <li>• What was easy?</li> <li>• What was difficult?</li> <li>• What went well?</li> <li>• What did you do well?</li> <li>• What did others do well?</li> <li>• Did you expect a different outcome? If so, why?</li> <li>• What went wrong, or not as expected? Why?</li> <li>• How did you contribute?</li> </ul>  | <p><b>Step 6 Action Plan</b></p> <ul style="list-style-type: none"> <li>• What do you think overall about this situation?</li> <li>• What conclusions can you draw? How do you justify these?</li> <li>• With hindsight, would you do something differently next time and why?</li> <li>• How can you use the lessons learned from this event in future?</li> <li>• Can you apply these learnings to other events?</li> <li>• What has this taught you about professional practice about yourself?</li> <li>• How will you use this experience to further improve your practice in the future?</li> </ul>  |

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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><b>Step 1 Description</b><br/>         I had already finished my assessment on my primary patient, so I moved onto my secondary patient to begin her assessment. Prior to this, during shift change, I had followed my nurse into the patient's room to introduce ourselves as her caretakers for the day. The patient did not seem too happy about us bothering her, but that was besides the point. Once I went in there to do my assessment, I asked her what brought her in to this hospital and why. She has uncontrolled type 2 diabetes mellulitis and got a foot ulcer that has turned into gangrene. I noticed a lot of fast-food boxes and many snacks in her room during my assessment with her. After passing medications with my nurse, the aide informed us that her blood sugar was 328. Her eMAR orders for insulin were needed before meals or snacks. We reminded her to let us know when she would snack on anything so we could give her insulin to prevent a hyperglycemic episode. When we walked in with her insulin and asked her if she ate, she denied, but we could smell and see the wrappers. This incident of not letting anyone know when she ate occurred many times.</p> | <p><b>Step 4 Analysis</b><br/>         With diabetes, anything can happen if you blood sugar is uncontrolled. Knowing what I have learned about DM, I was very concerned about this patient's blood sugar. She could have gone into hyperglycemic shock or even DKA. Those things are life-threatening, and it could have possibly cause a lot more complications than the DM complication she was admitted for.</p>  |
| <p><b>Step 2 Feelings</b><br/>         Upon hearing that her blood sugar was 328, I was so shocked. I had never heard or seen anyone with blood sugar that high before. Also just knowing the range of a normal blood sugar, I really could not believe. Then when she lied to us about eating, that was frustrating. The fact that it happened a couple more times was annoying because we are trying to take care of her and make sure she gets better. We can't help her if she continues to be oblivious and not care.</p>   | <p><b>Step 5 Conclusion</b><br/>         From this event, I learned that patient's do not always tell you what you want to hear or tell you anything in general. I saw this patient's actions from many perspectives. One being she really just does not care about her diabetes. Two, she could have been nervous or too scared to bother us and tell us. Or three, she truly just did not remember. I think maybe educating the patient more or in different ways could have prevented this and made it better for the future.</p>                              |
| <p><b>Step 3 Evaluation</b><br/>         What I love about south 6 is the amount of help the aides assist with. That is one good thing because if the aide had not gotten her blood sugar, we most likely would not have known for hours. We were so preoccupied passing medications to other patients and answering call lights. The only difficult part I feel was having to constantly remind and educate the patient on why she needs to let us know things, and her just flat out not listening.</p>  | <p><b>Step 6 Action Plan</b><br/>         This experience made me realize how helpful the aides are. From shadowing the nurses in clinicals this module, I really understood how quickly time can get away and those little things like checking blood sugars can drift off your mind. If it was not for the aide, something bad could have really happened. Nurses are busy, especially when they have 6 patients in one shift to care for. There is a lot on their plate, so it seems like having help is essential to providing safe care to our patients.</p> |