

# 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> 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 eg. personal / patients / colleagues?</li> </ul>
<p><b>Step 2 Feelings</b> 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.*

<p><b>Step 1 Description</b>          We had a patient that came in for RLQ abdominal pain and had an extensive GI history that included an imperforate anus, colostomy, and reversal of colostomy. I was able to perform the initial assessment that included an abdominal assessment and GU assessment. My nurse supervised my assessment and confirmed that we were ruling out appendicitis. The physician came in right as we were finishing the initial assessment and I was able to observe the physician's assessment. The patient went for an ultrasound and the appendix wasn't able to be seen very well. The physician wanted to do some other tests to rule out other options. The patient was diagnosed with mesenteric adenitis.</p>	<p><b>Step 4 Analysis</b>          From this situation, I will be able to take the knowledge of knowing the signs of appendicitis, mesenteric adenitis, and be able to better understand the needs of a patient who may be scared or anxious. I think that if we were not able to help the patient calm down and didn't tell her what we were doing she would have been distrustful of us and other healthcare team members. I think that the parents understood what we were trying to do when we were ruling out appendicitis or mesenteric adenitis which helped the flow of care run very smoothly.</p>
<p><b>Step 2 Feelings</b>          I was very nervous when I did the assessment on my own. I was thinking of all of the possible things that I needed to ask the patient and the family members that were at the patient's bedside. When I palpated the patient's abdomen and noted she was complaining of pain in the RLQ I felt confident that we were suspecting the right thing. I was in the room with my nurse when the physician came in and asked the patient to jump. When the patient said it hurt to jump I asked my nurse why the physician did that. My nurse informed me that this is a good way to tell if the patient has appendicitis. When the physician asked similar questions to what I had asked, I felt confident and excited that I knew what to ask in this situation.</p>	<p><b>Step 5 Conclusion</b>          I think that if we provided the patient with either a toy or a stuffed animal then she might have been a little less anxious from the beginning. The patient's mother was not there when the patient came in but she came later once the physician mentioned the chance of appendicitis. I think that if both mom and dad were there with the patient the entire time then that would have helped her anxiety. From this experience, I have learned the importance of having the parents at the bedside for pediatric patients.</p>
<p><b>Step 3 Evaluation</b>          I think that the parents being able to give a detailed medical history about the patient was very helpful. Since the patient was young, it was hard to get responses from her. The patient was scared and was in pain so naturally she was a little withdrawn from us. I think I did a good job of helping the patient calm down. I think I also did a good job of explaining what I was going to do for the assessment before I did them. My nurse was also able to start a peripheral IV site that we used for future medications to help her manage her pain.</p>	<p><b>Step 6 Action Plan</b>          From this experience, I have a better understanding of how coping mechanisms can tremendously help in stressful situations. In order to improve my care in the future, I will continue to explain what I will be doing before I perform the care no matter what the patient's age is. I have also learned that being patient with both the patient and the parents during this stressful time helps ease the process.</p>