

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. personnel / 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?

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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</p> <ol style="list-style-type: none"> 1. I helped care for a patient with a complex orthopedic fracture/injury of the femur that was more comfortable speaking Spanish than English. 2. The patient could understand English and answer in English well enough to complete care. However, when his pain increased or we had to move/adjust him in the bed, he would revert back to Spanish and it would be more difficult to assess his pain and anything else that was bothering him. 3. The nurse, myself and another student were in the patient's room and had to move the patient up toward the head of the bed as he had slid down over time. I was tasked with lifting and sliding the structure that had been set up to elevate his leg. The nurse and other student pulled the patient up by the slide sheet. We successfully repositioning the patient in the bed with minimal disruption to the elevated leg. 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> -using good body mechanics, lifting/transferring patients safely. -lift team research – using multiple people to transfer patients is safer for everyone and prevents workplace injuries -anatomy and physiology, understanding injuries with complex treatment plans -this patient was immobile in bed on his back unable to really turn or move himself much for several days. Concerns about pressure injuries and evaluating for them on the posterior side of the body is an issue since the patient can't really sit up, definitely cannot turn or ambulate. The ideal solution would be one of those pressure shifting mattresses. -it is a team effort to care with patients with severe traumatic injuries to the musculoskeletal system, and coordinated, professional effort on our part is paramount -I'm almost positive the patient would have been content to stay slouched down in the bed instead of being jostled around, but the capable professional caring for him realized a few seconds of increased leg pain were the lesser of the evils vs. an injury from poor posture or pressure injury
<p>Step 2 Feelings</p> <p>I felt a massive amount of responsibility/fear to not injure this patient or cause him any extra/unnecessary pain, and I was thinking that now would be a great time to have steady hands and not have a clumsy moment. I felt a tremendous amount of empathy for this patient, having experienced a complex fracture myself, but not nearly as complex as this, I knew moving him would be painful no matter how careful we were. The nurse leading was very knowledgeable and confident, giving clear instructions to us, and coordinating the movements of everyone as smoothly as we could. I felt more confident in my abilities knowing the nurse trusted me to handle it.</p> <p>The patient was successfully repositioned in bed quickly and with hopefully as little additional pain as possible, and I felt accomplished. I think the most important feeling I had was the empathy. Empathy helps in maintaining a connection with patients and not just running in, throwing meds at them and running out, and remembering it's a whole person <u>dealing with whatever is going on.</u></p>	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> -I don't think there was much to improve the situation. Possible one more person to help stabilize the leg from the other side of the bed. -I would probably have tried different positions to find which would offer the most support to the patient's leg during the transfer. -always be ok asking for a few seconds to double check what you're doing, even if it's something that seems trivial to others.
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> -the patient was repositioned in bed into a safer and more comfortable position. -it was painful for the patient to have his affected limb moved -setting up to move the patient -moving the limb and supportive devices in a smooth and safe way -The positioning -supported/moved the patient's limb -moved the bulk of the patient's weight -I hoped for this outcome, but honestly a tiny, tiny part of my brain expected me to drop his leg or something. -I did not drop his leg, and a semi expected. I focused really hard and followed my nurse's lead. -nothing that could have been prevented (pain) -n/a 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> -I think it was a 'necessary evil'. Yes we briefly put the patient in additional pain, but it was to prevent further pain from additional injuries/complications. -I might have asked the nurse if having another person would be helpful. -proper patient transfers and nurse body mechanics are imperative to safe patient care. -Yes, this incident will be able to be applied to other events. -sometimes, being a professional means 'hurting' your patient to give them the best care. "do no harm" is not as straightforward as it seems, but we should also strive to help patients heal. -always use the safest amount of people to transfer/position a patient, take every reasonable measure to reduce the pain it will cause the patient or strain it could put on an injured part of the body.