

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?

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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> <p>This morning the primary nurse, another student nurse, and myself entered a patient's room to give them their morning medications. We chose to all go in together so that we could be quick and efficient when giving the patient their medication because the patient was diagnosed with dementia. I scanned the patient's medications and prepared them for the patient while the primary nurse and other student nurse cleared the patient's bedside table and conversed with them about how they slept. The patient was compliant when receiving their PO medications as opposed to yesterday; the patient was refusing PO medications yesterday morning. The patient was also able to receive their Lovenox injection without noticing any pain due to the primary nurse conversing with them to keep their mind off of the pain.</p>	<p>Step 4 Analysis</p> <p>Having the lecture over the dementia disease process last week was extremely helpful to this situation. I was able to remember what to do to make these moments more comfortable for the patient as well as myself. Being patient with individuals with dementia is the key component. Everything that is happening to them is questioned as well as who we are when we walk into their room, where they are, how they got there, etc. These are things that usually have to be explained to dementia patients multiple times, and it is very important to not get upset with these patients. They did not ask for this disease, and it is our job as healthcare workers to orient them to everyday life and each situation that is happening to the best of our ability. Communication is crucial in any event with a dementia patient. If this situation had gone poorly, it could result in lack of trust, patient distress, or even patient harm. Different perspectives on how to handle dementia patients can impact these events severely because they change the level of patient care. If healthcare workers are impatient or negligent towards these patients, it can affect not only the patient, but the rest of the healthcare team caring for them.</p>
<p>Step 2 Feelings</p> <p>I was feeling nervous when we first walked into the room because I was unsure of how the patient was going to react to us being in the room to give them their medications. I was primarily thinking about how to make the patient feel comfortable with getting an injection and having to take pills. I was also focused on the eMAR; making sure that I was scanning every medication scheduled to be given and giving the right dose. As the event progressed, I became more comfortable because the patient was in a pleasant mood and was comfortable with getting medications. Having the primary nurse and the other student nurse in the room with me made me feel confident because they were keeping the patient preoccupied while I was prepping the medications. I feel that the medication administration went very well overall. I was confident in my skills and I was pleased that the patient remained in a pleasant mood when we were finished. I would say that the most important feeling that I have about this event is pride because it highlights that the event went well and that my team and I worked together to reach a common goal.</p>	<p>Step 5 Conclusion</p> <p>The situation would've had the best possible outcome if the patient was fully oriented to person, place, time, and event. It was upsetting seeing my patient so unaware of their surroundings. We did the best of our ability to orient the patient as best we could due to the disease my patient has. The more the primary nurse explained or went into depth, the more confused and upset the patient got. Therefore, the bare minimum was explained to the patient to preserve their pleasant mood. Due to this, the patient wasn't completely aware why they were getting medication because it led to more questions. For example, "where am I?" "Who are you?" "Why am I here?" "Where did I fall?" As more questions got answered, the patient became increasingly more confused. This is what leads to patient disorientation.</p>
<p>Step 3 Evaluation</p> <p>The teamwork that each of us had during this event was something to be very pleased with. We each executed our roles without fault. Keeping the patient oriented to the situation was fairly easy; they patient was aware of what was going on throughout the entire process. I am proud of myself for executing every step of medication administration without fault. I prepared the medications quickly while also making sure that I was being safe and doing all of my checks. I am also proud of the primary nurse and fellow nursing student in the room with me for keeping the patient oriented to the situation and for keeping them comfortable. One aspect that didn't go as I had hoped was the patient's orientation to where they were or the specific reasoning for receiving medication. Because the patient has dementia, it was difficult to explain to them why they were receiving medication because they were not aware that they were in the hospital, much less what the medications they were receiving were for. Nonetheless, I was pleased with the outcome of this event because I was expecting a different outcome. Due to how medication administration went the previous morning, I was expecting this morning's experience to resemble it.</p>	<p>Step 6 Action Plan</p> <p>I absolutely will refer to this experience in future endeavors with dementia patients. This event set a great example on how to handle these patients when they are unaware of everything that is going on with them and how to not make it worse for them. This event has taught me that not every dementia can be completely reoriented to each situation, it depends on the stage of their disease. In this patient's case, the frustration with being educated on everything happening was overriding the patient's ability to remain comfortable. This experience has taught me that I am comfortable working with dementia patients and I can confidently say that I would enjoy caring for them in the future.</p>