

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 During report on the morning of 10/6/21, one of my total care patients was experiencing some confusion. The patient stated that during the night she was experiencing hallucinations causing her to see “flowers floating in the air” and the “wall was dripping down”. This effected the patient’s ability to sleep, therefore the patient woke up this morning very drowsy. When the patient explained this to me, I was in the room administering her medications with the nurse around 0800. The nurse explained to me that during the night the patient was irritated and refused some of her medications. In the morning, she had asked why she didn’t receive these medications and had no memory of refusing them. When the nurse practitioner came to change the patients dressing around 0730, she said that the confusion and hallucinations could be effects of the anesthesia from the hip surgery. When I went in to assess the patient, the patient was still a little confused, so I reminded her of the medications we gave her and reoriented her. By the end of the day, the patient was much more alert, and her confusion had improved.</p>	<p>Step 4 Analysis I know that anesthesia can cause confusion after surgery so I agree with the nurse practitioner that this may be the cause. After doing some research, it can be described as post-operative delirium if the patient experiences confusion, disorientation, persistent sleepiness, hallucinations, agitation, or aggression. This is more common in elderly patients. If it is not treated, it could lead to possible long term health issues, such as cognitive decline. Both the nurse and nurse practitioner believe it is caused from anesthesia so they will continue to monitor the patient. According to the text, most cases of delirium last about a week. Although, when I asked the patient if she understood what could possibly be going on, she said that she believes it is caused by one of the medications she has been receiving. When I asked the nurse if this could be a possibility, she thought it was unlikely and wasn’t sure if any of the medications would cause confusion or hallucinations.</p>
<p>Step 2 Feelings When first talking to the patient, I had empathy for the patient since the patient was feeling very confused and had a hard time understanding what was going on. I was trying to think of ways to help her understand what was going on and to try to lighten her mood. Seeing the patient confused and nervous made me feel like I wasn’t doing enough for her. I thought the nurse handled the situation very well. She just explained to the patient that she refused her medications, and she could take them now if she wanted. The patient seemed to experience some relief when the nurse told her this because one of the medications she refused was for control of blood pressure, and the patient stated that it was very important for her to take that daily. The final outcome of the situation was satisfactory because the patient was relieved. The most important emotion I felt was worry and stress. I didn’t want the patient to continue refusing medication when she experiences confusion because her medications will help her pain level and speed up healing process.</p>	<p>Step 5 Conclusion I could’ve checked in on the patient more frequently to make sure she was feeling okay and help her if she had any more questions she needed answered. I think the nurse practitioner could’ve explained why anesthesia can cause confusion or hallucinations, but she had other patients to tend to also. I tried to explain why it can cause these side effects, but a more educated professional probably could’ve helped the patient understand better than I could. I learned to be patient and listen when a patient is feeling confused. I listened when she was describing her hallucinations in detail and reassured her as much as I could. Sometimes when a patient is confused it takes them a little longer to explain how they feel, so you should never seem like you are in a rush. I also maintained eye contact and made sure she knew I was listening by nodding my head or using certain gestures. I think if she would’ve had family at the bedside it could’ve made her feel more comfortable and safer.</p>
<p>Step 3 Evaluation The best thing about the event was getting to spend time with the patient and listening to stories she wanted to share. I felt this made her calm down a little bit. It was difficult seeing the patient confused and irritated because the day before the patient wasn’t as confused and seemed optimistic. Today, the patient had stated that she was feeling hopeless. It was easy to talk to the patient and keep her company to try to cheer her up. After about 10 minutes or so, the patient’s mood seemed to improve although she was still experiencing some confusion every once in a while. While performing the assessment, the patient expressed gratefulness to the staff and students for caring for her and being patient with her. I thought the outcome of the situation was appropriate because she was much more alert and oriented later in the afternoon, but I knew that the confusion would not go away completely just yet. I wasn’t expecting the patient to apologize for how she had acted throughout the night and early morning. I explained to her there was no reason for her to apologize and that it wasn’t her fault she was experiencing confusion and hallucinations.</p>	<p>Step 6 Action Plan I think this situation happens somewhat often and they probably see it a lot on the orthopedics floor, since many of the patients have surgery and tend to be older. From what I saw and heard from the patient; I would say that she is experiencing post-operative delirium. This is justified because she had a surgery a few days ago and this condition can occur days or weeks after surgery. If I had a patient in the future who experience this, I would make sure they don’t feel ashamed or scared of what is happening. These learnings could be applied to any patients experiencing delirium no matter what the cause is. These learnings could even be used on patients with dementia. This situation taught me that I need be there for my patient and learn to deal with emotions since it is very difficult to watch a patient feel like they are hopeless. I think this experience will help me in the future because I will be able to recognize the signs and symptoms and be able to explain to patient that it is the most common complication of surgery in older adults. I will also know how to communicate with the patient and help them become reoriented.</p>