

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</p> <p>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</p> <p>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 week in clinical was amazing I loved it. I love this floor and the staff on it. I got a new patient who again pertained to what we just learned skin integrity and he also brought up what I remembered about diabetes. He came in with pressure ulcers on his buttocks and the heels of his feet. He also had a diabetic ulcer on his left 4th toe with a pitting edema of 3+ on his left leg. The crazy thing is he came in for the diabetic ulcer but was sent to us for an aneurysm they accidentally found when he came in. He really made today so enjoyable he joked around with me and made my day. It really broke my heart to see the kind of shape he was in. When I was assessing his left leg I pushed down and it took a couple of minutes for it to come back it was the first time I actually got to see that and use the doppler to assess pulse. I even got to assist on getting blood cultures on him We also had to have him sign a DNR on his request. The doctors came in and gave him some hard news that he would be losing his left possible BKA and I just felt my stomach drop. I knew it was bad but I just wish he would have came in early maybe we could have prevented this.</p>	<p>Step 4 Analysis</p> <p>Learning about skin integrity I got to see the different types of stages. This man had stage 1 and 2 ulcers. I got to see how they chart them how they request wound care. I got to see how they dress them. We had to reposition him a couple of times. It's different looking at the gruesome pictures on slides to actually have that person in front of you and it is your responsibility to take care of them it is a whole different ball game. You have to think about everything just them laying there worries you because in my mind I'm thinking it is getting worst I need to move him soon. It is hard because he doesn't want to be moved but as his student nurse I know it will not get better unless I relieve the pressure from those areas.</p>
<p>Step 2 Feelings</p> <p>Knowing now what I know about diabetes I know that type 2 usually comes in due to these types of ulcers and they usually are too bad and unable to heal properly. This man is just such full of life with an amazing wife and daughter who he calls his better half's and him joking saying he guesses he doesn't have a good half than. Now I'm here while his getting the news that is going to change his every day life and his family's. I also did not realize the hard decision behind a DNR he made it for his family he said he did not want to put them through that and that he lived a good life with love and happiness. I guess I was just amazed on how well he was taking everything in with acceptance.</p>	<p>Step 5 Conclusion</p> <p>I think I have learned a lot from this situation but most importantly that sometimes my job is not always going to be what my patients want but what they need. I had to explain to my patient yes I know it hurts to be moved and yes I know you just want to sleep but, if I do not move you around every once in awhile the problem is going to get worst and the pain will get worst and I do not want to see you in anymore pain if I can prevent it. I wish I could have got to be there when wound care came just so I could see the process of it all.</p>
<p>Step 3 Evaluation</p> <p>The whole situation was just difficult for me because I am such a caring person. Sometimes I do not know if that's a good thing or a weakness. I know as a nurse I am going to have patients like this and worse who I can not do anything for but just be there and do the best of my ability to make them comfy. It was hard when we had to turn him and he was in pain. I think I contributed by just listening and laughing with him. It made me feel good when he asked me what is your name I told him and he said why isn't your name on my board. I explained to him I was a nursing student he said so he insisted the nurse put my name on his board so she did and that meant the world to me. Here he is in a hospital bed in pain and his worried about me.</p>	<p>Step 6 Action Plan</p> <p>I am going to take this experience and I apply it to future patients by remembering how bad it can get and it cost my patient a limb if I do not do everything in my power to prevent it. Even if my patient does not want to it is my job to educate my patient. I had to tell my patient it is not going to get better unless we intervene that is why I am here I am here to help you and to prevent further damage. I get why they say patient teaching is a big part of our jobs now. Almost everything we do we are teaching. Giving medication we explain every detail about why we are giving it how we are giving it and for how long. Getting patient up we are teaching them the safest ways possible with out them getting hurt. We teach them about hygiene, exercise and diet. A nurse plays many roles when it comes to our patients we are the educator, the caregiver and there supporter. I have been blessed to have amazing patients on this floor. I am very grateful to have the opportunity to help.</p>