

Covenant School of Nursing Reflective Practice



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 on 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>Week two of clinical I helped changed a pressure ulcer dressing. Me, one of my peers, and the nurse I was following went into the supply room to get the bandages needed to redress the wound, and then went to the patient's room. The patient's wife was in the room when we went in. I played the role of the patient turner and the one who got to help redress the pressure ulcer. My peer and the nurse played turners and observers and got to observe what I was doing and making sure I redressed the wound correctly. The result was that the patients wound got a new dressing that was properly in place.</p>	<p>Step 4 Analysis</p> <p>I remember back from lecture in this module about how to care for pressure ulcer and the different stages of them. Also, how to know when a patient is more prone to getting one. I want to do the most care without having him hurt too bad or for long periods of time with the turning. The perspective of the wife had a big impact on me because I was there providing care to her husband, and I wanted to make sure she was pleased with the way he was taken care of. So, her perspective mattered most to me. The nurse's perspective means a lot to me because I want them to see I am doing my best on the floor and want to learn and help as much as I can. My peer got to change a dressing on a previous patient, and she said that she had a very little issues and changed the dressing with no problems.</p>
<p>Step 2 Feelings</p> <p>I was nervous and excited going into the patient's room. My patient had very fragile skin, so I didn't in any way want to hurt him which made me nervous. I was excited because to see in real life what a stage 3 pressure ulcer looks like. It helped tie it all together with the lecture material. The event itself went very well and made me understand more about pressure ulcers and skin integrity which was good. The wife was constantly asking questions about how different the wounds looked, how long he has had them, etc. Which made me feel bad because I didn't have any answers for her because this was my first day to have this patient. Overall, at the end I felt good about the way I dressed the wound and I didn't have any problems. The most important feeling I think would be the moment that I got to see the ulcer and the little light bulb went off about the lecture material, and how all that applied to what I was seeing.</p>	<p>Step 5 Conclusion</p> <p>The situation was overall really good. The only thing I would change would be the family taking while I am trying to focus. Also, I would have told myself again to not be nervous and to go in with confidence because it is just a dressing change. I have practiced this skill and know what I am doing. I wouldn't do anything different for this event. I learned that the more people to help lift and move the better/smoothen it goes. No matter if it is a tiny person, we still need help maneuvering them and positioning them.</p>
<p>Step 3 Evaluation</p> <p>The good thing about the event was that I successfully changed a pressure ulcer dressing without any issues. Nothing about this event was bad overall, but I wish that the patient's family would wait till the end of what I am doing to ask questions because it makes me more nervous while I am doing something, and they ask. I think having a team of people in the room with you to turn patients on their side made everything easier. The difficult part was that the patient was very stiff and did not want to turn to the left side, so trying to get the foam padding bandage on the other side of the coccyx was hard to do. Everything went well for me during this. My peer got to help turn the patient and she did a really good job getting him up as far as possible to see where to put the bandage. Nothing went wrong during the dressing change. It was a really good experience.</p>	<p>Step 6 Action Plan</p> <p>Overall, I think that this was a very good chance for me to do a skill that I have practiced a lot and an opportunity just get better at simple/quick skills. This went very well for me, and I wouldn't change anything about it. The only thing I would take away and learn from this is not to be nervous when answering the question of a family member of a patient. I can apply the not being so nervous for all my patient interventions. I will also use this experience to connect the PowerPoint slides to what I saw and did today.</p>