

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.

Step 1 Description:

I was at the main nurse’s station when the call light went off. I answered and the patient on the other side was asking for assistance to the bathroom. I could sense the urgency in his voice, so I asked his nurse about his bathroom privileges. The nurse told me that the patient could stand and pivot with assistance to the bedside commode. I asked another student if they could assist me and two people volunteered to help. All three of us walked to the patient’s room and when we arrived, he was asking us to hurry up. When I went into the bathroom to grab the bedside commode, he insisted that he never used it before and that he “always” walks to the bathroom with assistance. At that point, he was trying to get up on his own as I explained to him that his nurse said otherwise. The patient started getting upset and even more impatient with us. I glanced at the bedside commode, and I didn’t see a bucket from previous use, so I questioned myself whether or not he was telling the truth. We ended up getting him up with a gait belt and his walker. When we stood him up and he started walking, we realized that we made a huge mistake. This patient had hemiplegia and could not move the left side of his body. The patient was determined to get to the bathroom as he kept trying to walk forward. He was instructing us to push his left foot forward to help him move. We kept trying to tell him that it wasn’t safe, and he kept walking towards the bathroom. We managed to get him to the bathroom and back to his bed safely.

Step 4 Analysis:

I have learned in lecture that stroke patients who experience significant deficits have to adjust to their new way of living. I understand that it can be difficult to accept the changes to their body. I can see why this patient was so determined to ambulate to the bathroom. I don’t believe he was trying to be difficult on purpose, he expressed gratitude afterwards. His focus was to get to the bathroom and mine was to keep him safe. We had different perspectives in that he was the patient going through the challenge and I was the nursing student trying to do my job to help him through it. It is important to find a way to consider the patient’s perspective while focusing on mine at the same time. This is where efficient communication must occur to create the best overall outcome.

Step 2 Feelings:

I felt confused at the beginning because I wanted to consider the patient’s feelings, but I also knew what the nurse instructed me to do. I also wondered if the nurse confused this patient with another because our conversation was rushed and in passing. I was thinking that I needed to prioritize safety. I felt like I didn’t do the best job at protecting this patient from harm. I felt worried as I wanted to do what was best for him. I was conflicted because I understood that he wanted to feel a sense of normalcy, but I also knew that he was in the hospital to get better. As I reflect, I realize that he may be experiencing difficulty accepting his new normal and his attempt to walk to the restroom like he used to could’ve been his way to take back control over a situation he lost control in. I felt disappointed in myself for not listening to my gut. I knew how dangerous it was for him to walk to the bathroom and I should have asserted myself more. It was difficult because I had never worked with this patient before and he wasn’t listening.

Step 5 Conclusion:

I could have slowed down and double checked with the nurse before entering the room. I could have done a better job at teaching the patient about why they had to use a bedside commode instead of giving into their demands. I could have done what the nurse said to do in the first place. My classmates could have helped me encourage the patient to use the bedside commode. I have learned in class about the importance of safety in patient care and this hands-on experience confirmed why it’s so important. I was so concerned that my choice to let him walk would end up hurting him. This taught me that one poor decision can cost a lot. My patients trust me to protect them while they heal and, in a way, I felt like I failed at my job. I am glad that he returned to bed safely, but I will listen to my intuition next time. I knew better than that and all I can do next time is do better.

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Step 3 Evaluation	Step 6 Action Plan
<p>Having additional help was good in this situation. Allowing him to walk to the bathroom in his condition was bad in this situation. Working as a team was easy but getting the patient to listen and cooperate was not. The patient not falling went well, the patient walking to the bathroom was not. I asked for help and my classmates responded well by helping me. I went into the situation expecting a different outcome because I wasn't planning on risking the safety of the patient. I contributed by doing everything in my power to get the patient back to their bed safely. I reported it to the nurse immediately after.</p>	<p>In conclusion, I plan to do a better job verifying details about the patient that I am trying to help, especially if they aren't assigned to me. I still plan on listening to the needs of my patients, but I will also go with my own judgement when it comes to keeping them safe. I understand that situations develop quickly sometimes but that is the nature of acute care. I have to be aware at all times and be able to make competent decisions quickly. I will continue to grow through my clinical experience so that when I am licensed, I can be the best caregiver to my patient. I appreciate the clinical setting; I couldn't imagine nursing school without it.</p>

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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>During my clinical rotation I was working with an elderly patient who was hard of hearing. As I was attempting to pass medications in their room, I had to ask them questions to clarify whether they understood what I was doing or not. I was with the nurse and her preceptee at the time and when I approached the patient to say something, the patient couldn't hear what I was saying. I awkwardly repeated myself, each time getting louder and louder. Naturally, I figured that if I raised my voice, they would surely hear me better. I was wrong, they didn't. After a few attempts, I felt a gentle tap on my shoulder and a whisper in my ear. It was my nurse's preceptee reminding me to talk low and slow so that the patient could hear what I was saying. I took her advice and it instantly changed how I was communicating with the patient, it was effective. The</p>	<p>Step 4 Analysis</p> <p>This situation was the perfect example of what I learned in lecture the previous week. I learned that people who are hard of hearing typically lose their ability to hear higher frequency noises. When I raised my voice, it became higher in pitch, making it more difficult for the patient to hear what I was saying. Once I lowered my voice, it lowered the frequency of sound that I was producing, helping my patient become more receptive to what I was saying. I realize that I may have felt awkward and uncomfortable, but my patient may have felt the same way too. It is important to put myself in the shoes of my patient when taking care of them. If I was feeling that way, surely, they felt something as well. Understanding this, helps me provide better patient centered care.</p>
<p>Step 2 Feelings</p> <p>When I was initially attempting to communicate with the patient, I felt awkward. It was a challenge to get them to understand what I was doing. I felt like unsure about what to do next. I was really appreciative that the preceptee stepped in to offer advice when she did. Her simple reminder improved the quality of my care within a matter of seconds. I felt that the final outcome was beneficial to not only the patient but to me as well. It was important that I experienced this because although it was awkward and slightly uncomfortable, I was able to apply the information I learned in class to the clinical setting. The most important emotion I felt during this experience was awe. I was in awe because I saw my didactic education translate to clinical education. It was important to feel this because it made me realize just how important both settings are in my</p>	<p>Step 5 Conclusion</p> <p>In conclusion, I could have made the situation better by speaking low and slow from the beginning, but I didn't. I had to be reminded which is okay, especially while I am in the process of learning. Everyone else involved did an excellent job so I don't believe that there is anything more they could have done to make the situation better. I have learned how important it is to adapt my communication style to my patient's needs.</p>
<p>Step 3 Evaluation</p> <p>Everything was good about this event. I can't really say that anything was bad because it was a learning experience that didn't harm my patient. This experience has strengthened my nursing skills. I believe that my receptiveness to advice helped the situation go well. I also think that the willingness of the orientee to offer advice also helped the situation go well. I ultimately expected my patient to hear so the outcome ended up being reached in the end. The only difference was <i>how</i> I reached the expected outcome. Overall, everyone contributed to the good quality of care my patient received that day. It takes a village to raise a good nurse. Fortunately, I am surrounded by a village.</p>	<p>Step 6 Action Plan</p> <p>Overall, I think this situation was a wonderful learning experience. It was good to see the dots connect between classroom and clinical learning. As previously stated, I plan to use this situation as a learning experience. This situation has contributed to my growth as a student nurse. I can guarantee that I will apply this knowledge and understanding to how I care for my own patients one day. This has taught me that I will always have room to grow. It also taught me that to be receptive to the suggestions of others. I will always be a student because learning never stops in this field. Hopefully I can offer the same advice to someone else one day.</p>