

# 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:**

In SIM lab today I was the nurse taking care of a patient with hypokalemia. Before going into the room, my partner and I discussed the importance of checking the IV pump settings before moving on to the next task. When we went into the room, the first thing I did after introducing myself was check the IV site and line. After making sure the site and line looked good, I trailed the tubing back to the pump and read the bag of D5 ½ NS that was hanging. When I looked back down at the pump, I noticed that the number on the pump module read 55. I questioned myself for what felt like a minute before moving on. While I was questioning myself, it bothered me that the number on the module didn't match the order. I forgot how to check the pump for the programmed rate, and I didn't ask for help. The rate was wrong and had I simply asked for help or alerted my partner; a medication error could have been prevented.

**Step 4 Analysis:**

I have learned over and over again in both lecture and clinical, the importance of checking my IV pump settings. I have been taught to not go by another nurse's word during report but to go into my patient's room to check the pump settings myself. I understand that if I assume responsibility of a patient and something happens to them under my care, even though the previous shift did something wrong, I am ultimately liable. I can appreciate being wrong because there is usually a correction following closely behind. Corrections help me grow into the nurse that I aspire to become.

**Step 2 Feelings:**

During that moment, I felt confused. I also felt pressured to complete the simulation. I had that gut feeling that I've been taught about, and I didn't go with it. In the debrief, Dr. Nesbitt informed us that we didn't check our pump rate. In that moment I felt regret. I thought that the regret I felt in SIM lab must be 100 times worse when it actually involves a human being. Regret soon turned into gratitude as I felt fortunate to have a safe place to make mistakes without harming a life. I beat myself up enough to learn my lesson. After SIM, I felt like I grew as a student through my mistake. I look forward to protecting my patients by catching similar med errors in the future.

**Step 5 Conclusion:**

I could have slowed down and double checked with my partner and I could have asked for help instead of remaining silent. There are a lot of things that I could have done but the most important take away is that in the real world, some mistakes cannot be reversed. I understand now, even more than before, how important it is to prevent these mistakes from happening in the first place because a judge won't be as forgiving as Dr. Nesbitt in simulation. An error is an error no matter how big or small it may be. Yes, there are ways to fix mistakes but the best thing to do is to prevent the mistake entirely. Most, if not all, mistakes in nursing can be prevented. I never want to become the nurse who ends up in a TBON newsletter with a disciplinary action. I want to be the kind of nurse who can recognize an error and act upon it quickly in order to protect a life. I want to be the kind of nurse I would want taking care of my loved ones.

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### Step 3 Evaluation

The bad in this situation was that I didn't trust my developing nursing instinct. I also didn't ask for help, which is strange, because I am a huge believer of asking questions during uncertainty. The good in this situation was that it was only a simulation. The purpose of the simulation lab is to practice so that when students graduate, we won't make deadly mistakes on our patients. It was good to have support in my learning experience. I liked how Dr. Nesbitt was gentle with my mistake, she didn't belittle me or make me feel incompetent. I thank God all of the time for this program. I have heard horror stories about clinical instructors from other programs and fortunately I cannot relate. There was silver lining in the cloud today. I forgave myself, which can be hard to do sometimes, and I grew forward.

### Step 6 Action Plan

I plan to do a better job verifying the pump settings next time. I will always go with my instinct and trust that I am competent enough to catch errors. I will have more confidence when it comes to asking for help as well. My action plan is pretty straight to the point, but it carries weight. My actions next time can prevent further problems for my patient. If I can accomplish this, I can walk away knowing that I did my job well.

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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><b>Step 1 Description</b></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><b>Step 4 Analysis</b></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><b>Step 2 Feelings</b></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><b>Step 5 Conclusion</b></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><b>Step 3 Evaluation</b></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><b>Step 6 Action Plan</b></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>