

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</p> <p>This week in clinicals I was given the opportunity to remove a central line. Prior to going in the room, I reviewed the steps and protocol with my nurse. We went to the central supply room and gathered all the supplies that we knew we would for sure need and any supplies that might be needed before going into the patient's room. Two classmates were able to go with me and observe. One of the classmates assisted by helping me through the steps if I needed it. Once in the patient's room, I performed the skill. This included prepping the patient by laying them in a supine position and putting a mask on them, removing the dressing, removing the sutures, teaching the patient to hold their breath when I pull, and eventually removing the central line. I applied pressure for 3-5 minutes per protocol and then placed a clear dressing over the cause on the insertion site. I taught the patient the importance of them staying in a supine position for 30 minutes and to leave the dressing on for 24 hours.</p>	<p>Step 4 Analysis</p> <p>From previous knowledge I knew the precautions that were necessary for a patient to avoid getting an air embolism. A few things are important for this. An air embolism is a medical emergency and should be taken very seriously. In order to avoid an air embolism, the patient be holding their breath or exhaling when the catheter is removed, the nurse should hold pressure and keep the insertion site covered until it begins to heal, and the patient should lay in a supine position for 30 minutes. I was also able to apply my knowledge of sterile technique. Even though I learned sterile technique multiple months ago in school, I felt confident in it.</p>
<p>Step 2 Feelings</p> <p>When my nurse first told me I was going to get to remove a central line I was excited, but nervous. I appreciated the opportunity to look over the supplies needed and the steps that the procedure included. This made me feel more confident and even more excited to get to practice a new skill. Once I was in the room, I felt confident knowing that I knew the steps and had my nurse and two fellow students to help me out. I enjoy getting to practice new skills and am thankful that I have had so many opportunities to do so during clinicals this module.</p>	<p>Step 5 Conclusion</p> <p>Something that I could have done to make the situation better would have been to familiarize myself a little more before performing the procedure. In this situation there was very little time for this, and I felt like I was prepared for the procedure, but I always feel like I am less anxious when I am overly prepared. I feel that being less anxious allows me to think more clearly. Other than learning how to perform this specific skill, I was able to learn how patient education directly affects the patient's mood and emotions.</p>
<p>Step 3 Evaluation</p> <p>This was a great experience for many reasons. I got to practice a new skill. I was able to learn and refine my skills. My patient was kind and willing to let me do this procedure even though I had very little experience. My nurse allowed me to take the lead and use my critical thinking skills to complete the procedure. One thing that I was nervous about was removing the sutures, but this turned out to to be very easy. It was a little difficult for me to don my sterile gloves, but I was able to stay sterile and fix them once they were both on. Something I feel like I did well was teach my patient. I taught my patient prior to the procedure, throughout the whole thing, and afterwards.</p>	<p>Step 6 Action Plan</p> <p>Overall, this was a very positive learning experience. I can conclude that I was able to perform the skill well and correctly because the patient's CVAD was removed, sterile technique was followed, and the patient did not get an air embolism. Next time I will most likely choose to grab my own sterile gloves from the central supply closet. This will lead to a more efficient and smooth donning of my gloves. I can apply what I learned in this experience to many things in my future practice. Some things I can apply are the obvious skill of removing a central line, as well as, sterile technique, suture removal, how to prevent an air embolism, critical thinking skills, and the benefits of patient teaching.</p>