

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.

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| <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.

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| <p>Step 1 Description</p> <p>This week in sim I did not get to do any new skills but I did have a good teaching moment. My primary patient this week was admitted for status epileptics but what really made his case interesting to me was that he was on immunosuppressant medications because he has had two kidney transplants. It was also a very frustrating patient just due to the fact that he knew his condition he has had seizures before and he in deliberately being not complaint with his keppra medication knowing he will have seizures if he doesn't. I read it in his chart and then I went to go pass out medication with my instructors and he stated "I will take that medication here in the hospital but not at home because I do not like the way it makes me feel". One of my instructors heard and went straight into teaching mode telling him that well the side effects could be from not being consistent with the medication and the importance of not abruptly stopping the medication because he would just end up back in the hospital.</p> | <p>Step 4 Analysis</p> <p>I just found his case so interesting because we are talking about the renal system and him having two kidney transplants is interesting to me. Him telling me about being on perineal dialysis when his first transplant started to fail and getting the call that they had another one for him and he had to be at this place at this time to receive it. Actually giving medication that we are learning about right now and understanding why. I had to give him two immunosuppressant medication to prevent this transplant from rejecting. He did let me know that dialysis was the worst thing ever. Which I really got to hear about it from someone who lived it. I mean it is different reading about it and looking at pictures. He just said it made him really depressed and the day he got the call for his transplant he jumped up and was ready to get there now. It broke my heart for him I could not imagine waiting for that call.</p> |
| <p>Step 2 Feelings</p> <p>I felt really good that I was able to witness her educating him about it. Also a little disappointed in myself for not catching it and telling him myself. He also refused his enoxaparin which has not happen to me. I did not understand though because he was very much educated on his medication for his transplant for his hypertension. His body went through failure twice why would he not take medication that was going to protect him knowing everything could change in a second. That's what made me frustrated that I could teach him or the instructor but nothing we said was going to change his mind even though I knew he knows he should.</p> | <p>Step 5 Conclusion</p> <p>The thing I would do different is I would have been the one to educate him on being compliant and maybe just have pushed him a little more and been more persistent of it and maybe just maybe change his mind. I felt like he was really building trust with him by telling me his story and how he felt about it that was nice. I learned a lot from this experience not just about the renal factors but about compliance. I make these medication sheets every week and almost every medication says do not abruptly stop and in my head I'm like who would do that though. Now I got to see it with my eyes and experience it and maybe just maybe I can help another patient in the future.</p> |
| <p>Step 3 Evaluation</p> <p>The good thing I learned from the situation I got to hear the teaching and understand it myself so that next time I can elaborate and really understand what it is I am saying. It was difficult to listen to her explain the reasons why he should be compliant and thinking to my self yes why wouldn't you and him just like yeah no. I honestly thought he was going to be like your right I should take them and I will try. Its crazy because giving him all his other medications was pretty easy he knew the names and what they were for and very compliant with them.</p> | <p>Step 6 Action Plan</p> <p>From now on especially with medication administration I want to be more observant about the patients awareness with their medication and their knowledge of why they believe they are taking their medication. Also just in general being more aware of these little things with my patient because I could save a patient just by making sure they are aware of side effects, options, etc. Honestly I'm learning this stuff just like my patient so I can relate about not wanting to ask the questions or not knowing what questions to ask. Its a lot of information to retain but as long as I can even right before going into the room prepare myself for those questions and knowing it is okay not to know cause we can learn together and I can use what I learn on future patients.</p> |