

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 When the scenario in which I played the nurse began, my partner and I entered the room to introduce ourselves to the patient. After introductions and hand hygiene we started with some quick basic questions and thought it best to begin with some physical assessments. Since our patient had lung cancer and was reported to be occasionally struggling with her orientation, we thought a few questions along with a neurological assessment would be a good place to begin. Further, the patient was also controlling her pain with a PCA pump. We anticipated that her altered LOC may lead to difficulty utilizing the pump. At the beginning of our assessments, the patient began to complain of nausea- I briefly checked our orders for antiemetics while my partner continued physical assessments, including a respiratory assessment. Despite the patient verbalizing her nausea at least 3 times, we thought it best to continue the assessments before acquiring any meds or calling the doctor for new orders regarding her lab values. This lead to the patient throwing up into a provided emesis bag, and quite possibly on my partner.</p>	<p>Step 4 Analysis In previous modules as well as from nurses on the floor, I have learned that it is easier to prevent problems before they occur than it is to treat then once they arise. The patient's lab values indicated hypokalemia, and while the patient did have an order for potassium chloride, it was PO. Looking back it is clear to see that a patient complaining of nausea and actively vomiting would not tolerate PO meds or supplements very well. In the moment, I heard "nausea" and immediately thought "antiemetic." Even though I had seen her chart and lab values my first thought was to treat a symptom, rather than fix the issue that caused it. If I would have given her antiemetics and PO KCl, her K+ level would have taken longer to rise to normal values and she may have thrown them up anyway, which would have rendered them useless. Looking at it from the perspective of the patient or a family member, I would hope my nurse had the forethought to treat the cause of my issues rather than mask the problem.</p>
<p>Step 2 Feelings Before my partner and I entered the room, I felt nervous as to what we should expect as we were the first simulation to be ran for the week. I felt that we had done a thorough job in our preparation work and was confident that we could anticipate the needs of the patient and therefor predict what we would be doing throughout our interaction with the patient. Once the patient began to verbalize nausea, I recognized that the events would not be playing out as I had predicted. I could tell that my partner was expecting me to assess the situation and delegate responsibility. This made me feel a little bit nervous because now the pressure was on. I also felt a little bit foolish for thinking I had anticipated the correct sequence of events. I then realized that nausea for a patient that had recently received chemo and radiation treatments should have been one of the things that I could have anticipated. Feeling slightly jarred by this realization, my mind began to race about which step I should take. Since I was taking a moment to think, I suggested we simply finish the assessments while I figured out what to do, that way at least something was happening! It was at this point that the patient threw up on my partner and I felt guilty for putting him there and slow for not making a better call.</p>	<p>Step 5 Conclusion I could have made the situation better by reading the chart well before we began our visit with the patient as well as acting more quickly and investigating more deeply when the patient mentioned her nausea. I also think if my partner and I were less preoccupied with looking good in front of our peers and instead treated the situation more like we would have on the floor (listening to the patient instead of doing an assessment just to get it off of our checklist) we would have made the connection more quickly. I learned that things do not always go the way I anticipate and that if a patient says they feel like throwing up, they will!</p>
<p>Step 3 Evaluation A few positives about the situation- it was a great learning experience. I realized that anticipating needs is a good idea, but just because you expect something may happen doesn't mean it's a good call to structure your time with your patient on that. I learned that no matter how much you think you know what will happen, you do not. The patient will tell you what you need if you just listen. A negative of the situation was not acting quickly enough. In retrospect, I should've realized that the patient's history and lab results were telling me exactly what the patient needed, even before she vocalized her nausea. I wish I would have noticed that earlier, as well as gotten her prescriptions as soon as she began complaining of symptoms.</p>	<p>Step 6 Action Plan Overall, this situation was an awesome learning experience. It made me register that as I progress through school, it really does become higher order thinking. I am no longer doing an assessment just to prove that I know how to, or to check it off a to-do list. I have entered a stage where I need to understand why I am doing what I am doing and to problem solve by focusing on my patient more than the black and white "listen here, palpate here" that I encounter in my NII assessments and clinical paperwork. I will apply this lesson to my patient care in the rest of my clinical time and career after graduation. This taught me that I have the power to advocate for my patient and make recommendations to a provider based on what is happening in real time, instead of blindly following the HCP's orders. This will improve my practice as a nurse by acknowledging and treating patients needs as they arise.</p>