



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?

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>Clinical day at the hospital, my nurse and I went into the patient's room to do a blood draw that was ordered by the physician. The reason for the blood draw is to rule out any abnormal bleeding or infection. The nurse asked me if I wanted to do the skill, knowing this would be my first time. The patient had only a peripheral IV site, so the draw had to be done by sticking the patient again. Luckily enough, the patient had ropes for veins and the skill was able to be performed without complication.</p>	<p>Step 4 Analysis</p> <p>In this situation we were taught to not take a blood draw from a peripheral IV site. That is something I learned and had originally thought was okay to do. After learning the reason why that is frowned upon it began to make sense why some other actions are the way they are. Such as aspirating a peripheral or pulsating the line. These are much more fragile veins and you do not want to damage them or put too much pressure on them because they could blow. We also do not want to break down the blood if being pulled from a smaller gauge catheter.</p>
<p>Step 2 Feelings</p> <p>This skill took place within 20 minutes of being on the clinical floor on the first day. With that being said, I felt as if I had gnarly brain fog. I knew I had spent two days previously doing this same skill and did not feel nervous about it. I felt as if the modules prior helped me to be confident and well prepared to do a blood draw. I know if I mess up, contrary to popular belief, it is not the end of the world. While performing the skill, I got a little antsy. When it comes to skills, I learn best by going through the skill prior and then performing it without stopping to have time to think about it (kind of like intention tremors). If I think about the skill, I am actively performing I tend to mess up, this makes a "step-by-step" approach difficult for me. In this scenario, the nurse wanted to explain everything as I was performing the skill which at the end gave me a lack of independence feeling. At the end of the day, I want to be thrown to the wolves because I learn best with an "alright, you're up" attitude.</p>	<p>Step 5 Conclusion</p> <p>To make this situation better I could have communicated with my nurse and told them that I feel confident with this skill. By my actions, it could have been assumed that I had no idea what was going on. There is nothing the nurse could have done better on their end; they explained the objective well and was happy to be there teaching. Something I could have done differently would be to advance the needle just a smidge more to allow for a quicker blood draw. The nurse was very good at explaining this to me. From this event I learned that I do not communicate well or show confidence outwardly, I tend to stay back and stay quiet. I have learned that I need to step up and be more open about what I feel comfortable with.</p>
<p>Step 3 Evaluation</p> <p>The good thing about this event was that I felt prepared. Remembering the steps and finding the vein came easy with this patient. The nurse did a good job explaining how to do the blood draw and was patient. The nurse allowing me to do the skill and get some hands-on practice was greatly appreciated. The tricky part to this skill was initiating the safety on the butterfly needles.</p>	<p>Step 6 Action Plan</p> <p>Overall, I think this skill went well and the objective was achieved with a happy patient. My nurse was fantastic, and I would recommend them to anyone, they really allowed for a solid learning experience. In the future, I will remember that advancing the needle a little more helps remove the bevel from the vein wall and to be more confident. This experience will help me to feel more confident in a high stress situation or on a patient that may not have the best veins. This experience gave me an insight on nursing and that with practice I will be able to do these things, when sometimes I question if I will be ready coming out of school to take on such a lifechanging career.</p>