

Covenant School of Nursing Reflective Practice



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. <u>Remember to 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' perspectives?
<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: During sim, we all had the opportunity to play each role for every scenario (patient, family member/visitor, observer, concept mapper, nurse). I was one of the last people to play the role of nurse, so I was able to see many different scenarios before it was my turn to be the one "problem-solving." In my scenario, the patient had a history of Type 2 Diabetes and an infected sacral wound. Before we entered the room, my fellow nurse and I both agreed that we wanted to save time by prepping medications beforehand and bringing the accu-check in with us from the beginning. We knew right away that we were going to want to re-assess the patient's blood sugar because we were told in report that the patient had just received insulin not too long ago. We entered and checked the patient's blood sugar which was extremely low (38) and I went back to the medroom to see if there was a medication to give to increase the blood glucose. Once I realized that there wasn't, I came back to the room and we had to call the physician to get an order for a bolus of D50 for the patient. We continued monitoring blood glucose, and finally were able to move on to assess the patient's sacral wound and hang the antibiotic that was due.</p>	<p>Step 4 Analysis Something that stood out to me about this scenario is the fact that the patient didn't have any standing orders for glucose/medication that would raise glucose levels. This resulted in us having to call the physician to get an order rather than being able to immediately give a bolus of glucose to get the patient's glucose levels back up. Analyzing the situation afterward, we realized that the reason the patient's glucose was so low was because the patient did not eat when they were given their insulin. Research has shown that with different insulin types/administrations it is crucial to eat within a certain time period to avoid huge drops in blood glucose (like what happened to our patient). Further analyzing the situation we can see the connection between the patient's diabetes and the infected sacral wound that they developed. The wound being infected to the point of needing to be hospitalized emphasized how difficult it is for diabetic patients to heal, and it also showed that this patient in particular probably needed more education about diabetes/the disease process.</p>
<p>Step 2 Feelings At the beginning I was feeling only slightly nervous (I think being able to watch everyone else gave me more time to prepare/allowed me to feel more confident beforehand). When we checked the blood sugar and saw how low it was I immediately felt pressure to act quickly because I knew that this was a life-threatening situation. I was relieved by the fact that I had another nurse with me, so that we could multi-task together and come up with ideas of how to solve the issue together. I felt a lot more calm/comfortable knowing that someone was helping me and that if I were to "freeze" my fellow nurse would know where to pick up or help me out. We ended up giving the patient a bolus of D50 which helped raise the blood sugar, and then subsequently we had to give the patient juice/snacks as well to help keep it maintained. I overall felt good about the outcome, because we were able to get the patient's blood sugar up. However, the entire scenario was a big reminder to me of how important it is to be ready both mentally and knowledge-wise for any type of scenario that could occur. Especially because some scenarios require quick action to save a person's life or prevent further damage.</p>	<p>Step 5 Conclusion I could have made the situation better by preemptively calling the physician to get a standing order for dextrose (or something similar) on board for the patient. Thinking/preparing ahead of time is crucial so that if a medical emergency such as this one occurs, all the needed resources are readily available so that we can act as quickly as possible. I could have been more familiar with this patient's medication. I also could have asked the patient's previous nurse more questions about the patient's condition/last blood glucose level/most recent meal. This situation showed me that it's important/okay to ask questions, because ultimately it's not questioning someone's authority or the work that they've done, but rather about keeping the patient safe.</p>
<p>Step 3 Evaluation What was "easy" about the event was knowing that the patient wasn't a real person, and also knowing that I had another nurse in the room with me to help me if needed. I think the worse thing that happened during our scenario was that we could have had an even faster reaction time to the patient's hypoglycemic episode. Having a good knowledge of the patient's medications and calling the physician right away would have helped us to be more efficient in treating the patient. I think that we prioritized well during the scenario and understood that the most important thing at the moment was the patient's blood sugar, not their sacral wound or the IV antibiotic that we needed to hang. I also felt that we did a good job of implementing standard precautions (hand hygiene, AIDET) and that we did a good job of communicating both amongst ourselves and with the patient/family member who were in the room. I appreciated that my fellow nurse remembered how to use the ampule that the D50 was in, and was preparing it while I was taking the blood glucose. I also thought that I did a good job of continuously re-assessing the patient's neurological status by asking questions to try and see if the patient's condition was improving or worsening.</p>	<p>Step 6 Action Plan Some overall conclusions that I would draw from this scenario is that the more practice/experience working with patients, the better I will become at prioritizing and reacting quickly to medical situations as they occur. Even just the "practice" I had by watching the previous groups go first helped me tremendously and taught me that it was important to be prepared for any type of situation that could occur. I can use the lessons learned from this experience to always keep in my mind different plans of actions for a patient's situation. I would also take away from this experience the importance of paying attention to all of the details (such as IV rates, IV compatibilities, allergies, how medications should be given, etc.). As a nurse it is my job to recognize mistakes/catch errors, whether they are my own or others' mistakes. It's important to know that mistakes will occur and we should always be on the lookout/question everything rather than making assumptions about the situation.</p>