

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>The patient was suspected of being a drug seeker of pain medication. As we (the nurse, another student, and myself) were walking into the room, the patient immediately started complaining and stated that her pain was at a 100 on a (1-10) scale. She was complaining of pain in her abdomen and lungs. When we went back to check on her, she was asleep with no distress or discomfort. When the nurse went to wake her up, the patient immediately started complaining of severe pain. We were unable to give her any pain medication because she had already gotten all of them and it was not time for any of them to be administered again.</p>	<p>Step 4 Analysis</p> <p>Since this was my first time dealing with a patient in this situation, I didn't really have any previous knowledge on how to take care of a patient like this. However, I do know that when dealing with narcotics, it is very important to stay on schedule and administering the correct amount because you don't want to harm your patient by giving them too much. I also know that you don't want to assume anything about your patient or their pain levels and this is where it gets hard to differentiate the two. I didn't want to suspect her of drug seeking, but I also didn't want to disregard the fact that she was always complaining of pain. These situations could lead to drug abuse if not handled correctly.</p>
<p>Step 2 Feelings</p> <p>At first, I thought that there had to be something that we could give the patient because she seemed to be in a very large amount of pain. After the nurse said that this patient was a drug seeker, I wasn't really sure what to think. The nurse told us to "not show any emotion towards her when she says that she is in pain." This statement kind of made me feel like we were not taking into account a problem that our patient was having. The final outcome was that the patient did not get any pain medication. This made me feel bad for her, but I knew that it was important to stay on schedule when dealing with pain medication.</p>	<p>Step 5 Conclusion</p> <p>I feel like we did all that we could to help her in the moment. We could have tries to call the PCP to see if we could get something ordered, but adding another pain medication to the list would not have helped the fact that she was very bloated and constipated because of all of the other pain medications. I learned a lot from this experience and will continue to learn more about how to care for these patients.</p>
<p>Step 3 Evaluation</p> <p>I feel like we handled the situation as well as we could. It is not a good feeling when you have to tell a patient that there is nothing you can do for them at the moment. It was difficult because we were dealing with a patient being in pain and it couldn't be fixed. Since we could not use medication, we tried different options to try and ease the patient's pain. We tried to ease her pain by using a heat compress and reposition her to try to make her more comfortable until we could administer more medication, but nothing seemed to help.</p>	<p>Step 6 Action Plan</p> <p>This situation was not a very good situation for the patient. The patient was out of luck since there was nothing that we could do for her. The next time I am in a situation like this, I could try to sit with the patient to try and distract them, if they will allow it. This experience brought a lot of learning opportunities on how to take care of patients in this situation.</p>