

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. personnel / 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>My nurse had just given a pain medication to a patient and asked me if I wanted to start my first IV. We got the supplies and headed back to find a vein. After I applied the tourniquet, I started to look for a good vein, but I could not find one below the antecubital area. My nurse went to the other side and could not find one either and she decided that it would be okay for me to insert it right below the antecubital. I wanted to make sure that I would be doing it 100% right so I had my nurse walk me through the whole process. I stuck my patient and continued to slide the needle in until I saw blood. I was nervous at first because as I kept sliding the needle in, it was still clear. I finally got blood and put in the catheter.</p>	<p>Step 4 Analysis</p> <p>We started to talk about how this started, and the daughter said that no doctor would do this for the patient, but that they would teach her how to. So, for months whenever the patient needs it, her daughter will do it for her. We told her that four fingers are way too much and that she should only put one and at most two. We taught her that if she continues to do it her way that it could lead to further complications with her bowels and cause the patients hemorrhoids to get worse due to bleeding. We told her that although a doctor might have taught her how to do this, that it is not really evidenced based practice anymore and that there are other options they can investigate to help with the patient's fecal impaction.</p>
<p>Step 2 Feelings</p> <p>At first my patient was joking around that my nurse should do it first, which did not help with me being nervous, and that I can get the next one, but after it was all done, he said that he did not even feel it and that I did a good job. Whenever my nurse asked me if I was comfortable with starting my first IV, I was scared but I knew that if I did not go through with it that I would have regretted the opportunity. I was trying to go through everything that we learned in module 2 in my head to be prepared for this moment. There was a flood of relief whenever I saw blood in the catheter. I would have felt very bad if I had missed and my patient had to get stuck with another needle. After the IV catheter was set with tape I put on the covering and made sure that it was not infiltrated. After pushing normal saline, his skin did not rise at all, and I completed my first IV successfully.</p>	<p>Step 5 Conclusion</p> <p>There were many things that I learned and saw during these clinicals, but in order to make the situation better and run smoother, I need to read over the NII's about IV catheter insertion so maybe next time that I start an IV I won't need the nurse to walk me through it step by step and she can just watch over me. I will not be a student nurse forever and I need to get more experience performing skills. Another student that was with me also said that it was good for her to watch as a refresher and that she hopes she can start an IV next clinical. I could have gone in the patient's room to make sure that her daughter remembered what we taught her and that she had not gone back to using four fingers, which can cause a lot more problems for the patient. I can always remember my experience with a patient's daughter to remind myself that some family members need teaching in order to take better care of the patient.</p>
<p>Step 3 Evaluation</p> <p>In a different situation with a different patient, my nurse and I walked in to find a patient on the toilet and her daughter asking for lube. The patient had a fecal impaction, and her daughter would extract it for her all the time at home. My nurse and I went to talk to the charge nurse to make sure that she did not need to get a doctor's order for that. The charge nurse said that it was okay because the doctors will not do it and if the daughter is comfortable with it, it is okay for her to do it. We gave her lube and some gloves, and she had put at least four fingers in the patient's rectum which made me and my nurse extremely shocked and uncomfortable. This gave an opportunity to give her daughter some teaching to make it easier on the patient at home.</p>	<p>Step 6 Action Plan</p> <p>This clinical gave me experience with IV's and with teaching to family members. I can apply these to other clinicals, modules and even to my own nursing critical thinking in the future. These teaching moments will always be helpful for me in the future. The only thing that I would do differently next time is to be more confident in myself. I knew that I could complete the IV correctly, but in the back of my mind I was doubting myself and becoming more nervous. I can also remember that teaching the family is always important because they can be the ones taking care of the patient after they leave the hospital. Even if the family members have always done something a certain way, it does not mean that they are correct, and they could be causing the patient more harm than good.</p>