

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 While working in the PICU I have had to opportunity to work and learn about multiple diagnoses such as DKA, spinal fracture, RSV, COVID, sepsis and anoxic brain injury. The case that has stuck with me the most was the anoxic brain injury. This patient was on high frequency oscillatory ventilation due to human metapneumovirus and did not receive any type of sedative because of his current state from the brain injury. This was the first case I have worked where I really had to set my own opinions aside of how I thought the patient should be sedated regardless of their state because that is still a person receiving high frequency ventilations. I have had numerous learning opportunities from all of the cases so far, but this specific case tested me in ways that my knowledge and skills have not. This was the first case I have worked where I was faced with a moral dilemma.</p>	<p>Step 4 Analysis We are taught early on in nursing school that there will be times when our own opinions and values do not align with a patient's. This was that case for me and I didn't expect to face one this early but I am glad that I have. I don't believe there is much research about setting opinions and biases aside, I think it is more so of treating everyone with dignity and respect. My nurse also did not agree that the patient was not being sedated, she has worked with this patient and family before and stated that it is a case that challenges her but also highlights advocating for your patient.</p>
<p>Step 2 Feelings At the beginning of the shift I was very intrigued because I have never seen or worked with an oscillator, nor had I heard of human metapneumovirus before. I sat down with my nurse and we went over the pathology of human metapneumovirus and the mechanics of an oscillator. When going through my patient's chart, I noticed that there were sedatives but they were all PRN. When I connected the dots of my patient's current state with an anoxic brain injury and PRN sedatives, I was mad and felt infuriated. A million questions ran through my mind. How was this right for the patient? Can they feel the ventilations at such as fast rate? What is the protocol for determining if the sedatives should be used? Were the sedatives being PRN the Doctors call or the parents? I really felt my heart being torn of what I thought is right versus what was being done.</p>	<p>Step 5 Conclusion With this case, I believe education and patient rights are very important. It is important to educate the family so that they understand the patients state with the anoxic brain injury and the mechanics of the oscillator. By doing this I believe it would help to have the family and the patient's healthcare team on the same page of their treatment. I don't know if there is anything I or my nurse could have done differently for this patient, we did our job and treated this patient like our other patients. From this case I have learned the importance of identifying my opinions and beliefs and setting them aside when walking into a patient's room and providing care. I learned the importance of not letting my opinion of what I believe to be right and wrong affect my patient care.</p>
<p>Step 3 Evaluation Looking back on the situation, it's hard to say what is right and what is wrong because the patient's natural state is sedated. When talking with my nurse about the brain injury, she told me he has enough brain function to barely control his respirations. What worked well for me was treating this patient with dignity and respect, talking to them regardless of sedation or not, keeping the family involved, and maintaining standard precautions. We are taught in school to leave our biases aside and to not let our opinions affect patient care, this is the case where I couldn't let my opinions enter the patient's room and affect the care I was giving.</p>	<p>Step 6 Action Plan With this case being the first I have faced with a moral dilemma, it really highlighted how much I cared for this patient and wanted to advocate them being comfortable before I knew them. When going through their chart I kept asking is this right for the patient? This question is what kept tugging at me the entire shift but also reminded me to keep that opinion to myself. In the future I will remember this event when I encounter another case that challenges my morals and or opinions. It will remind me to treat everyone with dignity and respect and not let certain opinions that I carry affect the care of my patient or they way I treat them or their family. I believe this is a major aspect in todays world.</p>