

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 patient was given Flexeril before shift change and was complaining of pain, but my nurse advised to wait to give morphine with at least an hour inbetween. Around 0800, we gathered her medications and walked into our patients room. She appeared more relax and was slurring a bit, but she was still alert and oriented x4. My nurse was thinking about not giving her any pain meds until her muscle relaxant wore off a bit, but the patient still complained of pain on a verbal scale of 9/10. We went ahead and administered extended release morphine and the other medications. An hour later we started rounding on patients and walked back into her room to find her unarousable. She had apneic breathing that was very shallow. We knew she was having a strange reaction to the medications so we called the charge nurse and got a vitals machine. Her O2 saturation was in the 30's.</p>	<p>Step 4 Analysis</p> <p>I felt more useful today than in any other clinical. I usually follow my nurse everywhere all the time and ask how to do things no matter what it is to make sure I do it right. Today, I still followed, but I knew when to stay with the patient and knew more of what to do. I gave medications with almost all her patients and she let me prepare them and give them with her just watching me. I felt more confident today and did not need to ask any questions. I even drew blood today and was able to do the whole process with full confidence. Another patient had suffered a hemorrhagic stroke and had expressive aphasia. Although everything that he said probably made sense in his head, it did not to us. I tried to catch on to certain words and would be able to tell what he was trying to say and he would get so happy and thank me. It must have been so frustrating for him and it reminded me how damaging strokes are no matter what age.</p>
<p>Step 2 Feelings</p> <p>My nurse and I were very shocked to find how low her O2 was. We ran to get a nonbreather mask to bring her O2 back up. After administering higher oxygen it was raised up into the 50's but my nurse was still very worried and called the nurse practitioner to add Narcan to her medications because they were not on there before. I stayed in the room to try to arouse the patient while my nurse went to get the Narcan from the med room. After administering it, her O2 saturation was raised into the 70's and after getting the patient to open her eyes she was then sitting in the 90's. We waited a minute to make sure that it would stabilize and then put her on 2L nasal cannula. After she woke up, we told her what had just happened and she said that she never has had a bad reaction like that but her husband did inform us that she was very loopy after surgery the day before from anesthesia.</p>	<p>Step 5 Conclusion</p> <p>The day overall was very good and I was able to complete both of my assessments even with all the craziness going. I have learned so much from just this day. I now know firsthand what an overdose looks like, how to communicate with someone who cannot express what they want to, and being more confident in myself. I also took out an IV, but the patient bleeds very easily and after we left the room we ran into her husband telling us there was blood everywhere. All we had to do was put more pressure on it longer and it was stopped. We cleaned up the blood and gave her some paper scrubs because she bled onto her leg.</p>
<p>Step 3 Evaluation</p> <p>My nurse handled the situation very well. She knew who to call and was able to recognize when something was wrong. She got a further background from the patient to update her chart and told the nurse practitioner so he could lower her dose. The nurse practitioner said that this has happened to three other patients and that it is just not good for many patients. The whole situation reminded me that although we are in nursing school, we can be a huge help to the nurses when something big is going on. I was able to stay with the patient while the nurse could grab the correct supplies to further help the patient. This was the first stressful situation I have been put in and it makes me want to be a nurse even more. I am glad that the patient ended up okay and the nurses were able to figure out a plan for her in the future to prevent this from happening again.</p>	<p>Step 6 Action Plan</p> <p>This floor has been a great clinical experience so far and I love it. I have been able to complete a lot of skills just in the two weeks I have gone. I will always be cautious now when a patient seems like they have had too much pain medicine. It is important to assess pain but we do not want to overmedicate. It is good to get a good history from the patient to make sure they do not react weird to any medication or to make sure if they need any extra pressure when removing an IV. And that it is possible to talk to patients that cannot express what they want to say. It is important to look at their hand motions and listen intently to be able to understand what they want. I have learned many skills, varying from communication skills to nursing skills and that they go hand in hand.</p>