

## 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><b>Step 1 Description</b>          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"> <li>• What happened?</li> <li>• When did it happen?</li> <li>• Where were you?</li> <li>• Who was involved?</li> <li>• What were you doing?</li> <li>• What role did you play?</li> <li>• What roles did others play?</li> <li>• What was the result?</li> </ul>	<p><b>Step 4 Analysis</b></p> <ul style="list-style-type: none"> <li>• What can you apply to this situation from your previous knowledge, studies or research?</li> <li>• What recent evidence is in the literature surrounding this situation, if any?</li> <li>• Which theories or bodies of knowledge are relevant to the situation – and in what ways?</li> <li>• What broader issues arise from this event?</li> <li>• What sense can you make of the situation?</li> <li>• What was really going on?</li> <li>• Were other people's experiences similar or different in important ways?</li> <li>• What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?</li> </ul>
<p><b>Step 2 Feelings</b>          Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> <li>• How were you feeling at the beginning?</li> <li>• What were you thinking at the time?</li> <li>• How did the event make you feel?</li> <li>• What did the words or actions of others make you think?</li> <li>• How did this make you feel?</li> <li>• How did you feel about the final outcome?</li> <li>• What is the most important emotion or feeling you have about the incident?</li> <li>• Why is this the most important feeling?</li> </ul>	<p><b>Step 5 Conclusion</b></p> <ul style="list-style-type: none"> <li>• How could you have made the situation better?</li> <li>• How could others have made the situation better?</li> <li>• What could you have done differently?</li> <li>• What have you learned from this event?</li> </ul>
<p><b>Step 3 Evaluation</b></p> <ul style="list-style-type: none"> <li>• What was good about the event?</li> <li>• What was bad?</li> <li>• What was easy?</li> <li>• What was difficult?</li> <li>• What went well?</li> <li>• What did you do well?</li> <li>• What did others do well?</li> <li>• Did you expect a different outcome? If so, why?</li> <li>• What went wrong, or not as expected? Why?</li> <li>• How did you contribute?</li> </ul>	<p><b>Step 6 Action Plan</b></p> <ul style="list-style-type: none"> <li>• What do you think overall about this situation?</li> <li>• What conclusions can you draw? How do you justify these?</li> <li>• With hindsight, would you do something differently next time and why?</li> <li>• How can you use the lessons learned from this event in future?</li> <li>• Can you apply these learnings to other events?</li> <li>• What has this taught you about professional practice? about yourself?</li> <li>• How will you use this experience to further improve your practice in the future?</li> </ul>

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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><b>Step 1 Description</b>          One patient this week had multiple surgeries and a head injury that he was recovering from. I, along with a few other students, was able to help take out his staples from the surgical sites. However, the patient was uncomfortable and trying to resist because of how painful it was. Even though this patient had restraints, they weren't very effective and certain people were having to hold him still while others were helping to take out the staples. I later found out that he wasn't really given much pain medication beforehand. The next day I was able to discontinue the foley for that same patient because they were being discharged. This time when I went into the room the patient had no restraints on, but wasn't being combative nor resisting. I also took out a few of the staples that had been missed the day prior. Before we did any of that, however, the nurse I was with administered pain medication to the patient. In the room it was just the nurse, the patient, and myself and things went relatively smoothly in my opinion. The only issue that we ran into is that the patient had sutures that had been left in for too long and had skin growing over them. We had to get help from a few other nurses to get them out successfully. His family came later on in the afternoon to pick him up.</p>	<p><b>Step 4 Analysis</b>          This patient and his situation emphasize how big of a role cultural differences can play when it comes to patient care. Language barriers, religious beliefs, etc., are important to consider while taking care of patients and taking the time to address someone's cultural values can make a huge positive impact on the patient's quality of care. To me, situations like these also expose the discrepancies in care that people receive due to their backgrounds (although it shouldn't be that way!). The use of restraints with this patient also brought to mind ethical issues. We have learned in the classroom that physical restraints should be used as a last resort, but I have found that in the hospital setting they're used more often than I would expect. More times than not they seem to increase a patient's anxiety/fear rather than encouraging the patient to cooperate and this is why we have learned that they should only be used in very specific situations. Something else that I found unsettling was how people often give so much weight to a person's background story (i.e. this person is involved in drug trafficking, this person is an alcoholic, etc.). As healthcare workers/students, our job is never to judge/analyze a person's character. It's to help heal and care for people who are vulnerable/sick.</p>
<p><b>Step 2 Feelings</b>          When I went into this patient's room the first day I felt uneasy at first. I had heard him yelling from down the hallway and had heard from other people that he was combative, and that he kept pulling free from the restraints. However, something else that I heard someone say is "I would be scared too if it were me and everyone was only speaking to me in Spanish." Hearing that made me interested in the situation and I started wondering if I might be able to help. After being in his room for a few minutes I started to feel like he wasn't "combative" but rather that he was confused, scared, and in pain. I felt frustrated by how the CNA in the room was interacting with the patient, because I felt like he was agitating him rather than helping to comfort/calm him down. I had a lot of empathy toward the patient and felt like the best way to make him comfortable was to speak to him in Spanish and explain to him what was going on. I introduced myself to him, explained that we were there to help him, and also tried to distract him by asking questions about himself while the others were pulling the staples out. Personally, I felt like he was responding well to me and the way that I was interacting with him. I overall felt content with my interactions with this patient and the new skills that I got to practice.</p>	<p><b>Step 5 Conclusion</b>          I think I could have tried to speak up when I saw that the CNA was agitating and hurting the patient rather than helping him to calm down. Sometimes it's hard to speak up for what's right, especially being a student and not having much authority. However, I know that the CNA would not have treated the patient that way had his family been in the room with us. I also know that had it been a family member of mine, I would not have tolerated what he was doing and would have put a stop to it. Me feeling that way tells me that I should have done a better job of advocating for the patient in that moment. The fact that the patient wasn't bathed was another error that I feel responsible for, even though it was something that all of us are at fault for. I realized that sometimes in the hospital setting I can become a little narrow-sighted, only focusing on completing certain tasks (medication administration, removing staples, etc.) and forget to also look at the bigger picture (patient hygiene, patient/family interactions). Ultimately I felt like there were some successes with this patient, but also a lot of flaws in the way that he was taken care of that should be improved for the next person in a similar situation.</p>
<p><b>Step 3 Evaluation</b>          I witnessed a lot of teamwork and coordination while we were working to take the staples out of this patient. It was also awesome to get to take out staples and a foley for the first time! The process itself was difficult because of how much pain and confusion the patient was experiencing. I think I did a good job of making the patient feel more comfortable and understood, even if it was just that for moment (I don't know how much information he was able to retain—due to his head injury). The second day I appreciated the fact that my nurse didn't attempt to keep the patient in restraints and that she also thought ahead to give him pain medication before we removed the sutures/staples/foley. The patient seemed a lot more comfortable the second day that I was around him and more engaged whenever I spoke to him. Something that went wrong/was overlooked was that he was supposed to be getting discharged the second day and when his family came the patient hadn't been bathed/was dirty. I overheard one of the CNA's frustrated remarks and realized that she was right. Although the patient was ready to go from a medical standpoint because everything had been discontinued, him not being bathed was a huge oversight.</p>	<p><b>Step 6 Action Plan</b>          This situation emphasized to me once again how much I love interacting with people. It truly brings me joy to provide a sense of comfort/connect with someone who is in such a vulnerable state and it makes me excited for my future career as a nurse. However, it also emphasized to me that I have a lot of growth to do, especially when it comes to advocating for patients and working on my skills! I think the more comfortable I become with skills the more I'll be able to look at the bigger picture regarding a patient's care. In the meantime, something I could definitely work on is studying medications and watching how-to videos to refresh myself on certain procedures in the hospital setting (IV starts, manual bp, foley insertion, etc.). Also studying/reminding myself of how certain disease processes work would be a really good idea. I want to be able to better educate my patients on how to take care of themselves and how to improve their health/avoid being hospitalized (when possible).</p>