

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 On the first day of clinicals this week I was viewing patient charts when my nurse called me over to give meds. She told me that she wanted me to go ahead and administer pain meds so that our patient could have a little relief before heading down to hydrotherapy. My nurse told me that she wanted me to accompany the patient to hydrotherapy since there aren't very many opportunities for students to see that aspect of care. I had only been once before, so imagine my surprise when I saw this patient and realized I had cared for her in a previous module! I finished giving her medications and helped transport load her up. When we entered the hydrotherapy room, I sat with her while we waited for the nurses to begin. They let me help unpack her wounds and move her into place. Even though I had given her morphine IVP before we came down, the pain was too much for her. She began telling one of the nurses that she hates her. She became slightly combative and even swatted at the nurses hand at one point. After calming her down, she tried deep breathing and counting exercises and was able to tolerate the rest of the cleaning and redressing.</p>	<p>Step 4 Analysis I was certainly more prepared for this specific event than I had expected. Being that I saw the same patient with the same wound, I already knew where to expect the dressings and the extent of the wound. I was familiar with what would happen once we reached the hydrotherapy room. The patient's wound has healed significantly since the last time I saw her, however, not completely- it was very soupy and had more purulence than I had seen before. I was also aware that the patient was diabetic and that her diet was affecting the way her wound was healing (or not healing.) The morning of, my nurse told me that the patient had basically no regard for her diet. I took this as an opportunity to reeducate the patient on the importance of increasing protein in her diet and restricting sugar intake.</p> <p>Barchitta, M., Maugeri, A., Favara, G., Magnano San Lio, R., Evola, G., Agodi, A., & Basile, G. (2019, March 5). <i>Nutrition and wound healing: An overview focusing on the beneficial effects of curcumin</i>. International journal of molecular sciences. Retrieved January 19, 2022, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6429075/</p>
<p>Step 2 Feelings I always feel excited when my nurse has a specific task or assignment for me. I love when they let me pull meds and prepare them, instead of just letting me observe. I felt very confident as I was in the med room. I felt very excited when she told me to go with the patient to hydrotherapy. The first time I went the nurses let me unpack the patients wound and they were wonderful educators. I couldn't wait to see what I would learn this time around. Upon seeing the patient, I was shocked that I had already cared for her on another floor. Once I saw her face all I could think about was the first time I accompanied her to hydrotherapy. I remembered telling her how tough she was and being so inspired by her that such a little lady could tolerate so much pain. Upon seeing her lash out at one of the nurses in hydrotherapy I was saddened but not surprised. I wondered if they got a lot of hateful comments from patient who didn't really mean them. I was a little shocked at how the nurse responded. I had assumed she would be used to this kind of treatment, but she snapped back at the patient back and stepped out of the room. I felt a little confused. I was completely inspired when the other nurse took over. She soothed the patient with calm and reassuring words.</p>	<p>Step 5 Conclusion I could have made the situation better if I helped the patient count and practice breathing exercises earlier than I did. Once I began distracting her, her pain tolerance seemed to increase significantly. This may have been due to the fact that her morphine was taking full effect at this point- however it seemed that when she stopped counting or looked at what was happening to her, she began to freak out again. The two nurses I got to work with did an incredible job educating the patient on the importance of wound care and on her options to refuse care if that is what she really desired. If I could go back and do something differently, I would have taken a more involved approach from the beginning. While I am glad I got to observe and have hands-on experience, I feel that my presence was most helpful when I devoted my energy to distracting the patient. From this event, I learned that mental toughness is just as important as pharmaceutical approaches in pain management.</p>
<p>Step 3 Evaluation One good thing about this event was that I got an exciting experience with a patient I had already had a chance to build a rapport with. I also got to use my favorite skill; emotional support. I loved getting to hold the patient's hand and distract her. I was able to get her to focus on counting and coach her through breathing exercises. I also got to see two polar opposite examples of how to handle patients in distress. The bad part was that my patient was in pain and there was very little I could do about it. I also didn't like the interaction between my patient and the nurse she insulted. The nurse ended up coming back in and the patient apologized. Then I was able to see this nurse advocate for the patient by planning to call her doctor and order more pain meds to make her feel a little bit more comfortable. I am proud of how I handled the patient; I feel like I made a difference in situation. I was a good distraction for the patient, and I allowed the nurses to do what they needed to without getting hit or insulted further. One of the nurses acted exactly how I want to when I am an RN. She was soothing and stern at the same time. I had expected this session to go about the same as the first one I witnessed, however the patient's arthritis was acting up which made even slight adjustments to her posture excruciating, therefor her pain tolerance was much lower.</p>	<p>Step 6 Action Plan Over all, this situation was a great learning experience. When I am watching the nurses perform wound care I feel like this could be a job I would excel in. It was very enlightening to see how each nurse responded to an agitated patient. Next time I find myself in hydrotherapy I will be more proactive with my distraction techniques and will try to engage the patient at the very beginning of the procedure. In the future I will keep these lessons with me and apply them to all patients experiencing painful stimuli. This taught me that even though you are providing necessary and important care, sometimes your patients will hate you for it. It taught me that there are ways to respond to agitated patients that can positively or negatively affect the outcome. All this patient needed was relief and what she really wanted was reassurance. In the future I will be sure to remind my patients that they always have the right to refuse care without minimizing the importance of them following through with their doctor's orders.</p>