

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 Today I had CPE and the patient was diagnosed with urosepsis. The patient had been having changes in level of consciousness, so I had to do a neuro assessment on them. I also looked at the foley and checked their IV site. We had 15 minutes to plan before with the updated patient chart and the provider's orders. I had to figure out which medications I needed to give, according to the orders. I ended up giving levofloxacin IVPB for infection and Tylenol PO for the patient's fever. I held the lisinopril because the orders said to not give it if the systolic blood pressure was less than 90. I also held the clopidogrel because the patient's platelets were less than 100,000. I did not have to give the other pain medications because the patient's pain was at a 2. I ended up performing well and did not forget any of the little things, so I ended up passing.</p>	<p>Step 4 Analysis Before CPE, I knew that urosepsis commonly presents itself through confusion in elderly patients. I ended up doing the neurological assessment and realized the patient was still slightly confused because they repeatedly asked me where they were. It is evidenced based practice that reorienting them helps with the confusion, so that is what I did and I made sure to explain everything that I was doing to my patient.</p>
<p>Step 2 Feelings I was feeling nervous before we went into the room where we were going to plan with the chart. I was also nervous looking at the chart at first, because I was worried about the time. Once I finished looking at the chart, I felt less nervous because I had a plan before going into the room. I started to feel less nervous after the instructors showed us everything in the room. However, I was really anxious right before I was about to walk into the room. After I started my CPE, I felt better because I knew I needed to remain calm so that I would not forget anything. I was nervous throughout the whole thing really, but once I started it decreased a little bit. I felt good when I was finished and still had time to make sure I did not forget anything. I felt more confident after CPE for sure.</p>	<p>Step 5 Conclusion CPE today was a great opportunity to see areas where I need more practice and to establish where I am at in my knowledge level and skill level when it comes to taking care of patients. I think I need the most practice with patient education, because I need to be more confident when answering patient's questions. I learned how to properly set up an IVPB and will not forget the next time I do it. I feel like following the nurses and doing things with the nurses at clinicals is different because you have someone to reaffirm what you are doing, whereas in CPE you just have yourself and need to know what you are doing.</p>
<p>Step 3 Evaluation I think my neuro assessment was the thing I did the best and was most comfortable with, because I was able to practice the night before. I did not know which medications I was going to have to give, but I ended up being able to figure it out with ease. I hung my IVPB wrong at first because I started pressing buttons on the pump machine before even hanging the bag, but I corrected myself and did it the correct way after I realized. I am not really sure what I was expecting CPE to be like, but I feel like today was a lot more relaxed than I thought it would be. I also have no idea how long I took, because I was trying not to think about time because I knew I would have rushed and not performed as well. I think the most difficult part of the CPE was trying not to be so awkward when talking to the patient, which I know that will just take practice. I just had to remind myself that I was well prepared and even if I was nervous to be confident.</p>	<p>Step 6 Action Plan Overall, I think CPE today was a great way to see where I am at and as much as it made me nervous, I am glad I had this experience. I will take the constructive criticism I got today from the instructors and put into use during future clinicals, future CPEs, and in my future nursing career. I am going to work on my confidence, by being well prepared and practicing so I can improve in all aspects.</p>