



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 <i>eg. personal / patients / colleagues?</i>
<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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Covenant School of Nursing Reflective

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 My patient came in with stoke. It happened around the end of February, not too long ago. My patient had a rapid call at night prior to us going to clinical day 2. The patient's family was all involved and they continued to be so while being at the hospital. Of course, the stoke only happened to their mother but she has the support of her family. The patient's condition is going downhill because the patient is experiencing kidney failure. The role I played was caring for the patient and the family's needs. I was providing comfort and emotional support. My nurse did the same role as well and put in requests for needs regarding the patient from the doctor.</p>	<p>Step 4 Analysis I can apply compassion and emotional support from previous experience and lectures. Palliative care is in our previous literature surrounding this situation. It is relevant because I know what palliative care is and what it has to offer to my patient. The boarder issue that arises from this situation is how is it going to affect the family when or if the patient passes away. I can sense this is of course going to be hard on the family, but I believe they will be strong. The impact from this situation can be affected by different perspectives because the patient's family members can all want different things and if there is a disagreement problem can arise.</p>
<p>Step 2 Feelings I was feeling sad seeing my patient Wednesday morning. The night nurse was giving report and when we went to go see the patient her family was at bedside crying, therefore, everyone in the room got watery eyes. I was thinking how this was my family and I when my grandma passed away 2 years ago, and we did not understand what was going on. It made me feel sad but also happy because the patient is so loved by her family so many people were in her room. The family crying made me think that they know it is almost her time to go and of course it's hard to see someone you love laying there right in front of you sick. The outcome is the patient is going to palliative care and now she will be in God's hands. The most important feeling in the room was love.</p>	<p>Step 5 Conclusion I can continue to offer emotional support and tend to the family and patient's needs. Others can make this situation better by allowing more than two people to visit the patient. I learned that family is everything from this event.</p>
<p>Step 3 Evaluation The family being at the patient's bedside was a good thing. The bad thing was the patient's condition and of course the circumstances. It was easy to give the patient her medication because the patient was so sweet and compliant. It's always difficult to see the family and the patient suffer emotional and physically. The interaction with the patient overall went well. My nurse was amazing at making the family feel better and cheerful. I did not expect any different outcome from this situation besides maybe the patient getting better.</p>	<p>Step 6 Action Plan Overall, this situation is heartbreaking. The patient is so loved, and the family is breaking. I can conclude the patient might pass when they take the pt off the high flow oxygen because the pt severely drops in oxygen levels when the high flow comes off. Although of course I do not want this to happen to the poor, cute, little old patient. This has taught me that it is okay to cry and care. I saw many nurses sad, cry, and almost cry about this situation. This will improve my future practice because I will always care and show compassion for my patients because at the end of the day they are someone's mom, dad, sister, daughter, son, etc.</p>

