

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>Step 1 Description 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"> • 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 I was walking down the hallway, looking for something to do when the CNA came up to the nurses saying that the patient's blood pressure was 59/39. The nurses went to go check on the patient to sit him up and try the other arm. They noticed that he was no responsive, so they went ahead and called a rapid. The BP was still low when the noticed his oxygen was significantly low too at 61%. They put him on on an NC, but his o2 was still sitting in the 70s. The CNA eventually went to go get a non-rebreather, and then the o2 jumped to the 80s. The CNA told me to go ahead and write down the blood pressures as they were going. It did go up, but then it dropped again. They eventually had to transfer him to the ICU.</p>	<p>Step 4 Analysis Calling a rapid is actually an amazing way to prevent a code. Of course it is not an ideal situation, but it is much better to fix anything before it gets any worse. My instructor stated that rapids have prevented codes by 40-50%. Which is very evident due to the fact that we sent the patient to a more advanced floor in the ICU to where his care will be very heavily monitored.</p>
<p>Step 2 Feelings I went into the room after the CNA had told the nurses, and I personally have not seen a blood pressure that low, so I wanted to see if a certain intervention would have helped. After the nurses tried to get him up, I started to put gloves on just in case I had to start helping with a code. Since this was the first time I've heard this, I was feeling extremely nervous. I knew that the patient was in good hands but I did acknowledge that I will be the one doing the initiating here very soon. There was also a feeling of hope, hoping the patient's blood pressure would just shoot up to a healthier level.</p>	<p>Step 5 Conclusion I always knew that it so crucial to do your job when it is supposed to be done, but if that CNA hadn't taken the vitals at the time she did, I could not imagine how bad it could have been if she had not caught it at that time. It really opens your eyes more to how fragile life is and it is nothing to put off. I don't think the situation couldn't have been handled better in terms of teamwork and productivity.</p>
<p>Step 3 Evaluation I feel like it went very well and everything happened so fast. I was really amazed at how efficient everyone is at their job. It was very organized and well thought out. The nurses all had their roles whether it was opening up flushes, making sure the patient was upright, or simply just being there and running to get something if needed. I was the one that was writing down the vitals all the way from the initial set, all the way up to right before we sent the patient to the ICU. I then gave the vitals to the nurse who had that patient.</p>	<p>Step 6 Action Plan Next time it happens, I will be more eager and offer help immediately. At first I was timid because I did not want to get in the way of anything. Next time I will try to be more productive for the people around me. This definitely motivates me to be the best nurse and student I can be and to really prioritize correctly. Although it is very tiring to always be on top of your tasks, especially in nursing, it is in the best interest for the patients health. Your license too.</p>

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