

## 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><b>Step 1 Description</b> 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"> <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?</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>                  When at the nurse's station filling out my daily assessment sheet, the phone for the call lights rang. I answered and the patient on the other end told me that they needed to go to the bathroom. I quickly got up to go help when I realized that the patient was one that I hadn't had before. So, I went to find the patient's nurse because I wanted to make sure I was aware of any limitations the patient may have had before I really began assisting them with the bathroom. After a brief conversation with the nurse, I found out that the patient was unable to get out of bed and that they were a high fall risk, so we would need to make use of the bed pan. On top of being unable to get out of bed, the patient was also hard of hearing and preferred to not use their hearing aids. So, when it came to explaining to the patient that I would need to get them on a bedpan, they didn't quite understand. They knew there was a bathroom with a working toilet just a few steps away. Finally, after a family member of the patient's came in and after writing on a paper towel what I was trying to convey to the patient, they finally understood. After some time, they were finally able to go to the bathroom and we were able to get them cleaned up.</p>	<p><b>Step 4 Analysis</b>                  Just like we were taught in class, I attempted to make use of the speaking "low and slow" concept. That didn't really work out for me in this particular situation, but after trying that, I found that the patient had learned to read lips in order to make up for their hearing deficit. After a fellow classmate attempted letting the patient read their lips, that's when we went for the paper towel and pen. This situation just goes to show how vastly different hearing deficits can be and although one patient may react well to changing the tone of your voice, another patient may not.</p>
<p><b>Step 2 Feelings</b>                  After first walking into the room, I have to admit, I was a bit unsure what the best approach would be to accomplish what the patient wanted to. I understood the confusion when it came down to using the toilet in the next room or using a bedpan. The patient saw using a bedpan as them simply just going in the bed and messing up the sheets. It was all very understandable, and I hated that I couldn't help relieve some of the discomfort from the situation for them. Although I haven't had to use one, I'd also imagine that having a bedpan under you has to be pretty uncomfortable. With the patient being unable to hear me, there was a barrier formed in our communication and I had to figure out how to work around that. It helped however, that the patient was fully cognizant of that fact that they were unable to hear. They even made a few jokes here and there and that definitely helped ease some of my worry. After time went on and the patient continued to say to ask about the bathroom while on the bedpan, I felt a bit anxious. I wanted to help the patient to the best of my abilities, but that included keeping them safe. So, although maybe not their preferred method, the bedpan was the best option at the time.</p>	<p><b>Step 5 Conclusion</b>                  Had I realized how severe this patient's hearing deficit was upon walking into their room, I think I would've immediately gone for writing down my questions for them. Although it all worked out, I just personally didn't like how long it took to get everything situated in order to provide the patient with the confidence they needed to be able to go ahead and use the bathroom. Placing someone on a bedpan can be difficult for both the patient and the caregiver because both parties want the same outcome, but they also want to ensure safety. So, this patient needed to be reassured that they even on the bedpan to begin with. They were afraid to use the bathroom for fear of messing up their bed and that's where communication becomes a key component. I needed to reassure them that they were okay to go, that everything was where it needed to be and that they were in good hands.</p>
<p><b>Step 3 Evaluation</b>                  Overall, I think the issue with communication was good in the sense of learning. It helped get me to think and problem solve on my feet and strategize ways around what was going on. On the other hand, communication was also a bad part of this situation. It made it difficult from the start me not knowing anything about the patient. Going in blindly to help get them to the bathroom when I didn't know their limitations definitely made things a bit more difficult than they should've been. Being unable to communicate using my words was challenging to say the least, but I also know how frustrating it had to have been for my patient who was simply just wanting to go to the bathroom. I think when I wrote my questions down on the paper towel to show the patient however, worked well and it helped bridge the gap in our communication, even if just a little bit.</p>	<p><b>Step 6 Action Plan</b>                  Overall, I think the situation was handled as well as possible considering all the factors at play. I was glad I didn't attempt to get the patient up before asking their nurse for a run down on what was going on with them. Had I tried to get them up, not knowing their limitations, we could've ended up with a fall and I'm just really grateful that I was able to avoid that. This situation gave me tools to use later on whenever I may find myself in a similar situation. When you're unable to express what's necessary due to a barrier in communication, it can be extremely difficult and frustrating for both parties and I think that's an important thing to remember. If as the caregiver you're frustrated, you have to also consider that the patient is likely frustrated as well. This is why it's so important to always be as compassionate as possible and really listen to the patient, in order to get a better understanding of what's truly going on.</p>