

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. personnel / 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?

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: There has been a lot of things I have learned so far in my preceptorship such as communication, improving on certain skills, and understanding common interventions and why they are being implemented. One shift that stands out to me was partnering with my preceptor to care for a very sick baby in the NICU. It was my first shift, and I did not know what to expect and was a little nervous finding out the acuity level of our patient that night. Our patient was ventilated and being treated for hypertension, so we were continuously monitoring the patient's blood pressure and making sure to keep the MAP in a particular range according to the provider's order. I was able to participate in the patient's care times and really understand why the patient was on certain drips and medications. Though I didn't take on the role as the primary nurse I was still able to mentally walk through the steps and try and decide what actions took priority and what needed to happen for the patient.</p>	<p>Step 4 Analysis: I was able to apply my education regarding mean arterial pressure and its importance to understand the priorities in this patient's care plan. With a MAP too low or too high the patient is not perfusing as they should which means the organs and tissues do not receive the necessary oxygenation needed to function correctly. This is especially important for a premature infant as they need their organs to be functioning as optimal as possible. Being able to understand that helped me to understand why the patient was receiving the drips and medication that they were and helped me understand the patient's care plan.</p>
<p>Step 2 Feelings: At the start of the shift, I felt extremely nervous and a little intimidated being in a surrounding I was not familiar with and working within a specialty I did not know too much about. I was not sure how I was going to be helpful to my preceptor and after learning how sick our patient was, I also didn't have much hope of being able to learn anything due to how much attention our patient needed. I was surprised to find out my preceptor was extremely student friendly and made it a priority to make sure I was learning as we were providing care to the patient. I was able to learn about the drips being given and the significance to the treatment plan. I ended up leaving my shift that night feeling like I had learned so much and been exposed to so many vital things and it was only my first shift. Moving forward I felt a lot more comfortable and slightly more confident when interacting and providing basic care needs to patients.</p>	<p>Step 5 Conclusion: I do not think there was much that could have been done differently to create a better outcome. At the end of the shift the patient was stable, and the vital signs were in the required parameters. The only thing I could say I would have done differently was to have had more of a vital role in the patient's care as far as acting as the primary nurse. However, it was my first shift and my first time with my preceptor and due to our patient not being stable I think the role I played during that shift helped more so than if I had taken a more primary role. I also felt I learned a lot more during that shift than I could if I had taken a more primary role, now I feel I am more prepared to start stepping into that role and acting like the primary nurse. I feel a lot more comfortable on the unit and knowing where things are located and how things are done. I have gotten to know other nurses on the unit and feel much more comfortable asking them for help or explaining something to me if my preceptor is unavailable. I feel supported and safe while participating in patient care.</p>
<p>Step 3 Evaluation: The shift was good in terms of education and being submerged in the specialty, but the shift was not an easy one. There were difficult parts of the shift such as monitoring and titrating certain drips to maintain the patient's MAP within certain parameters that the physician wanted. Once my preceptor would try and titrate down on a drip the patient's MAP would increase and my preceptor would have to go increase the drip again to get the patient's MAP lower, that continued to happen the entire shift. Another difficult thing was making sure the patient could tolerate their care times, especially when getting ABG labs drawn. The patient's saturations would decrease significantly when the patient was being stimulated too much which made changing diapers and drawing necessary lab work challenging for my preceptor. The communication and teamwork between the respiratory therapist and my preceptor were amazing to witness and learn from as they both made it a priority to know what the other one was doing or getting ready to do for the patient. I wasn't able to contribute much during this first shift, but I did learn where things were around the unit and was able to retrieve materials and extra supplies for my preceptor when she could not leave the room. I also helped stay on top of monitoring the patient's MAP so actions could be taken accordingly.</p>	<p>Step 6 Action Plan: Overall, I think this was a positive learning experience and ended up being a good shift to start my preceptorship. My nervousness and doubt quickly turned to optimism and excitement for my nursing career. I hope to use these learning experiences in my future shifts to be more confident in my nursing care and advocating for my patients. So far, my preceptorship has taught me that I want to make sure I do things as safely as possible, making sure to be cautious of things around me and not rushing myself to get things done and miss something that could be detrimental to my patient. I also want to be a positive coworker and do my best to lend a helping hand to the nurses working alongside me as I am also going to need a lot of help from my coworkers starting out as a new graduate in the NICU. I am excited to finish out the remainder of my shifts and looking forward to other things I can learn and gain confidence in before graduating.</p>