

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: During one of my shifts my preceptor and I received this assignment for two days straight. It was a challenging and critically ill patient who was born premature, intubated, on an oscillator and iNO, and receiving multiple drips. The patient's lungs were extremely damaged and quality of life later in life became a concern. The patient's mother was present at the bedside for a moderate amount of time for both nights and would gaze into the incubator at the patient periodically. The patient was extremely edematous throughout his entire body, third spacing, and retaining a significant amount of water regardless of the amount of fluid being infused into him. Due to the nature of the patient's lungs on radiograph the provider ordered for this patient to be turned from side to side at each of his touch times and we continued to run into the issue that the patient would not tolerate side-lying as well as when lying supine or prone. We worked extremely close with RT during these turns to ensure the patient's tube was stabilized and the airway patency was maintained. Mom expressed not feeling a bond to the patient and we began to wonder why the patient's mom was continuing to have life sustaining measures maintained for the patient despite the providers recommendations that there was not much more that could be done for the patient.</p>	<p>Step 4 Analysis: I think this situation has emphasized to not pass judgment on patients or their families as we do not truly know their situation or past traumas that may influence the way they chose to handle or cope with difficulties. I tend to think I am an open minded individual and tend to feel that everyone has their own opinions and ways of dealing with things and that it is okay if my way differs from another. Yet, I still caught myself creating a space in my mind of judgement, resentment, and pity. Instead of staying in that mindset, I think it is important to approach these types of situations with grace and lead with empathy and an attitude of wanting to understand better and find out what exactly that family may need support in or further education in with the health of their loved one. At the end of the day, we as nurses need to leave our opinions and bias at the door and try and do the best we can for our patients and their families.</p>
<p>Step 2 Feelings: Hearing that the patient's mother did not feel a maternal bond to the patient initially made me judgmental and a little angry that the patient was having to continue to endure these interventions to keep him alive despite the likelihood that he still will not survive and if he does will not have a good quality of life. I wanted to know the reasoning as to why this mother wanted to put her baby through all these things and has no type of connection with the patient. She participated in the patient's care times once but she did seem interested in what was going on with her baby and asked a good number of questions regarding his care. It was easy for me to think to myself "if I were in this situation, I would never let my baby go through what she is letting him go through". I quickly realized I was passing judgement on a situation that I have no experience or knowledge of and that is something that I cannot bring with me into my career as a new grad NICU nurse. My preceptor mentioned that though it may be difficult to deal with or understand these types of situations happen often. I cannot be so quick to place my input on a situation that I have not sat in and experienced as I have no idea what I would choose to do for my baby whether I would like to think that I would know what to do, it's something I would not be able to understand unless I am within the mist of that situation.</p>	<p>Step 5 Conclusion: I don't necessarily feel like I could have done anything differently as far as my actions because regardless of what I was thinking in my head, I still felt like I provided adequate and safe care to the patient and still interacted compassionately and professionally with the mother while she was at the bedside. I do feel like I could have tried to ask a few more questions to try to investigate into the mother's feelings about not having a strong maternal bond with the patient. The mother was having periodic meetings with one of the hospital counselors regarding the lack of bonding, though if she had not been that could have been a conversation to be had for the mother to feel like she had an appropriate person to discuss her feelings with. I have learned a lot from this event as far as not passing judgment and always looking from the outside in with grace and empathy for what that person could be feeling in this situation and being consciously aware of our own opinions and bias and making sure to not bring those into the patients plan of care.</p>
<p>Step 3 Evaluation: The situation is not ideal and difficult from various perspectives. It's difficult from the healthcare standpoint as it can be frustrating to continue to do things to only place a band-aid on a larger issue and feel like you're only prolonging the inevitable. On the other hand, I can only imagine how difficult it must be for a parent to witness their child go through such a harsh medical diagnosis and treatment at such a young age and small size. Regardless of my initial thoughts that the mother had not formed a bond with the patient I also respected her for still showing up and being at the patient's bedside anyways, especially when there have been other patients throughout my shifts that I have cared for who hadn't had anyone visit them for their entire stay with no one being able to get ahold of the mother or father at all. It made me wonder if maybe the mother just hadn't had a chance to form a bond with the patient because she has not had a chance to hold the patient or spend any alone time to get to know her baby as in a traditional mother-baby bonding time. I then felt sad for her thinking about how hard this must be for her and how strong she must be having to be to get through this difficult situation.</p>	<p>Step 6 Action Plan: Overall, I think this was a positive experience because it helped me learn more about myself and things that I need to be mindful of when starting out my nursing career. Since I will be starting as a new graduate nurse in the NICU at Covenant, I know situations like these will present themselves again and I feel a lot confident that I will be able to not enter a negative judgmental place mentally and instead have empathy, show compassion, and see where I can help connect families to the resources they need and support them in such difficult times. I am grateful for all the learning opportunities I was able to be apart of doing my preceptorship and being able to self-reflect and improve on myself daily so that I can be the best I can and serve my community to the best of my ability.</p>