

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</p> <p>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</p> <p>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 This week in sim lab/clinical I was assigned to the patient that was diagnosed with DM2. For the scenario there was another student and I in the room, playing the roles of the nurse. My partner and I came up with a plan prior to entering the room. As we assessed the patient's Blood Glucose level the patient begins to complain. The patient had a blood sugar of 38. At that time my partner and I knew we needed to get the patients' blood sugar up.</p>	<p>Step 4 Analysis The main thing I learned from this experience is to communicate better with the health care team, pay close/more attention to the patient and their condition. I should have let the condition of the patient lead me prior to making a plan for the day. I also learned that I should stop and thinking about what the patient may experience, like things that are likely to go wrong with the patient according to their history diagnosis, and current condition. Hypoglycemia is something that a nurse would want to monitor closely with a diabetic patient who is receiving insulin. While in the room I felt like it was a bigger problem, than what it actually was. Having a diabetic being hypoglycemic is not a trick diagnosis.</p>
<p>Step 2 Feelings The event made me feel very nervous, to the point that I was not able to think straight. While in the room I felt that the patient was declining, and I did not have what it took to help the patient. Confusion is the most important feeling I experienced. Confusion is the most important feeling because after becoming confused I struggled with pulling things back together. My partner was helpful, although she made the environment more stressful.</p>	<p>Step 5 Conclusion My communication and thought process could have been better. I could have paid closer attention to the patient's chart and history. Being more familiar with the patient would have made me more prepared. One minute of stopping and thinking about diabetes would have prepared me a lot more for the hypoglycemic incident.</p>
<p>Step 3 Evaluation This experience was a very good learning experience because we were able to learn from our mistakes and the mistakes of our peers in a safe setting. I feel that I gained a lot more from this experience then the clinical setting. The outcome turned out well, after we figured what we needed to do. The communication was bad. Although the teamwork went well. I helped with getting the medication and evaluating the assessments of the patient.</p>	<p>Step 6 Action Plan Overall good and useful learning experience. From now on until the future I will place priority on being familiar with the patients diagnosis, history, and chief complaint, so I'll know what to maybe expect.</p>