

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 After going room to room with my nurse to receive report, I decided to go ahead and perform my assessments on my patients. I went to one of my patient's rooms and began my assessment, starting at the top of their head, moving all the way down to their toes. Once I got down to their toes however, I ran into a problem. I asked the patient to wiggle their toes and they did nothing. I asked again, thinking maybe they didn't hear me, and they told me they couldn't. I asked why and that's when the patient told me that they couldn't feel the right side of their body. Since this was my first time meeting this patient, I asked if this was normal for them and if not, when did it start. They said that it had started overnight, but that they hadn't told anyone because they just thought it was normal because of their IV being on that side. After I explained to the patient the importance in telling someone when you begin noticing something that isn't normal, I went out of their room and went straight to my nurse. After the nurse went in to assess, they then contacted the charge nurse, who contacted the doctor. We then took the patient down for a STAT CT scan to look for any bleeding on the brain. After that, a neuro consult was arranged.</p>	<p>Step 4 Analysis Like I briefly hit on in step 3, the biggest issue I noticed with this situation was the patient being completely unaware of the severity of their situation. They didn't know what to look for and what to make the nurse aware of. Granted, they had told someone over the night that they were experiencing pain at the site of their IV and that person told them that it was normal. From my viewpoint, it seemed as though the patient mentioned that issue and was immediately shut down instead of listened to, so instead of speaking up again, the patient decided that anything else that were to happen must have been normal. This patient was failed in the sense of proper education and communication. They didn't have the background or the know how to know any better, so this is where the nurses coming in and being the advocate is so incredibly important.</p>
<p>Step 2 Feelings When the patient told me they couldn't feel or move the right side of their body, a number of different feelings rushed over me. Primarily, I felt the need to get the patient seen and taken care of quickly as possible. However, throughout the entire process I was pretty dumbfounded. The patient was young, in fact, younger than I am, so I felt an immediate need to protect and guide them. I could tell that they didn't quite understand and that definitely made me concerned. When they first told me what was going on and that I was the first one they had told, I felt my heart start racing just a bit, because I knew that what I had just found was an emergent situation. Being in a situation like that, especially as a student, is nerve racking! You want to make sure you do everything right, but also that you do everything in a quick and timely manner, so that you can best take care of that patient. It's not often that a student will find something before the licensed nurse, so that is an adrenaline rush in and of itself.</p>	<p>Step 5 Conclusion I personally feel as though I handled the situation as well as I could have. I took the information I had been given and I immediately ran it up the chain of command. Before the situation got to me however, I feel as though the caretakers before me should've listened to the patient just a bit more. The patient attempted to speak up once before and was shut down, so instead of trying again, they just kept quiet. This patient being so young and in the situation that they were, they needed proper education. Upon speaking with the patient, it was fairly clear that they weren't resonating with the severity of their situation. It just seemed as though they were entrusting their caretakers to find anything wrong with them and until someone did find something, they assumed that everything was fine. This is no fault of the patient's, it's just a prime example of how a thorough assessment and proper communication with the patient can really do wonders.</p>
<p>Step 3 Evaluation The good in this event was that someone found the problem sooner rather than later. Although the patient had been experiencing this problem for a while at this point, no one had been made aware of it, so they weren't receiving the proper care to treat it. The bad in this event was that the patient genuinely didn't know that what was happening to them was serious and not at all normal. I think that's what tugged on my heart strings the most, was because I recognized the vulnerable state this patient was in. Not knowing any better because they didn't have medical experience or any medical history leading up to this point, they had no way of knowing any different. That's where patient teaching is so critical and that's the same thought that was circling my head throughout this entire process. This patient, in my eyes, had not been properly educated and that's definitely no fault of their own. Rather, it's a fault of the caregivers providing for that patient's care. It's our job to educate and ensure the patient understands the importance in asking questions and being an advocate for themselves!</p>	<p>Step 6 Action Plan Overall, this situation really opened my eyes to a number of different issues that we've discussed in class. A proper assessment, good communication, and the need for constantly creeping on your patient all came together in this situation. This patient had been sitting there, unable to move the right side of their body for hours without knowing it wasn't normal and although that stills blows my mind, it also makes me want to be extra thorough with my future patients. Having been the one to catch this, it really helped boost my confidence. It helped reaffirm to me that I actually do know what I'm doing, and I need to start trusting myself, so that I can be the best caregiver possible to my patient's. Either way, I was just glad that I could find something so important and hopefully help the patient in a big way. I tried my best to stress the importance of speaking up for yourself and I just hope they remember that and start doing it for themselves from this point forward.</p>