

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 A 21-year-old female was admitted on 03/28/2022 who complained of abdominal pain and was having nausea and vomiting. She was also admitted to the hospital prior to the 28th because of the same problem. I had the chance to introduce myself to her together with my classmate and our nurse in the morning of the 29th while we were doing introductions. I was able to look at her information and her chart to get her medical information, like her medicines and her lab values. Unlike the previous floor that I went in from the previous clinicals, we were instructed not to chart our patient's vitals because of the new system. Other than that, I was able to check on my patients and did my assessments on them as part of our assignment. My classmate also did his assessments on his two other patients because our nurse had 4 patients at that time. I also went on to check my patients regarding what I could do for them and also asked our nurse what I can do to help her. I administered medications as well and I think I did pretty good with the seven rights of medications. My primary patient's disease was Acute Recurrent Pancreatitis.</p>	<p>Step 4 Analysis I was able to apply what I learned from the previous modules regarding the seven rights of med administration and maintaining aseptic technique when performing venipuncture blood draw. I was also able to perform my assessments on both my patients really well, though I had to ask my instructor to listen to my secondary patient's heart sounds because I could not distinguish the rhythm of the heart. She was able to listen to it and told me that it was a swooshing sound of a heart murmur, which I never heard before from my previous patients. My instructor also pointed out that I needed to be more interacting with my patient while administering med administration especially when doing IV push because some meds require a certain rate of administration in order to avoid complications and the dead silence while pushing the meds through the patient's IV can become awkward to the patient and also to the nurse. She is correct because that moment made me uncomfortable because even 2 minutes of dead silence while administering IVP would have been used to ask or interact with the patient which can build trust between the patient and the nurse. Some patients can be talkative, and others would be just silent.</p>
<p>Step 2 Feelings I was feeling a little nervous because it was the first time that I was assigned to South 7 because I was assigned to South 8 during the previous weeks of our clinicals. However, I got the hang of it because I was with my classmate and our nurse was really nice and very helpful and was always asking us if we needed anything or do we have any questions. It was also the last week of our clinicals for this module and to be honest, I felt relieved because I know that we are close in completing module 4. My clinical instructor provided me good feedbacks after she observed me for med administration and I think those feedbacks gave me confidence and I was really proud of myself. My instructor also helped me explained the meds and why we are giving the meds to our patient, and I am really thankful because she filled in what I missed to explain to our client. I was also able to draw blood via a butterfly needle and was able to do it with one stick to the patient. My instructor helped me with this as well as retracting the needle was different from what we had during our clinical practice. She commended for a job well done and I was really proud of myself that I was able to do things correctly.</p>	<p>Step 5 Conclusion I should have been more interacting with my patients other than just asking them what they need or what assistance I could be of help to them. Interacting with your patients can promote trust and they may be able to confide to you as to how they feel or what were they thinking about the whole treatment process. They may also tell you how you can be of better help for their treatment. Interacting with the patient while doing med administration can also help the anxiety that they are feeling. It provides distraction as some medicines can be painful when administered. Other than that, I think I really did pretty good with our clinicals this week.</p>
<p>Step 3 Evaluation I think the best part about the event is when I was able to do my med administration correctly to my patient, making sure I did all the seven rights of medication and the part where I was also able to stick my patient with one try to draw blood. We have been practicing med administration since our module 2 and I have always prepared myself when the time comes for our instructor to observe us do our med administration. Our day went well so far. Most of our patients did not require too much attention or did not ask for much help or assistance. I still made my patient rounding though even after we had our lunch, just to make sure our patients' needs are addressed. My classmate was also able to perform med administration with our nurse and he also did good with blood draw on my patient. I expected that I would do really good for today's clinicals and luckily, I performed great.</p>	<p>Step 6 Action Plan I think the last week of our clinicals went really well, although I was not able to attend the second day due to taking a personal day off to prepare for our third examination. I was well prepared with my seven rights of med administration and I was able to draw blood though venipuncture while maintaining aseptic technique. I would not change a thing regarding the clinicals because I believe they help provide better learning and understanding of the nursing profession as we practice with patients at the bedside setting. I would be able to apply what we learned from our clinicals to my future career as a nurse because what we are doing during clinicals are not simply for grade purposes or getting the job done but they are for providing the best care we can give to our patients in the near future as we ultimately become registered nurses. Choosing a nursing career is not like other medical jobs. I strongly believe that the nursing profession entails more attention to you patients and requires more focus to what you are doing as one mistake can lead to your patient's death and your license as nurse will be revoked and may put you behind bars.</p>