

## Covenant School of Nursing Reflective Practice



*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><b>Step 1 Description</b> A description of the incident, with relevant details. <u>Remember to 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"> <li>• What happened?</li> <li>• When did it happen?</li> <li>• Where were you?</li> <li>• Who was involved?</li> <li>• What were you doing?</li> <li>• What role did you play?</li> <li>• What roles did others play?</li> <li>• What was the result?</li> </ul>	<p><b>Step 4 Analysis</b></p> <ul style="list-style-type: none"> <li>• What can you apply to this situation from your previous knowledge, studies or research?</li> <li>• What recent evidence is in the literature surrounding this situation, if any?</li> <li>• Which theories or bodies of knowledge are relevant to the situation – and in what ways?</li> <li>• What broader issues arise from this event?</li> <li>• What sense can you make of the situation?</li> <li>• What was really going on?</li> <li>• Were other people's experiences similar or different in important ways?</li> <li>• What is the impact of different perspectives eg. personal / patients / colleagues' perspectives?</li> </ul>
<p><b>Step 2 Feelings</b> Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> <li>• How were you feeling at the beginning?</li> <li>• What were you thinking at the time?</li> <li>• How did the event make you feel?</li> <li>• What did the words or actions of others make you think?</li> <li>• How did this make you feel?</li> <li>• How did you feel about the final outcome?</li> <li>• What is the most important emotion or feeling you have about the incident?</li> <li>• Why is this the most important feeling?</li> </ul>	<p><b>Step 5 Conclusion</b></p> <ul style="list-style-type: none"> <li>• How could you have made the situation better?</li> <li>• How could others have made the situation better?</li> <li>• What could you have done differently?</li> <li>• What have you learned from this event?</li> </ul>
<p><b>Step 3 Evaluation</b></p> <ul style="list-style-type: none"> <li>• What was good about the event?</li> <li>• What was bad?</li> <li>• What was easy?</li> <li>• What was difficult?</li> <li>• What went well?</li> <li>• What did you do well?</li> <li>• What did others do well?</li> <li>• Did you expect a different outcome? If so, why?</li> <li>• What went wrong, or not as expected? Why?</li> <li>• How did you contribute?</li> </ul>	<p><b>Step 6 Action Plan</b></p> <ul style="list-style-type: none"> <li>• What do you think overall about this situation?</li> <li>• What conclusions can you draw? How do you justify these?</li> <li>• With hindsight, would you do something differently next time and why?</li> <li>• How can you use the lessons learned from this event in future?</li> <li>• Can you apply these learnings to other events?</li> <li>• What has this taught you about professional practice? about yourself?</li> <li>• How will you use this experience to further improve your practice in the future?</li> </ul>

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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><b>Step 1 Description</b></p> <p>Today I was able to assist in administering an enema for the first time. It was a Tap Water enema and was ordered 300mL twice, 30 minutes apart. The patient had not had a bowel movement in over 24 hours and the stomach was distended, firm and uncomfortable to the touch. During the first enema, there was a clear obstruction in the bowel because the water was unable to pass through the tube. After waiting 30 minutes then administering another enema, the patient still was unable to have a bowel movement.</p>	<p><b>Step 4 Analysis</b></p> <p>In module 2, we briefly discussed enemas. Specifically I remember tap water enemas not being that great, I know it is a hypotonic solution and can cause too much fluid to retain around the abdomen. I knew enough to know that we would not be repeating the enema and we needed to let the doctor know the circumstance. Also, the patient also happened to be secretly taking Tylenol in her room, so I was also able to inform her that Tylenol could be part of the reason for the serious constipation.</p>
<p><b>Step 2 Feelings</b></p> <p>In the beginning, I was intrigued by the administration method of a tap water enema. I was unaware that you just placed a bag with warm water on the IV pole and let the water rush into the rectum. However, the patient expressed to me that they were embarrassed to have to get an enema. I tried to explain to the patient there was nothing to be embarrassed about, yet I still sympathized with them and understood why they felt that way. In the end, I felt worse for they patient knowing we placed 600mL of water into the rectum, when their stomach was already uncomfortable in the first place.</p>	<p><b>Step 5 Conclusion</b></p> <p>Administration of the enema was very simple, so I do not believe I could have done anything better if I was to assist in another. I would definitely make the patient feel as comfortable as I can before beginning the invasive process. I would think that talking to the patient during the procedure would help to get their mind off of it, and giving them privacy right after.</p>
<p><b>Step 3 Evaluation</b></p> <p>My nurse and I used five pads on the patients bed in preparation before the enema, so I did expect a different outcome than what happened. I expected the patient to be relieved of the obstruction and get discharged the next day. Instead, my nurse had to inform the doctor of the continued bowel obstruction and wait for them to decide what's next. The enema was a very simple skill to learn, you really only need to see it once to be able to do it on your own. My nurse also gave me tips and tricks on how to make things easier.</p>	<p><b>Step 6 Action Plan</b></p> <p>This experience definitely opened my eyes to the reality of treatments/medicines not working. I was taken by surprise after seeing how much water the rectum was able to hold and continue to be constipated. I know this was very discouraging to the patient and all I could do was listen to her concerns. Over the course of these next modules I would like to get better at comforting patients.</p>