

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. personnel / 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 The CNA informed my nurse and I that our patient had a low blood pressure when she took his morning vitals. We were at the computer so we looked into our patient's chart to see if that was irregular. She determined we should go in there to recheck his blood pressure.</p>	<p>Step 4 Analysis From my knowledge regarding hypotension, I was aware that we should withhold any sort of pain meds with opioids and that we should closely monitor how the patient responded after we administered his diuretic. I also knew to check his LOC and verify that he wasn't experiencing any confusion or having alertness problems that could occur from his blood pressure going too low.</p>
<p>Step 2 Feelings At first I didn't think too much of it because sometimes you just need to reposition the blood pressure cuff. In the back of my mind however, I was starting to think about what the low blood pressure could be related to just in case our recheck confirmed it was low. I began to feel how it was more severe after I had to get a manual blood pressure to confirm.</p>	<p>Step 5 Conclusion I don't think there was much me or the nurse could do to make his situation better other than to hold any meds that could drop his pressure significantly and check his blood pressure frequently and to make sure he was drinking plenty of fluids and maintaining his LOC/breathing. I learned the importance of prioritizing the care for this type of patient and just being aware of how quick his condition could change if we weren't constantly monitoring him.</p>
<p>Step 3 Evaluation The situation was bad because after we continued to monitor and check the blood pressure every hour, it kind of stayed around the same numbers. It was good right before we went down to lunch because the patient's blood pressure came up to what was more regular for him.</p>	<p>Step 6 Action Plan I think going through this situation was helpful because when I had that patient again the next day, I was more aware of how he usually acts and what to watch for with him. I will use this situation in the future to remind myself to be aware of the great impact that just checking a blood pressure can have on the overall health of our patients because even though it could seem minor at times, it's one of the quickest signs of how your patient is doing/responding to treatments or interventions.</p>