

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</p> <p>My primary patient is having trouble having a BM. While I was in the hospital I did not witness him have a BM. I asked him when his last BM was and he said he had not use the bathroom in a week. When I looked at his meds I noticed that some of the adverse effects was constipation. When I assessed his abdomen he did not have pain or any distention.</p>	<p>Step 4 Analysis</p> <p>The next time one of my patients is having this problem I will educate my patient on things that can help with having a BM. He is taking miralax but still has not had a BM. I felt bad because I know he would have taken my advice and his family was so active in helping their father get better. I honestly think it is his meds and a lack of ambulation that is causing his problem.</p>
<p>Step 2 Feelings</p> <p>When the patient told me he had not had a BM in a week my first thought was his abdomen area is going to show that he is backed up. When I assessed his tummy I didn't see any signs of pain, redness, or distention so I was so confused. I was wondering to myself why he is not in pain if he had not used the bathroom in such a long time. I asked my patient if he had any back pain and he said yes. It was mild but he said it still hurt him. My patient has also not been able to ambulate because he lost his toes to surgery. He had pain when the physical therapy tried to get him up. I know ambulating could help him have a bm.</p>	<p>Step 5 Conclusion</p> <p>In this situation I learned that patient teaching is one of the most important things we need to give our patients. They don't like to be sick and we are here to help them feel better. I want to get better at patient teaching because when patients see us they have respect and they know we are here and trying to help. We had two patients that had the same issue. I didn't realize how grateful these patients are just to have a BM and how their mood can change when they relieve themselves.</p>
<p>Step 3 Evaluation</p> <p>After I assessed my patient I told my nurse of his problem. His diet was a low carb diet. Now that I am thinking about it I should have done patient education oh how a high fiber diet could help him use the bathroom. He was drinking plenty if water. I wonder if the nurse could change his diet to a high fiber diet. I wish I could have helped him more. He was so kind and was active in his care so I am sure if I told him about the high fiber education his family could have benefit when they got home.</p>	<p>Step 6 Action Plan</p> <p>Overall, I think this patient taught me so much in just these two days. I also had the pleasure of learning some of his family history and talking with his children was a joy. I learned that he just lost his wife and now he had to deal with amputation. That is the best part of clinicals for me. I love to learn about other people and I love to make them feel loved. I have learned so much about how to monitor and "creep" on my patients. Mrs. Heinrich is such a great teacher. I love how she pushes us to think about what can help our patients or other ways we can help our patient feel better. I am so blessed to be back in module 4!</p>