

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>This past week in clinicals I had a patient who suffered from a stroke two years ago, which affected the right side of her body to become hemiparesis. She was admitted to the hospital due to constipation, but by the time she was in my care she was having multiple successful bowel movements as well as incontinence. This patient needed to be cleaned up three times throughout my time there because she kept having bowel movements on the pad, due to the fact she could not get up on her own. I was the patient's main student nurse, however I had to ask other classmates for extra help when it came to change her. The result was prevention of skin break down in the perineal area as well as the value of teamwork.</p>	<p>Step 4 Analysis</p> <p>As I stated earlier, the first week of module four we had learned about how to communicate with stroke patients, and so I tried using that knowledge in communicating with this patient. I would use close-ended yes/no questions. A bigger communication that rises from this is ineffective communication, for example the patient would express to me when she had a bowel movement. However, because she was unable to use words, she would try gesturing and because I understood the situation, I was able to assist. In the situation of someone not understanding her she could become rather frustrated which ties into the patient's perspective.</p>
<p>Step 2 Feelings</p> <p>At first, I was feeling nervous to care for this patient due to the lack of verbal communication that would come from her end. I was thinking of proper ways to communicate as we just learned this the past week, and I tried to implement those actions such as yes/no questions rather than open-ended. From what my nurse was saying it sounded like she was being a burden by having to be changed and needing to find the extra help because her body weight required more than two people's help. This made me feel bad for the patient because I can only imagine how the patient must feel losing her independence to perform ADLs, so this made me want to help my patient even more, and ensure she was clean and dry for discharge. I feel the most important feeling I feel with this encounter was empathy.</p>	<p>Step 5 Conclusion</p> <p>I could have made the situation better by providing another way to communicate with the patient. I would hand her call light before leaving the room, but whenever she soiled herself, she would start grunting loud enough to hear from the nurse's station to inform us she needed to be changed. She most likely did not use the call light because she would not be able to verbalize her need. Others such as my nurse could have made the situation better by not making the patient feel like a burden when it was time to change her because anyone can provide care for a patient, but to care is different in my opinion.</p>
<p>Step 3 Evaluation</p> <p>I felt a positive outcome from this event was being able to practice my communication skills with a right sided hemiparesis stroke patient, as well as providing empathy. I don't feel anything bad occurred from this event, but I do feel like it took a while to get the hand of trying to communicate by only using close-ended questions. However, I felt I did a very well job with letting the patient know what I was going to do before we started anything whether it was step by step in my physical assessment, or when we would turn her to clean her up and change her. I feel my classmates did a very well job with communicated with her as well when they came in to assist me. The outcome was exactly how what I expected, I understand some stroke patients have learned to become independent on their own, but in the case of my patient she needed plenty of assistance in activities and I was more than happy to help provide that for her.</p>	<p>Step 6 Action Plan</p> <p>Overall, I feel this situation has helped me learn how to communicate and assist stroke patients which will help me when I'm a nurse providing care alone. Something I need to do different next time is to find a way in asking the patient to repeat or rephrase herself without feeling like I'm doing it in a rude way. I feel a conclusion I can draw from this is that most stroke patients must feel frustrated not being able to be understood all the time, but I did notice how this patient's husband was able to fully communicate with her. From this information I feel it is important to utilize the family as much as I can when it comes to effective communication in wants and needs the patient has.</p>