

# 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><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>

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<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>My clinical began on 5/10- 5/11 on South 6. My priority patient was a 63 year old male that came to the hospital for osteomyelitis. The patient had a placer placed in his left knee but then became infected. The patient was treated with an I&amp;D to drain fluid and remove the damaged tissue and bone. The patient then had a total knee replacement. The patient was treated with pain medications and probiotics since he had a previous history of C-diff. The main role I played was patient education on pain control methods. I recommended to elevate legs, exercise the appropriate amount, and to medicate before performing these activities. Occupational therapy played a big role in this patient's recovery to explain the goals of his therapy as well as how to safely progress to a full recovery. On 5/11 my primary patient was a 78 year old male that presented with critical limb ischemia which led to a below knee amputation. This would mean he has two below knee amputations of both legs. The main goal I had for this patient was to prevent further breakdown and encourage adequate nutrition.</p>	<p><b>Step 4 Analysis</b></p> <p>For my patient with both BKA, my biggest concern was impaired mobility. He was not able to transfer, but was able to move on his side. With my background knowledge on bed bound patients I was able to initiate skin care protocol. I included this in my care such as replacing the dressing on the pressure ulcer on his buttocks and rotating him on his sides every 2 hours. I was also checking every hour to see if he had a BM because he was not able to communicate with us but I did not want the bacteria from his stool to affect his pressure ulcer. My classmates also took this into consideration because most of our patients were from surgery or had some type of injury that prevented their mobility.</p>
<p><b>Step 2 Feelings</b></p> <p>For 5/10 I was feeling pretty confident in my skills, the patient was very friendly which gave me a comfortable environment to learn in. I was also concerned with his ability to walk when I first began, he was in pain and I was unsure how much he'd be able to accomplish. However, with OT he was able to walk quite a distance down the hallway. This was interesting to me because I wasn't sure how much movement the physician would want him to perform. The OT informed me it was important for him to walk and perform ROM exercises to speed up the healing process and keep the flexibility of the knee starting at bending it 20 degrees. I felt more informed after having this patient as I have never seen a patient with osteomyelitis. For 5/11 I was also feeling comfortable with this patient because I met him the day before but I was not able to interact with him as much as I'd like. I felt very helpful this last day because I was able to give the new nurse some insight on this patient such he likes his pills to be crushed, he is usually fed by his wife, and how to change the dressing. This was because I helped change the dressing the day before.</p>	<p><b>Step 5 Conclusion</b></p> <p>In conclusion, I learned to always adapt to my surroundings when taking care of patients. Whether that be with a patient with a disease you've never seen before, transferred to a new floor, or who your colleagues are. It is always okay to ask questions, research disease processes and medications, but always remember to critically think. As my instructor said, know why we are giving the medication, know what could happen, and if you are unsure it is okay to ask for clarification.</p>

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### Step 3 Evaluation

I believe this floor is a great fit for me. I feel comfortable with my nurses to ask questions as well as my instructor. It was intimidating at first because I had no idea what to expect. I felt behind because I was not here the first week since I was in SIM. However, I quickly adapted to this floor, everyone is willing to help. My nurse, especially on 5/11 was great. I could tell she was excited to teach and loved what she did as a nurse. My classmates also were always willing to help, and I also love that we all include each other in new things we experience. For example, my classmate had never seen a patient with both BKA so I was able to show her the care and precautions to take when dealing with patients like these. The CNA's are also what keep the whole unit going. I never forget to be thankful for everything they do for us and our patients. I was able to spend more quality time with my patients this week. I know this is sometimes hard for the nurses to do because they are so busy, so I made it a point to do this.

### Step 6 Action Plan

I would consider this week in clinicals successful. I was able to brush up my skills, learn and administer new medications, and provide good quality of care. I will be able to apply these learnings to other events in the future. I will also continue to improve on my confidence and education to provide adequate care with all my patients.