

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>On Wednesday I had a clinical at Sunrise Canyon Outpatient Clinic. This is different from the inpatient clinic in many ways such as the patients here usually come in for a medication that they are to take consistently, to get labs drawn or any concerns. I noticed that about 50% of the patients were very thankful to be receiving help and the others were angry and demanding. The clinic has a good role as to how they move patients through, typically they would call on them, take their vitals and weight, and then put them in a mini lobby for either labs, medication, or to talk to a physician. There were a few things about the clinic that I thought were unprofessional or unclear. One staff member was putting all her work off on other people and would ask them to do her "favors" as they walked past, then would sit there and stare at the wall. Many staff members were not clean in ways such as taking off their gloves to draw blood, not properly cleaning up spilled blood, pouring urine in the sink, and many other examples.</p>	<p>Step 4 Analysis</p> <p>Some things I can apply to these situations with newer technology and research is the importance of the 7 rights of medication administration, importance of PPE and safe handling of body fluids, and definitely ensuring you have the right patient, regardless of if you know them by heart. Verifying the right patient with the right medication at least three times has shown to decrease the chance of a sentinel event from occurring. Wearing PPE and proper disposal and clean-up of body fluids has shown to decrease the risk of spreading or contracting blood borne pathogens and other diseases spread by contact with these pathogens. Another point would be that this is a population that could be abusing drugs or have erratic and over sexual behaviors putting them at an even higher risk of having one of these pathogens. Reusing tourniquets might save money and reduce waste, but unless they are being cleaned after every use it is not a good idea. Blood draws are occurring a few inches below, can contaminate them, and then spread to someone else when we poke a hole in their skin.</p>
<p>Step 2 Feelings</p> <p>At the beginning, I did not appreciate the clinic very much. I was not introduced to anyone, nor told what to expect or what I am supposed to do. I found the actions of some of the staff to be lazy and disgusting. Instead of doing blood draws, the nurse had me filing her paperwork. By the end of the day the staff member that seemed off in many ways explained to me that she hasn't been feeling well, having leg issues, taking a new medication, and does not seem like herself, which made me feel better about the way she was working. Also, after lunch a LPC joined her and was helping out. This made the day 20X better. The LPC taught me many different things that she was doing and allowed me to understand more of what the clinic does, I really liked this lady. As far as the cleanliness is concerned, that was disgusting and lazy. There are several issues with smearing blood on the floor and pouring urine down the sink, and I have yet to understand why that was done.</p>	<p>Step 5 Conclusion</p> <p>A few things that I could have done better was to say something about why they were not wearing PPE, or flushing the urine, etc. I personally could have cleaned the blood off of the floor. One thing I did not do that I wish I would have was ask the nurse if I could do the blood draws and file paperwork between each patient. This would have allowed me to get skills practice in and be able to help the nurse take a load off her plate. I could have asked the nurse what safety mechanisms they have in place for medications or if there was a way she was verifying that I did not see. When I gave medications I ensured that we had the right patient and the patient and I would talk about their medication so I could be reassured that they were getting the right medication. The LPC did teach me how to do a prior authorization and how lengthy those can be. There is a lot of paperwork that goes into the psych side of things, this I did notice.</p>
<p>Step 3 Evaluation</p> <p>Some things that went well were the LPC showing up at the end and allowing me to get more involved and learn about what the clinic does. The nurse who was a very not personable person at the beginning began to warm up and enjoy my presence towards the end and it was less awkward standing there. I also did get to give two shots in the deltoid which went well, although one of the guys looked like they were going to pop me for it. I noticed that there are not many safety mechanisms that are in place for these medications which could be a liability. The medications are stored in lockers alphabetically with a lock and key and the nurse goes in and gets it. There's nothing to scan, which may be an old school thing. The biggest issue I saw was the nurse would sit at the desk and yell to another employee asking who was in the room, and they would say the name. She then would get the medication for this patient but never asked the patient their name or verified them by any means. In this situation, I can contribute by verifying the name and date of birth and ensuring they get the right medication.</p>	<p>Step 6 Action Plan</p> <p>Overall, I did not have a bad time but I do think some things could be taken care of or improved for the best interest of the patients' and the staff. I hope that safety mechanisms are put in place for medications or utilized if they are already there. I hope that the nurses start to properly work with body fluids and understand the risks of what they are doing and that some of these repercussions can be deadly and permanent. With hindsight, I would probably speak up about some of these concerns such as the medicine and body fluid issue, because this is an immediate concern on the safety of the patients' and the staff. I can apply this to the future by ensuring that I take care of these things properly and acknowledge the safety issues and concerns and speak up sooner before something happens. I will speak up and try and get more hands-on experience and acknowledge my place in the clinical situation, I am there to learn and gain experience. This situation has taught me that I know these concerns and am able to acknowledge a breach in them, which will allow me to fix or help others acknowledge them in the future.</p>