

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 on page 2, document each step in the cycle. The suggestions in each of the boxes may be used for guidance but you are not required to answer every question. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

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| <p>Step 1 Description A description of the experience, 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"> • 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' perspectives? |
| <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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Name: Rafael Alegre

Instructional Module: 6

Date submitted: 9/28/2022

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

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| <p>Step 1 Description</p> <p>I have high expectations during my clinicals in Sunrise Canyon. I was expecting a lot of activities and some interaction. It was not quite what I expected when we arrived. The atmosphere felt like we were on the way of the daily operations. Striking up conversations with the patients and having a group of people staring at you like we are some foreign people in the facility felt like a hurdle. I am well aware that my therapeutic communication skills aren't pristine but seeing as to how some employees interacted with the patients also bothered me. For the second day, I decided that I would strike up more conversation with the patients there and practice my therapeutic communication.</p> | <p>Step 4 Analysis</p> <p>When I began asking one of the patients about how he is today, he began opening up. The patient I talked to was pretty upset coming from an argument with another patient's clanging. I diverted his anger by asking him about his favorite thing to do which is cooking. His mood started becoming lighter and he began talking about many more things. At that moment, I applied to concept of diversion, and it worked amazingly. I was a little skeptical on this approach as I was reading through lectures, and I was proven wrong. It was also amazing how the patient's feelings start to flow just by asking them "how did that make you feel?" Dr. Harrison was right about it sounding very robotic at first but as soon as I started conversing, it flew smoothly. I believe that talking to that patient kept him in a better mood and I created a therapeutic relationship with him.</p> |
| <p>Step 2 Feelings</p> <p>I felt shy and lost in the beginning. The fact that some staff are watching us interact with the patients only compounded the fear. I spent the first day observing the patients and the staff, how they interacted with each other, and how I could make an impact on the next day. I felt bad that some interactions to that patients were limited to boundary setting and reprimands but not much as to where they can actually express their thoughts and emotions. The biggest takeaway I have in this PMH module is that as nurses we have to separate the disease and person. Feeling inadequate, I reviewed my notes from simulation and got determined to talk to at least one patient the next day. I bounced back on the second day, where I was able to talk lengths to a patient and he was able to express his love for cooking, his daughter, and his humor.</p> | <p>Step 5 Conclusion</p> <p>I could've made the situation better by preparing myself more. I wish that I did what I did on day 2 in day 1. I could've struck more conversations with the patients and got to know more. As to how others could've done it better, the employees really need better communication techniques. I don't think the patients appreciate the "law-enforcing" atmosphere that was felt. I realize that if the goal was to make them feel better and function regularly, we need to treat them the same way while they're receiving treatment. I feel like the atmosphere of the event wasn't conducive for a holistic treatment. The disease part maybe getting treated but the human part is mostly ignored. I have also learned to be more patient. Dealing with the patients in this setting cannot be simply healed with a typical antibiotic and Tylenol. They need more attention and affection.</p> |
| <p>Step 3 Evaluation</p> <p>The good about the event was that I was able to see how a mental institution actually operates. I also got to see how the seclusion operate and that was amazing. I did good interacting with the patients through talking and playing volleyball with the patients! During the first day, I determined that the patients have little to no avenue to express their thoughts and emotions. I also could not blame the employees, though. If this is the sight they see on the daily, they would also feel numb. I decided that on the second day, I'll try to ease one employee's job by talking lengths to someone and I did. I think I did pretty good in that regard.</p> | <p>Step 6 Action Plan</p> <p>I'm going to prepare more. I also need to have more confidence in myself. Instead of merely observing, I will strike up the conversation and get to know them deeper than their disease. Ultimately, I learned how to adjust. I wish I adjusted earlier upon the recognition of what was lacking for the patients. I also admired how my instructor approaches the patients. The deflection of middle fingers to "I'm number one?", the de-escalation of "what are ya'll looking at? An ugly face", the manner of handling the clanging patient, I was amazed on how he handled it. I will find my own groove of de-escalation strategies as I progress in nursing.</p> |