

Covenant School of Nursing Reflective Practice



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. <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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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>I was walking out of a patient's room when my preceptor called me to go to the treatment room. She notified me before we walked in that we were just going to help hold down a patient so they could have an IV inserted. She told me that I could feel to know how it feels with a pediatric patient than an adult. The charge nurse and the patient's primary nurse were already in the room with the patient and his mother. My preceptor applied the tourniquet, and I began walking to go feel. As I was walking to the patient's arm, I ran into the primary nurse who said "Oh, you are going to do it. Go ahead." I could not find a vein at first in the arm area, so we moved to the hand. I felt one and was started to get ready to stick. I began to get my needle ready, and I stuck the child and saw blood return. I glided the catheter in and drew the needle back. The IV flushed well, and we placed an arm board, dressing, and site guard.</p>	<p>Step 4 Analysis</p> <p>One thing that I took away from the situation is remaining calm and showing confidence. Not only is the patient scared, but the parents do not want to see their child crying and having to get poked many times. Evidence has shown that if the patient and parent can see that the nurse is not confident or scared as well that they will not likely perform well and cause the patient to stress more. Also, doing the procedure in the treatment room benefits the patient's experience. It does not make them frightened of their room and allows it to be his safe place.</p>
<p>Step 2 Feelings</p> <p>At the beginning, I was eager to see how they start IV's on a pediatric patient. As a module five student, they do not give use opportunities to start IV's because we were not experienced enough. In the pediatric world, they do not like to continue to stick children because it is a traumatizing experience. When the patient's primary nurse said "Go ahead," I became so scared. I was nervous, and I wanted to say "no, no I am not doing it, but I did not want to scare the patient's mother or give up an opportunity to practice. I suddenly became nervous, scared, and did not feel any confidence that I would get a stick because in the past I failed on adults. After I successfully stuck the patient, I could not help but smile and feel accomplished. I got the stick on my first try in front of three experienced nurses. They began to compliment me and say how that was perfect. The primary nurse said thank you because I did not want to do that.</p>	<p>Step 5 Conclusion</p> <p>I think one thing that helped me have a successful attempt was not having a lot of time to think about what I was going to do. Not thinking about if I don't get it on the first try it will make me look like a bad nurse. One thing that I forgot to do when inserting the catheter is clamp the line to prevent the blood from coming out, but I was worried about getting the stick and flushing to make sure the IV was good. Although I was able to get the IV, I told the nurses how I was feeling and they reassured me that he was a hard stick and if I did not get it to not get discouraged. Sometimes veins move and it is normal for veins to blow sometimes.</p>
<p>Step 3 Evaluation</p> <p>It was difficult to not be nervous because I was a new nurse attempting a task in front of the charge nurse and two other nurses who I see as very smart and experienced. I could not have gotten a great stick if it wasn't for them though. They did a very good job at swaddling the patient's body and holding him down. My preceptor did good job critical thinking and asked someone to hold down his shoulders while she had his arm that way he could not pull back at all.</p>	<p>Step 6 Action Plan</p> <p>Overall this situation definitely boosted my confidence. It just feels good to be able to complete a task as a new nurse in front of experienced nurses and having them tell me that I did a good job makes me a little more ready to get on the floor and practice as a graduate nurse. Even after the task, I asked what could I have done better or the things I forgot like clamping the line to prevent the blood from flowing out. I know there is always room to improve and I love receiving feedback on how I can improve to be the best at what I do.</p>