

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.

<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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Instructional Module: 6

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

<p>Step 1 Description</p> <p>Today's clinical session was spent in The Ranch at Dove Tree. After spending an hour or so with a couple of the patients, my classmate and I became acquainted with some of them. We were then invited to join a group processing in Room 4, a room dedicated to patients that were first responders, veterans, and the healthcare workers. We went in blind, not expecting what was going to happen. With 9 of us in the room, a milieu of safety and confidentiality was established. It started with the CADS and an explanation of how everyone was feeling. Like a deer in the headlights, the people we were acquainted to placed us in the spotlight where we have to share our own. To not drag the moment on, I shared what happened to me at work 2 weeks ago that still bothered me. I did not realize sharing that would peel people's wounds internally.</p>	<p>Step 4 Analysis</p> <p>In that event, I realized that I also needed help. Just because I'm a student doesn't mean I don't have anything in common with the patients. When I finished my piece, the patients began teaching me ways to cope – a teaching that was very similar to what was taught to us. In school, we were taught of a learning strategy that if you could teach someone with no idea about a topic something, then you've had growth and you've fully understood the topic. Everyone was so graceful and generous with their words and expertise that I felt like I needed to pay to have my traumas processed like this. In a way, it felt like that meeting session was more for me than the patients. However, if the patients were able to show growth by teaching me what they learned, then I guess it was a win-win situation.</p>
<p>Step 2 Feelings</p> <p>As to avoid the awkwardness of putting us on the spot, I shared what happened to me that still deeply affected me. I worked in the Trauma side the ER and I did CPR compressions on a patient that was air lifted. It bothered me deeply to a point where I can't sleep at night. It left me wondering if it was my fault that he didn't make it: if I only gave deeper compressions, would he have lived? I began questioning what I could've done better. The quick turnover of patients and having no one to share it to only compounded the experience. As I was sharing what happened, everyone in the room began comforting me about how it wasn't my fault. Everyone gave their two cents and shared similar personal experience. Some tears were poured as some members of the meeting revisited their traumas, which eventually caused them to be in this place. I felt like I triggered everyone by sharing what I experienced.</p>	<p>Step 5 Conclusion</p> <p>In conclusion, maybe I should've consulted the facilitator first before sharing. I was quite worried for the people I triggered with my story, even if it ended up beneficial to everyone. If there's anything anyone could've done, I would say that everyone should participate in these meetings. Participate to an extent where we can fully immerse to the experience but not too much where we take the spotlight away from them. I thoroughly enjoyed the sessions, and the processing techniques were significant. These techniques, together with the trauma-centered care, are some things I will use moving forward in the nursing profession.</p>
<p>Step 3 Evaluation</p> <p>The good about the event was that everyone helped out in processing the trauma I experienced. It was amazing to see that everyone was able to teach and help me cope. The bad part was that I may have triggered them. I caused them to revisit the trauma they experienced. Scared about what I did, I talked to the meeting facilitator, and she said what I did was okay. What my story did only opened the patients' eyes in their improvement and which parts they needed to work on. Some of them moved on from their experiences while some still needed more processing.</p>	<p>Step 6 Action Plan</p> <p>Overall, the situation was beneficial for everyone. I realized that I needed help, and I should've sought for help earlier. In hindsight, I wish we were informed that situations where we have to share personal experiences could possibly happen. I thought that I was there to just observe. Being vulnerable and being in the moment definitely brought out great results to me, personally. The things learned here will make me a better nurse. I will make sure to be a shoulder that someone can depend on when talking about sensitive issues.</p>