

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 When looking at the doctor's orders for my patient outside of his room, I saw that he had several pain medications: levofloxacin, lisinopril, clopidogrel, and acetaminophen. I planned to give Levofloxacin because it's an antibiotic, hold lisinopril because hold clopidogrel because his platelet level was too low, give acetaminophen for his fever, and wait to find out his pain level to determine which one to give. With that in mind, I went into my patient's room, performed AIDET, and asked him his pain level after verifying his identity. He reported 2/10 so I decided not to give him any pain medication. In the med room, I washed my hands, donned gloves, and prepared the Levofloxacin and acetaminophen after checking them against the MAR and doctor's orders. I went back in the room, making sure to complete everything on my universal competencies, and scanned his meds, educated him, and administered them. Then I documented what I did, performed my 4 P's and exited the room.</p>	<p>Step 4 Analysis From my previous knowledge, I knew the universal competencies and that they are crucial steps in nursing. I also knew that I would have to look at the parameters for medications on the doctor's orders to know when to give the medication, though I was already familiar with them. That also goes into bodies of knowledge that are important. Not every medication can be given whenever it's desired. That's why vital signs are so important because it tells so much about how the patient's body is working. The patient was suffering from urosepsis and needed the levofloxacin in order to heal from that infection. It was necessary to give that dose because antibiotics cannot be stopped short. I also only had 20 minutes to complete medication administration along with checking off AIDET, the 4 P's, and 7 rights so time management was a big thing that I had to keep in the back of my mind.</p>
<p>Step 2 Feelings Going into this, I felt fairly confident in my abilities, knowing I had given medications to actual patients and also done CPE before. I was nervous that I would make a mistake with the IV pump because I'm still not fully confident there. Once I saw my patient's chart, I saw that he seemed relatively uncomplicated which made me feel better. I only hoped that I wasn't missing anything. With having lisinopril that I couldn't give, it made me nervous because I know you cannot stop those abruptly. Going through the process of it all I was careful to read my notes to make sure I wasn't missing anything, but I really felt like I was. I felt very relieved to know I had passed at the end and was proud of myself for not getting anxious through any of it. The days leading up to it I was refusing to get too worried about it and I feel like I accomplished that.</p>	<p>Step 5 Conclusion I feel like I could've talked to the patient more and made better effort to build rapport, I didn't want to seem like I was in a rush when I really was. I would have liked to assess his catheter and make a point to show I was looking at his urine in the collection bag to make sure that there was nothing else I needed to do pertaining to that. I also wish I had been able to know for sure that it was okay to hold lisinopril, but I was happy with my rationale for holding it. Overall, the patient tolerated receiving the medications well, so I feel confident in what I did.</p>
<p>Step 3 Evaluation The obvious answer to what went well, was that I passed! But I also think I thought through everything well and remembered what to do. I was glad that I was able to decipher what medications to hold and what to give. I don't think anything went bad necessarily. I should have told him, unprompted, that I was holding some of his medications and why. Based off the chart and doctor's orders, it was easy to piece together what medications to give and when. It was difficult deciding if holding his lisinopril was okay or not, but I reasoned that his blood pressure was too low to give any sort of blood pressure medication, so I didn't have a choice. I felt like I did the steps of medication administration well and all the universal competencies well. I did not plan to fail my first attempt, but I was prepared just in case I had to come back.</p>	<p>Step 6 Action Plan Overall, I think with what I was given, I was able to put the pieces together well to make everything run smoothly. I felt like I knew my medications that I was giving pretty well and understood the risks and what to look out for in my patient. I felt as prepared for the situation as I could have been, there wasn't really anything that I wished I had looked at beforehand. I stayed calm the whole time though it can be nerve-racking to have two people in the room silently watching you. I need to make sure that I am doing a better job talking to my patient throughout the whole thing, though it is more difficult when it's a mannequin. Despite the little things that I feel could have been better, I passed, and I feel like I did a good job. I will remember this in the future and know that as long as I come to CPE prepared and with a confident and calm mindset, I will be okay.</p>