

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 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:

Date submitted:

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 I was able to watch a vaginal delivery. The patient was dialated to a 9.5 then progressed to a 10. I got to participate in the help of repositioning the patient to help get her to labor down. One she's was ready to push her nurse asked my to help hold her leg up in a flexed position while she pushed. I helped clean her up after delivery and clean the equipment.</p>	<p>Step 4 Analysis</p> <p>I was able to recognize that the reason for the repositions was to help the mommy labor down so she didn't have to do much pushing. It seemed like only about 5 -6 pushes. I was also able to read the stripes to see how the baby was responding to the contractions. The dr said the patient only had about 400 ml of blood lost so she wasn't considered to have hemorrhage.</p>
<p>Step 2 Feelings</p> <p>In the beginning I was excited to get to actually see a vaginal delivery. I was excited seeing the babies head crowning. It was surprising to see the nurse do majorly or the effort to help delivery the baby before the acutaully dr came in the room. I was shocked to see the dr so comfortable sitting in front of the delivery area without a mask on. I wanted to cry for the lady after she had labored and delivery they baby. I'm so grateful to had this opportunity today. It's amazing how our body's work to create an entire human being and birth a child.</p>	<p>Step 5 Conclusion</p> <p>I learned that some moms dont understand They dont have to wait to get an epidural. And once they do they feel ten times bettter. So i feel like good patient education would have let her decide earlier in the laboring process she didn't have to endure the pain. She thought it would wear off so she didn't want to get it too soon. The nurse and dr were all nice and informative. Like the anesthesiologist explained the entire process to mehwhile he was doing it. Also i understood why thepatient was getting the bolus of fluid before the epidural.</p>
<p>Step 3 Evaluation</p> <p>The good thing is the patient was able to deliver without a c-sections and she had gestational diabetes. The father was amazed at her efforts and had a new level of appreciation for his wife. The bad thing the mother had a 2nd degree tear. I watched the dr stich her up. It was really cool as well to see the birth of the placenta too. My nurse had aurally shown me the the artery and the vein. The sac that held the baby and the part that was attached to the uterus. Which was very cool as well. Talking about it in lecture and seeing pictures is one thing but to actually see in in person is an experience.</p>	<p>Step 6 Action Plan</p> <p>Overall i had a great day. I got to see an patient get and epidural and another deliver vaginal. I hear another lady delivered before the dr got there. So it was really fun and exciting. It was good to see a vaginal insertion of cytex to rippen the cervix. I wish I could have a second day of l and d rotation. I got nauseated towards the end of the delivery. I think because I didnt have breakfast to not get that way ill make sure i eat breakfast.</p>