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.

Step 1 Description A description of the experience, with relevant details. Remember to maintain patient confidentiality. 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 • 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?	**Step 4 Analysis** • 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?
Step 2 Feelings Don't move on to analyzing these yet, simply describe them. • 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?	**Step 5 Conclusion** • 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?
Step 3 Evaluation • 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?	**Step 6 Action Plan** • 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. Use only the space provided. Information that is not visible is lost.

Step 1 Description

I did my psych clinical rotation at Sunrise Canyon. On the second day of my rotation at the facility, there was a situation with a patient who start to escalate into having a psychosis episode. While myself and the other nursing students were at lunch this patient reached around the nurse's station and grabbed a red bucket and started to bang it against the plexiglass of the nurses station When we arrived back from lunch. the charge nurse and a Mental Health Specialist (MHS) had taken her outside to calm her down. Once bringing her back into the main common room she began pacing back and forth, clapping her flip flops together, getting into other patients faces, and then eventually tried to lift a chair and flip a table. This resulted in her asking for a shot which she did not end up getting but she did receive an oral pill to help calm her down.

Step 2 Feelings

When she originally came back in from being outside she seemed a bit calm, which made me feel hopeful that the situation has been calmed down. I was sitting down in the main common room with the other MHS when the patient started to pace back and forth behind me which made me feel anxious. She then tried grabbing a cord from a machine the janitor was using to clean the floors. When a MHS tried to take the cord away from her she was holding on to it and wouldn't let go.When she did let go you could see how agitated and worked up she was. At this point all of the MHS our on guard and the nursing staff is watching her as well. One of the MHS let me into the nursing station so i could in there until they calmed her down which i appreciated because this certain patient made me feel nervous. The first day of my rotation there she told my nurse that i had the number 6 on me and that I was a bad person and thought i was part of some experiment.

Step 3 Evaluation

I think what was good about the situation was that they were able to get her calm down enough for her to take her medication orally instead of having to do an emergency injection. Overall, i thought the situation was handle very well. One thing I enjoyed seeing was the teamwork of the staff. They really have each other's back and were quick on their feet when a situation would escalate. I was kind of surprised how the other patients were so unaffected by this patient's actions. I thought her acting that way would stir the other patients up but everyone else reminded calm.

Step 4 Analysis

I understand that people will mental health issues don't know how to react to stressors like people with no mental health issues may have. We have just learned about the signs of what it may look like when a patient will start to spiral downward and I think it was interesting to see it happening in real life and how the staff responded to it. The whole staff has something to bring to the table in my opinion i think different people in different positions are able to build a bond with some of the patients and that really has a special affect on how a situation can deescalate. Also, their nursing assessment was different from what we have been previously taught. Its still a physical assessment but its also a state of mind of assessment and where the patient is at mentally that day.

Step 5 Conclusion

In the situation where a patient was escalating i stayed out of the way and I feel like that was the best choice I could do with not having much experience with psych before. The facility has there own system they have on what to do when a breakdown happens and it was good to see everyone work as a team. I think thats the biggest thing I've learned from this clinical rotation is how important it is to have a good team who truly care about the well being of the patient and their peers. I think i had my own idea of what psych would be like based off on not knowing enough about mental health. As much as I hate to admit it I think my apprehensions and fears came based of being a part of being uneducated about mental health disorders.

Step 6 Action Plan

Overall, I think the situation was handle as best as it could. The staff seems to really try and calm patients down before it escalates and tries to convert the patient's energy of anger or aggression to something else such as coloring, writing, notes, or even hitting their mattress. In hindsight I think I would of liked to stay out of the nurse's station and not be so timid when things got a little chaotic. I think it was a really good learning experience in the future, because even if I don't choose psych as my career as a nurse. I know down the line I will have a patient with a mental health disorder and this gave me the confidence to feel like I will know how to react better and help deescalate a situation. This also helped me realize that working in psych isn't always a chaotic environment. Sometimes a patient just needs someone there to try and help them understand how to cope with their stressors when their family, friends, etc. do not know how to help them.

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