

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, 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?

Covenant School of Nursing Reflective

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?

Covenant School of Nursing Reflective

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.

Step 1 Description

In my patient scenario, I was supposed to give an IV piggyback and a dose of clopidogrel. I got the patient's chart and went through all of the labs, order sets, and current assessments to make sure what I was going to do once I got into the room. I wasn't able to give the other medications that were ordered due to vital signs not being in the normal limit or they were PRN and the patient didn't meet the threshold to receive them. I was the nurse and went in to meet the patient/do patient rounding pre-checks. I made sure to put up the side rails and assess the fall bundle. I put my medications together appropriately in the medication room and went into my patients room. I re-assessed my patient for pain, gave the medications using the proper technique that we were taught, and then did the normal safety pre-checks before leaving the room. I ended up having to come back a second time due to having too many side-rails up even though my patient was a high fall risk and I voiced scanning the patient instead of physically doing it. The second time, I had a similar scenario set up but the PO medication changed. I only had to give a PO medication to show that I was able to scan the armband and I also made sure to only leave up the top two side rails to be safe.

Step 4 Analysis

I can apply to this situation all of my prior knowledge from nursing school about patient safety and medication administration. The more that we work out scenarios like this, the more that I feel like I get to see past lectures in real life. I feel like the impact of every person who participated in CPE will help show more of what to do in the future or how prepared we are. I also think that the perspective of having my instructor as the patient instead of the actual real life patient from clinical medication administration was a little bit different to get used to. I feel like we get less nervous in front of actual patients instead of our instructor due to the natural flow of getting used to this routine for module clinicals.

Covenant School of Nursing Reflective

<p>Step 2 Feelings</p> <p>At the beginning of the CPE, I wasn't feeling too stressed or nervous. I felt pretty confident and made my course of action. After my first attempt at CPE, I felt devastated. I was very angry at myself but also the situation because both things that I failed for were things that I don't typically have an issue with. I cried pretty much all during my lunch break, wasn't able to eat, and it made me even more nervous to come back. I hated that even though I had years of experience, something like this was what happened to make my grade drop. I know that Mrs. Heinrich said not to let it define you and to push through, but that was very difficult for me. The second time, I felt a lot better with Mrs. Moreno but she could tell that I was still upset. I passed so quickly the second time with very minimal effort which I think made me even more upset that it didn't happen the first time. I understand patient safety is very important but I feel like the side rails being up on a fall risk patient that is demented has a lot more of a gray area to it.</p>	<p>Step 5 Conclusion</p> <p>I have learned from this situation to always make sure that I take more time to make sure that I am safe for my patient and also that the people in the room surroundings understand what is going on. I think something that would make it better would be to have us re-do the skills in real time after we miss something instead of coming back, I think that I felt even more anxiety that way. I also think that having a computer system eventually like Epic that we are used to using in a routine instead of a system that doesn't actually work the same for a graded simulation might be little bit better. I liked how in the previous modules that they used us giving medications in front of them as a CPE, maybe the stress would be a little bit lower instead of in the SIM lab..</p>
<p>Step 3 Evaluation</p> <p>I feel like I did very good at prioritizing what I was giving fairly quickly. I was also told that I had very good time management skills which did make me feel like I was working well at learning how to be more efficient as a student nurse. The thing that went bad was the fact that the armband didn't physically get scanned, I'm not sure why I verbalized it instead but it didn't turn out well. I think maybe if the computer system was like at the hospital that an error would be less likely to happen in CPE like that. I felt like the easy part was setting up the pump to me because I have practiced piggyback medications a lot during my clinical time.</p>	<p>Step 6 Action Plan</p> <p>Overall, I think that I did learn a lot and will continue to try to grow from this situation for future medication administration. I will always remember the side rails having too many up in the future and to try to differentiate depending what floor that I am on. I think this lesson will help teach me to be more communicative with my patient and take the time to double check myself even if I am nervous. Next time, I will make sure that I scan the patient's armband and look at the amount of side rails that are up on my patient to maintain patient safety.</p>