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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. Remember to <u>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 (e.g. personnel / patients / colleagues)?
<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?

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</p> <p>I was assigned to do my preceptorship at Grace Surgical Hospital and it has been amazing. I have been following my preceptor Mica Mitchell who has been a nurse for 6 years now, with many awards behind her name and is also a Covenant graduate. While following her, I studied her every move and have since taken on multiple patients by myself and took the role of the RN. She was there, monitoring my every move and was there for any questions that I may have needed answered. I truly appreciate her willingness to have an open dialogue with me while I'm trying to find my way through this profession. I would be lying if I told you that I haven't learned while at Grace. On the contrary, every person that I have encountered there has been willing to teach and share their expertise with me.</p>	<p>Step 4 Analysis</p> <p>My previous degree is in Surgical Technology. I was a CST for about 5 years, and in that time I had learned to talk to surgeons and surgical staff alike, in order to get the job done. I'm hoping to bring those personal skills to my future career as a RN. With that being said, I feel like communicating with the patient and their family is a MASSIVE portion of our job that doesn't need to be overlooked. If we can lower stress/anxiety about the procedure and the outcomes by explaining things in detail, we should definitely do that. During my time at Grace so far, I have noticed that a lot of our elderly patients are experiencing severe depression that seems to be coupled with anxiety. I have noticed that Mica's demeanor tends to lower those levels, and this is after the procedure. She tends to answer plenty of questions that should have been covered preoperatively. But the way she communicated with her patients is something that I would love to emulate in the future.</p>
<p>Step 2 Feelings</p> <p>At the beginning of this process, I was skeptical as to what I would be learning/encountering while at Grace. Turns out they get a variety of patients and take on a huge demographic of people around the Lubbock/Wolfforth area. At the start of this preceptorship, I had a huge fear of charting. Since then my preceptor has broken down the vital information during each charting process and has explained the significance of each area in Epic. Mica told me multiple times that, "charting is an ongoing - learning process that takes time on your specific floor, and that every RN can work on their charting." After hearing that, it lowered my anxiety towards charting and made me feel secure in the fact that I am just starting to learn this process. I feel like I'm getting better, slowly but surely. I feel like diving into an uncomfortable position where you are ignorant about a subject, is a hard spot to be in. But you can try to overcome these feelings with a bit of confidence.</p>	<p>Step 5 Conclusion</p> <p>With regards to the minimal help with the code, I feel like having an MD in the hospital at all times while there are patients on the floor needs to be a necessity. While a pt is coding, I think that it is equally important for there to be a pharmacist available to help with the correct drug/calculations. Unfortunately, every pharmacist at Grace leaves at 5:00 PM every day. It just seems like an unsafe environment to be in, for patients and nurses. I would hate to see someone on the floor lose their RN license for a code gone wrong just because there wasn't an adequate number of staff members there to help our dying pt. There is also no blood bank there at Grace. One of the bigger concerns for postoperative patients is hemorrhaging. I feel as if having at a minimum of 1 unit at the hospital of O negative would be nice.</p>
<p>Step 3 Evaluation</p> <p>The good thing that I like about Grace, is getting familiar with postoperative surgical patients. I will be in the SICU and some of our patients will be in the same situation. There is one bad thing that I can highlight about the hospital, and that is - not having sufficient staff in order to perform an adequate code situation. My preceptor was in a situation, on the weekend where there was a code and there was minimal help available and the MD didn't get there until about 30-45 minutes after the code had been started. Some things that I think come easy to me are, communicating with Doctors and staff alike, and also communicating with patients. I hope that my preceptor and I are approaching the patients in a manner that makes them feel taken care of and safe. There have been plenty of times where Mica has been blunt and honest with these patients and they listened. I hope to bring that skill to my practice in the future.</p>	<p>Step 6 Action Plan</p> <p>Overall, I think this preceptorship has been extremely beneficial for me. Being in the classroom is nice, but there is something about putting my skills to practice that makes me feel more secure as a future RN. I hope to strengthen my skills on charting as best as I can. With Mica's help I feel like this is an attainable goal. I hope to also sharpen my bedside nursing skills as well. I have had plenty of learning opportunities and I am forever grateful for Grace and its employees. In hindsight, I would have liked to have done more research on Admissions and Discharges in Epic, prior to showing up to preceptorship. While following Mica I have learned to be strong in my faith, to always be myself, and communicate with our patients with the upmost respect. She has a very special way of making these patients feel right at home. I hope to bring that in my future nursing practice.</p>